

To: Sir Richard Douglas CB, Chair,  
South East London Integrated Care  
Board

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

24 July 2024

**BY EMAIL**

Dear Sir Richard

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

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

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

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

In making the assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan which you have reviewed and re-baselined. A key element of the success of Integrated

Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

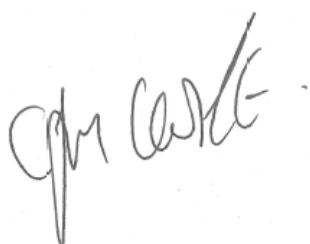
In line with the approach adopted last year, this year's assessment takes the form of a narrative letter. As you will be aware NHS England has consulted on proposals to update the current NHS Oversight Framework, including the approach to the Annual Performance Assessment of ICBs, from 2024-25. These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

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

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

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

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Caroline Clarke', with a stylized flourish at the end.

**Caroline Clarke**  
**Regional Director – NHS England, London Region**

cc: Andrew Bland, Chief Executive Officer, South East London ICB

## **Annex A**

### **System Leadership and management**

During 2023-/24 SEL ICB has played a leading role in the system's strategic and operational planning, building from the publication of the Integrated Care Partnership's (ICP) Integrated Care Strategy. Working with partners, the ICB has developed and published, amongst other strategies and plans, an Anti-Racism Strategy, a Voluntary, Community and Social Enterprise (VCSE) Charter, an Estates and Infrastructure strategy, and a transformation plan for Children and Young People's (CYP) mental health and emotional wellbeing services.

We note that the ICB has made good progress throughout the year in taking forward implementation of action to address the priorities set out in the Joint Forward Plan (JFP), including working with and through the Local Care Partnerships, and with a range of other partners including Health and Wellbeing Boards, to support delivery of system and local initiatives. The ICB has refreshed the Plan for 2024-25, reflecting on the progress made in 2023-24, the learning from its first year of delivery and feedback from communities and service users.

We note that the plan reflects an increasingly challenging context – with the system facing significant underlying financial, population and performance challenges. Related to this, the ICB has had to manage a challenging internal reorganisation plan. We welcome that the ICB has continued to review and develop its operating model and ways of working to identify opportunities for further improvements in system working and collaboration approaches. We acknowledge the importance the ICB has attached to securing effective clinical input and advice across its full range of activity and decision-making, including initiatives such the Clinical Effectiveness SEL team.

We appreciate the ongoing input of the ICB, in collaboration with relevant trusts and the South West London system, firstly to the work to identify the optimal location for the Principal Treatment Centre (PTC) for children with cancer in South London; and now to the work to develop and progress the implementation plans for the relocation, and for the related reconfiguration of services, to secure the delivery of the best possible cancer services for children and their families.

We note that the Board has enhanced engagement on operational risk management and its strategic approach to risk. The Board has also comprehensively revised the Board Assurance Framework and risk register. We welcome the embedded quality and safety governance that includes a System Quality & Surveillance Group which brings together partners from across the system to share intelligence and information on quality and patient safety issues, identify quality improvement priorities, and identify joint action needed either through this group or other ICB/ICS programmes.

We welcome that the ICB built on existing elements of their engagement activity in 2023-24 to continue to develop mature and robust governance structures to support significant outreach programmes to support South London residents who experience the worst health outcomes due, in part, to structural multi-factorial inequalities. Residents have had the opportunity to inform local strategies and changes to services through specially developed forums and partnerships with local organisations (including Age UK) and we

note a range of activities and forums to secure engagement with local communities and inclusion in improvement initiatives.

One of the SEL Health and Wellbeing Boards (HWB) has commented positively on the ICB's active and consistent engagement with the HWB and its contribution to the delivery of the Joint Health & Wellbeing Strategy through a range of programmes. It has welcomed the ICB's role in strengthening and embedding local community engagement, including through the VCSE. It has commented positively on, amongst other things, the ICB's Health Inequalities Fund and how this has supported a range of community-based initiatives.

### **Improving Population Health and Healthcare**

A system-level plan has been devised to support the implementation of the Primary Care Access Recovery plan, focusing on various key areas to improve timely access to primary care services. These include the rollout of the Pharmacy First scheme, upgrading of telephony systems to enhance patient experiences and initiatives to improve NHS App and online consultation usage. The ICB has made good progress with NHS App usage and there have been successful innovations including remote monitoring in primary care, virtual appointments and telehealth.

We welcome the work the ICB is undertaking with general practices, utilising the Support Level Framework (SLF) to identify development needs and bespoke support, with the aim of implementing 'Modern general practice' principles to support improving access and demand management within General Practice. There has been further improvements through expanded access options such as self-referral routes and extended evening and Saturday appointments, and the provision of same-day GP appointments through winter illness hubs.

In terms of the operational performance of services during 2023-24, the ICB has had to address, in common with all ICBs, the lasting impact of the pandemic, the increase in waiting lists, and the challenges associated with Industrial Action. The introduction of a new Patient Administration System at Guy's and St Thomas' NHS FT (GSTT) and King's College Hospital NHS FT (KCH) compounded these challenges, and further risks to the position have emerged recently in consequence of the cyber-attack on pathology supplier Synnovis.

For Urgent and Emergency Care (UEC), whilst there was a slight improvement in the ICB's 4-hour performance from 71% in March 2023 to 72.2% in March 2024, the ICB did not meet the 76% target. 12-hour breaches also remained high, although did decrease during the year, with the March 2024 position showing 1,554 breaches, a 24.3% reduction from March 2023.

The Referral to Treatment (RTT) waitlist has increased by 27.3% from the start of last year with growth seen across 78ww, 65ww and 52ww cohorts. All three acute providers remain pressured in this area and, with the additional pressure caused by the cyber-attack on Synnovis, delivery of the 65ww target for September is viewed as a key risk by the region. In consequence all three acute providers are in tiering for elective services as of July 2024.

For cancer, there has been a deterioration in 62-day performance, with the position in March 2024 being 58.2%, compared to 64.5% in March 2023. Faster diagnosis

performance stood at 79.6% in March 2024, an in-year deterioration of 2.0 percentage points. The performance challenges that these figures represent have caused both GSTT and KCH to be placed into tier 1 (national oversight) for cancer

We welcome that the ICB leadership is highly involved with the Local Maternity and Neonatal System (LMNS) and maternity services, fostering strong collaborative arrangements - the ICB is well-positioned to enhance shared learning from its providers with broader system partners across London. We believe that there is opportunity to strengthen the Maternity and Neonatal Voices Partnership (MNVP) role within the LMNS governance and additional focus on supporting providers in establishing MNVP across SEL would be welcomed.

We note that there were higher than operationally planned inpatient admissions for autistic adults and children/young people and long waiting times for autism diagnostic assessments across all ages. We welcome that the ICB is making reducing the diagnostic waiting times a key objective and that SEND is a transformation workstream.

We note the improvements made for mental health services in terms of access for children and young people with eating disorders and supporting adults and older adults to access transformed community services. We would support the ICB placing further focus on out of area placements and access rates for NHS Talking Therapies during 2024-25.

The ICB is meeting its statutory duties in relation to safeguarding. We note the continued development of the safeguarding governance framework and arrangements, which includes the establishment of a Safeguarding sub-committee. The ICB may want to consider the current position on the Child Protection - Information Sharing service roll out, including utilisation of it for Unaccompanied Asylum-Seeking Children.

### **Tacking unequal outcomes, access and experience**

We note that the ICB has enhanced its public health management approach by leveraging evidence, data, and insights to design targeted interventions and integrate care, aiming to reduce health inequalities. The ICB has recognised that this will necessitate cultural changes and the development of new capabilities, and we welcome that, to support this transition, it will be developing a comprehensive communications strategy along with educational tools; and will recruit a catalyst team to embed transformation programmes across the system.

We welcome that the ICB has begun work to comply with the NHS England Statement on Information on Health Inequalities. We note some of the challenges that the ICB has encountered and appreciate its intention to have completed work that will allow it to report against all dimensions of the statement during 2024-25. We welcome the establishment and implementation of the Core20Plus5 dashboard for adults, which provides data necessary to clearly identify, at a local level, those specific groups most at risk of unequal access to, and experience of, health services and care, and of inequalities in outcomes. It is positive that the ICB is planning to develop a similar dashboard for Children and Young People (CYP) during 2024-25.

We note that the ICB has a Prevention and Equalities working group, spearheading initiatives to enhance population health and equalities, including "Vital 5" initiatives aiming for improvement by 2030. We welcome that early intervention and prevention

services for mental health have been prioritised to prevent crises and detentions under the Mental Health Act, while ensuring sustainability of secondary and tertiary mental health services.

Systematically addressing the “Vital 5” health issues, with a special focus on the Core20Plus5 population will enable prevention, detection, management, and treatment to significantly alleviate disease burdens. We welcome that the ICB is working with local authorities, Primary Care Networks, place-based leaders and provider collaboratives to maximise the availability and use of data in order to co-design innovative services to address specific community and demographic health challenges. Concentrating efforts and resources at local, organisational and borough levels should help foster closer collaboration between public health and NHS services to enhance health outcomes.

We note that the ICB has identified digital inclusion as a key area of focus, involving efforts to increase digital participation and address barriers through patient-facing websites, digital inclusion toolkits, cross-functional partnerships within the ICS, and provision of digital training and devices to those in need. We welcome that the ICB, in collaboration with its key system partners, is conducting a comprehensive study into all the barriers to digital inclusion, the work and initiatives currently in progress to support digital inclusion, and opportunities for further support and improvement.

### **Enhancing productivity and value for money**

SEL ICS reported a deficit of £63.7m for 2023/24. The system deficit was due to a significant deterioration in the financial position at Kings College Hospital, which re-entered the Recovery Support Programme (RSP) in April 2024 based on financial governance concerns. The ICB reported a surplus of £46k, with a total allocation of £4.5bn. The system has a significant underlying financial challenge which deepened in 2023-24 and recovery will be required through development of a medium-term financial plan that delivers long-term financial sustainability.

The ICB delivered its planned £164.4m efficiencies. The providers delivered £189.2m of efficiencies, 73% of the planned £258.7m. 39% of total system efficiencies were achieved non-recurrently.

The system reported a £1.6m overspend on its £263.5m capital allocation and a £0.3m underspend on its £4.0m ICB capital allocation. The overspend was deemed allowable to offset the underspends reported by other London systems.

The ICB met the requirements of the Mental Health Investment Standard, reporting spend of £439.9m against a plan of £439.1m (an increase in spend of 9% from 2022/23).

The providers underspent their £122.4m agency threshold by £2.5m (2.3%).

We welcome the success of the ICB in securing a second year of funding for its Research and Network Development Programme, which will support it to develop and enhance its relationship with community-based organisations and their engagement in local research initiatives. We note that the ICB has led and facilitated a number of research activities, at system and local levels, to support improvement and innovation across SEL. These include work to support the development of the London Health Data Strategy and London Data service, which will support the ICB in undertaking research activity. More locally, the ICB has worked with and supported Boroughs and Local Care



Partnerships in developing and implementing research activity such as the Health Evaluation and Research Network in Lambeth, which aims to engage local communities and populations in research initiatives to understand, and to develop responses to, local health inequalities.

### **Helping the NHS support broader social and economic development**

We welcome the ICB's active and continuing participation in the South East London Anchor System Programme. We note that a key activity during the year was engagement in the South London Listens programme, bringing together a full range of partners and members of local communities to consider the issues that impact health and wellbeing, and to identify actions and initiatives that can address those issues. The ICB, with its health and care partners across the system, took part in the SEL Citizens Community Health Assembly that was held during the year. The ICB committed to a number of pledges agreed as an outcome of the assembly, setting out priorities for the ICB and other health organisations acting as Anchor institutions to focus on.

These pledges include commitments to become a recognised living wage system; to work with local communities to support under-represented groups to access and secure employment opportunities in health and care organisations; to improve the experience of young people accessing Mental Health support; to identify opportunities to use the NHS estate to support community and youth organisations; to fully implement the NHS Cost recovery guidance to support those who are destitute or at risk of destitution; and a number of other pledges. We would welcome the ICB developing, and sharing, clear action plans with timelines for the practical delivery against the pledges it has signed up to or can support.

We welcome the ICB's progress in implementing the actions set out in its 3-year Green Plan. This includes, amongst other developments, the ICB being the first ICB in London to host a Clinical Fellow under the Faculty of Medical Leadership and Management Sustainability clinical fellow Scheme. We note that the appointee has already supported work around inhaler upgrades and recycling and addressing over-prescribing in care homes. We welcome that the ICB has also created resource to provide for a post with a clear, lead role for sustainability delivery across the ICB. We note the programme of actions the ICB has scheduled for 2024-25 to continue with the delivery of the Green Plan and look forward to hearing about progress.