NHS
South West London

Annual Report and Accounts
July 2022 to March 2023

Photo taken at Joint Forward Plan patient and community engagement event at Babyzone Croydon in March 2023

NHS
South West London
Integrated Care Board

Annual Report and Accounts

1 July 2022 to 31 March 2023

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1. Performance Report

1.1 About this report

The NHS South West London Integrated Care Board (ICB) Annual Report for July 2022 to March 2023 has been produced in response to the NHS England requirements as published in the Department of Health and Social Care Group Accounting Manual 2022/23. 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

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 Chief Executive Officer

1.2.1 Welcome and overview

Welcome to the first annual report for NHS South West London Integrated Care Board. This report is a record of our first nine months of operation from 1 July 2022 to 31 March 2023.

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 hiding from the fact that this is a challenging time for health and care services, but we are recovering well from pandemic, and we will continue to work together to improve further.

In South West London we are proud to now be operating as an Integrated Care System, with both our Integrated Care Board and Integrated Care Partnership working together to improve health and care across our boroughs. Over the last few years, particularly during the pandemic, the NHS in South West London, local councils and the voluntary sector demonstrated what we can achieve by working together, quickly identifying and supporting those at greatest risk. We know that by working together with a shared ambition to help our communities thrive, we can achieve the best for everyone who lives and works in South West London.

We are fortunate to have such strong relationships with our partners forged through working closely together over a long time. We are proud to lead such a well-developed system and look forward to our partnership growing stronger over the coming months and years.

Tackling health inequalities is one of our core commitments. We are proud of our existing work and want to build on this at system, place and neighbourhood level to continue to reduce health inequalities, especially at a time where more people continue to be impacted by the current cost of living crisis.

What we do and how we do it has to be aligned to what matters most to our residents. Together with our people and communities we shape local health services and the care that we provide. We are clear we must do this in partnership with our communities, as it is essential that local people are at centre of every decision we take.

Without doubt this has been the most challenging winter in NHS history, we continue to recover from the pandemic, maintain patient safety through industrial action whilst supporting our staff and colleagues. Health and care organisations across South West London work closely together to increase capacity and our clinicians continue to lead the work to find new and better ways to make services more efficient and effective for patients. We are particularly proud of our achievements to reduce waiting times for elective and cancer care, but we know we have much more to do and we will continue to focus our efforts on this with our provider collaboratives.

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 look forward to achieving more together.

Finally, we wanted to mark our first annual report by thanking our Integrated Care Board and Partnership, all of our partners 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
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 key aims 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.

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.

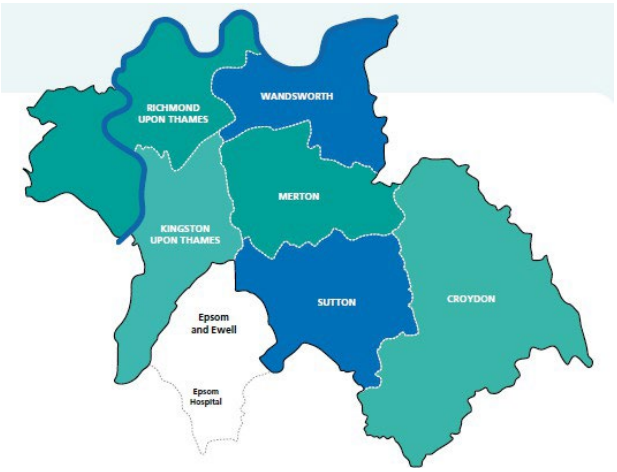
The ICB is a statutory organisation bringing together the NHS to improve population health and establish shared priorities for local people, as well as being responsible for deciding how the NHS budget for South West London is spent.

In NHS South West London we are developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of high quality health services.

NHS South West London Integrated Care Board was established on the 1 July 2022, taking on many of the functions delivered formally by the former South West London CCG. This annual report covers from 1 July to 31 March 2023.

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 £5.1 billion. £2.35 billion of this is the ICB budget from July 2022 to March 2023 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:

- £975 million for South West London NHS providers
- £350 million for providers outside of South West London
- £600 million for the South West London places
- £130 million continuing healthcare
- and £200 million with delegated primary care.

The South West London system also has a delegated NHS capital budget which can only be used by NHS organisations of £138 million. There is a further £2.6 million available from NHS England for GP IT and primary care improvement grants in 2022/23. 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.

You can read the constitution and standing orders

You can also 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.

1.3.1 Engaging clinical care professionals in our work

In South West London we are committed to working with local clinicians and professionals to develop the right high-quality services for Local people. We have a history in SW London of supporting and resourcing both clinicians and professionals from a variety of backgrounds to lead programmes of work and support us in the development of our cross-system strategies.

June 2022 saw a celebration of the work of our Clinical and Professional Senate, it was an important opportunity to reflect on excellent local clinical and professional leadership and the work of the senate. A summary of these achievements is available in section 1.11.2.

In 2020/21 we established 15 elective recovery clinical networks to support restarting elective surgical operations and treatments. Over the last two years the networks, each led jointly by acute and primary care clinicians, continued to support our hospitals to work together to transform services and to make sure our patients got the treatment they needed.

As an ICB, with our partners, we have supported these networks with experienced clinicians and managers, making sure we are focused on the whole patient journey and coordinating patient care across different settings.

The clinical leadership that has been the cornerstone of the ICB will continue to drive forward the design and delivery of local services to improve the quality of health and care.

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:

- Outpatients programme (1.11.3.1)
- Diagnostics and community diagnostic centres programme (1.16)
- Elective recovery (1.11.2)
- Long term conditions (1.18)
- Digital Transformation (1.21)
- Place-based programmes (1.4.7)

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.

1.4 Developing South West London Integrated Care System

South West London was one of the first ICS to receive that status, and from 1 July 2022 we took on statutory status alongside the other 41 ICSs in the country. The Health and Care Bill introduced in Parliament on 6 July 2021, confirmed the Government's intentions to introduce statutory arrangements for integrated care systems from July 2022. 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 and to make sure we were ready to take on these statutory roles and responsibilities from 1 July 2022.

We believe that one of the strengths of our ICS has been the strong engagement across all our partners. Therefore, as the Health and Care Bill progressed through Parliament and national guidance was published, we continued to engage and have conversations on how best to work together to develop our partnership to help improve the health and care of the people in South West London.

In line with national guidance, South West London Integrated Care System was established on 1 July 2022.

1.4.1 South West London ICS Places

South West London is committed to ensuring we right scale our work and delegate where appropriate within our system. Our places, aligned to our 6 local authorities, 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.

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

1.4.2 South West London ICS Provider Collaboratives

We have a history of working together in South West London, this has led to the development of successful collaborations with NHS providers across the patch.

Our providers are working closely together to ensure that we can achieve the benefits of working at scale and mutual aid of sharing resources and services for mutual benefit.

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

The good work that our collaboratives have done has led to significant achievements in recovery of acute services following the pandemic, high quality cancer care and efficiency and high quality care in Mental Health placements. All of these outcomes benefit local people in SW London.

1.4.3 South West London ICS SWL level

Our partnerships across South West London have supported us in bringing about positive change to support the local population as well as ensuring high quality health and care across the system. In order to continue our good work we have been developing our system governance and strategies to support us over the coming years as our new ICS develops. On 1 July 2022, the South West London level of the South West London Integrated Care System established an Integrated Care Partnership (ICP) and an Integrated Care Board (ICB).

- **South West London Integrated Care Partnership** brings together organisations and representatives to reduce health inequalities and improve the care, health and wellbeing of the people in South West London.
  Membership: The ICP brings together representatives from local authorities, the South West London Integrated Care Board, NHS providers, the voluntary sector, healthwatch and other partners. The Chair of NHS South West London ICB and Cllr Ruth Dombey, Leader of Sutton Council, are co-chairs of the ICP.

  South West London Integrated Care Board brings the local NHS together to improve population health and care. It leads integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of the population.

  Membership: There are Chair and Chief Executive roles for the South West London Integrated Care Board, as well as four non-executive members, executive directors, members selected from nominations made by NHS trusts and foundation trusts, general practice and a local authority representative.

Partners across South West London worked together to design our ICS which was established on 1 July 2022. Read more about the ICS

An important principle for us in South West London is that we work with local people to develop our strategies and approach. We have together developed a People and Communities Strategy for South West London.

1.4.4 Leading our system across South West London

We are committed to a collaborative leadership approach for the benefit of local people across South West London. We have a committed and 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, includes:

- Setting strategy – read more in section 1.4.4 and 1.4.5
- Managing our money – including our system financial challenge – read more in section 3
- Improving performance – read more in section 1.22
- Improving quality – read more in section 1.23
- 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 1.21
- Addressing health inequalities and improving equality, diversity and inequalities – read more in section 1.7
- Socio economic development including the role of our partners as anchor institutes - read more in section 1.23.6

We work with our partners and lead on the development of our key system strategies and plans. We describe the development of our Integrated Care Partnership Strategy and Joint Forward Plan in the following sections in more detail.

In addition to this, some key work we have been leading for our system includes:

- **South West London Mental Health** the ICB has worked in partnership with the South London Mental Health Partnership (provider collaborative) to develop a new Mental Health Strategy this year. As part of the development of the strategy South London Mental Health Partnership have delivered a wide range of engagement with services users, staff and stakeholders to make sure that the strategy meets their needs. The Strategy will be published later in 2023 and you can read more about the development of this strategy in section 1.12.
- **Primary Care Strategy** our ambition is for people in South West london to get the information, care and support they need quickly and be able to use primary care services in the way that suits them best. We are developing our Primary Care Strategy for publication later this year.
- Our **Quality Strategy** for South West London is in development, in the strategy we will outline how we will work with our partners to implement the six requirements and principles set out by the National Quality Board to continuously improve quality of care

for the people of South West London. We hope to publish our Quality Strategy later in 2023.

During 2023/22, NHS South West London developed partnership delivery agreements for our three provider collaboratives and the six South West London places. The purpose of the partnership delivery agreements is to describe the responsibilities that the ICB Board have agreed should be delivered by each of our six places and three provider collaboratives on behalf of the ICB. Alongside the responsibilities the agreements also include a summary of areas such as ICB and place priorities and the approach taken by the ICB for the oversight of performance, quality and finance for their areas of responsibilities.

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.

1.4.5 Developing our ICS Strategy

Our strong working relationship with our partners supported us in the delivery of our joint partnership strategy and priorities. In February 2022, we published Shaping our Integrated Care Partnership priorities: A partnership discussion document following months of working together to identify what the health and care needs are for our South West London population. NHS South West London supported our partnership discussions with the Integrated Care Partnership to help develop these proposed strategic priorities for our system.

Our ICP priorities were developed based on the views and concerns of local people and communities and the health and care needs of the people of South West London. During autumn 2022, we asked all our South West London partners to share existing insight and engagement reports developed over the previous 12 months. We reviewed over 100 reports from partners including Healthwatch, the voluntary and community sector, NHS Trusts, Public Health. You can read more about our engagement on our ICP priorities in the People and Communities Section

This discussion document was the first stage in the development of our South West London Integrated Care Strategy, which the South West London Integrated Care Partnership (ICP) is producing to help set the strategic direction for health and care services across our six boroughs: Croydon, Merton, Kingston, Richmond, Sutton and Wandsworth.

This discussion document describes how we have assessed the needs of our population and sets out our thoughts on the priorities for the ICP.

This discussion document explains the journey our partnership underwent to understand our shared challenges, review the data, the evidence and principles around health need, as well as considering the views and concerns of local people across our six places.

There was strong agreement from our partnership board members that we should focus our collaborative effort for the first year, on a significant area of challenge where there is opportunity to work together across our South West London system.

Throughout February and March, partners across South West London considered the proposed priorities recommended in the discussion document and we received 21 detailed responses from our partners. The ICP Board considered these at their April meeting.

To support the development of our final strategy, NHS South West London held a system wide ICP Conference on Wednesday 24 May 2023. This Action Workshop was well attended by almost 300 local people and helped us shape the actions for each of our ICP priority areas, to determine key action areas and delivery plans. The outcomes from our workshop will help inform the final ICS Strategy and delivery plans.

South West London's full integrated care strategy will be developed based on the feedback we have received from our partners and published in Summer 2023.

1.4.6 Our Joint Forward Plan

Our Joint Forward Plan reflects the ambitions and plans of our local NHS for the next 5 years. We have been working with partners in order to achieve high quality health and care for local people.

The Health and Care Act 2022 requires ICBs and their partner trusts to prepare their five-year Joint Forward Plan (JFP) before the start of each financial year. However, for this first year, NHSE has specified the 30 June 2023 as the date for publishing and sharing the final plan.

We want to ensure that our ambitions are clear and respond to the needs of our patients, carers, residents and staff. We are in the first phase of developing the Joint Forward Plan and are engaging our Health and Wellbeing Boards to make sure our Joint Forward Plan takes account of local joint local health and wellbeing strategies.

Our Joint Forward Plan discussion document articulates our context, ambitions and the views of our staff and patients, to make sure we are on the right track. You can find out more about our engagement on the Joint Forward Plan in the People and Communities section of this Annual Report.

We have developed this into our Joint Forward Plan for the next five years.

1.4.7 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 constituents. We have developed plans over previous years that reflected local needs. Each of our boroughs reviewed their Health and Care Plans for each of our places during 2022, refreshing them in the context of the impact of the Covid-19 pandemic on our local communities. Originally developed in 2019 by local people and health

and care staff, these plans were centred around the people who use our services rather than the organisations that provide them.

The Health and Care Plans support delivery of each places Joint Health and Wellbeing Strategy 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 | Croydon council
- Merton: Merton Health and Wellbeing Board (mertonpartnership.org.uk)
- Kingston: Kingston Council – www.kingston.gov.uk
- Richmond: Health and Wellbeing Board - London Borough of Richmond upon Thames
- Sutton: Committee details - Health and Wellbeing Board - Sutton Council
- Wandsworth: Wandsworth Health and Wellbeing Board - Wandsworth Borough Council

1.4.7.1 Our place-based partnerships

We recognize the importance of local working with individuals, neighborhoods and places. We have a strong history of partnerships at place level and we want t continue this successful joint working into the new ICS. 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 working throughout this report that show the delivery of borough health and wellbeing strategies and health and care plans. We have listed these stories by borough below so you can see the breadth and depth of our partnership working at place.

Croydon

- Croydon Black and South Asian Cancer awareness project
- Asian Resource Centre Croydon produced a video promoting cancer awareness in their community
- Croydon's Community Hub
- Social prescribing in Croydon

- Croydon Electives
- Croydon's virtual ward
- Croydon's Talkbus: promoting mental health in young people
- Croydon Health and Wellbeing Space
- Mayor's Mental Health Summit
- Falls and Frailty in Croydon

Kingston

- Kingston Voluntary Action has been training health coaches and organising health and wellbeing sessions and activities in Core20 areas
- Social prescribing in Kingston
- Cardiac and respiratory testing in Kingston
- Kingston residents invited to show their livers some love
- Mental Health Matters event for Kingston and Richmond families
- People power key to community wellbeing
- Dinner times are BRITE!
- Building confidence in breast and cervical screening
- Dose of Nature supporting residents with their mental health
- People power key to community wellbeing

Merton

- South West London community health fair in Mitcham
- New primary care roles increase people's care options
- A new safety net for people who are frail and housebound
- Mitcham's health and wellbeing hub
- Pioneering end of life care
- Mobile MRI scanner at the Wilson
- Blood pressure testing in Wandsworth and Merton
- Bringing health to the high street
- Beat the street in Merton
- Empowering new parents and people at risk of diabetes

Richmond

- Richmond's Community Health Champions are helping to promote health and wellbeing
- Social prescribing in Richmond
- Mental Health Matters event for Kingston and Richmond families
- Dinner times are BRITE!
- Dose of Nature supporting residents with their mental health

Sutton

- Social prescribing in Sutton
- Sutton community ward

- Sutton community virtual ward
- Gander Green Community Fridge becomes vital community hub
- St Helier Voices cheering Carshalton residents
- Men in sheds reducing isolation and improving men's mental health and wellbeing
- Family hubs – Sutton's parent led parenting programme
- Sutton Learning Disabilities Conference

Wandsworth

- Wandsworth Community Empowerment Network community champions are delivering targeted awareness raising of prostate cancer in Merton and Wandsworth
- New primary care roles increase people's care options
- Social prescribing in Wandsworth
- EMHIP hubs bring mental health care to trusted settings
- Battersea GPs team up with the community
- Community health checks in trusted local settings
- Blood pressure testing in Wandsworth and Merton
- Working together in Wandsworth to support young autistic people
- A community-led health champions approach in Roehampton

1.5 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.

Funding received

We received £2.36bn in funding for the last nine months of 2022/23 and had a surplus of £0.2m at 31 March 2023. This formed part of the wider South West London ICS financial position where an additional £57.2m of funding was spent to deliver services, over and above the £4.35bn income received. 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 (MHIS). We invested an additional £17.8m which ensured we met the standard.
- We received £207m for delivery of services in primary care and a Primary Care Executive group oversaw this investment in general practice.
- We remained within the funds allocated for running the ICB (£25.2m).

We also led the systemwide capital programme (£136.7m 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 the new Springfield Hospital.

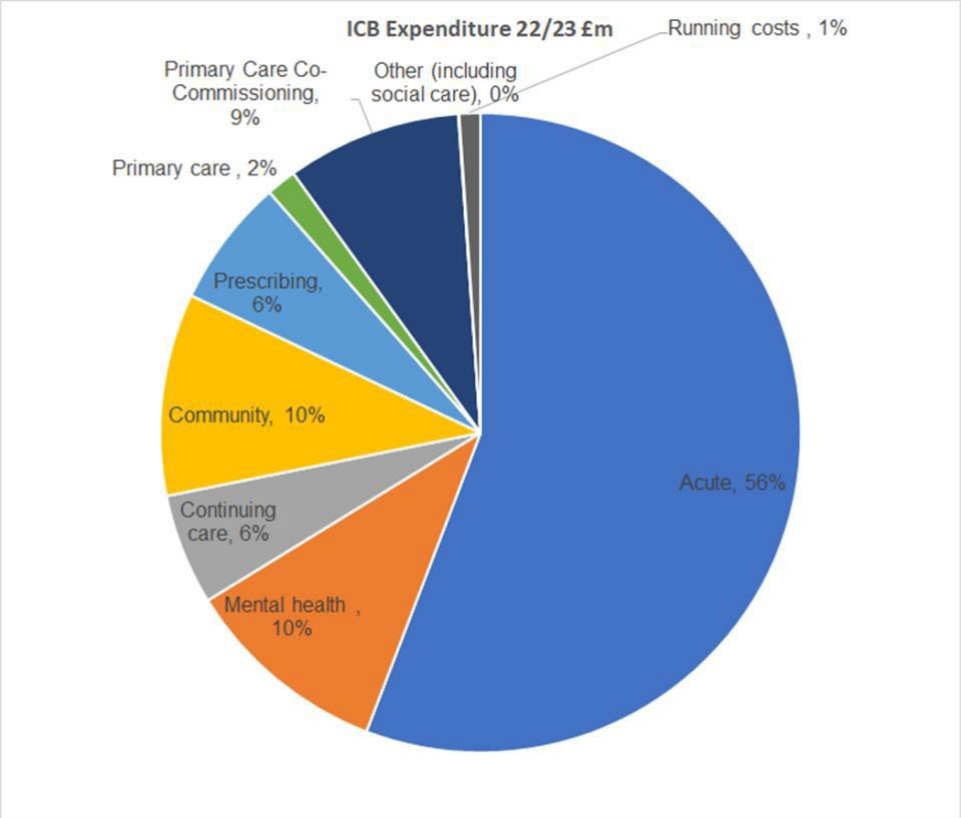
How we spent our funding

The £2.35bn funding we received was spent on the following services:

- More than half of this expenditure was acute services (£1.3bn).
- mental health services £245.6m
- community health services £241.2m
- continuing care placements £132.3m
- and primary care (including prescribing) £188.7m.
- The ICB spent £25.2m on running the organisation which is in line with the allowed level of spend.

An analysis of the ICB's net expenditure in 2022/23 Q2-Q4 is set out below.

Commissioning areas	**ICB Expenditure 22/23**
	£m
Acute	1,282.3
Mental health	245.6
Continuing care	132.3
Community	241.2
Prescribing	152.8
Primary care	35.8
Primary Care Co-Commissioning	207.8
Other (including social care)	36.6
Running costs	25.2
TOTAL	**2,359.6**



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, £28.6m, which was delivered in full. Savings were delivered from across the portfolio with a key focus on continuing healthcare and prescribing. 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, which unfortunately the system breached in year but is actively working on solutions to reduce the level of spend in 2023/24.

Financial governance and reporting

On establishment of the ICB we have developed 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. We have tested the strength of these controls using various tools such as the Healthcare Financial Management Association checklist, as well as

benchmarking them against other organisations across the ICS. We will continue to review and update these processes as the ICB matures.

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.

2023/24 planning guidance and financial outlook

We have developed a financial plan for 2023/24 which reports a planned surplus of £2.5m 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 very difficult and the requirements for efficiencies and improved productivity increasingly important. As a consequence, the system is collaborating to develop a financial sustainability plan that ensure all organisations are able to deliver high quality services to the population within their financial envelopes, with a further ambition to enable the redirection of funds into continuing to address health inequalities and preventing illness.

1.6 Performance analysis

We have historically delivered good performance against NHS indicators. We are committed to continuing this strong delivery in South West London. In this section we describe our key achievements from our first nine months of NHS South West London Integrated Care Board. As an ICB, we have been developing our first Joint Forward Plan and this achievements section will echo the way we are looking ahead to plan for the next five years with our partners. Other highlights include our progress delivering key programmes of work and how we have delivered our statutory duties – to involve local people and communities, to reduce health inequalities and to improve the quality of local services – and our role in assuring delivery of performance and constitutional standards.

1.7 Addressing health inequalities

1.7.1 Our commitment to reducing health inequalities

Making sure we tackle health inequalities is a key priority for our ICS. We want to support all our local people to live longer and to prevent health conditions which are avoidable in a fair and equitable way. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing.

Tackling health inequalities is one of our core commitments. This includes how we address inequalities through a lens of poverty, anti-racism, adversity trauma and resilience in line with our values and our moral duty to deliver social justice.

We are proud of the work that has taken place across South West London to tackle health inequalities. We want to build on and scale up the work that has been delivered at system, Place and neighbourhood levels to continue to reduce health inequalities, especially at a time where more people continue to be impacted by the current cost of living crisis and an increasing fuel and food poverty crisis.

We are working with local people, the voluntary care sector, public health, and social care partners in each of our six boroughs on transformation projects and programmes to improve outcomes for people who are more likely to experience poorer health outcomes.

Our aim is to promote equality as a ‘golden thread’ so that equality runs through all the work we do in South West London.

1.7.2 How are we responding to inequalities?

We will focus on five focus areas for how we can work together to improve health outcomes for local people and to respond to health inequalities:

1.7.3 Our health inequalities priorities for South West London

We want to have a fair and equitable South West London for local communities when it comes to health and care. Health inequalities is everyone's business, and one of the ways in which we have shown a commitment to tackling this is by agreeing the following ten priorities for South West London:

1. Delivery of the South West London health inequalities strategic delivery plan
2. Delivery of an antiracism framework and action plan
3. Implementing outcomes for our children, young people and adults CORE20 population and improving the outcomes across the five clinical areas.
4. Development of an ICS wide equity outcomes dashboard
5. Improving outcomes for those living with mental health conditions, learning disabilities and autism.
6. Improving data coding of protected characteristics
7. Building Anchor Institutions and Strengthening Communities
8. Levelling up initiatives to reduce poverty deprivation
9. Improve rates of our Black and ethnic minority staff in senior leadership positions
10. Elective recovery inequalities focusing on waiting lists

1.7.4 Our governance

We have a Health Inequalities and Equality Diversity and Inclusion Board, and a Delivery Group.

This Board sets the strategic priorities and takes action to address health inequalities in South West London, it identifies bold systemic actions for residents, and reports into the Integrated Care Board and Integrated Care Partnership Board.

The Delivery Group meetings reports into the Board, and is responsible for designing, development, delivery, and evaluation of health inequalities programmes.

South West London has a named executive lead and Senior Responsible Officer. Both the Board and the Delivery Group includes NHS, local authority public health, and voluntary and community sector representation.

1.7.5 Understanding local need

South West London is diverse in its population and health needs across the six boroughs. However, there are differences for residents across South West London when it comes to access, experience and outcomes of health and care services and treatments.

Some population groups are at greater risk of long-term health conditions or are at higher risk of death of certain health conditions due to social and economic factors like where they live, their income status, race, ethnicity, disability and sexual orientation. These health inequalities have come to the fore since the start of the Covid-19 pandemic and are at risk of worsening with the cost-of-living crisis.

To understand the current health inequalities of South West London, our Business Intelligence team developed infographics, aligning the Core20Plus5 approach.

1.7.5.1 Core20Plus5

Our South West London Integrated Care System uses the Core20Plus5 approach to target populations of most need, focusing on key clinical areas to reduce inequalities

Core20Plus5 is an NHS approach defined as:

- Core20 – looking at the 20% most deprived population in South West London as the core population most impacted by health inequalities
- Plus – other marginalised population groups that are most impacted by health inequalities e.g., ethnic minority communities, learning disability, inclusion health groups
- 5 – Five clinical areas of focus for adults and children and young people.

Clinical areas for adults:

- Maternity
- Severe Mental Illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case finding and lipid optimal management

Clinical areas for children and young people:

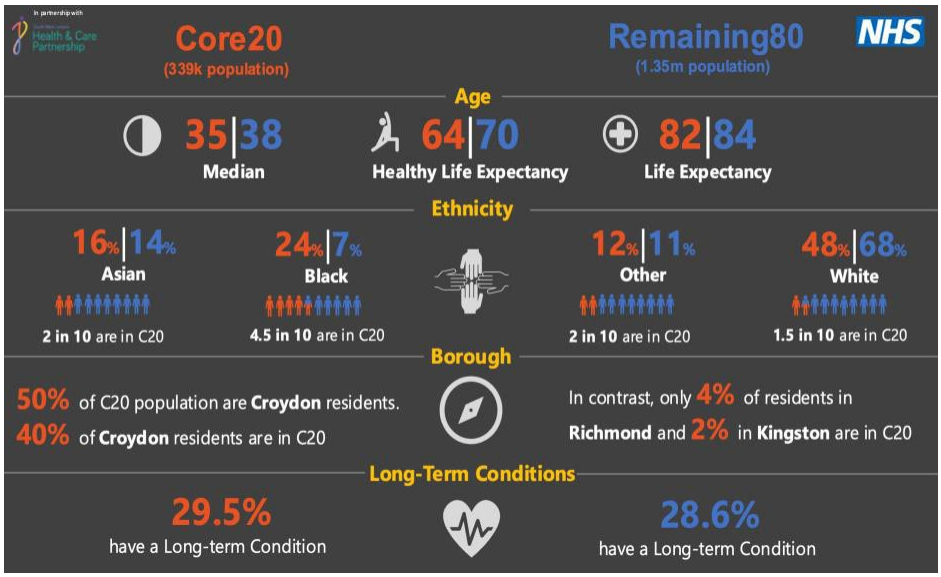
- Asthma
- Diabetes
- Epilepsy
- Oral health
- Mental health

In addition to Core20PLUS5, our work also aligns with the NHS five priority areas, as well as local Health and Care Plans and local Health and Wellbeing Strategies (see Appendix for links to these local plans).

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. The infographic below shows the difference between the Core20 population and the remaining population for life expectancy, disproportionate representation of people from minority ethnic backgrounds, boroughs and having a diagnosed long-term condition.

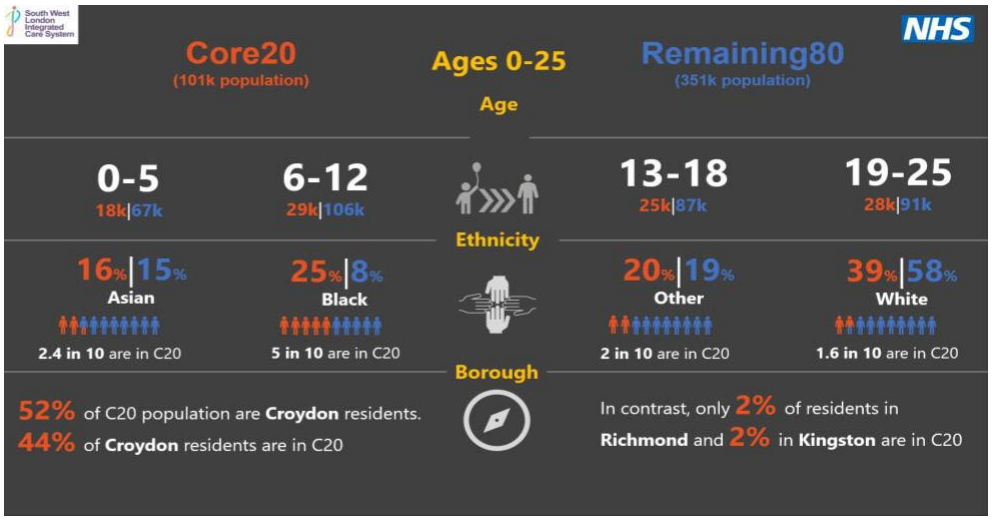
Figure 1 – South West London population



In South West London, there are approximately 450,000 children and young people aged 0-25 years. 101,000 of them live in our 'Core20' population.

The infographic below shows a similar picture - 52% of children and young people in our Core20 group live in Croydon. They are also disproportionately from minority ethnic backgrounds.

Figure 2 – Children and Young People South West London population (aged 0-25yrs)



We have compared borough local joint strategic needs assessments, health and wellbeing strategies and health and care plans to assess common priorities. To do this we followed the life course approach used in our borough Health and care plans:

- Start well
- Live well
- Age well

Figure 3 – Common health and care priorities across South West London

We found the following common health priorities across South West London:

Start well	**Live well**	**Age well**	**Crosscutting themes**
• Mental health • Obesity • Special educational needs, disabilities and children looked after • Early years	• Long term conditions (including diabetes, respiratory, CPD) • Mental health • Prevention (including healthy lifestyle)	• Healthy ageing • Loneliness and social isolation	• Health inequalities, prevention and early intervention, healthy places, integrated services, support carers

The local data helped inform which projects will have the most impact in South West London, including how we allocate NHS England Health Inequalities Funding in a fair and equitable way.

1.7.5.2 Elective recovery – restoring NHS services inclusively

In South West London, we are committed to restoring services inclusively, including elective recovery in a fair and equitable way.

What have we done?

Our Population Health Management Health Insights Dashboard provides waiting list information for our Acute Provider Collaborative, NHS trusts and clinical networks. The dashboard was able to overlay key information on our waiting lists including long-term conditions, age, gender, ethnicity, and deprivation.

This means we have been able to:

- Evaluate the impact of elective recovery plans on addressing pre-pandemic and pandemic-related disparities in waiting lists, including for clinically prioritised cohorts.
- Evaluate the impact of the new surgical hubs we developed in South West london and how these have been able to support elective recovery on addressing pre-pandemic and pandemic-related disparities in waiting lists, including for those groups who should be clinically prioritised.

You can read more about acute care and elective recovery in Section 1.11.

You can read more about population health management in Section 1.22.

Waiting list inequalities deep dive

We analysed patient waiting list data for elective surgery services to examine:

- geography of patients on the waiting lists
- the demographics of patients on the waiting lists – including age, ethnicity, deprivation and gender
- those from our Core20 population on our waiting lists with the remaining 80% or our population
- specific clinical areas

We found no significant inequalities; however, there may be other barriers to accessing services and we will explore this as part of the health inequalities programme.

The findings were presented to our Health Inequalities and Equality, Diversity and Inclusion Board, with a recommendation to work with the NHS acute provider collaborative and clinical networks to further understand the findings and consider improvement actions.

Our priorities for 2023/24

- Evaluate the impact on our local population who may not be accessing physical and mental health services.
- Understand the cultural, socio-economic implications for communities, working with the voluntary and community sector to identify barriers to access and encourage engagement with local health and care services.
- Review non-elective pathways to identify if there are patients or communities experiencing inequalities.

1.7.6 Equalities and Health Inequalities

In South West London, we are committed to the NHS England statutory responsibilities around equalities and health inequalities, working with key partners and communities to advance equality; and achieve equitable access, excellent experience, and optimal outcomes for the people we serve and the colleagues we work with.

1.7.6.1 Public Sector Equality Duty

The Public Sector Equality Duty consists of general and specific duties for public authorities to meet under the Equality Act 2010. It sets out that all public authorities must:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations.

To show how we are achieving these duties, we:

- Produce an annual Public Sector Equalities Duty report showing our equality information and objectives.
- Complete and publish our Equality Delivery System (EDS) 2022 report (see below)
- Undertake Equality Impact Assessments where we propose change
- Engage with local communities who share protected characteristics and embed their voice in service delivery.

You can read our Public Sector Equality Duty report for 2022/23 at Public Sector Equality Duty report 2022/23 - NHS South West London Integrated Care Board (icb.nhs.uk)

1.7.6.2 Equality Delivery System 2022

In February 2023, South West London published the NHS Equality Delivery System 2022 (EDS 2022).

This tool is used to help NHS organisations, in partnership with local stakeholders, review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED).

Currently our organisation is rated as 'Developing'. We focused on the following domains:

- Domain 1: Patients and service users - Achieving
- Domain 2: Workforce Health and wellbeing - Developing
- Domain 3: Inclusive Leadership - Developing

Read the Equality System Delivery report

1.7.7 South West London 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.

1.7.8 Investment, innovation and evidence of improvement

1.7.8.1 Health Inequalities Fund 2022/23

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. We have therefore worked hard to develop our inequalities approach in partnership. It has been informed by needs analysis and in particular our core 20+5 work. We received £4.3 million of additional health inequalities funding for 2022/23 from NHS England. We have worked to ensure that this money is used to address inequalities within our system

The funding was to help us to develop our work to reduce health inequalities. Below are a number of examples of the work we are doing:

- **Croydon: Children and Young People Tier 3 weight management service**
  This scheme is establishing a Tier 3 weight management service for children and young people targeted to those with higher rates and risk of obesity, and the development of obesity related long term conditions. This includes children and young people from deprived areas, black ethnic groups, learning disabilities and autism.
- **Merton: Social prescribing pilot for people with a learning disability**
  Morden Primary Care Network (PCN) is rolling out social prescribing for people with learning disabilities, to increase connections between the PCN and the learning disabilities community sector.
- **Wandsworth: Community Food Impact Project**
  This project lead by 'Be Enriched' is distributing healthy start vouchers to canteen guests, conducting focus groups and hearing from community members regarding healthy food consumption affected by cost and access.

Read more about the Health Inequalities Fund and the bidding process

1.7.9 Outcomes for Core20Plus5 – adults

1.7.9.1 Cancer

Cancer is the leading cause of death across South West London and we know that as our population gets older, the chances of people getting cancer at some point in their lifetime

increases. We also know that the more cancers we are able to diagnose early, the more people will survive to live with and beyond cancer. Tackling the causes and consequences of cancer is a key priority in South West London.

Our aim is for our providers to reach the target of diagnosing 75% of cancer cases at stage 1 or 2 by 2028. Work is underway to increase awareness of cancer symptoms and increase screening coverage and uptake, particularly in the Core20 areas and PLUS groups. We are working with the Royal Marsden Partners and other South West London partners to facilitate community programmes, designed to increase awareness and access to cancer screening and services. This includes:

- Croydon Black and South Asian Cancer awareness project: Croydon BME forum ran a full-day cancer conference in December 'Can you C me'
- Asian Resource Centre Centre Croydon produced a video promoting cancer awareness in their community. Both groups continue to run local community based events and develop localised literature.
- Wandsworth Community Empowerment Network community champions are delivering targeted awareness raising of prostate cancer in Merton and Wandsworth
- Actively engaging with GP practices with the lowest screening performing to develop improvement action plans
- South West London Bowel Screening Service continuing to deliver community-based events aimed at increasing awareness of the benefits of bowel screening
- Targeted Lung Health Check programme being rolled out in wards with highest smoking levels
- High level data population segmentation was conducted, focusing on deprivation, to increase targeting of comms and engagement interventions.
- A South West London community health fair in Mitcham

1.7.9.2 Chronic respiratory disease

We know that being vaccinated is one of the most effective ways of protecting people from infectious diseases. We are therefore committed to improving uptake of Covid, flu and pneumonia vaccines, particularly reaching underserved and health inclusion groups so that we protect individuals and also prevent the spread of infectious diseases

Last year, to ensure we reached as many people as possible, we developed a calendar of pop-up events in collaboration with borough local authorities. Pop up vaccination events were held in areas of low provision, low uptake, areas of high deprivation (Core20) and with specific community groups, such as those living in sheltered accommodation, traveller communities, people living with mental health conditions and learning disabilities. Over 100 events were held by the roving vaccination team, with the majority taking place in our Core20Plus5 communities.

We used local health data to pinpoint areas of low uptake within different communities, including data at Primary Care Network and Ward level. We used this information to both inform the locations for our pop-up vaccination clinics and targeted communications into specific geographical areas and communities.

In addition, our Core20Plus5 Connectors, funded by our health inequalities fund and NHS national funding, have raised awareness on vaccinations in these Core20 areas.

We are also working with the Health Innovation Network (through NHS funding for the Innovation in Health Inequalities Programme) on a project to improve access to Asthma Biologics therapies and identification of patients with severe asthma and improve access to primary care diagnostics. The project will focus on Croydon, given the high population of Core20 residents and location of diagnostic hubs.

1.7.9.3 Maternity

We are working together with women 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 are committed to ensuring continuity of care as a key Core20PLUS5 metric, particularly amongst women of Black, Asian and minority ethnic backgrounds. To help inform this outcome, we developed a South West London Equity and Equality Action Plan in partnership with the Local Maternity and Neonatal System, which includes partners from:

- 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
- Maternity neonatal voices partnerships (MNVP)
- Local authorities
- Voluntary and community sector organisations.

We are in the process of developing an action plan to develop our maternity services. The plan will also help inform the wider South West London Maternity response to the Kirkup report. In developing our plan we:

- Considered policies and reviews including the MBRRACE-UK report, the Donna Ockendon review, NHS Race and Health Observatory rapid evidence review and Birthrights report recommendations.
- Reviewed national and local indicators to determine a baseline and areas for improvement (including the Core20PLUS5 metric - Continuity of Care).
- Ran a series of engagement activities and stakeholder sessions.

- Are developing a local dashboard to track the progress and impact of our plan.

We are working with the Health Innovation Network (through NHS funding for the Innovation in Health Inequalities Programme) to improve the coordinated care and clinical management of Black, Asian and minority ethnic women who are at risk of pre-eclampsia. Our aim is to increase their engagement with services and increase self-efficacy via increased use of Placental Growth Factor testing and home blood pressure monitoring devices.

The project will focus on Croydon as it has the highest percentage of Core20 residents in South West London.

1.7.9.4 Severe mental illness

1.0% of people in South West London live with severe mental illness. We are working with partners across South West London to ensure that annual health checks are completed for those living with severe mental illness. We have developed an approach for tackling health inequalities for those with SMI, which includes:

- Exploring Population Health Management approaches with Primary Care Networks to focus segmenting data for inequalities and risk stratification.
- Delivering the remote monitoring kit to Primary Care Networks to support delivery of the health checks in people's homes or within the community.
- Engaging with communities to determine what barriers are preventing them from accessing the health checks and working with the voluntary and community sector on outreach to target marginalised communities.

1.7.9.5 Hypertension case finding and lipid management

High blood pressure, or hypertension, rarely has noticeable symptoms. But if untreated, it increases risk of serious problems such as heart attacks and strokes. In South West London, around 11% of people have hypertension and we are working with partners to optimise blood pressure and lipid management. Our joint work includes:

- Expanding the number of community pharmacies providing blood pressure checks and improving pathways
- Blood pressure monitoring at home
- Build relationships through engagement with communities who are experiencing poorer health outcomes, access and experience of health and care. We are training local trusted people to deliver health and wellness checks, co-produce prevention programmes, have health coaching conversations and sign-post people to local services

In 2023/24 we will continue with the activities for Core20PLUS5 for adults, and will work with our South West London Integrated Care System partners to consider our approach for Children and Young People's Core20Plus5.

1.7.10 Building relationships between young people and primary care

This year the Battersea Primary Care Network created Battersea Youth Clinic to better engage and support young people and improve their access to services.

Battersea Youth Clinic is novel in that it aims to build up the relationship between the GP and young people in Wandsworth, by increasing the number of young people who are registered with the GP. It uses the GP as a community asset to look after young people's health, uses the social prescribing service to support other needs they have and signposts to other local support services.

Initial engagement with young people and other key stakeholders was carried out prior to the service starting to determine the best way to set-up the service to meet the needs of young people.

An adolescent social prescriber was recruited within the PCN enabling the youth clinic to be developed as a pilot clinic, developing best practice approaches to supporting young people. A formal evaluation of the young person's social prescriber is being undertaken and this will inform future development.

Book an appointment with a youth link worker

1.7.11 Core20Plus Connectors programme

The Core20Plus Connectors programme is an NHS national programme local delivered that develops community-based roles to support the Core20Plus5 approach, focusing on barriers and enablers to reduce health inequalities and connect people with decision makers. This includes delivering local programmes in excluded communities, with a focus on the five clinical areas and other local needs.

The Connectors programme builds on and relates to many other community-based initiatives and extensive experience of largely volunteer roles that impact on health improvement and inequalities, including Community Champions, Vaccine Champions, Link Workers, Peer Advocates, and the extensive network of (salaried) social prescribing link workers.

We are among the first organisations to introduce this innovative programme. Our delivery model is based on the asset-based community development (ABCD) methodology. We currently have over 30 connectors in South West London and are investing health inequalities funding for additional connectors.

Below are summaries of work that is taking place in each borough led by local voluntary sector organisations.

1.7.11.1 Croydon

Croydon has three voluntary sector delivery partners for the Core20PLUS5 Programme, all of which have developed and delivered health and wellbeing events and activities in the Core20 areas, particularly in Thornton Heath, Fairfield and Addington.

Croydon Voluntary Action are our host organisation on behalf of all Core20PLUS5 voluntary sector delivery partners in South West London. The organisation delivers Asset Based Community Development training for Connectors, and supporting local Croydon neighbours by creating Community Champions.

Asian Resource Centre for Croydon have been hosting health awareness events, particularly amongst Asian communities. These events have involved health checks for hypertension, diabetes and lipid management. In addition to this, the organisation has worked with Royal Marsden to increase cancer awareness with the Man Van initiative.

Similar to Asian Resource Centre for Croydon, the Croydon BME Forum have been supporting communities, particularly from Black ethnic backgrounds, through health awareness events to raise awareness on cancer, long term conditions including diabetes and promote health and wellbeing.

1.7.11.2 Kingston

Kingston Voluntary Action is the lead delivery partner of the Core20PLUS Connectors programme in Kingston. They have been training health coaches and organising health and wellbeing sessions and activities in Core20 areas: Beverly, Berrylands and Cambridge Estate.

They have been engaging with minority communities, including the Korean Community and Islamic Resource Centre.

Clinical areas of focus include respiratory, encouraging uptake of Covid and Flu vaccinations and mental health, cancer, hypertension, diabetes and lipid management. During the winter, we focused on the impact of the cost-of-living on local residents.

1.7.11.3 Merton

Merton Connected is the lead delivery partner of the Core20PLUS Connectors programme in Merton. They have been leading on engagement with minority ethnic groups and grassroots community organisations, particularly in East Merton, including Cricket Green, Pollards Hill, Lavender Fields, Graveney, and Figges Marsh.

Their approach focused on hypertension case-finding and lipid optimal management, mental health and diabetes, using culturally sensitive health promotion interventions, representation of black and minority ethnic communities among staff, and conversations to build trust with service users.

1.7.11.4 Richmond

‘Ruils’ is the lead delivery partner of the Core20PLUS Connectors programme in Richmond. They have identified three Core20PLUS areas in the Borough of Richmond Upon Thames where health inequalities are most pronounced, particularly in Heathfield, Whitton, Hampton North and Ham and Petersham.

Ruils seek to identify, advise and support residents living with these health inequalities, with a focus on the following groups: those living with hypertension, diabetes, depression, impacted by the cost-of-living crisis and the isolated and lonely.

They use wellbeing events, fairs and outreach work, and aim to build a deeper engagement, trust and an understanding of the barriers local residents are facing and how best to signpost them to solutions.

1.7.11.5 Sutton

Healthwatch Sutton is the lead delivery partner of the Core20PLUS Connectors programme in Sutton. We developed a Sutton Engagement Place approach to ensure trusted relationships are built with the communities over a period of time, particularly in Central Sutton, Wallington and St Helier housing estates and homeless).

This includes connecting with key people in deprived areas to start forming solid relationships and trust.

We work in collaboration with key partners such as Sutton Housing Partnership, local Councillors, Sutton Council, Public Health, and Voluntary Sector, to start a conversation with residents in deprived wards and ensure a wide system approach to tackling their needs.

Priority clinical areas are hypertension case-finding and lipid optimal management, respiratory, mental health, cancer and maternity.

We have worked closely with Sutton Mencap to improve uptake of cancer screenings amongst those with learning disabilities, and collaborated with our Integrated Neighbourhood Teams to hold health and wellbeing events in target areas to improve loneliness and mental health.

On the Shanklin Village Estate we worked with the community to co-produce engagement sessions to promote healthier lifestyles. These events connected residents and helped reduce loneliness. Working in collaboration with other partners enabled a broad range of knowledge and expertise to be shared with Shanklin residents. This resulted in weekly and monthly

activities including a diet and healthy food club, chair exercises and a monthly topic of the estate's choice.

On the Roundshaw Estate we identified community connectors who live on the estate to facilitate health and wellbeing events focused on increasing awareness and management of health conditions like diabetes and early cancer diagnosis. Some of the attendees were not aware of some of the simple and easy interventions to prevent diabetes and went on to have a more detailed one to one discussion with a clinician at the event.

1.7.11.6 Wandsworth

Wandsworth Care Alliance is lead delivery partner of the Core20PLUS Connectors programme in Wandsworth. They are running a grants programme, which offers grants to community groups to recruit community health champions.

The grants will enable voluntary and community groups to run activities which support a healthy lifestyle or address some of the barriers that people experiencing health inequalities associated with chronic obstructive pulmonary disease (COPD), cardiovascular disease (CVD) and those underrepresented within the Covid vaccination programme.

The funding builds on the activities groups already do, which are relevant to the programme's themes or can be used to start something new. It is focused on Core20 areas, as well as Black, Asian and minority ethnic groups and other marginalised communities.

Activities include weekly healthy eating programme, informal conversations through weekly drop-in coffee chats surrounding health topics, conversations at group workshops, walks and online workshops.

Activities that are planned include equipping and training champions with awareness of COPD and cardiovascular disease, facilitating seminars/conversations in community health clinics, and health events which will provide health checks, signposting to services/advice and a range of physical exercise classes which will provide "to-do-at home" exercises.

1.7.12 South West London Health Inequalities dashboard

The South West London Integrated Care System is committed across organisations, places, collaboratives, neighbourhoods, and the system to tackle health inequalities and wider determinants of health, with the aim to promote equity as a golden thread.

We are developing 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. The outcomes measures will be mapped using the life course approach - Start Well, Live Well and Age Well.

1.7.13 Addressing health inequalities case studies

1.7.13.1 Richmond's Community Health Champions

More than 100 Community Health Champions are helping to promote health and wellbeing services and bring communities closer together in Richmond.

Community Health Champions are members of the community, local businesses and community organisations that volunteer their time and life experiences to address barriers to engagement and improve connections between services and underserved communities. Their work helps to address health inequalities in the short-term, but also in the longer-term by highlighting health promotion and prevention.

The scheme started in 2021 as the Richmond Covid Champions, when a group of 60 volunteers working with the council and NHS services worked as a communications platform, sharing key messages about vaccinations and health and care services with their local communities.

After making a big impact during the pandemic, particularly with supporting the vaccination campaign, the service evolved and is now looking to have a similar impact on other areas. These include cancer awareness and prevention, dementia and mental health, and people are getting the chance to share their experiences of having these conditions and using the services available in the borough.

Read more about community health champions in Richmond

1.7.13.2 A community-led health champions approach in Roehampton

An ambitious community project is addressing health inequalities on the Alton Estate in Roehampton by empowering local people. Statistically, residents of the estate are more prone to high blood pressure, diabetes and heart disease than people in more affluent areas nearby - and less likely to be fully vaccinated against Covid-19.

The Roehampton community health champions project aims to change this by recruiting a network of volunteers to share information with their neighbours through existing relationships and special events. The scheme is supported by NHS South West London and Wandsworth Borough Council and delivered by community not-for-profit, Estate Arts.

Read more about community health champions in Roehampton

1.7.13.3 Supporting Croydon residents at Brigstock Road's new Community Hub

With many people feeling worried about the cost of living it can leave them unsure about how local services can help with their personal circumstances. Brigstock Road's Community Hub, which launched in November 2022, bridges these gaps by giving local residents practical support to lead healthy and independent lives and connecting people with NHS, council and community and voluntary services that can help them with specific issues.

Created in partnership between One Croydon Alliance's Integrated Community Network Plus, Age UK Croydon and the Asian Resource Centre Croydon, the hub is a one-stop-shop for different needs and has created a place where residents come to not only find information but build community with others.

With weekly walk-in sessions (Mondays 10am-1pm) the hub hosts voluntary, health and social care services to address practical day-to day needs such as housing, pensions, mental health, carers support, welfare benefits, health and wellbeing. There's no need for appointments, residents can simply come along for a chat to see how services can help- or just for some company.

Brigstock Road is one of three locality community hubs set up to provide more local and accessible pathways to access social support networks, community-led activities and specialist voluntary and statutory services. As more residents face increasing economic and social challenges, the hub is a perfect space to receive support early before things get on top of them. Over time, Community Hubs will be set up in each of Croydon's six localities so that communities have designated hubs to serve their local needs.

Read more about the community hub

1.7.13.4 Working with community partners to reduce health inequalities in Sutton

In Sutton we are tackling health inequalities through a range of programmes designed to improve access, health prevention and early intervention. Our Integrated Neighbourhood Teams bring local health and care partner organisations together to help us share information earlier and simplify ways of working.

The Integrated Neighbourhood Team includes primary care, social care, community services, the voluntary and community sector, pharmacists, residents and wider partners such as housing and culture. The teams enable partners to work together in the areas of greatest need, such as the Community Fridge in Gander Green and the Shanklin Estate.

This helps us to:

- join up services around the needs of people

- promote early intervention and prevention
- provide care and support to people who need it most
- support people to remain independent as long as possible

As a result of the teams, local people are getting personalised care and support earlier, better access to health and care services, and are supported to be healthy and independent. The teams also make it easier for people to access other services that affect health, such as housing.

1.7.13.5 Kingston Primary Care Networks working with local communities

In Kingston, we are working with the Primary Care Network are in our Core20 communities, to strengthen access to health prevention and treatment to improve the health outcomes of these residents. Working together, we have offered communications support around the successful extended hours consultation across Kingston and Richmond as well as helping PCNs advertise health events and work aimed at with particular health issues. One successful project saw a 'Liver Health Week' held in January 2023 in partnership with one Kingston PCN and St George's Hospital which saw members of the Korean community, as well as those currently experiencing homelessness, targeted due to their particular risk of liver disease. More recently, a panel of local experts met to discuss all aspects of mental health at an event for families across both boroughs, held at a secondary school in Kingston.

Read more about how we worked with people in Kingston on liver screening

Read more about our Mental Health Matters events for Kingston families

1.7.13.6 Cambridge Road Estate health and wellbeing sessions

Kingston charity RBKares is bringing healthcare and wellbeing services to residents on the Cambridge Estate, making sure they get the help and support they need. Kingston residents are regularly accessing a range of healthcare services, thanks to a monthly wellbeing drop-in session. The project forms part of the Core20PLUS5 work in Kingston. The events, held the first Tuesday of every month between 11am and 2pm, run alongside a local foodbank, and offer basic health checks, Covid and flu vaccinations, mental health support and advice around the cost of living and accessing benefits alongside other useful services. Already, several people have been referred to their GPs having been found to be at risk of long-term conditions like diabetes or high blood pressure.

Read more about the wellbeing sessions

1.7.13.7 Brite Box recipe kits bringing healthy meals to Kingston and Richmond families on low income

Local families have been benefiting from the delivery of a free weekly recipe box containing the ingredients to make a balanced meal to enjoy together. Brite Boxes, an initiative run by Kingston charity Voices of Hope, sees nutritious ingredients and an easy-to-follow recipe delivered weekly to almost 500 low-income families across Richmond and Kingston, as well as Elmbridge and Southwark boroughs. Over 16,000 boxes were delivered in the last year alone. Local families who have received yearly Brite Box subscriptions were asked to fill out a questionnaire around their experience and 93.6% of those asked agreed or strongly agreed that overall, the experience has been positive and over 95% of families said they would use the recipes again.

Read more about Brite Box recipe kits

1.7.14 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.

1.7.15 Addressing equality for ICB staff through NHS Workforce Race Equality Standard

There are nine indicators in the NHS Workforce Race Equality Standard (WRES) all of which draw a direct comparison between white and ethnic minority staff experience. Four focus on

workforce data, four are based on data from the national NHS Staff Survey questions, and one indicator considers whether the ICB Board membership is broadly representative of the overall workforce.

This year the ICB has not been required to submit WRES data to the national team. However, we feel it is important that we still capture the data and analyse the impact of our current interventions.

If we look over the last three years, from previous CCG to creation of the ICB, we have seen improvements in our WRES data since 2021/22:

- **Recruitment**: white staff are 1.1 times more likely to be appointed compared to the 2020/21 figure of 1.3 and 1.8 in 2019/20. This is a significant improvement. The ICB is now below the London average of 1.5 times more likely. This area has seen a reduction due to the work that has taken place to improve our recruitment process including that over 95% of our recruitment panels, bands 8 and above, have an inclusion champion and all recruitment panels have this data tracked.
- **Disciplinary Processes**: staff from ethnic minorities are now 0.6 times more likely to undergo a disciplinary process than white staff. Any figure under 1 is considered as no difference. This is a significant improvement to two year's ago when it was 1.59 times more likely. In the last year, we focused on early resolution.
- **Percentage of staff experiencing harassment and bullying/abuse from other staff**: This indicator has also seen an improvement, with fewer staff reporting that they have experienced bullying or harassment. This year 17.8% of white staff reported experiencing harassment and bullying (down from 23.4% last year) and 24.5% of staff from ethnic minorities reported experiencing harassment and bullying (down from 35.5% last year).
- **Percentage of staff believing the organisation provides equal opportunities for career progression and promotion**: The staff survey shows that 53.1% of white staff believe the organisation provides equal opportunities for career progression and promotion compared to 27.7% of ethnic minority staff. This is an improvement on last year's data.
- **Percentage of staff experiencing discrimination at work from managers/team leader**: 26.1% of staff from ethnic minorities report experience of discrimination at work in the last staff survey from managers compared to 17.5% in the current survey. This is an area that we will continue to focus on.

We continue to deliver our action plan to address our performance against the WRES indicators. We have a number of key interventions, for example monthly listening events to give staff the opportunity to be part of the work and to feed into the Inclusion and Belonging work stream. Training sessions and a cultural calendar of all key events for example LGBT history month and Black History month. We are also in the process of launching a talent programme with a focus on Black and Ethnic minority staff.

The action plan focuses on four key themes and links to the NHS People Plan and the Race Plan for London:

- Culture and leadership
- Recruitment
- Development
- Education

Although we have seen improvements in the WRES indicators it is clear there is still more work to be done, particularly on the staff survey indicators. Achieving real change in equality, diversity and inclusion takes time and effort and we are committed to the development of this work. We will continue to double our efforts to drive change and hold ourselves to account.

Contact Melissa Berry, Programme Director of Equality, Diversity and Inclusion confidentially on melissa.berry@swlondon.nhs.uk

1.7.16 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.

Read more about how we're using digital technology in section 1.18.2

1.8 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 173 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.

This year our Primary Care Networks have continued to innovate as they adapt to emerging pressures, demands and evolving patient expectations after the pandemic to deliver strong and resilient services.

1.8.1 Improving access to primary care

- In South West London, appointments are available in person, online or by telephone to suit the needs of patients and are delivered by not only GPs but the wider clinical team in practices.
- GPs are seeing more patients face-to-face than they were a year ago. At the beginning of the year just over half of GP appointments were carried out in person, with the rest either taking place over the phone or online. By the end of March 2023, two out of every three appointments are being held in person. People in South West London have told us that they like having the option of talking to a GP or practice nurse in person, on the phone or online.
- Our GP practices are providing 85,000 more appointments a year in the evenings and at weekends. These extended hours are part of NHS England's Enhanced Access to General Practice initiative which launched in October 2022, replacing the previous Extended Access Service (DES).

1.8.2 Improving GP access in Croydon

This year Croydon GPs have increased the amount of face-to-face appointments at the same time as making more consultations online and over the telephone. The increase in appointments is facilitated by new triage systems which both help to prioritise appointments based on clinical need and patient choice whilst improving infection control and prevention.

Croydon GPs are also working with community partners to keep patients well and stop them needing to access health services reactively. One Croydon's Integrated Community Networks Plus (ICN+) bring together health and care teams in weekly GP-led meetings to reduce delays

and avoid duplication for both health and care staff and patients, reducing the number of times patients having to repeat their stories to disconnected services.

In autumn 2022 we asked everyone aged over 18 registered with a GP to feedback on our extended access offer. People told us that they would like to see an increase in appointments, particularly face to face, and that they would prefer to access appointments close to home. People of working age also told us that they would like to use extended access appointments for more routine services like screening tests rather than just for on the day emergencies.

In response to this feedback, on 1 October 2022, all Primary Care Networks in Croydon extended their hours to offer more appointments in the evenings and weekends. This new Enhanced Access Service provided more appointments outside of core hours (7 to 8am and 6.30 to 8pm on weekdays and 9am to 5pm on Saturdays) and in more locations in the borough.

Patients can also access a variety of clinicians both in person at multiple sites and on the phone. We are also offering appointment booking online or through NHS 111, improving GP websites and developing better self-management tools for conditions like back or knee pain.

These new services are in addition to the GP Urgent Care Hubs that run in Central Croydon, Purley and Parkway. Open between 8am to 8pm 365 days a year, the GP Urgent Care Hubs offer another route urgent care in the heart of local communities. We continue to encourage residents to contact NHS111 First to access the most appropriate services for their needs, including a same-day booked appointment at a GP Urgent Care Hub or their local GP practice.

Similar arrangements exist across our South West London boroughs.

1.8.3 Developing our primary care strategy

Primary care is experiencing many challenges such as a changing workforce and changing patient needs. We are leading the system in South West London with the development of a primary care strategy which prioritises access, prevention and proactive care.

Our ambition is for people in South West London to get the information, care and support they need quickly and be able to use primary care services in the way that suits them best.

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

We will publish our primary care strategy in 2023/24.

1.8.4 Improving quality and patient experience in primary care

- This year we met the annual standard for providing annual health checks for people with learning disabilities. 75% of people with a learning disability who are aged 14 and over received a health check this year, an increase from 67% last year. Read more about our work to improve outcomes for people with learning disabilities in section 1.13

- We exceeded and are maintaining the national target of 66.7% for dementia diagnosis, (the current national target is that two thirds of the estimated number of people with dementia in England should have a diagnosis, with post diagnostic support).
- 163 of 173 GP practices in South West London (93%) have a CQC rating of 'good' or 'outstanding'.
- 12 practices are subject to 'requires improvement' or 'inadequate' ratings. We are supporting these practices to respond to their challenges.
- Our GP practices performed well in the national GP patient survey. South West London GP practices scored higher than both London and national averages for key indicators including ease of getting to talk to somebody on the phone and overall experience of the GP surgery. In November 2022 we hosted a workshop for everyone involved in primary care in South West London to help reflect on the Fuller Stocktake report recommendations and committing local and South West London wide teams to actions around prevention, access, and proactive care. The workshop gave attendees the opportunity to network and share learning and key challenges.
- Primary Care Networks have played a huge role in delivering the Covid-19 vaccination programme. Read more about the vaccination programme in section 1.14
- Referrals into National Diabetes Prevention Programme and Diabetes Structured Education have increased.

1.8.5 Innovation in primary care services

- This year we have launched a new online patient consultation platform for all GP practices in South West London, allowing patients to have appointments with their GP or practice nurse from their home or work.
- We have expanded our primary care workforce by securing additional funding from NHS England which has allowed us to recruit to more than 560 additional primary care posts across South West London. This is the largest expansion of primary care services in London. Roles such as pharmacists, paramedics, mental health support and physiotherapists are key members of local teams.
- 20,000 patients accessed instant digital self-management tools, which are available 24 hours a day, seven days a week.

1.8.5.1 New primary care roles increase people's care options

GPs are changing the way they work, responding to the needs of patients and growing demands on their time.

This has included introducing a range of new posts to primary care networks, meaning people who need an appointment may receive a same-day visit from a bicycle paramedic or be offered an appointment with a clinical pharmacist. The most appropriate expert when it comes to helping each patient get the right medication and use it correctly.

There's an increased use in care coordinators to make sure people get see the right person for the treatment they need. And social prescribing link workers are seeing more patients to help them solve the non-medical issues that have a serious impact on their health. Physiotherapists and mental health leads are also supporting patients in primary care.

1.8.6 Primary care case studies

1.8.6.1 New primary care roles increase people's options

GPs are changing the way they work, responding to the needs of patients and growing demands on their time. This has included introducing a range of new posts to primary care networks, meaning people who need an appointment may receive a same-day visit from a paramedic – on a bike – or be offered an appointment with a clinical pharmacist – the expert when it comes to helping them get the right medication and use it correctly. There's an increased use in care coordinators to make sure people get see the right person for the treatment they need. And social prescribing link workers are seeing more patients to help them solve the non-medical issues that have a serious impact on their health.

1.8.6.2 Social prescribing helping South West Londoners take control of their health and wellbeing

We are connecting people across South West London with community activities and services that improve their health and wellbeing.

Social prescribing begins with a referral from a GP in South West London to a social prescribing link worker. Link workers listen to people and try to understand their situation, and what matters to them so they can put that person in touch with a range of local, non-medical activities, opportunities and support that can improve their health.

There are also other people in the community, including youth workers or faith leaders, who can identify people who may need support and help them connect to relevant activities, groups or services.

Through conversation people can explore the different options available to them in their local community, including social groups where they can meet other people and learn a new skill or get more physically active.

This, in turn, can help manage mental health or stress, improve general physical health and reduce loneliness. Link workers also help with practical solutions, including helping people get information and support around employment, benefits and housing or legal advice.

In South West London there are nearly 70 social prescribing link workers, who work with around 14,000 people each year.

Examples include:

- A woman in Croydon who had had less money as she couldn't work following a major operation who was helped to organise yoga sessions and get NHS mental health advice to address her feelings of depression and being isolated.
- A link worker, Pip Thorne, who wished she had the type of support she provides in Wandsworth to connect her with services to help as she slowly recovered from a head injury seven years earlier.
- Social prescriber Zerrin Buckle regularly joining the team at a weekly Living Well Hub, which has been a designated warm space for local residents during winter, in a church hall in New Malden to offer support and advice to people who may be feeling worried or anxious or those with financial problems or simply in need of conversation.
- A 75-year-old Sutton woman who was put in touch with a befriending service and other local social inclusion groups to help with her feelings of loneliness and isolation due to be confined to one room due to mobility issues.
- Wellbeing Co-ordinator Jess McGreal who meets people in Richmond in a variety of ways, from visiting local community centres, organising health fairs and meeting people in public spaces not linked with GP surgeries, to provide support.

Read more about social prescribing

1.9 Community care

Community health services provide 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.

We are transforming community services and building 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 need to be admitted to hospital can access more outpatient services closer to home and outside of hospital.

1.9.1 Developing a rapid assessment and rehabilitation service

Four new rapid access rehabilitation beds opened in December 2022 in the St George's Hospital Major Trauma Centre, with capacity for a further four beds to become operational during 2023. The new rapid rehabilitation beds reduce waiting times for highly specialist beds in other parts of the hospital by up to 50%.

A bespoke rehabilitation plan is created for each patient when they are admitted to the service by a team of specialist consultants, nurses and therapists. Patients receive intensive rehabilitation up to four times a day for up to 28 days, or until they are fit to be transferred to another rehabilitation ward or discharged to continue to receive care and therapy in the community.

1.9.2 Navigating community neurology services

People affected by injuries or health related incidents resulting in neurological problems can often have multiple physical and psychological needs that lead to long stays in hospital or other specialist units. We have set up a new Neuro Navigation Plus service to provide specialist neurological advice to health and social care staff across South West London, helping to make sure people are referred to and can access the services they need when they need them. The service was established using winter pressures funding, and launched in response to a review of waiting lists for specialist neurology inpatient services in South West London that showed that up to 75% of people could receive treatment in the community rather than in hospital.

This new service not only helps with the referral process and reducing waiting times. Staff are developing new rehabilitation services outside of hospital, and work directly with patients who are in hospital and their families during discharge planning to make sure rehabilitation services are provided as close to home as soon as possible. Staff also help patients and their families adjust to potential changes in a patient's physical abilities.

The improvements and alignment of services across the inpatient and community setting is delivering both good clinical outcomes, improved patients flow through beds, and better experience of care for the patients.

1.9.3 Virtual wards keeping people safe at home

Virtual wards allow patients who are well enough to return to or stay at home and have their vital statistics monitored virtually instead of from a hospital bed. A dedicated team of highly trained clinical specialists use things like online blood pressure monitors and wearable devices to monitor patients on the virtual ward remotely. Patients are also visited at home by doctors, nurses and therapists. This is better for the patients, as well as freeing up bed space in hospitals by speeding up discharge and providing alternative to hospital admission.

The first community virtual ward launched in Wandsworth in 2011. Patients often make a better, quicker recovery in the familiar surroundings of their own home while staying in hospital longer than necessary can have a detrimental effect on their condition and independence. Virtual wards mean people with a variety of conditions, including breathing and heart problems, who meet clinical criteria are given safe specialist support to leave hospital early and return home or avoid going into hospital altogether.

In November 2022 we launched the South West London Central Remote Monitoring Hub. The hub hosts doctors, nurses and other clinicians who support virtual wards in all six of our boroughs by monitoring patients. For the first four months of operation the hub monitored patients between 7.30am and 11pm, and became a 24 hour service in April 2023.

We have 2,350 virtual ward beds across South West London. The service supports respiratory patients and older people and we are developing clinical pathways for falls, delirium and cardiology services. The ambition for the programme is to continue delivering high quality care in people's usual place of residence, expand the number of 'beds' available for the South West London population to support wider system pressures and improve patient experience.

1.9.4 Community care case studies

1.9.4.1 Sutton Community Virtual Ward changing the way we practice medicine

Led by Sutton Primary Care Networks in partnership with Epsom and St Helier, and Sutton Health and Care, the Sutton Community Virtual Ward is reducing unnecessary hospital admissions and length of stay by providing care and support to the most vulnerable unwell patients and families in their own homes.

The virtual ward has a capacity for up to 100 'virtual beds' at any time, Length of stay in hospital has dropped by an average of two to three days, which has helped ease the pressure on acute beds at Epsom and St Helier Hospitals.

Patients admitted to the virtual ward are supported by multi-disciplinary teams of specialists including GPs, hospital consultants, advanced nurse practitioners (ANP), paramedics, social prescribers, pharmacists, social care professionals and co-ordinators.

A care plan is put in place and patients' care is co-ordinated via virtual ward rounds which happen three-times a week. Patients' records are updated immediately after each ward round and are available to all the professionals involved in their care.

Patients receive regular face-to-face visits from an ANP and following clinical assessments, enhanced support is provided via remote monitoring of vital signs – such as blood pressure, temperature, and oxygen saturation up-to-four times daily (or as recommended).

Patients are provided with remote monitoring devices which are assessed virtually by the patient's GP and other members of the virtual ward team. The remote technology means that any signs of deterioration in the patient's condition can be treated very quickly and safely.

Read more about Sutton community care ward

1.9.4.2 Croydon's virtual wards

Croydon's Rapid Response virtual wards has allowed hundreds of patients to receive around the clock hospital monitoring and treatment at home, freeing up hospital beds for those with more complex needs.

Our rapid response team has incorporated technology to care for patients with acute and long term conditions including hypertension, chronic obstructive pulmonary disease, asthma and long covid. If suitable for virtual ward care, patients are trained in how to use the device which sends continuous observations including breathing, heart rate and skin temperature direct to the Rapid Response team. Patients can read their own blood pressure and wait which is submitted via Bluetooth to a clinical team of doctors, nurses and healthcare assistance. If there is a sign of deterioration such as blood pressure rising, the Rapid Response team get an alert immediately. Staff then call the patient by phone or video call to talk through any health changes and decide on the most appropriate next steps.

Since March 2022, Croydon has supported over 300 patients in the last year through remote monitoring, enabling residents to get the care they need at home safely and conveniently.

Read more about Croydon's virtual wards

1.9.4.3 A new safety net for people who are frail and housebound

We launched a pilot project in February 2023 to improve quality of life for older people who are frail and housebound, while reducing their risk of hospital admission. This pilot involves collaboration between Morden, South West Merton and East Merton primary care networks (PCNs), Age UK Merton, St Helier's Hospital and Central London Community Healthcare NHS Trust.

Housebound patients with severe or moderate frailty are identified based on their clinical need and time since they were last reviewed. PCNs allocate the most appropriate health care professional to visit the patient, such as a paramedic or advanced nurse practitioner. They also receive a visit from an Age UK health and wellbeing coordinator.

1.9.4.4 Mitcham's health and wellbeing hub

Plans for a new health and wellbeing hub in Mitcham moved closer this year, after the Covid-19 pandemic forced the project to be paused. Proposed for the hub, located at the Wilson hospital, are children's services, mental health and wellbeing support for people of all ages and social prescribing link workers, with the aim of creating a space where people can connect for better health. A refurbished space on the site is already being used for wellbeing activities – for example, Project Preloved a sewing group where people recycle clothes, boosting their mental health. A Wilson Steering Group, responsible for championing the development of wellbeing services, has commissioned the social welfare charity Jigsaw4u to support community and voluntary organisations to put in place the projects that local people want.

1.9.4.5 Gander Green Community Fridge becomes vital community hub

Over the past year we have strengthened our Integrated Neighbourhood Teams through close partnership working to improve the health and care outcomes of residents in the areas of greatest need.

One example is the Community Fridge in Gander Green. This initiative began when the community told us there were local barriers to buying healthy food. People said they felt too ashamed to use food banks, but said they need access to fresh food.

A vicar in Sutton and local GPs, worked in partnership with residents to set up a community fridge on Gander Green Lane, one of the most deprived areas of Sutton. The fridge is easy to access for anyone in the local community, there is no referral process, and anyone can donate or collect food.

Within the first two weeks the Community Fridge developed into a community hub, with a school uniform rail and baby bank, and many people also visit to have a drink and a chat, helping reduce loneliness.

In addition, Community cupboards have been set up in the heart of housing estates across Sutton to help ease the cost of living crisis among deprived communities . The moto of the cupboard is "*Please take when you need and give what you can."*

The community cupboards are helping people to feel part of the community as they drop items off and get to meet other residents on the estate and make valuable connections.

The new community cupboard at Shanklin Village launched as part of the Spring Festival on 26 March 2023. The response so far has been amazing, with people excited to be able to give and take what they need. During the festival people brought a range of items, such as pasta, noodles and beans, which were all very popular on the first day. Young people also spent time decorating the community cupboard.

As well as food and household products, arts and crafts materials have also been shared by some residents. The response has been hugely heart-warming and is already having a big impact on local people.

Read more about Gander Green community fridge

1.10 Care for vulnerable people and at the end of life

This project is part of our ageing well programme, encompassing three workstreams identified in the Long Term Plan:

- Community services transformation
- Enhanced health in care homes
- Proactive care
- with an additional focus End of Life Care.

1.10.1 Urgent community response

We have made excellent progress establishing urgent community response services across the six boroughs in South West London. The services provide two-hour urgent response to people in their own home or a care home, between 8am and 8pm, seven days a week and means vulnerable people won't have a long wait for an ambulance or in A&E. In a great example of joint working, we have also partnered with London Ambulance Service to provide an urgent response by car project, working on a shift basis.

Through these services we've been able to keep people at home after a fall, following clinical triage, and manage those with catheters, respiratory illnesses and other conditions in the community. We've responded to 81% of calls within two-hours and are working to improve the way we work with NHS 111 and 999 services.

1.10.2 Enhanced health in care homes

We continue to upskill care home staff through training on preventing falls and supporting residents with behaviour that is challenging or distressing.

We have funded four red bag co-ordinators to embed the red bag and e-redbag schemes in South West London's four acute hospitals. Containing paperwork, medication and personal items, red bags move with patients between care home, ambulance and hospital improving communication and speeding up admission and discharge.

1.10.3 Digital integration

We've made progress on digital integration between care homes and the NHS, with more than 85% of homes supported to meet the required standards on data security and protection. As of March 2023, more than 50% of care homes have digital social care records, almost double the position a year ago.

Nine care homes have taken part in a pilot scheme, giving them access to the shared London Care Record. Staff feedback indicates this has been invaluable in gaining clinical information to support care.

1.10.4 Proactive care

Proactive care is a better way to support people to stay as healthy as possible, and to live independently at home as long as possible. Our proactive care work stream has continued to evolve, with pilots in all six South West London boroughs. We've worked with business analytics teams to identify people who would benefit from the proactive care model, and we have successfully bid for innovation funds to work on proactive care planning for people with two or more long term conditions.

1.10.5 End of life care

We have received match-funding to deliver a neonatal end of life care project, with a children and young people's network to share learning and information across our health system. We have developed a specialist palliative care referral form and medication authorisation record, and rolled it out across South West London. And we have curated our plans, toolkits and details of all bereavement services across the region on our end of life care webpages.

1.10.6 Quality improvement

Our successful bid for quality improvement - Getting to Outstanding - funding was finalised in 22/23. As part of the project, we launched working groups and training sessions on quality improvement methodology and developed materials to upskill our staff.

1.10.7 Universal care plan

A universal care plan is an NHS service that means local people can have their care and support wishes digitally shared with all their health and care professionals. South West

London's universal care plan has been rolled out across London as the shared digital care plan and we have supported its implementation, with plans to extend access to care homes and wider social care.

1.10.8 End of life care case studies

1.10.8.1 Helping people make their views known on future care

We are working with NHS partners, Marie Curie and St Christopher's Hospice to make sure the care wishes of local people are recorded and available to paramedics, GPs and other NHS and adult social care staff involved in their care.

The new pilot project, paid for by a South West London Innovation Fund grant worth over £96,500, aims to support over 250 housebound people living with multiple long-term conditions to develop 'universal care plans'.

Universal care plans enable south west Londoners to have their care and support wishes shared with healthcare professionals across the capital – sometimes hospital care is not a person's first preference, especially if it could be avoided.

South West London GPs have identified people who they believe will benefit the most from the creation of a plan, including those who have visited A&E several times or who have been admitted to hospital in an emergency.

The plan is created following a detailed conversation between a Marie Curie or St Christopher's nurse and the person involved. Throughout the conversation, the nurse will make notes on:

- What is important to the person in their day-to-day life
- Their preferences or wishes about their care
- What support they need and who is best placed to provide this
- Information about others who may be involved in that patient's care, such as relatives.

The plan is a record of people's healthcare and support wishes. They are available digitally to all the health professionals involved in a person's care – such as clinicians in hospitals, GPs, paramedics from the London Ambulance Service, clinicians from community health services and other appropriate NHS staff as well as adult social care colleagues.

The plans can be accessed 24/7 – which means they are available in an emergency as well as for routine care. Marie Curie and St Christopher's nurses will be using the London Universal Care Plan digital system to create the plans.

Read more about helping people make their views known

1.10.8.2 Merton's pioneering end of life care service

The Merton end of life care service is rare and unlike other services of its type. Most boroughs have a palliative care specialist, who advises community nurses. But, in Merton, there is a six-strong team, all with their own caseloads. The nurses are aligned to the borough's primary care networks and assigned to different GP practices.

Set up six years ago, Central London Community Healthcare NHS Trust's end of life service was expanded during the Covid-19 pandemic. With more people dying at home rather than in hospital, demand increased rapidly and has remained at a high level.

They work closely with other healthcare professionals including, physiotherapists, falls specialists and community nursing teams to help ensure people are referred for care at the right time.

People are referred to the service at different stages. For some, a visit from the nurses comes early, at the start of those important conversations about planning for the future. It's also about practical advice and making sure people know to get back in touch when they need to.

Read more about Merton's end of life care service

1.11 Acute care

1.11.1 Acute Provider Collaborative

We have four NHS 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.

1.11.2 Restoring elective care services

We have successfully restored elective services back to pre-pandemic levels this year and are providing over 14% more diagnostics than before the pandemic.

- We are making solid progress on elective care and our treatment of long waiters. We were the first ICS in London to eliminate waits of 104 weeks or more and have the fewest 52 week waits in the region. However, we fully recognise there is much more to do to recover from the pandemic given the scale of waiting list growth and particularly if demand grows above what we have planned for. Through our acute provider collaborative, we are committed to continuing to reduce waiting times for local people and plan to have no patients waiting 65 weeks or over beyond March 2024. It should also be noted our planning assumptions do not assume large scale, ongoing Industrial Action.
- Our trusts closely monitor our patient waiting lists and we are implementing the standardised NHS guidance for 'Getting it Right First Time' to help improve waiting times, quality and outcomes. We are developing our 'advice and refer' initiatives, so that patients with routine conditions can be supported by their GP with clinical support from hospital specialists. For three specialties - Cardiology, ENT and Gastroenterology - we are implementing a 'Single Point of Access' for referrals, so that when a patient is referred, they are booked into the first available outpatient slot across the system.
- We have some of the highest 'advice and guidance' percentages in London. This helps us make sure that only the patients in genuine need of hospital care are referred onto our waiting lists. This helps us to make the best use of our capacity, reducing waiting times and providing mutual aid across our hospitals whilst always prioritising our most clinically urgent patients.
- We are known for providing significant elective mutual aid with our South West London hospitals supporting each other and we are also helping hospitals from other ICSs across the country with their long waiters. We identify areas where we have the capacity to help other systems, and we often approach NHS England to offer capacity before being asked. The South West London Elective Orthopaedic Centre is able to treat patients from other areas across the country and won a National Orthopaedic Alliance award for Excellence in Orthopaedics in October 2022.

1.11.3 Clinical networks

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 clinical networks for many areas of care, including ear, nose and throat services (ENT), dermatology, urology and gynaecology.

- These networks of clinicians play a vital role in developing integrated services between primary care, secondary care and community services. They focus on transformation to support recovery and sustained improvement in clinical outcomes,

- reducing inequalities and unwarranted variation for patients
- optimising productivity and performance
- redesigning clinical pathways (ways of standardising care across healthcare settings)

Overall number of patients seen in outpatient and inpatient settings now exceed pre-pandemic levels.

We set up an Elective Care Board, which provides oversight and assurance of planned care services in South West London. Its aims are fully aligned with our Integrated Care System strategy and priorities.

1.11.4 Achievements in 2022/23

Through our clinical networks we have standardised pathways and reduced variation and provided mutual aid which has improved recovery performance.

1.11.4.1 Outpatient services

- We began piloting single point of entry in cardiology, ENT and gastroenterology services
- We transferred around 1800 outpatients between providers under our Mutual Aid model to reduce their waiting time
- Increased uptake and expansion of patient initiated follow up – this is when a patient initiates an appointment when they need one, based on their symptoms and individual circumstances
- We launched advice and refer pilots in 3 of our 4 NHS trusts – this allows GPs to take advice from hospital consultants before referring a patient into a service

1.11.4.2 Planned care services

- We reduced our list of patients who have been waiting a long time for their procedure - we now have the lowest level of patients waiting more than 52 weeks and the lowest level of patients waiting more than 78 weeks in London.
- We have developed a South West London mutual aid forum to optimise capacity and reduce long waits
- Right Procedure Right Place pilots began in day case and outpatient departments
- 29% of all outpatient appointments were delivered virtually in urology, neurology and cardiology services

1.11.5 Acute care case studies

1.11.5.1 Sutton Community Ward

During the winter NHS England funding supported a new community ward at St Helier Hospital.

In December 2022, GPs in Sutton partnered with Sutton Health and Care and Epsom and St Helier University Hospitals NHS Trust to launch a new community ward at St Helier Hospital.

The initiative brought together community, primary care and the hospital to assess and support patients. The ward provided extra beds for short term medical and therapy care, helping people get back on their feet more quickly.

Patients received GP led support and therapy on the community ward instead of a hospital bed, freeing up capacity for other patients.

The community ward ran until March 2023 and had dedicated areas for lounges and dining, to help with the transition to care outside of hospital. This initiative has been developed further as a therapy led community ward which will open at St Helier Hospital later in 2023.

Read more about Sutton community ward

1.11.5.2 Croydon Electives

In August 2022, Croydon became home to one of 50 new surgical hubs across the country to reduce waits for people needing planned operations and procedures.

Based at Purley War Memorial Hospital in the south of the borough, the expanded Purley Elective Centre includes new operating theatres, short-stay wards and diagnostic services for low complexity procedures, such as hand surgery and local anaesthetic procedures.

This has helped patients to be seen more quickly and has also freed up the main surgical theatres at Croydon University Hospital to undertake more complex operations.

Since opening, more than 32,000 people have received care at the elective care centre, including over 3,500 patients referred to Croydon from other London trusts and other parts of country.

Read more about Croydon electives

1.12 Mental health

We want everyone in South West London to have access to early support for their emotional wellbeing and mental health. In 2022/23 we worked with mental health service providers to focus on prevention and early intervention.

This year we have developed a new strategy for mental health in South West London and we will be implementing it from 2023/24. Over the summer and autumn of 2022 we met with a wide range of service users, staff and stakeholders to make sure our new mental health strategy reflects what matters most to the people who use our services, the people who care for them and local residents. This engagement process included public meetings across our six boroughs, online surveys and meetings with key stakeholder groups.

Our new strategy, which we will publish and implement in May 2023, focusses on providing local people with early mental health support and improving access, better recovery rates and higher quality of life for people with both severe illness and mild to moderate mental health conditions.

We know that people's mental health and emotional wellbeing continues to be impacted by the pandemic across all of our communities. We continue to see an increase in demand for mental health services since the pandemic and people are also presenting with more complex and acute mental health needs than before. We have also seen new areas of demand in 2022/23, for example we are seeing that children and young people are now more likely to avoid attending school because of their emotional and mental health conditions than before the pandemic. In addition to Covid pressures, the cost-of-living crisis and lack of support for people with complex needs have increased pressure within our mental health services.

Our focus this year has been on both addressing service demands and setting out our future approach to delivering high quality mental health services for local people.

1.12.1 Children's Mental Health Transformation

We have refreshed our transformation plan for children and young people's mental health to make sure we are supporting those children and young people who wish to access mental health support.

1.12.1.1 i-Thrive

To complement this ambition, we are using the national i-Thrive framework to improve mental health and well-being services for children and young people and families. This national framework, being used across 70 areas in England, is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care

pathways. We aim to develop collaboration and integration across our boroughs and South West London as a whole.

1.12.1.2 Online service directory for children and young people

A pilot scheme was launched in 2022/23 to increase access to mental health services for children and young people by working closely with GPs and adding capacity through our Primary Care Networks. We have also developed an online directory of all the mental health services available in for children and young people. We initially developed the service directory for Kingston and Richmond and hope to extend this for our remaining four boroughs over the coming months.

1.12.1.3 Support in schools and colleges

We have mental health support teams in schools and colleges across our six boroughs with a whole school and college approach. This programme supports schools to embed a culture of openness around mental health, promote mental wellbeing and develop links between education and health to ensure children and young people can access appropriate support. Mental Health Support Teams care for children and young people with mild to moderate emotional wellbeing needs. We are working closely with school and education leads within our six local authorities and we are continuing to support the roll out and development of mental health support teams. Our teams now support all primary and secondary state schools in Kingston, Merton and Richmond. We are working towards having the same level of support in all schools in Croydon, Sutton and Wandsworth.

1.12.1.4 Croydon's Talkbus

To prevent serious mental health conditions in young people aged 10-25 years old, Croydon Drop In's Talkbus is a mobile information support hub which acts as a safe space to go when they first start to struggle with issues like mental health, exam anxiety and sexual health. Offering a safe space and confidential guidance from outreach workers, the Talkbus visits high streets, neighbourhoods, community events, schools and colleges and offers free Wifi and a place to relax. Outreach workers refer to Croydon Drop In's free counselling service where appropriate and often reaches those who are marginalised and at high risk of poor mental health. Young people trust the service and see it as a non-judgemental, safe space where they can open up about their emotions and worries. By working in this way, we are able to help young people develop coping skills which will benefit them for their adult lives as well as identifying lower acuity mental health needs and address them before they escalate and require more intensive care.

Read more about Croydon Drop-In's Talkbus for young people

1.12.2 Suicide prevention

Middle-aged men and young people are three times more likely to attempt suicide than other people according to data published by the Office for National Statistics. Providing these groups with services that support them across South West London is very important to us. We work closely with our voluntary and community sector partner Mind and public health leads across our six boroughs to promote resources and increase provision of support services for these groups. We support initiatives around prevention, early intervention, and crisis support. Our prevention initiatives include the ongoing delivery of the Men's Sheds in each of our boroughs. The Sutton Men's Shed provides a community space for men to connect, talk, create and pursue practical interests, whilst providing mental health advice, support and signposting to other services. We also have two suicide prevention coordinators who promote and facilitate suicide awareness sessions for multiple organisations. We support individuals and families bereaved by suicide, offering one to one support and guidance.

1.12.3 Mental Health Provider Collaborative

The South West London Mental Health Provider Collaborative is developing an overarching programme of work focused on locally commissioned mental health services in South West London. The provider collaborative is focused on developing core offers and approaches to standardise mental health services and pathways over the six South West London boroughs and two main NHS providers – South West London and St George's Mental Health Trust and South London and Maudsley NHS Foundation Trust. It will also bring together clinical leadership to build consensus around service developments and make sure we involve service users and communities in the design of service pathways, delivery and evaluation.

1.12.4 Physical health checks

People with severe mental illness are four and half times more likely to die prematurely and live on average 15 to 20 years less than the general population. This shorter life expectancy is due to a lack of support, limited uptake of preventative health interventions and a lack of appropriate health information available for people with serious mental illness. We took a renewed focus on this work in 2022/23, to make sure we were supporting those people with the greatest need and working closely with GPs to make sure patients received an annual physical health check. We also delivered remote monitoring kit to support delivery of the health check in a person's home or within the community to further improve access. At the end of December 2022, 47.1% of people with severe mental illness had received a full annual physical health check during the previous 12 months. While performance is below the 60% national target, it continues to improve and is above the 32.8% performance in December 2021. We have plans to improve performance so that we deliver the 60% target from 2023 onwards.

1.12.5 South London Listens – community engagement

South London Listens is a partnership between the NHS, local authorities and the voluntary and community sector across the 12 boroughs in South London. We are working together to promote recovery, prevent a mental ill-health crisis and find solutions to our most pressing challenges. We work together to deliver the community-based actions across our four priority areas:

- Loneliness, social isolation and digital exclusion
- Work and wages
- Children, young people and parental mental health
- Access to services

In 2022 the partnership successfully applied to become a signatory of the Prevention Concordat for Better Mental Health. This is a national initiative that is underpinned by the understanding that taking a prevention-focussed approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society.

To reduce digital exclusion in Sutton, digital health volunteers helped 143 local people to get access to and build their confidence using online health services, including via the NHS App. And in partnership with Barclays Bank, people experiencing homelessness in Richmond, Kingston, Wandsworth and Sutton were also given support to use online services.

Read more about South London Listens

1.12.6 Support for those in mental health crisis

We have been working across South West London to establish services that provide support to people in mental health crisis as an alternative to attending an Emergency Department. Alongside our partners at the London Ambulance Service, we now have a 'mental health joint response car' for South West London. This provides a new way of responding to patients in mental health crisis by teaming up a paramedic with a mental health nurse to treat both the individual's physical and mental health needs. This provides a better and more rounded care approach and significantly reduces the number of avoidable hospital attendances.

1.12.6.1 Crisis Cafés

Crisis cafes are available across all South West London boroughs. Our crisis cafes provide safe spaces for people in mental health crisis who don't need a medical intervention. The cafes are run in partnership with the voluntary sector and staff have experience of mental health issues and are able to link with other mental health services, so anyone using their services can access all the support they need.

1.12.6.2 Crisis line

In 2022/23 we reviewed options to maximise the future design and use of the crisis line with partner agencies to make sure patients presenting in crisis receive high quality care that is timely, accessible, safe and effective. The service provides same day urgent assessments for people age 18 and over and telephone support to children and young people. People can be seen at home or in a community setting by the assessment team or in the crisis unit at Springfield Hospital if they cannot be safely assessed in the community.

1.12.7 Addressing inequalities in Mental Health

The NHS Race and Observatory report Ethnic Inequalities in Healthcare: A Rapid Evidence Review found that black and ethnic minority groups were less likely to refer themselves for talking therapies, or to be referred by a GP. Even when people are referred, they are less likely to receive treatment.

Across South West London we are working hard to try and address these health inequalities.

1.12.7.1 EMHIP hubs bring mental health care to trusted settings

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 follows decades of campaigning on the issue in the community. It 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.

The first hub was established at the New Testament Assembly church, Tooting. The second launched early in 2023 at the Islamic community centre Mushkil Aasaan, also in Tooting. 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.

In spring 2023 NHS South West London worked with Wandsworth Community Empowerment Network on a targeted communications campaign, fronted by trusted community figures. The campaign was designed to raise awareness of and footfall to the hubs during a cost of living crisis, which has seen more people than ever struggling with their mental health. It also aimed to encourage people to access support at an early stage, taking pressure off other services such as A&E.

1.12.7.2 Improving access to mental health services in Croydon

Following feedback that people in Croydon feel stigmatised in clinical spaces, we have moved many of our mental health services into community settings to better support local people. Initiatives include:

- The Health and Wellbeing Space opened in January 2022 in the Whitgift Centre, one of Croydon's shopping centres. The Space is run by Croydon BME Forum and Mind in Croydon, offering clinical support in a non-clinical setting to people in North Croydon, who mainly self-refer.
- NHS, social care and community organisations have come together to create Croydon Health and Wellbeing Space. Developed in partnership with the NHS and Mind in Croydon and the Croydon BME Forum, we have developed a new innovative community wellbeing health service in The Whitgift Shopping Centre. Read more about health on the high street
- The Recovery Space based at Mind's Fairfield House is an alternative Safe Space to the Emergency Department (ED) for people experiencing a MH crisis who do not need clinical interventions, people are referred here by mental health clinicians. Since opening last year, the recovery space has offered support to nearly 600 people who would otherwise have attended ED.
- Following the success of Age UK's Personal Independence Coordinators, Mental Health Personal Independence Coordinators work from Croydon BME Forum and Mind in Croydon as an out-reach service to provide practical support for people experiencing mental health issues across both primary and secondary care, covering all 9 PCNs in Croydon
- The Ethnicity Mental Health Improvement Programme (EMHIP) has been specifically designed to reduce ethnic inequalities in access, experience and outcome of mental health care, aligning with SLaM's Patient Carer Race Equality Framework (PCREF) development. This exciting new programme was recently successful in achieving Health Inequality funding for the first of five co-designed interventions: a mobile mental health hub which is being mobilised for delivery from July 2023.
- We worked with key partners, including Alzheimers UK to refresh and re-launch the Dementia Action Alliance to achieve Dementia Friendly status in quarter 1 2023/4 and to co-design an agreed action plan over the next 3 to 5 years.

In November 2022, Mayor Perry, Mayor of Croydon, convened a Mental Health Summit with Croydon residents and key stakeholders including the Director of Public Health, Place Based leader for health. The outputs of this will inform our 2023 mental health priorities including the refreshed health and care plan and joint forward plan.

Read more about the mental health summit

1.12.7.3 St Helier Voices cheering Carshalton residents

Tackling health inequalities experienced by some of our residents is a priority in Sutton. The St Helier Voices Community Choir project is a partnership initiative between the St Helier Centre of Mission and South West London Integrated Care System.

St Helier Voices is a weekly initiative where local residents get together at St Peter's Church in Bishopsford Road, Carshalton and learn how to sing as part of a choir. The choir helps to tackle loneliness and isolation on the St Helier estate – one of the most disadvantaged areas in the country – where many people struggle with mental and physical health problems, with some residents living in isolation with little social interaction.

The group is playing an important role in preventing ill health and reducing loneliness in this community. People who attend the group are given advice about local help and support - feedback from residents shows the initiative has had a huge impact on their sense of wellbeing.

There are many benefits of music on people's mental health and wellbeing – especially when people sing together in a group. Singing and being part of a group gives people confidence and a sense of achievement and can motivate them to try other activities. Their sense of wellbeing improves and singing regularly can have a positive impact on the health of people with long-term lung conditions.

Read more about St Helier Voices

1.12.7.4 Men in Sheds reducing isolation and improving men's mental health and wellbeing

The Sutton Men in Sheds project provides a community space for men to connect, create and pursue new interests.

The project gives men a place to engage in meaningful conversations, and offers support around mental health and social isolation. The group is free and open to anyone. It meets on Thursday evenings every other week in St Helier.

Activities are themed based on feedback and are facilitated by professionals in group sessions. Some of the sessions are designed to help support men's mental health and wellbeing.

Read more about Men in Sheds

1.12.8 Mental health spend

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

1.13 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.

1.13.1 Improving community services and keeping people out of hospital

A key priority in South West London is to reduce reliance on inpatient care so that people can lead the lives they choose in homes rather than hospital. We have made significant progress in reducing the number of people with a learning disability, autism or both within mental health hospital settings since 2016. The impact of covid restrictions on this group has seen an increase in children and young people admissions. We are committed to improving services in the community for children, young people and adults with a learning disability, autism or both with the most complex needs and who may display behaviour that challenges. For those people that do need inpatient care we work with our partners to maintain close oversight and ensure their stay is as short as possible.

During 2022/23 our work to improve services outside of hospitals and to keep people well at home has included:

- In March 2023, we launched the new South West London Key Worker Service. The key workers work with children and young people with autism and/or learning disabilities with the most complex needs. These children are often experiencing substantial difficulties with escalating behaviours of concern, and are often at risk of being admitted to a mental health hospital. The role of the key worker is to work with local teams of professionals in health, education and social care and the young person and their family to ensure the child and family get the support they need to live well in the community. Support from a key worker is for a temporary, time limited period.

- We launched a local forensic community service pilot for autistic adults and adults with a learning disability in Croydon. This pilot is part of the South London Forensic Intellectual and Neuro Development Service delivered by the South London Partnership of Community Mental Health Trusts.
- We have invested in behaviour specialist posts in Wandsworth this year supporting children with learning disability, autism or both and the outcomes from the new roles will inform future service developments.
- We started an autistic adults care coordinator pilot project in Kingston and Richmond to support people with complex needs to access appropriate support and services.

Other examples of service developments include:

- We have reduced the number of A&E admissions for people with learning disabilities and autism who live in Sutton by implementing a system of data monitoring in A&E, community care homes and supported living.
- In Merton we started a pilot project to establish new autism specialist posts in the adult integrated community learning disability team. South West London and St Georges Mental Health NHS Trust developed a post diagnostic support pilot as part of the Merton adult autism diagnostic assessment pathway.
- In Kingston, Richmond and Sutton we are two years into a three pilot scheme delivering post diagnostic support within local autism diagnostic assessment services, and are conducting an all-age autism pathway review in Kingston and Richmond.
- In Sutton, we funded an autism parenting coordinator and appointed a Joint Autism Development role with Sutton Council to lead on autism strategy development in the borough.
- We have reviewed and redesigned the children and young people autism assessment pathway in Croydon.

1.13.1.1 Working together in Wandsworth to support young autistic people

Health and care partners in Wandsworth have developed a new holistic approach to services to support autistic children and other young people with social, emotional and communication difficulties.

Health, education and social care professionals work together to develop bespoke care, responding to each young person’s needs in assessment and treatment.

Since the pandemic young people with autism and learning disabilities have faced increased challenges as their routines altered, preferred activities ended and friendly faces of carers and teachers changed. Working with Wandsworth Council and South West London St George’s Mental Health Trust the new services were developed with families.

The team normally involves: Wandsworth Autism Advisory Services, Contact Wandsworth, CAMHS Learning Disability Services, new behaviour analyst support, psychodynamic therapies and a new team of autism key workers.

One example of the service is dramatherapy It uses the techniques of theatre – from role play and improvisation to puppets and props – to help children process and communicate complex emotions.

1.13.1.2 Crisis key worker service

A crisis key worker service launched in February 2023, aimed at children with autism and learning disabilities, who also experience mental health struggles or challenging behaviour.

Through the service, key workers are allocated to families where children are at high risk of being admitted to a mental health hospital. The workers support families on a temporary basis, coordinating care and mobilising support from other professionals.

After meeting families to discuss their child's history, their needs and what has been tried before, key workers offer reassurance that alternative approaches are possible. They work with professionals across health, education and social care to refresh support plans and get things back on track for the family, while navigating the complex mix of local services. Collaborating with different teams, they help devise bespoke treatment packages tailored to individual families, which could include things like respite breaks, environment changes, art and dramatherapy.

1.13.2 Annual health checks

Annual health checks are intended to help reduce the health inequalities experienced by people with a learning disability. GP practices across South West London continue to work to increase the uptake in annual health checks. The target of 75% was met last year and is on track to be again delivered this year.

During 2022/23 we have taken part in a national trial to test an annual health check for autistic people and completed 50 annual health checks for autistic adults this year as part of the pilot.

1.13.3 Training for health and care staff

- To support increased understanding and awareness across our workforce, we have funded Positive Behaviour Support Training for practitioners and coaches. The training, which is delivered by the British Institute of Learning Disability (BILD), has been delivered to 168 professionals across the South West London ICS. Staff to have

received the training come from health and care providers, social care and schools. We will start delivering sessions for families 2023/24.

- We have delivered Autism Awareness Training delivered to over 100 GPs in Kingston and Richmond with a focus on how to improve referrals, local pathway and information about reasonable adjustments. Training will be extended across South West London during 2023/24.
- A group of Wandsworth actors with learning disabilities are using drama workshops to help health professionals understand the issues faced by people with a learning disability. The actors work with the charity Baked Beans, which was founded in south London 25 years ago as a summer drama project. The name of the charity references Heinz 57 varieties – reflecting the variety of needs and disabilities supported. Read more about drama workshops for people with learning disabilities
- To improve medicines optimisation we have developed specialised learning disability and autism pharmacist delivered training and advise to GPs and primary care pharmacists as well as direct consultations.

1.13.4 Improving cancer screening for people with learning disabilities

Over the last year we have worked with Sutton Mencap to produce cancer screening films to support an increase in uptake in cancer screening amongst people with a learning disability. We have also started a breast cancer screening project in Kingston focused on increasing uptake for people with learning disabilities.

Watch the videos we made with Sutton Mencap

1.13.5 Sutton Learning Disabilities Conference

The Sutton Learning Disabilities Conference was jointly organised with people with learning disabilities, family and carer representatives in March 2023.

65 people attended to hear from adults and young people with learning disabilities, families and carers about what life is really like for them in Sutton and to discuss suggestions and ideas on how to make improvements.

People with learning disabilities, families and carers shared the challenges they face in the borough and what works and doesn't work for them. Different community groups, including Sutton Mencap, Sutton Parent Carer Forum, Community Action Sutton, Nickel Support, Speak Up Sutton, Choice Support and Advocacy for All also attended.

People discussed the positives, negatives and ideas for improvement in transport, access to health, social care, housing, leisure & culture, town centres and work.

Action Group leads provided updates on the three priority areas identified in the refreshed Learning Disabilities Strategy. The Leader of Sutton Council and people attending the conference also made promises about what they could do in the next six months to help make Sutton a better place for people with learning disabilities, their families and carers.

Read the Learning Disabilities Strategy

1.13.6 Key priorities 2023/24

1.13.6.1 Support and strengthen community services for people with complex needs

- During 2023/24 we will continue to improve community services for people with learning disabilities and people with autism to further reduce avoidable and preventable admissions to mental health inpatient care.
- Our plans include improving community based provision, including intensive community support focused on children, young people and adults with a learning disability or autism with the most complex needs.
- We will continue to embed the new South West London Key Worker Service and extend its scope to include 18 to 25 year olds by March 2024.
- We are also committed to making sure that we are compliant with the new NHS England Dynamic Support Register and Care, Education and Treatment Review policy published in January 2023, and will continue to strengthen joined up working with Special Educational Needs and Disabilities teams at our six local councils.

1.13.6.2 Reducing health Inequalities and reduce mortality and preventable deaths

- During 2023/24 we will maintain our work to improve uptake and quality of annual health checks and share and embed learning from the Sutton health facilitation project across South West London.
- We will continue the LeDeR, a service improvement programme aimed at learning from the deaths of people with a learning disability and autistic people. Read more about LeDeR in section 1.24.6.
- We will build on our targeted work on vaccination uptake amongst people with learning disabilities and autism. This includes recruiting and training community connectors (local people with lived experience) to support the uptake of vaccinations. Read more about our work to vaccinate people in South West London in section 1.14.8

- We are launching key initiatives developed by the South West London and Surrey Neurosciences Network to improve epilepsy pathways for people with learning disabilities.

1.13.6.3 Improving health and wellbeing

We are determined to improve awareness and understanding of the needs of people with learning disabilities and autism across health and care services. We are working with service users to make sure that our service provision is developed with the insight of people with lived experience, and to improve patient experience, health and wellbeing for people with learning disabilities and autism.

The Oliver McGowan mandatory training programme is named after Oliver McGowan, whose story and death has shone a light on the need for health and social care staff to have better training in understanding, communicating with and treating people with a learning disability and autism. We are working with providers across South West London to roll out the Oliver McGowan training.

1.13.6.4 Improving quality of care

We will continue to focus on improving quality of inpatient care across mental health hospitals. This includes strengthening Care, Education and Treatment reviews, and continued oversight through monthly case surgeries.

1.14 Preventing ill health

In NHS South West London, we have a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. Our aim is for this to both help people to live longer, healthier lives, and reduce the demand for and delays in treatment and care.

We continue to work hard to improve the health of our local communities, here are some examples of our prevention work.

1.14.1 Tobacco Dependency Programme

Smoking is the biggest cause of preventable illness and death in the UK. For those who smoke, stopping smoking is the best single way to improve their current and future health.

Smoking prevalence is lower in South West London than other areas of the country. Fewer than 9% of people in our boroughs smoke, except for Merton, where around 13.5% of people are smokers.

We are working hard across our boroughs to support people to stop smoking, particularly in areas of higher health inequalities. Using a highly successful model developed in Ottawa, Canada, we have rolled out a tobacco dependency programme across all of our NHS trusts.

We aim to make sure that every inpatient, outpatient, maternity service user and mental health service user is offered support to quit smoking. The programme is overseen by a steering group make sure that there is fair access to evidence-based tobacco dependence services, including consistent access to nicotine replacement therapy and vapes.

We want to contribute to the London Tobacco Alliance smokefree ambition by 2030 and to reduce our prevalence of those who smoke to under 5% for London.

1.14.2 Community Empowerment Network Programme

The South West London Community Empowerment Network Programme aims to address the poorer health outcomes experienced by our most deprived communities and inclusion groups by providing health and wellbeing checks and early interventions.

The programme involves working with local communities and local primary care services to raise grassroot awareness about the importance of looking after your own health. This year we have done this through delivery of health and well-being checks, health coaching, improving health literacy and co-produced interventions.

During 2022, we provided over 1,500 health and well-being checks for people not accessing primary care and we have trained 90 volunteers as accredited volunteer community health coaches.

Of those who have had health checks, 50% were identified as being from moderate to high risk of developing diabetes and 20 to 25% on average had possible or severe hypertension.

A key aim of this service is to support local people who were not visiting their GP practice to find out more about their health risks and how they can prevent developing cardiovascular disease or diabetes with preventative help like diet and exercise advice.

1.14.2.1 Family Hubs – Sutton's parent led parenting programme

In 2022 we developed a pilot of family hubs in Sutton, led by parents, to increase accessibility of universal services for the community and to support disadvantaged families. Family hubs provide families with a single place to get early help with social, emotional, physical and financial needs.

Family hubs aim to make a positive difference to parents, carers and their children by providing a mix of physical and virtual spaces, where families can easily access non-judgmental support for the challenges they may be facing.

Sutton currently has four family hubs, and each has been tailored to its local community. They have three main priorities: access, connection and relationships.

In the future we aim to develop a hub specifically for young people.

Family Hub Connectors provide free information, advice and help to access childcare, activities and support services in Sutton. We have four Family Hub connectors who work across Sutton providing practical advice and support. Contact a Family Hub Connector on 020 8770 6000 or familyinfo@sutton.gov.uk.

View our YouTube video from our recent family hubs conference where parent volunteers and professionals came together to contribute to our 'helping early' approach in Sutton.

1.14.3 Prevention Decathlon

In South West London we have developed a series of prevention programmes under the banner of Prevention Decathlon, an innovative education programme designed to help people with a high risk of developing long-term health conditions, like diabetes and cardiovascular disease, better manage their health conditions.

The programme consists of structured health and wellbeing education sessions, physical activity classes, mobile phone app games and connecting participants to support in their local community. The programme will support 1000 people over two years to better manage their health.

The Prevention Decathon boasts a 92% completion rate, for all participants who start the programme. Participants lose an average of 3kg and a proven average 45% increase in physical activity levels, therefore attendees are reducing their risk of developing a long-term condition. . ,

We have also created a community focused version of the Prevention Decathlon that has been co-produced and delivered by local community champions in places of worship, which is called the Wellbeing Pentathlon.

The Pentathlon is a five-session variation of the Prevention Decathlon that focuses on key elements of health and wellbeing.

The programme is aimed at families and communities. Participants,and their families are recruited from community settings and places of worship.

We work alongside the Wandsworth Community Empowerment Network to deliver the programme.

We are developing an easy read version of the programme for people with learning disabilities This programme will be called the Wellbeing Heptathlon.

We have also been awarded funding via a Small Business Research Initiative to develop and deliver a national first cardiovascular disease prevention programme to support people at risk of developing cardiovascular disease.

Read more about our prevention decathlons

1.14.4 Winter Fit

Funded by the South West London Innovation Fund, this year we worked in partnership with our local pharmacy committees to deliver a pilot scheme called Winter Fit.

Winter Fit is a fifteen-minute intervention by community pharmacies for people aged 65 years and older to help them stay fit, independent, and healthy throughout the colder months.

Using the 'Making Every Contact Count' approach, pharmacy staff were able to initiate conversations with older individuals on essential topics like winter warmth, care in the home, cost of living, connectedness, prevention of falls and social prescribing.

By 22nd March 2023, 100 pharmacies had supported 10,000 older people across our six boroughs. We will continue to build on this great work in community pharmacies to help prevent hospital admissions and improve the well-being of local people.

1.14.5 Prevention and Public Health Partnership work

Over the last year, we have worked closely with local public health teams to help develop and expand prevention services available across our six South West London boroughs. This includes smoking cessation, NHS digital weight management services, the NHS prevention programme, working to reduce antimicrobial resistance and the prevention of cancer.

Together we have produced a joint prevention framework and principles that we will apply to all our South West London prevention programmes, policies and strategies. Our prevention principles are also core to both the South West London Primary Care and Mental Health Strategies which are in development, and also to the South West London ICS Strategy and Joint Forward Plan.

We have also set up a South West London research network to deliver research on wider determinants of health and prevention work and support across the system with our local authorities and provider trusts.

Our aim is to foster a high performing research culture that will help our teams to produce high quality research and evaluation to give us the evidence-base to improve local health and care

services. Our network is also helping us to share learning across the system and identifying the areas of most need where we can focus our collective efforts.

1.14.6 Using technology to help people manage their health

Over the last year we have been working to develop digital tools and solutions across South West London to help improve population health and reduce demand for healthcare.

These include the South West London Prevention Portal, which is currently in development. This portal will help us use search engine optimisation - a way of using key words in how we describe local services online - so that we can help more people who live locally find good quality, timely information about local health services and health advice.

We have developed a number of different self-management apps to help people manage their long term condition and we've developed an app for maintaining good pelvic health for women.

Using South West London Innovation Funding, we are also exploring how we might extend our use of search engine marketing to help sign post people to the right local services for them - increasing their visibility of our services when people living in our six boroughs use internet search engines to find local health information and advice.

Search engine marketing can enable searches resulting in bowel cancer screening kits, thereby preventing cancer. It can send people to pharmacy or out of hours doctors thereby avoiding A&E and can enable searches resulting in bowel cancer screening kits, thereby preventing cancer.

This will help residents find the right information at the right time. As it adapts to the language of the browser, it will reach residents whose first language is not English. The second part of the project is to build on search engine marketing to develop digital care pathways to support patients through their healthcare journeys.

Digital care pathways can deliver proactive, cost-effective, streamlined and patient-centric care. This is something that the NHS have not capitalised on and this ICS level project is the first of its kind in the country.

We have been part of a national project to help patients use the NHS App to see information about their hospital appointments. Patients at St George's Hospital and Croydon Hospital are already benefiting from the new service, and the same service for Kingston Hospital will be launched soon.

'MyMarsden' allows patients at the Royal Marsden Hospital to see information about their medicines, test results, and upcoming appointments. This will transform the way that patients engage with the trust's services and experience their care.

1.14.7 Prevention case studies

1.14.7.1 Community health checks in trusted local settings

Primary care networks in Wandsworth continued to deliver health checks in community settings, aimed at people less likely to access healthcare through traditional routes.

The project began in 2019 but needed to change during the pandemic. However, face to face checks resumed in 2022 and have been welcomed by local people. The project involves identifying those at risk of long-term conditions by taking checks for high blood pressure, diabetes and respiratory problems to places of worship and other community venues.

Trusted volunteers are offered training to help deliver some checks and health messages and advice and support is available on a range of health issues including mental health, stopping smoking and diet, with flu and Covid-19 vaccinations also available.

1.14.7.2 Blood pressure testing in Wandsworth and Merton

In September 2022, we marked 'Know your numbers!' week by holding blood pressure check clinics across Merton and Wandsworth. The chances of having a stroke, heart attack or heart failure can be increased if your blood pressure is high.

We encouraged South West Londoners to check their blood pressure figures at home or to drop into some of the local sessions we held across our boroughs. Many local pharmacies also offer free blood pressure checks.

NHS figures predict that as the service continues to develop over the next five years we could prevent 8,240 strokes, 5,500 heart attacks as a result of this regular testing and we could save 4,400 lives.

Read more about blood pressure testing in Wandsworth and Merton

1.14.7.3 Health screening tackling health inequalities

Making sure that all women understand the value of cervical and breast screening was behind work carried out in the community in partnership by Archana Sood, Macmillan Information and Support Manager at Kingston Hospital.

As part of Kingston's Core20PLUS5 work Archana held talks for groups of women from Hong Kong Afghanistan, Syria, Ukraine, Iran, India and Sri Lanka where they had the opportunity to learn more about why screening is so important and about any signs and symptoms that should be reported to a GP.

Archana also explained how the procedures are carried out and gave participants the opportunity to see and handle some of the equipment that is used. Some of the women who attended had never had a smear test or mammogram and some had been holding back from booking these tests due to fear and uncertainty about the process.

Read more about health screening

1.14.7.4 Dose of Nature supporting residents with their mental health

Kingston and Richmond residents are exploring the power of the natural world to support their mental health and wellbeing. Over 700 Kingston and Richmond residents with mental health problems have been prescribed time spent outside in nature by their doctors this year, as an alternative to more traditional forms of medication and therapy.

Dose of Nature, is a registered charity in Kew which was established to promote the mental health benefits of engaging with the natural world.

A Dose of Nature prescription is a ten-week programme which helps people explore the health benefits of spending time in nature, with the aim of inspiring lifestyle changes which will have a lasting impact on them staying mentally well.

Patients who are found to be suitable are referred by their GP and first meet with a Dose of Nature psychologist, who discusses their needs. They are then matched with a trained volunteer who becomes their Dose of Nature Guide.

Guides have specific training in supporting people to improve their mental wellbeing by engaging with the natural world.

Read more about a dose of nature

1.14.7.5 Falls and Frailty in Croydon

In Croydon, this year we rolled out a number of system-wide initiatives to help prevent falls and frailty.

Our frailty services are now fully integrated to work closely together. All staff in the complex care support team are working closely with GPs across Croydon. Everyone working on the frailty pathways follows the same process and protocols so that standards are upheld consistently. These services build upon the ongoing partnerships with our local voluntary sector partners as part of our integrated Community Network+ arrangements to support early identification and support for people with frailty.

Front door frailty practitioners now work in our Emergency Department, aligned to both our hospital and community teams. On arrival at our ED, patients now undergo a full geriatric assessment run by GPs with oversight from the geriatric consultant and with support from frailty

assessors. Care is then offered in parallel to any treatment the patient might need during their stay in hospital. The front door frailty practitioners identify and support appropriate patients to support them to be discharged from A&E or assessment areas and hand them over to the care of the community teams. They also support their patients throughout their treatment to make sure they are on the best care pathway for them.

We have continued to develop our services to support people who may have had, or be at risk of, falls. We have aligned existing falls services to the overall frailty approach such as the acute falls service through CHS and the falls prevention service through AgeUK Croydon. This year we secured funding to address health inequalities to implement Health Smart Hubs within the existing community hubs. Provided by Age UK Croydon and offers opportunities for health checks, advice and exercise classes to support people to remain independent for as long as possible.

1.14.7.6 Bringing health to the high street in Merton

The Health on the High Street initiative began in summer 2022 as a creative way of supporting people across Merton and is a key element of our local health and care plan. Following the success of the Covid-19 vaccine programme, we aimed to change the way we deliver our services and enable our partners to reach new people across the borough. This has involved the creative use of libraries, community centres and cafes as healthcare venues, running everything from mental health support to vaccination clinics. It is also about bringing people together, boosting their social wellbeing and addressing loneliness.

Health on the high street projects have included a memory café in Morden, with Alzheimer's Society. The weekly drop-in at the Metronome Café is a chance for anyone worried about their own or a loved one's memory to talk to the experts and share their worries.

Two well-attended winter health fairs in Mitcham and Raynes Park gave people the chance to meet voluntary organisations and find out about their activities and support – as well as having blood pressure, diabetes and cancer screening checks and a hot curry lunch.

Other loneliness-busting sessions have ranged from a LGBT+ history month coffee morning for older people to monthly drop-in mental health counselling.

Read more about health on the high street in Merton

1.14.7.7 Beat the Street in Merton

Actively Merton, a new programme encouraging people to do more - physically and socially - literally hit the streets running in March 2023, with its launch initiative - Beat the Street.

Beat the Street is a fun and fast-moving game that challenges people who live, work or study in Merton to rack up miles of active travel. Using an app or interactive game card, participants swipe scanners on lampposts for every journey on foot, by bike or scooter, making the most of Merton's outdoor spaces along the way.

The game is a joint project from NHS South West London ICB's place team and Merton Council with funding from the south west London innovation fund and the National Lottery via Sport England. It is being delivered by the organisation Intelligent Health, which has successfully run Beat the Street in areas across the UK.

Leader boards for schools, workplaces and families, with the chance to win prizes, introduce a competitive element. More than xx people signed up for the six-week programme during launch week from 15 March.

Beat the Street - and Actively Merton - encourages activity in a way that is so enjoyable people don't know they are exercising, boosting physical and mental health. It's legacy is about giving people the habit of social exercise for their lasting wellbeing.

Read more about beat the street in Merton

1.14.8 Vaccinations

Since the Covid-19 vaccination programme began in December 2020, we have given over 3.6 million vaccinations to local people in South West London. The Covid-19 vaccination programme is the largest ever immunisation programme to roll out in South West London and has helped us to keep our communities safe.

As well as the thousands of people who have been protected, we know that around 350,000 people in South West London have chosen not to come forward for their first dose of the Covid-19 vaccine. We continue to promote the 'evergreen' offer of a first or second dose to local residents, you can read more about how we've worked with voluntary and community sector organisations and local communities to do this in section 1.31 Working with people and communities

Over this year, we have adapted how we deliver vaccinations to respond to changes in national policy. For example, our three community vaccination sites at Centrale Shopping Centre in Croydon, St Nicholas Shopping Centre in Sutton and Centre Court in Wimbledon were closed once everyone in South West London had been offered their autumn booster. Collectively, these sites had delivered over 550,000 vaccinations by December 2023. Alongside this, our team has been able to reduce as the programme changes and we were pleased that over 600 staff who worked with us on the vaccination programme went on to secure jobs elsewhere in the local NHS.

Alongside the seasonal booster programme, this year we have been focused on a range of other immunisation programmes. This includes the polio booster, mpox, flu, diphtheria and other important childhood immunisations where take up rates have declined over the last few years during national lockdowns.

We are continuing to develop a new South West London strategy for immunisations as a whole and plan to continue to build on our strong partnerships, working with our NHS trusts, community pharmacies and GPs to help deliver vaccinations across our six boroughs.

1.14.8.1 Winter seasonal flu and the Covid-19 booster programme

The winter seasonal programme this year focused on protecting:

- all adults aged 50 years and over
- residents and staff in care homes
- frontline health and social care workers
- those in a clinical at-risk group over the age of 5
- as well as household contacts and carers.

In addition to these groups, the flu programme targeted children aged between 2 and 3, and secondary school aged children.

From September 2022, we delivered 344,000 Covid-19 boosters, which equates to 54% of the eligible population, and 438,000 flu vaccinations which equates to 45% of the eligible population. South West London had the highest take up in London for most groups for both Covid-19 and Flu. We are pleased to have seen a particularly high take up in pregnant women, where South West London has had the highest rates in London with a higher rate than in previous years.

As well as our three community vaccination centres which were in operation until December 2022, hundreds of thousands of vaccinations have also been delivered at 32 pharmacies, 27 primary care networks and eight hospitals across our six boroughs. We have also had a programme of pop-up and walk-in clinics in community venues like mosques and church halls across South West London over the years to help encourage more people to come forward for their vaccinations.

Our focus continues to be to make sure people are aware of whether they or their family is eligible for the vaccine, where they could book appointments or walk-in and highlight the benefits of taking up the offer for them and their families.

1.14.8.2 Polio booster campaign and childhood immunisations

The London polio booster programme launched in August 2022 in direct response to the discovery of polio in wastewater sewage samples. Across the capital, all children aged one to nine were offered a booster dose on top of regular childhood doses of the vaccine they may already have received. In South West London, we quickly set up polio clinics in our community vaccination sites, local pharmacies and children’s centres so that we could make the offer convenient for local pharmacies. We worked with our primary care network colleagues

to deliver vaccinations for one- to four-year-olds in General Practice. Our community pharmacies stood up at pace to support the campaign for those aged five to nine.

During this period, over 68,000 children received a booster which equates to 41.2% of the eligible population. South West London saw the highest take up rates in London for the polio booster. Recognising the impact of the pandemic on immunisation uptake rates more broadly, we are committed to improving childhood immunisation levels. Read about our survey with 3,200 local people across South West London in November 2022 that helped us to understand views on immunisations so that we could adapt our approach to making information about the safety and side effects of vaccinations and the availability of clinics more accessible.

1.14.8.3 End of the Covid-19 booster programme and planning for spring

In January 2023, it was announced that the Covid-19 booster programme, in its current form, was ending. This included the end of all boosters for those aged 18-49, alongside the winter seasonal booster programme.

The Joint Committee on Vaccination and Immunisation, JCVI, have subsequently announced that the Spring Booster programme will focus on people who are at increased risk to Covid-19. It has also been confirmed that the evergreen offer of 1st and 2nd doses will end on 30 June 2023. NHS England have approved our plans for the spring booster programme which will roll out across South West London from April to June 2023 and focus on people over 75, people aged 5 and above who are immunosuppressed and those in care homes for older people.

1.14.8.4 Share Community vaccination clinics

In November 2022 the NHS once again partnered with Wandsworth charity Share Community to run a Covid-19 autumn booster vaccination clinic, tailored to the needs and concerns of young people with autism and learning disabilities.

This was the fourth clinic to be held in the familiar environment of the charity's Battersea training centre, which has also delivered flu jabs and general health advice for young people and their carers.

At the start of the project, in 2021, engagement events led by local GP Dr Nicky Williams, provided insight into the concerns of Share members, particularly around fear of needles, and unfamiliar medical staff and surroundings. As well as being an opportunity to reassure people, these sessions informed the way the clinics have been run ever since.

For each clinic, Share creates a calm and welcoming environment with relaxing music and light shows. For the most recent sessions, much of the paperwork and registration was completed beforehand, minimising the wait for a vaccine which could create anxiety.

All the clinics have been well attended. However, one positive result has been fewer students coming along to the latest sessions - because they now feel confident enough to be vaccinated by their GP or at local centres.

1.15 Cancer

1.15.1 Improving access to cancer services

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 higher than pre-pandemic levels.

In January 2023, there were approximately 21% more cancer referrals in South West London than in January 2022. This was the highest increase in London.

Restoring cancer services

We are pleased with this progress to restoring our cancer services after the pandemic but know we have more to do.

Our plans for 2023/24 build on the progress made in the last year working with our cancer collaborative, Royal Marsden Partners. We have reduced the number of patients waiting over 62 days for treatment and this is currently at the lowest level it has been in the last 12 months.

We will meet the national faster diagnosis target, planning to achieve an average across the year of 76.9% of people informed of their cancer diagnosis by 28 days following their referral. This will include progress in areas of challenge for us:

- **Breast pain pathway**: we will create a new service for people who have breast pain, based in the community with expert assessment teams.
- **Urology pathway**: we will ensure that there are more nurse-led diagnostic and imaging capacity available.
- **Lung cancer diagnostic pathway**: we will improve the speed of diagnosis, and make sure specialist diagnostics, such as positron emission topography and endobronchial ultrasound are available locally.

Our cancer collaborative, RM Partners, are undertaking a detailed programme of work on those patients who are transferred between trusts - Inter Trust Transfers - to minimise late referrals and avoidable delays in the complex pathways between trusts.

RM Partners cancer transformation programmes continue to progress in parallel, focussed on four core priorities:

- reducing variation in screening programmes and increasing uptake

- working with Places and PCNs to diagnose cancer earlier
- improving diagnostic and treatment pathways
- and developing personalised holistic care.

1.15.2 Patients waiting longer than 62 days

As a result of the pandemic, we saw a growing number of patients waiting longer than 62 days for their cancer treatment but we are on track with our plans to reduce and minimise this backlog.

At the beginning of March 2023 the current number of people waiting more than 62 days was 378, against a plan of 382. We are working across the whole system to keep this number as low as possible and to make improvements along the whole cancer pathway.

1.15.3 Two week waits

The NHS has a two week wait appointment system that was introduced so that anyone with symptoms that might indicate cancer could be seen by a specialist as quickly as possible. Despite the challenges in South West London post-pandemic, our services have performed well when compared with other regions.

For example, in January 2023, 86.1% of our patients had a cancer appointment within two weeks of their GP referral, which is above the National average of 81.5%.

The national target is 93%. We have plans in place to make sure all patients with suspected cancer have an appointment within 2 weeks of referral.

1.15.4 Faster Diagnostic Standard

The Faster Diagnosis Standard (FDS) aims to make sure that nobody waits more than 28 days from referral to finding out whether they have cancer or not.

In January 2023, we achieved this standard for 72.0% of our patients.

The national target is 75% and the majority of our NHS trusts are meeting this standard. We are working with our trusts to address the variation between them.

1.15.5 31 day standard

Another priority is making sure people wait no more than 31 days between agreeing a treatment plan with their doctor and the start of their treatment.

In May 2022, treatment started within 31 days for 94.4% of our patients. The national target is 96%.

1.15.6 62 day standard

We aim to ensure that as many people as possible are treated within 62 days of their GP referral.

In January 2023, 66.9% of people were treated within 62 days of GP referral. This was the highest performance in London. The national target is 85%.

We are committed to improving our performance to ensure cancer patients get access to high quality cancer treatment as early as possible – this will improve outcomes for patients and save lives.

Read more about our performance in 1.22 – Assuring performance and delivery of constitutional standards.

1.15.7 Lung health checks in Merton and Wandsworth

In January 2023 past and current smokers in Wandsworth and Merton were invited for a free NHS lung health check in a drive to improve earlier diagnosis of lung conditions, including cancer.

Around 44,000 people aged 55 to 74 in Wandsworth and Merton were invited to a lung health check.

The check involved an initial phone assessment with a specially trained respiratory nurse, followed by a low dose CT scan of the lungs at a mobile scanning unit for anyone found to be at high risk.

The project was a collaboration between NHS South West London, RM Partners, the West London Cancer Alliance (hosted by the Royal Marsden) and Royal Brompton Hospital.

Read more about lung health checks in Merton and Wandsworth

1.16 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.

The Covid-19 pandemic has increased significantly more capacity in diagnostic services across South West London. Over the last year demand for diagnostics services across South West London has risen as a result of people not coming forward for care and treatment during the pandemic. 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 2026 demand for the three main diagnostic types of imaging, endoscopy and echocardiography will increase by 40% 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 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 have recovered to pre-pandemic activity levels in all areas, including X-rays, CT and MRI scanning, ultrasound, endoscopy, echocardiography and pathology services.
- The roll-out of the Community Diagnostic Centres has successfully increased capacity. We have delivered 131,485 diagnostic tests in the community, 227% of the planned volume with over delivery in most services.
- We have successfully secured 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.

1.16.1 Diagnostics case studies

1.16.1.1 £2.1 million boost for diagnostic testing in Kingston

Kingston patients will receive more vital tests, scans and checks thanks to a successful bid for £2.1 million of government funding for diagnostic services.

This extra funding will enable teams at Kingston Hospital and Hounslow and Richmond Community Healthcare (HRCH) to deliver nearly 10,000 more physiological tests per year for cardiology and respiratory conditions. The money will also allow Kingston Hospital to reconfigure and refurbish part of its existing outpatients service, to increase capacity and improve access for patients to these important diagnostic tests.

This builds on previous successful bids to increase Kingston Hospital's endoscopy and CT scanning capability and introduce non-obstetric ultrasound at Teddington Memorial Hospital for over 5,000 scans per year (running alongside existing x-ray services, which provides direct access to walk-in and primary care patients).

Read more diagnostic testing in Kingston

1.16.1.2 One-stop shop clinics speeding up cancer diagnosis

Thousands of South West Londoners are benefiting from rapid diagnostic cancer clinics – one stop shops - designed to speed up diagnosis for people who do not have clear or typical symptoms for a specific type of cancer.

These clinics have been rolled out across South West London as part of the local NHS' recovery from the Covid-19 pandemic. Clinics have opened at St Helier Hospital, Queen Mary's Hospital in Roehampton, St George's Hospital in Tooting and Kingston Hospital.

In the past, people with vague, non-specific symptoms, such as unexplained weight or appetite loss and abdominal pain, or signs suggestive of cancer could have been referred several times for tests for different cancers. These centres help end that.

Should a GP or other healthcare professional suspect cancer, they can refer people to the local clinic where all the necessary investigations can be done under one roof by a specialist team – with patients usually seen within two weeks of their first appointment. The centres also pick up a number of non-cancer diagnoses, in which case the patient is referred to the relevant specialty. Others can be provided with the reassurance that all is okay.

Read more about speeding up cancer diagnoses

1.16.1.3 Mobile MRI scanner at the Wilson cuts diagnostic wait times by weeks

A mobile MRI scanner in the carpark of the Wilson Hospital, Mitcham is reducing patient waiting times from six to four weeks.

The scanner was installed by St George's University Hospitals NHS Trust as part of a programme to increase access to life-saving diagnostic tests, as the NHS recovers from the impact of the pandemic.

Funding for the project comes from £12million awarded nationally to the NHS in South West London to increase the capacity of existing diagnostic services at the trust's Queen Mary's Hospital, Roehampton site, as well as boosting mobile testing in the community.

Locating this scanner at the Wilson means people in the east of the Merton borough can access vital tests more easily. As well as St George's, the scanner, provided by InHealth is available to be used by two other south west London NHS trusts, Epsom and St Helier and Croydon.

Read more the mobile MRI scanner

1.17 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 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.

Supporting the recovery of urgent and emergency services

In line with the national urgent and emergency care strategy, we have undertaken a number of programmes to help improve the way patients are cared for in our A&Es and other urgent and emergency care services across the system. Our aims is to support patients to receive timely care in the right place.

- In both July and September 2023, we held a South West London Urgent Emergency Care Board re-set event for senior leaders across our partnership to think about ways to address our urgent and emergency care challenges together. We also explored and considered what else we could do across the system to improve patient and staff experience in the longer term. Key focus areas included:
    - The approach to the front door (getting people to the right place at right time)
    - Workforce resilience
    - Timely flow through the system, including improvements to discharge processes
    - Articulating a clear urgent care offer and how we can promote and socialise our care offer to patients.
- Our provider trusts have also implemented new continuous flow models of care so that patients are treated more seamlessly through our hospitals
- Some trusts implemented the Bristol model, which commits to moving patients out of A&E at agreed intervals to make sure they are being treated at the best place for their needs and A&E can keep supporting those patients who need the most support.
- Emergency department staff work with hospital ambulance liaison officers to support patient flow. Ambulance crews can let A&E departments know in advance about the arrival of certain patients and their conditions and be greeted by the liaison officer on arrival at hospital to make sure each patient is taken to the best service for speedy treatment. The role has been valuable in helping to make sure ambulances are able to get back on the road to see other patients as quickly as possible.

1.17.1 Extra support for local hospitals

With £13.1million in additional NHS England funding, we increased the number of beds – both in the community and in hospitals. This increase equalled 150 extra beds at the height of winter.

At St George's Hospital, a new 'floor streamer' role helped manage an increasing numbers of patients. Extra staff ensured more people could go home when medically fit, and a new 'frailty zone' supported older, more vulnerable people.

At St Helier Hospital, Sutton GPs launched a community hospital ward on site to provide extra beds for short-term medical and therapy care, to help people get back on their feet more quickly.

Additional roles at London Ambulance Service also speeded up the transfer of care from paramedics to A&E doctors and prevent delays.

Creating additional neuro-rehabilitation beds supported people, who often have very long stays in hospital, to be discharged into a supportive environment.

And reinstating our 'bed bureau' helped us source and manage additional community beds, for people not ready to go home, but no longer needing hospital care.

1.17.2 Mental health support

We continued to improve our mental health support through community-based services, with inpatient beds available if needed. We also worked with community and voluntary organisations to ensure people could seek support around the cost of living and wellbeing.

1.17.3 Virtual wards treat people at home

Providing greater access to 'virtual wards' and remote monitoring has enabled people to receive hospital-level care from the comfort of home, so they can be discharged earlier – or avoid going in to hospital altogether. Often used for patients whose illness is related to frailty, it is a safe alternative to inpatient stays with a high level of monitoring by doctors and nurses.

We also expanded community-based services providing an urgent response within two-hours to help prevent people going into hospital. And we increased access to same day emergency care at all our hospitals, providing rapid care for emergency patients who would otherwise be admitted.

1.17.4 New services to help people get the right care

We developed new services where people could receive the right care, taking pressure off emergency departments:

- Queen Mary's Hospital enhanced primary care hub offered urgent appointments for burns, cuts, grazes, wounds, earache, broken arms and sprained ankles. A local phone line enabled more people to use the service and get the treatment they needed quickly.
- A newly-built urgent treatment centre has opened at St George's Hospital to provide care for patients with minor injuries and illnesses, allowing the emergency department to focus on care for life-threatening conditions.
- To help manage winter demand at Croydon University Hospital, we piloted an on-site GP urgent care hub. Patients are triaged on arrival and, if appropriate, directed to a separate waiting from to be seen by a GP. Open 8am to 8pm, 365 days a year, the hub offers another route for people who require urgent care. This new service operates in addition to the GP hubs in central Croydon, Purley and Parkway.

1.17.5 Helping people get the right care – a communications campaign

To help residents find the right care, we implemented a communication and engagement plan. This raised awareness and signposted people to the appropriate setting, whether their GP, a pharmacist, 111 or an urgent treatment centre.

By extending primary care services, we offered all patients access to pre-bookable and same-day appointments in the evenings, weekends and bank holidays, from 8am to 8pm. GP practices provided 7,200 appointments every week, an increase of 690 compared to last year.

New roles in GP practices meant different kinds of clinicians, such as paramedics and clinical pharmacists, playing an increasingly important part in the care offered. NHS England has funded the recruitment of nearly 500 new members of staff across South West London, increasing the availability of appointments.

We also increased local 111 capacity, with more call handlers and clinicians to provide advice and signposting to the right services.

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

1.18.1 Supporting self-care and supporting people to manage their long-term conditions

About 500,000 people in South West London are living with long-term conditions like diabetes, respiratory disease or cardiovascular disease. With around 25% of working age adults currently living with two or more long-term conditions.

An impact of the Covid-19 pandemic was that care for people with long term health conditions was disrupted. Fewer people were able to access regular health checks and tests or annual review appointments to help them manage their conditions. Early identification, regular review and continuous management of long-term health conditions is essential to help make sure patients have the best quality of life.

Over the last year, NHS South West London has we he further developed a long term condition programme that aims to support patients living with long-term conditions.

These are in addition to existing support services including expert patient programmes and the outreach screening programmes that help identify people with or at risk of one or more long-term health conditions.

1.18.2 Digital self-management programme

Musculoskeletal conditions are those that affect your joints like arthritis, spine, back or neck pain, and they have a huge impact on people's health, their work, and the health and care system.

Over 30 million working days are lost due to musculoskeletal conditions every year in the UK and they account for 30% of GP consultations in England. Waiting lists for musculoskeletal services are also long and continue to grow.

We are working to support local people with musculoskeletal conditions to help manage their health themselves, be more independent and not have to rely so much on local health services.

Working with our digital partners "getUbetter" we have developed a self-management app for people with long term conditions. It supports people for all common musculoskeletal injuries and conditions and also supports women's pelvic health. A solution is currently being developed that will support heart health.

The app was co-designed with people with lived experience, physical, mental health, social, cultural, or learning needs of all ages.

In collaboration with Digital Health London we are also carrying out a digital exclusion feasibility study to give us an understanding of who is facing digital exclusion and what the barriers and motivations are for using the self management app.

Our priority is using proactive care to support people with multiple long-term conditions, frailty and escalating needs so that they can maintain their independence at home.

A new digital solution has been put in place to allow all the clinicians involved in a patient's care, from many different organisations across a borough, to share information seamlessly and track actions against the patient's care plan.

Trials in Kingston and Richmond have shown very positive results, with significant reductions in attendance to GP practices and emergency departments, along with a very positive experience for the person and the staff involved.

1.18.3 The primary care atrial fibrillation service

Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate. This can increase people's risk of a stroke and is the cause of one in five strokes. Oral anticoagulation therapy helps to reduce the risk of stroke by two thirds, but many patients are not diagnosed or receiving this treatment.

In South West London, approximately 21,000 people have a diagnosis of atrial fibrillation, with 10% of these not receiving the appropriate medication.

Over the last year we took part in a national initiative where our partner provider, Inspira Health, is working with our primary care networks to systematically to identify and support patients to manage their atrial fibrillation and reduce their risk of stroke.

The project is underway in 14 of our primary care networks in South West London and is anticipated to help improve treatment for patients and reduce the number of related strokes and deaths caused by stroke for local people.

1.18.4 Virtual pulmonary rehab service

Pulmonary rehabilitation is an exercise and education programme designed for people with lung disease who experience symptoms of breathlessness. Patients who complete this exercise and education programme have been shown to manage their respiratory conditions, such as chronic obstructive pulmonary disorder, or COPD, more effectively.

Over the last year, we have been working to improve patient access to this programme, with over more than 2,000 patients having completed the face-to-face programme this year. Following learning from the Covid-19 pandemic when we weren't able to offer as many face-to-face courses, we are now also running a virtual programme online delivered by St George's Hospital. This means we have been able to increase the number of patients benefiting from the programme, with 83 patients completing it so far this year.

1.18.5 Low calorie diet programme

The Low Calorie Diet Programme is a national project we are delivering locally for people who are overweight and living with type 2 diabetes.

We based the programme on one that two large studies showed had helped people living with type 2 diabetes who were overweight to improve their diabetes control, reduce the need for diabetes-related medication and even in some cases manage their health to no longer have diabetes.

We offered eligible participants low calorie, total diet replacement products like soups and shakes that provide them with 900 calories per day for up to 12 weeks.

Alongside this, participants were supported and monitored for twelve months, which including help to re-introduce real food after the initial 12-week period.

This year, 250 patients in South West London have benefited from this national pilot project, with an average weight loss of 11% after six months of starting the programme. The benefit of this weight loss has also meant that people's blood glucose levels and blood pressure readings have reduced, as well as reducing their overall risk of developing cardiovascular disease.

1.18.6 Long term condition case studies

1.18.6.1 Empowering new parents and people at risk of diabetes

Funded by NHS Charities Together, GPs from across Merton are working with communities to co-design projects that improve health outcomes for parents of new babies and those at risk of or living with diabetes. The projects use a 'group clinic' model, where trained facilitators support people in structured education sessions relevant to their needs.

The projects address long-standing health inequalities in the borough, supporting vulnerable groups to recover from the impact of Covid-19.

The newborn baby and maternal health checks are aimed at parents and children up to two and a half years old. They include advice on breast feeding, immunisations, perinatal mental health, postnatal contraception, and common childhood illnesses.

The diabetes prevention strand, aimed at older adults, involves working with communities to design, publicise and deliver projects. Examples include cooking sessions for people with learning disabilities, held at Merton College and visits by clinicians to the Baitul Futuh mosque in Morden and local Tamil community groups. The visits involve lively Q&As to help people understand long term conditions and how to take control of their health.

1.18.6.2 Diabetes support for South Asian people in Croydon

The integrated diabetes service was first launched in July 2020, however due to the COVID 19 pandemic causing operational pressures, it has taken until 2022 to fully implement new ways of working including elements of the service designed to upskill primary care staff to support a more preventative pro-active approach.

During 2022 and 2023, the integrated diabetes team has made positive progress to work in partnership with general practice colleagues to better manage diabetes in the community and support more complex patients requiring speciality MDT interventions.

We have continued to contract the Asian Resource Centre of Croydon and Croydon BME Forum to recruit and train health champions from the local community delivering long term community outreach which covers coaching conversations, awareness raising, screening and Expert Patient Programme. Due to the success of the programme, this year we have piloted point of care testing for lipids (cholesterol) and HbA1c (blood glucose) as we as pilot a diabetes education course for the south Asian population in both the community and at GP practices.

Read more about diabetes support for Asian people in Croydon

1.19 Maternity and neonatal services

We are committed to working with our partners to make sure that our maternity workforce across South West London are supported to provide personalized care for birthing parents and their families.

Our ambition for the South West London Maternity and Neonatal Service is to transform maternity services to deliver safer, more personalised, and family centered care. We are committed to empowering women and their families by providing them with access to the information, resources, and support they need to make informed decisions about their care.

A key priority this year, has been to create a service that is inclusive, equitable and respectful of the diverse communities we serve. We aim to achieve our mission through collaboration with our partners across the ICS, including women, families, healthcare professionals, and community organisations.

Equity, equality, diversity, and inclusion is a golden thread for us to focus on as we develop our plans for 2023/24. By using population health data, we will improve access to information for people for whom English is a second language and those living in areas of deprivation. This supports our vision to deliver equitable, accessible, safe and personalised care for patients across our six boroughs.

Over the last year, we have successfully delivered the following achievements:

- We have developed a comprehensive 5-year maternity equity and equality action plan. This plan aims to address health inequalities for birthing people from black and ethnic minorities and those living in deprived areas. We want everyone to have the same great experience when they give birth.
- We have successfully developed a digital strategy across the service. Funded by the NHS Digital Unified Tech fund, we are aiming to develop a digital maternity healthcare record, to make sure that both health and care professionals and maternity services users

have the necessary information in the right place at the right time. This will help improve the quality and safety of maternity care.

- We worked with two Darzi fellows, clinicians that help us to develop specific areas of work, on unique research studies to look at barriers to accessing local maternity services and listening to women and birthing people about their care and experiences. You can read a blog from Rosie Murphy, one of our Darzi Fellows, about her key recommendations as a result of one of these projects. Our current Darzi fellow is also reviewing the impact of how we interpret quality of services within the delivery of maternity services. We recently won a bid for a third Darzi fellow who will be working on projects focused on inequality.
- We have delivered care to women and birthing people with complex health needs such as epilepsy, diabetes, and preeclampsia, by providing specialist care closer to home.
- This year we have provided continuity of care for around 40% of the women and people giving birth in South West London who received dedicated support from the same midwifery team throughout their pregnancy. We hope to continue to improve on this in the coming months.
- We are working hard to implement the recommendations of the recent national maternity service reviews of Ockenden and Kirkup across all our South West London maternity and neonatal services.
- We have been successful in securing funding to run programmes to increase the uptake of immunisations for pregnant women and birthing people. We have recruited an immunisation programme manager to deliver this programme of work.
- We are developing perinatal pelvic health services across South West London, reviewing pathways and referral processes to help improve care.
- We are helping make South West London a great place to work by supporting staff with cultural competency training across our trusts, this is a training programme aimed at improving the ability to communicate and interact effectively with people regardless of their background.

Read more about our maternity and neonatal work

1.20 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.

We have established a research and innovation forum with partners including the Health Innovation Network (the Academic Health Science Network for south London), the south

London Clinical Research Network and King's Health Partners (the Academic Health Science Centre for south London) to understand the specific needs for different communities and groups of people in South West London. This allows us to identify and support a range of innovations, from traditional research trials through to innovative individuals with ideas to pilot. We are also represented on the Board of the HIN, as one of our key innovation partners.

Our Diabetes Prevention Decathalon programme is a great example of innovation making a difference in South West London. This programme provides more opportunities for people to access a preventative structured education programme which has supported many of the 68,000 people in South West London who are at risk of developing Type-2 Diabetes. Delivered over a 10 week period, the Diabetes Prevention Decathlon is unique compared to other prevention programmes as it allows participants to achieve rewards through physical activity attainment by using the specialist digital companion app. Read more about the Diabetes Prevention Decathlon and other Prevention Decathlon programmes we are launching in 2023/24 in section 1.14 Preventing ill health.

As well as supporting the implementation of innovation, we are also focused on using real world evaluation to demonstrate where benefits are happening. In the last year this has included evaluating children and young people's emotional wellbeing in schools, which aligns with our commitment to focus on the young people of our population and the impact on their mental health we know they are facing. This evaluation found considerable qualitative and quantitative evidence of positive change associated with the programme.

As well as establishing a range of virtual ward models across South West London, we have worked with our partners to evaluate them to clearly understand their role in reducing hospital admission and readmission, and supporting early discharge of high acuity patients. Our evaluation found that overall the three South West London virtual ward models, although set up differently, were all successful at treating patients safely and comfortably at home, through a combination of remote monitoring, telephone calls, and home visits. Read more about our virtual wards in section 1.9 Community care.

We also understand that unless we work in partnership with our local authority and social care colleagues, we will not address the barriers around the wider determinants of health that our population needs. That's why we have also taken time to understand the experiences of care home colleagues in implementing remote monitoring technology so that we can learn from this going forward.

Our commitment to innovation continues into 2023/34. We have launched our Diabetes Quality Improvement (QI) Programme which offers GP practices help to make improvements to their diabetes care, by providing practices with practical support from a facilitator with a clinical background, to review their approach to diabetes care, and create an action plan for quality improvement.

June 2023 will also see our first South West London ICS QI Conference, which will celebrate and share learning from innovative quality improvement projects from all of our health and care partners. Find out more about the South West London QI Conference

1.21 Championing innovative use of digital technology

We are working to exploit the potential of digital technologies to continue to transform the delivery of care and improve patient outcomes across South West London.

During the pandemic, digital technologies changed how people accessed health and care services. We now have the opportunity to build on this and use the potential of digital platforms and technology to address long-term challenges, to recover from the pandemic and to provide innovative solutions to providing joined up health and care services. This would mean better outcomes for patients, better experience for staff and more effective population health management.

We are supporting health and care services and systems to 'level-up' their digital capabilities and maturity, and making sure our partners all have a core level of infrastructure, digitisation and skills.

1.21.1 Developing system wide plans

We are coordinating our acute, community, mental health and ambulance providers to develop plans that meet a core level of digitisation by March 2025, in line with the NHS Long Term Plan commitment. In Summer 2022 we published our 3-year digital investment plan in line with What Good Looks Like. This includes establishing dedicated teams to deliver robust cyber security across the system, consolidation of purchasing and deployment of digital capabilities. This plan also sets out the steps we are taking to support digital inclusion how we are using digital services to support the NHS Net Zero Agenda.

1.21.2 Connecting health and care systems and records

1.21.2.1 Electronic patient records

We are joining up health and care records, so that all the professionals involved in your care can see important details about your health, whenever and wherever they need them. This will help save time and support them to deliver the most effective care possible.

Through the London Care Record, health and care information can be seen by frontline staff across our six boroughs, the rest of London and some neighbouring areas. This means that wherever you are in London the professionals involved in your care can see the information they need to make quicker and safer decisions with you.

These improvements will:

- Create a health and care system which is more joined-up, safer and more efficient
- Give clinicians immediate access to relevant and appropriate patient data
- Reduce incidents of misinformation or misunderstandings
- Provide people with better access to their medical records

A new electronic patient record system at Epsom and St Helier NHS Trust which will allow the whole organisation to share clinical information and coordinate care across both inpatient and outpatient services.

The Royal Marsden also replaced its the legacy systems that have been in place for manty years.

1.21.2.2 The NHS app and nhs.uk

We are running a multi-channel digital and print media campaign, and working with GP practices to encourage patients to download the NHS App or create a login for nhs.uk

Both platforms provide a simple and secure way for patients and the public to access a range of NHS services online. Our aim is to register 60% of adults in South West London by March 2023.

1.21.3 Developing our staff

We are developing workforce plans to support and develop the skills of health and care staff across South West London to maximise the opportunities of digital solutions.

Read more about our digital transformation work

Read more about how we are developing out staff in section 1.23 Workforce

1.22 Population health management

The shift into Integrated Care Systems (ICS) presented an opportunity to create an aligned approach to improving population health across South West London. We have been able to review our local and system priorities and to use the increasingly rich data available to target those in our communities with the greatest need using a population health management (PHM) approach, which will be pivotal for all our work across South West London.

Population Health Management is a way of working to help frontline teams and system planners understand current health and care needs and predict what residents will need in the

future. It involves analysing data and using that intelligence to identify population cohorts (or segments) to allocate resources to those with the greatest need and where interventions will add most value.

Working as a system, our health and care services can work together to design new proactive models of care which will improve health and wellbeing today as well as in the future. This way of working helps frontline teams understand current health and care needs and predict what local people will need in the future. This means we can tailor better care and support for individuals, design more joined-up and sustainable health and care services and make better use of public resources.

During 2022 we worked with our health and care partners from across the system to develop and publish the South West London Population Health Management Roadmap, which sets out the steps we need to take together in our six boroughs.

Having participated in the NHS England Population Health Management and Place Development Programmes in 2021/22, we were well positioned to set up local pilot projects this year that focused on looking at available data and intelligence to identify previously hidden issues and work with local people to create and design interventions that have helped improve their outcomes. We also used the learnings from these Development Programmes to inform additional projects, including:

- Using newly available data on the energy efficiency of housing in the borough, we identified people and homes in Kingston to target with support to help them keep warm in winter (section 1.20.1)
- In Sutton we identified people who are carers over 20 years of age who have a chronic musculoskeletal condition and a diagnosis of hypertension or obesity or depression.
- In Croydon we identified of people who were not meeting their blood pressure treatment targets who also had with several other health risk factors.
- In Merton we identified people at risk of becoming moderately to severely frail.

In each of these cases we worked with the groups of people we identified to design interventions which impact and improve outcomes for their group. These interventions include:

- Connecting people with health coaches and social prescribers in primary care.
- Signposting people to and developing weight management sessions and providing ongoing weight management support, education and motivation.
- Providing focussed healthy living advice and signposting local health, care and community and voluntary support services.

Kingston and Richmond winter warmth

GPs in Kingston and Richmond have been supporting residents impacted by fuel poverty and the health impacts of cold homes since winter 2022.

Using data from the National Institute for Health and Care Excellence (NICE) and Public Health England a group of nearly 3,000 people was identified, who have been targeted with support over the last two winters, such as:

- signposting to winter warmth and cost of living services provided by Kingston and Richmond councils - including information about finance, access to warm spaces, emergency food supplies, reducing energy costs.
- referrals to a social prescriber, to put people in touch with the most appropriate services and support – including the Citizens Advice Bureau and the South West London Energy Advice Partnership.

The programme has included the training of practice social prescribers, health coaches and link workers, as well as local voluntary sector organisations and community champions, so that they can help advise vulnerable people on how to get support with keeping warm during the winter.

Social prescribers also offer proactive health screening, falls checks with onward referrals to falls services and home assessments.

This work has also helped to build relationships between GPs and voluntary sector organisations in Kingston and Richmond.

1.23 Workforce

We want to make health and care services in South West London a better place to work for all our staff. Our main focus is the health, wellbeing and safety of our workforce.

We are investing in our workforce not only by recruiting more people, but by developing new ways of working and encouraging innovation and collaboration across services and organisations, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care to people in South West London.

1.23.1 Improving our workforce's health and wellbeing

We are working hard to improve the health and wellbeing of our staff. This means improving experience at work, focussing on flexible working, and improving access to career advice and access to mental health and wellbeing services.

We have established Mental Health and Wellbeing Hubs that are based at St George's, Kingston and St Helier hospitals. In 2022/23 we invested £1,043,000 in these hubs and associated activity. Our 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. Staff can either walk-in to one of the hubs or if they prefer can arrange to talk to somebody in person, over the phone or online.

The mental health hubs can offer staff a clinical assessment, quick access to counselling and supported onward referrals to more specialist services.

All services provided by our mental health hubs are confidential, free of charge, available virtually and open to all health and social care staff from all services across South West London.

This year our Staff Support Service has hosted 17 free workshops for health and care staff from across South West London on a wide range of topics, including insomnia, managing your money, anxiety, depression, living with Long Covid and menopause.

To mark menopause awareness week, we held a series of events and published videos, tutorials and resources to support people with the effects of menopause and those supporting partners or colleagues. We also gave 150 free menopause care packages to assist staff working through menopause with practical solutions to make them more comfortable while performing their duties at work. Read more about staff support for menopause

In response to our men's health survey we are also working with Futitalks to host free weekly football and wellbeing sessions, and have developed a set of healthy eating and fitness videos on our intranet.

Find out more about the Staff Support Service, find out about events, access a range of resources and find out about the support available to staff.

We also have a vast range of wellbeing resources on our staff intranet. These resources include online mindfulness sessions, wellbeing webinars, mood trackers, access to talking therapies, support for working from home, helplines and access to a range of apps and online resources that are free or discounted for health and care staff.

1.23.2 How we lead and manage our people

- We hold regular leadership forums with senior staff from across the ICB. These forums ensure awareness and understanding of organisational priorities, focus and provide briefings for our senior staff to share with their respective teams, in addition we use them as "think tanks" to gain input into organisational issues.
- We hold regular team and directorate meetings, including monthly directorate-wide Team Talk meetings led by Executive Directors who discuss a range of organisational priorities and updates including the strategic priorities and what they mean for their staff. We also have a wide range of online and in-person events to support connectivity and messaging within the ICB.
- Team days have been created and scheduled for staff to come into the office and work with their teams. We have also introduced community days, where staff are able to work alongside and connect with other teams and staff. Staff who have difficulty working from

home or prefer being in the office are able to come into the office to work outside their official team days on any day.

- We have launched a new appraisal system for ICB staff which we have shared with system partners. The new approach reinforces the importance of connecting with staff and knowing individuals in teams to better support them. This new ICB frequently reminds managers and staff the value and importance of regular one-to-one meetings. Appraisal compliance reports are shared with the Senior Management Team on a quarterly basis.
- We have created an ICB Health and Wellbeing Network to develop a programme of health and wellbeing offers and support for our staff. This forum links into the ICS wide health and wellbeing programme. We have also established monthly open space online meetings for our staff to improve staff connectivity.

Read more about leadership programmes, staff engagement and health and wellbeing in the Staff Report in section 2.11

1.23.3 Working differently

As well as encouraging innovation and collaboration across the system, we are creating new roles and developing our workforce to support more care closer to home. We are also using e-job planning and e-rostering to optimise capacity, and establishing NHS volunteer services.

1.23.4 Growing for the future

We are increasing access to training and employment opportunities by making more use of our networks. This includes making sure there is capacity for clinical placements and protected time for supervisors across the ICS so that students can qualify and register when expected and training for postgraduate doctors continues at a high standard.

We have established a return to practice programme to help nurses who have left nursing to return to their careers. Working with Kingston University and City University of London, our programme prepares people for re-entry to the nurses professional register if their NMC registration has lapsed through a combination of classroom and clinical placement-based learning. We support placements in our acute, specialist and community sites for nurses registered on the return to practice programme, including:

- St George's University Hospitals NHS Foundation Trust, which includes St George's Hospital and Queen Mary's Hospital Roehampton
- Epsom and St Helier University Hospitals NHS Trust, which includes Epsom Hospital, St Helier Hospital and Queen Mary's Children's Hospital

- Croydon Health Services NHS Trust, which includes Croydon University Hospital and community services
- Kingston Hospital NHS Foundation Trust
- South West London and St George's Mental Health NHS Trust
- Royal Marsden NHS Foundation Trust
- Your Healthcare CIC, who provide community services in Kingston
- Hounslow and Richmond Community Healthcare Trust
- GP and hospice placements

Find out more about our return to practice nursing programme

We are also increasing international recruitment of nurses and midwifes and expanding apprenticeships as a way into health and care careers. We also want to expand collaborative banks of temporary staff to reduce our reliance on agencies.

1.23.5 Developing South West London wide workforce plans

Working with Health Education England and NHS England and Improvement to develop workforce plans for the entire South West London ICS that link to national programmes, including recruitment programmes for GPs, healthcare support workers, nurses and allied health professionals.

1.23.5.1 Domestic recruitment

The South West London Recruitment Hub, established by our Acute Provider Collaborative, shines a light on the more than 350 different NHS careers available to people whether they are still in education, thinking about switching careers or looking for a new challenge. The Hub was a finalist in the HSJ 2021 Value Awards, held in 2022, and has consistently met the 45-day Time To Hire target since the implementation, from a baseline of 60 days.

Find out more about the South West London Recruitment Hub and find career and training opportunities in South West London.

During 2022/23 we appointed a Lead Nurse to support the ICB and our hospital, community and primary care providers with the return to practice nursing programme. Our return to practice programme prepares nurses for re-entry to the professional register if their Nursing and Midwifery Council (NMC) registration has lapsed, through a combination of classroom and clinical placement-based learning at our acute, specialist and community sites.

We are working mainly with Kingston University and City University of London for the academic component of the programme and are supporting our return to practice nurses to secure financial support from NHS Health Education England to help with the cost pressures that make

it difficult for some students to complete the required university study and clinical placement time.

Find out more about our return to practice nursing programme

1.23.5.2 International recruitment

We are supporting our providers to secure future workforce supply for a number of professions and roles from overseas. For example, we are scoping recruiting recruitment sonographers from countries as far as Canada and Australia to work in all of our hospitals and community providers.

The Royal Marsden NHS Foundation Trust are embarking on a programme to recruit refugees who have a professional nursing qualification and who are currently living in the local community. This programme is based on a scheme implemented in Liverpool at the height of the pandemic, where a course was developed at Liverpool John Moores University to fast-track candidates to bridge existing qualifications.

Our return to practice nursing programme supports internationally educated nurses as well as nurses who have previously already worked in the UK.

Across South West London our providers continue to support internationally educated staff working in unregistered roles to achieve English language requirements, and to register with the Nursing and Midwifery Council (NMC). We have a Lead Nurse who coordinates international nurse recruitment for the ICB and our providers alongside specialist international recruitment agencies, and we host open days across South West London. This year we will be promoting the test of competence route into nursing roles for suitable candidates across South West London.

We have established an ICS wide programme to improve equality, diversity and inclusion across all health and care services. We work with partners from across the ICS to promote equality and to improve the Black, Asian and minority ethnic experience. To support this work Kingston Hospital NHS Foundation Trust has developed a pilot project to develop a network for the intake of medical staff recruited from overseas.

This year we launched Ask Aunty, a pilot programme for personal pastoral service aimed at supporting international nurses. Ask Aunty aims to provide a platform to promote cultural, mental and psychological safeness regardless of race, disability, sexual orientation, age, gender reassignment, religion or belief, or marital status, to embed our nurses and make them feel like they belong. We have adopted a bottom up approach to recruit staff with the necessary lived experience to become Aunties, who act as mentors and provide support. The programme supports the creation of a more inclusive workplace culture, where differences are welcomed and celebrated.

1.23.6 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 the most challenged areas across the ICS will be prioritised:

- **Targeted engagement and informed reach to improve recruitment.** A keen focus of this work is 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 will feed 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.** This involves developing 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 are aware that in many instances staff who have travelled from overseas are currently working in entry level roles and hold postgraduate qualifications in a range of sectors. This intelligence gathering will align NHS workforce challenges and strategy to available opportunities and/or interventions such as CPD, specific functional skills development, promotion or a new role in a different area. This work will also inform the development of a talent pool.
- **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.
- **Plain English recruitment documentation.** This important work has been scoped to begin the process of consistently simplifying the language and content of adverts, job descriptions and person specifications to make sure readers only receive relevant information about the job requirements. This will enable applicants across South West London to easily identify their existing and transferable skills, gained through previous employment and lived experience.
- **Supporting our local community with pre-employment training.** We are introducing 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 are working 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 are also developing accessible guidance and resources to support the overall approach.

1.23.6.1 The Mayor's Skills Academies Programme

Our role as an anchor institute makes us best placed to help in strengthening our community in south-west London. Through the work of the Mayor's Skills Academies Programme, we are working with partners to get those out of work or economically impacted by the pandemic and underrepresented people into good jobs and careers in the NHS. This programme has three distinct areas of activity:

- **Improving engagement and access** for South West London residents. Through targeted engagement and informed reach to improve recruitment and simplifying the language and content of adverts, job descriptions and person specifications.
- **Improving social mobility** by developing intelligence of current workforce in our most deprived wards to understand the existing skill set and link to available opportunities and needs through continuing professional development, specific functional skills development, shadowing, and promotion into a new role in a different area.
- **Project based work experience** could offer potential candidates a more tangible experience to help with finding work and to support managers with workload.

1.23.6.2 Apprenticeships and training

During National Apprenticeship Week in February 2023, we hosted 11 events for all staff who are interested in hiring an apprentice and anybody in South West London who is interested in starting a new career in a health and care role.

These events covered everything from who is able to do an apprenticeship, to what levels and kinds of apprenticeships are available. The events highlighted that apprenticeships are a good route to development and learning within an established career, and are not limited to people seeking to start a new career path. We are encouraging all health and care staff to consider how apprenticeships can help individuals to develop the skills and knowledge required for a rewarding career, and employers to develop a workforce with future ready skills.

Find out more about apprenticeships in health and care in South West London

1.23.7 Staff report

Read more about our workforce in the Staff Report in section 2.11

1.24 New ways of working and delivering care

1.24.1 How we approach new ways of working across the system

We are committed to making South West London a great place to live and work. In discussion with the Integrated Care Partnership (ICP) Board it has been agreed that, given the importance of workforce in every priority and organisation, that tackling our system wide workforce challenges should be our joint focus for the first year.

Four emerging joint work programmes have been identified:

- **Making South West London a great place to work** to improve the retention of our existing people and attract new staff into South West London, supporting staff health and wellbeing.
- **Targeted action around difficult to recruit to roles** – roles for targeted action to be agreed across our health and care partnership
- **Designing our future workforce** identifying new or different roles that will be needed to support health and care in the future.
- **Supporting local people into employment** to reduce health inequalities, supporting the cost of living, that our workforce reflects the communities we serve and help tackle poverty.

To support the implementation of the ICB People Functions and priorities, we have created a People Board, chaired by a Non Executive Member with extensive director level workforce experience. The Board brings key system stakeholders and partners together to:

- Assess the ICB people issues and challenges
- Develop the ICB People Strategy and priorities
- Agree, oversee and drive delivery of SWL ICB's people priorities and actions

The five work programmes support new ways of working and delivery of care across the system and are:

- **Supply** – SRO Kelvin Cheatle
- **Health and wellbeing** – SRO Paula Da Gama
- **Workforce modelling, planning and redesign** – SRO Lorissa Page
- **Belonging and inclusion** – SRO Melissa Berry

- **Training, education and talent** – SRO Krystyna Ruszkiewicz

We are approaching and promoting new ways of working through a range of programmes and initiatives, some examples are given below:

- Through the **acceleration of new roles and the use of e-rostering and e-job planning**, South West London providers are:
    - Introducing Physician Associates to wider staff disciplines and introducing a broader range of Advanced Clinical Practitioners across the Nursing and AHP workforce.
    - Reviewing the use of Anaesthetic Associates and extended practitioner roles in elective activity recovery.
    - Employing First contact practitioners across community providers to work in primary and community clinics.
    - Rolling out rostering across more staff groups and developing actions plans to cover the whole workforce, with varying coverage across the providers including nursing, AHPs and the roll out to medical staff.
    - Supporting development and carer progression of our Allied Health Professional (AHP) Support Workers to grow our own AHP workforce, by creating a framework to support their training and development needs to support retention of this workforce.
    - Embedding the 'workforce at place' programme to enable staff to move across health and social care where the need arises.
- The **South West London Diagnostics Programme** and well-established workforce workstream, focuses on issues concerning the diagnostic workforce and works with all secondary care providers to collectively improve recruitment and retention and workforce planning and modelling to improve the delivery of care.
- We have introduced a range of **new primary care roles** and by September 2022, 560 new whole-time equivalents were employed including:
    - Clinical pharmacist and pharmacy technicians
    - First contact paramedics
    - First contact physiotherapists
    - Mental health workers
    - Social prescribing link workers
- **We have worked with the London Ambulance Service to improve responses to patients**, introducing new mental health and community response cars, by working in this new way we are ensuring the right care is provided to those in need.
- **Diverse recruitment channels**: Our workforce programmes which specifically focus on attraction, detail the methods by which providers in secondary and primary care will attract candidates from diverse backgrounds and channels; such as job fairs, professional associations, online job portals, referrals from existing staff.
- **Anchor and the Mayors Skills Academy:** The ICB is part of the London Anchor Network and the Mayors Skills Academy programme. The Academy Programme aims to improve attraction, recruitment and retention, whilst widening access to quality work for local people by reimagining how we work, deliver care and attract and engage people

into jobs. The visual below outlines a summary of the programme. Read more about this in 1.23.6 Our role as an anchor institute.

1.24.2 Investing in new ways of working through our new Innovation Fund

In September 2022, the Integrated Care Partnership Board agreed to create the South West London Innovation Fund. The focus of the Innovation Fund for the first year was winter resilience and sustainability. Partners across the ICS were asked to bid for funding for innovative ways to support health and care over winter. £2.7m of funding was released for 36 schemes.

A number of key schemes involved new ways or working

- **Long Term Conditions Support Coordinator – South West London wide**. This system wide scheme aims to support both community Neuro Occupational Therapy & social services and release time back to them to perform tasks that require a registered professional by creating a Support Coordinator role. The Support Coordinator will act as a bridge between health and social care by visiting patients within 24-48 hours following discharge.
- **End of Life Care Reconnectors and End of Life (EOLC) Care Doulas – Kingston and Richmond**. This innovative scheme is focussed on improving palliative care for patients approaching end of life with severe frailty, dementia and other advanced serious conditions. The scheme has created and trained new Reconnector roles with the aim of better aligning patient needs with social needs to reduce isolation and has also established and trained EOLC Doulas to work in the community to offer support to families and patients.
- **Supporting High Intensity User Lead – Merton and Wandsworth**. This scheme hosted by Merton Connected and Wandsworth Enable has created two new Lead roles to identify, support, and signpost High Intensity Users to appropriate services. The aim is that this role will reduce inappropriate activity to Emergency Departments, GP appointments, London Ambulance Service callouts and 111 calls.
- **Aging Well Intensive Behavioural Support Roles – South West London wide**. This pilot scheme aimed at reducing care home placement breakdowns and delayed discharges has created new Behavioural Support Roles to work with potential residents without a placement and subsequently provide support to transition into the new Care Home placement.
- **Care Home Trusted Assessor – Sutton**. This scheme has been testing a Care Home Trusted Assessor model across twenty-six care homes. The Care Home Trusted Assessor role aims to support and facilitate timely and safe discharges from hospital to care homes. The role will be employed by the care home sector and will be located within the discharge hub at St Helier Hospital.

- **Frailty Support Officer – Sutton**. This scheme has created Frailty Support Officer to support Sutton residents who are identified as Frail (5 and over on the Rockwood scale) and who need longer term support to navigate the health and care system to ensure they can access support. In addition, the role aims to increase the person's access to social, practical and wellbeing support to maintain independence for as long as possible, and thereby reducing their need for unnecessary health interventions.
- **'Help is at Hand' Parent and Carer Liaison & Support Worker – Croydon**. This scheme has created a Parent and Carer Liaison & Support Worker working both peak daytime & evening shifts, embedded in a VCSE Therapeutic Services Outreach team. The support worker will provide immediate winter crisis support and advice delivered via phone, face to face and online, thereby reducing GP and Emergency Department contacts. The easy to access preventative crisis service is being offered to parents, carers, guardians, foster carers and adoptive parents across Croydon.

1.25 Assuring delivery of performance and constitutional standards

NHS England assesses the performance of each ICB through a national Improvement and Assessment Framework. The metrics for oversight and assessment purposes include the headline measures described in the NHS Long Term Plan Implementation Framework.

These performance indicators help us to measure and assess the quality and productivity of the services we commission. They also tell us where we need to work with our partners to improve the care our patients receive.

We have also made significant progress together in helping services recover, with our goal to increase activity levels so that they exceed pre-pandemic levels.

1.25.1 Referral to Treatment (RTT)

The operational standard is that 92% of patients should be waiting no more than 18 weeks for elective treatment.

At the end of March 2023 our performance against the standard was 69.2%, this is an increase on the previous month's performance of 63.3%. Current performance should be taken in the context of ongoing elective recovery and focus on eliminating the longest waits. Our performance at the end of the financial year 2021/22 was 75.7%.

We maintained our position as the highest performing ICB in London for the Referral to Treatment standard for this period and were again significantly ahead of both London and

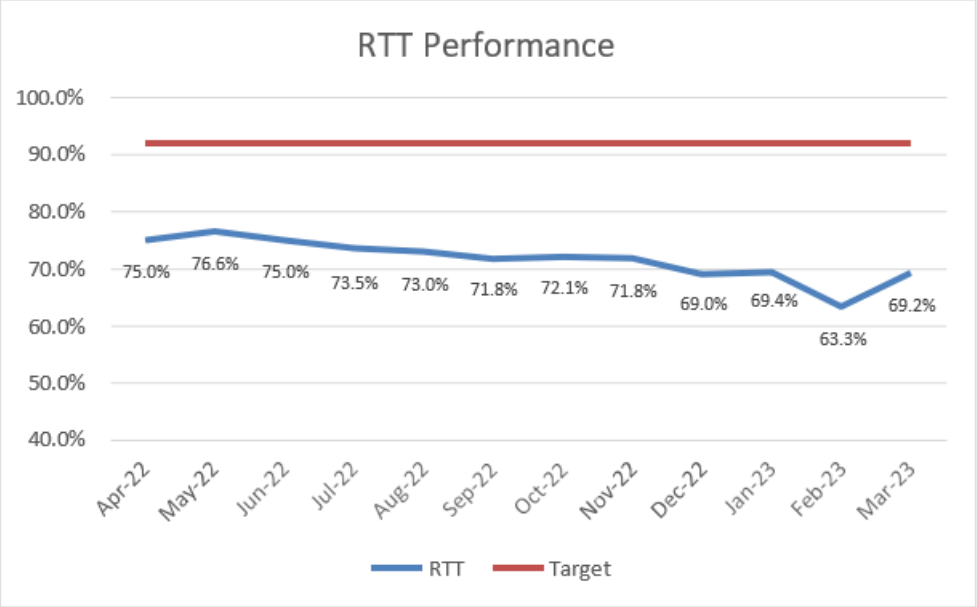
national performance outcomes. We have the lowest number of patients waiting over 52 weeks and 78 weeks for treatment in London.

The number of patients waiting over 104 weeks for treatment has reduced from 17 in April 2022 to five in January 2023, only one pathway was reported by a South West London trust at this point. All ICBs in London reduced the number of long waiting patients in this category over the same period.

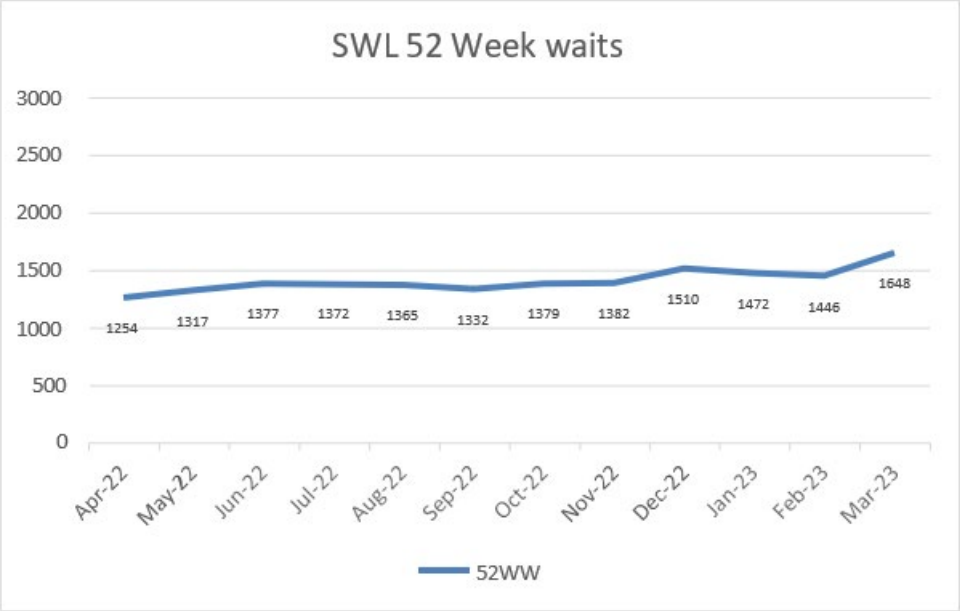
The numbers of patients waiting over 52 weeks shows an increase from 1,254 in April 2022 to 1,648 in March 2023 at South West London level. At an ICS level across London four of the five ICSs noted an increase in the numbers of patients waiting over 52 weeks in the same time period.

Across South West London our partners have worked together to reduce waiting times and inequalities, sharing capacity and waiting lists to make sure that patients get the treatment they need, wherever they live. We have also commissioned additional services from independent sector providers to add capacity through both insourcing and outsourcing arrangements.

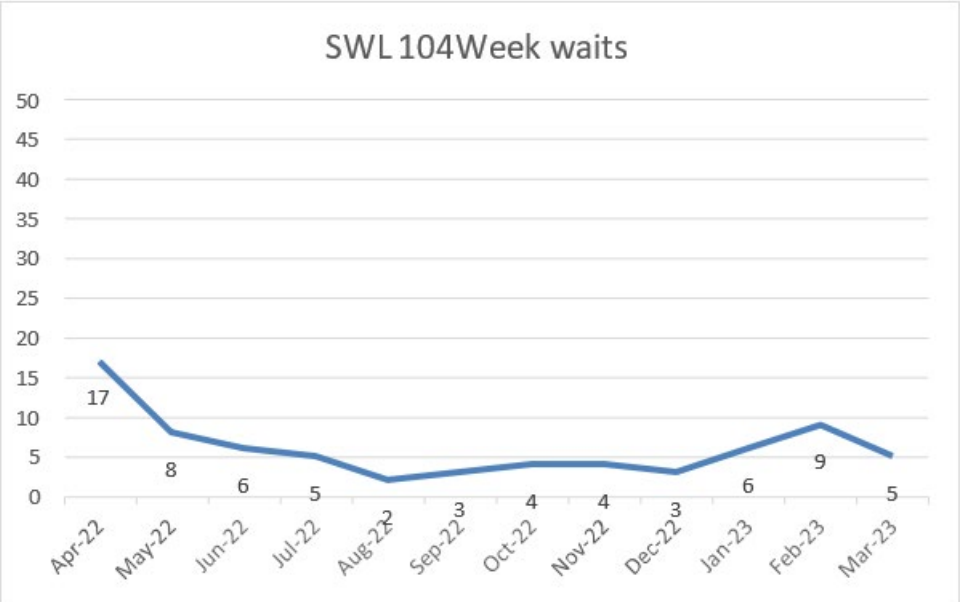
1.25.1.1 Referral to treatment performance



1.25.1.2 South West London 52 week waits



1.25.1.3 South West London 104 week waits



1.25.2 Diagnostic test waiting times

The operational standard is that no more than one per cent of patients should be waiting more than six weeks for a diagnostic test.

This year our performance has ranged from a high of 88.74% in February 2023 to 79.3% in August 2022. No ICS within England has achieved the 99% standard this year. Our

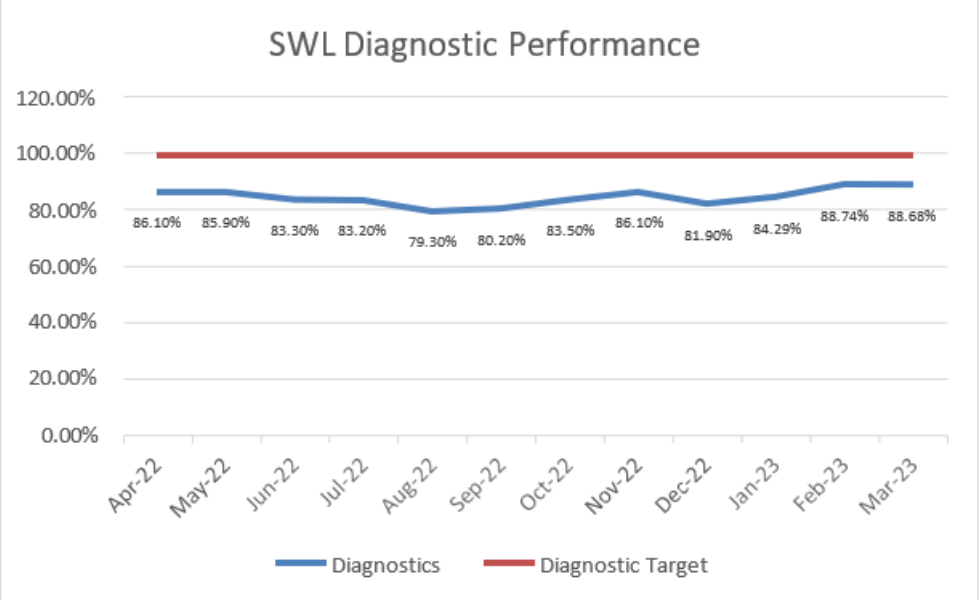
performance in March 2023 was 88.68% which was above the non-compliant London position of 85.8% and the national performance outcome of 62.2%.

In South West London, Audiology Assessments, Echocardiography, Endoscopy, non-obstetric ultrasound and MRI scanning services had a higher number of patients waiting more than 6 weeks. This is consistent with diagnostic services waiting times across the country.

All of our provider partners have continued to face workforce challenges throughout year due to staff absences. Each Trust has also created additional capacity in the evenings and weekends, as well as using independent services where possible.

The South West London Elective Recovery Board oversees the Endoscopy Network and Diagnostic Board, which underpin the Diagnostic System Recovery Plan and includes a number of task and finish modality workstreams supporting focused delivery of recovery. This includes the use of additional capacity via the Community Diagnostic Centres, which are being rolled out over a number of South West London boroughs across the next three years, this will support to improve access and waiting times to key diagnostics.

1.25.2.1 South West London diagnostic performance



1.25.3 Estimated diagnosis rate for people with dementia

A timely diagnosis enables people living with dementia, and their carers and families to access treatment, care and support, and to plan in advance in order to cope with the impact of the disease; it also helps primary and secondary health and care services to anticipate needs. Working together with people living with dementia, they can plan and deliver personalised care plans and integrated services and improve outcomes.

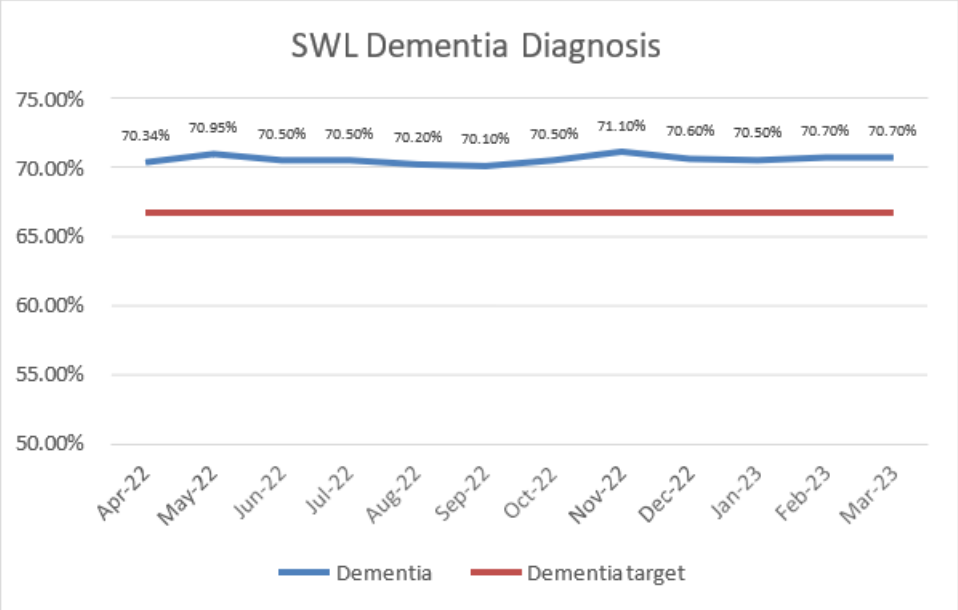
In 2022/23 our performance levels have exceeded the national threshold of making sure that over 66.7% of patients with dementia are diagnosed, and we have consistently met our ambition of achieving over 70% each month during 2022/23. Our latest outcome in March 2023 was 70.7%.

In South West London 9,449 people have been diagnosed as having dementia and are receiving support. We estimate that in total there are 13,358 people with dementia.

Workstreams which aim to maintain and improve diagnosis rates include:

- Promoting third sector support services to general practice
- Information exchange about service changes in GP and the MAS (Memory Assessment Service)
- Undertaking virtual assessments when appropriate for patients, with home assessments also performed when necessary.
- Exploring screening opportunities for people in nursing homes and residential accommodation to make sure they are being assessed in a timely manner.

1.25.3.1 South West London dementia diagnosis



1.25.4 Talking Therapies (formerly known as IAPT Services)

Around one in six adults in England suffer from a common mental health problem like depression or an anxiety disorder. The effectiveness of local Talking Therapies is measured using this indicator and the recovery rate, which focuses on the recovery of patients completing a course of treatment.

We have continued to meet national standard for waiting times for first treatment for talking therapies services:

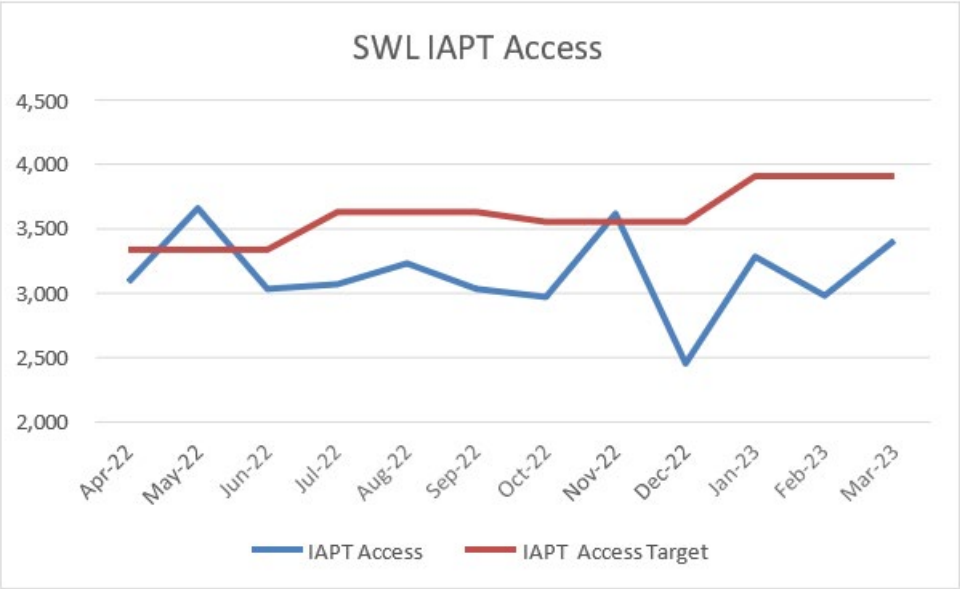
- 95.6% of people start treatment within 6 weeks (75% standard)
- 99.8% of people start treatment within 18 weeks of referral (95% standard)

37,793 people started treatment during 2022/23, which is below our target of getting 43,260 people to start treatment this year.

Access levels to talking therapies in South West London have been affected by the reduced capacity of our service providers due to staff vacancies and difficulties recruiting to these posts. This situation is reflective of regional and national staff shortages.

We are working closely with our talking therapies providers and are reviewing options to improve access levels through a series of escalation and touch-point meetings. South West London and St George's Mental Health NHS Trust, our largest talking therapies service provider, has launched a number of improvement workstreams which we expect to improve access levels to IAPT services in 2023/24.

1.25.4.1 South West London IAPT access

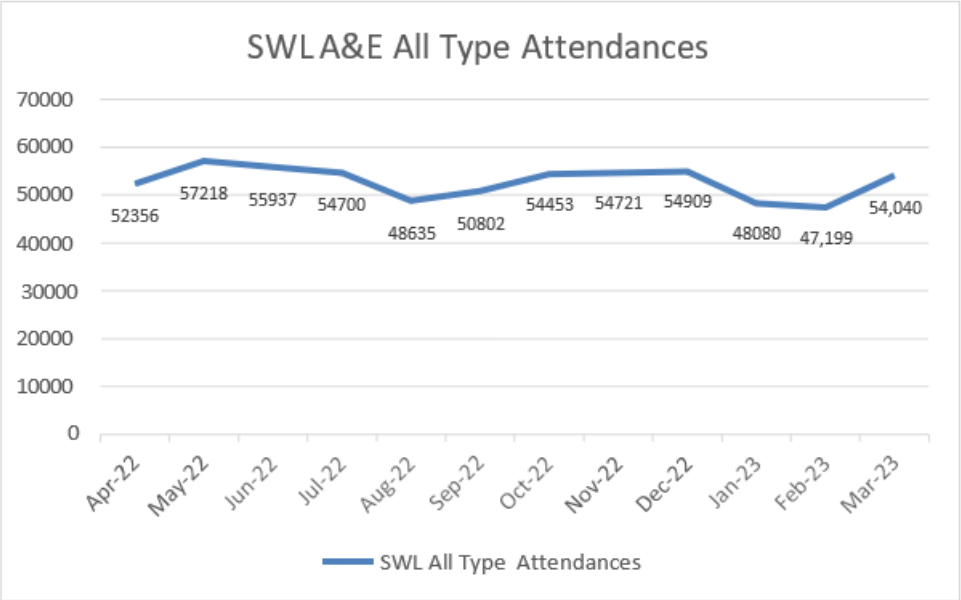


1.25.5 A&E four hour wait standard

The national standard is that 95% of patients should have their treatment completed, or be admitted, within four hours in an Emergency Department.

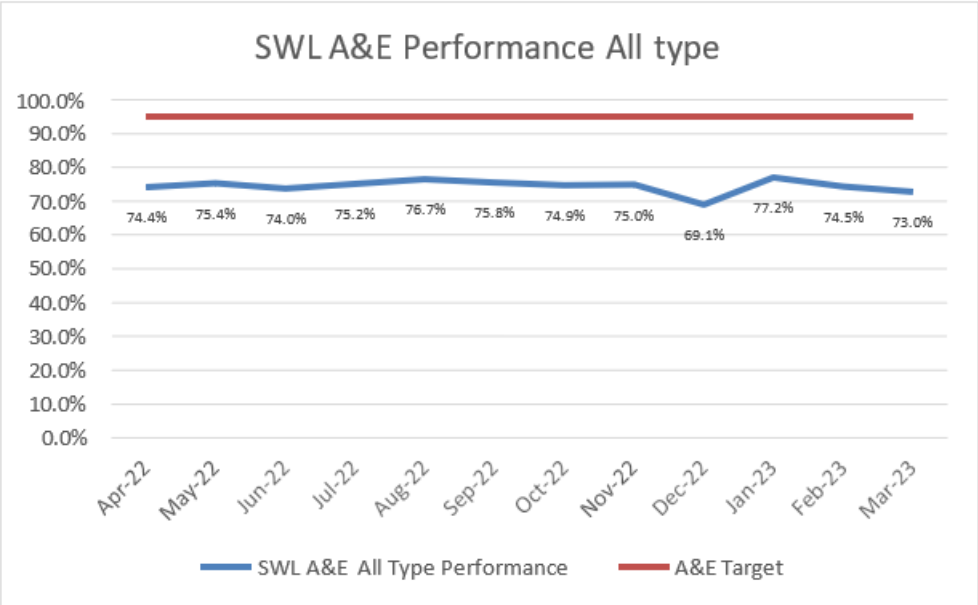
1.25.5.1 South West London A&E all type attendees

The numbers of patients arriving in Emergency Departments in South West London ranged from a high of 57,218 in May 2022 to a low of 47,199 in February 2023.



1.25.5.2 South West London A&E performance all type

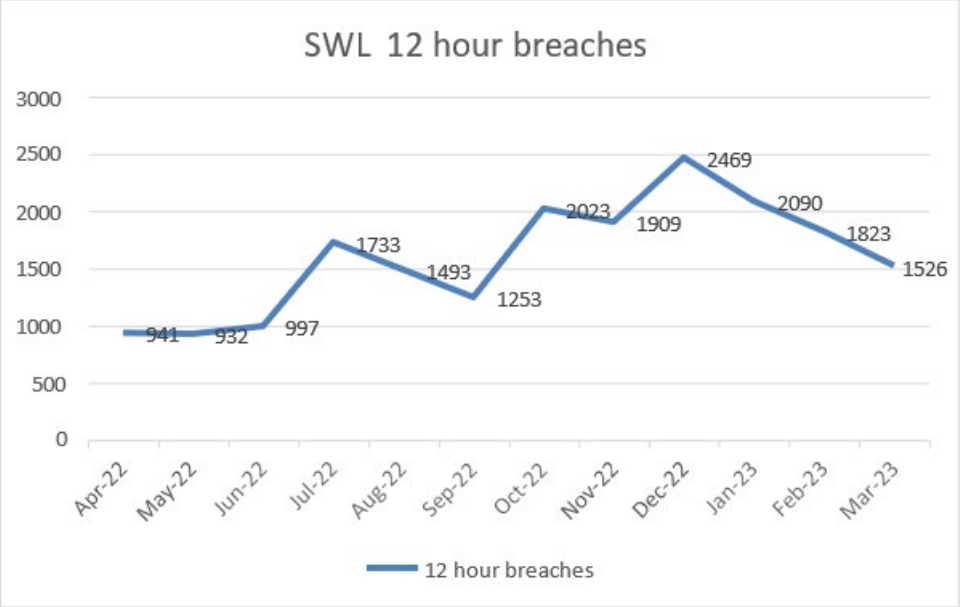
Our performance against the 4-hour target has remained fairly static since April 2022, ranging from 74.4% in April 2022 to 73.0% in March 2023.



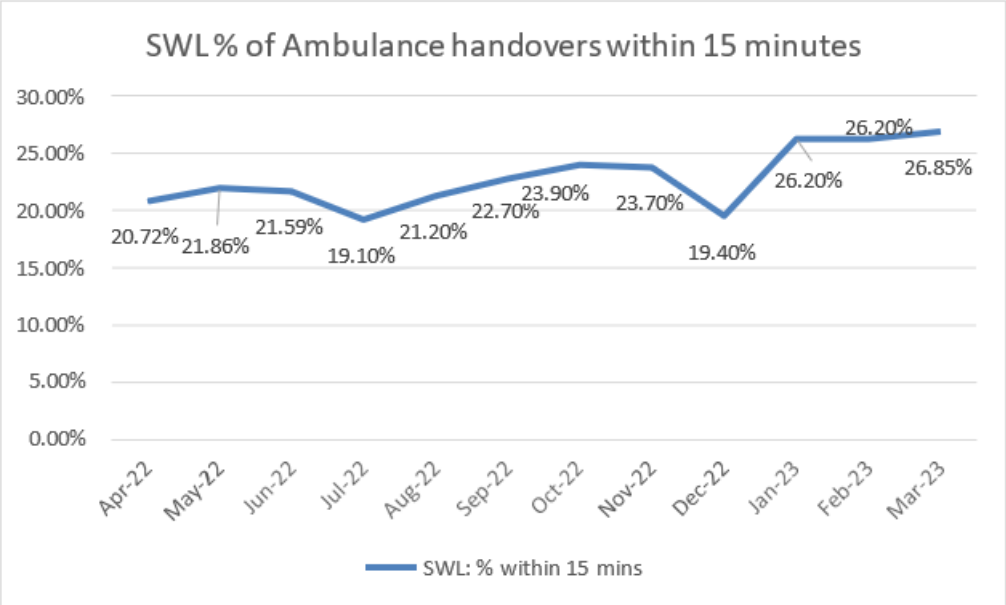
This means that 27.0% of people waited longer than 4 hours for a decision to admit to a hospital bed or to be discharged. However, this performance is better than the London average and is better than most ICBs in the country.

1.25.5.3 South West London 12-hour breaches

The number of patients waiting over 12 hours to be admitted to a bed has increased steadily since April 2022, (although there was a decrease in patients waiting over 12 hours between July and September) with 1,526 patients waiting over 12 hours for admission in February, down from 1,823 in February. This was highest number of 12-hour breaches in London and third highest nationally. The cause of long waits is primarily due to slow patient flow and discharge through our hospitals.

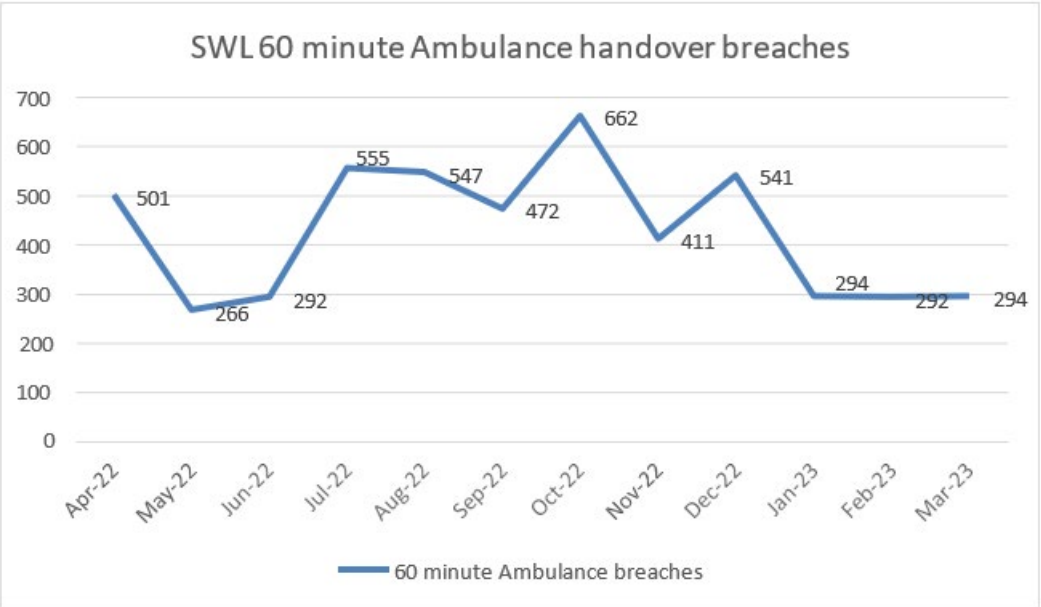


1.25.5.4 South West London percentage of ambulance handovers within 15 minutes



Slow flow and discharge within a hospital means that the Emergency Department must hold patients it is treating whilst waiting for beds to become available, meaning ambulances are unable to offload their patients. This is seen in the low but improving percentage of patients handed over within 15 minutes of arrival at hospital and the increasing number of patients waiting over 60 minutes in an ambulance after arrival at hospital.

1.25.5.5 South West London 60-minute ambulance handover breaches



Measures have been taken to improve the position such as cohorting, or grouping patients to prioritise their need, and a new measure for immediate handover for waits over 45 minutes is in place. These measures have become routine practice to mitigate winter pressures. Further

mitigations are in place such as the 2-hour Urgent Community Response services, which are fully functional in all 6 SWL boroughs, running 8am to 8pm, 7 days a week. Engagement work continues with Care Homes and 111 to increase the volume of referrals to Urgent Community Response and to meet the requirements of the winter resilience plan. The percentage of patients discharged by 5pm increased in January following the challenges seen in December, however, weekend discharges continue to be challenging. The Virtual Ward's Central Remote Monitoring Hub (CRMH) restarted in January, with referrals into the CRMH on an ongoing basis. Capacity of the virtual ward in January was reported at 279 with a utilisation rate of 45%. Winter pressures funding has been allocated to support the system with an aim to increase occupancy.

1.25.6 Working to improve health outcomes for people with learning disabilities

The standard is to provide annual health checks to 75% of people on the Learning Disability register who are aged 14 or older.

Based on the final NHS England data, we achieved the target of 75% for 2021/22. At the end of January 2023, the number of Annual Health Checks are ahead of previous years' activity. Clinical leads in our boroughs continue to work with individual practices to maximise the number of people with a learning disability who have their Annual Health Check

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.

1.25.7 Physical health checks for people with severe mental illness

This indicator monitors the proportion of the people on the Severe Mental Illness (SMI) GP register receiving six physical health checks within the last 12 months.

The Quarter 3 3 2022/23 position showed that 45.7% of SMI patients (7,373 people) in South West London received all six annual health check elements. The national standard is 60% by Quarter 4. We established a new dedicated SMI health checks programme for 2022/23 to build on the good work in 2021/22 and continuing improvement towards the 60% national standard.

1.25.8 Cancer waiting times

There are five cancer waiting time standards:

- 2 week waits (93% standard)
- 31 days first and subsequent treatments (96% standard)
- 62 days referral to treatment (85% standard)
- 28-day faster diagnostics standard
- 62 days referral to treatment for screening (90% standard)

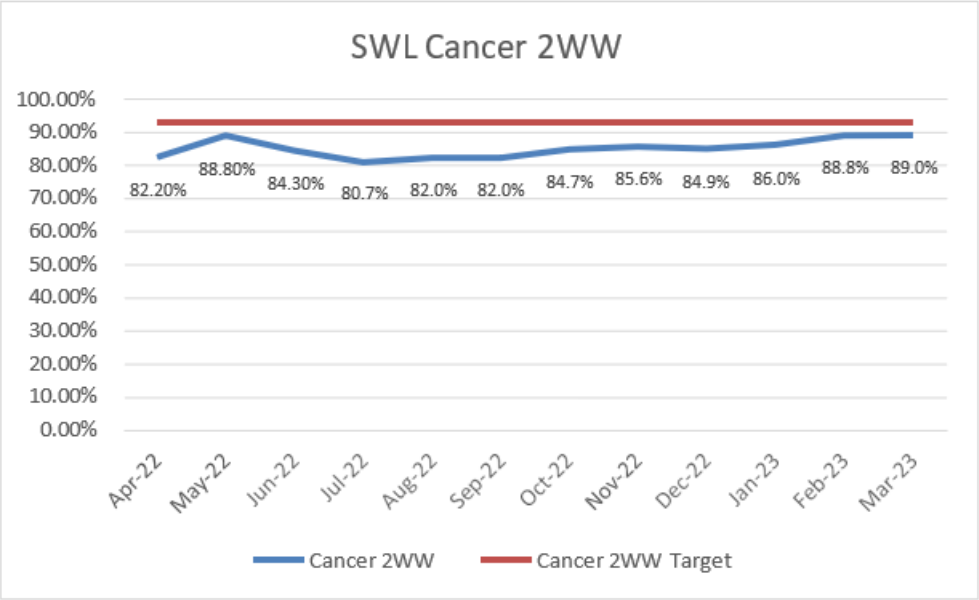
We have delivered strong performance against the cancer waiting times standards in South West London compared to the rest of London and England.

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

1.25.8.1 Recovery Performance

The 2021 NHS Operating Plan demands cancer services recover above business as usual (BAU) activity levels for two week waits, cancer treatments and reduce patients waiting above 62 days on the cancer patient tracking lists to pre-pandemic levels.

1.25.8.2 South West London cancer two week waits

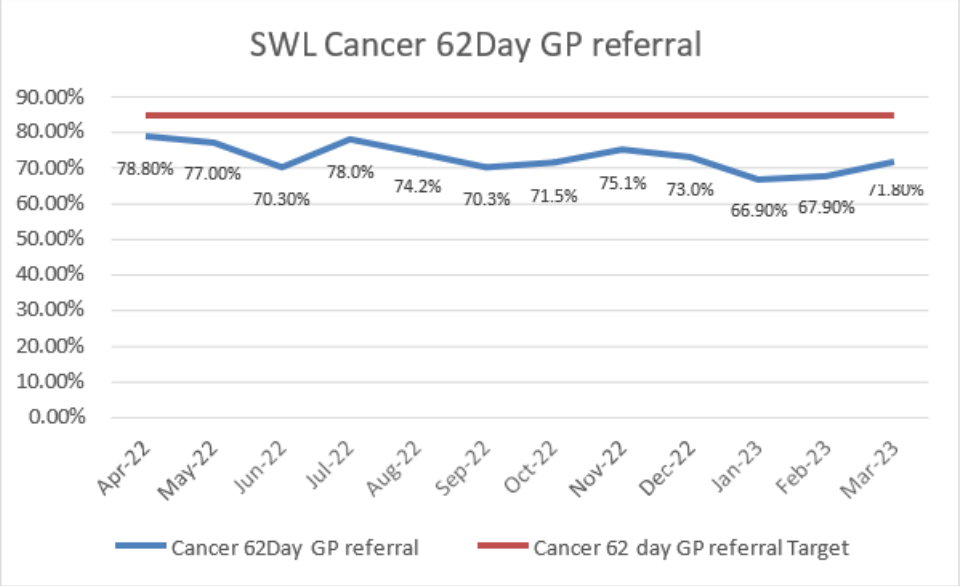


We were the fourth highest performing ICB in London for two week waits in January 2023, with a performance outcome of 86.1%. This was slightly below the London position of 86.5%, but

above the National outcome of 81.5% for the month against the National standard of 93%. The overall numbers of patients referred into the two weeks wait pathway in January 2023 increased by 20% compared to Jan 2022.

Our providers have seen a 21% increase in two week waits referral activity in January 2023 in comparison to January 2019, the highest in London and above the London position of 17%. St George's University Hospitals NHS Trust have reported an increase in referral activity which is impacting the Breast Service in particular, and St Georges have implemented a recovery plan to increase capacity as well as working with other providers in South West London to treat patients.

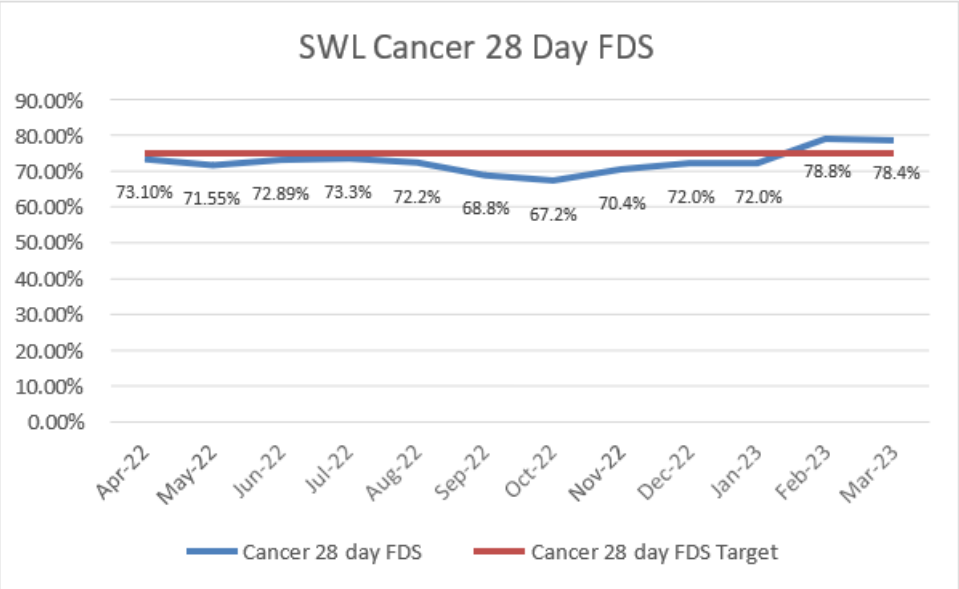
1.25.8.3 South West London cancer 62 day GP referral



We were the highest performing ICB in London against the 62 Day performance standard for March 2023, with an outcome of 71.8%, This was above the London (58.0%) and National ICB level performance (54.4%), which were also non-compliant. Trusts cite main drivers for performance are the sustained increase in referrals and the impact on diagnostic and treatment turnaround. Performance in South West London has been affected by patient choice and reduction in diagnostic and treatment capacity due to workforce challenges.

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 378 for the week ending 05/03/2023, against a trajectory of 382.

1.25.8.4 South west London cancer 28day faster diagnosis standard 2021/22



There was a new standard introduced in April 2021, which aims for 75% of patients to receive their benign result or confirmed cancer diagnosis within 28 days from referral. Our aggregated FDS performance for March 2023 was 78.4%. We were the second highest performing ICB in London and exceeded both the London and national ICB level performance. Performance outcomes were above the expected target at three of the five South West London provider trusts.

1.25.8.5 Screening Services

Our screening services are meeting the relevant standards as outlined below.

1.25.8.6 Breast screening

The South West London Breast Screening Service continues to be RAG rated green and achieved backlog clearance and round length recovery in 2022. The South West London Breast Screening Service is utilising national funding for initiatives which include Health Promotion uptake and coverage, education and training (National Breast Education Centre), as well as administration recruitment to support backlog reduction and sustained and resilient service delivery. The service is currently undertaking a phased approach to offering timed appointments to all centres, as opposed to open invite, this has been proven to support an increase in uptake of appointments, with a target of 70% by September 2023.

1.25.8.7 Bowel screening

The South West London Bowel Cancer Screening Service continues to meet all NHS Bowel Cancer Scope Screening Programme standards and guidelines, including pathology turnaround times at 95% to 100%. The service also successfully introduced age extension screening for patients above 56 years of age, with no issues reported.

1.25.8.8 Cervical screening

The South West London Cervical Screening Service maintains business as usual services. RM Partners funded extended access cervical screening continues to be available and focuses on out-of-hours extended provision to women across South West London. We are now working with the London Regional Screening Team to support Provider Colposcopy performance sustainability.

Colposcopy services are achieving the 75% FDS target in South West London with the target met at all providers in January 2023, even with a 32% increase in all grade referrals in comparison to 2019/2020 levels.

The most recent data available (2021/22) shows that 114,415 samples were taken in Primary Care in South West London in 2021/22; this shows a 29% increase in sample taking activity over the previous year.

All services are achieving the 93% target at 100% for offering clients with abnormal results within two weeks.

1.26 Improving quality and safety

Our aim is for all organisations in South West London to be highly reliable. We are working together to deliver quality improvement embedded in a patient safety culture, so that we avoid patient harm and improve patient experience.

It's our priority to create a safe, effective, clinically efficient health and care system. Our aim is for GPs, practice nurses, healthcare assistants, pharmacists, physiotherapists, and other clinical associates to work in partnership with secondary care, mental health specialists, care homes, community services and the voluntary sector to improve the quality of our services.

In 2022/23, we delivered the following:

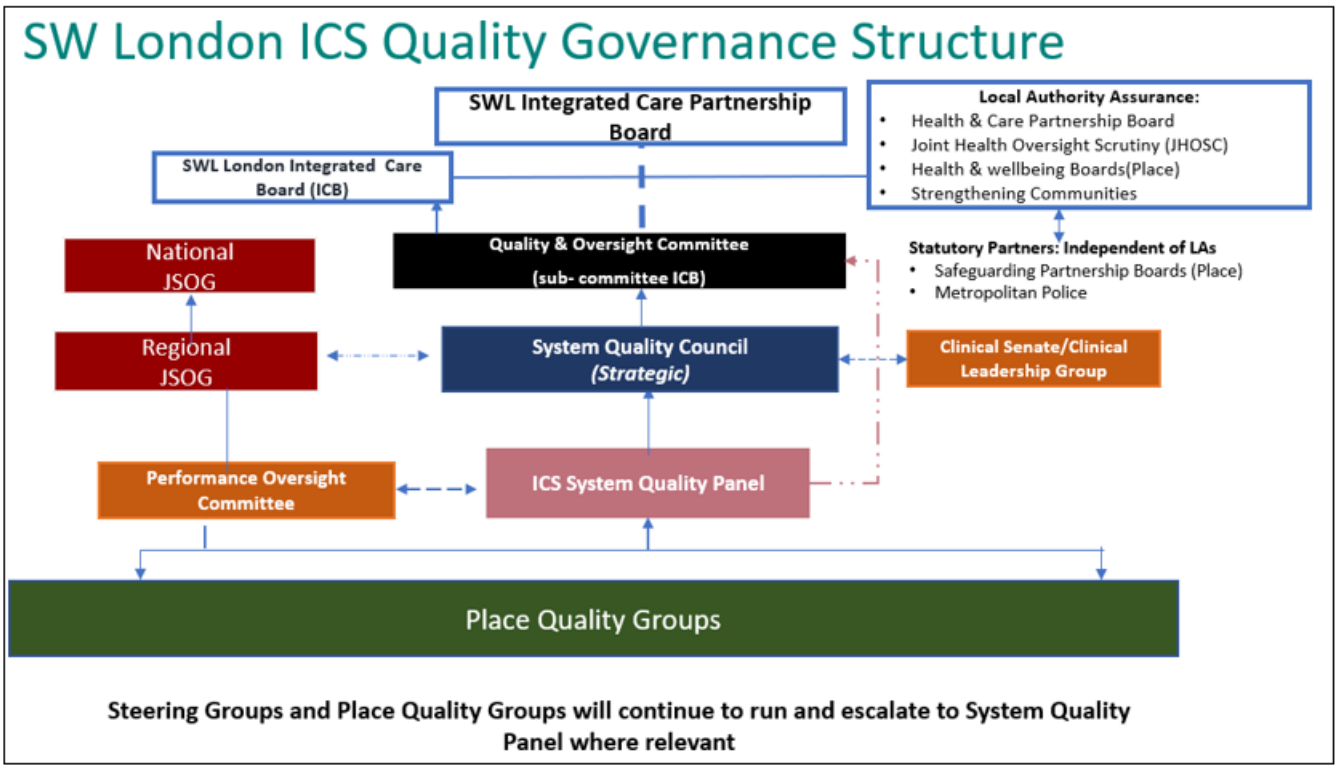
- Established our patient safety network
- Implemented priorities within our patient safety strategy
- Focused on identifying areas of health inequality in South West London and improved outcomes for some of our most deprived communities (refer to health inequalities page)

- Our quality statutory functions as detailed in this section, including safeguarding for children and adults, providing continuing healthcare and learning from deaths from those with a disability, preventing infection control
- Implemented our robust ICB and ICS quality governance and accountability processes, through our Quality and Oversight Committee, a sub committee of the ICB board
- Implemented a system quality dashboard
- Agreed our safeguarding partnership priorities included within place Health and Care Plans and our South West London Quality Strategy. Read our place Health and Care Plans:
    - Croydon Health and Care Plan
    - Kingston Health and Care Plan
    - Merton Health and Care Plan
    - Richmond Health and Care Plan
    - Sutton Health and Care Plan
    - Wandsworth Health and Care Plan
- Appointed the first of our safety and quality patient partners who represents the patient voice as a lay member on all of our quality committees. This is an NHS England requirement and we are pleased to be in the process of appointing a second partner.
- Developed our patient experience group, drawing on priorities to improve patient experience and outcomes for our service users.

In 2023/24, we will continue to implement the priorities set in our emerging system quality strategy, which we continue to develop.

1.26.1 How have we led the improvement of the quality of local services

Our Quality Strategy and approach details how the Integrated Care Board and the Integrated Care Partnership will achieve improved outcomes for our local population. We aim to use both quantitative and qualitative metrics so that we can make sure we are improving the quality of care across all our boroughs and services. We have developed a roadmap on how the ICB will develop a system wide quality improvement approach using the Quality Management System for care delivery. We will use our existing governance framework to make sure we are clear about responsibilities, delivery and accountability.



Our governance at system level includes:

- The **ICS System Quality Panel** which is responsible for planning, triangulation, data and intelligence, peer support, learning & improvement, sharing best practice, quality risk management
- The **ICS System Quality Council** which fulfils the function of the System Quality Group mandated for all ICSs and includes regional NHS England and Improvement representation. The council is responsible for peer assurance, quality improvement, escalation and system quality risk management.
- The **ICB Quality and Oversight Committee** is a subcommittee of the ICB Board and is responsible for ICB and system assurance, quality risk management and oversight.

The Integrated Care Board has developed a quality and risk framework that aligns with our current governance arrangements and the recently published national quality escalation framework. This takes into account escalation processes through the South West London System Quality Council with regional representation or through the regional and national Joint System Oversight Group with representation from the Integrated Care Board's Chief Nurse. The framework has been signed by our Audit Committee and Quality and Oversight Committee.

Areas where we are improving:

- Access – There has been an increase in the hours that childhood and adolescent mental health service (CAMHS) support is available in all emergency departments (ED)

across the system. Children and young adults can now access mental health care in ED from 09:00 to 22:00 hours every day.

- Never events are below the London average and serious incidents are below average at 9% in South West London.
- Over 95% reduction in continuing healthcare overdue assessments.
- General reduction in complaints across our hospital, community, and mental health services. However, rates of patients recommending our A&E services using the family and friends test have decreased due to poor patient experience.
- Out of 173 GP practices, there are seven that are rated by the CQC as 'requires improvement'. Two of those practices were re-inspected and ratings improved to 'good'
- The majority of South West London providers are rated good by the Care Quality Commission (CQC).Trust CQC ratings as of 2 March 2023:

Central London Community Healthcare NHS Trust (community services), Community health NHS and independent, publication date 15.06.20.

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Good	Good	Good	Good	Good	Good	n/a	n/a	n/a

Croydon Health Services NHS Trust, Acute hospital NHS non specialist, publication date 22.02.23

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

Epsom and St Helier University Hospitals NHS Trust, Acute hospital NHS non specialist, publication date 19.09.19

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Good	Requires improvement	Good	Good	Good	Good	Good	Good	Good

Hounslow and Richmond Community Healthcare NHS Trust, Community health NHS and independent, publication date 19.10.18

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Good	Good	Good	Good	Good	Good	n/a	n/a	n/a

Kingston Hospital NHS Foundation Trust, Acute hospital NHS non specialist, publication date 14.12.22

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Outstanding	Good	Good	Outstanding	Good	Outstanding	Good	n/a	n/a

South West London and St George's Mental Health NHS Trust, Acute hospital NHS non specialist, publication date 20.12.19

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Good	Good	Good	Good	Good	Good	n/a	n/a	n/a

St George's University Hospitals NHS Foundation Trust, Acute hospital NHS non specialist, publication

date 18.12.19

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

Royal Marsden NHS Foundation Trust, Acute hospital NHS non specialist, publication date 16.01.20

Overall	Safe	Effective	Caring	Responsive	Well led	Maternity	Combined quality	Use of resources
Outstanding	Good	Outstanding	Outstanding	Outstanding	Outstanding	n/a	n/a	n/a

1.26.1.1 Case studies for how we are improving the quality of care for local people

1.26.1.2 Care home hydration pilot project

NHS South West London were successful in securing national funding for a hydration pilot project in local care homes. We are working with our quality leads, infection prevention and control leads, medicines optimisation and the ageing well team to deliver this project across the system. The aim of the programme is to test the use of ‘smart mugs’ and their efficacy in increasing hydration to make sure care home residents and patients in virtual wards are able to

stay hydrated. We will measure the effects of improved hydration on the rates of falls, urinary tract infections and e-coli bloodstream infections. The programme lead has been appointed and will also have a role in rolling out the learning form the project findings and promoting hydration.

1.26.1.3 Proactive care for patients in critical care units

South West London hospitals are performing well against a target to help identify at an early stage signs of deterioration for those patients who are admitted to our critical care units. The NEWS2, the National Early Warning Score, is a system for scoring the physiological measurements that are routinely recorded at the patient's bedside. Its purpose is to identify acutely ill patients, including those with sepsis, in hospitals in England. The NEWS2 protocol is NHS-endorsed best practice and provides simple steps for front line health professionals to identify signs of deterioration in their patients. This approach has been shown to enable a swifter response to those showing signs of deterioration, and reduce the rate of cardiac arrest and preventable deaths in this patient group. All of our South West London acute providers are performing at an average of 80% against a target of 60% for this important CQUIN. CQUIN stands for commissioning for quality and innovation, an extra quality improvement goal which the NHS aims to achieve to improve the quality of services for local people.

1.26.1.4 Improving quality in Continuing Healthcare

In 2020/21, NHS South West London Continuing Health care (CHC) assessments were suspended during the covid pandemic which resulted in an accumulative backlog of 664 outstanding reviews. This also contributed towards South West London's under performance on 28 national key performance indicators for continuing healthcare. A recovery team was established in July 2022 to manage and clear the backlog. South West London ICB successfully cleared all outstanding reviews in March 2023. This also contributed towards our improved performance from 57% in 2021 to 81% 2023, Quarter 3 in 2022/23 on 28-day key performance indicators which is above the set target of 80%, and therefore improving quality of care for patients.

In 2022, South West London successfully recovered a failing service provider by decommissioning 54 NHS funded packages of care from an unregistered CQC provider, which enabled patient safety, quality improvement and improved outcomes.

1.26.1.5 Improving quality in Care Homes

The Red Bag scheme was an initiative in 2015 as part of the Sutton Homes of Care Vanguard Programme. Red bags contain paperwork, medication and personal items, and bags move with patients between care home, ambulance and hospital improving communication and speeding up admission and discharge. We decided to fund four red bag co-ordinators to embed

the red bag and e-redbag schemes in South West London's four acute hospitals after reviewing the scheme recently and finding:

- an estimated 260 red bags went missing between their care home and hospital since we launched the scheme in 2018
- a lack of confidence amongst care home staff due to red bags going missing
- a lack of awareness by hospital staff of the importance of the red bag
- a lack of medicines information reviews as a result of missing red bags
- poor communications between the hospital, the care home and the London Ambulance Service
- at the height of the pandemic pressures, the Red Bag was rarely used, and residents were conveyed to hospitals without the relevant information

Ageing Well funding was agreed to be prioritised for recruiting red bag coordinators working in the four acute hospitals to embed systems and processes for the successful operation of the pathway. The recruitment of the coordinators has impacted very positively on the service in several ways, including:

- We have established an agreed information governance pathway between our partner organisations to keep the transfer of patient data and information safe
- 0% of Red Bags have been lost during 2022/23
- Improved communications between the care homes and the hospital
- Recovery of about 70 missing Red Bags in 2022/23
- Awareness has been raised in the hospitals about the Red Bag scheme

1.26.1.6 Asthma care for children

We have begun a project with a pilot site focusing on air quality and pollution. The project will be co-produced with public health and four local primary schools, working collaboratively with the university of Cambridge. As part of the evaluation a blueprint of the project will be produced. We also have in place a plan to extend the offer of emergency asthma bags to all schools in South West London.

1.26.1.7 Professional leadership: Infection Prevention and Control Trainee Nursing Associates

In September 2022, seven Training Nurse Associates started a two-year Trainee Nursing Associate Infection, Prevention and Control training programme. The training is being delivered by the Royal Neuro Disability Hospital. As part of the programme, a competency framework for the nursing associate has been developed with reference to the Registered Nurse – link nurse model (RCN 2021). At the end of the training, providers engaged with the programme will have qualified nurse associates with specialist knowledge and skills appropriate to their

registration to support infection and prevention control practice and patient safety in clinical settings.

The anticipated benefits of the this training programme include improved patient care, improved staff experience and retention, and increased infection and prevention control across South West London. We are currently evaluating the programme to increase our learning for future years.

1.26.2 Improving safety of care

Patient safety incidents are unintended or unexpected events (including omissions) in healthcare that could have or did harm one or more patients.

We are responsible for managing serious incidents that take place in any NHS or independent provider that we commission services with. This allows us to quickly identify any recurring themes and trends. Incidents are managed in line with the National Serious Incident Framework. It is vital that we learn lessons from serious incidents to help reduce patient harm in the future.

This year there was one serious incident relating to services that we provide. This related to the management of our contracting arrangements within a Continuing Healthcare service. Overall, across our South West London providers we had a total of 296 serious incidents.

Over the last year we have:

- Set up a system Patient Safety Steering Group and Network with representation from all our healthcare providers.
- Recruited patient safety partners who represent the views of patients in relation to patient safety.
- Launched level 1 and level 2 patient safety training
- Supported our four medical examiners across South West London to engage with wider community as part of the roll out of medical examiner services to non-acute settings
- Rolled out the learning from patient safety events, LFPSE, to general practices
- Commenced baseline work to understand our key safety insights across SWL to help support wider inequities work.
- Commenced baseline work on top themes from our serious incidents across the system as part of steps towards creating a ‘’learning health and care system’’.

Our priorities for 2023/24 include:

- **Strengthen our Safety Culture:** We will ensure that safety is about the person, a holistic approach that looks at people as people and what’s best for them.

- **Deliver our statutory duties to Safeguard all Children and adults from harm**: We will ensure we continue to protect and promote the welfare of all children and vulnerable adults.
- **Create a 'learning health and care system':** We will create safer systems of care that reflect continuous learning and improvement, understanding and learning from errors and excellence.
- **Patient Safety Strategy:** We will implement the initiatives in the NHS patient safety strategy across the South West London Integrated Care System and ensure these are embedded to support safety improvement.

NHS England published a new Patient Safety Incident Response Framework (PSIRF) in August 2022.

PSIRF will replace the current Serious Incident Response Framework by Autumn 2023. It will change the way the NHS responds to patient safety incidents, centring on:

- compassion and involving those affected
- system-based approaches to learning and improvement
- considered and proportionate responses
- and supportive oversight

We are planning for the introduction of the PSIRF with all our providers. This includes mapping all key stakeholders across South West London and developing an engagement plan.

1.27 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. Some of our priorities include:

- Continue to implement the NHS Long Term Plan priorities for children and young people for South West London including tacking health inequalities for our CORE20PLUS children and young people. Develop our reporting framework to make sure we are proactively monitoring outcomes for children and young people.
- Implement our statutory functions for special educational needs and disabilities, SEND, at ICB and Place - one of which is the development of an South West London SEND data dashboard which will give us insights on how we are improving outcomes for young people with special educational needs.
- Develop our social prescribing model for children and young people.
- Increase engagement and representation of the voice of children, their families and young people.

Across South West London, we are working to remove barriers to discharging people with a learning disability from hospital. Key ways we are doing this are through our dynamic support register and a newly established key worker system.

The dynamic support register is for people who have been diagnosed with a learning disability, autism or both. It is important for us as the local NHS to understand the needs of people with a learning disability or autism or both in our area so that we can be proactive in making sure they receive the right support at the right time for them. This information helps local health and care services work more closely together to make sure a person's support is right for them and their needs.

1.27.1 Children's mental health transformation

Mental health is a priority for South West London and over the past year we have developed a new all age mental health strategy for South West London. The strategy acts as a focus for us to identify priorities, respond to challenges, drive forward transformation. A key aim within the strategy is to better support and equip our children and young people and those that support them to manage their mental health and emotional wellbeing in the future and address population health needs in collaboration with service users, stakeholders and partners. This work is also supported by our annually updated service transformation plan - *"Transforming Mental Health Services for Children, Young People (0-25) and their families across South West London".*

Some recent areas of focus for service transformation include the development and implementation of the national iThrive framework, as recommended by the NHS Long Term Plan. This model distinguishes between support and treatment, and groups of children, young people and their families by type of input they require rather than the tiered service model. There has also been ongoing focus on the support available for pupils and staff across schools and colleges in South West London. There are now 16 mental health support teams established across our boroughs, supporting clusters of schools and colleges and consisting of a total population of around 128,000 students aged between 5-18 years. A comprehensive service mapping exercise was undertaken earlier in the year for children and young people's mental services. The outputs were made available online to improve understanding of the range of services available and access routes into services.

1.27.2 Support for those in mental health crisis

A range of services are available to support children and young people who are in a mental health crisis. This includes an emergency care service for children and young people which provides mental health and risk assessments for those that are presenting to South West London A&Es in a mental health crisis, this might include deliberate self-harm. Crisis telephone lines are also available each day until 11pm in addition to an all age 24/7 crisis telephone number.

An adolescent outreach team supports young people with more severe and complex mental health challenges, who are already known to local CAMHS and present with risks to themselves or others.

1.27.3 Children and young people with Special Educational Needs and Disabilities (SEND)

We are working to involve local children and young people with special education needs and disabilities are involved in the development of our local SEND services.

We are developing a data dashboard to record information about local children and young people with special educational needs and disabilities. This is so that we can support an accurate, shared understanding of the health and care needs of children and young people and so that we can commission and provide services that meet the needs and aspirations of children and young people. Having this baseline of information about those in our care will help us monitor the impact of any improvements we make to local services to make sure we are supporting local children and young people in the best ways possible. We are preparing for future SEND inspections at both place and South West London level.

Across South West London we have a forum for all local Designated medical officers and designated clinical officers to work together to share learning. The forum is working to develop a consistent approach to the way we engage children and young people with special educational needs and disabilities in their annual reviews. The forum is also developing an audit of SEND training needs to help make sure those staff working in our providers with children and young people are able to get the training they need, we are using the Council for Disabled Children Framework to benchmark this work.

1.27.4 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 activity in South West London this year included:

(a) Public health/promotion in community education

(b) Strategic interventions to prevent knife crime in young people and to reduce mistrust of health and social care services.

(c) 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.

(d) Establishing a Practice Partnership for Safeguarding Children across South West London made up of all health and care professionals supporting safeguarding for children. Together we manage the following issues:

(i) When policies and thresholds for interventions are not acted on in compliance with policy

(ii) Strategies to manage disguised compliance from second and third generation parents and young people known to children's social care.

1.27.5 Safeguarding children and adults from harm

One of our duties is to ensure that all healthcare organisations in South West London have effective safeguarding arrangements in place for children and adults.

Our Chief Nurse is our lead for safeguarding child1ren. The quality executive leads from each borough council sit on the boards for the Children Safeguarding Partnerships.

In 2022/23:

- Our designated safeguarding professionals continued to provide expertise to the system. Designated safeguarding professionals are a statutory role who are clinical experts and strategic leaders that take a lead on all aspects of safeguarding. We have 12 designated safeguarding professionals across South West London, with further posts being appointed to.
- We provided quality assurance to ensure commissioned services support children and young people and take all reasonable steps to safeguarding them from abuse (including neglect) and harm.
- We completed statutory reviews. We share the learning from reviews in several ways, including supervision, organisational learning forums and by updating our policies and procedures.
- Our designated professionals are engaging with children and young people across our boroughs to make sure the voice of the child and young person is central to our work and extending the views of children and young people through to our partnerships, including our providers.

1.27.6 Safeguarding adults

Safeguarding aims to support adults to live a life that is free from abuse and neglect. It involves a range of measures to protect people in the most vulnerable circumstances.

This year we worked closely with the six Local Authorities and Safeguarding Adults Boards to achieve the strategic safeguarding objectives set out in our borough-based priorities. We have

a designated safeguarding professional based in each of our six boroughs to provide local support, advice and safeguarding assurance.

Safeguarding Adults week in November 2022 provided an opportunity for organisations to come together to increase the awareness promote education, information sharing and good practice. We work with all providers and local authorities to ensure that people remain safe and free from abuse and neglect. In our yearly Challenge Events multi-disciplinary agencies present assurance collectively, evidencing that they have discharged their safeguarding duties.

Our designated safeguarding professionals are statutory members of the Channel Panel (part of PREVENT) as advisors within the community safety partnership which includes our work with partners to reduce serious violent crime.

We have implemented the Liberty Protection Safeguards across South West London.

1.27.7 Looked after children

As responsible commissioner, it's our role to ensure the health needs of looked after children are identified and reviewed, in line with the guidance Promoting the health and wellbeing of looked after Children (DfE 2015).

Looked after children are one of the most vulnerable groups in society and evidence suggests that they have poorer health and education outcomes than other children. This can result in adverse impacts on their life opportunities and health.

Almost half of children in care have a diagnosable mental health disorder and 70% have special educational needs.

Teenagers continue to be overrepresented in higher numbers of looked after children. They often enter care late and present with unique health needs, particularly emotional and mental health. Similarly, unaccompanied asylum-seeking children (UASC) numbers are on the increase. These are some of the most vulnerable children with multiple unmet health needs including undiagnosed chronic and long-term health conditions and psychological trauma. Children looked after are at risk of extreme poor oral health due to neglect pre-care.

Statutory guidance requires looked after children to have their dental health assessed annually. Access in 2022-2023 to a dentist continues to be a challenge in South West London. However, NHS England have launched the 'Healthy Smiles' programme to ease access for these children in London. Commissioning dental services for these patients is a priority for us.

1.27.7.1 Our priorities for looked after children for 2023/24

- Continue to ensure the health needs of looked after children are being met, including initial health assessments and periodic follow up reviews.
- Fund eligible care leavers to receive free prescriptions.

1.27.8 “Learning from Lives and Deaths” People with a learning disability and autistic people: Mortality Review (`)

LeDeR is a service improvement programme for people with a learning disability and autistic people. This year, there were 62 notifications on the deaths of people with a learning disability in South West London.

The numbers of deaths notified for each borough were:

- 19 in Croydon
- Nine in Kingston
- Four in Merton
- Nine in Richmond
- 13 in Sutton
- Eight in Wandsworth

The main causes of death for people with a learning disability were aspiration pneumonia, other respiratory issues, and sepsis.

In particular, aspiration pneumonia was the cause of death for almost a third of the reported deaths and will continue to be an area of focus and training for support staff caring for those at high risk.

There have been no notifications on the deaths of autistic people since reporting began in January 2022.

1.27.8.1 Our priorities people with learning disabilities and autistic people for 2023/24

- Improving health inequalities – embedding community connectors – local people with lived experience - to support the uptake of vaccinations.
- Support and strengthen community services for people with complex needs and reduce reliance on inpatient care.
- Ensuring people with a learning disability and / or autism can live their best lives
- Improving quality of services.
- Work with families and carers of people who have sadly passed away as well as maintaining close links and partnership working with local authorities and the private and voluntary sector service providers.

1.27.9 Make A Difference (MkAD)

Make A Difference (MkAD) is a system used by healthcare professionals to inform us of any concerns they have relating to the quality of services in South West London. It acts as an early warning system, which we use to identify and address any wider quality issues. The system was designed to implement the recommendations of the Francis Inquiry (2013).

This year 1,391 alerts were raised.

Once received we contact the relevant healthcare provider in charge of the service, and ask them to investigate the issue and provide assurance to the healthcare professional that reported the concern, including information about any immediate or long-term actions.

GPs, nurses and other healthcare professionals can report any concerns about health services in South West London, including primary and secondary care services, using our online Make A Difference form.

1.27.9.1 Our priorities for Make a Difference for 2023/24

- Deliver the MkAD service across South West London, promote quality improvement through engagement and collaboration with system partners.
- Use MkAD data to identify themes that inform quality improvement initiatives.
- Use MkAD to support the quality systems approach to improve quality, safety, and system learning.
- Work with health and social care partners to promote the use of MkAD by clinicians in all healthcare settings.
- Use themes arising from MkAD alerts to support the delivery of our quality strategy and local priorities.

1.27.10 Infection and prevention control

All South West London healthcare providers have a governance framework in place to manage infection prevention and control (IPC), working in line with the Health and Social Care Act (2008, updated March 2022).

We lead a weekly South West London IPC provider forum. This year, the forum reviewed learning from previous waves of the Covid-19 pandemic and incorporated this into strategies to support staff, patients, and visitors to services.

We tailored our IPC training package to support working safely in care homes, supported care homes through weekly forums and the development and support of IPC care home champions. IPC care home champions are employees of local care homes who champion infection and prevention control, they are often nurses have been nominated to lead on quality improvement programmes for infection control within their care homes.

Our IPC forum has been developing strategies to support our elective recovery programme in South West London through winter pressures and increasing cases of flu and other respiratory infections. Additional Temporary Alternative Discharge Destination (TADD), step down and rehab beds have been purchased to support safe discharge from hospital.

In 2022/23:

- We recruited a South West London project lead and are working on the implementation of a hydration pilot in South West London care homes to encourage residents to drink more and keep hydrated. We are one of the only ICSs in the country who have received funding for this pilot from NHS England.
- We joined a half day conference in with the five London ICBs for all adult social care settings in London. A sequel conference is planned for April 2023.

1.27.10.1 Our priorities for infection prevention and control for 2023/24

Continue to reduce Health Care Associated infections, including C Difficile (CDI), Methicillin Sensitive Staphylococcus Auras and Gram Negative Blood stream infections (GNBSI) through:

- Implementing findings from Joint National CDI
- Implementation of CQUIN IV-Oral antibiotic usage
- Continue delivering the NHS England hydration pilot for South West London and role this out further to virtual wards across our boroughs

1.27.11 Adult Continuing Health Care and Children's and Young People Continuing Care

All Age Continuing Care (AACC) is a collective term for services provided by the NHS. These services assess and provide funding for the care of people of all ages to meet their ongoing health and care needs. AACC brings these services together, to ensure smooth transitions when people's needs change and/or they move between eligibility for different services.

We are developing an integrated approach to Continuing Healthcare (CHC) across the six boroughs of South West London.

In 2022/23, we appointed a Director and Deputy Director of All Age Continuing Care to lead governance and assurance across current CHC services. They will also develop a transformation programme to move towards a single Continuing Care service model in the future which will include:

- Continuing Healthcare (CHC)
- Funded Nursing Care
- Children and Young Peoples' Continuing Care
- Jointly funded packages of care with Local Authorities and Education.
- Other services that provide NHS funding for patients to meet their needs once they have been discharged from hospital.

We made significant progress clearing Adult Continuing Health Care (CHC) backlogs in South West London and achieved 81% in Quarter 3 against the 28-day NHSE performance target.

CHC performance reporting has been strengthened and we continue to implement the NHSE CHC Patient Level Data Set across all CHC data systems. In the coming year, we aim to move to a single database for our South West London as whole which is a requirement from NHS England.

At the end of 2022, we commissioned an independent review of Continuing Healthcare, Funded Nursing Care, and our Adults, Children and Young Persons CHC operational models. The findings will support the development of our CHC services.

1.27.11.1 Our priorities for Continuing Healthcare for 2023/24:

A further service review will be undertaken involving:

- auditing of Continuing Care initial and review assessments
- workforce analysis to enable resourcing of a skilled team of nurses
- standardising the use of one resource allocation tool across SWL to reduce variation in commissioned packages of care

The Children's and Young People's Any Qualified Provider (AQP) Framework was launched by NHS England in February 2022 which has been successful in the commissioning of individualised packages of care. In the coming year, the Framework will be reopened to enable a wider cohort of providers with specialist clinical expertise to tender.

1.27.12 Improving positive experiences for local people

One of our core objectives is to continue to improve the quality of people's experiences of care.

We have developed a programme to bring together all patient experience and engagement leads across South West London to collaborate on how we improve experiences and outcomes for users of our services.

The national patient safety strategy requires us to ensure the voices of people with lived experiences are embedded across patient safety, quality and decision making. We have appointed one patient partner and will appoint a second partner to support us to implement better experiences of care for patients.

1.27.12.1 Our priorities for improving positive experience for 2023/24

- We will act on patients' experiences of care and use their feedback (compliments and complaints) to make service improvements and improve the quality of health and care.
- We will make sure that those who do not have a voice; those who are under-represented or who cannot speak for themselves are heard
- We will implement the approaches in the New ''*Framework for involving patients in patient Safety"* through our Patient Safety Partners
- We will consistently carry out meaningful engagement to shape how our services are designed and delivered

1.27.13 Well-led services

We have established a task and finish group to help social care providers in our South West London Integrated Care System prepare for inspections by the Care Quality Commission (CQC). The CQC will start inspecting social care providers in addition to healthcare providers in the coming months.

1.27.13.1 Our priorities for well-led services in 2023/24:

When these CQC assessments begin, we aim to show that our system is integrated and is continuously demonstrating quality improvement in care and outcomes for local people.

We know that we are not always going to get things right the first time, but we always aim to achieve excellence, ensure that we adapt self-scrutiny, that we are only assured by what assures you and that we are a learning ICS as we navigate the new arrangements of the health and care systems whilst improving outcomes for our population.

We are focused on becoming a Quality Management System, using quality improvement and working closely with our clinical networks to improve outcomes.

For us to achieve all five quality priorities, we have mapped QI capability in SWL to support actions we will take to develop a structural approach the delivery of quality improvement.

Quality improvement is a key part of everything we do in South West London. All of our South West London health organisations are delivering quality improvement programmes and making positive strides in improving patient and workforce outcomes.

Our South West London Integrated Care System aims to adapt a single system wide approach to delivery of quality so that quality improvement exists in all of our work, including:

- planning procurement and commissioning duties
- how we deliver the patient safety strategy
- how we improve access, clinical pathways and outcomes for our patients who access a number of services

Applying a quality framework will help us to develop a continuous learning culture. A Quality Management System – a collection of processes that help everyone to work in a consistent way - will help us to achieve our goals.

It will help us to embed ways of working that deliver sustainable improvements in safety, quality and the experience of care we provide – empowering staff to provide better and safer care.

1.27.14 South West London ICS Quality Improvement Conference

We are holding our first South West London ICS QI Conference in June 2023. The conference is designed to help partners from health and care providers across South West London to learn from nationally renowned Quality Improvement leaders, and from quality improvement projects and programmes of all sizes to help improve productivity, efficiency, effectiveness, safety and quality of care.

The South West London ICS QI Conference will support attendees to connect, network and collaborate through an interactive virtual platform. Attendees will also be able to:

- Model successes.
- Share learning and experiences.
- Facilitate system-wide spread of best practices.
- Prevent unnecessary duplication of quality improvement projects.

Find out more about the QI conference

1.27.15 Complaints

Between 1 July 2022 and 31 March 2022, we received 244 formal complaints. Of these, 102 related to issues for which NHS South West London was responsible for investigating and responding to. We also received 142 complaints relating to issues which we are not directly responsible for, which were forwarded to the appropriate organisations for investigation and reply. These included complaints for NHS provider trusts, GPs, dentists and community pharmacies.

Of the complaints we received in this period, none has been referred to the Parliamentary and Health Service Ombudsman.

For those complaints that were within our remit, the areas most commonly complained about were:

- Continuing Healthcare (assessment for eligibility process, payment) – 50 complaints
- Mental health commissioning (access to services, availability and funding) – 16 complaints
- General commissioning – 15 complaints
- Primary Care – seven complaints
- Covid-19 vaccine – four complaints
- Assisted conception (eligibility criteria) – two complaints
- Medicines Management – two 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.

1.27.16 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.

Whilst 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 610 such contacts.

The areas giving rise to most contacts were:

- Covid-19 vaccine - 76 contacts (other vaccines – Polio, Strep B. Monkey Pox - 51 contacts)
- Primary care (GPs, NHS dentists, community pharmacies) - 127 contacts
- Continuing healthcare (assessment for eligibility process, payment) - 69 contacts
- Other NHS organisations - 154 contacts
- General commissioning – 65 contacts
- Mental health commissioning (access to services, availability and funding) - 50 contacts
- Individual funding requests (requests for funding for treatment/medication not routinely provided on the NHS) - 11 contacts
- Assisted conception (eligibility criteria, can funding be transferred, freezing of eggs) - 21 contacts
- Compliments to the ICB - 19 contacts

1.27.16.1 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@swlondon.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.

Since July 2022, the ICB has been given new responsibilities as 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, and to facilitate the wider system response.

In South West London the EPRR service is integrated into the System Control Centre which was launched last year and aligned with the 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:

- The gas explosion on Galpin road in Merton
- The recent fire in the emergency department at Croydon Hospital
- The funeral of Her Majesty the Queen
- A generator fire at St George's and a burst water pipe outside of Kingston Hospital during the heatwave in the summer

1.29 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 (e.g. use of fossil fuels) with an ambition of 80% reduction by 2028-32

- by 2045 for those it can influence (e.g. within supply chains) with an ambition of 80% reduction by 2036-39.

We acknowledge that we contribute to the problem as a health system. The 2022/23 South West London Green Plan set out our commitment to deliver a range of programmes to make the necessary changes required to help achieve this ambition. The plan marked the first year of a collective plan for the NHS system.

1.29.2 Our principles and priorities

Principles

1. At a south west London level our plans and areas of activity should complement whatever plans providers adopt.
2. We will create stretching but feasble targets that at a minimum meet centrally set standards
3. We will focus on activity to make change not targets set too far in the future
4. 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
5. we have an appetite to innovate if the right opportunities can be found
6. we see the opportunities to integrate activities identified within this green plan with existing ICS sponsored streams of work (EG digital strategy, states, strategy) we will ensure that we avoid duplication of activity to achieve the change identified

Areas of focus

1. Workforce and leadership
2. sustainable models of care
3. digital transformation
4. travel and transport
5. estates and facilities
6. medicines
7. supply chain and procurement
8. food and nutrition
9. adaption

* the greener NHS team recommends 9 areas of focus. For year 1 we focused on seven of those nine areas with a commitment to expand to the additional 2 areas (food and nutrition and adaptation) 2023/24 onwards

National targets

1. all trusts and ICSs to have green plans and board leads
2. every trust to reduce desflurane in surveys to less than 10%
3. support patient choice of less carbon intensive inhalers
4. develop schemes for green disposal of inhalers
5. optimise use of medical gases including reduction of waste
6. only UL EV or ZEV cars purchased or leased (+vans less than 3.5 tonnes)
7. only LUEV or ZEV car salary sacrifice schemes
8. put in place a green travel plan
9. at least 25% outpatient activity to be delivered remotely
10. trusts to purchase only renewable energy

SWL priority areas

1. kickstart a focus on our sustainability plans via a series of leadership and staff pledges
2. use only recycled paper in SWL, and reduce total paper usage year on year
3. Creating recycling points for MDIs in all GP surgeries and community pharmacies and ensure guidance on appropriate inhaler usage is clear and helps reduce MDI prescriptions
4. cut out all N20 wastage/leakage by 2023 keep desflurane usage to below 3% in 2022
5. go electric for patient, inter-site and courier transport by 2027
6. Reduce carbon emissions from buildings by 20% vs 2020 by 2025

Our 2022/23 Green Plan was developed on the basis of six core principles, seven areas of focus, 10 mandatory national targets and seven priority areas.

1.29.3 Our achievements

We have contributed towards the targets set, for example, moving to only recycled paper, but it also played a key role in supporting the wider system to focus on the targets and providing a forum to facilitate cross-organisation working. During the first nine months of the ICB's operations, our key focus has been to bring stakeholders within the NHS system together to engage with the targets we set, but it has also provided innovation funding to trial initiatives that could be further rolled out across South West London, including the installation of SMART technology in theatres and a nitrous oxide destruction unit in a maternity delivery suite.

We have great evidence of delivery in our places, trusts and across South West London and we have taken time to review our achievements to inform how we proceed together as a system. The breadth of our key achievements to date which we are looking to build upon in 2023/24 include:

- All Trusts have Green Plans in place that support the NET Zero strategy
- All Trusts well below National Desflurane reduction target
- Numerous sustainability days and awareness campaigns successfully completed
- Surgical instrument recycling processes introduced
- Electric vehicle charger infrastructure projects implemented and underway
- UK's First Reduced Carbon patient menu
- introduced by a SWL Trust
- Heat Decarbonisation projects initiated across Trusts
- PN0620 compliant across SWL Trusts (10% social value weighting in tenders above PCR threshold)
- Switch to renewable energy across Trust sites
- Carbon neutral food suppliers introduced
- Electric fleet introduced across Trusts
- Safe re-usable theatre equipment practices introduced
- Created green spaces and increased plant biodiversity at Trust sites
- Cycle to work and active travel incentive schemes in place
- Digital appointments increased, with some Trusts exceeding national targets
- Nitrous Oxide waste reduction plans initiated with leak tests complete on all sites
- All Trusts now have Carbon Footprint calculations
- Solar panel installations underway Trust sites
- MDI recycling points setup, awareness schemes initiated to switch use
- All Trusts have switched to recycled paper
- LED lighting transition projects underway

In our first year, our partners have made admirable progress. As an ICS we are fortunate to have such innovative and passionate teams, who have not only delivered on their annual plans, but have exceeded national targets. For example:

- Our medicines workstream has surpassed national desflurane targets by reducing consumption and procurement and is now on track to meet the 2024 requirement to eradicate its use. They have also been working with the London Respiratory Network to lead and develop a pan London inhaler formulary for adoption across all other London ICSs.
- Our ICS Estates teams have been busy implementing renewable energy provisions

across our sites (all of our Trusts have switched to renewable energy, with some achieving 100% REGO certification across all sites) as well as a number of other solar, heat and decarbonisation initiatives

- The team at South West London and St George's Mental Health NHS Trust has delivered a development at the Springfield Hospital site with sustainability considerations at its heart, including the launch of new hospital units to BREEAM standard alongside air

source heat pumps, water retention ponds and the planting of 700 new trees, all of which was delivered without demolition or removal of soil material from site.

- We have welcomed our first South West London electric patient ambulance in Croydon with a further two planned, and the South West London Pathology service is on track to electrify its fleet and to remove all 31 of its petrol vans from service.
- We have also seen the launch of the UK's first reduced carbon patient menu at St George's Hospital, a significant achievement that we think will set the standard for others. The initiative saves 20 tonnes of carbon, the equivalent of planting 26 acres of forests.
- Procurement and clinical colleagues have worked closely together and we are seeing a shift away from 'single use is safest' with the introduction of new safe re-usable medical equipment and instruments to support sustainable solutions to healthcare.

These examples show that we are seeing a shift in mindset which has also been supported by sustainability policies and initiatives to engage and enthuse staff, including earth day, big planting week, sustainability day, clean air day, cycle to work-day, Dr bike week and switch off campaigns across the ICS, and we will continue to look for relevant ways to bring sustainability issues to the forefront.

We think that digital transformation plays a huge part in impacting carbon emissions across our areas of focus and are taking steps towards supporting sustainability via digital change. We are establishing 'virtual wards', which allow patients who are well enough to be monitored virtually from their own home resulting in fewer patients travelling to hospitals and freeing up hospital beds and have seen further adoption of virtual consultation with some Trusts exceeding well above the 40% national target for 2022/23. Digital capability has continued to enable agile and smarter working, which does provide us with the opportunity to review our estates strategy going forward and whether we rationalise our estates and occupancy, thereby reducing our carbon footprint.

1.29.4 Reflections and ambition for 2023/24

The first year of our South West London Green Plan has been a huge learning experience which we can build on. When we embarked on this journey, we acknowledged that climate change is a health emergency and that we must reduce its impact on our health and communities. A year on, this vision and our commitment to the NHS National target is even stronger. Sustainability can no longer be treated as an activity on its own, if we are to be successful in changing our behaviours and operations, it needs to a part of everything that we do.

As we move forward into 2023/24 we will continue to work towards:

- Embedding sustainability into the mindsets of our partners, staff, and patients
- Changing the way in which we manage our operations and functions for the better
- Having a good understanding of our carbon emissions and how to reduce these in line with our national target.

We will look at the practical steps we can take to embed this culture of sustainability within the ICB and across the health system, for instance adjusting our business case development and procurement processes to factor sustainability into investment decisions, improving the way that we spotlight sustainability achievements across SWL, and creating a more expansive network of sustainability champions. We need to expand our scope to include primary care and partners that were not with us at the start of the journey, and closer link with our ICP partners.

1.30 Capital investment

We have a financial duty to make sure that the system's allocated NHS capital budget is not overspent. We have worked in collaboration with its 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 2022/23, a budget of £138.6m was allocated to South West London for NHS trusts, and the position at month 12 was £136.7. It 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 the multi-year modernisation of the mental health estates at the Springfield Hospital site, including new hospital units to BREEAM standard alongside air source heat pumps, water retention ponds and the planting of 700 new trees, and
- the implementation of a new electronic patient record for The Royal Marsden which went live in March 2023.

A £2.6m budget was allocated from NHS England for the investment in primary care for replacement IT and maintenance of GP practices. The reported position in month 12 was £2.1m and included the delivery of a strategic scheme to re-provide a medical centre in Croydon, which originally started under the NHSE Estates and Technology Transformation Fund programme that ended in March 2022.

These budgets were further supplemented in-year by additional national funds from NHS England secured through bidding processes, through which a further £47.1m was invested in longer term programmes including:

- enabling works for the new Specialist Emergency Care Hospital (SECH) planned in Sutton
- a new 22-bedded Intensive Treatment Unit at Croydon University Hospital
- 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 extra theatre and critical care bed capacity to support the delivery of more activity to address waiting lists for operations and treatment at Purley Hospital, Croydon University Hospital and St George's Hospital sites
- a new electronic patient record system to for Epsom and St Helier Hospitals.

In 2023/24, 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. As well as the continued modernisation of the hospital and mental health estate, digitisation of the NHS, elective recovery and sustainability and net zero agenda.

1.31 Engaging people and communities

The NHS South West London Working with people and communities annual report 2022/23 is available on website. The report is included at the end of this document in a designed format – please refer to this section.

Read the NHS South West London Working with people and communities annual report

2 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 to 30 June 2022, 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 polices 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

29 June 2023

2.1 Corporate Governance Report

2.2 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 the 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.

The South West London ICB 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. The ICB overseen by a Board, which is the senior decision-making forum for the ICB and is collectively accountable for the delivery of the Integrated Care Board's responsibilities. Key decisions and functions reserved for the ICB include agreeing the vision, values, strategic direction of the Integrated Care Board 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, Integrated Care Board Executives and observers from voluntary sector organisations.

Millie Banerjee served as Chair of SWL Integrated Care Board from 1 July to 18 August 2022 when she stepped down for this role. NHS England is in the process of appointing a new Chair to the Board. In the interim, Ruth Bailey, a Non-Executive member, has chaired meetings of the Board on an ad-hoc basis but has not taken on the formal role or responsibilities of Chair.

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 later in this chapter.

As part of the establishment of the 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 structures and governance 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 the South West London Integrated Care Board, including at 'Place' (within boroughs) and through the ICP as demonstrated in some of the following areas:

- Development of the Integrated Care Strategy and related priorities at system level.
- Engagement on the 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

2.3 Our Board

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, the Board is comprised of the following members:

- Chair
- Chief Executive Officer
- Four Partner Members - NHS and Foundation Trusts
- One Partner Member - Primary Medical Services
- One Partner Member - Local Authorities
- Four Non-Executive Members
- Chief Finance Officer

- Executive Medical Director
- Chief Nursing Officer
- Six Place Members
- Deputy Chief Executive Officer

2.3.1 Role of the ICB 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:

a) Formulating a plan for the organisation;
b) 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
c) Shaping a healthy culture for the organisation and the system through its interaction with system partners.

Our Board met in public five times between July 2022 and March 2023, and we encourage our community to join us to find out about the work we're doing.

Find out more about our pubic board meetings

2.3.2 Member profiles

2.3.2.1 Millie Banerjee, Chair (July 2022 to September 2022)

Millie Banerjee stepped down as the SWL ICB Chair in August 2022. NHS England have commenced the process to appoint a new Chair.

2.3.2.2 Sarah Blow, Chief Executive Officer, Executive Member

Sarah was appointed Chief Executive of NHS South West London Integrated Care Board and South West London Integrated Care System in November 2021.

Sarah has over 30 years of experience in the NHS. She is an experienced Chief Executive and has led programmes across partnerships while working widely across systems to improve services and deliver sustainability. Sarah has held operational and strategic roles with Local Authorities, providers and the Department of Health, and recognises the importance of a strong collaborative approach.

Sarah was appointed accountable officer for the South West London Alliance of Clinical Commissioning Groups (CCGs) In February 2017: Merton, Kingston, Richmond, Sutton and Wandsworth. At this time, she also took on responsibility for the South West London Sustainability Transformation Partnership, now the South West London Health and Care Partnership.

Sarah is responsible for leading the partnership through the changing NHS landscape as well as being accountable for balancing financial budgets, achieving performance targets, commissioning and overseeing governance and quality, as well as ways of working and communications.

Prior to her role in South West London, Sarah led Bexley CCG, as Chief Officer, through authorisation and significant financial challenge to be a successful organisation with a strong collaborative approach. Sarah has held numerous senior management roles in the NHS; leading programmes across South East London STP and London, transformation and redesign in East Sussex and working widely across systems to improve services and deliver sustainability including joint posts with East Sussex County Council. Sarah has previously worked in operational roles and strategic roles within providers and the Department of Health.

Sarah holds an MBA, PG Dip in Healthcare Systems Management and a BA (Hons) History and Humanities and is based in Wimbledon. She lives in Sutton with her family and has two grown up sons.

2.3.2.3 Jo Farrar, Partner Member - Community Services, Kingston and Richmond Place Executive Lead

Jo is Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust. Jo has extensive public and private sector experience, with 15 years of board level experience in the NHS. In his leadership role on the Richmond and Kingston place committees, Jo will support local partners to come together and transform the way that care is delivered, reflecting the needs of the local population.

2.3.2.4 Vanessa Ford, Partner Member - Mental Health

Vanessa became Chief Executive of South West London and St George's Mental Health Trust in August 2019 having joined the Trust as Director of Nursing and Quality Standards in May 2016.

Vanessa has a wealth of experience in mental health and nursing leadership roles. Before returning to the Trust, where she completed her nursing training more than 22 years ago, she was Interim Director of Nursing and Quality Assurance at Devon Partnership NHS Trust and Director of Nursing Standards and Governance at West London Mental Health NHS Trust. Vanessa is a Registered Mental Health Nurse and member of the Royal College of Nursing.

Vanessa is the joint Senior Responsible Officer for Mental Health for South West London. She is also Senior Responsible Officer for Digital across the South West London ICS and co-chair of the NHS Confederation Mental Health Digital Forum. As such she leads on digital transformation and advocates for the positive impact it can have on the care and treatment of patients and increasing patient choice.

Vanessa is also the NHS Place Based Convenor for the Borough of Merton. She leads a transition team working with partners to develop and strengthen Merton's health and care together partnership.

Vanessa is passionate about inclusivity and has pledged to ensure that being inclusive and equitable is at the heart of the Trust. In 2021 Vanessa, alongside six other senior leaders in our Trust, completed the White Allies programme, which has

further led to strengthen her personal and professional commitment to leading the Trust towards becoming truly anti racist.

Vanessa is passionate about inclusivity and has pledged to ensure that being inclusive and equitable is at the heart of the Trust.

2.3.2.5 Dame Cally Palmer, Partner Member – Specialised Services

Dame Cally Palmer is Chief Executive of The Royal Marsden and has held a dual role as National Cancer Director for NHS England since 2015.

She is also a Trustee of the Institute of Cancer Research and The Royal Marsden Cancer Charity in her capacity as Chief Executive of The Royal Marsden. She holds an MSc in Management from the London Business School, which she gained with distinction in 1995, and is a member of the Institute of Health Services Management.

Dame Cally Palmer was awarded a CBE in 2008 for her contribution to the NHS and a DBE in 2020 for her contribution to cancer medicine.

2.3.2.6 Jacqueline Totterdell, Partner Member - Acute Services

Jacqueline was appointed the Group Chief Executive of the St George's and Epsom and St Helier hospitals group in August 2021, after joining St George's University Hospitals NHS Foundation Trust as Chief Executive in May 2017. Jacqueline is also the Chief Executive Lead for the South West London Acute Provider Collaborative.

A Paediatric Intensive Care Nurse by background, Jacqueline started her general management career at Leeds General Infirmary, moving on to Birmingham Children's Hospital, after which she spent two years working for the Modernisation Agency.

After two Executive Director posts at Barnet & Chase Farm Hospitals NHS Trust, and then Hillingdon Hospitals NHS Foundation Trust, Jacqueline held Chief Executive positions at Southend University Hospital NHS Foundation Trust and West

Middlesex University Hospital where she oversaw the merger of the Trust with Chelsea and Westminster NHS Foundation Trust.

Before taking up her role at St George's Hospital in May 2017, Jacqueline spent 18 months as part of the Executive Team supporting Barts Health NHS Trust out of Special Measures.

In 2022 Jacqueline was named as one of the Top 50 leaders of NHS Trusts by the Health Service Journal (HSJ).

2.3.2.7 Dr Nicola Jones, Partner Member - Primary Medical Services

Dr Nicola Jones MBE (MBChB, DRCOG, MRCGP. MBA), has been a GP in Wandsworth since 1995. She is the Clinical Lead for Primary Care for the SWL ICS and advises the SWL Covid-19 vaccine programme. She is the Clinical Director of a Primary Care Network and brings her direct experience of delivering at a PCN and practice level to her Integrated Care Board role. As a practicing GP, she enjoys the challenges of an inner London practice with its diversity and pathology.

She was the Chair of Wandsworth CCG for over a decade and is now the Convenor of the Wandsworth Place Committee which brings together health and care partners from across the borough, with the aim of integrating care and addressing health inequalities.

Nicola was a primary care advisor to the Department of Health, and has experience of commercial organisations as well as an NHS background. She gained an MBA from London Business School and developed her management expertise in a variety of roles but remains utterly rooted in NHS clinical practice and primary care.

2.3.2.8 Cllr Ruth Dombey OBE, Partner Member - Local Authorities

Ruth has been a councillor since 2002 and Leader of Sutton Council since 2012. She has chaired Sutton's Health and Wellbeing Board since its formal establishment in 2012.

The six south west London boroughs have appointed Ruth as their lead on health and social care across the subregion. As Vice Chair of London Councils (the umbrella organisation representing all 32 London boroughs and the City of London) and a member of the London Health Board, she is well placed to liaise with colleagues across London.

Ruth is a strong advocate of partnership working and collaboration. She believes in stronger and more connected communities with more engaged citizens taking an active part in their local area and being able to make informed choices about their lives. Ruth works closely with many voluntary and community sector organisations and recognises the vital contribution they make in supporting local communities, ensuring their voices are heard and tackling health inequalities.

2.3.2.9 Ruth Bailey, Remuneration and Nominations Chair and People Board Chair, Non-Executive Member

Ruth Bailey has 23 years of experience working in the public sector in strategy, delivery and human resources.

She was HR Director in the Cabinet Office, the Care Quality Commission and the Department of Housing Communities and Local Government between 2015 and 2021. Ruth has extensive experience in workforce strategy, organisational change, leadership, talent and inclusion.

She is passionate about linking the people and workforce initiatives to the performance outcomes we want to drive for patients, service users, carers and the population as a whole and will also ensure diversity and inclusion is considered in every decision taken.

Ruth is a Fellow of the Chartered Institute of Personnel Management (CIPD) and has a Masters in Business from Imperial College. She is also Non-Executive Member on Hertfordshire and West Essex Integrated Care Board and Executive Director of People and Organisational Effectiveness at the Nursing and Midwifery Council.

2.3.2.10 Mercy Jeyasingham, Quality and Planning Oversight Chair, Non-Executive Member

Mercy Jeyasingham has mainly worked in the voluntary health and social care sector, most recently as the CEO of the umbrella organisation for the eye health and sight loss sector.

She is a non-executive director of the medicines and devices regulator, the MHRA, and Chairs its Patient Safety and Engagement Committee. She has been a charity trustee for local, regional, and national charities. This included being Vice Chair of the Afiya Trust, a national organisation campaigning to reduce inequalities in health and social care provision.

Her government appointments included as a non-executive director of the National Institute for health and Care Excellence, NICE, for 12 years and Chair of their HR committee for 8 years. She has also worked in professional regulation, Chairing Fitness to Practice committees for the General Optical Council and established the statutory register for Social Workers.

She was Head of Care Standards for a London social services department in the early 1990s and was Head of Accreditation for the Royal College of Nursing in the 2000s. She was a carer for 30 years of a family member with multiple disabilities. Mercy is still a local volunteer in South West London where she has lived for most of her life.

2.3.2.11 Dick Sorabji, Finance and Planning Chair, Non-Executive Member

Dick Sorabji has worked in public policy and management across four decades. In the 1980s he was the Parliamentary Adviser to the Shadow Health Secretary. He was elected a councillor in Lambeth becoming leader in 1988.

In 1991, Dick joined the faculty of Imperial College Business School, where he was founding Director of the first Cabinet Office sponsored Public Service MBA. His research addressed public service improvement in the UK and around the world.

Following a brief spell in corporate finance, Dick returned to public policy in 2003 joining think tanks LGIU and later NLGN, where he became Deputy Director in 2006. In 2008 he joined London Councils as a Corporate Director and later Deputy Chief Executive.

At London Councils he advised the London Boroughs in their engagement with all London public services. In work with health partners Dick helped create the London Health Board, was on the team negotiating London's Health devolution agreements with HM Treasury in 2015 and 2017, part of agreeing the London Health Vision in 2019 and a member of London's cross sector partnership forums used through the pandemic.

2.3.2.12 Martin Spencer, Audit and Risk Chair, Non-Executive Member

Martin has a background in economics, technology consulting, business transformation and business leadership. Most recently Martin was Senior Vice President at NTT DATA, the Tokyo-based professional services business and was specifically accountable for their Public Services businesses including strategy, growth, programme delivery, and risk and compliance. NTT DATA delivers some of the world's largest digital infrastructure and transformation projects.

Previously, Martin has held UK and European leadership roles with Capgemini and KPMG Consulting. Martin was also a director at Detica, the international business and technology consulting firm specialising in data analytics and information intelligence.

Martin is a Non-Exec Director and Chair of the Remuneration and Nomination Committee for the NHS Counter Fraud Agency, a Main Board member and Chair of the Audit and Risk Assurance Committee for Ofsted, and a Main Board Director and Chair of the Audit and Risk Assurance Committee for Achieving for Children.

Martin was appointed as a Civil Service Commissioner on 1 October 2021.

2.3.2.13 Helen Jameson, Chief Finance Officer, Executive Member

Helen is a finance professional with over 20 years of experience working in the NHS. In 2018 she became Chief Finance Officer at Great Ormond Street Hospital leading the finance, procurement and commercial functions as well as Executive lead for the North Thames Genomic Laboratory Hub.

Previous to this she has held finance and operational roles at Kingston Hospital, South East Coast Ambulance, Surrey Ambulance, National Patient Safety Agency, Bromley Hospitals and Bromley PCT. As well as working at a system level to deliver transformational and education programmes at UCL Partners and North Central and East London HEE office.

She has also provided regional leadership as Director of Multi-professional Education and Training Finance at NHS London.

2.3.2.14 Dr John Byrne, Executive Medical Director, Executive Member

Born in Dublin, Dr Byrne graduated in medicine from University College Dublin in 1994 before serving for six years as a doctor in the Royal Army Medical Corps, where he completed his training in general practice. In 2002 he became a partner at a GP surgery in Hampshire, and in 2008 was appointed locality medical director for Hampshire Community Healthcare.

Three years later, Dr Byrne became Clinical Director for Integrated Care at Southern Health NHS Foundation Trust and then Clinical Director and Accountable Officer for the Southampton and West Hampshire Division in 2012.

In 2014, he became General Practice Regional Adviser for the Care Quality Commission's (CQC) Primary Medical Services team, also working part-time with NHS Elect advising NHS trusts on clinical strategy.

In 2017 John was appointed as Executive Medical Director at Humber NHS Foundation Trust, a provider of mental health, community and primary care services,

and was the responsible officer and executive lead for Quality Improvement. During his tenure, the Trust saw its CQC rating improve to good and was awarded the HSJ provider of the year award in 2019. During the Covid-19 pandemic, John was the Trust's lead for testing and delivering vaccinations to health and care staff and local citizens.

In 2019 he became the Senior Responsible Officer for the Yorkshire and Humber Care Record, one of the leading exemplars for a national program to roll out a shared care record across health and social care and develop a population health management tool.

Dr Byrne completed a Master's degree in Quality Improvement at Ashridge Business School in 2014 and is a Health Foundation GenQ leadership fellow.

2.3.2.15 Dr Gloria Rowland, Chief Nursing and Allied Professional Officer and Director for Patient Outcomes, Executive Member

Previously Director of Midwifery for the country's largest maternity service at Barts Health NHS Trust, Dr Rowland has been recognised by CQC Chief Inspector Ted Baker for her "outstanding practice in the leadership and drive shown" to improve Midwifery services.

First trained as a registered nurse and midwife in Nigeria, Dr Rowland relocated to the UK to continue her nursing career, where she has gained further qualifications in BSc Midwifery, MSc Community Public Health Specialist Practitioner and doctorate in Clinical Practice.

Both a Mary Seacole and a Florence Nightingale Scholar, Dr Rowland has won many national awards for her work in transforming maternity care including chairing the trailblazer group that developed the new midwifery standard and apprenticeship pathway entrance into the Midwifery profession.

She was the first Black African Director of Midwifery in the history of maternity services in the UK and has also recently been appointed to the Chief Nursing Officer's National Advisor Group in response to Covid-19 pandemic. Dr Rowland

took up the position of Chief Nurse at both South West London Health and Care Partnership and South West London CCG in early January 2021.

2.3.2.16 Matthew Kershaw, Place Member for Croydon

Matthew has been Chief Executive of Croydon Health Services NHS Trust since 2018 and is Croydon's Place Based Leader for Health. Before joining Croydon, Matthew held a number of senior leadership roles within the NHS, most recently Chief Executive of East Kent Hospitals University Foundation Trust where he led the Trust out of Quality Special Measures. Prior to this, Matthew was Chief Executive of Brighton and Sussex University Hospitals NHS Trust for three years, securing £500m capital to redevelop the Sussex County Hospital. He has also worked with the Care Quality Commission, Health Education England, and the Kent Cancer Alliance, where he chaired the Kent, Surrey, and Sussex Clinical Research Network.

Matthew is the joint Croydon Health Services Chief Executive and Place-Based Leader for health, and is also a Senior Visiting Fellow at The King's Fund where he has played a key role in its work with health and care organisations to develop integrated care that better meets the needs of patients and services-users.

Matthew is interested in the better integration of care to improve patient outcomes and is able to promote this through his work in South West London Integrated Care System.

2.3.2.17 Dr Annette Pautz, Place Member for Kingston

Dr Annette Pautz has been a GP in Kingston for 18 years. She is Senior Partner at Holmwood Corner Surgery in New Malden and a Board Member of her Primary Care Network. She is committed to NHS Primary Care and working collaboratively with Colleagues and System Partners to build even better and more integrated Health and Care Services and a resilient General Practice.

Annette is the Primary Care Provider Lead for Kingston and chairs a monthly local GP forum to promote communication with and from local General Practices. She sits on the Kingston Place Based Partnership Committee, the Kingston Partnership

Board and is the Kingston Place Lead on the South West London Integrated Care Board.

Clinically Annette has an interest in Respiratory Conditions, Prevention and Health and Care Transformation. She is the Kingston and Richmond Clinical Lead for Respiratory Conditions and Kingston Clinical Lead for Cardiovascular Disease and has helped to design and implement a number of services and new models of care, such as Long Covid Services and the Proactive Anticipatory Care model, across Kingston and Richmond.

2.3.2.18 Dr Dagmar Zeuner, Place Member for Merton

Dr Dagmar Zeuner has been a Director of Public Health in South West London boroughs for the last 12 years. She joined Merton council in 2016, and beforehand worked in Richmond Primary Care Trust and council.

Dagmar currently is one of the vice chairs of the Association of Directors of Public Health in London, lead London Director of Public Health for children and young people and sponsor for climate and health work.

Dagmar's public health experience also includes academic work at the Institute of Child Health. Evidence-based policy making and translating research into practice have been Dagmar's interests for a long time. She was one of the original members of the Public Health Intervention Advisory Committee of the National Institute for Health and Care Excellence (NICE). Currently Dagmar holds an honorary assistant professorship with the London School of Hygiene and Tropical Medicine and is an occasional research advisor.

Dagmar came from Germany to the UK as a junior doctor, curious to experience a different health system and stayed. She trained and practised as a hospital paediatrician before undertaking a diploma in tropical medicine followed by a master's degree in public health. She ran a rural health clinic in Africa where she powerfully experienced the limits of clinical medicine. This strengthened her resolve to practice in public health to be able to create fairer conditions for people to thrive.

The health and wellbeing of children, young people and their families and reducing inequalities have been enduring interests of Dagmar's public health practice. More recently Dagmar has added leadership roles for climate and health, in recognition of the urgency of action required to prevent the detrimental impact of global warming on population health.

2.3.2.19 Ian Dodds, Place Member for Richmond

Ian is the joint Director of Children's Services for the Royal Borough of Kingston upon Thames and the London Borough of Richmond upon Thames. Ian was previously the Managing Director of Achieving for Children, where he was responsible for leading the company commissioned to deliver education support and children's social care services in Kingston, Richmond and Windsor and Maidenhead. As part of his role, Ian has worked as one of the Department for Education's national improvement advisers, supporting two local authorities to improve the quality of their children's services to achieve improved Ofsted ratings. Ian chairs the Developing Together Social Work Teaching Partnership which runs in partnership with Kingston University. Prior to joining Achieving for Children, Ian worked in children's services in a number of local authorities in London.

2.3.2.20 James Blythe, Place Member for Sutton

James joined the NHS via the national Management Training Scheme in 2004. After roles in acute hospitals, commissioning and management consultancy, he was Director of Commissioning of Surrey Downs CCG from 2014 to 2017, and Managing Director of Merton and Wandsworth CCGs from 2017 to 2020.

James was seconded to work across Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust as Collaboration Programme Director from September 2020, leading to the agreement of the new hospital group by both Boards in June 2021.

Through his CCG roles in Surrey and Merton, James has had longstanding involvement with plans to redevelop the acute estate at Epsom and St Helier, and

also recently led the engagement and decision-making process for an integrated renal service between the two St George's and Epsom and St Helier trusts.

On 1 July 2022, James added his role of Executive Lead and Board Member for Sutton Place. James is an Epsom resident.

2.3.2.21 Mark Creelman, Place Member for Wandsworth

Mark has been worked in health and social care for 30 years most recently as the Place Executive lead Merton and Wandsworth. He is also the SRO for Primary Care for the SW London ICB.

Prior to this Mark was Managing Director of both Southwest CSU and NEL CSU delivering support and transformation services to the NHS. He has held a number of senior executive positions including specialist, turnaround, strategy, commissioning and transformation roles. He originally trained as an accountant before diversifying into social work and has significant experience in integrating health and social care services.

He has a Masters in Health and Social care management as well as an advanced award in social work and is incredibly proud to have worked in public services for the last 30 years.

2.3.2.22 Karen Broughton, Deputy Chief Executive Officer and Director of People and Transformation, Executive Member

Karen has worked in a variety of roles within the NHS over the course of her 35 plus year career and has specific expertise in working with provider and commissioning organisations across London.

Karen has held a number of director roles across a range of areas, including roles as Workforce Director, Commissioning Director and Strategy and Transformation Director.

She began her career with the Richmond, Twickenham, and Roehampton Healthcare Trust before taking on senior management roles with the NHS Executive, Kensington, Chelsea, and Westminster Health Authority, the Inner North West London Primary Care Trusts and the London Ambulance Service. Most recently,

Karen was Deputy Senior Responsible Officer/Director of Strategy and Transformation at South West London ICS.

As Deputy Chief Executive Officer and Director of People and Transformation, Karen brings her experience in business development and planning, culture change, commissioning, strategy and transformation, and organisational design and development to support South West London in transforming and improving services to deliver local priorities.

2.3.2.23 Jonathan Bates, Chief Operating Officer, Participant - Executive Director

Jonathan Bates has worked for the NHS in a wide variety of commissioning roles as well as stints working for acute hospitals, primary care, the NHS Modernisation Agency and the Department of Health.

He recently led the establishment of Sutton Clinical Commissioning Group and, as chief operating officer, provided managerial leadership to the organisation.

Between April 2017 and June 2022, Jonathan was Executive Director of System Planning, Performance and Delivery across South West London.

2.3.2.24 Charlotte Gawne, Executive Director of Stakeholder and Partnership Engagement and Communications, Participant - Executive Director

Before joining us in South West London, Charlotte was the executive director of communications at The London Ambulance Service. Charlotte has worked at Board Director level for 18 years and has also worked at NHS England London and NHS England South, Epsom and St Helier University Hospitals NHS Trust, Sutton and Merton PCT, St George's University Hospitals NHS Trust, Wandsworth Community NHS Trust, Surrey Oaklands Mental Health and Learning Disability NHS Trust, NHS Direct and the Department of Health.

Charlotte began her career in the NHS at The Hillingdon Hospital in 1994 as a physiotherapy assistant and in management support posts, before focusing on communications and engagement roles. Charlotte leads internal and external communications and engagement, including community engagement for the SW London system. This includes close work with colleagues in NHS Trusts, Local Authorities, the Voluntary sector and Healthwatch.

The role is around supporting Place, Providers and Partners, joining-up and coordinating our comms and engagement activity to maximise its impact and share what works well. Engagement with local communities, particularly those that experience health inequalities in an ongoing dialogue about issues that matter to them, is a key system priority so this influences priorities and decision making. The role also includes managing the media, campaigns and social media, public affairs and stakeholder management, and internal communications with our staff.

2.3.2.25 Mike Jackson, Participant - Local Authorities (from January 2022)

Mike Jackson has been chief executive at Richmond and Wandsworth Councils since October 2022. Mike has been a local authority CEO since 2013, at Bristol City Council from 2018, and at North Somerset Council before that. Mike has held a variety of other leadership role across the public sector, working in the Department of Transport, Cabinet Office and Government Office for the East Midlands, as well as Nottingham City Council and Norfolk County Council.

An economist by training, Mike began his local government career in economic development at Birmingham City Council before joining the Government Economic Service and subsequently moving into policy roles in the civil service.

2.3.3 Composition of the Board

Members of the Board are as follows:

Members:	**Designation & Organisation**
Millie Banerjee	Chair, Non-Executive Member, SWL Integrated Care Board (01/07/22 to 18/08/22)
Sarah Blow	Chief Executive Officer, SWL Integrated Care Board
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)
Dame Cally Palmer	Partner Member, Specialised Services (Chief Executive Officer, The Royal Marsden NHS Foundation Trust)
Jacqueline Totterdell	Partner Member, Acute Services (Group Chief Executive Officer St George's, Epsom and St Helier University Hospitals and Health Group)
Dr Nicola Jones	Partner Member, Primary Medical Services (Wandsworth GP)
Cllr Ruth Dombey	Partner Member, Local Authorities (Leader of the Council, London Borough of Sutton).
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board
Martin Spencer	Non-Executive Member, SWL Integrated Care Board
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board
Dr Gloria Rowland	Chief Nursing and Allied Health Professional / Director for Patient Outcomes, SWL Integrated Care Board
Matthew Kershaw	Place Member, Croydon (Chief Executive Officer and Place Based Leader for Health Croydon Healthcare Services NHS Trust)
Dr Annette Pautz	Place Member, Kingston (Kingston GP)
Dr Dagmar Zeuner	Place Member, Merton (Director of Public Health, London Borough of Merton)

Ian Dodds	Place Member, Richmond (Director of Children Services Royal Borough of Kingston upon Thames & London Borough of Richmond upon Thames)
James Blythe	Place Member, Sutton (Managing Director Epsom & St Helier NHS Trust)
Mark Creelman	Place Member, Wandsworth (Executive Locality Lead, Merton, and Wandsworth)
Karen Broughton	Deputy CEO / Director of People & Transformation, SWL Integrated Care Board
Jonathan Bates	Chief Operating Officer, SWL Integrated Care Board
Charlotte Gawne	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)

2.3.4 Committees

The 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 the Integrated Care Board committees.
- Decisions delegated to individual members and employees.

The Integrated Care Board 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.

2.3.4.1 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.

2.3.4.2 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 is 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.

2.3.4.3 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.

2.3.4.4 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, ensuing 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.

2.3.4.5 Membership and attendance at the Board and committees

Membership and attendance at the Board and respective committees is shown in the table below. The Integrated Care Board held five meetings in public between 1 July 2022 and 31 March 2023. All meetings were quorate.

The Board

Name	Role	Meetings attended
Millie Banerjee	Chair, Non-Executive Member, SWL Integrated Care Board	1/5*
Sarah Blow	Chief Executive Officer, SWL Integrated Care Board	5/5
Jo Farrar	Partner Member, Community Services	3/5
Vanessa Ford	Partner Member, Mental Health Services	5/5
Dame Cally Palmer	Partner Member, Specialised Services	3/5
Jacqueline Totterdell	Partner Member, Acute Services	4/5
Dr Nicola Jones	Partner Member, Primary Medical Services	4/5
Cllr Ruth Dombey	Partner Member, Local Authorities	3/5
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board	4/5
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board	5/5
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board	5/5
Martin Spencer	Non-Executive Member, SWL Integrated Care Board	2/5**
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board	4/5***
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board	3/5
Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	5/5
Matthew Kershaw	Place Member, Croydon	4/5
Dr Annette Pautz	Place Member, Kingston	4/5
Dr Dagmar Zeuner	Place Member, Merton	5/5
Ian Dodds	Place Member, Merton	4/5
James Blythe	Place Member, Sutton	3/5
Mark Creelman	Place Member, Wandsworth	4/5
Karen Broughton	Deputy CEO/Director of People & Transformation, SWL Integrated Care Board	5/5

*Millie Banerjee was in post July 2022 – August 2022.

**Martin Spencer joined the Integrated Care Board in August 2022 after the first formal meeting of the Board.

***Helen Jameson joined the Integrated Care Board in July 2022 after the first formal meeting of the Board.

Audit and risk committee

Name	Role	Meetings attended
Martin Spencer	Chair, Non-Executive Member, SWL Integrated Care Board	4/4
Ruth Bailey	Non-Executive Member, SWL Integrated Care Board	3/4
Dick Sorabji	Non-Executive Member, SWL Integrated Care Board	4/4

Finance and planning committee

Name	Role	Meetings attended

Dick Sorabji	Chair, Non-Executive Member, SWL Integrated Care Board	9/9
Helen Jameson	Chief Finance Officer, SWL Integrated Care Board	8/9***
Jonathan Bates	Chief Operating Officer, SWL Integrated Care Board	8/9~
Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	2/9^
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board.	6/9^

***Helen Jameson joined the Integrated Care Board in July 2022 after the first formal meeting of the Committee
~ 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	5/5
Jonathan Bates	Chief Operating Officer, SWL Integrated Care Board	4/5
Dr John Byrne	Executive Medical Director, SWL Integrated Care Board	4/5
Dr Gloria Rowland	Chief Nursing and Allied Health Professional/Director for Patient Outcomes, SWL Integrated Care Board	5/5
Marion Endicott	Quality & Patient Safety Representative	2/5****

**** Marion Endicott joined the Integrated Care Board in December 2022

Remuneration and Nominations Committee

Name	Role	Meetings attended
Ruth Bailey	Chair, Non-Executive Member, SWL Integrated Care Board	1/2
Mercy Jeyasingham	Non-Executive Member, SWL Integrated Care Board	2/2
Millie Banerjee	Chair, SWL Integrated Care Board	1/2*

*Millie Banerjee was in post July 2022 - August 2022

2.4 Register of Interests

The ICB operated a robust policy for the management of Conflicts of Interest.

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 includes recusing potentially conflicted members from deliberations where appropriate, and / or ensuring material (papers) were not circulated to potentially conflicted members.

2.5 Personal data related incidents

During the period, the ICB identified no Serious Untoward Incidents relating to data security breaches, that were reportable to the Information Commissioner.

2.6 Modern Slavery Act

NHS South West London Integrated Care Board fully supports the Government's objectives to eradicate modern slavery and human trafficking. Read our modern slavery and human trafficking statement for the period ending 31 March 2023.

2.7 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 the 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

29 June 2023

2.8 Governance Statement

2.8.1 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 July 2022 and 31 March 2023, 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).

2.8.2 Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS South West London 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 NHS South West London Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that the 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.

2.8.3 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.

Following guidance from NHS England, the Board agreed revisions to the constitution in November 2022 which incorporated several small technical amendments to reflect legislative references and a definition for 'Health Care Professional'.

2.8.4 UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

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.

2.8.5 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.

2.8.6 Risk management arrangements and effectiveness

The Integrated Care Board has a robust internal control mechanism which allows it to prevent, manage and mitigate risks. The risk assessment section describes our approach to risk management and risk appetite, explaining the key components of the internal control structure. Alongside the Integrated Care Board's governance framework, these arrangements underpin the Integrated Care Board'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 Anti-Fraud, and Bribery 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 on-going monitoring, assurance and reporting of progress through the Committee structure to the Board ensures appropriate action is taken to manage risks.

The capacity to handle risk section describes the range of systems and processes in place to embed risk management more broadly in the Integrated Care Board's activities including the consideration for equality impact assessments to accompany papers to the Integrated Care Board and committees.

The Integrated Care Board is fully committed to complying with the public sector equality duty set out in the Equality Act 2010, both as an employer and a commissioner of health services and publishes these arrangements on our website. Members of the public are also able to attend meetings of the Board.

The Integrated Care Board is committed to implementing risk management principles and good governance.

Risk management in the Integrated Care Board relates to risks that the Integrated Care Board or its staff can directly influence or resolve. Emerging system risks will be monitored initially through the committee responsible for that business area. Where appropriate, those committees can escalate an emerging risk to an Integrated Care Board level risk.

The Integrated Care Board will ensure that all reasonably foreseeable risks arising from its activities and plans, which threaten the achievement of its strategic objectives or business plan, are effectively and efficiently managed.

A systematic and consistent approach to managing risk will support creativity and innovation and respond to new threats and opportunities.

2.8.7 Board assurance and risk management framework

The Board Assurance Framework (BAF) provides assurance to the Board on risks to the delivery of its corporate objectives. The BAF has been designed to provide assurance on the delivery and impact of the priority programmes as well as the risks threatening delivery and therefore impact on corporate objectives being achieved. It sets out mitigating actions for the risks and timescales in respect of these actions being completed.

2.8.8 Capacity to handle risk

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 in several ways during the year. 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.

Integrated Care BoardBoard and Committee reporting arrangements prompt authors to consider that key aspects of risk have been reviewed and mitigations considered.

2.8.9 Risk assessment

The Senior Management Team is responsible for oversight of the risk management process, its members review both risk registers and the 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 Audit and Risk Committee provides scrutiny and independent assurance to the 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 to the Integrated Care Board's objectives.

All other committees of the Board review those risks specific to their area and are made aware of significant changes to the risk register in line with their business cycle.

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 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 carried out.
- 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 taken into account), in the most recent iteration of the BAF, there are **five 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

2.8.10 Other sources of assurance

2.8.10.1 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.

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. 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.

The system of internal control has been in place in the Integrated Care Board for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

2.8.10.2 Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support Integrated Care

Boards to undertake this task, NHS England has published a template audit framework.

An audit of Conflicts of Interest was conducted as part of the ICB's approved internal audit periodic plan and Local Counter Fraud Specialist (LCFS) workplan for 2022/23.

The scope included a review of policies and procedures around management of conflicts of interest, the robustness of the processes for managing any breaches of the policy and the decision-making process should a conflict of interest arise.

Overall, the audit found the controls in place around risks associated with potential conflicts of interest to be appropriate. The ICB can take reasonable assurance that these controls are suitably designed, consistently applied and effective.

2.8.10.3 Data quality

The Board regularly receive 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 SWL 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.

2.8.10.4 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 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 Data DSPT in June 2023. Currently the Integrated Care Board is covered through the previous organisation, South West London Clinical Commissioning Group's DSPT, completed in 2021-22 when Standards Exceeded was achieved.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We ensure all staff undertake annual information governance training and have implemented an information governance framework policy to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We have a developed information risk assessment and management procedures, and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

2.8.10.5 Business critical models

The Integrated Care Board confirms that an appropriate quality assurance framework is in place and is used for all business-critical analytical models.

2.8.10.6 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.

2.8.10.7 Control Issues

NHS South West London ICB received services from a number of external providers and at the end of the year received a service auditor report from each of these:

1. NHS Business Services Authority (BSA) - Electronic Staff Record (ESR) - Type II ISAE 3000 Controls Report
2. Transformation Directorate within NHS England (previously NHS Digital) - Extraction and Processing of General Practitioner Data Services in England - Type II ISAE 3000

3. NHS Business Services Authority (BSA) - Prescription Payments Process - Type II ISAE 3402
4. Capita Business Services Limited - Primary Care Support England - Type II ISAE 3402
5. NHS England South, Central and West Commissioning Support Unit - Calculating Quality Reporting Service (CQRS) National - Type II ISAE 3402
6. NHS North of England Commissioning Support Unit – Payroll Services - Type II ISAE 3402
7. 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 ICB 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 ICB.

2.8.11 Review of economy, efficiency and 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.

- The Commercial Procurement Advisory 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 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).

2.8.12 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 [insert page number when designed], 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. 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.

2.8.13 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.

2.9 Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 July 2022 to 31 March 2023 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 opinion is as follows:

2.9.1 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.

2.9.1.1 Scope and limitations of our work

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee. Our opinion is subject to inherent limitations, as detailed below:

- the opinion does not imply that internal audit has 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. As such, 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 / lead individual;
- the opinion is based on the testing we have undertaken, which was limited to the area being audited, as detailed in the agreed audit scope;

2.9.1.2 Factors and findings which have informed our opinion

Based on the work undertaken in the nine- month period commencing 1 July 2022 there is a generally sound system of internal control designed to meet the ICB's objectives, and controls are generally being applied consistently. We identified areas where specific improvements were required in the areas of Additional Roles Reimbursement, and Adult Continuing Healthcare where the report was finalised after the organisation became an ICB (this report covered the period where the CCG was in existence and any gaps in control were inherited by the ICB). We also recognise that the ICB was newly formed on 1 July and therefore some controls and processes have been under development during the period covered by this opinion.

We have provided a partial level of assurance in the following area detailed below:

2.9.1.3 Additional Roles Reimbursement – Partial Assurance

We noted several processes relating to claim management and verification where improvements could be made to better the efficiency of processes and reduce risk of incorrect and fraudulent claims, as well as strengthening the controls identified as a result of our detailed testing focussing on the Sutton Borough. This includes improving the payslip and duplicate contract reviews and increasing the number of PCNs sampled on a monthly basis or using data analytics to assess the entire population of claims to identify outliers for further investigation. Also the procedural documentation for claim submissions at PCN level was insufficient, as well as the approval of the SWL ICB procedures relating to claim management and verification. Following the completion of the **Additional Role Reimbursement Scheme follow-up**, we confirmed that all eight actions raised in the Additional Roles Reimbursement review had been implemented.

A review of Adult Continuing Healthcare and Personal Health Budgets was undertaken at the predecessor Organisation South West London Clinical Commissioning Group and the ICB inherited one high and five medium priority actions. Key areas of focus included delayed completion of checklists, Decision Support Tools, and three month and annual reviews that need to be addressed to ensure the organisation remains compliant with the completion of these documents. Our follow up work at the ICB confirmed that all high and medium priority actions had been implemented.

We have provided either reasonable or substantial level of assurance in the areas detailed below:

Assignment	Opinion issued
Safeguarding adults and children	Reasonable assurance
Medicines management	Reasonable assurance
Quality and performance	Reasonable assurance
Primary care commissioning	Reasonable assurance
Risk management	Substantial assurance
Workforce – finance	Reasonable assurance
Financial Feeders	Reasonable assurance
Governance (Conflicts of Interests)	Reasonable assurance

GP IT Services	Substantial assurance
Data Security & Protection Toolkit	Substantial assurance

We issued advisory reports in the following area where there were no significant issues arising.

- CCG Close Down and ICB Establishment Due Diligence Checklist – Stage 3
- We carried out an advisory review on financial sustainability where NHS organisations were required by NHS England and Improvement to complete a self-assessment checklist scored on a scale of 1-5 with 5 being the highest score. The results of our review were as follows:
    - Of the 72 questions in the self-assessment, the ICB scored itself 4 or 5 on 50 occasions.
    - Of the 50 occasions, sufficient evidence was provided to validate the score on all occasions – there was no disagreement of scores.
    - Of the 72 questions in the self-assessment, the ICB scored itself a 3 or below on 22 occasions.
    - Of the 22 occasions, action plans were provided in all instances.

Follow Up

There were a total of 30 actions (1 high, 14 medium and 15 low) which were followed up in 2022/23. 16 actions (1 high, 8 medium and 7 low) were implemented during the year. Three actions were categorised as being implemented but nonetheless overdue. There are 8 management actions (3 Medium and 5 Low) from final reports which are not yet due for implementation. There is a remaining two actions from the Data Security and Protection (DSP) Toolkit which will be followed up when they become due. There is also a remaining low action from 2021/22, from the Adult Continuing Healthcare and Personal Health Budgets (11.21/22), currently being implemented.

2.9.1.4 Topics judged relevant for consideration as part of the annual governance statement

Based on the work we have undertaken to date on the ICB's system on internal control, we do not consider that within these areas there are any issues that need to be flagged as significant control issues within the Annual Governance Statement (AGS). The ICB may wish to consider the issues raised in the partial assurance internal audit report highlighted above on Additional Roles Reimbursement when determining whether anything should be highlighted within the Annual Governance Statement. The ICB should also consider whether any other issues have arisen as

well as recognise the challenging environment within which the ICB is operating, including the results of any external reviews.

2.9.1.5 Service Auditor reports

We have reviewed Service Auditor reports from a range of providers where third party assurance is received due to services having been outsourced by the ICB. Whilst some exceptions were identified none of these were sufficiently significant to impact the Head of Internal Audit Opinion.

2.9.2 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 ICB 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 ICB 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.

2.9.2.1 Conclusion

No significant control issues have been identified at NHS South West London Integrated Care Board during 2022/23.

Sarah Blow

Chief Executive Officer

NHS South West London Integrated Care Board.

2.10 Remuneration Report

2.10.1 Remuneration Committee

A summary of the duties and the membership of the remuneration committee is included within the governance section of the Annual Report.

2.10.2 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.

2.10.3 Remuneration of Very Senior Managers - Audited

The ICB has one director 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.

2.10.4 Senior manager remuneration (including salary and pension entitlements) 2022/23

The table below discloses salaries and allowances paid by the ICB to Directors of significant influence.

2.10.5 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 NHS South West London in the reporting period 01/07/22 to 31/03/23 is shown below:

Midpoint of band of highest paid director	£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.

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**
2022/23	4.91	3.77	2.61

The following table shows the average salary per full time equivalent employee in 2022/23 (in 000s):

Total salary and allowances for all employees on an annualised basis, excluding the highest paid director	58,168
FTE number of employees (also excluding the highest paid director)	719
Average salary per FTE	81

During the reporting period 2022/23, no employees received remuneration in excess of the highest-paid director/member (Annualised remuneration ranged from £5k to £229k)

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.

2.10.5.1 Senior manager remuneration (including salary and pension entitlements) - Audited

Senior manager	(a)Salary in bands of £5,000 (£000s)	(b)Expense payments (taxable) to nearest £100** (£)	(c)Performance pay and bonuses in bands of £5,000 (£000s)	(d)Long term performance pay and bonuses in bands of £5,000 (£000s)	(e)All pension - related benefits in bands of £2,500 (£000s)	(f)Total in bands of £5,000 (£000s)
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.

2.10.5.2 Pension benefits - Audited

Where the ICB contributed to pension schemes for senior managers, the benefits are shown in the table below:

Name and Title	(a) Real increase in pension at pension age in bands of £2,500 (£000s)	(b) Real increase in pension lump sum at pension age in bands of £2,500 (£000s)	(c) Total accrued pension at pension age at 31 March 2023 In bands of £5,000 (£000s)	(d) Lump sum at pension age related to accrued pension at 31 March 2023 In bands of £5,000 (£000s)	(e) Cash Equivalent Transfer Value at 1 July ICBs (£000s)	(f) Cash Equivalent Transfer Value at 31 March 2023 (£000s)	(g) Real Increase in Cash Equivalent Transfer Value (£000s)	(h) Employers Contribution to partnership pension (£000s)
Charlotte Gawne - Executive Director of Stakeholder and Partnership Engagement and Communications, SWL ICB	5 to 7.5	10 to 12.50	50 to 55	90 to 95	741	872	100	16
Gloria Rowland - Chief Nursing and Allied Health Professional / Director for Patient Outcomes, SWL ICB	5 to 7.5	10 to 12.50	35 to 40	65 to 70	523	633	83	16
Jonathan Bates - Chief Operating Officer, SWL ICB	5 to 7.5	10 to 12.50	55 to 60	110 to 115	885	1,031	112	16
Karen Broughton - Deputy CEO / Director of People & Transformation, SWL ICB	5 to 7.5	7.50 to 10	55 to 60	100 to 105	913	1,049	99	17
Mark Creelman - Locality Executive Director Merton and Wandsworth	0 to 2.5	0	25 to 30	0	314	356	20	11
John Byrne - Executive Medical Director, SWL ICB	0 to 2.5	0 to 2.5	20 to 25	20 to 25	309	349	15	16
Helen Jameson - Chief Finance Officer, SWL ICB	2.5 to 5	5 to 7.5	50 to 55	105 to 110	795	895	68	13

2.10.6 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).

2.10.6.1 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).

2.10.7 Compensation on early retirement or loss of office

There were no payments for early retirement or loss of office.

2.10.8 Payments to past directors - Audited

There were no payments to past directors.

2.10.9 Expenditure on consultancy

The reported expenditure on consultancy was £639k in 2022/23 (Q2 to Q4).

2.10.10 Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2023 for more than £245* per day and that lasted longer than six months. **Number of existing engagements as of 31 March 2023 was 95.** Of which the number that have existed:

for less than one year at the time of reporting	75
for between one and two years at the time of reporting	20
for between 2 and 3 years at the time of reporting	0
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.

Table 2: Off-payroll workers engaged at any point during the reporting period

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245(1) per day. **The number of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023 was 233**. 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)]	213
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	20
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 July 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
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 financial year. This figure should include both on payroll and off-payroll engagements.	12

2.11 Staff Report

2.11.1 Number of senior managers

Pay Band	Employee Headcount	FTE	Basic Annual Pay
Band 9	20	19.7	£2,070,618
VSM	9	8.8	£1,247,519
Adhoc VSM	5	5	£804,280
Grand Total	**34**	**33.5**	**£4,122,417**

2.11.2 Staff numbers and costs - Audited

Category	Permanently employed staff Cost, £000	Permanently employed staff Average WTE	Other staff (agency)Cost, £000	Other staff (agency) Average WTE	Total Cost, £000	Total Average WTE
Add Prof Scientific and Technic	2,800	51.36	811	9.76	3,611	61.12
Administrative and Clerical	31,169	486.70	8,577	104.92	39,747	591.62
Allied Health Professionals	46	1.00	13	0.16	59	1.16
Medical and Dental	740	11.67	214	2.58	954	14.25
Nursing and Midwifery Registered	2,226	40.61	1,096	11.52	3,323	52.13
Total	**36,981**	**591.34**	**10,713**	**128.95**	**47,693**	**720.28**

2.11.3 Staff composition

2.11.3.1 Disability

Disability flag	Headcount	%	FTE
No	533	84.5	508.95
Not declared	42	6.7	40.85
Prefer not to answer	14	2.2	12.87
Unspecified	3	0.5	3.00
Yes	39	6.2	37.44
Grand Total	**631**	**100.0**	**603.10**

2.11.3.2 Gender

Gender	Headcount	%	FTE
Female	451	71.5	423.40
Male	180	28.5	179.70
Grand Total	**631**	**100.0**	**603.10**

2.11.3.3 Sexual orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	7	1.11	7.00
Gay or lesbian	18	2.85	18.00
Heterosexual or straight	515	81.62	492.39
Not disclosed	86	13.63	80.71
Other sexual orientation not listed	2	0.32	2.00
Undecided	2	0.32	2.00
Unspecified	1	0.16	1.00
Grand Total	**631**	**100.00**	**603.10**

2.11.3.4 Length of service at NHS South West London

Length of Service Band	Headcount	%	FTE
Less than one year	212	33.60	204.41
Between one and five years	220	34.87	212.85
Between five and 10 years	199	31.54	185.85
Grand total	**631**	**100.00**	**603.10**

2.11.3.5 Assignment category (permanent or fixed term contract)

Assignment category	Headcount	%	FTE
Fixed term temporary contract	78	12.36	77.05
Permanent contract	553	87.64	526.05
Grand Total	**631**	**100.00**	**603.10**

2.11.3.6 Employee category (full or part time)

Employee Category	Headcount	%	FTE
Full Time	528	83.68	528.00
Part Time	103	16.32	75.10
Grand Total	**631**	**100.00**	**603.10**

2.11.3.7 Employee category by gender (percentage)

Type of employment	Female	Male
Part Time	15.85%	0.48%
Full Time	55.63%	28.05%

2.11.3.8 Flexible working pattern

Flexible Working Pattern	Headcount	%	FTE
Unspecified	631	100.00	603.10
Grand Total	**631**	**100.00**	**603.10**

2.11.3.9 Nationality

Nationality	Nationality Group	Headcount	%	FTE
American	Rest of the World	1	0.16	0.49
Australian	Rest of the World	5	0.79	5.00
Belgian	EU	1	0.16	1.00
British	UK	564	89.38	537.57
British Virgin Islander	Rest of the World	1	0.16	1.00
Canadian	Rest of the World	1	0.16	1.00
Chinese	Rest of the World	1	0.16	0.75
Dutch	EU	4	0.63	3.80
French	EU	1	0.16	1.00
German	EU	1	0.16	1.00
Indian	Rest of the World	5	0.79	5.00
Irish	EU	13	2.06	12.80
Italian	EU	4	0.63	3.90
Lithuanian	EU	1	0.16	1.00
Malaysian	Rest of the World	1	0.16	1.00
Mauritian	Rest of the World	2	0.32	2.00
New Zealander	Rest of the World	1	0.16	1.00
Nigerian	Rest of the World	5	0.79	4.80
Pakistani	Rest of the World	2	0.32	2.00
Polish	EU	5	0.79	5.00
Portuguese	EU	2	0.32	2.00
Romanian	EU	2	0.32	2.00
Russian	Rest of the World	1	0.16	1.00
Sierra Leonean	Rest of the World	1	0.16	1.00
Slovak	EU	1	0.16	1.00
Somali	Rest of the World	1	0.16	1.00
Swedish	EU	1	0.16	1.00
Zimbabwean	Rest of the World	2	0.32	2.00
n/a	Unspecified	1	0.16	1.00
Grand Total		**631**	**100.00**	**603.10**

2.11.3.10 Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	271	42.95%	257.88
B White - Irish	15	2.38%	15.00
C White - Any other White background	50	7.92%	48.19
CA White English	3	0.48%	2.90
CB White Scottish	1	0.16%	1.00
CP White Polish	1	0.16%	1.00
CY White Other European	3	0.48%	3.00
D Mixed - White & Black Caribbean	4	0.63%	4.00
E Mixed - White & Black African	5	0.79%	4.80
F Mixed - White & Asian	1	0.16%	1.00
G Mixed - Any other mixed background	13	2.06%	12.10
GF Mixed - Other/Unspecified	1	0.16%	0.60
H Asian or Asian British - Indian	68	10.78%	63.46
J Asian or Asian British - Pakistani	11	1.74%	9.80
K Asian or Asian British - Bangladeshi	6	0.95%	5.60
L Asian or Asian British - Any other Asian background	14	2.22%	13.06
LE Asian Sri Lankan	1	0.16%	1.00
LF Asian Tamil	1	0.16%	1.00
LH Asian British	2	0.32%	2.00
LJ Asian Caribbean	1	0.16%	1.00
LK Asian Unspecified	1	0.16%	1.00
M Black or Black British - Caribbean	28	4.44%	27.30
N Black or Black British - African	55	8.72%	54.30
P Black or Black British - Any other Black background	1	0.16%	1.00
PB Black Mixed	1	0.16%	1.00
PC Black Nigerian	2	0.32%	2.00
PD Black British	4	0.63%	3.60
PE Black Unspecified	1	0.16%	0.90
R Chinese	13	2.06%	12.55
S Any Other Ethnic Group	13	2.06%	13.00
SD Malaysian	1	0.16%	1.00
Unspecified	1	0.16%	1.00
Z Not Stated	38	6.02%	36.07
Grand Total	**631**	**100%**	**603.10**

2.11.3.11 Religion

Religious Belief	Headcount	%	FTE
Atheism	95	15.06	93.16
Buddhism	3	0.48	3.00
Christianity	249	39.46	240.73
Hinduism	40	6.34	37.09
Islam	37	5.86	34.53
Not Disclosed	149	23.61	140.79
Other	38	6.02	35.30
Sikhism	18	2.85	16.51
Unspecified	2	0.32	2.00
Grand Total	**631**	**100.00**	**603.10**

2.11.3.12 Age band

Age Band	Headcount	%	FTE
21-25	12	1.90	11.80
26-30	43	6.81	42.99
31-35	58	9.19	55.27
36-40	91	14.42	86.39
41-45	100	15.85	95.57
46-50	93	14.74	90.41
51-55	93	14.74	87.02
56-60	99	15.69	95.16
61-65	36	5.71	33.48
66-70	5	0.79	4.00
71 and above	1	0.16	1.00
Grand Total	**631**	**100.00**	**603.10**

2.11.3.13 Marital status

Marital Status	Headcount	%	FTE
Civil partnership	8	1.27	7.80
Divorced	30	4.75	28.60
Legally separated	5	0.79	4.93
Married	292	46.28	276.11
Single	211	33.44	203.64
Unknown	79	12.52	76.22
Unspecified	4	0.63	3.80
Widowed	2	0.32	2.00
Grand Total	**631**	**100.00**	**603.10**

2.11.4 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	4,969.4
Total staff years	543.7
Average working days lost in year	9.1

Note that total staff years represents the number of potential worked days across whole of permanent workforce.

2.11.5 Staff turnover percentages

The staff turnover figure, based on a 9-month average, was 10.4% in Q2 to Q4. In 2021/22, it was 12.63% over 12 months.

2.11.6 Staff communications and engagement

Staff communications and engagement remains a top priority as we continue to support our staff to feel connected and engaged whilst working flexibly from home and in the office.

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 a range of organisational and updates including the strategic priorities and what they mean for their staff.
- 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.

This year, we introduced Community Days. These are monthly staff events that bring people together in person. We also introduced an awareness days calendar to

celebrate our diverse workforce and to learn about our cultures and traditions that are important to us.

2.11.7 NHS Staff Survey

NHS South West London commissioned Picker Institute Europe to run a National Staff Survey for us locally during October and November 2022. The ICB had a score of 6.8 for staff engagement, which was similar but slightly lower than our 2020/21 score of 6.9. For comparison, the average ICB score across the country was 6.9.

A total of 404 took part in the survey, giving a response rate of 67%. 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 2023. We are pleased to see some improvements, however, there are several areas where we need to act.

2.11.7.1 Where we're doing well

Most improved scores	2022	2021
q21c. Appraisal helped me agree clear objectives for my work	35%	25%
q11b. In last 12 months, have not experienced musculoskeletal (MSK) problems as a result of work activities	74%	68%
q12a. Never/rarely find work emotionally exhausting	30%	25%
q7i. Feel a strong personal attachment to my team	60%	56%
q14d. Last experience of harassment/bullying/abuse reported	39%	35%

2.11.7.2 Where we're doing less well

Most declined scores	2022	2021
q11a. Organisation takes positive action on health and well-being	64%	75%
q4c. Satisfied with level of pay	38%	47%
q21a. Received appraisal in the past 12 months	65%	73%
q24c. I am not planning on leaving this organisation	43%	52%
q9d. Immediate manager takes a positive interest in my health & well-being	72%	80%

During March and April 2023, we are 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.

You can read more about the NHS staff survey on the NHS staff survey website.

2.11.8 Staff policies

We promote a working environment in which all parties and procedures relating to recruitment, selection, training, promotion and employment are free from unfair 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 national origins, nationality; religion belief; sex (gender); sexual orientation; marriage and civil partnership; trade union membership; responsibility for dependents or any other condition or requirement which cannot be shown to be justifiable.

Staff who have a disability are protected under the Equality Act 2010, as disability is a "protected characteristic". We 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.

2.11.9 Trade Union Facility Time Reporting Requirements

Relevant union officials

Number of employees (FTE) who were relevant union officials during the relevant period	3

Table 1 - Relevant union officials

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	0
1-50%	3
51%-99%	0
100%	0

Table 2 - Percentage of time spent on facility time

Percentage of pay bill spent on facility time

Total cost of facility time	£2,040
Total pay bill	£36,980,495
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.55%

Table 3 - Percentage of pay bill spent on facility time

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%

Table 4 - Paid trade union activities

2.11.10 Other employee matters

2.11.10.1 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 ICB 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

2.11.10.2 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.

2.11.10.3 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.
- Trained over 40 members of staff to sit on recruitment panels and be an inclusive recruitment champion.
- Run sessions including writing and talking about ethnicity, including how to be a good Ally, micro-aggression and macro-aggressions, and anti-racism.
- 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.

2.11.10.4 Caring for our staff

In 2022/23, 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
- **#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

Read more about our recruitment programmes in section 1.22 Workforce.

2.11.10.5 Supporting staff to develop

Based on the feedback and input of staff and managers across the ICB we have co-designed a new appraisal approach which focuses on the lived experience of people in relation to their job role, workload, colleague relations and managerial relations, as well as improving access to development. The new approach came into effect during April 2022. We have also developed a range of resources to support managers and staff ahead of, during and after their appraisal discussions.

2.11.10.6 Recruitment

Our staff are our most important asset and we want to ensure that we attract and keep the best people. We are committed to making sure that all recruiters conduct a fair and transparent process. All vacancies and secondment opportunities are advertised through the NHS Jobs system to ensure fairness.

We also trained 15 staff from diverse backgrounds to ensure that we have diverse recruitment panels for staff at band 8b and above.

Read more about our recruitment programmes in section 1.22 Workforce.

2.11.11 Expenditure on consultancy

The reported expenditure on consultancy was £851k in 2022/23 (Q2 to Q4).

2.11.12 Off-payroll engagements

Table 1: Off payroll engagements longer than six months

For all off-payroll engagements as at 31 March 2023 for more than £245* per day and that lasted longer than six months. **The number of existing engagements as of 31 March 2023 was 95**. Of which:

the number that have existed: for less than one year at the time of reporting	75
the number that have existed: for between one and two years at the time of reporting	20
the number that have existed: for between 2 and 3 years at the time of reporting	0
the number that have existed: for between 3 and 4 years at the time of reporting	0
the number that have existed: 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 July 2022 and 31 March 2022, for more than £245[(1)] per day. **The number of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023 was 233**. 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)]	213
No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	20
the number of engagements reassessed for compliance or assurance purposes during the year	0
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.

[(3)] 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 July 2022 and 31 March 2023:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[(1)]	0
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)]	12

2.11.13 Exit packages, including special (non-contractual) payments - Audited

There were no exit packages or other special payments between 01/07/22 and 31/03/23

2.12 Parliamentary Accountability and Audit Report

NHS South West London ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report at page 233.

Independent Auditor’s Report

Independent auditor's report to the Members of the Board of NHS South West London Integrated Care Board

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS South West London Integrated Care Board (the 'ICB') for the period ended 31 March 2023, 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 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2023 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 2022-23; 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 2022-23 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 guidance issued by NHS England 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 2022-23; 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 financial 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 2022-23).
- 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. High risk journals 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. 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.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition, and the significant accounting estimates related prescribing accruals and continuing healthcare provision.
- 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 2023.

Our work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the ICB's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, they will be reported by exception in a further auditor's report. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the period ended 31 March 2023.

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 undertake 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 document 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 consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for NHS South West London Integrated Care Board for the period ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed our

work on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Use of our report

This report is made solely to the members of the Integrated Care Board of the NHS South West London Integrated Care Board, 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 Integrated Care Board 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 Integrated Care Board 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

Date: 29 June 2023

3 Annual Accounts

Contents

The primary statements

Statement of Comprehensive Net Expenditure for the 9 months ended 31 March 2023

[Visit our accessible annual accounts – worksheet 2]

	Note	9 Months 31 March 2023 £'000
Income from sale of goods and services	2	(26,762)
Other operating income	2	(14,693)
Total operating income		**(41,455)**
Staff costs	4	47,798
Purchase of goods and services	5	2,346,373
Depreciation and impairment charges	5	2,174
Provision expense	5	5,005
Other Operating Expenditure	5	(305)
Total operating expenditure		**2,401,045**
Net Operating Expenditure		**2,359,590**
Finance expense		14
Net expenditure for the Year		**2,359,603**

Statement of financial position as at 31 March 2023

Visit our accessible annual accounts – worksheet 3

	Note	9 Months 31 March 2023 £'000	3 Months 30 June 2022 £'000
Non-current assets:			
Property, plant and equipment	9	-	1,146
Right-of-use assets	11	1,502	2,530
Total non-current assets		**1,502**	3,676
Current assets:			
Trade and other receivables	12	17,414	24,781
Total current assets		**17,414**	**24,781**
Total assets		**18,916**	28,457
Current liabilities			
Trade and other payables	13	(194,975)	(196,925)
Lease liabilities	11	(1,219)	(1,367)
Borrowings	14	(10,998)	(9,223)
Provisions	15	(4,695)	(280)
Total current liabilities		**(211,887)**	(207,795)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(192,971)**	(179,338)
Non-current liabilities			
Lease liabilities	11	(289)	(1,166)
Provisions	15	(575)	-
Total non-current liabilities		**(864)**	**(1,166)**
Assets less Liabilities		**(193,835)**	(180,504)
Financed by Taxpayers' Equity			
General fund		(193,835)	(180,504)
Total taxpayers' equity:		**(193,835)**	(180,504)

The financial statements on pages 227 to 257 were approved by the ICB Board on 28 June and signed on its behalf by:

Chief Accountable Officer
Sarah Blow
28 June 2023

Statement of Changes In Taxpayers Equity for the 9 months ended 31 March 2023

[Visit our accessible annual accounts – worksheet 4]

	9 Months General fund £'000	9 Months Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance at 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 expenditure for the financial year	(2,359,603)	**(2,359,603)**
Net Recognised NHS Integrated Care Board Expenditure 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 231 to 257 form part of this statement

Statement of cash flows for the 9 months ended 31 March 2023

Visit our accessible annual accounts – worksheet 5

	Note	9 Months 31 March 2023 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(2,359,589)
Depreciation and amortisation	5	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		(14)
(Increase)/decrease in trade & other receivables	12	(17,414)
Increase/(decrease) in trade & other payables	13	194,975
Increase/(decrease) in provisions	15	5,005
Net Cash Inflow (Outflow) from Operating Activities		**(2,356,235)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		2,346,275
Repayment of lease liabilities	11	(1,038)
Net Cash Inflow (Outflow) from Financing Activities		**2,345,237**
Net Increase (Decrease) in Cash & Cash Equivalents	14	**(10,998)**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**(10,998)**

The notes on pages 231 to 257 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 2022-23 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 group 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.

The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs from 1st July 2022. The South West London CCG functions, assets and liabilities were transferred to NHS South West London ICB on that date.
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.
When the clinical commissioning group ceased to exist on 1 July 2022, the services continued to be provided by the ICB. 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 is detailed in Note 8 of these accounts. As a result of the transfer, other than the Statement of Financial Position and related notes, comparative figures for the previous financial year have not been provided as the ICB did not exist at that time.

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 modified 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 reserves.

1.4 Joint arrangements

Arrangements over which the ICB has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement.
A joint arrangement is either a joint operation or a joint venture. A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the ICB is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.5 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 integrated care board 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 CCG holds the fund. They are managed through a joint management committee.

1.6 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the integrated care board'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. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The following critical judgements in relation to liabilities, involves estimations that management has made in the process of applying the integrated care board's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- £35.7m for two months prescribing expenditure based on budget information derived from NHS Business Services Authority data.
- £24.1m as an estimate of additional adult continuing care expenditure based on ICB client databases and trends.
- £31.6m Primary Care Delegated Commissioning accruals based on underlying data and assumptions of Practice payments not yet made or received by the ICB.

1.7 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB.

1.8 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 ICB 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 include the requirement that 95% of undisputed, valid invoices should be paid within 30 days.

1.9 Employee Benefits

1.9.1 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.

1.9.2 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.

1.10 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.11 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

1.12 Property, Plant & Equipment

1.12.1 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.

1.12.2 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

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.
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.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in

expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. 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. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.12.3 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.

1.13 Intangible Assets

1.13.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.13.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.13.3 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.

1.14 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.

1.14.1 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 under IFRS 16. The rate applied to ICB leases that transitioned in the prior period was 0.95%.

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.

1.15 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
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.

1.16 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 3.27% (2021-22: -0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 3.20% (2021-22: 0.70%) 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 3.51% (2021-22 0.95%) 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 3.00% (2021-22: 0.66%) 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.

1.17 Clinical Negligence Cost

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.

1.18 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.

1.19 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.

1.20 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.

1.20.1 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.

1.20.2 Impairment

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, 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.

1.21 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.

1.22 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.

1.23 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.

1.24 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.

1.25 Adoption of new standards

On 1 April 2022, the predecessor organisation to the ICB, the clinical commissioning group adopted IFRS 16 'Leases'. The new standard introduced a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.
Under IFRS 16 the ICB recognises a right-of-use asset representing the board's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.
In addition, the ICB will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

1.25.1 Impact assessment

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the ICB has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The ICB has utilised three further practical expedients under the transition approach adopted:

a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 July 2022, the group recognised £2.53m or right-of-use assets and lease liabilities of £2.53m. The weighted average incremental borrowing rate applied at 1 July 2022 is 0.95%.

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

1.26 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.

2. Other operating revenue

[Visit our accessible annual accounts – worksheet 6]

	9 Months 31 March 2023 Total £'000
Income from sale of goods and services (contracts)	
Non-patient care services to other bodies	**16,062**
Other Contract income	**10,700**
Total Income from sale of goods and services	**26,762**
Other operating income	
Other non contract revenue	**14,693**
Total Other operating income	**14,693**
Total Operating Income	**41,455**

3. Disaggregation of Income - Income from sale of good and services (contracts)

[Visit our accessible annual accounts – worksheet 7]

	Non-patient care services to other bodies £'000	Other Contract income £'000
Source of Revenue		
NHS		
Non NHS	566	-
Total	15,496	10,700
	16,062	**10,700**
Timing of Revenue		
Point in time	16,062	10,700
Total	**16,062**	**10,700**

4. Employee benefits and staff numbers

[Visit our accessible annual accounts – worksheet 8]

4.1 Employee benefits

	9 Months 31 March 2023		
	Permanent Employees £'000	Other £'000	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**

4.2 Average number of people employed

	9 Months 31 March 2023		
	Permanently employed Number	Other Number	Total Number
Total	**591.00**	**128.95**	**719.95**
Of the above:			
Number of whole time equivalent people engaged on capital projects	-	-	-

4.3 Exit packages agreed in the financial year

There were no exit packages to report in the period.

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 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.

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:

4.4.1 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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.

4.4.2 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 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

[Visit our accessible annual accounts – worksheet 9]

	9 Months 31 March 2023 Total £'000
Purchase of goods and services	
Services from other ICBs, CCGs and NHS England	1,240
Services from foundation trusts	851,800
Services from other NHS trusts	799,569
Services from Other WGA bodies	11
Purchase of healthcare from non-NHS bodies	252,770
Purchase of social care	4,996
Prescribing costs	155,161
General Ophthalmic services	17
GPMS/APMS and PCTMS	222,689
Supplies and services – clinical	1,969
Supplies and services – general	35,572
Consultancy services	639
Establishment	9,269
Transport	369
Premises	4,319
Audit fees	252
Other non statutory audit expenditure	
· Internal audit services	104
· Other services	36
Other professional fees	3,928
Legal fees	305
Education, training and conferences	1,358
Total Purchase of goods and services	**2,346,373**
Depreciation and impairment charges	
Depreciation	2,174
Total Depreciation and impairment charges	**2,174**
Provision expense	
Provisions	5,005
Total Provision expense	**5,005**
Other Operating Expenditure	
Chair and Non Executive Members	62
Expected credit loss on receivables	(468)
Other expenditure	101
Total Other Operating Expenditure	**(305)**
Total operating expenditure	**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 £210k exclusive of VAT
Other services are in respect of the Mental Health Investment Standard Returns and were £30k exclusive of VAT

6.1 Better payment practice code

Visit our accessible annual accounts – worksheet 10

Measure of compliance	9 Months 31 March 2023 Number	9 Months 31 March 2023 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	56,628	551,553
Total Non-NHS Trade Invoices paid within target	55,797	533,766
Percentage of Non-NHS Trade invoices paid within target	**98.53%**	**96.78%**
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,193	1,653,311
Total NHS Trade Invoices Paid within target	1,162	1,650,580
Percentage of NHS Trade Invoices paid within target	**97.40%**	**99.83%**

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

Visit our accessible annual accounts – worksheet 11

	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**

7 Finance costs

Visit our accessible annual accounts – worksheet 12

Interest	
Interest on lease liabilities	13
Interest on late payment of commercial debt	1
Total interest	**14**
Other finance costs	-
Provisions: unwinding of discount	-
Total finance costs	**14**

8. Net gain/(loss) on transfer by absorption

Visit our accessible annual accounts – worksheet 10

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 Comprehensive Net Expenditure, and is disclosed separately from operating costs.

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. The corresponding net debit reflecting the loss is recognised within the income and expenses as disclosed within the Statement of Comprehensive Net Expenditure, but outside operating activities.

	9 Months 31 March 2023				3 Months 30 June 2022
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)	Non NHSE Group	Total
	£'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 - IT assets	1,145	1,145	-	-	-
Transfer of prepayments	2,283	2,283	-	-	-
Transfer - accrued Income	(97)	(97)	-	-	-
Net loss on transfers by absorption	**(180,507)**	**3,051**	**(183,558)**	-	-

9. Property, plant and equipment

[Visit our accessible annual accounts – worksheet 11]

	9 Months - 31 March 2023		
	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 July 2022	-	-	-
Transfer (to)/from other public sector body	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 from other public sector body	16,765	1,140	17,905
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 is expected to conclude by 30 June 2023. The assets transferred were no longer in use and were fully depreciated as at 31 March 2023.

10. Economic lives

[Visit our accessible annual accounts – worksheet 12]

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	3
Furniture & fittings	3	3

11 Leases

[Visit our accessible annual accounts – worksheet 13]

11a.1 Right of use assets – 9 months to 31 March 2023

	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**

11a.2 Right of use assets - 3 months to 30 June 2022

	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 April 2022	-	-	-
Transfer from other public sector body	2,873	2,873	2,758
Cost or valuation at 30 June 2022	**2,873**	**2,873**	**2,758**
Depreciation 01 April 2022	-	-	
Charged during the year	343	343	332
Transfer from other public sector body		-	
Depreciation 30 June 2022	**343**	**343**	**332**
Net Book Value at 30 June 2022	**2,530**	**2,530**	**2,426**
NBV by counterparty			
Leased from the NHS England Group			2,426
Leased from Non-Departmental Public Bodies			104
Net Book Value at 30 June 2022			**2,530**

11a.2 Lease liabilities

	9 Months 31 March 2023 £'000
Lease liabilities at 01July 2022	-
Interest expense relating to lease liabilities	(13)
Repayment of lease liabilities (including interest)	1,038
Transfer from other public sector body	(2,533)
Lease liabilities at 31 March 2023	**(1,508)**

11a.3 Lease liabilities - maturity analysis of undiscounted future lease payments

	9 Months 31 March 2023 £'000	Of which: leased from DHSC group bodies £000
Within one year	(1,219)	(1,178)
Between one and five years	(289)	(257)
After five years	-	
Balance at 31 March 2023	**(1,508)**	**(1,435)**
Balance by counterparty		
Leased from the NHS England Group		(1,435)
Leased from Non-Departmental Public Bodies		(73)
Balance as at 31 March 2023		**(1,508)**

11a.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	9 Months 31 March 2023 £'000
Depreciation expense on right-of-use assets	1,028
Interest expense on lease liabilities	13

11a.5 Amounts recognised in Statement of Cash Flows

	9 Months 31 March 2023 £'000
Total cash outflow on leases under IFRS 16	1,038

12.1 Trade and other receivables

[Visit our accessible annual accounts – worksheet 14]

	Current 9 Months 31 March 2023 £'000	Current 3 Months 30 June 2022 £'000
NHS receivables: Revenue	7,538	5,386
NHS accrued income	10	6,942
Non-NHS and Other WGA receivables: Revenue	4,652	3,058
Non-NHS and Other WGA prepayments	3,304	5,789
Non-NHS and Other WGA accrued income	1,260	4,113
Expected credit loss allowance-receivables	(338)	(1,045)
VAT	985	533
Other receivables and accruals	3	6
Total Trade & other receivables	**17,414**	24,781
Total current and non current	**17,414**	**24,781**

12.2 Receivables past their due date but not impaired

	9 Months 31 March 2023 DHSC Group Bodies £'000	9 Months 31 March 2023 Non DHSC Group Bodies £'000
By up to three months	4,316	810
By three to six months	458	797
By more than six months	2,613	1,394
Total	**7,387**	**3,001**

12.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	Other financial assets	Total
	£'000	£'000	£'000
Balance at 01 July 2022	**(1,045)**	**-**	**(1,045)**
Lifetime expected credit losses on trade and other receivables-Stage 2	707	-	**707**
Total	**(338)**	**-**	**(338)**

13. Trade and other payables

[Visit our accessible annual accounts – worksheet 15]

	Current 9 Months 31 March 2023 £'000	Current 3 Months 30 June 2022 £'000
NHS payables: Revenue	23,524	4,563
NHS accruals	4,044	18,650
NHS deferred income	-	37
Non-NHS and Other WGA payables: Revenue	26,567	23,482
Non-NHS and Other WGA accruals	97,838	82,637
Non-NHS and Other WGA deferred income	190	63
Social security costs	624	586
Tax	607	477
Other payables and accruals - see below	41,581	66,430
Total Trade & Other Payables	**194,975**	**196,925**
Total current and non-current	**194,975**	**196,925**

Other payables include £2.887,680 outstanding pension contributions at 31 March 2023

Other payables and accruals

Other payables and accruals	**£m**	**£m**
Payroll and Pension Accruals	2.8	2.7
Approved & unapproved general invoices	1.4	0.8
Service Development Accruals	2.5	1.9
Covid-19 Accruals	0.0	0.8
Acute Accruals	2.4	0.8
Mental Health Accruals	3.8	12.4
Community Accruals Including Continuing Healthcare	18.1	31.4
Primary Care Accruals Including IT	2.3	6.5
Running Cost Accruals	2.0	0.2
Other Accruals	6.2	8.9
	41.6	**66.4**

14 Borrowings

[Visit our accessible annual accounts – worksheet 16]

	Current 9 Months 31 March 2023 £'000	Current 3 Months 30 June 2022 £'000
Bank overdrafts:		
· Government banking service	10,998	9,223
Total overdrafts	**10,998**	9,223
Total Borrowings	**10,998**	9,223
Total current and non-current	**10,998**	9,223

14.1 Repayment of principal falling due

	Department of Health 9 Months 31 March 2023 £'000	Other 9 Months 31 March 2023 £'000	Total 9 Months 31 March 2023 £'000
Within one year	-	10,998	10,998
Between one and five years	**-**	**10,998**	**10,998**
Total	**-**	**10,998**	**10,998**

Note: The £10,998k overdrawn figure must be viewed together with items that had not cleared from the ICB's bank account by 31st March 2023
The Table below reconciles the general ledger balance to the ICB's bank account.
Once uncleared items are factored in, it shows that the ICB bank account was in credit by £997k.

Description	**£'000**
General Ledger Balance	(10,998)
Uncleared BACS	11,995
Actual Bank Balance	**997**

15. Provisions

[Visit our accessible annual accounts – worksheet 17]

	Current 9 Months 31 March 2023 £'000	Non-current 9 Months 31 March 2023 £'000	Current 3 Months 30 June 2022 £'000	Non-current 3 Months 30 June 2022 £'000
Legal claims	2,718	-	-	-
Continuing care	1,977	575	-	-
Total	**4,695**	**575**	**-**	**-**
Total current and non-current	**5,270**		**-**	**-**

	Legal Claims £'000	Continuing Care £'000	Total £'000
Balance at 01 July 2022	-	-	-
Arising during the year	2,718	2,288	**5,006**
Transfer (to) from other public sector body under absorption	-	264	**264**
Balance at 31 March 2023	**2,718**	**2,552**	**5,270**
Expected timing of cash flows:			
Within one year	2,718	1,977	**4,695**
Between one and five years	-	575	**575**
Balance at 31 March 2023	**2,718**	**2,552**	**5,270**

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 2023 in respect of employer liabilities of NHS South West London ICB.

16 Contingencies

Contingent liabilities

The ICB had no outstanding claims at 31 March 2023 that are considered to have a likelihood that deems them reportable as a contingent liability in 2022/23

17 Commitments

NHS South West London ICB has no reportable capital or financial commitments at 31st March 2023.

18 Financial instruments

18.1 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.

18.1.1 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.

18.1.2 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.

18.1.3 Credit risk

Because the majority of the ICB revenue 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.

18.1.4 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.

18.1.5 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.

18.2 Financial assets

Visit our accessible annual accounts – worksheet 18

	Financial Assets measured at amortised cost 9 Months 31 March 2023 £'000	Total 9 Months 31 March 2023 £'000
Trade and other receivables with NHSE bodies	3,987	3,987
Trade and other receivables with other DHSC group bodies	4,891	4,891
Trade and other receivables with external bodies	4,247	4,247
Total at 31 March 2023	**13,126**	**13,126**

18.3 Financial liabilities

[Visit our accessible annual accounts – worksheet 18]

	Financial Liabilities measured at amortised cost 9 Months 31 March 2023 £'000	Total 9 Months 31 March 2023 £'000
Loans with external bodies	10,998	**10,998**
Trade and other payables with NHSE bodies	868	**868**
Trade and other payables with other DHSC group bodies	27,555	**27,555**
Trade and other payables with external bodies	166,639	**166,639**
Lease liabilities	1,508	**1,508**
Total at 31 March 2023	**207,568**	**207,568**

19. Operating segments

The ICB has just one operating segment which is the commissioning of Healthcare.

20. Joint arrangements - interests in joint operations

20.1 Interests in joint operations

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: CCG 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:
[Visit our accessible annual accounts – worksheet 19]

			9 Months - 31 March 2023			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Better Care Fund	South West London CCG & London Borough of Croydon	Provision of Health & Social Care	-	-	-	9,608
Better Care Fund	South West London CCG & Royal Borough of Kingston	Provision of Health & Social Care	-	-	-	10,423
Better Care Fund	South West London CCG & London Borough of Merton	Community Health and Social Care services	-	-	(96)	12,943
Better Care Fund	South West London CCG & London Borough of Richmond upon Thames	Community Health and Social Care services	-	-	(258)	11,379
Better Care Fund	South West London CCG & London Borough of Sutton	Community Health and Social Care services	-	-	-	11,400
Better Care Fund	South West London CCG & London Borough of Wandsworth	Community Health and Social Care services	-	-	(230)	19,684

21. 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 Houslow and Richmond Community Healthcare NHS Trust The Royal Marsden NHS Foundation Trust
- Guys & St Thomas NHS Foundation 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 Richmond upon Thames London Borough of Merton
- Royal Borough of Kingston upon Thames Brocklebank Group Practice
- Holmwood Corner Surgery

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 £24m which is 1% of the ICB total operating expenses on an annualised basis. In addition, NHS South West London ICB has had a number of transactions with local government bodies

The above practices have GPs or nurse practitioners on executive committees of the ICB and have received payments in respect of practice and c services commissioned by the ICB.