Integrated Care Board – Meeting in Public

12.15 to 16.15 on 15 November 2023

(Board agenda starts from 12.30)

Bromley Civic Centre, Council Chamber, Stockwell Close, Bromley BR1 3UH

Chair: Richard Douglas, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
-	**Public Open Space** *Opportunity for members of the public to meet the board ahead of the formal meeting*	-	-	12.15
	Opening Business and Introduction			
1.	**Welcome** Apologies for absence Declaration of Interest. Minutes of previous meeting actions and matters arising **Fit and Proper Persons Test**	 **A** **B** **C**	 RD RD RD	12.30
	Borough focus - Improving outcomes for local people			
2.	**Borough Focus – Bromley** *A presentation of local work taking place in Bromley*	-	AB	12.40
	ICB corporate business			
3.	**Primary Care Access Recovery Plan** *To discuss the latest plans to improve access to primary care as well as initial work on improving the interface between primary and secondary care.*	**D**	SC/SH	13.00
4.	**WRES and WDES and WDS2022** *To receive reports on the Workforce Race Equality Standard and Workforce Disability Equality Standard*	**E**	TF	13.20

Chair: Richard Douglas

Chief Executive Officer: Andrew Bland

Report for Assurance and discussion of current issues				
5.	**Chief Executive Officer's report**	**F**	AB	13.35
6.	**Overall report of ICB committees and Provider Collaboratives** **Update form the Quality and Performance Committee** **Update form the Planning and Finance Committee**	**G**	TF/ABh SC/PL SC/MF	13.40
7.	**Board Assurance Framework**	**H**	TF	14.25
Break (5 minutes) 14:35 – 14:40				
Delivering our Integrated Care Strategy				
8.	**Strategy: Prevention** *An update on the work that is being progressed across the ICB on prevention to enable discussion on this key priority.*	**I**	SC/SH	14.40
9.	**Enabler: Workforce** *To summarise the People Strategy, and present the scale of the workforce challenge and key issues impacting delivery an demonstrate the impact of the People programme.*	**J**	JS	15.10
Reducing Health Inequalities				
10.	**Update on Elective Care and inequalities approach** *To provide a basis for a board discussion on inequalities arising in elective care and to provide details on the emerging programme of work to reduce inequity and inequalities.*	**K**	CK/FH	15.40
Closing Business and Public Questions				
12.	**Any other business**	**-**	RD	16.00
13.	**Public questions and answers** *An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.*	**-**	-	16.05
CLOSE 16:15				

Chair: Richard Douglas

Chief Executive Officer: Andrew Bland

Presenters

Richard Douglas (RD)	Chair
Andrew Bland (AB)	Chief Executive
Tosca Fairchild (TF)	Chief of Staff
Sarah Cottingham (SC)	Deputy Chief Executive and Executive Director of Planning
Paul Larrissey (PL)	Acting Chief Nurse
Angela Bhan (ABh)	Place Executive Lead Bromley
Mike Fox (MF)	Chief Financial Officer
Julie Screaton (JS)	Chief People Officer
Sam Hepplewhite (SH)	ICB Director of Partnerships & Prevention
Prof Clive Kay (CK)	Partners Member
Fiona Howgego (FH)	Managing Director - NHS SE London Acute Provider Collaborative

NHS
South East London

NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 15/11/2023

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Richard Douglas, CB	Chair	1. Senior Counsel for Evoke Incisive, a healthcare policy and communications consultancy 2. Trustee, Place2Be, an organisation providing mental health support in schools 3. Trustee, Demelza Hospice Care for Children, non-remunerated role.	Financial interest Non-financial professional interest Non-financial professional interest	March 2016 June 2022 August 2022	Current Current Current
Andrew Bland	Chief Executive	1. Partner is an NHS Head of Primary Care for Ealing (a part of North West London ICB)	Indirect interest	1 April 2022	Current
Sarah Cottingham	Deputy Chief Executive and Director of Planning	None	-	-	-
Peter Matthew	Non executive director	None	n/a	n/a	n/a
Paul Najsarek	Non executive director	1. Non-executive director for Richmond Fellowship mental health charity 2. Advisor to Care Quality Commission on their approach to local authority assurance 3. Non-executive director for What Works Centre for Wellbeing 4. Policy spokesperson for health and care for the Society of Local Government Chief Executives 5. Local Government and Social Care Ombudsman 6. Board member, The Health Foundation	Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	April 2022 April 2022 2017 2017 April 2023 April 2023	Current Current Current Current Current Current
Anu Singh	Non executive director	1. Non-executive director on Camden and Islington FT Mental Health Board 2. Non-executive director for Barnet, Enfield and Haringey NHS Trust 3. Non-executive director on Board of Birmingham and Solihull ICS. 4. Independent Chair of Lambeth Adult Safeguarding Board. 5. Member of the advisory committee on Fuel Poverty. 6. Non-executive director on the Parliamentary and Health Ombudsman.	Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	2020 2020 March 2022 April 2021 2020 April 2020	Current Current Current Current Current Current
Dr. Angela Bhan	Director of Place, Bromley	1. Consultant in Public Health for London Borough of Bromley.	Non-financial professional interest	1 April 2020	Current
David Bradley	Partner member, mental health	1. Unpaid advisor to Mindful Healthcare, a small start up providing digital therapy 2. Wife is an employee of NHS South West London ICS in a senior commissioning role 3. Chief Executive (employee) of South London and Maudsley NHS Foundation Trust	Non-financial profession interest Indirect interest Financial interest	April 2019 July 2019	Current Current Current

Date last saved: 08/11/2023 18:01

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Andrew Eyres	Director of Place, Lambeth	1. Director of Lambeth, Southwark and Lewisham LIFTco, representing the class B shares on behalf of Community Health Partnerships Ltd for several LIFT companies in the boroughs. 2. Married to Managing Director, Kings Health Partners AHSC 3. Strategic Director for Integrated Health and Care – role spans ICB and Lambeth Council.	Financial interest Indirect interest Non-financial professional interest	1 April 2013 1 April 2021 1 October 2019	Current Current Current
Tosca Fairchild	Chief of Staff	1. Partner is a Consultant in Emergency Medicine. Potential to undertake locum work. 2. Bale Crocker Associates Consultancy – Client Executive	Non-Financial Professional Interest Financial Interest	01 May 2022 03 May 2022	Current Current
Mike Fox	Chief Finance Officer	1. Director and Shareholder of Moorside Court Management Ltd 2. Spouse is employed by London Regional team of NHS England	Financial interest Indirect interest	May 2007 June 2014	Current Current
Dr. Toby Garrood	Medical Director	1. Shareholding in Serac Healthcare 2. Consultant rheumatologist at Guy's and St Thomas' NHS Foundation Trust (GSTT) 3. In my role at GSTT I have received research and service development grant funding from Versus Arthritis, Guy's and St Thomas' Charity, Pfizer, Gilead and NHSx 4. I undertake private practice at London Bridge Hospital 5. Honorary Treasurer for British Society for Rheumatology 6. Frensius-Kabi sponsorship for educational meeting	Financial interest Financial interest Financial interest Financial interest Non-financial professional interest Sponsorship	April 2020 2009 2018 2012 July 2020 30 March 2023	Current Current Current Current Current
Dr. Jonty Heaversedge	Medical Director	1. Sessional GP at Crowndale Medical Centre in Lambeth 2. Clinical director, Imperial College Health Partners 3. Director, Vitality Ltd – a wellbeing communication consultancy	Non-financial professional interest Non-financial professional interest Financial interest	1 March 2017 1 November 2019 1 March 2015	Current Current Current
Angela Helleur	Chief Nurse	1. Member of Kings Fund Council	Non-financial professional interest	May 2021	Current
Ceri Jacob	Director of Place, Lewisham	None	n/a	n/a	n/a
Prof. Clive Kay	Partner member, Acute	1. Fellow of the Royal College of Radiologists 2. Fellow of the Royal College of Physicians (Edinburgh) 3. Chief Executive (employee) of Kings College Hospital NHS Foundation Trust	Non-financial professional interest Non-financial professional interest Financial interest	1994 2000 April 2019	Current Current Current
Martin Wilkinson	Interim Director of Place, Southwark	None	-	-	-

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Sarah McClinton	Director of Place, Greenwich	1. Director, Health & Adult Services, employed by Royal Borough of Greenwich 2. Deputy Chief Executive, Royal Borough of Greenwich 3. President and Trustee of Association of Directors of Adult Social Services (ADASS) 4. Co-Chair, Research in Practice Partnership Board	Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	November 2019 May 2021 April 2022 2016	Current Current Current Current
Dr. Ify Okocha	Partner member, Community	1. Chief Executive (employee) of Oxleas NHS Foundation Trust 2. Director, Dr C I Okocha Ltd, providing specialist psychiatric consultation and care 3. Director, Sard JV Software Development 4. Director, Oxleas Prison Services Ltd, providing pharmacy services to prisons and Kent and South East London 5. Holds admitting and practicing privileges for psychiatric cases to Nightingale Hospital 6. Fellow of the Royal College of Psychiatrists 7. Fellow of the Royal Society of Medicine 8. International Fellow of the American Psychiatric Association 9. Member of the British Association of Psychopharmacology 10. Member of the Faculty of Medical Leadership and Management 11. Advisor to several organisations including Care Quality Commission, Kings Fund, NHS Providers and NHS Confederation.	Financial interest Financial interest Financial interest Financial interest Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	2021 1996 2011 27/09/16 1992 1985	Current Current Current Current Current Current Current Current Current Current
Stuart Rowbotham	Director of Place, Bexley	1. Director of Adult Social Care and Health, London Borough of Bexley	Financial interest	16 January 2017	Current
Julie Screaton	Chief People Officer	None	-	-	-
Debbie Warren	Partner member, local authority	1. Royal Borough of Greenwich salaried Chief Executive transacting financially with the SEL 2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Financial interest Non-financial professional interest	December 2018 (acting in role from July 2017) March 2020	Current Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre 2. Lambeth Together training and development hub director 3. Lambeth Healthcare GP Federation shareholder practice	Financial interest Non-financial professional interest Non-financial professional interest	2010 2022 2019	Current Current Current
Ranjeet Kaile	Director of Communications and Engagement	None	-	-	-

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Paul Larrisey	Acting ICB Chief Nurse	None	-	-	-
Beverley Bryant	CDIO	None	-	-	-

Integrated Care Board meeting in public

Minutes of the meeting on 19 July 2023

Woolwich Centre 35 Wellington St, London SE18 6HQ

Present:

Name	Title and organisation
Richard Douglas	ICB Chair
Anu Singh	Non-Executive Member
Paul Najsarek	Non-Executive Member
Prof Clive Kay	Partner Member Acute Care
Andrew Bland	ICB Chief Executive Officer
Dr Angela Bhan	Bromley Place Executive Lead
Ceri Jacob	Lewisham Place Executive Lead
David Bradley	Partner Member Mental Health Care
Dr George Verghese	Partner Member Primary Medical Services
Sarah McClinton	Greenwich Place Executive Lead
Dr Ify Okocha	Partner Member Community Care
Dr Jonty Heaversedge	ICB Joint Medical Director
Stuart Rowbotham	Bexley Place Executive Lead
Mike Fox	Chief Finance Officer
Andrew Eyres	Lambeth Place Executive Lead
James Lowell	Southwark Place Executive Lead
Dr Toby Garrood	ICB Joint Medical Director
Debbie Warren	Partner Member Local Authorities

In attendance:

Michael Boyce	ICB Director of Corporate Operations
Paul Larrisey	ICB Director of Quality
Ben Collins	ICB Director of ICS development
Tosca Fairchild	ICB Chief of Staff
Sam Hepplewhite	Director of Prevention and Partnerships
Ranjeet Kaile	ICB Director of Communications and Engagement
Meera Nair	Chief People Officer Lewisham and Greenwich NHS Trust

1.	**Welcome snd Apologies**
1.01	The Chair welcomed members, attendees and members of the public to the meeting. Apologies for absence were recorded from Angela Helleur, Sarah Cottingham Beverley Bryant, Julie Screaton and Peter Matthews.
	Receive Register of Interests
1.02	The Board received the register of interests. No additional interests were declared or conflicts of interest in relation to items on the agenda.
	Minutes of previous meeting actions and matters arising
1.03	The minutes of the meeting held on 15 February 2023 were **approved** as a record of the meeting.

1.04	The action log was reviewed.
1.05	The Chair thanked James Lowell for his contribution at his last public meeting with the ICB.
2.	**Borough Focus - Greenwich**
2.01	The Board heard a presentation on how the Greenwich Local care partnership in had worked together to develop a single plan for health and care aligned to the priorities agreed locally, the health and wellbeing strategy, and ICS priorities. The Partnership decided the relationships and collaborative working needed to deliver the plan were best developed by working together on a practical project of benefit to local people. Cardiovascular disease, involved in 30% of mortality and associated with health inequalities in relation to outcomes between the most and least deprived groups, was chosen as an area with implications across health and care in Greenwich that all partners had a stake in and could contribute. In delivering the work effectively, public and staff were engaged on concerns as well as things that worked well, and identified the importance of giving patients, workers and communities a voice. The partnership agreed that its role should be to connect and enable good work already taking place, and capture learning to inform policy and share best practice. Successful initiatives included events with the communities and the voluntary organisations where not only were 53 blood pressure checks taken but people were able to talk in depth about their complex needs and be signposted to appropriate support. A healthcare ambassadors programme had linked junior clinicians with schools to provide health promotion topics chosen by students as well as mentoring opportunities for those interested in healthcare careers.
2.02	Dr Jonty Heaversedge welcomed the work presented which showed the contribution of clinical leadership and the benefit of a community approach as well as a clinical consideration of cardiovascular disease.
2.03	David Bradley remarked on the prominence of ‘loneliness’ in the summary shared of peoples feedback of their experience. Neil Kennett-Brown agreed that loneliness was a clear finding, and the impact of community organisations on providing connection and reducing loneliness was considerable.
2.04	Andrew Bland praised the progress made in Thamesmead and asked how the Board might support similar work in other areas. Neil Kennett-Brown suggested that providing flexibility on the type of approach as well as geographical boundaries had been useful. In spreading and scaling the work a balance would be needed in sharing best practice without forcing or mandating local work.
2.05	Stuart Rowbotham paid tribute to Greenwich and Bexley boroughs who had worked together across Thamesmead for some years, with the Peabody organisation providing an aligning force. The point was to showcase examples of good work such as the healthy towns initiative but also to promote conversations where local people decide what they wanted and wrap support and resources around the approaches that were developed.
2.06	Dr Ify Okocha asked what about the longer-term ambitions for the work for example after five years. Sarah McClinton noted that the challenge was to set the conditions, encourage and enable conversations to reach a way of working in five

	years where all services were completely connected for the benefit of the community.
2.07	Richard Douglas thanked Greenwich colleagues for their show case and reflected on the importance for the Integrated Care Board on balancing their involvement, co-ordination and support with the need to avoid being too prescriptive.
3.	**ICB Annual report and accounts 2022-23**
3.01	Mike Fox presented the annual accounts and annual report, which had been considered by all the relevant committees and noted that following audit the accounts had received an unqualified opinion.
3.02	Paul Najsarek welcomed the positive auditors opinion and the progress outlined in the Annual Report. At the Audit committee it had been noted that while the annual report contained a lot of useful information which could be used as the basis for further, more engaging communications on the ICBs work. Tosca Fairchild noted that a document with a more accessible style was being prepared for this purpose.
3.03	Richard Douglas expressed thanks to the Finance and Governance teams for production of the report and accounts.
3.04	The Board **noted** the submission to NHS England of the audited annual report and accounts of the ICB for the period 1 July 2022 to 31 March 2023.
4.	**ICB Anti Racism Strategy**
4.01	Richard Douglas noted that the strategy focused on ICB staff in the context
4.02	Tosca Fairchild noted that the document had been revised in the light of feedback, including the Board's request to receive updates on progress against the deliverables. The document presented was intended for ICB staff but was in the context of anti-racist strategies in other organisations, work on anti-racist approach to planning and commissioning, and a wider framework of anti-discrimination strategies and approaches.
4.03	Angela Bhan highlighted the importance of linking to other similar anti-discriminatory work taking place for example as part of workforce activities.
4.04	Andrew Bland suggested that the strategy and statement was vital for staff but would be the first step in wider ambitions for anti-racist work led by the ICB. Prof Clive Kay noted that a mechanism was needed to share best practice and learning between ICS organisations.
4.05	Meera Nair welcomed the strategy but highlighted the need to make it 'mainstream' and part of conversations a team level and ward level in each organisation.
4.06	Anu Singh stated that it was important not to dilute the anti-racist message by combining with other work, but at the same time to make additional room should be made for the board to consider and provide leadership on the range of anti-discrimination work for wider staff working across south east London.

4.07	The Board **approved** the ICB Staff Anti-Racism Strategy and supported the implementation of strategy commitments for 2023/24
5	**Changes to the ICB's Governance**
5.01	Richard Douglas noted that the changes proposed were intended to allow the Board more time to focus on its strategic priorities, which had necessitated changes to the supporting committees.
5.02	Michael Boyce described the process which the governance arrangements outlined at the first ICB meeting had been reviewed after six months of operation. Changes had been made reflecting a desire for the senior committees to receive assurance on the detail of its responsibility with the support of other groups in the system. Supporting groups had been established to take on some of the more operational work such as policy approval and an Executive Committee had been established as a formal committee taking on responsibilities to support the Board.
5.03	Andrew Bland pointed out that the changes presented would be needed in parallel with discussions on ways of working and culture for the board.
5.04	Dr George Verghese remarked the good relationships and transparency were an important part of a culture that would enable the changes to work well.
5.05	Anu Singh welcomed the work but noted the work of the People board and EDI group were not prominent and asked that progress in these areas should not be lost in the new arrangements.
5.06	Stuart Rowbotham noted that the governance changes aligned with and supported a cultural shift but could not produce this shift alone.
5.07	The Board **approved** the proposed governance changes and amendments to associated governance documents.
6	**IT and Data System Resilience**
6.01	Dr Jonty Heaversedge noted that work with colleagues across the system had informed a Board workshop to embedding learning from IT incidents. Experience in south east London had highlighted the huge impact that IT failures could have, and although there had been in-depth work on specific incidents, there was variation across the ICS. The paper proposed a systematic approach to mapping the system's resilience, with a request for leads to take forward this work and for training to enable the Board to understand the risks and necessary mitigations.
6.02	Dr Ify Okocha welcomed the work and agreed with the recommendations. This was raised at the audit committee and the auditors were asked to look at what was occurring in the ICB as well as across partners.
6.03	Richard Douglas asked if it was possible to summarise the level of security of the south east London system as a whole. Dr Jonty Heaversedge suggested that given the complexity involved, the only way to provide the Board a level of assurance might be to have in place a process of ongoing learning and a community of practice amongst the responsible leads across the system.
6.04	Ranjeet Kaile pointed out that multiple points of entry and systems may increase vulnerability and asked whether consolidating to a single robust system may offer

	better protection in this area across the system as well as savings. Dr George Verghese added that as well as the vulnerability presented by multiple systems, there may also be some safety in not having a single system susceptible to a single attack. The key challenge was achieving interoperability.
6.05	James Lowell pointed out that some organisations had ageing infrastructure and a system view of investment was needed to achieve a common level.
6.06	Dr Jonty Heaversedge agreed that the maturity of each digital system across south east London would make a significant difference, and an audit to understand this would be an important first step. A digital delivery plan was being developed which recognised the need for prioritisation of investment and incremental improvement given the limited funds available.
6.07	Andrew Eyres pointed out the skills and capabilities of people using the various IT and digital systems were important as well as the system itself. Dr Jonty Heaversedge agreed that human error was a frequent element of IT incidents, and all organisations were making significant efforts to train their staff. The digital leadership group could test whether this was sufficient and anything additional was needed.
6.08	Tosca Fairchild suggested that where training was needed the Board agree that training undertaken in other organisations would be accepted. Dr Jonty Heaversedge suggested that this be reviewed to ensure all the necessary skills could be covered including cyber as well as IG training.
6.09	The Board **agreed** to identify organisational leads to participate in the infrastructure maturity and cyber assessment review, **and** that the identified organisational leads would create a community of practice to share best practice and identify opportunities to work together to improve resilience and cyber protection effectively. The Board **noted** that following the assessment, members would be asked to agree responses to the recommendations that target the areas of greatest risk and harm.
6.10	The Board **agreed** that Board members will participate in cyber security training. Where members had completed relevant training in other organisations this would be taken into account.
7	**CEO report**
7.01	Andrew Bland referred to report, highlighting the work being done across the system which was addressed across the board's agenda. He highlighted work to which had been done to engage with south east London partners ahead of a staff consultation which would help deliver the management cost reductions required from all ICBs. He acknowledged the sad news of the passing of Robert Shaw who had worked extensively for the NHS in Greenwich and nationally.
7.02	Meera Nair updated the board on the recently released NHS Long Term Workforce plan. Central to the plan was a call to action on the basis that without mitigation the current 112000 vacancies could rise to 360000 vacancies in the next 15 years. Areas of focus suggested were workforce training with a proposal to increase level of training funding and capacity by 65% and invest £2.5bn, a new model around apprenticeships, reforming the workforce including new roles. There was less detail on the key issue of workforce retention where the plan recommended embedding the right culture, prioritising health and wellbeing and

	flexible working arrangements as well as modernising the pension scheme. ICSs would need to drive the plan and further detail was expected over coming months, there were opportunities for south east London for innovation building on the proposals.
7.03	Anu Singh observed that the CEO report had mentioned the need to adapt to changes such as those proposed Hewitt review as well as completing management cost reductions with a tight timescale and expressed concern about how these two imperatives could be reconciled to deliver an ICB able to deliver its future purpose.
7.04	Paul Najsarek suggested that ideally there may be several scenarios presented to the board to achieve the 30% reduction although this may not be possible. It would also be important to be aware and record the risks and mitigations even if it goes ahead.
7.05	Andrew Bland acknowledged the concerns raised which were shared by executives, but pointed out that there were some elements such as the delegation to place which the ICB was in an advanced position having made early changes.
7.06	Richard Douglas suggested despite reviews it was possible to predict that the regulatory environment may be relatively stable over the next two years. It was therefore open to the Board to test some approaches which may involve accepting more risk.
7.07	Meera Nair noted that there were already structures and governance arrangements able to take forward the work set out in the Workforce plan. Dr Ify Okocha noted that the people board was considering plans and could bring an update on workforce to a future Board.
7.08	Stuart Rowbotham expressed concern that social care had been omitted from the national plan, and asked the People board to continue to include social care staff in its work for the whole ICS workforce.
7.09	Ranjeet Kaile noted the opportunity for implementation of AI to save time for staff.
7.10	Dr George Verghese expressed concern on the lack of detail on workforce retention given the significance of this challenge, and asked that the ICB move forward with improvements without delaying to wait for national wellbeing offer.
7.11	Sam Hepplewhite welcome the inclusion of primary care specifically in the plan and highlighted the opportunities particularly around apprenticeships and the need to focus on retention, including for non clinical primary care staff.
7.12	Action workforce update to be brought to a future board meeting
7.13	The Board **noted** the Chief Executives report.
8	**Overall report of committees**
8.01	Tosca Fairchild referred the board to the Committees report drawing attention to items referred to the Board for approval and to the approvals make by chairs action since the last meeting.
8.02	Prof Clive Kay gave an update on acute performance.

- Emergency care continued to be pressured, even in the summer months Performance against the four hour emergency care standard was showing some signs of improvement. But there were very significant issues in relation to patients presenting with mental health illness at Emergency Departments, and work to put in place to develop solutions.
- Staffing challenges continued with high vacancies and sickness rates, possibly compounded by industrial action.
- Handovers to the ambulance service had improved following significant work.
- Bed occupancy in G&A and general remained high across all sites
- Progress had been made on waiting times for elective surgery but this had slowed considerably in the context of industrial action. Eliminating 78week waits by end of March 2023 had been extended to the end of Q1 and currently unfortunately 300 patients remained. Eliminating 104 week waits had largely complete although with some breaches in relation to highly specialised treatments. The system on track
- There had been an impact on the performance against the faster diagnostic standard although remained above national standards.

8.03 Prof Clive Kay referred to industrial action from a number of professional groups, including a five-day junior doctor strike and two days of consultants strikes which required a significant additional level of planning. Radiographer technicians would also be striking for two days. The impact on performance had affected elective activity to Cancer waiting lists including some high priority patients. The financial impact was direct via additional payments needed for those covering shifts as well as indirect impact of lost activity. The time needed to co-ordinate and plan a safe service during the action also diverted resources from other work.

8.04 Meera Nair added that the organisations had developed a rhythm of responding to the strike action although the consultant strike added significant complexity. The hidden cost of the strike as well as the time spent by managers to arrange with staff, junior staff were having to spend time in difficult conversations rebooking appointments with patients. There were also likely to be some fissures between staff which would require recovery and healing within teams. Strikes were expected to continue monthly and would have an ongoing impact on morale.

8.05 James Lowell suggested the board and chief executives consider the need to support staff psychologically.

8.06 Stuart Rowbotham raised the issue of sustainability of discharge funding which was vital to managing the impact of industrial action.

8.07 Sam Hepplewhite highlighted from non-acute performance data:

- Dementia diagnosis target was being achieved in 4 out of 6 boroughs
- A significant improvement in reducing inpatient care among people with learning disability or autism in inpatient care and providing physical healthchecks
- The 2 hour urgent community response data showed good performance above national standard.
- GP appointments were currently below the trajectory set out in the operating plan.

8.08	Paul Larrisey highlighted from the quality and safety report noting that a range of quality data were monitored but key measures included Serious Incidents, Never Events and unexpected deaths: • Figures for serious incidents were currently in line with expectations and a spike in serious incidents or never events had not yet been seen as part of industrial action testament to the mitigation work. • Four Never Events in the quarter including three obstetric events had prompted a task and finish group to review never events with a particular focus on retained swab incidents. • A multiagency group across south east London had been set up to review risks in relation to a number of young people thought to be at risk of self-harm and suicide and the ICB would take on responsibility for this group. • The Patient Safety Incident Framework would soon be implemented and plans continued to transition from existing arrangement to a new way of reporting and acting on quality indicators.
8.09	David Bradley flagged the growing pressures in mental health and the high demand being felt for acute mental health. Remedial action had been taken by purchasing new resources and a focused work was being undertaken to see if there were any alternatives to the current provision. There had been a 40% increase in the number of referrals for children's services.
8.10	Sarah McClinton observed that there was not a comparable visibility of out-of-hospital performance compared to the data available for hospitals, and suggested the board needed visibility on the work at Place for example around discharge that had a significant effect on overall performance.
8.11	Ceri Jacob warned that demands on capacity in general practice also risked flowing back into acutes.
8.12	Richard Douglas suggested that a consideration of how the board could have visibility of local and community performance could be considered for future meetings.
8.13	Dr George Verghese noted the work of the Planning and Finance committee in recommending SEL community ENT business case, and Endoscopy Business case and work to consider the Risk Management Framework, as well as finance considerations.
8.14	Mike Fox reported on the financial position at Month 2 the system had reported a deficit position of £45.2m, £34.1m adverse to the plan. Efficiency deliveries were £10.4m behind the planned delivery year to date. Of the annual savings plan, £241.4m savings of the £290.3m savings plan had already been identified although some of these plans were still associated with some risk. Capital expenditure was currently behind plan but expected to catch up in the later part of the year. The ICB was just under £1m overspent, driven by continuing healthcare demand and price increases and prescribing expenditure related to generic drugs. The direct identified cost associated with industrial action was around £8m of unplanned expenditure.
8.15	The Board **noted** decisions and activities of its committees.

8.16	The Board **approved** the decisions recommended by its committees listed in the report.
9	**Board Assurance Framework**
9.01	Tosca Fairchild presented the Risk Management Framework, risk appetite statement and the board assurance framework.
9.02	Dr Ify Okocha noted that the ownership of risks by particular committees could be better displayed.
9.03	David Bradley commented that there were some risks which despite mitigation had a very high rating.
9.04	The board discussed how risks arising in each place or provider were reflected in the Board Assurance Framework, and it was noted the example of a risk that Bexley place had recently escalated, which it was not possible to mitigate within Bexley.
9.05	The Board **approved** the ICB Risk Management Framework and linked risk appetite statement.
9.06	The Board reviewed and **approved** the risk management framework.
10	**South east London Integrated Care Partnership**
10.01	Ben Collins outlined the development of the five strategic priorities across the system and the subsequent work to focus more narrowly on a key issue linked to each priority that the system could address within its resources. There were already examples of solutions to the challenges faced for example community-led prevention for Portuguese population in Stockwell, and peer and social support for mental health at Mosaic Clubhouse in Brixton. Next steps were to further refine the understanding of the challenges faced by the system and the underlying problems, discuss approaches with stakeholders and bring a proposed approach to each area to the Integrated Care Partnership.
10.02	Anu Singh pointed out that although the strategy was being discussed by the integrated care partnership, there was an opportunity for the integrated care board to play a significant role in owning the work given the resources it could bring to bear to help deliver the priorities.
10.03	Paul Najsarek reflected that the Board might need to find a way to connect work such as the Board Assurance Framework and other formal items to the local work ongoing to deliver the strategy. Where multiple organisations worked together there were often differences in culture, and a ‘house style’ to align working may be helpful.
10.04	Andrew Eyres raised a concern in relation to funding for the work he noted that some initiatives addressing the priorities had been funded with sources which would not be available over the long term and that this was a concern about the sustainability of services.
10.05	Dr Jonty Heaversedge suggested that as the Board helped move into action on the priorities it had a role to think about the redistribution of funding in support of the work. In thinking about subsidiarity and delegation, it was important to avoid

	being constrained by considering delivery *either* at place or across south east London; it was often key to have *both* local action at individual places and enabling work across all boroughs.
10.06	Dr Toby Garrood highlighted the importance of evaluating initiatives, and developing outcome-based measures that could help with this.
10.07	Richard Douglas noted that the Integrated Care Partnership represented all partners at a system and so it was right that the strategy was owned across all partners and seen in action in local Places. The Integrated Care Board had an important role because of its role in the stewardship of financial resources, and the real ownership needed to be all organisations in the system. The ICB had an important role to mainstream the money required to deliver this funding to shift from reactive care to prevention.
10.08	Anu Singh asked how the board might ensure that it was contributing fully, especially in areas such as primary care and long-term conditions where the ICB had a particular responsibility. Richard Douglas agreed and noted that there was a need to reshape the agendas to ensure.
10.09	Stuart Rowbotham welcomed the move into delivery of the strategy, which would help crystallise some of the issues and deliver at Place. There was a need to recognise the role of Health and Wellbeing boards in taking this forward in each place.
11	**Prevention and wellbeing – The ICB's objectives for 2023/24**
11.01	Richard Douglas introduced the item which would focus on ICB objectives for 2023/24 around prevention and wellbeing, which had been agreed by board members as good objectives but there remained work to set out he ambitions in relation to each objective.
11.02	Andrew Bland noted that the objectives were presented to be formally adopted in the public meeting. In relation to each of the objective areas there would be work to identify the main challenges and what the board hoped to achieve in each area.
11.03	Paul Najsarek welcomed the focus on prevention and on doing work that felt relevant to south east London. It would be important to extend into the wider partners not represented on the ICB could do to help support these priorities. Richard Douglas agreed the partnership should be about collective holding to account.
11.04	Anu Singh welcomed a good process to involve challenge and discussion to develop the strategies. Remarking that the metrics were quite high level, she noted that delivering these would involve reducing inequalities. Andrew Eyres agreed that tailoring services to those who found them most difficult to access would improve them for everyone.
11.05	Andrew Eyres commented that work on flu was hand in hand with public health, and on mental health there was close working with the community sector. The board could be assured that collaborative working across partners was already in train in local areas.
11.06	Dr Toby Garrood how do we use this as a foundation to design pathways and to take advantage of contacts to consider wider determinants of health for patients.

11.07	Angela Bhan need to reflect on the place based work as part of the overall work in the ICB, that reflected the geographical and population differences across the boroughs.
11.08	Sam Hepplewhite noted that there was a large amount of data available in the dashboard and commented on the importance of trust and relationships and building confidence in the local community in the ICBs services.
11.09	The Board **approved** the six corporate objectives, linked metrics and trajectories.
12	**AOB**
12.01	There was no other business
13	**Public Questions and Answers**
13.01	Written answers to questions that had been submitted in advance of the meeting were noted.
13.02	***A member of the public expressed concern about risks related to appointments other than face to face appointments with licenced professionals such as GPs or Nurses. Reflecting on the discussions about community based approaches to care they pointed out that joined up services had existed in the past for example health visitors and clinics for children as well as advice provided by midwives and parenting classes. School nurses, healthy school meals and adequate training in nutrition for nurses, as well as visits to hospitals by dentists, and home help and luncheon clubs for senior citizens had all been in place, and it was a shame that these had now broken down and would need to be restored.***
13.03	Richard Douglas welcomed the response noting that the board would need to reflect on the changes in general practice and other community services that had been lost and agreed that the present task which the Board needed to address was to recreate this supportive community services for the present time.
13.04	***A member of the public recorded condolences on the passing of Robert Shaw who had been responsive and considerate to patients involved with the ICB. Reflecting on the restructuring changes they reflected on the harm that these changes always seemed to cause out of proportion to any benefit. Support was expressed for the London Living Wage for all staff and for senior NHS leaders were asked to be more active in speaking out for doctors on the concerns now being expressed through strike action. The governance structures were concerning as it meant the Board would be less available to local people.***
13.05	Richard Douglas welcomed the comments and pointed out that although local care partnerships in each borough met regularly in addition to the ICB board. Agreeing with comments on the London living wage he noted that major providers already subscribed to this and more work was being planned.
	Close

NHS South East London Integrated Care Board
ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
ICB 005	19-Jul-23	An update on workforce to be brought to to the Board	to be closed		15-Nov-23	on agenda

Integrated Care Board meeting

Item: 1
Enclosure: C

Title:	**Fit and Proper Person Test**
Meeting Date:	15 November 2023
Author:	Tosca Fairchild, Chief of Staff SEL ICB
Lead:	Richard Douglas, Chair

Purpose of paper:	To update on the Fit and Proper Persons Test requirement and implementation of the framework in SEL ICB	Update / Information	**Y**
		Discussion	**Y**
		Decision	

Summary of main points:

- Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires NHS providers not to appoint a person or allow a person to continue to be an Executive Director (or equivalent person) or a Non-Executive Director unless they satisfy the Regulations' requirements. This is the Fit and Proper Persons test (FPPT).
- NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to the seven recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The new framework, issued on 2nd August 2023, also takes into account the requirements of the Care Quality Commission (CQC) in relation to NHS directors being fit and proper for their roles.
- The new framework, came into effect from 30th September 2023 for full implementation by 31 March 2024.
- SEL ICB will meet this implementation target.

Potential Conflicts of Interest	None			
Relevant to the following Boroughs	**Bexley**	**Y**	**Bromley**	**Y**
	Greenwich	**Y**	**Lambeth**	**Y**
	Lewisham	**Y**	**Southwark**	**Y**
	Equality Impact	n/a – national directive		
	Financial Impact	n/a – national directive		

Other Engagement	Public Engagement	n/a – national directive
	Other Committee Discussion/ Engagement	n/a – national directive
Recommendation:	The Board is asked to:- • Note the Fit and Proper Persons Test Framework • Be assured that SEL ICB will meet the implementation requirements	

Fit and Proper Person Test for NHS Board Members

NHS South East London Integrated Care Board (ICB) 15 November 2023

1.0 Introduction

1.1 NHS England has developed a Fit and Proper Person Test (FPPT) Framework in response to the seven recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The new framework, issued on 2nd August 2023, also takes into account the requirements of the Care Quality Commission (CQC) in relation to NHS directors being fit and proper for their roles.

1.2 The new framework, came into effect from 30th September 2023, places a number of additional asks on all NHS bodies, including integrated care boards, further strengthening the approach to ensuring all NHS board level colleagues are suitable appointments for their roles.

1.3 This paper sets out the additional elements for implementation, provides assurance on NHS South East London's (the ICB's) position and next steps to ensure ongoing compliance.

2.0 Background

2.1 The Kark Review, commissioned in 2019 by the government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, looked at how effective the FPPT was "in preventing unsuitable staff from being redeployed or re-employed" across health and social care sectors.

2.2 The review highlighted areas for improvement and set out seven recommendations to strengthen the existing arrangements.

2.3 The overarching aim of the framework is to further strengthen the FPPT to prioritise patient safety and good leadership in NHS organisations. Board members that are demonstrated to be "unfit" will be prevented from moving between NHS organisations. Ensuring board members demonstrate appropriate behaviours will help the NHS drive forward its cultural initiatives, in line with the NHS People Promise and People Plan, fostering a culture of compassion, respect and inclusion and encouraging a culture of listening and speaking up.

3.0 Key Points

3.1 Definition of board member

3.1.1 The new guidance sets out that the term "board member" refers to:

i. Executive and Non-Executive Directors (NEDs), both voting and non-voting
ii. Interim (covering all contractual forms of interim work) as well as permanent (substantive) appointments

iii. Those individuals called "directors" within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Directors are the group of people constituted (formally or informally) as the decision-making body of the organisation.

3.1.2 In addition to the above, individuals who by virtue of their professional registers should also be assessed against the framework if they occupy a board member role within any NHS organisation; this would include the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).

3.1.3 Organisations have discretion to extend the application of the framework to other roles, for example, those individuals who regularly attend board meetings or have a significant level of influence on board decisions. Whilst this is permitted, the annual submission will only apply to actual board members (so those covered in 3.1 and 3.2 above).

3.1.4 For ICBs, the ICB Chair will need to consider FPPT assessment on a member-by-member basis and take into account assurance received from other recruiting/appointing organisations, for example, FPPTs undertaken by partner members. This would apply, for example in the case of joint posts, where a local authority would be the employing body.

3.2 **Personal data**

3.2.1 Whilst there will be no substantive change to existing data controller arrangements in the NHS body's Electronic Staff Record (ESR), personal data relating to the FPPT assessment will be retained in local record systems and specific data fields in the NHS Electronic Staff Record (ESR). The information contained in these records will not routinely be accessible beyond an individual's own organisation.

3.2.2 The launch of the new framework involved NHS England and participating data controllers (NHS trusts, foundation trusts and integrated care boards) communicating to all board members in their organisation whose details will be included in ESR, in advance of the FPPT Framework (and standard reference tools) going live on 30 September 2023. By doing so, all individuals subject to the FPPT will be afforded the opportunity to object if they have concerns regarding the proposed use of their data, and NHS England and participating data controllers will be able to consider these concerns and amend their approach if necessary.

3.2.3 The ICB's HR and IG functions have ensured that the appropriate policy documentation is in place in relation to special category data.

4.0 Requirements and role of Chairs

4.1 NHS Chairs are responsible for ensuring that the new FPPT framework is adopted within their organisations and reviewed annually; the Chair is also responsible for ensuring that the ICB conducts and keeps under review a FPPT to ensure all board members are suitable – and remain suitable – for their role.

4.2 NHS England (NHSE) states that "the duty to take account of 'fit and proper person' requirements is pervasive, continuous and ongoing". In terms of the framework, it is appropriate for NHS organisations to be able to consistently demonstrate, on an

annual basis, that a formal assessment of fitness and properness for each board member has been undertaken and it is proposed that these assessments take place alongside the annual appraisal. To note that NHSE will be publishing a board member appraisal framework ahead of the 2023/24 appraisal process to support this.

4.3 All ICB board members, including the Chair, are required to complete an annual self-attestation, to confirm that they are in adherence with all FPPT requirements. The Chair must also confirm that all ICB board members have completed their self-attestations and that the FPPT is being effectively applied within the ICB. All attestation records will be captured on ESR.

5.0 Timetable for implementation and action taken by SEL ICB

Action for implementation	SEL ICB position
As soon as possible, communicate with all board members whose details will be included in ESR for the purpose of FPPT in your organisation.	**Complete.** The Chair wrote to all board members in August 2023.
From 30 September 2023, use the new board member reference template for references for all new board appointments	**Implemented.** In place as part of board recruitment.
From 30 September 2023, complete and retain locally the new board member reference for any board member who leaves the board for whatever reason and record whether or not a reference has been requested	**Implemented.** In place as part of board members' exit interview.
From 30 September 2023, use the Leadership Competency Framework (LCF) as part of the assessment process when recruiting to all board roles	**Implemented.** In place as part of board recruitment.
By 31 March 2024, fully implement the FPPT Framework incorporating the LCF, including updating the ESR database	**Partially complete.** An audit was carried in August 2023 to ensure full compliance. Checks for partner members where local authorities are the employing body are still in progress.
Q1 2024, incorporate the LCF into annual appraisals of all board directors for 2023/2024, using the board appraisal framework	**Implemented.** Ready to be utilised for appraisals.

Integrated Care Board meeting

Item: 3
Enclosure: D

Title:	**Recovering Access to Primary Care**
Meeting Date:	15 November 2023
Author:	Holly Eden Director of Commissioning Improvement and Sam Hepplewhite Director of Prevention and Partnerships Dr Toby Garrood, Joint Medical Director *(author of paper on addressing challenges at the Primary/Secondary care interface)*
Executive Lead:	Sarah Cottingham, Executive Director of Planning Dr Toby Garrood, Joint Medical Director

Purpose of paper:	The purpose of this paper is to provide the board with an overview of the progress being made in South East London ICB on Recovering Access to Primary Care	Update / Information	x
		Discussion	x
		Decision	

Summary of main points:

The Primary Care Access Delivery Plan Update *Part A* describes the work being undertaken on the planning and delivery of the Plan for recovering access to primary care.

NHS England require all ICBs to consider the plan during October or November 2023 and receive a further follow up progress report in January/February 2024.

- The delivery plan for recovering access to primary care is a 2 year programme and runs alongside the elective recovery plan and urgent and emergency care recovery plan.
- The plan has four key areas of focus:
  - Empowering patients
  - Implementing new Modern General Practice Access
  - Building capacity
  - Reducing bureaucracy
- A SEL system level plan has been developed which provides a summary of all the local and ICB wide plans, identifies risks and ICB-wide actions with a monthly programme board meetings in place supporting the delivery and managing risks.
- Each borough has developed a place-based plan – a summary of which are included in this report in **Appendix B**
- ICB Chief Medical Officers have been asked to lead on improving the primary care/secondary care interface. This workstream is being led by Dr Toby Garrood, Joint Medical Director for SEL ICB.
- The interface between primary and secondary is one of the key channels through which patients and their care flow. It needs to be patient focussed, delivering the best possible experience of care and clinical outcomes whilst ensuring that there is efficient use of resources. The interface is complex and

	relies on processes which may not be fit for purpose, incompatible IT systems and, often, poor transfer of information. • Ultimately, these failures of effective coworking and pathway integration lead to poor experience for all stakeholders, particularly patients, and inefficient use of resources which can result in poor patient experience, fragmentation of care and potentially worse outcomes. • NHS England has asked ICBs to establish local mechanisms which allow primary and secondary care to jointly tackle high-priority issues. A project is underway in SEL to explore the key challenges at the primary/secondary care interface, to identify high priority areas and to establish approaches to facilitating closer working. • The work to date has identified a number of key areas of focus and we are working alongside active projects involving primary secondary care collaboration or integration to develop tools and mechanisms to facilitate more efficient working and do identify key priority areas.. There is a clear unmet need to establish forums which will enable rapid identification of challenges with exploration and delivery of solutions. **Addressing challenges at the primary/secondary care interface** *Part B* describes to the Board work in progress designing mechanisms for effective clinical engagement at the primary/secondary care interface. This paper outlines the process to date and preliminary outputs including for designing the process for designing a mechanism for bringing together clinicians at the interface.
Potential Conflicts of Interest	There may be potential conflicts of interest for those GPs who are members of the ICB Board.

Relevant to the following Boroughs	**Bexley**	**X**	**Bexley**	**X**
	Greenwich	**X**	**Greenwich**	**X**
	Lewisham	**X**	**Lewisham**	**X**

Impacts	Equality Impact	Addressing inequalities will be a key consideration in any outputs from this work
	Financial Impact	The Primary Care Access Recovery plan has been funded through NHS England ring-fenced allocations and supported by the System Development Fund.
Other Engagement	Public Engagement	Patient engagement will be embedded in the recommendations and actions of this work
	Other Committee Discussion/ Engagement	Local Care Partnerships The primary/secondary care interface work has included wide clinical stakeholder engagement and regular updates have been provided at meetings to which there have been open invitations
Recommendation:	The board is asked to note the contents of the report and the progress made with the planning and delivery of the primary care access recovery plan and the primary/secondary care interface work.	

	The board is asked to note the process, next steps and the expected timetable as detailed in the reports. The board is asked to acknowledge the requirement of NHS England to report updates and plans for improving the primary-secondary care interface ensuring a system-wide approach to actions at this and a future meeting in January/February 2024.

South East London Integrated Care System

System Level Access Improvement Plan

South east London Integrated Care Board
15 November 2023

Introduction and Context

Improving access to primary care services, particularly general practice, is one of the three overall national objectives for the NHS in 2023/24.

On 9th May NHS England released ‘Recovering Access to Primary Care’ ,a major policy area NHS England » Delivery plan for recovering access to primary care with a national commitment to ‘tackle the 8am rush’ and make it easier and quicker for patients to get the help they need from primary care.

All ICB’s are required to submit their response to the ICB Board in either October or November 2023 and provide a follow up progress report in January/February 2024.

It should be noted that whilst ICBs are expected to complete many actions by March 2024, delivery of the plan is over the course of 2 years until March 2025.

NHS England provides service development funding ‘System Development Funding (SDF) each year for ICBs, as additional programme funding on top of ICB baselines. This funding is for ICBs to invest in initiatives which will support practices and primary care networks (PCNs) to deliver high quality primary care, and specifically for delivering the ambitions of the Delivery Plan for Recovering Access to Primary Care and other primary care improvement programmes.

ICBs have been directed to use the 2023/24 SDF to support the delivery of the 4 ambitions set out in Appendix D: System Development Fund Framework Primary care transformation (3a)

The plan headlines

South East London Integrated Care System

The Delivery Plan for Recovering Access to Primary Care is one of three recent NHS strategic recovery plans addressing priority areas alongside elective recovery plan and urgent and emergency care recovery plan.

1		**Empower patients**	• Improving NHS App functionality	• Increasing self-referral pathways	• Expanding community pharmacy
2		**Implement new Modern General Practice Access approach**	• Roll-out of digital telephony	• Easier digital access to help tackle 8am rush	• Care navigation and continuity • Rapid assessment and response
3		**Build capacity**	• Growing multi-disciplinary teams	• More new doctors	• Retention and return of experienced GPs • Priority of primary care in new housing developments
4		**Cut bureaucracy**	• Improving the primary-secondary care interface	• Building on the 'Bureaucracy Busting Concordat'	• Reducing IIF indicators and freeing up resources

Our response

South East London Integrated Care System

Getting ourselves organised

- Sharing information
- Establishing governance arrangements
- Developing plans to ensure roles and responsibilities are understood
- Working as part of London to share good practice
- Communication Planning

Borough Focus

- Practice/PCN nominations for national transformation support
- Practice support identification
- Care navigation training and digital transformation training
- Practice/PCN access improvement plans include IIF metrics and baselines
- Baseline data

SEL Focus

- Digital telephony
- Digital tools
- System level access improvement plan
- Enabler co-ordination
- Self referral pathways
- Primary and secondary care interface

Summary of progress against plan (1 of 2)

South East London Integrated Care System

Ref	ICB Action	Timeline	Responsible Owner	RAG
ICB1	Establish all required community self-referral pathways	30th September 2023	LCPs, coordination from Planning	COMPLETED
ICB2	Support expansion of community pharmacy services	Ongoing	Pharmacy	Reliant on national contract agreement
ICB3	Sign up practices to move from analogue to digital telephony	1st July 2023	Digital	On track
ICB4	Select digital tools from the Digital Pathway Framework lot on DCS product catalogue. Determine whether ICB wants to follow scale approach to digital products	31st August 2023	Digital	On track
ICB5	Nominate practices and PCNs for national intensive and intermediate transformation support matched to needs using the Support Level Framework. Put strategy in place to improve useability of websites	Ongoing. SLF discussions are meant to be completed by end of 2023/24	LCPs	Take up of offers is not on track
ICB6	Fund or provide local hands-on support to 850 practices nationally. Support should be similar to national intermediate offer.	31st March 2024	LCPs	Plan in place, but risk to achieving timescales
ICB7	Agree and distribute transition cover and transformation support funding	50% by 31st March 2024 50% by 31st March 2025	LCPs	Plan in place, but risk to full utilisation in year
ICB8	Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training	50% of nominations by 31st July 2023	LCPs and Digital	Take up of offers is not on track
ICB9	Understand and sign off PCN/practice capacity and access IIF CAIP baseline (inc agreement of patient experience metric)	By 30th June 2023	LCPs	Variation in approach across IIF CAIP metrics for improvement

Summary of progress against plan (2 of 2)

Ref	ICB Action	Timeline	Responsible Owner	RAG
ICB10	Agree with practice/PCN support needs	By 15th July 2023	LCPs	Plan in place
ICB11	Co-develop and sign off PCN/practice access improvement plans	By 31st July 2023	LCPs	Completed
ICB12	Assess improvement and pay 30% CAP IIF funding at the end of year	By 6th August 2024	LCPs / SEL	Not yet started
ICB13	Set up process for practices to inform of diversion to 111	Ongoing	LCPs / SEL	Completed
ICB14	Develop system level access improvement plans	By November 2023	SEL	Plan in place , system-wide group in place
ICB15	Support PCNs to use their full ARRS budget – detail in Appendix C	Ongoing	LCPs	Risk of underspend in some PCNs
ICB16	ICB CMOs to establish the local mechanism for general practice and consultant led teams to raise local issues to: improve the primary-secondary interface; jointly prioritise working with local medical committees; tackle high priority issues including those in the AoMRC report; address the four priorities in the Recovery Plan.	By November 2023	CMO	Process of design underway, but the local mechanism is not yet established
ICB17	Report updates and plans for improving the primary-secondary care interface ensuring a system-wide approach to actions.	By November 2023	CMO	Process of design underway, but detailed plan not in place
ICB18	Support practices to sign-up to “Register with a GP surgery service” to support online registration	By December 2023	Digital	New action. Process underway
ICB19	Co-ordinate system comms to support patient understanding of new ways of working in general practice including digital access, multidisciplinary teams and wider care.	Ongoing	LCPs/SEL	South East London resident? Meet your Primary Care team. (selprimarycare.co.uk)
ICB20	Maintain an up-to-date DoS and deliver training to all practices/PCNs on DoS.	Ongoing	SEL/LCPs	DoS in place and maintained.

System Level Access Improvement Plan and Oversight Arrangements

South East London Integrated Care System

A SEL System Level Access Improvement Plan has been developed which provides a summary of all local and directorate plans, identifies shared risks and provides ICB-wide support actions. A programme approach has been adopted to manage the different areas of delivery across this plan

This includes:

- The identification of place and system level leads responsible for the delivery of different areas of the PCARP
- Monthly programme board meetings to share regional updates, review progress, identify risks and mitigations as well as an system enablers that could be deployed to support delivery.
- Monthly borough progress meetings
- Monthly digital progress meetings

Primary Care Recovering Access 23/24 Transformation Programme Tracker

RAG Rating | NO TARGET | ON | PROGRESS | AT RISK | Milestone

CATEGORY	Ref.	ISSUE DESCRIPTION	EXPECTED TARGETS	RESPONSIBIL	LEAD / SUPPORT	SCHEDUL START	SCHEDULED FIN	CURRENT TARGET / RAG RATI (%)
Empower Patients (Tools for patients to manage own health using NHS App and community pharmacy expansion)	1	Improving information and NHS App functionality • Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.	Target: 90% of practices	SEL DIGITAL	SEL DIGITAL	01/04/2023	01/03/2024	80%
	2	Increasing self-directed care where clinically appropriate • Establish all self referral pathways (including MSK, audiology including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services) as set out in 2023/24 guidance, also ensure pathways are in place between community optometrists and ophthalmologists	Awaiting instructions from NHSE (See empower patients Tab and SEL self-assessment)	Boroughs	SEL Community commissioner	01/07/2023	30/09/2023	67%
	2 (a)	• Musculoskeletal pathway						67%
	2 (b)	• Audiology pathway (including hearing aid provision) pathway						30%
	2 (c)	• Weight management pathway						67%
	2 (d)	• Community podiatry pathway						75%
	2 (e)	• Wheelchair and community equipment services pathways						75%
	2 (f)	• Community optometrists and ophthalmologists pathways						30%
	3	Expanding community pharmacy service • Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year. Subject to consultation. Additionally, launch Pharmacy First – supply prescription only medicines for 7 common conditions.	Expected quarter of women taking oral contraceptives could be using this service by 2024.	SEL Pharmacy	SEL Pharmacy	TBC	01/04/2024	0%
	3 (a)	• Expand pharmacy oral contraception (OC) and blood pressure (BP) services.	TBC	SEL Pharmacy	SEL Pharmacy	TBC		0%
	3 (b)	• Launch Pharmacy First – supply prescription only medicines for 7 common conditions s (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.	TBC	SEL Pharmacy	SEL Pharmacy	TBC	31/12/2023	0%
	4	IT system connectivity (Connectivity between pharmacies and General Practices) • Significantly improve the digital infrastructure between general practice and community pharmacy. Streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record.	TBC	SEL Pharmacy and SEL DIGITAL	SEL Pharmacy and SEL DIGITAL	TBC	TBC	0%
Modern General Practice Access (Tackle 8am rush - Patients know on the day how request will be handled, respecting appointment type preferences)	5	Practice/PCN support • Agree with practice/PCN support needs (digital telephony, online tools, training, capacity backfill, intensive support, etc)	TBC	BOROUGHS	SEL DIGITAL	TBC	15/07/2023	50%
	6	Better digital telephony • Support all practices on analogue lines to move to digital telephony and co-ordinate access to specialist procurement support through NHS England's commercial hub, if they sign up by July 2023. Transition all who signup by Mar 24. All remaining practices must transition by Dec 25. Use peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt digital telephony.	Transition signup by March 2024	BOROUGHS	SEL DIGITAL	TBC	31/07/2023	63%

South East London Integrated Care System

NHS South East London

System Level Access Improvement Plan

Appendix A:
South East London detailed updates

Empower Patients – Self Referral Pathways

Progress on SEL Self-Referral Pathways in Community Services

[ICB1]

Self Referral Pathway	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Musculoskeletal						
Audiology (for older people)						
Weight Management Services (Tier 2)						
Community Podiatry						
Wheelchair Services*						
Fall Services						
Community Equipment* Services						

SEL is compliant with the requirement to have self-referral pathways in place for the community services in scope by 30th Sep 2023 with the exception of services that operate as specialist services. These are currently the Falls Service provided by Bromley Healthcare and the Bexley Podiatry Service provided by Oxleas. Both of these services require assessment by an MDT prior to referral. The MSK service in Lewisham sits within the acute service and so is not within scope

Audiology - The community adult audiology (CAA) working group have developed guidance and resources for patients and Practices, including an interactive webpage to help direct patients to the SEL contracted providers. The webpage will provide guidance to patients on their eligibility to the service through a number of direct questions. Providers will be asked to identify self-referral patients to the ICB on their monthly activity reports. The potential impact Provider generated referrals will have on activity is as yet unknown. The CAA will be monitoring activity against plan and budget envelopes.

*Wheelchair and Community Equipment Services require a health or social care assessment, however the services that provide these assessments have well established self-referral pathways and therefore the RAG rating for these services is 'green'. Existing patients can also re-refer themselves to either service should their needs change.

Expansion of Community Pharmacy Services

[ICB2]

To assist the expansion of community pharmacy service in SEL, we have looked at leadership and development in community pharmacy:

Neighbourhood Lead Community pharmacist

- To lead local community pharmacists to build relationships with the multidisciplinary team in general practice and integrated neighbourhood teams to deliver population health
- To collaborate with the voluntary sector and councils on reducing inequalities and with training hubs on developing the pharmacy workforce.

A **South East London Community Pharmacy Alliance** formed in 2023.

- To enable a **single contracting approach** for services from ALL community pharmacies in South East London
- **To support** to the neighbourhood community pharmacy leads to develop their leadership skills further to take on system clinical leadership roles, participating in wider service development and service improvement roles.
- To increase the **access** of our population to community pharmacy clinical services both nationally and locally commissioned.
- To improve the **quality** of community pharmacy clinical services both nationally and locally commissioned.
- To **evaluate** the impact of this approach and inform the future of community pharmacy leadership locally. Share this practice nationally to develop the profession.

Digital Pathway Framework and Cloud Telephony

[ICB3]

[ICB4]

Digital Pathway Framework

- Digital pathway framework (Digital Pathways Framework - NHS Digital) is yet to be launched. This framework will be available to procure from the Buying Catalogue in early 2024.
- SEL ICB will be reprocuring the Clinical systems and other foundation systems such as Docman and DXS once the framework is launched
- NHSE procurement team will help in extending the current contracts and securing a new contract to support continuation of EMIS, Vision, Docman, DXS
- ICB will be working with regional team and NHSE procurement team to ensure we support our practices and Primary Care Networks (PCNs) to modernise how they work to improve patient access and reduce pressure on staff as guided in the Delivery Plan for Recovering Access to Primary Care (PCARP)

Cloud Telephony

Cloud Telephony is one of the priority schemes for the Primary Care Access and Recovery Plan 2023/24, as well as ensuring all practices have migrated off analogue telephone lines by the end of 2025 when the existing PSTN/ISDN lines will be switched off.

- 70 practices across the six boroughs have been identified as using analogue or hybrid telephony solutions.
- Approval and funding received on 12th July 2023 from NHS England to proceed with funding allocations to the ICB, enabling transition of the analogue/Evergreen practices covering all 70 practices identified in the prioritised plans submitted to the National Team.
- Workshops with the six boroughs took place week commencing 21st August alongside the NHSE National Commercial & Procurement Hub for the 70 practices that are on analogue systems on next steps for the project.
- 58 practices have sent there existing contracts to the Hub and have selected the preferred supplier they wish to migrate to.
- Other practices that have not responded so far will be contacted by the Digital Change managers for a response.

Register with a GP Surgery Service and Online Consultations

[ICB3]
[ICB4]

- Currently 71 practices in SEL have registered for Register with a GP Surgery Service and the ICB is working with NHSE to understand the option to support further adoption. [ICB18]
- Many SEL practices have automation of GP registration process via Healthteach1 automation product /platform., which is not currently linked with NHSE GP registration. Practices that have not automated their registration are being encouraged to use NHS GP registration.

Online Consultation

- A procurement is underway to ensure that the practices have an end-to-end platform for remote consultation that includes Online Consulting (OC) & Video consulting (VC), Batch messaging, Questionnaires and health reviews , Self-booking Appointments. The procurement includes interoperability i.e. the Clinical system integration and NHS app integration
- To uphold a transparent and equitable procurement process, and to achieve the best outcome, a decision was made by the ICB to stop the initial procurement process started in May 2023, revise the Invitation to Tender documentation and release a new procurement to market..
- Current contracts will remain in place until a new tool for remote consultations has been procured and mobilised. Currently all but one practice have online consultation platform in SEL
- **The new procurement has been published for tendering on Wednesday 11th October and closed to suppliers at Midday Wednesday 25th October.**
- The aim is to complete the procurement and award the contract by w/c 18th of December 2023

NHS App

[ICB3]
[ICB4]

- By 31 October, all GP surgeries in SEL will give patients online access to their health record entries, such as consultation notes, test results and letters, from the point when access as suggested in Online access to GP health records - NHS Digital
- SEL plans to launch social media and other digital campaigns in month of November and December to promote NHS app to the population
- Other targeted promotional activities are planned in Jan – Mar to address the areas where NHS app usage is below SEL average
- Borough level activities are in place to support practices to enable more features
- **Step by Step guides for practice and patients :**The London Digital First team have shared the final version of the NHS App Guidance for GP Practices. SEL ICB have started supporting the practices to review the document and implement
- National support needed to improve data quality and project relevant data in NHS App dashboard

SEL NHS app utilisation data:

Key Performance Indicator	September 2023 Outcome	Change from last month
1. Registered Patients +13	55%	0%
2. No. of logins	568,849	19%
3. Appointments booked	8,160	15%
4. Appointments cancelled	3,260	43%
5. Repeat Prescriptions	48,542	0%
6. Record Views	217,871	9%
7. Push Notifications turned on to receive SMS/messages via NHS app	312,117	6%

Cutting Bureaucracy

[ICB17]

Delivering Change Through Reviewing Our Contractual Framework and Working Closely with Our Provider Collaborative

- A review has been undertaken of the SEL Access Policy to ensure this reflects interface requirements and aligns with NHS Standard Contract Service Conditions.
- Further work is underway with the SEL Acute Provider Collaborative (APC) to determine current individual Trust adherence to the Access Policy (*onward referrals, call and recall)* and relevant Service Conditions; and ability to implement electronic fit notes (*complete care)*.
- All SEL NHS Trusts and Primary Care practices are registered to the London Care Record. This is a shared care record that provides a joined up view of patient data which includes diagnosis, medications, investigations, risks/warnings, examinations, procedures, allergies, appointments, clinical correspondence, discharge summaries, laboratory results, pathology, and radiology reports.
- All SEL NHS Trusts and Primary Care practices are able to access Consultant Connect – a system which enables Primary Care to call and speak to a consultant to discuss individual cases.
- Further workstreams are in place to support outpatient optimisation including development of referral templates and guidelines to support primary care (piloting in Neurology and Endocrinology).
- SEL RTT outsourcing hub validating SEL wide waiting lists. Patients are contacted directly by the hub to update on waiting times and treatment options. Waiting times dashboard also developed for GPs to determine wait times by speciality at SEL Trusts. selondonwaitingtimes.org.uk/gp

Please also refer to the report by the Chief Medical Officer on ICB action 16 (improving the interface between primary and secondary care) which is presented to the Board as Part B of this paper.

System Communications

The ICB started work on the co-ordination of system communications to support public understanding of new ways of working in general practice in 2022, working with local practices/primary care networks, patient groups and borough teams to develop a range of resources. [ICB19]

We took a behavioural insight approach following a diagnostic which produced important intelligence on why individuals and populations view and use the services provided in general practice in the way they do and what was valued as part of that service including:

- Limited knowledge or understanding around service access
- Perceived and/or experience of arranging GP appointments
- Varying trust and confident in non-doctor medical advice
- Confusion or misunderstanding of the term ‘primary care’
- Lack of accessible information

It was therefore agreed that we needed to focus on providing information, in an easy to access format, to residents including some priority groups who were most at risk of inequalities in access, outcomes and experience.

- Producing posters and written resources in a number of languages explaining the new format of the primary care teams and their roles. Highlighting the importance of certain roles to ensure that patients get the right care at the right time.
- Develop a micro-site for local residents including case studies and introduction interviews with practice staff
- Utilising social media and other communication forums to promote trust and confidence in primary care services
- Recognise the contribution and hard work of primary care staff including general practice, community pharmacy and primary care networks.

#YourPrimaryCare

Links into NHS 111 and the DoS

The Primary Care Recovery Action Plan requires processed to be put in place by the ICB to enable diversion from primary care to NHS111 in extreme circumstances, and to ensure access for primary care providers to a maintained Directory of Services. [ICB13] [ICB20]

- **Diversion to NHS 111** [ICB13] – This action has been completed as there are well established existing processes in place which meet the PCARP requirements. Across South East London, practices are expected and supported to have in place business continuity plans which enable essential services to be maintained. If a practice is unable to maintain essential services, the practice is expected to escalate the issue to their commissioner. A commissioner can, under exceptional services, agree either a temporary suspension of the practice's Directory of Services profile used by NHS111 or a temporary reduction in available capacity.
- **Directory of Services** [ICB20] – This action has been completed as there are well established existing processed in place which meet the PCARP requirements. All ICB's in London funding a regional team which maintains an accurate Directory of Services (DoS). This allows all health and care professionals to access up to date information about available services across London through a range of tools that are supported by the DoS. The most commonly utilised tool across general practice is "NHS Service Finder" (fed by the DoS) which provides details on available services based on search criteria and listed in distance order. We will continue to share information with general practice on how to access and use NHS Service Finder.

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System Level Access Improvement Plan

Appendix B:

Place-based detailed updates

South East London Integrated Care System

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System Level Access Improvement Plan

Appendix B: Place-based detailed updates

Bexley

PCN Access improvement plans (1/2) (Bexley)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB6)
APL Bexley	Y	Y	Y	(i) Friends and Family Test (ii) Use of locally distributed patient experience surveys (Oct 23 and Mar 24) based on the 5# key GPPS questions and evidence of improvement against the 2023 GPPS baseline. Questionnaires to be targeted at patients who have had an appointment in the last 4 weeks.	October survey in circulation. Analysis to be reported through LCP governance in Dec 23.	N	Y
Clock Tower	Y	Y	Y			N	Y
Frognal	Y	Y	Y			N	Y
North Bexley	Y	Y	Y			N	Y

PCN Access improvement plans (2/2) (Bexley)

PCN Access Improvement Plan Sign off Process	*Please provide a summary of the process that the LCP following to develop PCN improvement plans?* LCP Task and Finish Group established to guide process and provide iterative assurance of plans developed by PCNs in conjunction with member practices. *Please provide a summary of the review and sign-off process for PCN improvement plans, including formal LCP governance sign off.* (i) Iterative reporting and assurance through Task and Finish Group (monthly check-in meetings now in place) (ii) Review and endorsement by Primary Care Delivery group on 5th July 2023 (iii) Formal sign-off and assurance of plans by the Bexley Wellbeing Partnership Committee in public on 25th July 2023
Onwards Oversight of Delivery Against Plan	*Please describe the Local Care Partnership's approach to reviewing PCN progress against the delivery of their plans, including both the local support being provided to PCNs and the formal assurance and oversight of plan delivery within LCP governance.* • A monthly check-in meeting has been established to evaluate progress against milestones, monitor risks to delivery and ensure oversight of additional plan components e.g. GP transition cover and transformation support funding. • The ICB Primary Care Team is also brokering arrangements with the local Workforce Development Hub to help design and facilitate a local support offer tailored to the needs of specific practices. • All practices are receiving ongoing support to map appointment books in line with national GPAD guidance and requirements. • The Comms and Engagement team are supporting messaging to the public and website information to support the promotion of self-referral pathways • A progress report will be provided to Primary Care Delivery Group and the BWP Committee in public in December, including feedback from the interim patient experience survey.
Risks and Mitigations	*Please outline any key risks or issues to delivery of PCN Access Improvement Plans* • Estate restraints and the ability to accommodate and maximise utilisation of the expanded ARRS workforce. • Delay to the OCVS procurement process. • Delay to Cloud Telephony implementation and associated funding streams. • Winter pressures and shifting priorities and timescales e.g. accelerated vaccination programme.

Practice Support Offers (Bexley)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	*7 (33%)* (Foundation and Learning Transfer)	Key dates and webinars are regularly communicated to the PCNs and practices. Bexley PCNs also elected to dedicate a proportion of a PLT session on 19th October, facilitated by the local Workforce Development Hub.
National General Practice Improvement Programme (GPIP) [ICB5]	*Zero* to the Enhanced or Intermediate programmes – a number of practices have, however, accessed webinars and other tools as part of the Universal support offer.	Key dates and webinars are regularly communicated to the PCNs and practices. The ICB Primary Care team is working with the Workforce Development Hub (as described below) to facilitate a local GPIP support offer. This will help to identify those practices most likely to benefit from participation in the national support programmes. Some practices have also cited slow progress with the Cloud Based Telephony rollout as a barrier to sign-up/participation.

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Bexley Place has jointly commissioned the South East London Workforce Development Hub (with 4 other SEL boroughs) from the SDF Fund to support place and ICS colleagues undertake the Support Level Framework. This support package include producing data packs to aid SLF meetings, clinical and managerial facilitation of SLF sessions with practice and producing practice level improvement reports. The training hub will also support the practice in delivering identified improvements as well as delivering of the local "General Practice Improvement Programme" support offer.

Transformation and Transition Funding ICB7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Bexley:

- Funding will be underpinned by a signed Memorandum of Understanding (MoU) with the practice and a completed the transition survey.
- On receipt of the MoU and Survey, the ICB will release pump priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released on evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment

Letters to Bexley practices were distributed on 20th October with a return date of 1 December 2023.

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Appendix B: Place-based detailed updates

Bromley

PCN Access improvement plans (1/2) (Bromley)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB 6)
Beckenham	Y	Y	Y	(i) Friends and Family Test (ii) Exploring development and collaboration with a patient group on a local patient experience survey aligned to the 5# key GPPS questions to provide evidence of improvement against the 2023 GPPS baseline.	Amber – detailed progress assessment for the first period of delivery ie Aug-Oct underway	Expressed interest	N
Bromley Connect	Y	Y	Y			N	N
Five Elms	Y	Y	Y			N	N
Hayes Wick	Y	Y	Y			N	N
Mottingham, Downham and Chislehurst	Y	Y	Y			N	N
Orpington	Y	Y	Y			N	N
Penge	Y	Y	Y			N	N
The Crays Collaborative	Y	Y	Y			N	N

PCN Access improvement plans (2/2) (Bromley)

PCN Access Improvement Plan Sign off Process	In order for the Plans to be developed at a rapid pace to accord with the national timescales, a significant level of support was provided by the ICB to ensure PCNs could meet these deadlines and in line with the NHS England requirement for co-developed plans. This included: • Briefing papers and meetings with Clinical Directors and Network Managers on the requirements for the Capacity & Access Improvement Plans • Individual check-in meetings with each PCN to discuss initial ideas, answer queries and gather requirements for support from the ICB • An optional template, in response to requests from some PCNs, with detailed signposting to resources for each section of the plan • A data report on patient experience data showing trends, benchmarking data and variation in order to support the baselining exercise • A workshop on patient experience data gathering to help inform good quality survey design • Written feedback on draft plans (each PCN received this on at least two iterations of their plans). The Bromley Primary Care Group undertook the review and sign-off process on behalf of the One Bromley Local Care Partnership Board. A small panel was convened with members of the Bromley Primary Care Group, including the Chair of the Bromley Primary Care Group, the Associate Director of Primary Care for Bromley, the Director for One Bromley, and the Clinical Lead for Bromley Primary Care. This group reviewed the final draft plans submitted by the PCNs by the national deadline. Each plan was considered in detail. Where required, the PCN was provided with written advice on the revisions required to sign off the plan. The final version of each PCN's plan was received in accordance with the Panel's requirements. The draft and final plans were provided to the Bromley Primary Care Group as part of the formal governance process..
Onwards Oversight of Delivery Against Plan	**Local support**: A Recovering Access information share session was held in October to enable PCNs to learn from each other, raise issues or risks and discuss possible collaboration and joint working to deliver their plans. A further session is planned for January. In addition, PCNs and the ICB have discussed support needs, addressed queries and identified areas requiring dedicated attention through monthly meetings. An internal local meeting is convened weekly to monitor progress on areas benefiting from ICB assistance and to act as a rapid resolution forum for issues as they arise. **Assurance and oversight**: Each PCN has been invited to provide an update on delivery in November as a mid-point stocktake and there are further reviews scheduled to ensure progress remains on track and to support the timely escalation of issues. Updates on the plan are provided to the Bromley Primary Care Group on a regular basis to provide oversight for the group and to advise of the status of delivery. These are in turn shared with the One Bromley Local Care Partnership Board. The final assessment of achievement of outcome and to determine release of some or all of the Local Capacity & Access Improvement Payment will take place by the ICB before August 2024 at the latest. This assessment will be in line with national guidance and will be reported through the One Bromley LCP governance.
Risks and Mitigations	• There is a risk that improvement of overall patient experience is not achieved due to patient dissatisfaction with the new Modern GP Access model which requires changes to patient behaviour and attitudes to triage. • There is a risk that the improvement of patient experience through telephone channels is not achieved in time due to the delays in the contractual/financial assistance to switch to a cloud telephony supplier • PCNs have predicated their demand management initiatives on an improved digital solution; these will not be realised across all PCNs within the timeframe of the plan due to the delay of the OCVC procurement and lack of alternatives for accessing the additional 0.93p funding. • There is a risk that the digital triage being introduced in line with the Modern GP Access model may have the effect of reducing online consultation rates due to patients being diverted to an integrated triage workflow platform. • The prerequisites and capacity limitations of the national offers have restricted the number of practices and PCNs able to take part to date. • There is a risk that winter pressures, the late notice acceleration of the winter vaccinations programme and wider demands will detract resources from delivery of these plans. • There are continued difficulties with effectively embedding and retaining the ARRS workforce due to premises and IT equipment constraints.

Practice Support Offers (Bromley)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	13 signed up/nominated (31%)	National comms being shared through local channels, including a weekly bulletin, face-to-face GP and Practice Manager fora and individual practice meetings. Every practice has been written to individually to highlight this offer as part of an outline of the Transformation and Transition Funding. Individual practices have been approached directly where data has indicated that this opportunity could be of benefit.
National General Practice Improvement Programme (GPIP) [ICB5]	6* signed up/completed (14%) *Due to digital telephony prerequisite, only 20 Bromley practices are currently eligible to participate	

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Bromley Place have jointly commissioned the South East London Workforce Development Hub (with 4 other SEL boroughs) from the SDF Fund to support place and ICS colleagues undertake the Support Level Framework. This support package include producing data packs to aid SLF meetings, clinical and managerial facilitation of SLF sessions with practice and producing practice level improvement reports. The training hub will also support the practice in delivering identified improvements as well as delivering of the local "General Practice Improvement Programme" support offer. All practices have been invited to request an SLF facilitated meeting with the offer of support to ensure effective preparation and participation.

Transformation and Transition Funding ICB 7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Bromley:

- Funding will be underpinned by a signed Memorandum of Understanding (MoU) with the practice and a completed transition survey.
- On receipt of the MoU and Survey, the ICB will release pump priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released on evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment

Practices are currently in the process of completing their surveys and MoUs.

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Appendix B: Place-based detailed updates

Greenwich

PCN Access improvement plans (1/2) (Greenwich)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB 6)
Blackheath and Charlton	Y	Y	Y	Friends & family Test (FFT) & Patent Participation Group (PPG) Meetings	Review visit being booked	Y- volunteered for signposting & PIP	Y
Eltham	Y	Y	Y	FFT use	Review visit being booked	Y- volunteered for Signposting	Y
Greenwich West	Y	Y	Y	FFT, PPG, Patient feedback survey using Microsoft forms	Review visit being booked	N	Y
Heritage	Y	Y	Y	FFT, PPG and local Patient surveys	Review visit being booked	N	Y
Riverview Health	Y	Y	Y	Use of iPlato Pro to improve use of FFT. Standardise responses to FFT feedback to include reporting actions- “You said we did”	Review visit being booked	N	Y
Unity (Greenwich)	Y	Y	Y	FFT, Patient experience surveys and PPG	Review visit being booked	N	Y

PCN Access improvement plans (2/2) (Greenwich)

PCN Access Improvement Plan Sign off Process	*Please provide a summary of the process that the LCP following to develop PCN improvement plans?* *Please provide a summary of the review and sign-off process for PCN improvement plans, including formal LCP governance sign off* All six PCNs submitted CAIP plans to the ICB which were reviewed to ensure that they included a baseline assessment. These were reviewed by the Primary Care Working Group and approved and then reported as such to the Healthier Greenwich Partnership Board.
Onwards Oversight of Delivery Against Plan	*Please describe the Local Care Partnership's approach to reviewing PCN progress against the delivery of their plans, including both the local support being provided to PCNs and the formal assurance and oversight of plan delivery within LCP governance.* PCNs have been sent a copy of a reporting spreadsheet that they will need to complete in April to demonstrate achievement of the plan. Delivery of the PCN plan will be reviewed with each PCN in late November/ early December following practice Visits.
Risks and Mitigations	*Please outline any key risks or issues to delivery of PCN Access Improvement Plans* Many practices have yet to have access to Digital telephony, but the IT team are working with practices to agree a transition date. Use of signposting at time of booking is currently limited in our smaller practices where service is medically led. Transition to a Modern General Practice model may take more smaller steps but these will be discussed and reviewed at practice visits or as part of the agreement of funding transition plans.

Practice Support Offers (Greenwich)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	8	Details of the support programmes have been circulated within the Borough several times including the Primary care weekly newsletter, but numbers continue to be low. This will be discussed at practice visits
National General Practice Improvement Programme (GPIP) [ICB5]	3	As above

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Meetings have been offered to all practices with dates throughout October and November to review SLF and offer additional development
At time of writing only 3 practices have booked visits but there is ongoing discussion with LMC colleagues to encourage participation in discussions.
The Borough is keen to meet with all practices and understand individual development needs.

Transformation and Transition Funding ICB 7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Greenwich:

- Funding will be underpinned by an agreed development plan detailed in a signed Memorandum of Understanding (MoU) with the practice.
- On receipt of the MoU, the ICB will release pump priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released on evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment

South East London Integrated Care System

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Appendix B: Place-based detailed updates

Lambeth

PCN Access improvement plans (1/2) (Lambeth)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB 6)
AT Medics Streatham	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Brixton and Clapham Park	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Clapham	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Fiveways	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Hills, Brooks and Dales Group	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
North Lambeth	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
North Lambeth	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Stockwellbeing	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development
Streatham	YES	YES	YES	Patient Questionnaires / PPG Feedback and FFT		NO	SLF in development

PCN Access improvement plans (2/2) (Lambeth)

PCN Access Improvement Plan Sign off Process	*Please provide a summary of the process that the LCP following to develop PCN improvement plans?* *Please provide a summary of the review and sign-off process for PCN improvement plans, including formal LCP governance sign off* • The Primary Care Transformation Team supplied baseline data to each PCN, this intelligence was used to inform the improvement plans submitted at the end of July. • Lambeth Primary Care Transformation Team reviewed and scored each submission against national and local criteria. • Lambeth Together Primary Care Commissioning Committee (LTPCCC) reviewed and assured the scoring methodology and signed off the individual plans.
Onwards Oversight of Delivery Against Plan	*Please describe the Local Care Partnership's approach to reviewing PCN progress against the delivery of their plans, including both the local support being provided to PCNs and the formal assurance and oversight of plan delivery within LCP governance.* • As approved by the LTPCCC the Primary Care Team has scheduled check-ins with each PCN within October and January to check progress against their plans. • Updates against plans are managed via the Primary Care Transformation Operations Group.
Risks and Mitigations	*Please outline any key risks or issues to delivery of PCN Access Improvement Plans* • Delay in procurement and migration to alternative online platform solution. Lambeth has agreed a preference of a big bang roll out, our wishes have been shared with the team responsible.

Practice Support Offers (Lambeth)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	21/41 or 50%. Further practices have enrolled onto later courses, waiting for these to be logged in the reports that are shared locally	GP Bulletin, Practice Managers Meetings, Clinical Cabinet
National General Practice Improvement Programme (GPIP) [ICB5]	1/41 a number of local practices participated in the accelerate and earlier versions. We anticipate greater traction when the local GPIP offer is launched.	GP Bulletin, Practice Managers Meetings, Clinical Cabinet

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Lambeth Place have jointly commissioned the South East London Workforce Development Hub (with 4 other SEL boroughs) from the SDF Fund to support place and ICS colleagues undertake the Support Level Framework. This support package include producing data packs to aid SLF meetings, clinical and managerial facilitation of SLF sessions with practice and producing practice level improvement reports. The training hub will also support the practice in delivering identified improvements as well as delivering of the local "General Practice Improvement Programme" support offer.

Transformation and Transition Funding ICB 7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Lambeth:

- Funding will be underpinned by a signed Memorandum of Understanding (MoU) with the practice and a completed the transition survey.
- On receipt of the MoU and Survey, the ICB will release pump priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released on evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment

South East London Integrated Care System

NHS South East London

System Level Access Improvement Plan

Appendix B: Place-based detailed updates

Lewisham

PCN Access improvement plans (1/2) (Lewisham)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB 6)
Aplos Health	Yes	Yes	Yes	Intension to implement "local GPPS"		N	TBC
Lewisham Alliance	Yes	Yes	Yes	Intension to implement "local GPPS"		N	TBC
Lewisham Care Partnership	Yes	Yes	Yes	Intension to implement "local GPPS"		Y	TBC
Modality Lewisham	Yes	Yes	Yes	Intension to implement "local GPPS"		N	TBC
North Lewisham	Yes	Yes	Yes	Intension to implement "local GPPS"		N	TBC
Sevenfields	Yes	Yes	Yes	Intension to implement "local GPPS"		N	TBC

PCN Access improvement plans (2/2) (Lewisham)

PCN Access Improvement Plan Sign off Process	• *All PCNs worked with their constituent member practices to develop their Improvement Plans.* • *To support PCNs develop their plans, the ICB local place based team put together packs which included guidance, data for use as baseline information, a template improvement plan and additional useful information.* • *The ICB reviewed the submitted plans and provided feedback to the PCNs where more information was needed.* • *To provide further support, the ICB arranged face to face meetings with all PCNs to discuss their plans ahead of final submission* • *Final plans were shared at the September 2023 Lewisham Primary Care Group meeting where they were formally approved* • *A chairs report from the September 2023 Lewisham Primary Care Group meeting will be shared at the November 2023 Lewisham Local Care Partnership Strategic Board in public*
Onwards Oversight of Delivery Against Plan	• *The Lewisham Primary Care Group will be responsible for the ongoing oversight and assurance of delivery of the plans.* • *The ICB local place based team will be scheduling quarterly monitoring reviews with PCNs to establish progress made against their plans and provide support as required (November 23 and February 23).*
Risks and Mitigations	• *The move to cloud-based telephony for the 4 identified Lewisham practices is dependent on the central programme implementing this and the associated funding* • *Varied approach to online-consultation systems across the borough with the central ICS procurement yet to be concluded*

Practice Support Offers (Lewisham)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	14 Practices (52%) signed up	National comms being shared locally at every opportunity including through the Transformation and Transition Funding information recently circulated to practices
National General Practice Improvement Programme (GPIP) [ICB5]	8 Practices (30%) signed up	

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Lewisham Place have jointly commissioned the South East London Workforce Development Hub (with 4 other SEL boroughs) from the SDF Fund to support place and ICS colleagues undertake the Support Level Framework. This support package include producing data packs to aid SLF meetings, clinical and managerial facilitation of SLF sessions with practice and producing practice level improvement reports. The training hub will also support the practice in delivering identified improvements as well as delivering of the local "General Practice Improvement Programme" support offer.

Transformation and Transition Funding ICB 7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Lewisham:

- Funding will be underpinned by a signed Memorandum of Understanding (MoU) with the practice
- On receipt of the MoU, the ICB will release pump priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released on evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment
- Detail of this approach was circulated to all Lewisham practices on the 13th October 2023 with a deadline of 1st December 2023 for response

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Appendix B: Place-based detailed updates

Southwark

PCN Access improvement plans (1/2) (Southwark)

ICB5, ICB6, ICB9, ICB10, ICB11, ICB12

PCN	A PCN Access Improvement Plan is in place which aligns To PCARP guidance (ICB 10/11)	The plan includes baseline data against Capacity and Access Improvement Payment metrics (ICB 9)	The plan includes agreed targets against Capacity and Access Improvement metrics (ICB12)	Please confirm what patient experience metric has been agreed under the Capacity and Access Improvement payment (in lieu of GPPS) (ICB9)	Current progress against plan (RAG)	Has the PCNs completed or been nominated for national intensive and intermediate transformation support (ICB5)	Has the PCN been nominated to participate in the Local Support Offer (ICB 6)
North Southwark	Y	In progress	In progress	In progress		N	N
South Southwark	Y	In progress	In progress	In progress		N	N

PCN Access improvement plans (2/2) (Southwark)

PCN Access Improvement Plan Sign off Process	The borough team has taken the Access Improvement process to the fortnightly Primary Care Collaborative to set out the requirements of the plans and to ambition for improving access in Southwark. The meeting is attended PCNs and GP Federations and there was agreement to an approach.
Onwards Oversight of Delivery Against Plan	The Borough team has a range of ongoing forums where PCN progress against the delivery of plans is discussed. The formal assurance and oversight of plan has been agreed as being the bi-monthly Primary Care Group Part B.
Risks and Mitigations	Key risks for the delivery of PCN Access Improvement Plans is the pressure on primary care colleagues, particularly those who are clinical, to have capacity to engage and lead on the process. In addition, the borough team has significant completing priorities and reduced workforce to focus on this work.

Practice Support Offers (Southwark)

Support Offer	No. and % of Practices Signed up or Nominated	How are Practices being supported to access these offers?
NHSE Funded Care Navigation Training [ICB8]	1 Practice in North Southwark PCN	National guidance is shared with practices locally via internal communication channels to highlight key dates and webinars
National General Practice Improvement Programme (GPIP) [ICB5]	3 practices in South Southwark PCN. 16.7% of practices in PCN accessing support. 0 practices in North Southwark PCN	Same as above

Support Level Framework (SLF) – How We are Supporting Practices to Understand their Development Needs ICB 5

Southwark Place have jointly commissioned the South East London Workforce Development Hub (with four other SEL boroughs) from the SDF Fund to support place and ICS colleagues undertake the Support Level Framework. This support package includes producing data packs to aid SLF meetings, clinical and managerial facilitation of SLF sessions with practice and producing practice level improvement reports. The training hub will also support the practice in delivering identified improvements as well as delivering of the local “General Practice Improvement Programme” support offer.

Follow up meeting in place with Training hub scheduled for 1.11.23. Borough team and training hub to identify first list of practices to be approached. Local comms to also be agreed at this point

Transformation and Transition Funding ICB 7

Transformation and Transition Funding (TTF) must be used to support practices ready to implement a modern general practice access model with additional capacity to smooth the transition. ICBs are required to use 50% of TTF in 2023/24 and 50% in 2024/25 with no carry over allowed. The following process for releasing funds has been agreed in Southwark:

- Funding will be underpinned by a signed Memorandum of Understanding (MoU) with the practice, committing to using the funds to support transformation. They have also been asked to complete a survey, setting out where they are currently in the journey to Modern General Practice.
- On receipt of the MoU and Survey, the ICB will release pump-priming monies of £5k to the practice to enable transition plans to commence. Further funding will be released upon evidence of delivery against plan.
- Where practices believe they have already successfully made the transition to the modern general practice operating model, the ICB will consider retroactive applications for funding. However, the ICB will require assurance that the money has been spent in line with the national guidelines before committing to make a payment

All practices have been communicated with (WC 16.10.23) and MOU's have been shared outlining the above. Deadline for return is 27.11.23

South East London Integrated Care System

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System Level Access Improvement Plan

Appendix C:

Building Capacity - Additional Roles Reimbursement Scheme

Additional Roles Reimbursement Scheme - Borough Summary

[ICB15]

Please refer to this link for Appendix C detailed breakdown by Borough of Additional Roles Reimbursement scheme

Borough	Average % of ARRS Budget Utilised Apr –Aug 2023	Support Offered to PCN to Use Their Full ARRS Budget ICB 15	Support Offered to PCN Report Accurate Complement of Staff Using NWRS Portal ICB 15
Bexley	30.5%	Regular liaison with PCNs and the GP Federation to plan and maximise ARRS budget.	The PCN business managers employed by the GP Federation are responsible for co-ordinating and submitting data on behalf of the PCNs.
Bromley	22%	Regular liaison with PCNs and the GP Federation to plan and maximise the ARRS budget	PCN submissions are now regularly being completed, with any gaps or discrepancies being followed up directly with the PCN concerned as required.
Greenwich	23.3%	It is expected that ARRS budget will be utilised	Information on use of NWRS has been circulated
Lambeth	34%	Offer of workforce planning through training hub and Reinforcement of the need for appropriate submissions	Reinforcement of the need for appropriate submissions
Lewisham	30.8%	ARRS usage discussed at every local opportunity and has been explicitly covered as part of the PCN Access Improvement Plan process.	Information on use of NWRS has been circulated
Southwark	29.6%	The ARRS budget has been committed in both PCNs.	Information on use of NWRS has been circulated

Addressing Challenges at the Primary/Secondary Care Interface

NHS South East London Integrated Care Board (ICB) 15 November 2023

1. Background

1.1 The interface between primary and secondary is one of the key channels through which patients and their care flow. It needs to be patient focussed, delivering the best possible experience of care and clinical outcomes whilst ensuring that there is efficient use of resources.

1.2 However, frustrations are common with all stakeholders having to contend with complex processes, multiple touch points and duplication, at times inadequate communication with poor transfer of information, failure to make use of all the expertise in the system at the right time and poor use of patients' and clinicians' time. It is not always clear to patients where to seek help and how to access advice at the right time and it may be unclear where responsibilities should be, for instance around prescribing and drug monitoring.

1.3 Alongside the 4 specific domains detailed in the delivery plan for recovering access to primary care (NHSE, May 2023) (onward referrals, complete care, call and recall, clear points of contact) NHS England has asked ICBs to establish local mechanisms which allow primary and secondary care to jointly tackle high-priority issues

1.4 We are mindful that this is not a new concept and that previous attempts to deliver such a working group have had mixed success. A project is underway in SEL to explore the key challenges at the primary/secondary care interface, to identify high priority areas and to establish approaches to facilitating closer working.

2. Methodology

2.1 Taking a user-centred design approach we are working with multiple stakeholders across a number of projects (ensuring value from quality alerts, reducing mental health pressures at the front door, 2-week cancer referrals) as well as undertaking a retrospective review of where an interface forum was unsuccessful. We have also undertaken work to map the landscape of key pressure points and opportunities at the interface and explored how we might establish a set of principles to inform interface working.

2.2 We are exploring how existing data sets can inform problem identification and prioritisation. As an example, the quality alert system is a reporting tool for primary and secondary care to raise concerns patient care (figure 1). This is a potentially rich data set and a thematic analysis of concerns is nearing completion.

2.3 A number of documents have been published in the last year specifically related to the primary/secondary care interface[123] and these are informing the process. It is important to note that what works in one particular set of circumstances/ location/ system may not be generalisable, but we are looking for concepts that could be adapted to meet local challenges as well as more general approaches to designing novel solutions.

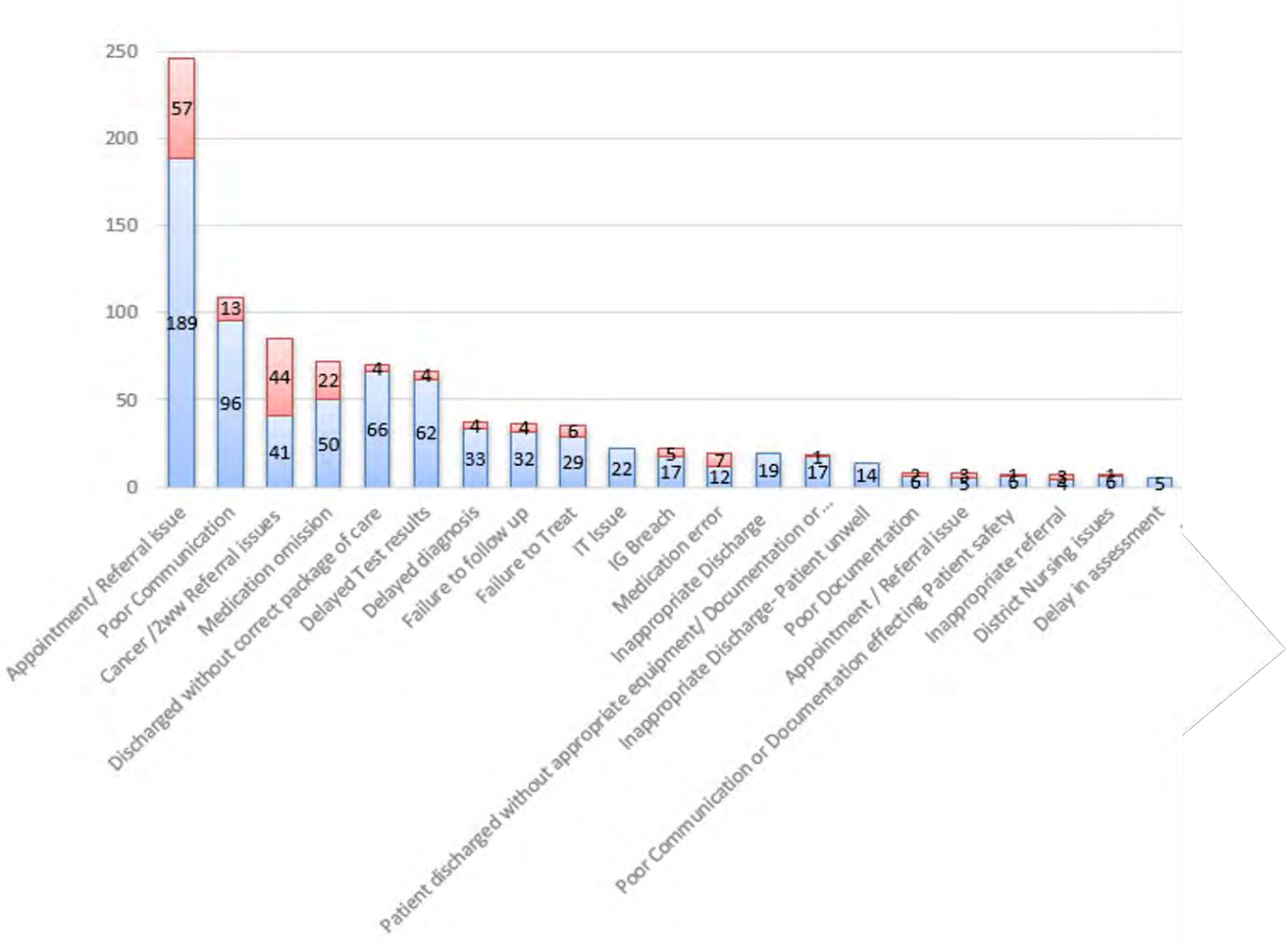

***Figure 1**: thematic grouping of quality alerts over a 9 month period*

2.4 This worked commenced in the summer of 2023. Stakeholders in primary and secondary care have been engaged in one to one or group meetings and workshops. Preliminary findings are presented here.

3. Preliminary findings and outputs

3.1 The discovery phase of the project is nearing completion and will draft recommendations in December 2023. These will be presented in 3 domains: firstly, the results of a mapping exercise of key challenges at the primary/secondary care interface, secondly

[1] Consensus on the Primary and Secondary Care Interface - NHS Cheshire and Merseyside

[2] General practice and secondary care - Working better together - Academy of Medical Royal Colleges (aomrc.org.uk)

[3] Primary secondary care interface guidance (rcgp.org.uk)

recommendations with regards to what interface forums should look like and finally guidance as to how primary and secondary care can work together more effectively in particular on pathways redesign.

3.2 **Key interface challenges**: the preliminary output of this work groups these into 4 domains: patient-focussed, operational, design-related and cultural. These represent relatively high-level definition of key potential priorities that could benefit from a system-wide approach.

3.2.1 **Patient-focussed**: these relate to the patient experience of moving between primary and secondary care and the potential impact on outcomes of care. Opportunities include:

- Improving experience of waiting to minimise adverse impact on patient outcomes and wellbeing
- Making it easier to access the right advice from the right service/provider at the right time
- Reducing adverse patient experience of moving between services
- Ensuring patient information moves with the patient to minimise the need for repetition
- Ensuring patients are engaged early in service improvement and redesign

3.2.2 **Operational**: these are issues which create additional work in the system due, for instance, to inefficient processes or suboptimal communication. Opportunities include:

- Making internal referrals directly rather than requiring it of the GP
- Ensuring the information in communication such as discharge summaries and outpatient clinic letters is clear with clarity of requested actions from primary care
- Clearly defining responsibility for accessing and communicating investigation results and ensuring that patients know when and from whom to expect them
- Offering GPs access to expert advice which is consistently reliable and accessible
- Removing redundancy and unnecessary choice in referral pathways so that patients get referred to the right place, first time and removing unwarranted variation in thresholds for accepting referrals
- Getting the best possible value from feedback date in the recognition of key themes and identify opportunities for improvement

3.2.3 **Process and pathway design**: these relate to areas where we might enhance our approach to process and pathway improvement and transformation. Opportunities include:

- Exploring how we might standardise approaches to pathway and service design through a recommended portfolio of tools and techniques
- Giving staff access to opportunities to develop skills in complex service design
- Exploring how we can sure there is time and resource in our system to tackle complex problems
- Agreeing principles to ensure that all stakeholders are engaged in problem definition and solution identification, with a particular focus on the patient's experience of care, whilst avoiding assumptions about user experience
- Creating a network of clinical and care professional leaders in SEL where it is easy to find the right help and build productive collaborations

- Designing referral criteria and pathways that are consistent and recognise the needs of both referrer and provider

3.2.4 **Cultural:** these are areas of focus for building productive and collaborative relationships across the interface. Opportunities include:

- Establishing forums at system and/or place which enable identification of key issues across the interface with prioritisation and implementation of actions
- Ensuring that organisational structures and governance are clearly visible, described and navigable to those leading change projects
- Enhancing mutual understanding of clinical and operational pressure across organisational boundaries
- Building in feedback systems and loops that allow rapid iteration of pathway and process improvement

3.2.5 It should be noted that these problems are there is work underway in all of these areas and examples of great practice across our system. An important priority for us is to enable learning to be shared and to maximise the visibility of successful approaches

3.3 **Interface forums**: there is a clear unmet need and ask from all sides to establish a forum(s) which can identify and prioritise problems/frictions, explore and deliver solutions (either directly via subgroups or working with other stakeholders). Critical to this is the engagement of key stakeholders (with capability/opportunity/motivation) and, importantly, ensuring the patient voice is represented. We are nearing completion of the discovery phase of this work which is identifying areas of good practice and reflecting on previous attempts to establish forums which were less successful.

3.3.1 These recommendations are likely to include:

- An interface group at ICS level with the remit of tacking common and recurrent issues across the system which will include sharing of learning and best practice from Place.
- Place or Trust-based interface groups to define and address more local issues with a focus on building relationships.
- The focus of these groups will be to build relationships across the interface and to identify and prioritise key issues. Specific actions will be delegated to existing teams/groups who are best placed to deliver the solutions. Both groups should identify establish ad hoc teams as required to address specific problems and define solutions. There will be to be a clearly-defined governance structure with reporting into existing ICS committees.

3.4 **Principles for interface working**: the final output from this work will be a set of principles and tools to inform and facilitate interface working. These are still being refined through stakeholder engagement and workshops, and will link with broader work in our system including implementation of NHS Impact and our ICB strategy. We are also working closely with system partners including (but not limited to) King's Health Partners, the Health Innovation Network and King's Improvement Sciences.

3.5 There was universal agreement from stakeholders that the interface represents a rich area of opportunity. There is a great deal of enthusiasm and good will on all sides to find ways of working that will address these complex challenges. The ICB has recently run in-person events for clinical and care professional leader from across our system which further confirmed the high level of engagement form colleagues. Feedback from colleagues identified facilitation of networking and collaboration as key short-term priorities.

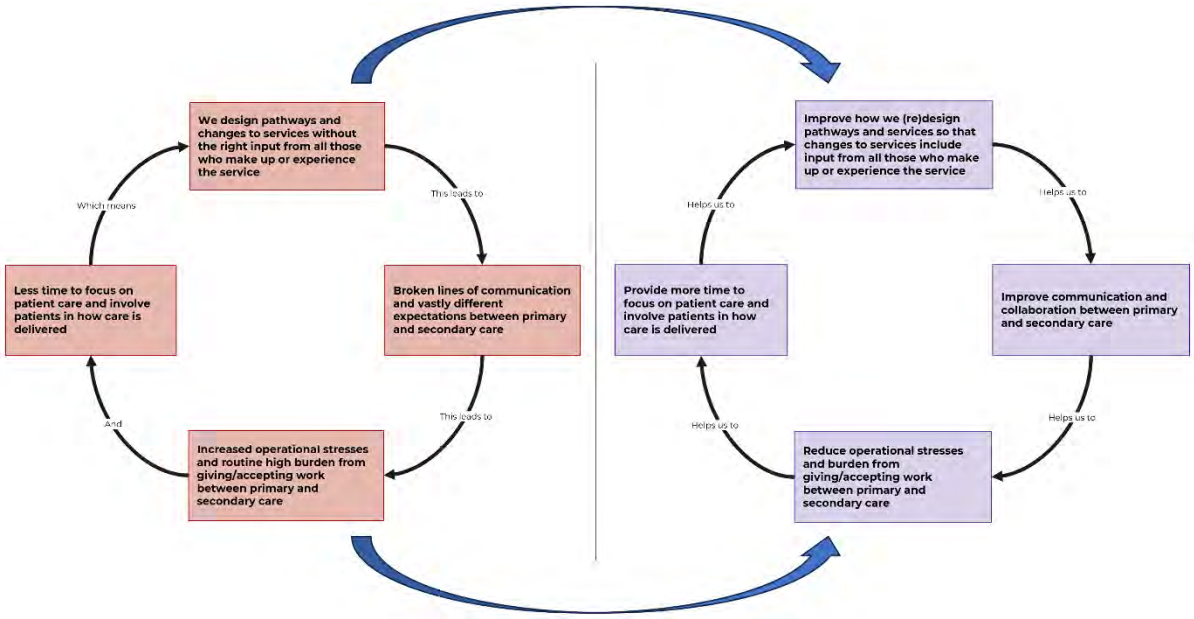

Figure 2: *illustration of how optimising working at the primary/secondary care interface could enhance our approach to process and pathway design*

4. Next steps

4.1 This paper represents the preliminary outputs of our research and discovery work which is due to complete in late December 2023. This will form the basis of draft recommendations that will be taken back to stakeholders including (but not limited to) primary and secondary care clinicians, CCPL leads, the Primary Care Leadership Group and the LMC.

4.2 We anticipate that interface forums will be established in January 2024. Where possible we will identify existing forums to support and avoid duplication. The ICB's role is to support these forums and to share system learning and intelligence. Delivery of solutions will respect the autonomy of Place and the important of keeping process and service design as close as possible to the people and communities affected by them.

4.3 Key to the success of all of this is the leadership of our clinical and care professional leadership community and engagement of all staff in the system. SEL has a thriving leadership community, support by the SEL Leadership Academy and in particular the Connect community which provides networking support across our system.

4.4 Final recommendations will be available in December and will be circulated to all stakeholders with a view to implementation as soon as possible thereafter. Progress with this project is showcased in regular webinars to which everyone with an interest is invited. A further update will be brought to the board in early 2024

Integrated Care Board meeting

Item: 4
Enclosure: E

Title:	**Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports**
Meeting Date:	15 November 2023
Author:	Wasia Shahain, Equality, Diversity and Inclusion Manager
Executive Lead:	Tosca Fairchild, Chief of Staff and Equalities SRO.

Purpose of paper:	This paper provides an overview of the South East London Integrated Care Board (SEL ICB) Workforce Race Equality Standard and Workforce Disability Equality Standard 2023 reports.	Update / Information	X
		Discussion	X
		Decision	X

Summary of main points:

Context

SEL ICB has ambitions around both race and disability equality as part of our wider equality, diversity and inclusion (EDI) programme. These align with NHS England's EDI Improvement Plan[1] which mandates all NHS Trusts to undertake the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annually. The ICB has adopted both frameworks as good practice, and the enclosed reports, Appendix A and B respectively, mark the first WRES and second WDES reports since the establishment of the ICB.

The NHS Workforce Race Equality Standard ensures that employees from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The NHS Workforce Disability Equality Standard empowers organisations to champion disability equality and improve the everyday lives of staff with disabilities.

Data collection and engagement

Both the WRES and WDES reports provide a snapshot across a series of metrics around staff and board representation, recruitment, training and development, employee relations, bullying and harassment, career progression and workplace adjustments (WDES only). Key sources of information include workforce data and the annual NHS Staff Survey.

[1] NHS England » NHS equality, diversity, and inclusion improvement plan

Staff engagement has been undertaken through the Embracing Race and Diversity and Age and Ability staff networks in September 2023 with further input and review provided by the Equalities Sub-Committee on 2 November 2023.

Summary of findings

Workforce Race Equality Standard:

- **Indicator 1:** Overall, 40.7% of the workforce are from a BME background and 56% from a White background. The ICB is over-represented by 0.9% of BME staff.
- **Indicator 2:** White applicants are 2.06 times more likely to be appointed from shortlisting.
- **Indicator 3:** Unable to detail disciplinary data due to confidentiality reasons.
- **Indicator 4:** We do not have a method of capturing non-mandatory training undertaken by the ICB workforce.
- **Indicator 5:** White staff (6.5%) are more likely to experience harassment, bullying or abuse from patients compared to BME staff (4.3%). However, the ICB is below the national average.
- **Indicator 6:** BME staff (24.8%) experience more harassment, bullying or abuse from staff compared with white staff (19.6%). This is above the national average.
- **Indicator 7:** 38.4% of BME staff and 58.2% white staff believe the organisation provides equal opportunities for progression or promotion.
- **Indicator 8:** BME staff (2.1%) are more likely to experience. discrimination at work from managers/team leaders and other colleagues compared to white staff (7.2%). This is below the national average.
- **Indicator 9:** The difference between BME board members and the SEL ICB workforce is (minus) 22.5% and (plus) 16.7% for white board members and SEL ICB workforce.

Workforce Disability Equality Standard:

- **Metrics 1 and 10:** At all grades, the organisation is not representative of the south east London disabled population (29.9% disability prevalence, Census 2021 ONS).
- **Metric 2:** Disabled staff are more likely than non-disabled staff to be appointed (but falls below the 29.9% representation benchmark).
- **Metric 3:** No disabled staff faced a capability procedure.
- **Metric 4:** There has been a reduction in disabled staff experiencing harassment, bullying or abuse from managers and the public but an increase in their experiences of harassment, bullying or abuse from other colleagues. Non-disabled staff report an increase in harassment, bullying or abuse from both managers and colleagues.
  There has been a substantial increase in the number of disabled staff who have experiences of harassment, bullying or abuse reporting the

	incident. There has been a slight reduction in reporting of incidents by non-disabled staff. • **Metric 5:** There was a significant decrease in disabled staff who feel the organisation provides equal opportunities for career progression or promotion, with a marginal decline for non-disabled staff. • **Metric 6:** There was a slight improvement in disabled colleagues feeling pressurised to attend work when feeling unwell. However, there was a significant increase in the percentage of non-disabled staff feeling pressurised to come to work when unwell from 7.6% to 15.5%. • **Metric 7:** There was a marginal increase from 41.1% to 44.3% of disabled colleagues who feel their work is valued by the ICB. • **Metric 8:** Up from 76.1% in the previous year, 79.2% of disabled staff feel that adequate adjustments have been made to accommodate their disability. • **Metric 9a:** There was a slight increase in disabled staff feeling being engaged at work, with a marginal decline for non-disabled staff. **Action planning and monitoring** Robust action plans have been developed, which align with other existing workstreams including the staff Anti-Racism Strategy. In addition, these have been mapped to the Equality Delivery Plan for implementation and regular monitoring via the Equalities Sub-Committee.
Potential Conflicts of Interest	**None identified**

Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**x**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**

	Equality Impact	Supports strategic commitments around race and disability equality.
	Financial Impact	Further scoping work to be carried out, though it is anticipated most actions will be cost-neutral.
Other Engagement	Public Engagement	Not applicable
	Other Committee Discussion/ Engagement	• Embracing Race and Diversity Staff Network (13 September) • Age and Ability Staff Network (12 September) • Equalities Sub-committee (2 November)
Recommendation:	Board Members are asked to: • Note the findings of the WRES and WDES reports. • Endorse the WRES and WDES action plans to address disparities highlighted by the findings.	

- Approve both WRES and WDES reports for external publication.

South East London Integrated Care System

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South East London Integrated Care Board

NHS Workforce Race Equality Standard 2023 report

Produced by:

Halima Dagia
Equality, Diversity and Inclusion Manager

Contents

1. Introduction

1.1. The NHS Workforce Race Equality Standard (WRES) ensures that employees from Black and Minority Ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

1.2. The WRES has nine indicators: Data for **four** indicators is sourced from **workforce data**, **four** indicators from the **National Staff Survey** and the data for the **final** indicator comes from the **board**.

1.3. The data utilised for the WRES is retrospective. This year's report is based on data from the financial year 2022/2023.

1.4. We know from the Census 2021 data that the population of South East London (SEL) is diverse. This means we need to ensure the breakdown of our workforce is diverse, which will help to understand the community we serve. Along with this we need to ensure our processes are equitable and staff experiences are free from discrimination.

2. Summary of findings

2.1. Indicator 1: Overall, 40.7% of the workforce are from a BME background and 56% from a White background. The ICB has an overrepresentation of 0.9% of BME staff.

2.2. Indicator 2: White applicants are 2.06 times more likely to be appointed from shortlisting.

2.3. Indicator 3: We are unable to present disciplinary data to maintain confidentiality due to low numbers.

2.4. Indicator 4: Information on non-mandatory training undertaken by the workforce is not currently collected by the ICB.

2.5. Indicator 5: White staff (6.5%) are more likely to experience harassment, bullying or abuse from patients compared to BME staff (4.3%). However, SEL ICB is below the national average.

2.6. Indicator 6: BME staff (24.8%) experience more harassment, bullying or abuse from staff compared with White staff (19.6%). This is above the national average.

2.7. Indicator 7: 38.4% of BME staff and 58.2% White staff believe the organisation provides equal opportunities for progression or promotion.

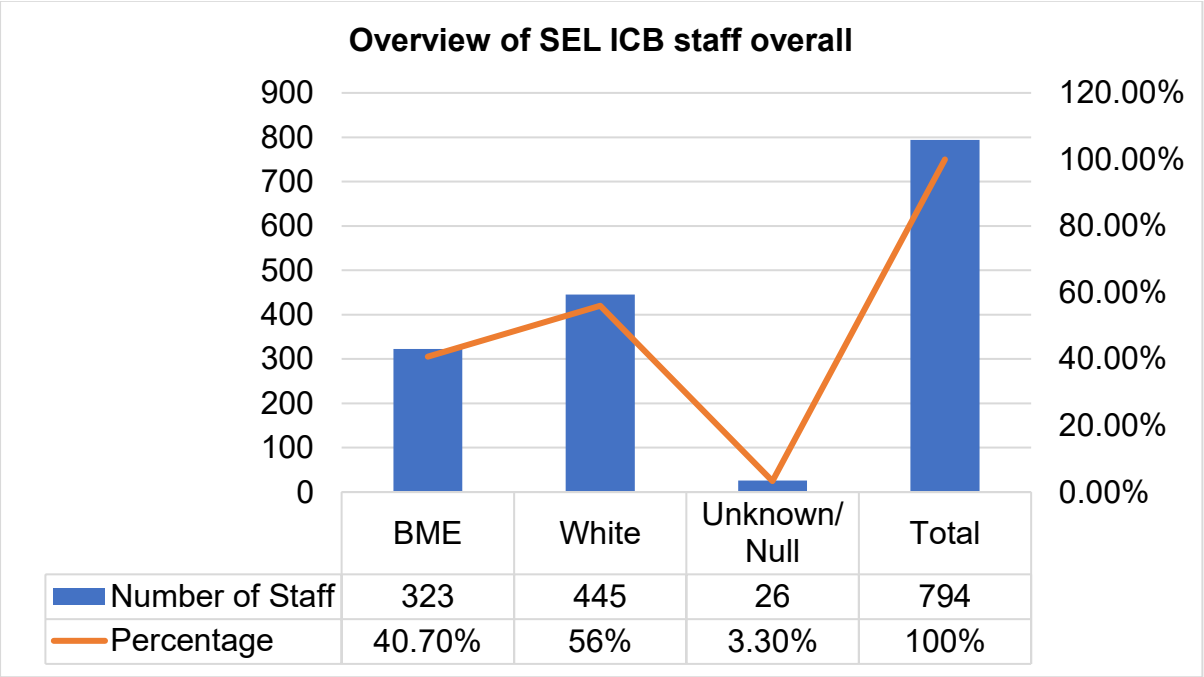
2.8. Indicator 8: BME staff (12.1%) are more likely to experience discrimination at work from managers/team leaders and other colleagues compared to White staff (7.2%). This is below the national average.

2.9. Indicator 9: The difference between BME board members and SEL ICB workforce is (minus) -22.5% and (plus) 16.7% for White board members and SEL ICB workforce.

3. Indicator 1: Percentage and number of staff in NHS trusts by ethnicity (Clinical and non-clinical).

3.1. For a full breakdown of staff (clinical and non-clinical) in each band and ethnicity please see Appendix A and B.

3.2. **Overview of SEL ICB staff overall (Graph1).**



3.3. **Overview of SEL ICB staff in non-clinical roles (Table 1).**

Number of Staff	BME	White	Unknown/Null	Total
	194	334	10	538
Percentage	**36.1%**	**62.1%**	**1.8%**	**100%**

3.4. **Overview of SEL ICB staff in clinical roles (Table 2).**

Number of Staff	BME	White	Unknown/Null	Total
	129	111	16	256
Percentage	**50.4%**	**43.4%**	**6.2%**	**100%**

3.5. **Overall:** The data details that **40.7%** of staff are Black Minority Ethnic (BME) and **56%** of staff are **White**. Within the organisation **3.3%** of staff ethnicity status is **unknown**. This can be due to various reasons, for example, not knowing how to update this information.

3.6. **Non-Clinical roles:** The data is showing that overall, there are more **White** Staff (**62.1%**) compared to **BME** staff (**36.1%**). **BME** staff are more concentrated from **Band 3 to Band 5**. However, from Band 6 onwards, the

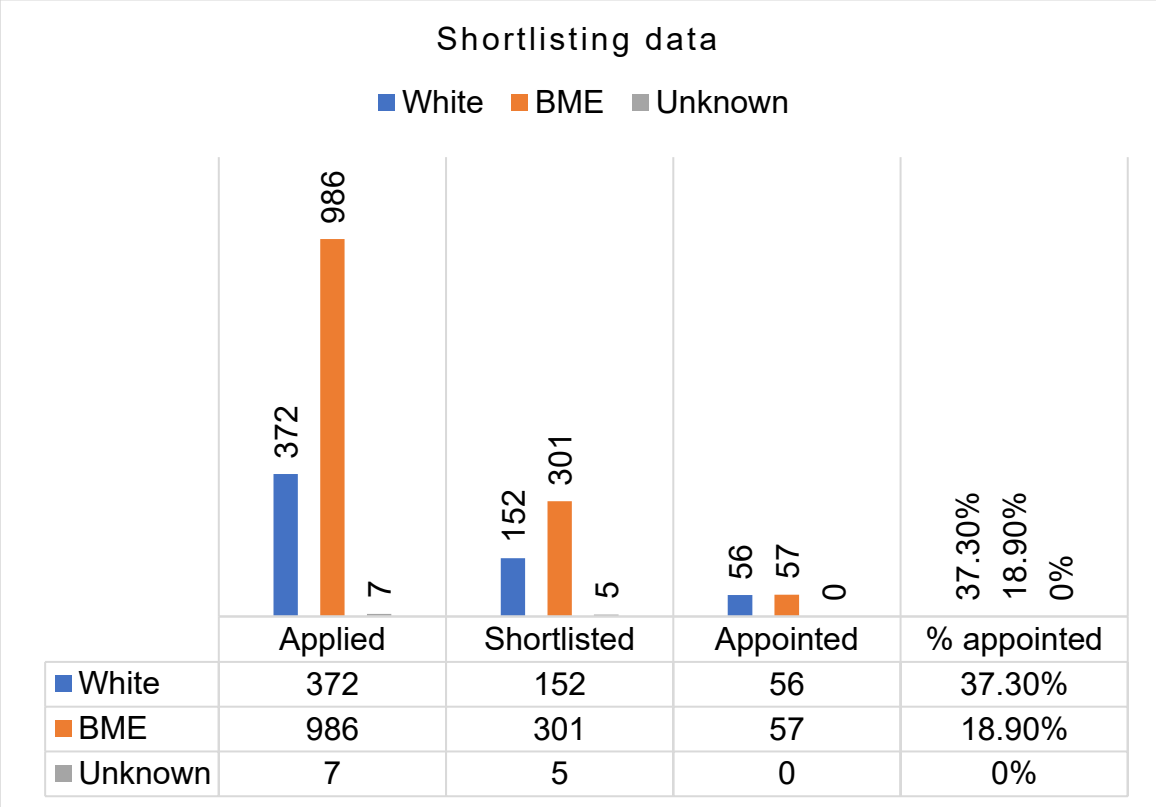
numbers of BME staff decrease. This is telling us that BME staff are experiencing a glass ceiling effect after Band 5.

3.7. **Clinical roles:** Overall there are a higher number of **BME** staff (**50.4%**) compared to **White** staff (**43.3%**). However, there are certain bandings in which there is a lack of BME representation, which are the following: Band 8C (BME – 40% & White 60%), Band 9 & Very Senior Managers (VSM) in which data indicates that all staff (**100%**) are from a White heritage (it should be noted that the number of overall staff are low). With the 'Other' group, there are **40.5% BME** staff compared to **47.6%** White staff.

3.8. South East London's **BME** population is **39.8%**, the ICB is overrepresented by **0.9%**. As detailed above our non-clinical BME staff are mainly concentrated in Bands 3-6.

4. Indicator 2: The relative likelihood of White applicants being appointed from shortlisting compared to BME applicants.

4.1. **Shortlisting data (Graph 2):**



	Applied	Shortlisted	Appointed	% appointed
White	372	152	56	37.30%
BME	986	301	57	18.90%
Unknown	7	5	0	0%

4.2. **37.3%** of White applicants were appointed compared to **18.9% BME** applicants.

4.3. Although more **BME** applicants were shortlisted (301) compared to **White** (152) applicants, the data is showing us that White applicants are **2.06** times more likely to be appointed following shortlisting.

4.4. It should be noted that a ratio of above 1.0 indicates **White** applicants are more likely to be appointed and a ratio of below 1.0 would indicate **BME** staff being more likely to be appointed.

5. Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to White staff.

5.1. **Number of formal and informal complaint/concerns raised (Table 3).**

Type	Number
Formal	Suppressed
Informal	Suppressed

5.2. **Ethnicity breakdown of informal complaint/concerns raised (Table 4).**

Ethnicity	Number
White	Suppressed
BME	Suppressed
Not stated	Suppressed

5.3. There have been a low number formal and informal concerns/complaints raised, however as the number is below 11, we are unable to provide details due to confidentiality and the risk of identifying the staff.

6. Indicator 4: The relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff.

6.1. SEL ICB currently **does not** have a process for collecting data on non-mandatory training undertaken by staff. However, it should be noted that SEL ICB have a training interview panel for all non-mandatory training requests, which are over £500.

7. Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months:

7.1. **National Staff Survey Data (Table 5).**

Ethnicity	SEL ICB	National ICB Average
White	6.5%	7.9%
BME	4.3%	8.3%

7.2. Both **White** and **BME** colleague percentages are **below** the national average.

7.3. **White** staff are more **likely** to experience bullying or abuse from patients, relatives or the public **(6.5%)**, which is **2.2%** more than **BME (4.3%)** staff.

8. Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

8.1. **National Staff Survey Data (Table 6).**

Ethnicity	SEL ICB	National ICB Average
White	19.6%	15.5%
BME	24.8%	20%

8.2. The South East London ICB data shows that both **White** and **BME** staff are **above** the national **average**.

8.3. **24.8%** of BME staff have experienced harassment, bullying or abuse from staff compared to **19.6%** of White staff.

8.4. This shows that **5.2%** more BME staff have experienced harassment, bullying or abuse from staff. Given the above average score overall, this area should be a focus of activities over the next year.

9. Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion.

9.1. **National Staff Survey Data (Table 7).**

Ethnicity	SEL ICB	National ICB Average
White	58.2%	59.3%
BME	38.4%	38.3%

9.2. The data indicates that **38.4%** of **BME** staff believe the organisation provides equal opportunities for progression or promotion, this is **0.1%** above the national average.

9.3. However, **58.2%** of **White** staff believe that the organisation provides equal opportunities for profession or promotion, this is below the national average by **1.1%**.

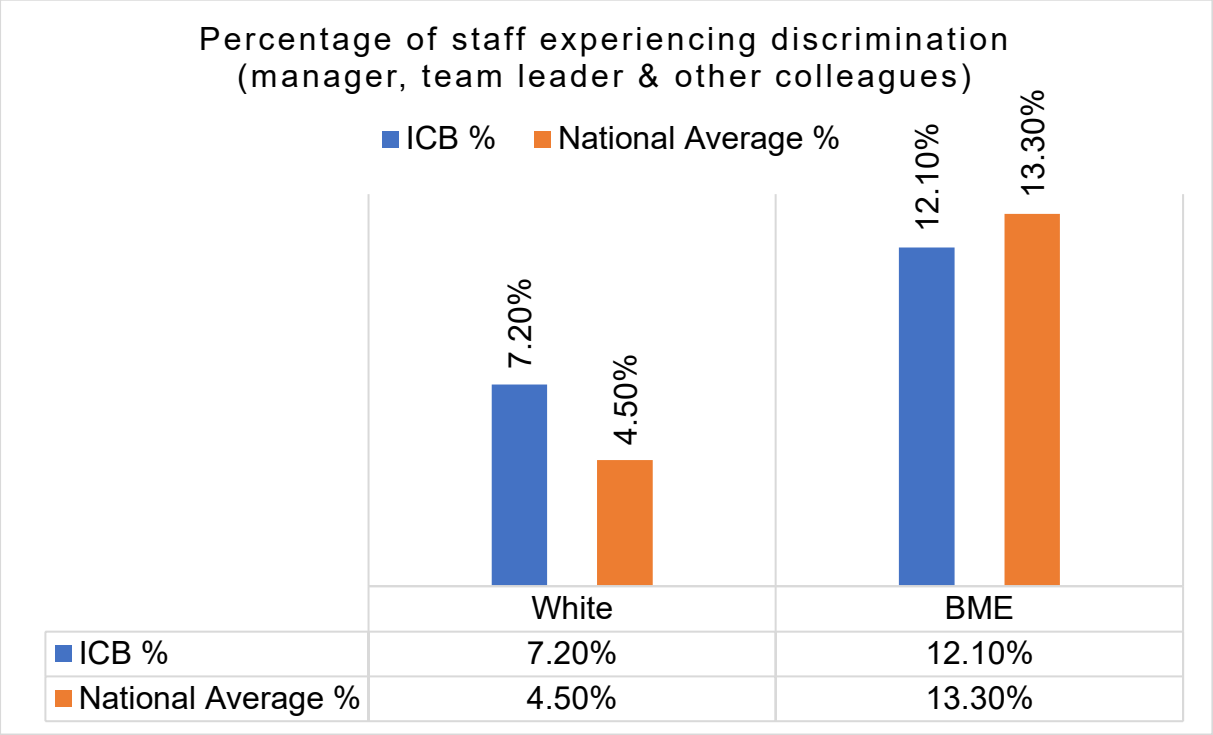
9.4. This is a difference of **19.8%** between **White** staff and **BME** staff perception. Given the significant disparity, this should be a focus of activities over the next year.

10. Indicator 8: Percentage of staff experiencing discrimination at work from other staff in the last 12 months (Manager/team leader or other colleagues).

10.1. **National Staff Survey Data: Manager and Colleagues data (Table 8).**

Ethnicity	Manager	Other colleagues
White	11.4%	11.4%
BME	12.8%	17.9%

10.2. **National staff survey data: Managers/team leaders and colleagues combined and National average (Graph 3).**



	White	BME
ICB %	7.20%	12.10%
National Average %	4.50%	13.30%

10.3. Table 8 indicates that **BME** staff experienced more discrimination at work from a manager **(12.8%)** and colleagues **(17.9%)** compared to **White** staff **(11.4%).**

10.4. Graph 3, which details the percentage of discrimination experienced from a manager, team leader and other colleagues indicates that **BME (12.1%)** staff experienced **4.9% more** discrimination compared to **White** staff **(7.2%).**

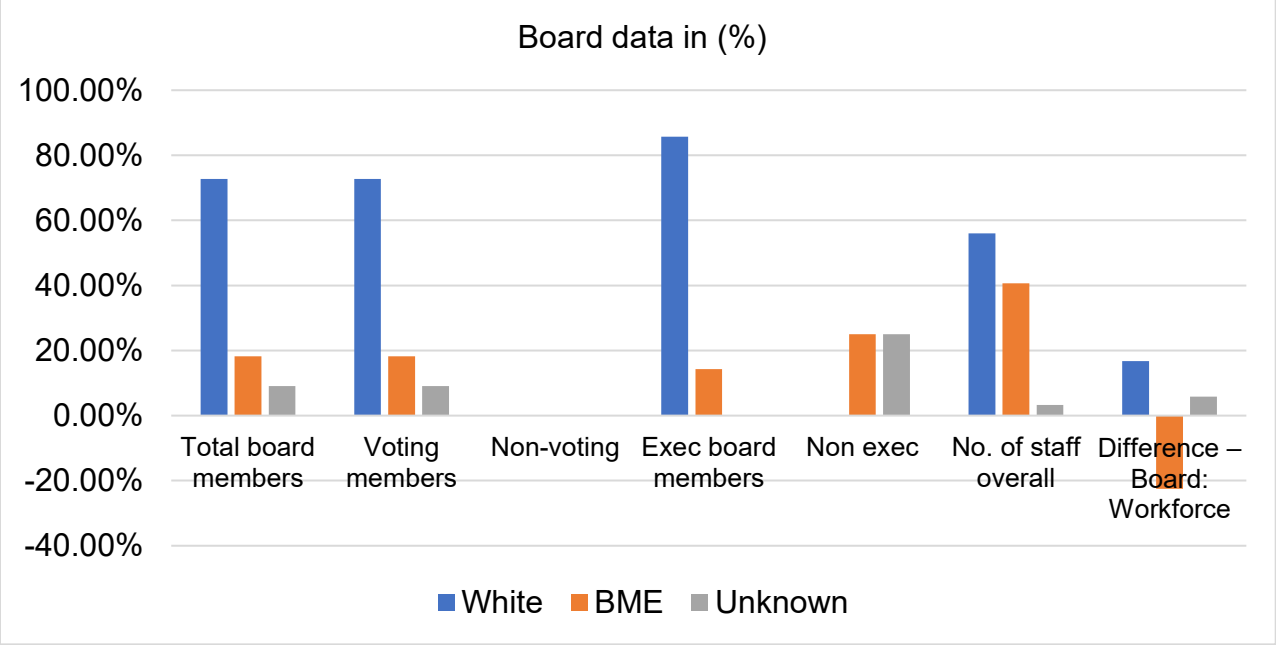
10.5. However, it should be noted that both BME and White staff are below the national average.

11. Indicator 9: Percentage difference between the organisations' Board membership and its overall workforce disaggregated:

- **By voting membership of the Board**
- **By executive membership of the Board**

11.1. **Board data (Table 9 and Graph 4):**

	White	BME	Unknown	Total
Total board members	8 (**72.7%**)	2 (**18.2%**)	1 (**9.1%**)	11
Voting members	8 (**72.7%**)	2 (**18.2%**)	1 (**9.1%**)	11
Non-voting	0	0	0	0
Exec board members	6 (**85.7%**)	1 (**14.3%**)	0	7
Non exec	2 (**50%**)	1 (**25%**)	1 (**25%**)	4
No. of staff overall	445 (**56%**)	323 (**40.7%**)	26 (**3.3%**)	794
Difference – Board: Workforce	**16.7%**	**-22.5%**	**5.8%**	N/A



11.2. There are a total of **11** board members: **72.7%** are **White**, **8.2%** are **BME** and **9.1% unknown**.

11.3. **All** board members are **voting** members.

11.4. There are **7 executive** members (please note that SEL ICB have more executive members, however they are seconded from other organisations): **85.7% White** and **14.3% BME**.

11.5. The difference between White **Board** members and White staff (**workforce**) is **16.7%.**

11.6. The difference between BME **Board** members and BME staff (**workforce**) is (minus) **-22.5%**.

12. Overview

12.1. Data from the 2022/2023 WRES report shows that improvements are required in the following areas:

12.1.1. BME representation within higher Agenda for Change (AfC) and VSM bandings within clinical and non-clinical roles.

12.1.2. Shortlisting and recruitment training.

12.1.3. Recording of non-mandatory training and CPD.

12.1.4. Reducing discrimination, bullying, harassment and abuse experienced by staff.

12.1.5. Providing equal opportunities for promotion and progression.

12.1.6. BME representation at Board and executive level.

13. Mitigating actions

13.1. The following actions will be taken to address the above disparities, the actions below have been developed from the analysis of the WRES data, aligning to the anti-racism strategy and NHSE EDI Improvement plan.

13.2. Develop a talent management programme which will include:

13.2.1. Mentoring, awareness sessions (on topics including race and ethnicity), confidence and resilience training to our staff, and providing training sessions for leaders within the organisation.

13.2.2. Career conversations for clinical and non-clinical staff.

13.2.3. Succession planning for BME staff from Band 8a and above.

13.2.4. Develop future leaders to ensure equality and inclusion is a key competence of all leaders, ensuring it is linked to the ICB organisational values.

13.2.5. Create a buddying system between different groups and ethnicities in the ICB Board.

13.2.6. Develop training for line managers to provide/receive feedback and supervision style discussions (360 feedback).

13.3. Create a central intranet page with guidance and processes.

13.4. Develop ways to increase the reach and advertising of non-mandatory training.

13.5. Encourage disclosure rate of protected characteristics.

13.6. Review and de-bias our processes across the employee lifecycle to ensure they are inclusive and reflective of just culture, this includes:

13.6.1. Induction

13.6.2. Disciplinaries

13.6.3. Capability

13.6.4. Focus on de-biasing the recruitment process through:

- Recruitment training

- EDI questions in the interview
- Further unconscious bias training
- Diverse interview panels (diversity representatives)
- Ensure that recruiting managers are familiar with legal requirements and practices in relation to protected characteristics, including race, in recruitment.

13.6.5. Relaunch the exit interview process to ensure the organisation learns from those who are leaving.

13.7. Ensure a personal objective within appraisals focuses on EDI.

13.8. Create a psychologically safe environments in order to build trust and to support for staff to speak up when they experience or witness racism and take swift action through:

13.8.1. Raising awareness of Freedom to Speak Up Guardians

13.8.2. How to approach them

13.8.3. Having champions in the ICB

13.9. Develop a process to ensure the ICB is able to record non-mandatory training being undertaken by staff at SEL ICB.

13.10. Review HR policies to ensure they reflect issues such as micro-aggressions, and weathering, and are inclusive.

13.11. Promote educational resources that help people understand racism and its emotional, mental, and physical impact.

13.12. Develop an improvement plan to eliminate ethnicity pay gaps to ensure pay equity across the organisation.

14. Conclusion

14.1. The WRES report is retrospective, therefore it should be noted that the data and experiences may have changed since the data was originally collected and analysed.

14.2. Although improvements have been made, we know that further work needs to be undertaken as outlined in section 13.

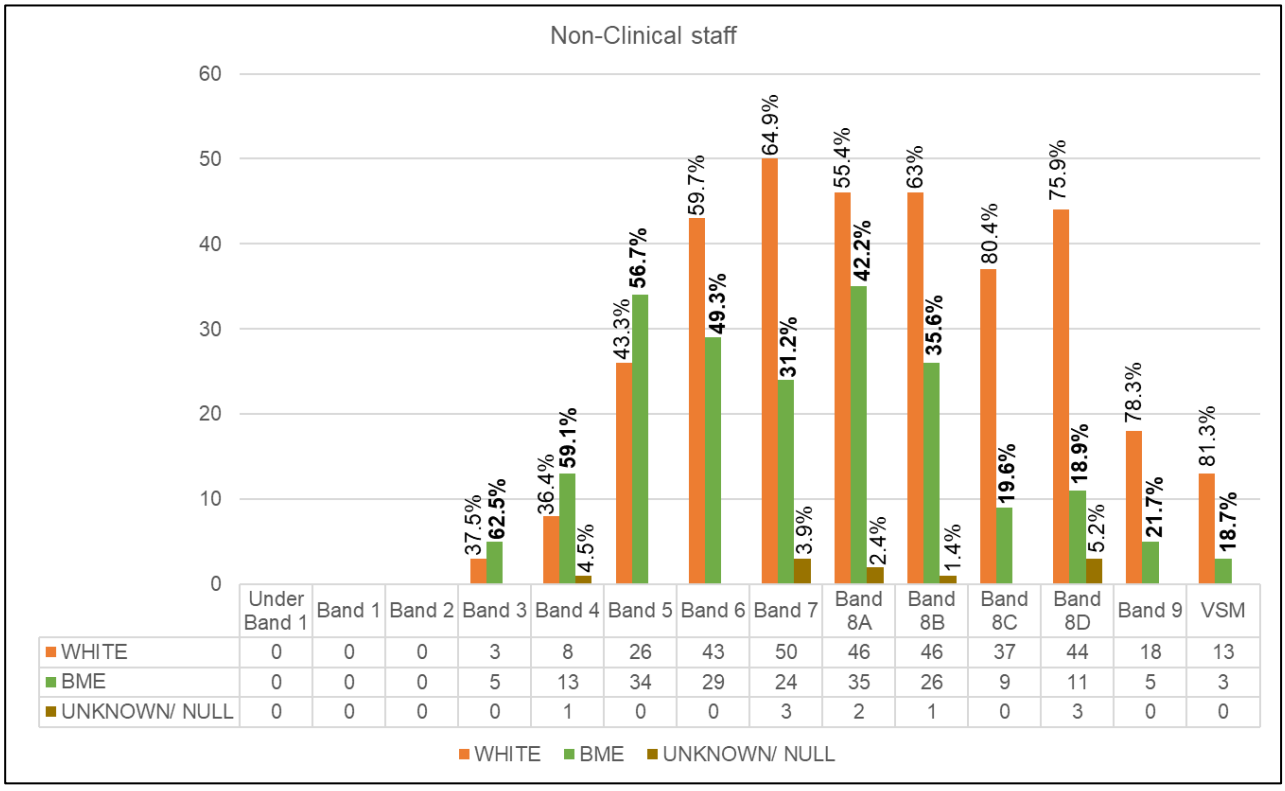
14.3. A SELICB Staff Anti-racism strategy has been developed by the EDI team and actions have been developed to ensure we are able to improve BME staff experience.

14.4. The ICB is committed to improving all staff experiences and continually review our impact through our equality, diversity and inclusion activities, including the development on an anti-discrimination strategy.

14.5. The WRES action plan will be regularly monitored through the SEL ICB Equalities Sub-Committee which is chaired by the Equalities Senior Responsible Officer (SRO). The EDI team will ensure progress is shared and communicated across the organisation.

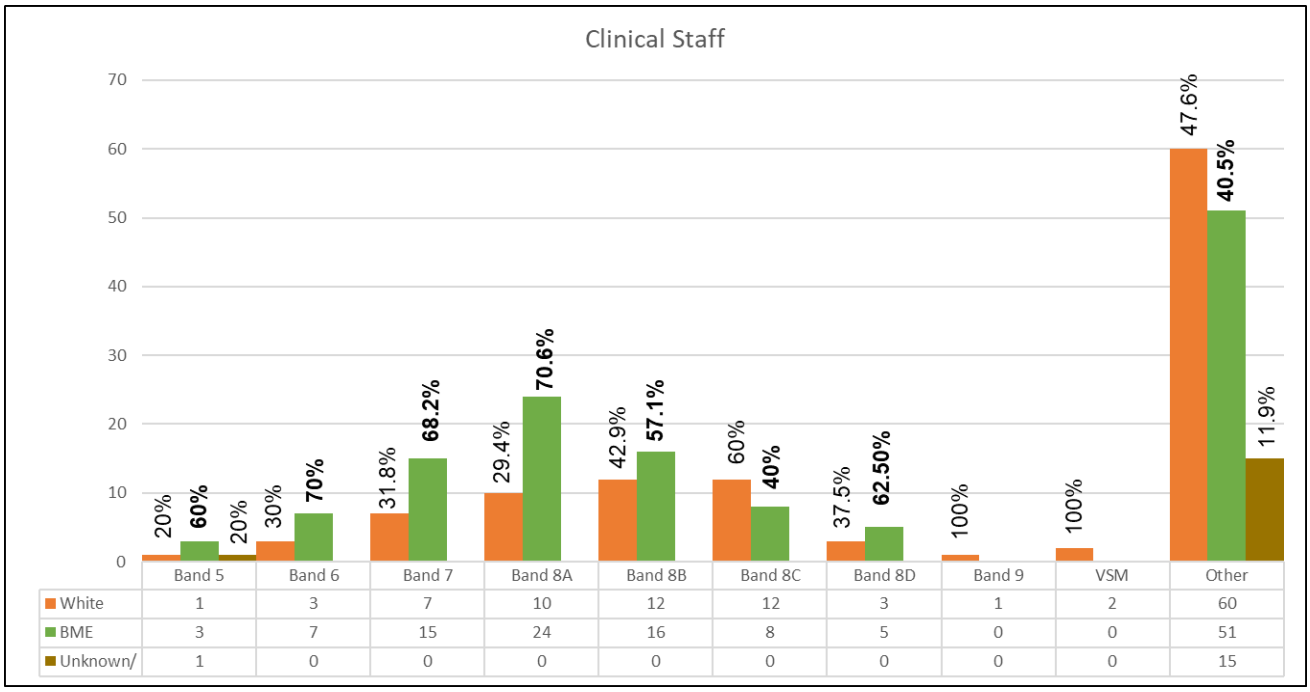
Appendix 1: Non-clinical staff data breakdown

Band: Non-Clinical	WHITE	%	BME	%	UNKNOWN/ NULL	%	Total
Under Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 2	0	**0%**	0	**0%**	0	**0%**	**0**
Band 3	3	**37.5%**	5	**62.5%**	0	**0%**	**8**
Band 4	8	**36.4%**	13	**59.1%**	1	**4.5%**	**22**
Band 5	26	**43.3%**	34	**56.7%**	0	**0%**	**60**
Band 6	43	**59.7%**	29	**49.3%**	0	**0%**	**72**
Band 7	50	**64.9%**	24	**31.2%**	3	**3.9%**	**77**
Band 8A	46	**55.4%**	35	**42.2%**	2	**2.4%**	**83**
Band 8B	46	**63%**	26	**35.6%**	1	**1.4%**	**73**
Band 8C	37	**80.4%**	9	**19.6%**	0	**0%**	**46**
Band 8D	44	**75.9%**	11	**18.9%**	3	**5.2%**	**58**
Band 9	18	**78.3%**	5	**21.7%**	0	**0%**	**23**
VSM	13	**81.3%**	3	**18.7%**	0	**0%**	**16**
Total	**334**	**62.1%**	**194**	**36.1%**	**10**	**1.8%**	**538**



Appendix 2: Clinical staff data breakdown

Band Clinical: Non-medical	White	%	BME	%	Unknown/ Null	%	Total
Under Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 1	0	**0%**	0	**0%**	0	**0%**	**0**
Band 2	0	**0%**	0	**0%**	0	**0%**	**0**
Band 3	0	**0%**	0	**0%**	0	**0%**	**0**
Band 4	0	**0%**	0	**0%**	0	**0%**	**0**
Band 5	1	**20%**	3	**60%**	1	**20%**	**5**
Band 6	3	**30%**	7	**70%**	0	**0%**	**10**
Band 7	7	**31.8%**	15	**68.2%**	0	**0%**	**22**
Band 8A	10	**29.4%**	24	**70.6%**	0	**0%**	**34**
Band 8B	12	**42.9%**	16	**57.1%**	0	**0%**	**28**
Band 8C	12	**60%**	8	**40%**	0	**0%**	**20**
Band 8D	3	**37.5%**	5	**62.5%**	0	**0%**	**8**
Band 9	1	**100%**	0	**0%**	0	**0%**	**1**
VSM	2	**100%**	0	**0%**	0	**0%**	**2**
Of which Medical & Dental: Consultants	0	**0%**	0	**0%**	0	**0%**	**0**
of which Senior medical manager	0	**0%**	0	**0%**	0	**0%**	**0**
Non-consultant career grade	0	**0%**	0	**0%**	0	**0%**	**0**
Trainee grades	0	**0%**	0	**0%**	0	**0%**	**0**
Other	60	**47.6%**	51	**40.5%**	15	**11.9%**	**126**
Total	**111**	**43.4%**	**129**	**50.4%**	**16**	**6.2%**	**256**



Workforce Disability Equality Standard (WDES) 2023

NHS South East London (SEL) Integrated Care Board (ICB)

Prepared by Roger Hendicott, EDI and OD Project Manager

Record Date: 31st March 2023
Publication Date: 30 March 2024

Contents

1. Executive Summary

1.1. Welcome to the NHS South East London Integrated Care Board (SEL ICB) Workforce Disability Equality Standard (WDES) 2023 report and action plan.

1.2. NHS SEL introduced the Workforce Disability Equality Standard (WDES) in October 2021 ahead of the national rollout by NHS England. This is our third year of WDES reporting, the first being as our predecessor organisation NHS South East London Clinical Commissioning Group (SEL CCG) and our second as an ICB. This helps achieve our ambition and commitment to being an organisation which champions disability equality and improves the everyday lives of our staff with disabilities.

1.3. The WDES is a set of ten specific measures (metrics) enabling NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The data is used to develop an action plan for the organisation, and year on year comparison allows progress to be demonstrated against indicators of disability equality. The data for the measures is extracted from the Electronic Staff Records (ESR) and the NHS Staff Survey. Definitions of the metrics are provided in paragraph 2.2 below.

For the WDES 2022 report a robust staff engagement event was held on 18 October 2022 which 67 staff with disabilities, managers and allies attended. The event provided an opportunity to test the 2022 data and develop meaningful actions. A robust action planning process was developed to include mapping of feedback, pipeline activity, new actions and good practice recommendations from the NHS England WDES Team. Colleagues from the HR, OD and Recruitment teams were involved in considering the evidence and formulating actions. The outcome of this was a comprehensive two-year action plan covering 2023/24 and 2024/25.

1.4. This 2023 report summarises the workforce and staff experience data against the WDES Metrics. The 2023 findings were shared with the Age and Ability Staff network for review and feedback and the action plan for 2024/25 was updated with the recommendations from the network.

1.5. Key findings show disabled people make up 29.9% of the London population, and our staff representation does not align with that statistic, which means we are underrepresented at all bands. However, it should be noted that some staff prefer not to declare their disabilities.

1.6. Overall, the organisation shows improvement in some metrics with areas of under-performance also noted, details of which are provided in the report. As can be seen from the current metrics, actions completed during 2023/24 appear to be having a positive impact.

2. Introduction and background: Understanding disability and the Workforce Disability Equality Standard (WDES)

2.1. Understanding disability

2.1.1.

Figure 1: What is a disability? (*Source: Understanding disability infographic | NHS Employers*)

2.1.2.

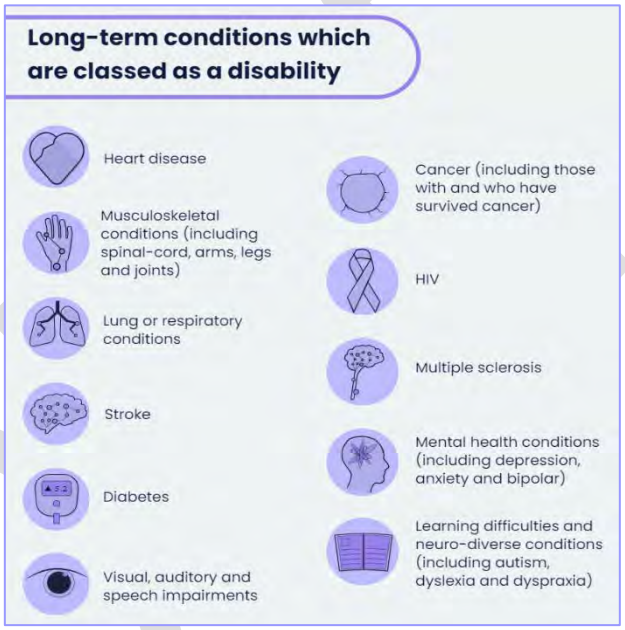


Figure 2: Long Term conditions and disability (*Source: Understanding disability infographic | NHS Employers*)

2.1.3.

Figure 3: Disability in the UK (*Source: Understanding disability infographic | NHS Employers*)

Other statistics:[1]

- About **22%** (14.6 million) of the UK population have a disability.
- 32% of people see disabled people as being less productive[2].
- 60% of people say they avoid disabled people as they don't know how to behave around them[3].
- 6.4% of our staff shared that they had a disability on ESR, but nearly 21% of respondents to the national NHS Staff Survey identified as having a disability.

2.2. Workforce Disability Equality Standard (WDES) overview

Research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety .[4]

The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures (metrics), which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan. Year on year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality. The table below provides details of the ten metrics.

[1] Disability Perception Gap | Disability charity Scope UK
[2] Disability Perception Gap | Disability charity Scope UK
[3] Disability Perception Gap | Disability charity Scope UK
4 NHS England » Workforce Disability Equality Standard

Metric definitions

Metric No.	Metric description
1	Percentage of staff in each of the Agenda for Change Bands 1-9 OR Medical and Dental subgroups, and VSM (including executive board members) – compared with the percentage of staff in the overall workforce
2	Relative likelihood of staff being appointed from shortlisting.
3	Relative likelihood of staff entering the formal capability process
4	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or public
5	Percentage of staff believing that the CCG provides equal opportunities for career progression or promotion
6	Percentage of staff that felt pressure from their manager to come to work, despite not feeling well
7	Percentage of staff saying that they are satisfied with the extent to which their organisation values their work
8	Percentage of staff state their employer has made adequate adjustments at work
9a	Staff engagement score for disabled and non-disabled staff.
9b	Disabled staff engagement: "Facilitating the voices of disabled staff"
10	Board representation

Metrics are based on data from the Electronic Staff Records (ESR) and the NHS Staff Survey.

3. Understanding our WDES data

3.1. Key issues impacting staff with disabilities.

There are two broad themes which the WDES metrics can be grouped into - work supply and retention.

This is depicted diagrammatically in Figure 4. These are the key themes which are impacting on our staff with disabilities. The relevant WDES metrics have been included under each theme. .

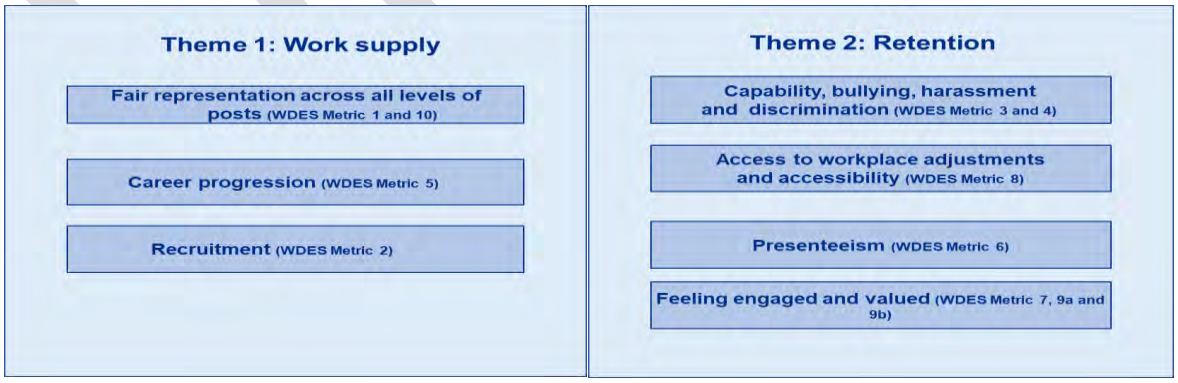


Figure 4: WDES Themes and Measures

More detailed analysis of these areas is included in paragraph 3.2.

3.2. Theme 1: Work Supply

3.2.1. Representation: Metric 1

As can be seen from Figure 5 below, at all grades, the organisation is not representative of the South East London disabled population (29.9% disability prevalence, Census 2021 ONS).

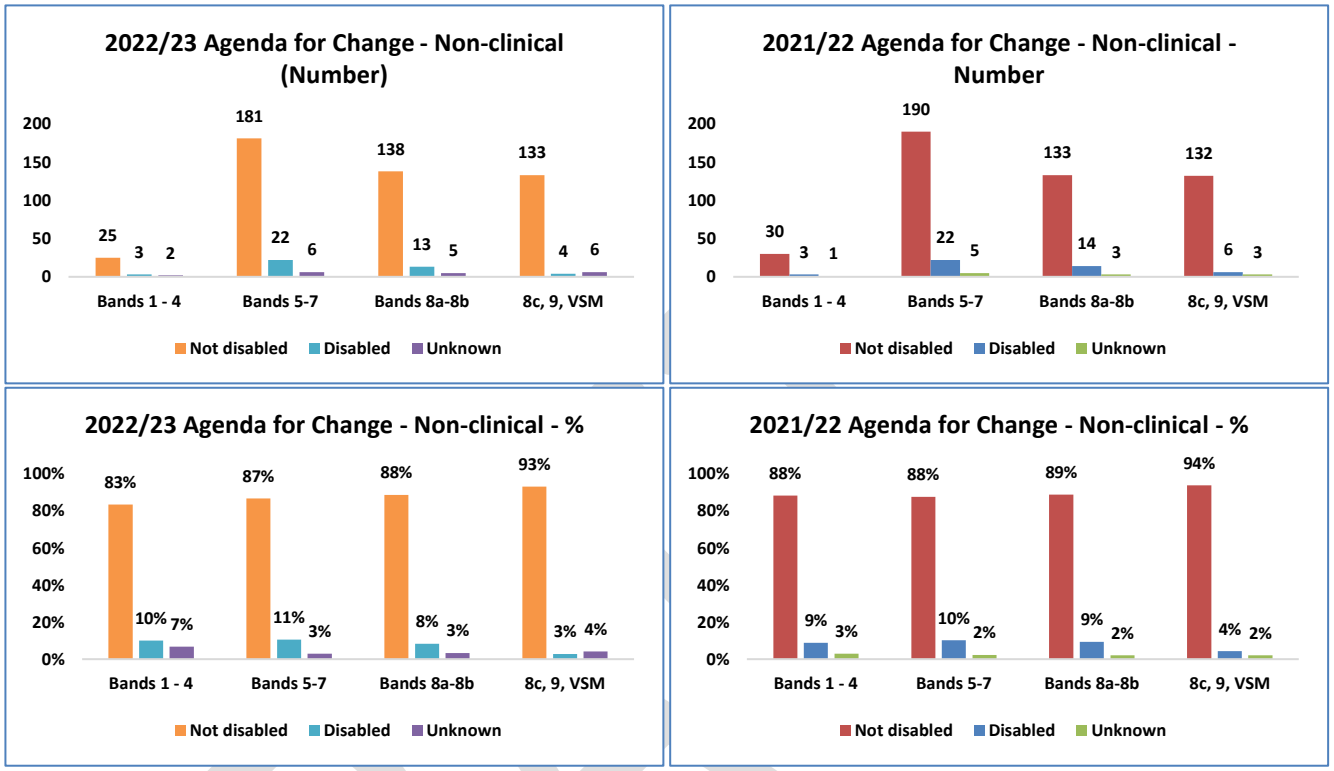


Figure 5: Disabled representation within NHS SEL ICB

3.2.2. Board Representation: Metric 10

As can be seen from Figure 6 below, there are no known disabled members on the Board and no change from 2021/22.

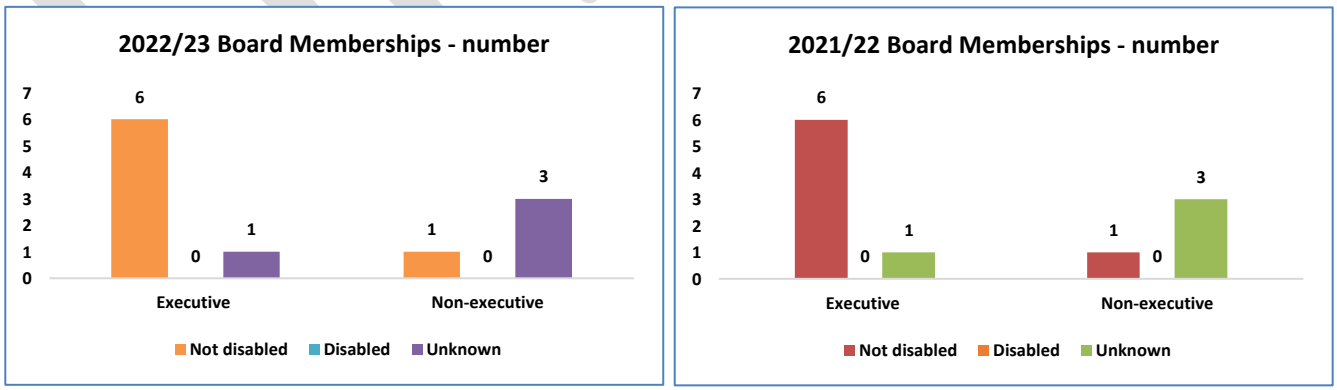


Figure 6: Board Representation

3.2.3. Career progression: Metric 5

As can be seen from Figure 7 below there is a significant decrease in disabled staff who feel the organisation provides equal opportunities for career progression or promotion, with a marginal decline for non-disabled staff from 2021 to 2022.

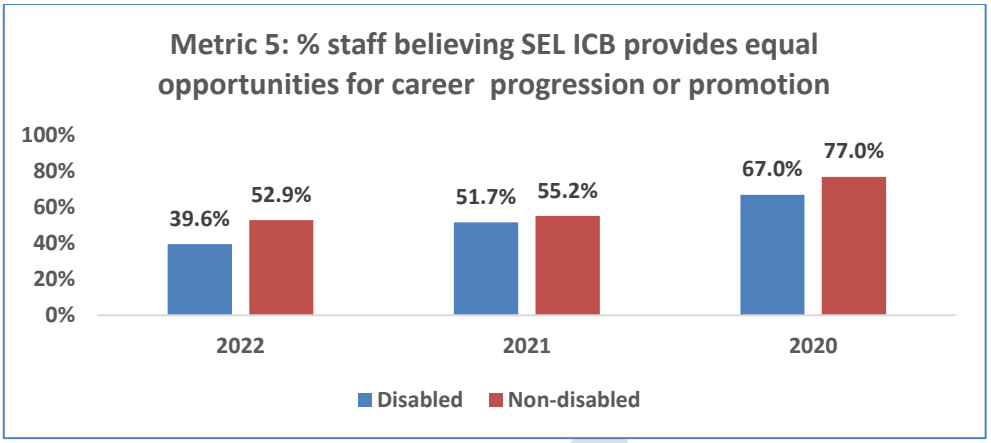


Figure 7: Career Progression

3.2.4. Recruitment: Metric 2

A relative likelihood below 1:00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting. As can be seen from Figure 8C below disabled staff are more likely than non-disabled staff to be appointed. The metric includes both external and internal posts.

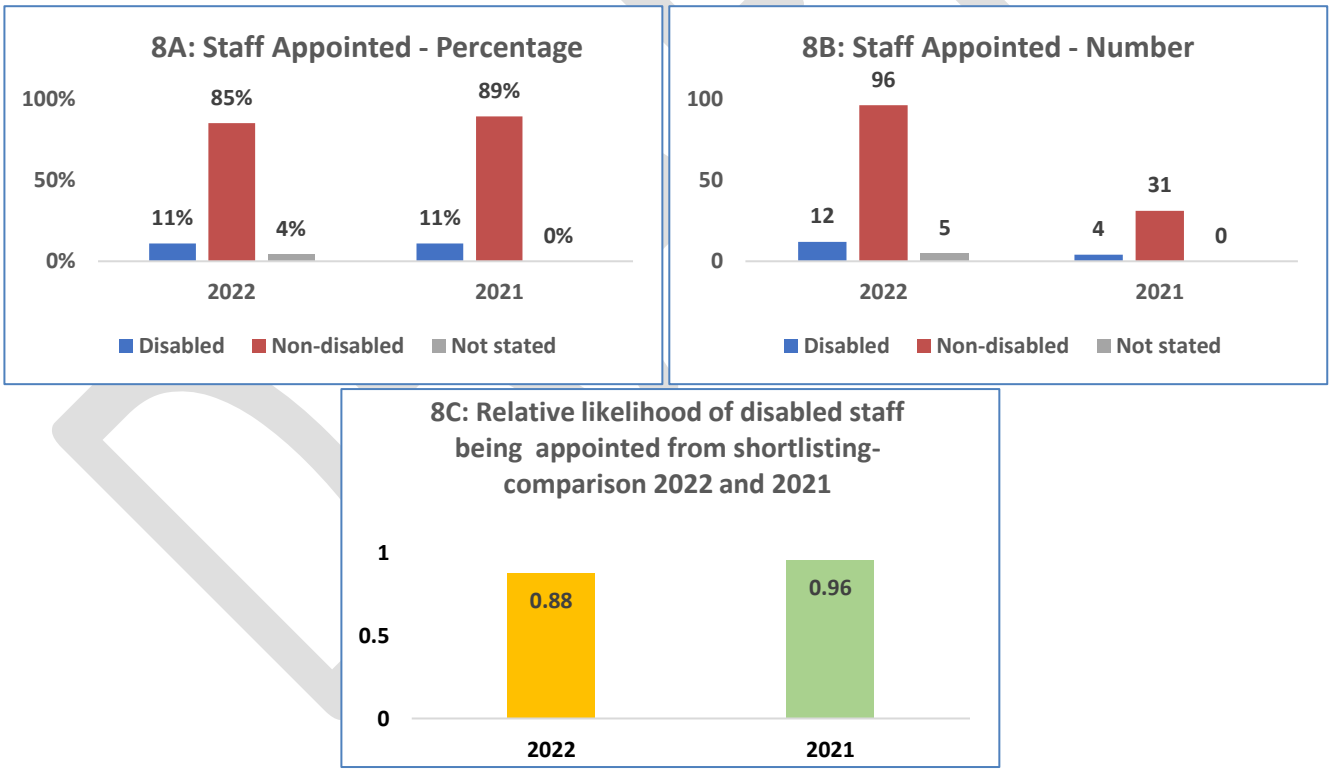


Figure 8:Recruitment likelihood of Appointment

3.3. Theme 2: Retention- Dignity and respect

3.3.1. Capability, bullying, harassment and discrimination: Metric 3

No staff faced a capability procedure during the period reviewed.

3.3.2. Bullying, harassment and discrimination: Metric 4

As can be seen from the table below,

- There is an improvement and reduction in disabled staff experiencing harassment, bullying or abuse from managers and the public but an increase in

their experiences of harassment, bullying or abuse from other colleagues. Non-disabled staff report an increase in harassment, bullying or abuse from both managers and colleagues.

- There has been a substantial increase in the number of disabled staff who have experiences of harassment, bullying or abuse reporting the incident. There has been a slight (marginal) reporting of incidents by non-disabled staff.

WDES staff survey questions 2022 (2021)	Metric 4 % staff experiencing harassment, bullying or abuse			
Year	Disabled	Non-disabled	CCG Average* Disabled	CCG Average* Non-disabled
From the public: 2022 (2021)	6.2% (9.3%) ↓	5.8% (5.8%) ↔	10.7% (12%) ↓	7.3% (8%) ↓
From managers: 2022 (2021)	19.6% (19.8%) ↓	10.7% (7.9%) ↑	15.2% (12.7%) ↑	7.6% (7.2%) ↑
From other colleagues: 2022 (2021)	20.6% (16.7%) ↑	11.9% (10.9%) ↑	15.5% (15.6%) ↓	8.7% (8.1%) ↑
% staff that reported the incident: 2022 (2021)	44.4% (34.6%) ↑	46.2% (47.5%) ↓	40.9% (46.2%) ↓	42.2% (46.4%) ↓

3.3.3. Access to workplace adjustments: Metric 8

As can be seen from Figure 9 below, and up from 76.1% in the previous year, 79.2% of disabled staff feel that adequate adjustments have been made to accommodate their disability.

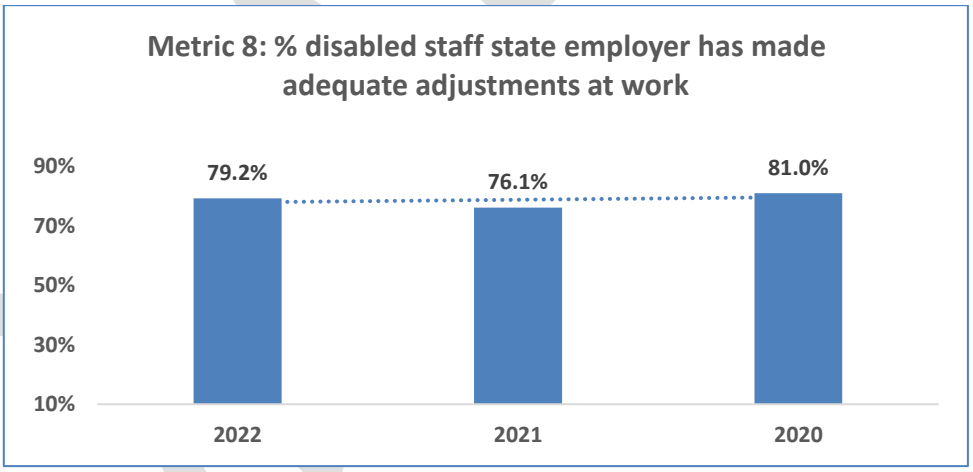


Figure 9: Access to workplace adjustments

3.3.4. Presenteeism: Metric 6

As can be seen from Figure 10 below there was a slight improvement in disabled colleagues feeling pressurised to attend work when feeling unwell. However, there was a significant increase in the percentage of non-disabled staff feeling pressurised to come to work when unwell from 7.6% to 15.5%.

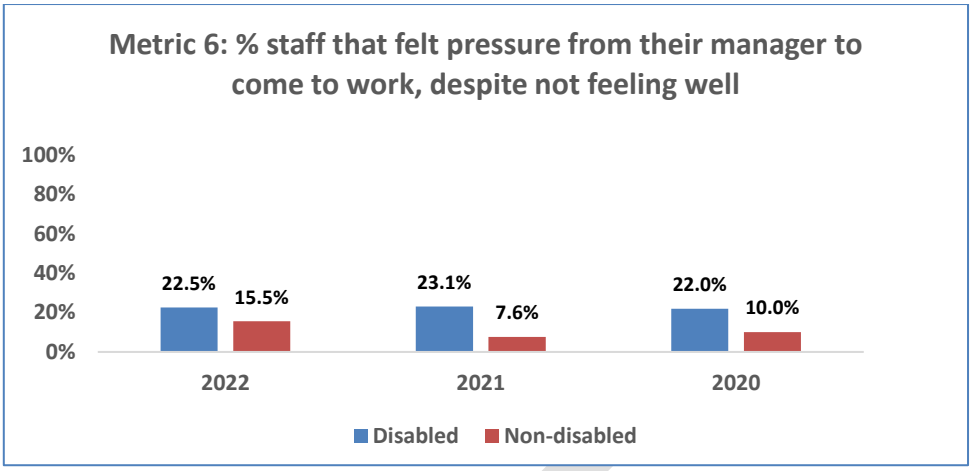


Figure 10: Presenteeism

3.3.5. Feeling engaged and valued: Metric 7 and 9a.

As can be seen from Figure 11 below There was a marginal increase from 41.1% to 44.3% of disabled colleagues who feel their work is valued by the ICB, with a slight increase in disabled staff feeling of being engaged at work, with a marginal decline for non-disabled staff.

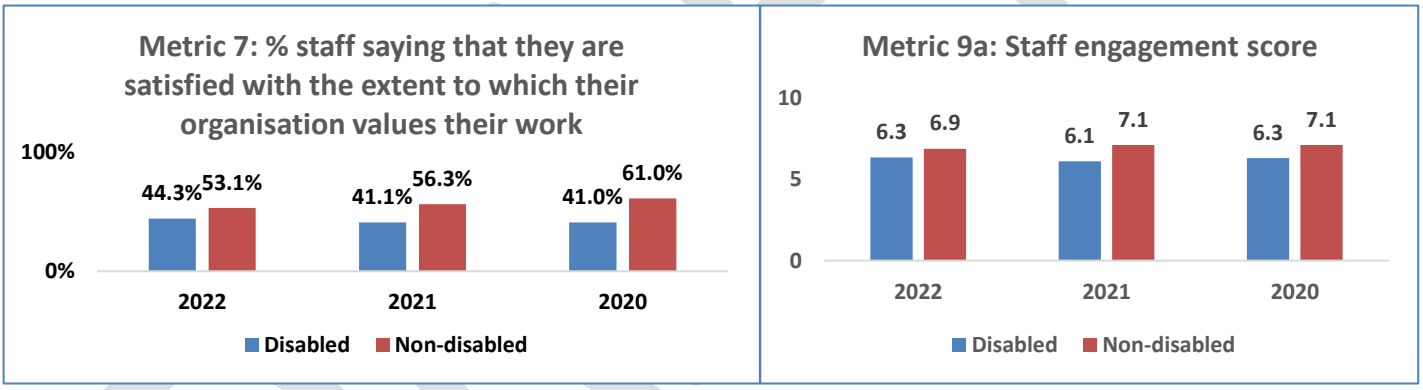


Figure 11: Feeling Valued and Engaged

4. Staff engagement and evaluation

4.1. For the WDES 2022 report a robust engagement event was held on 18 October 2022 which 67 staff with disabilities, managers and allies attended. The event provided an opportunity to test the 2022 data and develop meaningful actions. A thorough action planning process was developed to include mapping of feedback, pipeline activity, new actions and good practice recommendations from the NHS England WDES Team. Colleagues from the HR, OD and Recruitment teams were involved in considering the evidence and formulating actions. The outcome of this was a comprehensive two-year action plan, covering 2023/24 and 2024/25.

The plan and 2023 data were tested with the Age and Ability Staff network for continued relevance and further recommendations and has been updated with the feedback received.

5. Action plan

5.1. Action plan delivery during 2023/24

During the year under review, NHS SEL ICB introduced the following to promote recruitment opportunities and improve the working life and experience for disabled staff.

- Widened the selection of references and considered accepting non-formal employment references, if appropriate for the role.
- Established links with South East London Job Centres about available roles.
- Uploaded list of managers who have completed unconscious bias training into TRAC to ensure panel members have been trained and there is a record maintained.
- Completed the self-assessment evidence template for Level 2 Disability Confident Employer scheme. SEL ICB provides permanent or fixed term appointment and paid internships or support internships.
- Proactive use of Evenbreak (a disability jobs board) to:
  - Advertise jobs online to registered candidates, actively aiming to attract disabled candidates
  - Review reports from Evenbreak to identify and rectify barriers to applying.
- Publishing figures from ESR on the amount of people with disabilities in each grade.
- Flexible working particularly in relation to hours and working from home.
- Developed a management checklist/assessment for capability and other HR processes of areas for managers to consider before going into formal processes.
- Implemented a robust performance management system using data to promote and support our ambitions to:
  - undertake regular data collection throughout the year
  - run quarterly feedback sessions to assess the impact of actions on organisational EDI culture change
- Implement mediation training and have a pool of mediators to resolve issues earlier and informally.
- Having workplace advisers that specialise in harassment, bullying and abuse and producing guidance on where to go if a situation arises.
- For 2023/24, ensure that staff have a safe space to discuss a range of issues.

5.2. Action plan for 2024/25

The tables below reflect the proposed actions to be carried out in 2024/25. This work will feed into our wider EDI action plan and progress monitored by our Equality Delivery Group and Equality Sub-Committee.

Action Area: Fair representation, recruitment and career progression (Metrics 1, 2, 5 and 10)							
EDP No.	Action	Timescales					Lead
		2023/24		2024/25			
		Q3	Q4	Q1	Q2	Q3	
1	Review advert and JD templates with aim to attract under-represented groups and remove barriers to potential applicants		31/03/2024				Head of Recruitment
3	Provide standard template to be used for alternative references with a selection of standard specific questions e.g., how long known applicant, in what capacity, what skills/experience the individual has demonstrated which align with the role they are applying for.		31/03/2024				Head of Recruitment
4	Implement flexibility when assessing people so disabled job applicants have the best opportunity to demonstrate they can do the job.		31/03/2024				Head of Recruitment
5	More creative thinking around job roles more suitable for people with learning disabilities and dependent on use of IT.		31/03/2024				Head of Recruitment
be6	Generic texts of adverts to be reviewed and include information regarding EDI work and commitments of the ICB, which will also include adding this information on the internet page.		31/03/2024				Head of Recruitment
11	Review the current workplace adjustment process and, using learning from best practice organisations, develop a workplace adjustments guidance, which will include access to specialist equipment, provide an understanding of Access to Work, guidance on different types of adjustments Occupational Health and information on a range of disabilities and LTCs.	Amber					Senior HR business partner EDI Manager
12	Monitor to ensure the ICB demonstrates an active usage of the guidance by managers.	31/10/2023					Senior HR business partner
13	Develop framework and policy for the redistributing/recycle equipment and aids which are no longer required for workplace adjustments back into the community. This framework should take into consideration for booking and allocating specialist equipment, address the impact of hotdesking/booking on availability of needed adjustments and availability of lockers for storing equipment.		31/03/2024				Senior HR business partner
14	Development and implementation of Health Ability passports.	Green					Head of Recruitment/Organisational Development (OD) Inclusion Advisor

Action Area: Fair representation, recruitment and career progression (Metrics 1, 2, 5 and 10)							
EDP No.	Action	Timescales					Lead
		2023/24		2024/25			
		Q3	Q4	Q1	Q2	Q3	
15	Ensure representation of disabled people on interview panels.		31/03/2024				Senior HR business partner
16	Develop dedicated web page to share ICB ambitions and actions towards promoting equality in our processes	Green					Senior EDI Manager
18	Develop and implement a talent management programme that identifies progression pathways for all staff and opportunities for coaching/psychological support/buddying/mentoring for staff with a disability.	31/12/2023					AD-Organisation Development
19	This is an additional action added from the above which will be for the OD team to undertake a review of disabled persons entry to career development opportunities.					31/12/2024	AD-Organisation Development
20	Improve disclosure rates by: Setting an organisation-wide target on disability declaration, focusing on reducing the levels of 'Unknown'. Regular reminders on the importance of declaration rates. Consideration to be given to including disability awareness equality training in our induction process.	31/12/2023					AD-Organisation Development Senior EDI Manager Senior HR business partner
22	Disability questions to be discussed at all staff appraisals. (If applicable)	31/12/2023					AD-Organisation Development
23	Link in with ICS wide participation to promote careers in ICB and NHS generally and raise profile of SEL ICB as an employer of choice					31/12/2024	AD-Organisation Development
24	Develop an EDI policy or organisational statement of intent.					31/12/24	Senior EDI Manager
27	Establish organisational values and behavioural competencies which ensures fairness and equity for disabled staff and implement values-based recruitment process.					31/12/2024	AD-Organisation Development Head of Recruitment
44	Develop a communications campaign focused on the benefits of employing disabled people, aligning these with the NHS People Promise values			30/06/24			Senior EDI Manager

Action Area: Capability, Access to Adjustments, Bullying, Discrimination and feeling Engaged and Valued (Metrics 3, 4, 6, 7, 8 and 9)							
ED P/No.	Action	Timescales					Lead
		2023/24		2024/25			
		Q3	Q4	Q1	Q2	Q3	
17	Develop and implement focused management training/awareness sessions on: Soft skills: EDI, bullying and harassment, meaningful and compassionate conversations career progression	31/12/2023					AD-Organisation Development
25	Develop and implement more streamlined and efficient OH assessment and recommendation practices, including monitoring of assessment and waiting lists and training of OH staff in the variety of disability types, particularly hidden disabilities, and the adjustments that may be necessary					31/12/2024	Director of HR & OD
29	Review HR policies (discipline, capability, grievance, sickness and absence, performance management) to ensure disabled employees are not disadvantaged and to encourage managers to appropriately support disabled colleagues. Audit implementation and success of all policies. Implement a robust performance management system using data to promote and support disable people and includes capability measures, factors leading to bullying, disciplinary and capability processes, appropriate action on informal complaints.	Amber					Senior HR business partner
30	Progress the appointment of FTSU Champions at borough level through place executive directors with objective to have as diverse a group as possible and from lower band staff groups, and create forums, safe spaces and networks to share tips/experiences for how to cope					31/12/2024	AD-Organisation Development
33	Implement a "zero tolerance culture" to bullying and harassment by: Launching a communications campaign focussed on reducing harassment, bullying and abuse.					31/12/2024	AD-Organisation Development Senior HR business partner
34	Adopting the practices set out in the NHS Civility and Respect Toolkit NHS England » Civility and Respect.					31/12/2024	AD-Organisation Development
37	Implementing improved process for those witnessing or experience issues to report their observations and reducing stigma					31/12/2024	AD-Organisation Development Senior HR business partner

Action Area: Capability, Access to Adjustments, Bullying, Discrimination and feeling Engaged and Valued (Metrics 3, 4, 6, 7, 8 and 9)								
ED P/No.	Action	Timescales					Lead
		2023/24		2024/25			
		Q3	Q4	Q1	Q2	Q3	
38	Hold focus group sessions with managers and staff to better understand the drivers and triggers of perceived presenteeism. Potential triggers could include: • managers understanding of workplace adjustments • interpretation of policy • culture within teams • management styles					31/12/2024	Senior HR business partner
39	The ICB implements the Sunflower scheme which provides training and awareness on disabilities with an emphasis on hidden disabilities	Amber					AD-Organisation Development
41	Recruiting executive sponsors for each of the staff networks aligned to the protected characteristics.					31/12/2024	AD-Organisation Development
42	Staff have access to widely promoted awareness events which align to the organisation's staff groups (inc. a planned Deaf awareness session.	Green					Senior EDI Manager
43	Appoint WDES champions, establish networks for sharing tips and coping mechanisms.	31/12/2023					Senior EDI Manager
45	Develop an organisation policy for workplace adjustments.					31/12/2024	Senior HR business partner

6. Conclusion

Thank you for taking the time to read our 2023 WDES report – we will keep improving and achieving for our staff with disabilities as we strive to achieve our ambition and commitment to being an organisation championing disability equality and improving the everyday lives of our staff with disabilities.

For further information or queries about this WDES report please contact: equality@selondonics.nhs.uk.

Integrated Care Board meeting

Item 5
Enclosure F

Title:	**Chief Executive Officer's Report**
Meeting Date:	15 November 2023
Author:	Andrew Bland, ICB Chief Executive Officer
Executive Lead:	Andrew Bland, ICB Chief Executive Officer

Purpose of paper:	**To receive the report from the Chief Executive Officer**	Update / Information	*X*
		Discussion	
		Decision	
Summary of main points:	This report updates the Board on matters of interest across NHS South East London since the last Board meeting on 19 July 2023		
Potential Conflicts of Interest	**None**		

Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**

	Equality Impact	Equality Impact Assessments are considered where applicable
	Financial Impact	N/A
Other Engagement	Public Engagement	Public engagement takes place where appropriate and this report is presented to the Board meeting in public and published on the ICS website
	Other Committee Discussion/ Engagement	N/A
Recommendation:	**The Board receive the Chief Executive Officer's Report**	

Chief Executive Officer's Report

NHS South East London Integrated Care Board (ICB) 15 November 2023

My report and that of my Executive team members speaks to the wide range of challenges faced by our system and the achievements and gains partners continue to make, working together, in spite of them. I would, at the outset, like to recognise the enormous efforts of our teams and staff members right across our health and care partners over this period and to place on record my thanks to them. The items that follow and our wider Board agenda underline the system nature of the solutions we do and must continue to find, whether that is in developing the programmes that will equip our future leaders or dealing with the immediate and extreme pressure experience in many of our services and pathways of care.

1. Industrial Action Overview

1.1. The period of industrial action during September and October was extremely challenging, not least because this was the first time the system saw joint action taken by British Medical Association (BMA) junior doctors and consultants, providing Christmas Day cover service. Complexity was also added due to the periods of action being taken in quick succession and for longer duration than previous industrial action. During this period, action was also undertaken by the Society of Radiographers.

1.2. All planning ensured that patient safety and health inequalities remained central to all decision making and focussed on providing the safest care possible under the industrial action conditions.

Likely Impact and further action

1.3. The impact of industrial action on elective waiting lists and staff morale continues to grow with resultant financial impact. Throughout the periods of industrial action, medical directors have been asked to ensure that any patient harm incidents, where industrial action is thought to have been a contributing factor, is recorded clearly within the report for the incident.

1.4. At this time, it is currently unknown when the next period of industrial action will take place. However, the BMA are opening their ballot for the SAS (Speciality) doctors which will close early December. If the threshold is achieved and they get the mandate this would allow them to take industrial action over the Christmas period, subject to a two week notice period.

1.5. The junior doctors' mandate to strike expires on 29 February 2024, and the consultants' mandate expires on 27 December 2023. The consultant mandate could be extended for a further 6 months as the BMA are re-balloting their members (ballot papers due to go out on 6 November 2023). The Society of Radiographer's mandate expires on 28 of December 2023.

2. Freedom to Speak Up (FTSU) arrangements

2.1. Following the conviction of Lucy Letby, NHS England's Chief Executive, Amanda Prichard, wrote to all NHS organisations reiterating the commitment to prevent 'something like this happening again' and outlined the steps that had already been taken to strengthen patient safety and monitoring, namely the national rollout of medical examiners and the forthcoming implementation of the new Patient Safety Incident Response Framework; and requesting for strengthened Fit and Proper Persons and Freedom to Speak Up (FTSU) Frameworks to be implemented.

2.2. NHS South East London ICB has a FTSU Guardian; an identified non-executive member FTSU and FTSU champions aligned to all six boroughs. A comprehensive report with details on the SEL ICB's response to the requirements set out in NHS England's letter has been shared with the Board. The ICB's Chief of Staff will bring a report to the January board setting out how the ICB role will be better linked across the system without duplicating that which is in place with the region; and themes from whistleblowing incidents in the ICB.

3. EPIC Rollout

3.1. Guy's and St Thomas' NHS FT (GSTT) and King's College Hospital NHS FT (KCH) jointly launched their new electronic patient record system EPIC on 5 October 2023.

3.2. This was a major change programme, underpinned by significant planning within the two providers and across the wider system. The new system will provide significant benefits to patients, clinicians and in terms of monitoring and reporting. The 'go live' on 5 October 2023 went and continues to progress well.

3.3. This was the biggest single go-live of Epic in the world. In addition to implementing Epic, GSTT and Kings implemented more than 15 new systems (3 systems for GP communications), implemented more than 80 interfaces and commissioned 2 new data centres. Within one week of the go-live over 30,000 staff had successfully logged into the system, 29,000 patients registered for MyChart (the patient portal) and 120 babies were delivered.

3.4. There have been some challenges and issues as the new system has been implemented, inevitable in a change programme of this size and scale and both trusts are systematically working through these. There have been significant impacts on some GP practices including with delays in processes. The majority of these are resolved, and we are now in a period of stabilisation as the new system beds down and its use is embedded in daily practice.

4. Management Cost Reduction (MCR) Programme

4.1. The Integrated Care Board has been working to review its management costs in the context of both the need to ensure fit for purpose structures that support the ICB in the delivery of its core requirements, including its statutory duties, and the national requirement for a 30% running costs by April 2025, with a minimum 20% secured by April 2024.

4.2. Having engaged with staff and partners over the summer the ICB has now developed proposed structures to meet these objectives. The all-staff consultation was launched on 16 October 2023 with a 45-day consultation period. After consultation closes, the ICB will consider all feedback received, provide a comprehensive management response to the feedback and finalise future structures.

4.3. The Human Resources process through which the new structures will be populated will run over quarter four, 2023/24. The scale of the savings target means the ICB expects to have to make some members of staff redundant as a result, but the organisation has sought to maximise the contribution that vacancies will make to securing the target through a recruitment freeze thereby reducing potential redundancies.

4.4. The ICB continues to engage with staff and will be running engagement events over the period of consultation alongside actively seeking feedback on the proposals. In addition, the ICB has put in place support for staff during this difficult period, including HR support and advice and targeted support for those members of staff who will need to apply for new roles as part of this process.

5. Vaccination Campaigns

5.1. The Autumn/ Winter vaccination campaign has commenced with those eligible for covid and influenza vaccinations being invited to attend. The covid vaccination programme start date was brought forward to 11 September 2023 by NHS England due to the potential risks associated with the new Covid-19 variant (BA.2.86). Care Home residents and the housebound were prioritised and all south east London care homes have either been visited or a visit is planned before the first week in November.

5.2. South east London's portfolio of provision for flu and covid vaccinations includes General Practice, Community Pharmacies, Primary Care Networks and vaccination centres. The majority of covid vaccinations during the autumn/winter campaign have been given by community pharmacies.

5.3. The current number of covid vaccinations given (as of 23/10/23) is 165,682 with 36% co-administered with influenza. The current number of influenza vaccinations given across south east London as of 23/10/23 is 207,008. However, the programme to vaccinate those eligible cohorts continues until the new year.

5.4. The ICB has developed a covid/ flu vaccination dashboard which, with local data and insight, is supporting the boroughs with their local planning and delivery, with a particular focus on cohorts and ethnic groups. Boroughs are using their local data, intelligence and insights to shape their services and approaches.

5.5. The South East London ICS Vaccination and Immunisation Board are leading on a childhood vaccination campaign, especially for MMR and polio, to increase awareness and provide parents with information on immunisations.

6. Mental health crisis care and pathways

6.1. Mental health crisis demand continues to represent a key challenge for the south east London system, as for many others, within the urgent and emergency care pathway. The system has been working for some time to take forward action to better support those in mental health crisis, including the development of a number of crisis alternatives and increased overall capacity. However, this has not yet been able to keep pace with demand, particularly for those in crisis needing admission to a mental health bed. As a result, the system has undertaken work to better understand demand and capacity and have been working to agree a further set of immediate actions to support in both providing a better experience for those in mental health crisis but also alleviating the pressure and clinical risk in Emergency Departments as a result of long waits.

6.2. As a result, action is being taken forward to increase the bedded provision through the private sector but also through proposals to increase NHS bed establishment. Additional training and education support is also being provided to Emergency Departments, enhancing psychiatric liaison teams who work in Emergency Departments and undertaking flow improvement work, from purposeful admission through to timely discharge. This work sits alongside the wider mental health transformation programme which is focussed particularly on development of community mental health teams, which will support in better meeting population need through prevention, early detection and intervention activity.

7. Equalities, Diversity & Inclusion (EDI) Update

Equality Delivery System 2022

7.1. The EDS22 is an EDI quality improvement tool for NHS Trusts and ICBs which has been made mandatory in 2023/24. The three key domains cover:

- Domain 1. Commissioned or provided services
- Domain 2. Workforce health and well-being and
- Domain 3. Inclusive leadership

7.2. The overall process for each domain involves gathering evidence to carry out an assessment against a rigorous set of outcomes, then engaging with the relevant cohorts for each domain using a rating and score card approach. For Domain One, the process must involve local people, communities, and partners. For Domain Two, the process must involve staff members/ networks, trade unions and Freedom to Speak Up Guardians. For Domain Three, the process must involve independent evaluators or peer reviewers, trade unions and staff networks.

7.3. Within Domain One, the EDI Team is currently assessing maternity services in collaboration with south east London partners across the Integrated Care System, including the Local Maternity and Neonatal System (LMNS), and developing two

other service options for assessment, namely, learning disabilities health checks (in Lambeth) and breast cancer screening (in Southwark).

7.4. For Domain Two, robust evidence has been gathered to formulate a picture of staff health and wellbeing across the organization. Following this a well-attended engagement session was held on 4 October with a range of colleagues across geographies, roles, and grades. The outputs of the staff engagement are being collated and a tailored action plan will be formulated in partnership with other relevant teams including Human Resources and Organisational Development teams.

7.5. A Board and senior leaders survey has been circulated to gather evidence of commitment to equality and health inequalities for Domain Three. An engagement event is planned for 29 November 2023. Other aspects of this domain include a desktop review of Board and Equalities Sub-Committee papers.

7.6. Board approval of the EDS22 reporting template will be sought at the January 2024 Board meeting before NHSE submission on 28 February 2024.

Black History Month 2023

7.7. A series of events have been held across the ICB to mark this year's Black History Month. With a central theme of 'Saluting our sisters' the ICB celebrated the tremendous contribution made by black women to wider society through a number of events.

7.8. The Equalities Forum on 25 October presented a conversation with Carol-Ann Murray, Associate Director for Learning Disabilities and Autism, and shared progress on the ICB's staff Anti-racism strategy. On 31 October, the Diversity and inclusion book, film and music club was held celebrating black history through music. Both events were well attended, had good engagement and have received excellent feedback.

7.9. In our boroughs, Bexley invited the Lord and Lady Mayoress of Bexley to a Black History Celebration event which was very well attended by members of the local community and councillors. Talks covered a range of topics from women's health to prostate cancer.

7.10. Across our providers there has been celebration of the current achievements of our people, with nurses and nursing associates from Oxleas NHS FT and Guys and St Thomas trust being recognised in the RCN Rising Star awards, as well the contribution made by south east London people over the years: King's College Hospital NHS Foundation Trust worked with the Black Cultural Archives to display a large timeline of Black history in the UK across main public walkways at its hospital sites, and at South London and Maudsley have showcased images from the Bethlem Museum of the mind archives showing the contribution of a diverse range of staff to the hospitals and particularly the many members of staff who came to work from the Caribbean in the 1950s and 1960s.

7.11. Lewisham & Greenwich NHS Trust had a month-long series of Celebrating Diversity events. A series of in-person and virtual EDI sessions took place through the month culminating in a final in-person conference on 31st October. All events were hosted by Board directors demonstrating their personal and visible commitment and

leadership. External EDI speakers and thought leaders who contributed included Baroness Doreen Lawrence OBE, Professor David Olusoga OBE and John Amaechi OBE, Jake Graf; Jamie Hale and Shani Dhanda. In addition to NHS leaders like Patrick Vernon and Dr Anton Emanuel, the events also provided an opportunity to profile the lived experience of many Trust colleagues, including nurses, midwives, doctors and AHP staff through an intersectional lens. The programme and the pledges were designed, as with all such programmes, by a multi-disciplinary stakeholder group including staff side, staff networks, wellbeing champions and divisional representatives. Over 1,151 members of staff accessed the various events

Equality and Human Rights Commission

7.12. The Equality and Human Rights Commission (EHRC) wrote to the ICB in February 2023 regarding a compliance audit being conducted for all ICBs on the Public Sector Equality Duty. The EHRC provided ICBs with an additional opportunity to submit further data to build a clearer picture of individual ICB compliance. The submission covered a range of topics including: race equality in recruitment and selection, improving ethnic disparities in maternity and neonatal services, inappropriate detention of people with learning disabilities and autism, and artificial intelligence and digitisation. The ICB has now submitted its response, and findings of the national audit will be shared with SEL ICB in the coming months.

8. Paediatrics Oncology Consultation

8.1. NHS England has launched a public consultant for a new Children's Cancer Principal Treatment Centre (PTC) covering the current catchment area of south London, Kent, Medway, Surrey, East Sussex, Brighton and Hove. The consultation was launched on 20 September 2023 and will run for 12 weeks ending on 18 December 2023.

8.2. PTCs provide diagnosis, treatments, and coordination of highly specialised care for children aged 15 and under with cancer. In 2021, a new national service specification for PTCs was approved by NHS England after being developed and tested with patients, families, staff and charities. It sets out how children's cancer services should be organised and delivered across the country in the future. Among other things, it requires all PTCs to be on the same site as a paediatric intensive care unit (PICU) and other specialised children's services such as paediatric surgery relevant to children's cancer care. This is because children being treated for cancer are sometimes at risk of needing to be transferred urgently to an intensive care unit. With future, cutting-edge treatments being developed for children with cancer, intensive care and other specialised children's services will increasingly be required to be on-site.

8.3. Currently, the PTC covering the catchment area of south London, Kent, Medway, most of Surrey, East Sussex, Brighton and Hove is jointly provided by The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust. The Royal Marsden does not have a paediatric intensive care unit on-site, which means that some children are currently safely transferred between the site and St George's Hospital every year. To ensure that children with cancer continue to get world-leading care in London as new innovative forms of specialist treatment are increasingly used, these arrangements need to change.

8.4. The consultation sets out two future options for doing so: the Evelina London Children's Hospital (Guy's and St Thomas' NHS FT) and St George's University Hospitals NHS FT being considered as options in the consultation, thereby providing all the required services on one site.

8.5. NHS England, London will make its final decision on the location of the new centre after hearing the views that come forward during the public consultation in line with legal duties and taking account of all other relevant factors. Members of the public and stakeholders are being encouraged to provide responses to the consultation.

9. Leadership Academy Update

9.1. The south east London System Leadership Academy was established to build the cross organisational leadership capability necessary to support the SEL ICS's ambitions for integration. This was founded on the key characteristics for system leadership co-developed with partners from across the system: building trust across boundaries, driving purposeful collaboration, catalysing and embedding innovation, partnering with those worked with and served and embracing difference and challenge. Based on these five characteristics, three initial programmes: *Connect*, *Create* and *Collaborate* were developed (further information is available on the ICS website at https://selondonics.org/system-leadership-academy).

9.2. The System Leadership Academy continues to reach more partners and staff across the south east London system; all offers are seeing participants from all sectors, Boroughs, and professional groups. The Academy is working with the ICB communications team to maximise engagement across the system, ensuring that the offers are known to staff within all partner organisations. In addition, across the Academy a greater number of participants are accessing the programmes due to recommendations from previous or current members, suggesting a level of 'word-of-mouth' communication.

9.3. The first Collaborate cohort completed the programme in May 2023. Feedback from the first cohort was very strong, with an overall programme experience rating of 4.83 out of 5. Members of the first cohort continue to meet as a network, put their learning into practice, and are proactively supporting the programme (for example, three members presented at the launch of the second cohort). The second cohort has now been through its launch event and first module; evaluation scores from these events has also been very positive and feedback will continue to be monitored throughout the programme.

9.4. A third SEL Create (Spread and Scale) Academy was held in October 2023. 15 teams from across the system attended, with projects ranging from a multidisciplinary and cross-sector approach to supporting those who are frail, to VCSE-led early intervention for parents, to improving support for staff going through the menopause.

9.5. The Connect Leadership Group is driving the Connect community, building on the network of over 400 individuals through regular events. Monthly virtual Connect Community Networking Breakfasts create an opportunity for participants to connect across sectors and organisations. In addition, topical events are being held which are open to all community members.

9.6. Current funding for the System Leadership Academy is coming to an end; there is no further funding for a fourth Create Academy. The Connect community is funded until the end of 2023/24, and the third and final funded Collaborate cohort is due to end in early 2024/25. A business case is under development to set the System Leadership Academy onto a sustainable footing, moving to internal delivery of the offers within the system (and hence removing the reliance on consultancy support).

9.7. Evaluation of the three System Leadership Academy programmes, and an understanding of the extent to which synergies between the programmes have been realised, will be critical to the development of the business case.

9.8. To date evaluation has focused on immediate process and output measures. With regards to process, for each programme the number of applications and/ or participants, and their diversity (across all dimensions), has been tracked as an indicator of success with respect to communications and marketing, and as a marker for the level of appetite across the system for the programmes. In addition, the level of participant drop-out has been tracked and explored where possible. As a measure of immediate output, every session held for each programme has been subject to an end-of-session evaluation form, the data for which has been collated and is being tracked over time.

9.9. However, the ambition is to shift to metrics of the medium to long-term outcomes of the System Leadership Academy learning from the work of the Dragon's Heart Institute. Possible measures include, but are not limited to:

- The number of Collaborate participants who have been retained within the system within 12 and 24 months of programme completion (versus the average retention rate)
- The number of Collaborate participants promoted into system leadership roles within the three years following programme completion
- The number of Create projects which meet their 90-day project plan target, as set in the third day of the Create Academy. Please note that these projects will each set relevant outcome measures
- The number of Create projects which meet, or are on track to meet, their spread and scale targets 12 and 24 months after programme completion. As above, these projects will each set relevant outcome measures
- The percentage of successful applicants for system leadership positions who are active members of the Connect community at the time of application.
- The number of cross-sector projects initiated through Connect connections (as a measure of the success of cross-system networking)
- The percentage of participants of one offer choosing to access additional programmes (including where an application to a second programme is unsuccessful)
- The delivery of financial synergies through increased in-house delivery of the three programmes, sharing resource across the System Leadership Academy (as opposed to the use of external resource commissioned for a specific programme)

9.10. Whilst there is a clear ambition to evaluate the System Leadership Academy alongside the creation of the business case, there is a recognition that investment into

system leadership is a long-term decision, the results of which are intended to be seen over the coming years and decades.

10. Our ICB leadership team

10.1. The SEL ICB's Chief Nurse, Angela Helleur, is currently on secondment to the Princess Royal University Hospital, until March 2024, as their Site's Interim Chief Executive Officer (CEO). The ICB and Angela agreed to support Kings College Hospital NHS Foundation Trust through the winter period whilst the organisation recruits substantively to this important role. We are extremely grateful to Paul Larrisey who is currently covering Angela's role as the Acting Chief Nurse during her period of secondment.

10.2. After 12 years as a system leader at both system and regional level and nearly 30 years as a GP in south east London, Dr Jonty Heaversedge will be leaving us at the end of this month to take up an exciting new opportunity in Singapore starting in the new year. Jonty will be working with the National Healthcare Group, one of three Integrated Care Systems in Singapore, to support the development of integrated primary and community care provision. His role will bridge their ICS, Centre for Healthcare Innovation and Lee Kong Chian School of Medicine.

10.3. This is an exciting step for Jonty, bringing together his passion for patient care, innovation and learning. It builds on the work Jonty has been leading as the ICB's joint Medical Director and it is hoped it will create more opportunities for shared learning between the two systems, which are both tackling similar challenges as a result of continued demographic change and increasing cost of care provision. Jonty's passion for and contribution to the local system and the population has been enormous and will be hugely missed.

10.4. Dr Toby Garrood will continue to perform his role as Medical Director with more time devoted to the role from 2024 onward. The ICB is currently considering the recruitment of a Deputy Medical Director role as well.

10.5. In Bexley Stuart Rowbotham, Place Executive Lead (PEL) for Bexley, has announced his intention to retire at the end of this financial year with his final day in the role being 2 April 2024. Stuart has worked in health and care for over 43 years and has made a huge contribution to the ICB and to the Bexley system over the last three years. The ICB is now in discussions with the Bexley system and its partners regarding a recruitment process to appoint Stuart's successor.

10.6. James Lowell left South East London ICB in mid-September to take up the Chief Executive role at Queen Victoria Hospital NHS Foundation Trust in East Grinstead. The substantive Southwark Place Executive lead will be advertised externally as Partnership Southwark have agreed to a full-time Place Executive lead holding delegations from both the ICB and Southwark Council and working for the partnership. The recruitment process is due to launch imminently with the new arrangement expected to start in April 2024. In the meantime, Martin Wilkinson, Southwark Chief Operating Officer, is performing this role.

10.7. Finally the ICB (and Guy's and St Thomas' Hospital NHS FT) Chief People Officer, Julie Screaton has also announced her retirement at the end of this financial year. We extend our thanks to Julie for her contribution both at GSTT and on a system-

wide system basis. Recruitment to a new and shared Chief People Officer role between the ICB and one of our partners is concluding and we will announce a new appointment in the coming weeks.

11. Bexley Borough Update

South Asian Heritage Month

11.1. For South Asian Heritage Month, the Bexley Wellbeing Partnership funded and organised a South Asian Health and Wellbeing Fair. The event took place at the Nest. The residents who attended were able to access a range of support services and advice, which included the Bexley Voluntary Service Council, Mind, Healthwatch Bexley & Greenwich, Age UK Bexley and the London Borough of Bexley 0-9 years services. Local faith group leaders were also on hand.

Bexley Wellbeing Partnership Blood Pressure Pop-up Service

11.2. The Bexley Wellbeing Partnership funded a Blood Pressure Pop-up Service during the national *Blood Pressure Awareness* week. The service was delivered by the Bexley Health Neighbourhood Care, the GP Federation, between 5 and 7 September 2023, at the Bexley Civic Suite. Bexley has the highest prevalence of hypertension per 1,000 GP registered patients in South East London. Bexley has low rates of GP registered patients who have had a routine Blood Pressure check during the past 12 months. Consequently, hypertension may not be detected until other risk factors become evident.

11.3. During the pop-up clinics 73 residents had their Blood Pressure checked:

- Marginally, more people who described their gender as female attended than those who described their gender as male
- 70% had normal Blood Pressure
- 30% had abnormal Blood Pressure
- Of those with abnormal Blood Pressure, 68% had no previous history or diagnosis of hypertension
- Six residents were referred to Stop smoking (5 of those were registered with Bexley GP practices)
- Two residents were given alcohol advice and one patient was referred to Pier Road Clinic
- 26 residents were referred back to their GP practice for NHS health checks (13 of those were registered with Bexley GP practices)
- 21 residents were referred back to their GP (12 of those were registered with Bexley GP Practices) for follow up appointment for Blood pressure management and two patients required an urgent appointment with their Bexley GP
- One patient under 18 years (Looked After Children) was given general health advice on stop smoking, alcohol, and sexual health

11.4. The partnership will be sharing the learning from these clinics with Primary Care to support improving take-up of Blood Pressure checks.

Black History Month

11.5. Bexley Wellbeing Partnership and Active Horizons hosted a joint Bexley Black History celebration event to mark the end of Black History month. Over 1,000 people joined the Bexley Wellbeing Partners to mark the end of Black History month.

11.6. The event provided the opportunity for residents to come together and hear how the Bexley Wellbeing Partnership is working with local communities, groups and partner organisations to support Black communities across the borough.

11.7. Attendees also heard from key guest speakers about issues affecting the Black communities, including raising awareness about prostate cancer amongst Black men and the need for greater support for Black women going through the menopause. There were a range of local organisations who were on hand to discuss and provide support on health and wellbeing initiatives.

Get Winter Strong Campaign

11.8. The Leader of the London Borough of Bexley Council, Councillor Baroness O'Neill of Bexley OBE, helped launch the Bexley Get Winter Strong Flu campaign by getting her flu vaccine at a local pharmacy in Bellegrove Road, Welling. Councillor Baroness O'Neill of Bexley OBE said: "It's important to get your vaccines and top up your protection as we head into winter. Not only are you protecting yourself and those closest to you against illness but by hindering the spread of the virus you are also helping to protect our local hospitals and our community."

12. Bromley Borough Update

Immunisations Update

12.1. The Autumn/Winter vaccinations campaign was brought forward to commence on 11 September because of the circulation of the new Covid variant BA 2.86. The campaign started for care home and housebound residents with the remaining eligible cohorts able to book through the national system from Tuesday 19 September.

12.2. In line with the national guidance, patients have been offered the opportunity for 'co-administration' where possible, i.e., receiving both the Covid and Flu vaccination at the same visit. Feedback from patients and providers suggests that this has been popular.

12.3. Covid Vaccination provision in Bromley includes:

- The One Bromley Health Hub service is now being run by Bromley GP Alliance (BGPA) following a successful model established by King's College Hospital (KCH) last year. The service is located in The Glades Shopping Centre and open Monday-Saturday from 08:30-20:00
- Primary Care/PCN led vaccination sites are operating from Oaks Park Medical Centre in Penge, London Lane Clinic in North Bromley and Chelsfield Surgery in Orpington

- A number of Bromley community pharmacies are offering both Covid and Flu vaccinations, increasing from eight to 20 pharmacies for this year's campaign
- Bromley Healthcare (BHC) is delivering housebound Covid and flu vaccinations on behalf of a number of GP practices. BGPA is supporting BHC with Covid vaccine stock and each practice is providing the flu vaccine required for their registered patients. As of October 26, BHC have completed almost 60% of the housebound cohort
- The Bromleag Care Practice is providing Covid and flu vaccinations to Care Home residents across the borough and completed the majority ahead of the 22 October deadline. The remaining homes will be scheduled at an appropriate time following their Covid outbreaks. This campaign also saw adult care homes for people with learning disabilities and people with mental health needs being offered onsite vaccinations for the first time. These were delivered by their registered GP practice and supported by BGPA where additional capacity was required
- Pop-up clinics are being held at Orpington Health & Wellbeing Centre and Riverside School to ensure provision for people less able to travel to main sites. Additional events are planned at Mottingham and Marjorie McClure school

12.4. The Bromley programme is commencing a deep dive analysis by ethnicity (mapped to postcodes) with a view to determining what more targeted activity is required. There is also work underway with learning disability (LD) leads to promote increased vaccination for the LD and severe mental illness (SMI) cohorts. Videos will be used to promote both flu and Covid vaccinations in pregnancy as the uptake is lower for this cohort too.

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Winter Planning Update

12.6. Throughout September winter management preparations were in the final stages with most increased capacity across health and care having started in October. The GP Academic half day was held that provided GPs and other practice staff the opportunity to ensure that primary care teams were knowledgeable about the services available and how best to support their patients throughout winter.

12.7. An updated directory of services was shared with primary care and is being shared with acute and community colleagues to ensure all professionals working with Bromley residents across health and care are aware of the support available to them to keep people well this winter. The One Bromley Executive have undertaken an open book exercise on winter investment looking at value for money and impact reporting. The Accident & Emergency Delivery Board will oversee the delivery of this activity throughout the winter period**.**

Bromley Mental Health and Wellbeing Hub – Celebration Event

12.8. During the summer there was an event to celebrate joint work between Oxleas NHS Foundation Trust and Bromley, Lewisham and Greenwich (BLG) Mind to develop a

new joint service: the Bromley Mental Health Hub. The Hub is a single point of access (SPA) for adults with mental health challenges. It brings together NHS clinicians, including psychology, with expertise from the voluntary sector including housing advisors, peer support workers, benefits advice and employment support. The result is a tailored service that is able to meet different mental health challenges by bringing a range of professionals and skills together. The speakers at the event included Lorraine Regan, the Oxleas Director of Adult Community Mental Health and Learning Disabilities, Ben Taylor, the Chief Executive of BLG Mind, and James Postgate, Associate Director of Integrated Commissioning at SEL ICB. The celebration event also included a wonderful recital by the volunteers of the Bromley Mental Health choir and tea and scones in the newly improved Hub garden.

Frailty/ Proactive Care Pathway Update

12.9. Building on the previous integrated care network approach, the Proactive care pathway has recently started a case management pilot to provide co-ordinated care for a cohort of patients that require additional support for a short period of time after assessment.

12.10. Clinical outcome measures are being collected including any improvements in frailty scoring and patient questionnaires pre and post discharge to measure a patient's wellbeing and how they are feeling. In addition to this, as part of the population health management programme, work is being undertaken with the SEL ICB informatics team and local data experts to develop an anticipatory care dashboard using national and local datasets. This type of information can support in the identification of vulnerable individuals with complex needs that would benefit from additional support including potentially case management.

12.11. The results of the case management pilot and the development of the dashboard will be evaluated with view to a further roll out across the Borough and is a part of a wider review of frailty services across the One Bromley system.

12.12. The Acute Frailty Assessment unit at the Princess Royal University Hospital (PRUH) has recently been expanded and can now take direct referrals from local community providers and London Ambulance Service calls alongside referrals from the Emergency Department. The 12-person assessment unit provides care for frail patients who present with acute medical needs. The service provides assessment and any diagnostics in a safe environment before discharging home with a care plan or transferred to the relevant medical service for further treatment.

Population Health Management – a new strategic approach

12.13. Three priorities have been agreed for One Bromley as part of the five-year Strategic Plan, with Population Health Management being a key driver to realisation through the programme. The three strategic priorities are:

- Improve population physical and mental health and wellbeing through prevention & personalised care
- High quality care closer to home delivered through neighbourhoods
- Good access to urgent and unscheduled care and support to meet people's needs

12.14. The population health programme seeks to establish the evidence and analysis requirements, means of delivery and support to planning and operational teams for evidence driven population health analysis. This will enable population segmentation into actionable groups at place, neighbourhood, PCN and practice level. The initial focus is on areas of greatest population health opportunity, living with long term conditions, frailty, health inequalities and those at risk of emergency admission. There are several projects running that utilise population health management techniques to aid their delivery, including:

- **Diabetes** – A new diabetes outcome scheme is currently in development, utilising data to identify coverage of eight care processes across primary care, and supporting improvement, innovation and new ways of working with support from partners in the Health Innovation Network

- **SMI & LD Health checks** – Regular data supports targeted intervention to primary care to ensure continued improvement in the health checks programme for SMI and LD patients. This includes ad-hoc reporting to assist clinical colleagues in targeted intervention

- **Anticipatory Care** – Working with colleagues in the SEL ICB Business Intelligence team to develop an Anticipatory Care dashboard to identify opportunities for this pathway

- **Inequalities** – Supporting the inequalities programme to identify opportunity and PCN projects to improve outcomes for groups experiencing inequalities.

12.15. In delivery of the population health management initiatives, a cross borough working group was established: the One Bromley Population Health Management Group, which meets monthly. Chaired by the One Bromley and Bromley Healthcare Chief Technology Officer, the group includes representatives from stakeholders from across One Bromley including Public Health, Bromley Healthcare, St Christopher's, BGPA, Bromley Well, Oxleas, the One Bromley Delivery Unit and clinical leads.

12.16. The group is assessing population health initiatives across One Bromley organisations, including a gap analysis, and identifying issues to be resolved. A dedicated strategy for population health in One Bromley is being developed including looking at wider determinants of health, personalised care and inequalities. A further information and data group is to be established to further enhance and support the population health programme.

13. Greenwich Borough Update

Neighbourhood Development

13.1. In Greenwich, significant progress has been made in the delivery of the neighbourhood development strategy and an increased understanding of the importance of local context, resources and connections to help determine and deliver health and care priorities have been developed. An initial report on metrics (including outcomes and process measures) will be discussed at the end of November.

13.2. The process of realigning governance structures, to support and enable better connectivity between operational learning (local context) and strategic planning / decision-making to support and enable population health and community-led prioritisation over time, has also started.

Integrated Public Health Commissioning

13.3. Greenwich is continuing to work on a significant programme of commissioning to align Public Health services to neighbourhoods, with a stronger focus on outcomes, collaboration and what matters most to residents. This is in line with the overall Greenwich Horizon 3 strategic approach to commissioning.

13.4. Greenwich health and care partners are strengthening collaboration and, through a series of six workshops, have built relationships and co-produced ways of working together. Greenwich community champions have also supported an extensive resident engagement programme. To date there have been over 700 consultation responses, with over 57 community groups, faith settings, and a range of different locations involved in the process.

Feeling Well

13.5. Greenwich has continued to focus on Feeling Well priorities. Most recently in relation to Adults Mental Health work has moved forwards to understand what matters to local residents through some innovative and deep co-production and engagement with local people and organisations. The aim was for this to formulate a refreshed vision for Adult Mental Health in Greenwich and recommendations for how it can be realised. The early versions of the vision and what needs to be done to embed it were shared recently at an informal Health and Wellbeing Board and at the Mental Health Oversight and Coordination Board which reports to the Healthier Greenwich Partnership.

13.6. A launch event is now being planned for January which will focus on how the work addresses what people said matters to them across the priorities. Work continues, alongside local partners, to look for solutions together as pressures in mental health services continue.

Winter Planning

13.7. Winter planning has continued across partners including the use of Adult Social Care Discharge funds and other resources. Where possible, investment in schemes which have most impact and where cross system working is promoted has continued. Spend is being closely monitored across resources ahead of winter and in to next financial year.

Robert Shaw & Oracle Cancer Trust

13.8. A formal celebration of the life of Robert Shaw was held on 5 October and was attended by Robert's wife, some close family members and around 70 colleagues from across the system. Tributes were made by Andrew Bland, Ben Travis, Ify Okocha, Neil Kennett-Brown, and Tamara Khan, CEO of Oracle Cancer Trust.

13.9. A Head & Neck men's cancer awareness raising campaign was proposed by Robert in his last few months, working with barber shops, and SEL ICB is looking to get this

up and running over the next few months, starting in Greenwich, and working with SEL Cancer Alliance, Oracle Cancer Trust, MacMillan. There are a couple of ways that people can get involved, should they wish, to raise money for Oracle Cancer Trust, please contact neil.kennett-brown@selondonics.nhs.uk for further details.

14. Lambeth Borough Update

Lambeth Together Partnership Board and *Our Health Our Lambeth,* Health and Care Plan

14.1. Although it's early days since Lambeth launched the plan, active steps are being taken to ensure arrangements incorporate the measures needed to monitor progress. The aim is to celebrate partnerships, build on success, increase ambition and, if there are difficulties getting expected results, learn, adjust, improve, and refine activities so that the plan continues to be fit for purpose.

14.2. Following the 2022/23 Year-in-Review at the January Lambeth Together Board meeting, the Co-Chairs and Lambeth's Place Executive Lead planned visits to Lambeth Together partners over the year. The purpose of these visits is to provide senior leaders with an opportunity to meet and discuss the relationship with Lambeth Together and to consider how they can work best together to begin to promote the Lambeth *Health and Wellbeing Strategy* and shared priorities within partner organisations. The Co-Chairs and Place Executive Lead have recently had an opportunity to meet with senior leaders at King's College Hospital (KCH) and at South London and Maudsley (SLaM). This follows on from the March meeting with the Lambeth GP Federation. A meeting with leaders at Guy's and St Thomas' (GSTT) is intended later in the year.

Lambeth Together Delivery Alliances

14.3. *Living Well Network Delivery Alliance (LWNA)*: LWNA members have been delighted to welcome a Community Commissioner as a regular member of the Alliance Management Team. Community Commissioners have experience of, and/or an interest in, mental health services in Lambeth. They bring a vital 'service user' perspective to key discussions and decisions about their services. The Alliance has also published its fourth annual Progress Report (click here). This Report sets out their offer, impact, and plans against their six Alliance priorities (reducing crisis, independence, home, equity for Black communities, physical activity, and employment). This will be taken to the November Lambeth Together Care Partnership.

14.4. *Children and Young People Delivery Alliance (CYP)*: The CYP Alliance is undertaking reflection to support pressing ahead with *Our Health Our Lambeth* goals and establishing a robust action plan. This action plan will be a visible guide showing what the Alliance aims to achieve, its support for ongoing projects, and its commitment to teamwork to get the best results. The emphasis will be on improving communication, ensuring both partners and the local community have a voice. It will create a learning hub for both the community and health and social care experts. This hub will guide people to resources, training, and alliance events.

14.5. *Neighbourhood and Wellbeing Delivery Alliance (NWDA)*: The NWDA held a chronic pain study day at King's College Hospital at the start of the summer, led by the Chair of the Patient Advisory Group which was set up last year. With 100% representation from Lambeth GP Practices, there was a diverse range of guest speakers. The theme for the day was about providing patient centred care, ensuring patients are heard, enabling the journey towards acceptance and self-management and identifying those who could benefit from additional procedures. Participants were highly engaged throughout the day and during collaborative discussions there was a particular focus on reviewing the current pathway to provide holistic care, as well as an interest in setting up primary care network (PCN) chronic pain patient groups. The Alliance has also commissioned research into the experience of Lambeth ethnic minority communities of having their blood pressure checked and being diagnosed with hypertension. One-to-one interviews as well as focus groups have been held with residents and a report will be developed with valuable insight which will be shared across the system and will support in boosting efforts in combating hypertension.

Lambeth Together Work with the Community

14.6. *Age Friendly Lambeth*: Lambeth are working with partners and residents to become an Age Friendly Borough, where all people can live healthy and active later lives and a place where the environment, activities and services enable older people to enjoy life, participate in society and be valued for their contribution. With the older population of Lambeth set to increase it is more important than ever to ensure, working together, services and systems are accessible and relevant for the entire population as they age. A survey has recently been conducted with residents aged 50 years and over to understand what Lambeth is like as a place in which to grow older and how it can be made a better environment to age well. Lambeth has recently joined the UK Network of Age Friendly Communities and will develop a local approach to becoming an Age-Friendly borough, building on the World Health Organisation's Age Friendly Cities framework. This will focus on 8 key areas of the social and built environment that support healthy ageing: outdoor spaces and buildings; housing; transport; social participation; respect and inclusion; civic participation and employment; community support and health services; and communication and information.

14.7. *Community Living Rooms*: In July, with funding from Lambeth Together and Lambeth Council's Community Connections Fund, Thriving Stockwell launched Community Living Room health and wellbeing activities. The Living Rooms, in Stockwell Park Estate and at a community arts space, host health and wellbeing sessions designed and run by local people. Activities include yoga and tai-chi wellbeing groups, rumba classes, coffee and chat sessions for people living with chronic pain, a safe space group for women from multi-ethnic communities and a creative sewing club. With residents leading the sessions, community leaders, local councillors, practitioners, and partner organisations came together to officially launch the programme and celebrate the impact of thinking differently and of sharing 'power' with the local community through co-production and co-design to improve people's lives and health outcomes. This community living room initiative is an example of work with local communities to ensure people in Lambeth have access to tailored and culturally

appropriate advice and support in community settings to help them stay independent and deliver the outcomes in 'Our health Our Lambeth' Health and Care Plan.

14.8. *Black History Month*: Throughout October, the Lambeth Together executive group have heard from an array of VCS organisations about the work they are doing within Lambeth's black communities. Presentations and discussions were welcomed from the Lambeth Somali Community Association, in supporting the Somali community living across Lambeth to address their key health risks and issues, Brixton Soup Kitchen, back for a second year updating on their recent refurbishment and developments across the year and Brixton Immortals Domines Club who use their reach in the community to enable health checks at their events.

Know Your Numbers - Community Blood Pressure Checks

14.9. 'Know Your Numbers Week', from 4 to 10 September, was a national campaign to raise awareness of high blood pressure and encourage all UK adults to get a blood pressure check. Ahead of the national campaign, pioneering Lambeth work featured in national media as NHS England announced the expansion of blood pressure checks available in community settings, including barber shops and mosques, as part of a major drive to prevent strokes and heart attacks. The Hill, Brook and Dale (HBD) PCN's work with Black Thrive and with Brixton Immortals Dominoes Club was given special mention as an example of innovation to reach into communities to find potential health problems before they become more serious or even life-threatening.

14.10. In Lambeth, blood pressure checks are available free of charge at many community pharmacies, and the Health and Wellbeing Bus, which parks up in a different neighbourhood each day, offering heart health information and advice and blood pressure check on selected days. The partnership with the Beacon Project sees blood pressure checks and more offered in churches, mosques, community centres and a barbers' shop in Streatham, bringing health information and potentially life-saving checks to people from diverse populations in a way that builds trust and is accessible. Over two days staff from Lambeth Council and SEL ICB were offered free blood pressure checks at the Civic Centre, as part of 'Know Your Numbers Week', and 117 staff took up the offer to get a check and have a conversation with a clinician about what the numbers mean. Tackling hypertension is one of Lambeth Together's priority areas of work. Read more about Lambeth's work to tackle hypertension in the five year Health and Care Plan and on the Neighbourhood and Wellbeing Alliance - Lambeth Together.

15. Lewisham Borough Update

The Lewisham Careers Insight Programme

15.1. The Lewisham Careers Insight programme was launched in October. The programme is for Lewisham year 12 students (16-17year olds) who are interested in careers in healthcare. Based on a model developed in Bromley, the programme is running for one evening per week over a six-week period, with a mix of virtual and face-to-face sessions. It provides an opportunity for the students to meet with medical, nursing and allied health professionals and to experience different healthcare settings.

15.2. The programme has connected with Lewisham council's 'Lewisham Challenge' programme to identify the student cohort who would benefit from this experience and is being delivered by the partnership of the Lewisham Local Care Partnership (LCP) team, the primary care Training Hub, Lewisham & Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust.

Lewisham Pharmacy First Service

15.3. The Lewisham Pharmacy First Service has recently been evaluated for 2022/23 and in Lewisham the service:

- Is mostly accessed in areas with higher relative deprivation
- Has been utilised primarily for the 0 – 10 age group
- Has delivered approximately £430,000 net savings to the health economy, through over 12,000 interventions made by community pharmacy.
- A homeless arm of the service was also piloted to reduce inequity for those residents who may be residing in Lewisham but not have a registered GP, or a permanent home.

Integrated Neighbourhood development

15.4. Neighbourhoods have been established in Lewisham for some years. however further work is underway to develop these further in line with recommendations in the Fuller Report of 2022.

15.5. Following an invitation to all Lewisham Primary Care Networks (PCNs), Sevenfields PCN in Neighbourhood three was selected as the first area of focus. The project was initiated by developing a detailed data pack, provided by the Lewisham population health team, and holding a deep dive session with stakeholders to identify neighbourhood priorities for action and establishing a local steering group.

15.6. By focusing on one neighbourhood and testing the approach, the intention is to identify the real challenges and adopt an integrated way of working to address these at a very local level. The learning will be shared across Lewisham with a view to scaling up the approach across the borough.

Review of Multidisciplinary Review Meetings

15.7. Stakeholders across the system have identified the need to review how practice-based multidisciplinary meetings are currently working and explore solutions to enhance their effectiveness and impact on care provided to the Lewisham population.

15.8. A self-assessment questionnaire was developed with stakeholders to help understand how the current standard operating procedure is being implemented, including any variation in practice across the borough, identify challenges around existing processes and behaviours and explore opportunities to enable a pro-active model of identifying and supporting people before their needs become complex.

15.9. The questionnaire and interviews are now being analysed and a report including opportunities for action will be shared at partnership meetings this Autumn.

Hypertension update

15.10. There is a national target to increase the percentage of patients diagnosed with hypertension, treated to NICE guidance, to 77% by March 2024. Lewisham is currently at 55.12%, which is the lowest in south east London.

15.11. A new hypertension project group has been established to improve management of hypertension within Lewisham and to support achievement of the SEL ICB hypertension corporate objective. This will be supported with spotlight awareness and education moments throughout the year, aligning to national campaigns to help identify people with hypertension and address levels of under-diagnosis in the borough.

15.12. An initial workshop with Clinical Effectiveness South East London (CESEL) and local partners has been held to map the range of initiatives already underway and to identify any gaps in plans and services. This underpins discussions currently taking place to develop an LCP wide plan to increase identification of people with hypertension and to further strengthen work to improve their management once diagnosed.

15.13. Hypertension is a significant driver of health inequalities in Lewisham and the plan will take account of recommendations set out in the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR) and the Lewisham Health Inequalities programme.

16. Southwark Borough Update

Southwark winter planning

16.1. Southwark health and care leaders are committed to providing the right support at the right time to enable residents to stay well at home for as long as possible, and to get home after a hospital stay as quickly as possible.

- For Winter 2023/24, agreements have been made to support admission avoidance and timely discharge through.

- Opening an additional 20 nursing beds at a local home; commissioners are in negotiation to finalise cost and the delivery period to ensure the beds come online safely and with the right support in place

- Operationalising additional rooms at the Avon; the Avon unit was opened in summer 2023 and will provide additional discharge to assess, reablement, and nursing bed capacity in-borough to support winter pressures. The Avon is also enabling test and learn to consider step down options such as onward reableing approaches

16.2. Expansion of additional step-up/step-down flats and exploring with Guy's & St Thomas' NHS Foundation Trust (GSTT) potential community therapies outreach

16.3. Public Health colleagues in Southwark are also coordinating a number of winter schemes to help residents to stay well over winter. Winter schemes include:

- Offering vaccinations at Southwark Cost of Living roadshows and in reach into supported accommodation services and focus on how to support homeless people with vaccinations
- Warm Spaces offered and promoted to residents; warm spaces will use learning from last winter to improve uptake and signposting this winter
- Meal support to warm spaces through Felix meals – this was successful last year and the aim is to establish the offer earlier in winter this year; the offer includes culturally appropriate food
- Holiday Activities and Food (HAF) programme for children and young people will run over the winter period. This is an in-person option for families who require additional support, to supplement the holiday free school meals vouchers
- Ongoing cost of living support and fuel poverty interventions for Southwark residents will take place throughout winter
- Planning is underway to offer beds for rough sleepers when the temperature drops to 0 degrees Celsius. Extra beds are being secured and Southwark are working with the Greater London Authority (GLA) to ensure that appropriate provision is in place for winter

Children and Young People emotional and mental health wellbeing

16.4. As a part of the preventative offer targeting low to moderate emotional wellbeing and mental health needs, Southwark continues to support the range of programmes across schools and universal access. The programmes underpin some of the work to reduce waiting times for access to clinical based service through Child and Adolescent Mental Health Services (CAMHS). They also support the work to deliver the 100% Inclusion Charter with a focus on reducing exclusions.

16.5. The Mental Health Support team is now delivering in sixteen schools with a further five planned for the Autumn term; their work includes 1:1 support, group work and workshops. Their main reason for referral is anxiety followed by behaviour. The monthly login rate for the Kooth online service has increased from 198 logins to 249. Out of hours access continues to be high with 72% of logins out of office hours compared to 65% when last reported. The School Engagement programme continues to offer workshops and staff training with 1,824 students taking part in workshops and assemblies in the last quarter.

16.6. The Improving Mental Health and Emotional Wellbeing in Schools programme has now engaged with 100% of schools including training 400+ Mental Health First Aiders across 96 schools. The school champions have supported curriculum, policies, assessment and quality assurance as well as training and continuous professional development.

Southwark 2030

16.7. Southwark 2030, establishing the Borough vision and strategy to 2030, has been having a series of conversations with people, communities and organisations in the borough about the type of place they want Southwark to be by 2030. This has been done through a series of in-person workshops, online workshops, as well as discussions with partners and stakeholders over the last year. The process has led to the most recent stage of engagement which ended in September testing the eight missions which have emerged from the work so far. These are:

- **Homes** - All residents in Southwark have a home they are proud of, that meets their needs, and they can afford
- **Neighbourhoods** - All residents will be proud of living in caring, connected and welcoming Southwark neighbourhoods
- **Nature** - Southwark is a borough full of nature that residents can enjoy and be part of
- **Climate** - Southwark will be an international leader in tackling the climate emergency
- **Safety** - All people in Southwark feel and are safe on the streets, in their homes and at work
- **Prosperity** - Southwark's economy provides greener, fairer and good quality work, education and training opportunities for all
- **Health & wellbeing** - People across every part of Southwark's community are living long, healthy lives with good mental health
- **Culture** - Everyone in Southwark can enjoy our vibrant culture and arts scene that the borough has available

16.8. Following the most recent public engagement, the feedback is being reviewed and analysed and moved to drafting with a view to bringing together the Southwark 2030 strategy itself over the autumn and spring period with further borough wide partnership conversations planned.

The Bridge Clinic – providing innovative care to trans and non-binary people in South Southwark

16.9. The Bridge Clinic in South Southwark received health inequalities funding last year to develop and implement a pilot 'hub' clinic for trans and non-binary people, a population that faces significant health inequalities in accessing and receiving health care.

16.10. Barriers to accessing both gender affirming care and general health care indicated in a Trans Lives Survey in 2021 that 57% of trans people avoid going to the GP when unwell and 98% of respondents to the survey felt that transition related NHS healthcare was not adequate.

16.11. Against this background the Bridge Clinic was put in place and is delivering an innovative and ground breaking service which is nationally recognised. The hub

brings together clinicians with the relevant experience and training, not always available at a practice level. The clinic offers both non trans specific primary care to reduce inequalities often faced by this population as well as access to NHS gender affirming treatment and care. It is hoped to extend the service to North Southwark in the near future.

16.12. The team at the Bridge undertook significant community engagement when developing plans for the clinic, including discussions with trans-led service ClinQ who contributed to service design, and a local basketball team for trans/non-binary/women who contributed views and ideas and designed the clinic flyer.

Integrated Care Board meeting

Item: 6
Enclosure: G

Title:	**Overall Committee Report**
Meeting Date:	15 November 2023
Author:	Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Tosca Fairchild, Chief of Staff

Purpose of paper:	The purpose of the paper is to highlight to the Board any DECISIONS referred to the Board from ICB Committees, and to provide INFORMATION on any decisions made under delegation by those committees.	Update / Information	**X**
		Discussion	
		Decision	**X**

Summary of main points:	The Overall Committees paper provides an overview to the Board members of the activity and decision making that has taken place at the ICB committees which report directly to the Board in the period since the last Board meeting held in public. In particular the Board is asked to note: • Decisions referred to the Board for approval, detailed in section 4. • Remote decisions made during the period. • Decisions made by committees, under their own delegated authority. The Board is asked to consider the decisions referred for approval and to note the other activity that has taken place during the period.
Potential Conflicts of Interest	Where conflicts have been identified with any items discussed at a committee, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy.

Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	
	Greenwich	**X**	**Lambeth**	
	Lewisham	**x**	**Southwark**	

	Equality Impact	No equality impacts identified
	Financial Impact	Any financial impacts are identified in the relevant papers
Other Engagement	Public Engagement	This paper is being presented to a Board meeting held in public for the purposes of transparency.
	Other Committee Discussion/ Engagement	Discussions at other committees are detailed in the attached paper.

Recommendation:	The Board is asked to: • Approve the decisions recommended by its committees • Note the committee decisions and committee activities detailed

Overall Report of the ICB Committees

ICB Board 15 November 2023

1. Introduction

1.1 The purpose of this report is to provide a summary of the activity that has taken place within the committees that report directly to the Board since the last meeting of the Board held in public which received this report, which was on 19 July 2023. In addition the ICS benefits from two provider collaboratives and one provider network and whilst no formal delegation has been made to them from the ICB the Board will receive updates upon their key activities through this report (and in anticipation of their future delegation).

1.2 The report highlights:

- Decisions recommended to the Board from committees, in line with the ICBs Scheme of Reservation and Delegation
- A summary of items discussed at the committees during the period being reported
- Report of activities taking place in the local care partnerships of south east London
- Report of activities taking place in the south east London provider collaboratives and community services provider network

2. Summary of Meetings

2.1 ICB Committees

	Committees							
	Planning and Finance Committee	**Quality and Performance Committee**	**Audit Committee**	**Remuneration Committee**	**Charitable Funds Committee**	**Clinical and Care Professional Committee**	**People Board**	**Executive Committee**
Meeting date	7 September 2023	-	7 July 2023	4 October 2023	5 September 2023	26 July 2023	25 September 2023	30 August 2023
	5 October 2023	-	12 October 2023	-	-	25 October 2023		13 September 2023
	2 November 2023	-	-	-	-	-	-	27 September 2023
	-	-	-	-	-	-	-	11 October 2023
	-	-	-	-	-	-	-	25 October 2023

	Local Care Partnerships					
	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	27 July 2023	27 July 2023	26 July 2023	20 July 2023	27 July 2023	7 September 2023
	28 September 2023	28 September 2023	27 September 2023	21 September 2023	21 September 2023	-

It should be noted that the following planned committee meetings were cancelled:

- Remuneration Committee meeting scheduled for 5 July 2023
- Planning and Finance Committee meeting scheduled for 6 July 2023
- Planning and Finance Committee meeting scheduled for 3 August 2023
- Quality and Performance Committee meeting scheduled for 4 October 2023

3. Summary of the Principal Role of ICB Committees

Committee	Principal role of the committee	Chair
Planning and Finance Committee	Responsible for co-ordination of ICB strategic, financial and operational plans (including priorities, outcomes and underpinning investment framework/plan), development and implementation of ICB care pathway transformation, in-year oversight and assurance of delivery against plans (including the ICB's financial plan), and sign-off / recommendation of ICB policies as required.	Dr George Verghese, Partner Member
Quality and Performance Committee	Responsible for quality assurance, input to and understanding of standards to be secured as part of ICB strategic and operational plans, in-year oversight and assurance of plan delivery, infection prevention and control, medicines optimisation, and holding links to Local Authority assurance including safeguarding and Oversight and Scrutiny.	Professor Clive Kay, Partner Member
Audit Committee	Responsible for delegated approval of annual accounts, providing an objective view of the ICB's compliance with statutory responsibilities, arranging appropriate audit, and oversight / assurance on the adequacy of governance, risk management and internal control processes across the ICB.	Paul Najsarek, Non-Executive
Charitable Funds Committee	Responsible for discharging its duties as a corporate trustee.	Peter Matthew, Non-Executive
Clinical and Care Professional Committee	Responsible for bringing together clinicians, care professionals and south east London residents to ensure the ICB has robust care, patient and public engagement, population health management, and leadership in place to shape and that the ICB's plans are demonstrably influenced by the outputs of its engagement work.	Jonty Heaversedge and Toby Garrood, Joint Medical Directors Angela Helleur, Chief Nursing Officer

People Board	Responsible for; the design, development and delivery of plans related to the health and care workforce in South East London. This includes meeting any national targets and ensuring sufficient and consistent strategies across the ICS for equality, diversity and inclusion and staff health and wellbeing.	Dr Ify Okocha, Partner Member
Executive Committee	The committee provides a platform for the executive directors of NHS South East London Integrated Care Board (SEL ICB) to discuss key issues relating to the strategy, operational delivery and performance of SEL ICB, and related Integrated Care System or wider issues upon which the executive team should be briefed or develop a proposed approach.	Andrew Bland, ICB Chief Executive
Local Care Partnerships	Responsible for convening local system partners to develop plans to meet the needs of the local population, reduce inequalities and optimise integration opportunities. The ICB will delegate responsibility for the delivery of specified out of hospital care objectives and outcomes, including the management of the associated budget. A representative from each LCP will be a member of the ICB.	Dr Sid Deshmukh (Bexley) Dr Andrew Parson & Cllr Colin Smith (co-chairs, Bromley) Dr Nayan Patel (Greenwich) Dr Di Aitken & Cllr Jim Dickson (co-chairs, Lambeth) Dr Jacqui McLeod (Lewisham) Dr Nancy Kuchemann & Cllr Evelyn Akoto (co-chairs, Southwark)

4. Recommendations to the Board for Decision / Approval

4.1 The following items have been recommended to the Board by its committees for approval:

1. One Bromley Local Care Partnership have reviewed their Terms of Reference following staff changes within partner organisations and recommend to the Board for approval the revised Terms of Reference provided in Appendix A of this report.

2. The Planning and Finance Committee recommend to the Board for approval the award of the Bromley community health services contract to Bromley Healthcare for two years following the expiry of the current contract on 30 November 2024. Further details are provided at Appendix B.

3. The Healthier Greenwich Partnership have considered and recommend for approval to the Board a deed of extension relating to its current Section 75 agreement with the Royal Borough of Greenwich, which expires on 31 March 2024. This extension is for a three-year term to 31 March 2027. The deed of extension document is enclosed in Appendix C.

3.2 The Board is also asked to note:

- that the Healthier Greenwich Partnership reviewed their Terms of Reference and agreed at their meeting held on 27 September 2023 that no changes were currently required.
- The inclusion of the Month 6 ICB and ICS finance report that was presented to the November Planning and Finance Committee as Appendix D of this report, for the Boards information.

5. Decisions made by Committees or Sub-Committees Under Delegation

5.1 Below is a summary of decisions taken by committees under delegation from the Board, or by sub-committees under delegation from the Committees

No.	Committee name	Meeting date	Agenda item	Items for Board to note
1.	Greenwich Charitable Funds Committee	5 September 2023	Ratification of Investment & Reserve policies	• Investment and Reserve policies were agreed and ratified.
2.	Greenwich Charitable Funds Committee	5 September 2023	2022/23 Accounts for approval	• All agreed and approved the accounts.
3.	Greenwich Charitable Funds Committee	5 September 2023	Annual Report	• Annual report approved.
4.	Greenwich Charitable Funds Committee	5 September 2023	Financial support proposal	• All accepted and agreed the proposal.
5.	Greenwich Charitable Funds Committee	5 September 2023	Groundwork London Introduction	• All agreed to the moveable and consultation elements that had been proposed.
6.	Clinical & Care Professionals Committee	25 October 2023	Opening Business	• The Committee noted that chairs action had been used to sign off a Standard Operating Procedure for non-medical referrers using the pathology request system following a request from the Acute Provider Collaborative.
7.	Executive Committee	11 October 2023	Policies for approval	• The ICBs Change Management Policy for ICB staff was approved.
8.	Executive Committee	11 October 2023	VCSE Charter	• The VCSE Charter – revised in line with feedback – was recommended to the Integrated Care Partnership for their endorsement.

9.	Remuneration Committee	Approved Virtually 30 October 2023	VSM pay uplift	• The Remuneration Committee members agreed implementation of the VSM uplift approved by the Government and formally communicated via NHS England on 19 October 2023.
10.	Planning & Finance Committee	2 November 2023	ICS LGT EPR Outline Business Case	Following presentation of the outline business case, the Committee approved: • The strategic objectives and benefits case for the Accelerated EPR Programme • The recommendation to move to a full business case and procurement for SEL Shared Partner EPR • The capital support required, being £9m SEL prioritised capital and acceptance of risk to proceed with a £20m capital gap to the NHS England OBC approval process

6. Agenda Items of Note

6.1 Below is a summary of other significant actions and items of note for Board information.

No.	Committee name	Meeting date	Items discussed
1.	Audit Committee	7 July 2023	• The Committee welcomed Grant Thornton as the ICBs new external auditors and received an introduction to their lead team. • The Committee received an update from the internal auditors on their progress against the 2023/24 workplan, noting good progress on both the 23/24 plan and the implementation of management actions raised in previous audit reports. • The committee noted the recommendation on ensuring “champion” roles were appointed at Board level in ICBs. The ICB Chief of Staff confirmed these recommendations had been addressed. • The Committee received an update from the ICB anti-crime services advisors. • Approval of five single tender waivers were noted in the last period, and no debt write offs. • The Committee noted a report on a recent theft of IT equipment and the actions subsequently taken by the ICB to review learning from the incident. • The CFO confirmed timely submission of the ICBs annual report and accounts, noting an unqualified audit opinion had been given.
2.	Clinical & Care Professional Committee	26 July 2023	• The Committee received an update on the progress of recruitment to clinical and care professional roles, and shared experience and ideas on how to increase the diversity and make best use of the expertise available on long term goals as well as immediate priorities. • The Committee received an update on work commissioned on the Primary/Secondary care interface. Mindful of previous efforts in this area, the current approach had been to engage a user centred design agency to bring a fresh perspective on some of the pressure points and opportunities for improvement. The group discussed how the work could be accelerated and embedded into existing groups to have a practical effect.

			• A presentation on the London Universal Care plan, aimed at providing a digital, personalised care and support plan to all who needed it in London was discussed. The opportunities with regard to advance care planning and working with community planning were discussed, as well as some of the challenges, such as interoperability, and communicating appropriately on sensitive issues such as advanced care planning. • The group were asked to feedback on a proposal to create a group to take forward principles in urgent and emergency care across London. The group would help drive forward work aiming to build on the success of other projects promoting simple principles across urgent and emergency care services, supported by senior leadership, to improve patient care by promoting high quality inter-professional standards.
3.	Executive Committee	30 August 2023	• The Committee received updates from CEO and executives and an overview of the system in relation to performance and quality, reviewing a dashboard designed to support this purpose. • The group endorsed the approach to proving the board assurance on the delivery of the ICBs Corporate objectives. • Following the previous presentation of a Carnall Farrar report on Mental Health crisis pathways, the Committee considered proposals of how to respond to its recommendations. Additional beds would require investment and proposals were being developed by trusts. Existing work on purposeful admission, discharge, and inpatient levels of care would be accelerated and work continued to understand variation in crisis services and providing a core model which could still respond to differing local Mental Health need, and local measures to improve data quality, recognising this was national issue. • The Committee received a report on the readiness of the Apollo programme to implement the EPIC electronic patient record system, which described a level of confidence on a successful roll out with continued preparatory steps and risk mitigations leading to a go/no go decision on the roll out.
4.	Greenwich Charitable Funds Committee	5 September 2023	• The Committee considered and approved a number of items as detailed in section 5.1 • The Committee were advised that Groundwork London have been officially appointed effective 1 August 2023 as the grant giving partner.

5.	Planning & Finance Committee	7 September 2023	• The Committee discussed the award of the Bromley community services contract, making a recommendation to the Board for approval as detailed in section 5 of this paper. • The Committee received an update on the month 4 financial position of the ICB and ICS
6.	Executive Committee	13 September 2023	• The Committee received updates from CEO and executives and an overview of the system in relation to performance and quality. A particular discussion on the progress of work to address mental health pressures highlighted the anxiety and pressure felt by many staff on the frontline but the need to progress with solutions able to deliver results over the long term. • The Committee were briefed on the latest position in relation to industrial action and discussed its effect on staff morale and services in particular elective appointments. • The group noted the implementation of NICE Technology Assessment 902 in relation to treatments for heart failure would create a cost pressure for the ICB. • The Committee discussed a VCSE charter which had been developed to help organisations in the system work well with voluntary sector groups and make sure the voluntary community and social enterprise sector was supported and appropriately represented in strategic discussions. The group gave a steer on the importance of working with local authorities and aligning any resource expenditure with the ICS' priorities.
7.	People Board	25 September 2023	• **People Strategy Delivery Plan:** The People Board noted and commented on the refreshed Delivery Plan. This was updated to reflect the feedback received at the July Board meeting and in light of the publication of the Long Term Workforce Plan. The latest version has a strengthened focus on partnerships and includes additional key deliverables such as a SEL employee value proposition and an apprenticeship strategy. • An update on the **Business Assurance Framework** was provided and the latest changes in ICB reporting were highlighted. An action was agreed for the People Programme team to liase with Assurance colleagues to ensure the framework is up to date and accurately worded. • The Board received an update on the **staff survey** results across the system. High scores were recorded under the themes of 'we are compassionate and inclusive' and 'always

			learning'. The importance of fostering a more inclusive culture and enabling staff to voice concerns was discussed by the members. • **NHS Long Term Workforce Plan**: The People Board received and commented on a paper on the gap analysis between the national plan and the People Strategy Delivery Plan. The five strategic priorities of the People Strategy align to the three themes in the Long Term Workforce Plan: 'Train', 'Retain and 'Reform'. Board members were asked for support to address some of the gaps identified such as digital, software and technology workforce planning across the system. • An update on **Primary Care** was presented. This highlighted some of the challenges as a result of a frequently changing national strategic direction and the importance of adhering to SEL's strategic priorities. Support was requested from the Board to maximise opportunities and promote the positive work being done in SEL.
8.	Executive Committee	27 September 2023	• The committee received updates from CEO and executives and an overview of the system in relation to performance and quality. An update on the imminent go-live of the EPIC system was given noting that the programme board had been satisfied that the go-live should go ahead and every effort was being made to ensure readiness across the system. The seriousness of the challenge regarding elective activity and the waiting times faced by patients was highlighted. • Work to review safeguarding arrangements to ensure they were fit for purpose was outlined. • The committee received and endorsed an ICS Estates strategy developed to recognise the existing challenges and set out an ambition for the how this important enabler could contribute to the systems requirements. The strategy was supported, with comments on how considerations of digital infrastructure, funding sources, and reducing inequalities would need to be factored into the work as well as interdependencies with other system partners. • Work to start to make ready for expected national NHS guidance on enabling patient choice was described, noting the impact of the EPIC rollout may neccessitate some delay in south east London.

9.	Remuneration Committee	4 October 2023	• The Committee received a single paper concerning the potential costs and proposed governance process around redundancy payments which may result from the current Management Cost Reduction programme.
10.	Planning & Finance Committee	5 October 2023	• The Committee received a single paper on the financial position of the ICB and ICS at month 5. A focus on the financial position was the reason for continuing to meet monthly for the remainder of the year, following approval at the August Board for the Committee to move to quarterly frequency. The Committee noted the month 5 YTD ICB position of a £2.8m overspend against plan, and the ICS system deficit of £67.6m, being £53.6m adverse to plan. Mitigating actions and review processes were also discussed.
11.	Executive Committee	11 October 2023	• The committee received updates from CEO and executives and an overview of the system in relation to performance and quality. The EPIC roll out been successful with 31 thousand users already successfully logging in. A update on the recent period of industrial action was given. The group discussed the updates posing questions on inequalities affecting mental health and use of quality alerts to report issues in the system. • An update on work to improve the Primary Care/Secondary Care interface was received, and in discussion the group made some suggestions to link in with existing pathway groups, consider appropriate areas or groups of geographies to engage with the trusts, as well as consideration of governance and interdependencies outside south east London. • Work to review financial positions across each Place and directorate was presented, noting constructive progress but further work remaining.
12.	Audit Committee	12 October 2023	• The Committee received an update from the external auditors on the progress made in planning the 23/24 audit timetable. • Internal audit reported on progress against workplan, noting confidence that the workplan would be delivered in full in the year. Internal audit were also undertaking work on system risk processes, with a deep dive session on this subject proposed for the January 2024 audit committee. The Committee sought assurance around management actions being implemented, the process for agreeing the internal audit workplan, and the management of whistleblowing reports.

			• The audit committee received a briefing from the ICB Director of Quality and Head of Continuing Healthcare (CHC) on the progress made against the CHC action plan developed as a result of a recent internal audit. • The Committee received an update from the ICB anti-crime services advisors. • Approval of eight single tender waivers were noted in the last period, and no debt write offs. The Committee received assurance from the CFO that appropriate robust challenge was made before waivers were approved. A request for additional information on an action plan around one tender was made. • The Committee received an update on the implementation of a new national finance ledger system and the actions the ICB were taking in preparation. • In a part 2 (members only) meeting, the Committee ratified the awarding of the anti-crime contract.
13.	Executive Committee	25 October 2023	• The committee received updates from CEO and executives and an overview of the system in relation to performance and quality. • The group discussed a proposal to address ongoing challenges across London for paediatric dentistry, particularly waiting times, and approved a recommendation to use a portion of ring-fenced dental funding to support dedicated space for children requiring treatment under general anaesthesia. • A rapid assessment of the provision of paediatric audiology services was reported to the committee, which identified no immediate quality concerns but outlined some actions including peer review and applications for national accreditation by trusts delivering services. • The Board assurance framework and organisational risk registers were reviewed and discussed. • Senior Responsible Owners for the ICBs corporate objectives updated the committee on progress and actions in relation to the objectives.

14.	Clinical & Care Professional Committee	25 October 2023	• The committee heard an update from an external agency specialising in user centric design on their work to identify issues at the interface between primary and secondary care. From work so far, a set of principles had been identified which would be tested by applying them as part of a framework to real world problems in the system. The group discussed the approach, citing similar work in NHS Merseyside which had identified culture as a key issue and had worked to achieve a consensus position on measures to reduce blockages and frustrations, and highlighting the importance of addressing relationships and root causes rather than symptoms. • Members offered feedback on a early discussion paper on how the ICS might support change and improvement in the system and develop outcome measures. They pointed to the need to establish priorities to focus work, create a culture that allowed leaders to work together on solving problems as they arose. • The committee were updated on the range of actions identified in relation to Mental Health and UEC which had included some positive, clinically let and collaborative work across south east London.
15.	Planning & Finance Committee	2 November 2023	• This was a full quarterly meeting of the Committee. • The Committee reviewed its terms of reference. • The Committee received a presentation on the ICS/Lewisham & Greenwich NHS Trust (LGT) Electronic Patient Records (EPR) outline business case and approved the move to full business case and the release of £9m SEL prioritised capital. • The Committee reviewed the current planning and finance risks and sought assurance on mitigating actions. • The committee received an update on the ICBs 2024/25 planning process. • The Committee received an report on the month 6 financial position of the ICB and ICS, noting an ICB overspend against plan of £2.2m and ICS system deficit of £81.8m. Key expenditure drivers and actions to mitigate the position were discussed.

			• The Committee received an update on delegation of specialised services. • The Committee received and noted the Annual Information Governance report.

Appendix 1

Bexley Local Care Partnership – Bexley Health and Wellbeing Partnership

1. Recommendations to the Board for Decision / Approval

1.1 No items are referred to the Board for decision or approval in this period.

2. Decisions made by Bexley Health and Wellbeing Partnership Under Delegation

2.1 Below is a summary of decisions taken by the Bexley Health and Wellbeing Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	27 July 2023	Primary Care Networks Access Improvement Plan	Non-conflicted voting members of the Bexley Wellbeing Partnership Committee approved the Primary Care Networks Access Improvement Plans in line with national assurance timelines, noting that Integrated Care Boards are expected to report to their Boards on progress on a system level access improvement plan in October/November 2023 – with a further update in February/March 2024.
		Primary Care Business Report – Q1 2023/24	Non-conflicted voting members of the Bexley Wellbeing Partnership Committee approved the recommendation from the Primary Care Delivery Group regarding Enhanced Access and the Primary Care Network Directed Enhanced Specification funding for 2022/23 and 2023/24 as they relate to Ingleton Avenue Surgery and the Clocktower Primary Care Network.
2.	28 September 2023	Bexley Better Care Fund Plan (BCF) 2023/25	The Bexley Wellbeing Partnership Committee considered and endorsed the proposal to update the schedules and appendices to the Section 75 Agreement between the London Borough of Bexley and NHS South East London Integrated Care Board.
		System Winter Plan 2023/24	The Bexley Wellbeing Partnership Committee reviewed and endorsed the 2023/24 Bexley System Winter Plan.

		Primary Care Business Report – Q2 2023/24	Non-conflicted voting members of the Bexley Wellbeing Partnership Committee approved the minor amendments to the Terms of Reference for the Primary Care Delivery Group as recommended by the Group at its meeting on 6th September 2023.

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	27 July 2023	Public Forum	• The Committee members received a presentation on mental health and wellbeing within the borough, with a focus on mental health and suicide prevention and a look at a particular "barbers project" instigated by MIND in East Kent.
2.	27 July 2023	Assurance	• The Committee members received assurance reports in the form of: - the Primary Care Business Report for Q1, noting a recommendation to the Committee with regard to a local enhanced service with Clocktower PCN. - A report from the Place Executive Lead - The Month 3 finance report for Place, ICB and the ICS, particularly noting the impact on the Bexley position from increased prescribing costs. - A review of the Place risk register
3.	28 September 2023	Public Forum	• The Committee members received a presentation on self-care and management support.
4.	28 September 2023	Assurance	• The committee members received assurance reports in the form of: - The Autumn report from the Place Executive Lead, noting the success of the South Asian Health and Wellbeing Fair, Blood pressure pop-up service and providing an update on the Bexley System Winter Plan 2023/24. - The Primary Care Business Report for Q2, noting a request for endorsement from the Partnership on the Primary Care Access and Recovery Plans, a LIS for enhanced access, and the Primary Care Delivery Group Terms of Reference.

			- A supplementary integrated performance report, providing the latest position against ket areas of local performance. - The month 4 finance report for Place, ICB and the ICS - A review of the Place risk register

Appendix 2

Bromley Local Care Partnership – One Bromley

1. Recommendations to the Board for Decision / Approval

1.1 <u>One Bromley Local Care Partnership Board Terms of Reference for Approval</u>

- The terms of reference have been reviewed and updated following sign off of the One Bromley five year strategy by the One Bromley Local Care Partnership Board in May 2023. The strategy outlined three priorities:
  - Improving population health and wellbeing through prevention and personalised care
  - High quality care closer to home delivered through neighbourhoods
  - Good access to urgent and unscheduled care and support to meet people's needs.
- The LCP terms of reference have been updated to include One Bromley's five year strategy
- The terms of reference was approved by the LCP Board, subject to two amendments being made [(section 9.1 to be updated to clarify voting rights (completed) and the scheme of delegation to be included with the terms of reference (completed)]
- Approval of the updated terms of reference was sought from the ICB Board (attached)

2. Decisions made by One Bromley Under Delegation

2.1 Below is a summary of decisions taken by the One Bromley LCP under delegation from the Board.

No.	Meeting date	Agenda item	Items for Board to note
1.	28 September 2023	One Bromley Executive Terms of Reference	• The One Bromley Executive Terms of Reference has been updated to include the One Bromley five-year strategy and the delivery of the plan will be a key objective of the One Bromley Executive going forward.

			• Following on from the departure of the previous Chair of the One Bromley Executive, Jonathan Lofthouse, PRUH Chief Executive, a new Chair of the One Bromley Executive is required, selected from the current membership of the group. • It has been agreed by the members of the Executive that new Chair will be Kim Carey, Director of Adult Services, London Borough of Bromley.
2.	28 September 2023	Commissioning of Mental Health Complex Care Services	• The Committee noted the background to the South London Partnership (SLP) business case to delegate place-based Integrated Care Board (ICB) mental health placement budgets to that organisation in terms of: o Phase I – mental health locked rehabilitation services commissioning o Phase II – other mental health placement budgets (primarily s117 aftercare services) • The Committee noted key work in Bromley between LBB, the ICB, Oxleas NHS Foundation Trust and other partners to transform mental health recovery and rehabilitation services (including placements). • The Committee agreed that Bromley LCP will not delegate its mental health placement budget to the SLP at this stage, pending the outcome of the local transformation project in October 2024.

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	27 July 2023	Partnership Report	• The Committee received the Partnership report, comprising input from partners across the LCP. • Dr Andrew Parson highlighted the link to the Health Innovation Network (HIN) assessment of the Bromley Hospital at Home Service within the report and recommended this for reading. • Dr Parson gave his congratulations to Kings College Hospital on securing the funding for a new Cancer Endoscopy Unit; and to Bromley GP Alliance for the contract awarded for the Community Anticoagulation Service.

2.	27 July 2023	Winter Planning	• The Committee discussed the local Winter Plan, noting the aim to be proactive rather than reactive in order to manage winter effectively, and to learn from previous years, engaging with the workforce and local residents.
3.	27 July 2023	Primary Care Group Report	• The Committee received the Primary Care Group report.
4.	27 July 2023	Contracts and Procurement Group Report	• The Committee received a report from the Contracts and Procurement Group on current activity.
5.	27 July 2023	Performance, Quality and Safeguarding Group Report	• The Performance, Quality and Safeguarding Group report was received.
6.	27 July 2023	AOB – 'Right Care Right Person' Model Update	• Iain Dimond, provided an update as a member of a working group across London with the police and mental health providers, whose purpose is to look at the objectives of the RCRP model and the changes in the way the emergency services respond to calls involving concerns about mental health clients. • The committee noted: - the changes include welfare checks to be carried out by agencies rather than the police. The other change being proposed is that the police will not attend to patients who have absconded from ED or wards,unless there is a danger to the patient or others. Other changes include the handover process and Section 136 detentions. - The principles behind this is that when people are in crisis and distress, sometimes the involvement of the police can make the situation worse. Dr Bhan noted that there was a suddenness of this announcement. • Dr Bhan updated that this area is discussed at the ICB and an action plan from the working group will be a crucial element to this. Discussions are ongoing around the resource aspect, which is expected to be confirmed in due course
7.	27 July 2023	Finance Month 2 Update	• The Committee received a report on the month 2 financial position, noting key risks relating to prescribing.
8.	28 September 2023	Matters arising – 'Right Care Right Person' model	• The main highlights from this update included the implementation date for the RCRP model, which had been pushed back to the 31st October 2023. From the 1st November 2023, the Metropolitan Police will field calls for police input in line with the principles of RCRP.

			• Further work continued jointly with healthcare professionals, the police and local authority colleagues to ensure safe implementation.
9.	28 September 2023	Partnership Report	• The Committee received the joint partnership report for an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative.
10.	28 September 2023	Population Health Management	• The Committee received a presentation which set out the key demographics of the population in Bromley, key challenges, and the objectives to be achieved through Population Health Management, noting that improvement in the physical and mental health and wellbeing of the population is a key priority in the One Bromley five-year strategy.
11.	28 September 2023	Primary Care Group Report	• The Committee received a report from their independent Lay Member on the work of the Primary Care Group.
12.	28 September 2023	Contracts and Procurement Group Report	• The Committee received a report from the group, specifically noting that the All-Age Continuing Care contract is currently on hold pending the SEL ICB restructure.
13.	28 September 2023	Performance, Quality and Safeguarding Group Report	• The Committee received a report from the group, noting that last meeting in August had been cancelled.
14.	28 September 2023	Finance Update	• The Committee received the latest financial position for Place, the ICB and the ICS, noting a YTD (month 4) position of a £1,482k overspend.

Appendix 3

Greenwich Local Care Partnership – Healthier Greenwich Partnership (HGP)

1. Recommendations to the Board for Decision / Approval

1.1 The Healthier Greenwich Partnership have considered and recommend for approval to the Board a deed of extension relating to its current Section 75 agreement with the Royal Borough of Greenwich, which expires on 31 March 2024. This extension is for a three-year term to 31 March 2027.

2. Decisions made by the Healthier Greenwich Partnership Under Delegation

2.1 Below is a summary of decisions taken by the Healthier Greenwich Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	26 July 2023	Public Forum feedback	The HGP Board approved the proposal that future Public Forums remain in a hybrid format and rotate around community settings in different parts of the borough.
2.	26 July 2023	Winter Planning	The HGP Board agreed the following recommendations. • Approved an approach to winter investment planning which is co-designed through respective integrated boards (under the leadership of Greenwich's integrated directors), with a short-list of opportunities presented to Health Greenwich Partnership for approval in September. • Commitment of £50k of winter investment to a neighbourhood co-production pilot to take place in one neighbourhood which experiences significant inequalities and in which there are already strong relationships with the local community.
3.	27 September 2023	SLP / Complex Care Phase 2 options evaluation and next steps	The HGP Board approved the Aligned Working option for Complex Care Phase 2.

4.	27 September 2023	Application to form a new Primary Care Network: Valentine PMS Practice	The HGP Board approved the recommendation of the Primary Care Group to establish Valentine Personal Medical services as a Primary Care Network

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	26 July 2023	Chief Operating Officer's (COO) Report including HGP committees' update.	The HGP Board noted the COO update, in particular that the UTC (Urgent Treatment Centre) is live, and the feedback so far has been positive.
2.	26 July 2023	The London 'Every Child a Healthy Weight' Delivery Plan	HGP noted the London 'Every Child a Healthy Weight' Delivery Plan update, noting that further work would be done jointly with other partners and an update brought to HGP later.
3.	26 July 2023	SEND Inspection report	The HGP Board noted the SEND inspection outcome whereby Greenwich received the highest rating that was possible to achieve for the local area.
4.	27 September 2023	HGP Development, Including Feedback from HGP July Workshop and Next Steps	The Board noted the HGP development report and agreed the next steps.
5.	27 September 2023	Horizon 3 commissioning and action plan - RBG	The HGP Board noted the Horizon 3 commissioning update.
6.	27 September 2023	Review of HGP Terms of Reference (TOR)	The Board agreed no changes would be made to HGP Terms of Reference.
7.	27 September 2023	Greenwich Healthier Communities Fund (GHCF) Update	The HGP Board noted the Greenwich Healthier Communities Fund (GHCF) Update, in particular noting the new name for the Greenwich Charity fund is Greenwich Healthier Communities Fund.
8.	27 September 2023	Update on Work to Develop and Scale Shared Identity	The HGP Board noted the update on work to develop and scale shared identity.

Appendix 4

Lambeth Local Care Partnership – Lambeth Together

1. Recommendations to the Board for Decision / Approval

1.1 No items are referred to the Board for decision or approval in this period.

2. Decisions made by Lambeth Together Care Partnership Under Delegation

2.1 Below is a summary of decisions taken by the Lambeth Together Care Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	20 July 2023	Lambeth Together PCCC Update	Ratified agreement made in relation to Waterloo Health Centre temporary accommodation

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting dates	Agenda item	Items discussed
1.	20 July 2023	Carer Strategy	• The Committee received an update on progress against the Lambeth Carers Strategy.
2.	20 July 2023	Cost of Living Programme Response	• The Committee received an update on the Cost of Living Programme Response Plan.

3.	20 July 2023	Deep Dive: Learning Disability and Autism	• The Committee were briefed on the results of the Learning Disabilities Health Checks (LD AHCs) uptake target and the work underway in the All-Age Autism Strategy engagement workstream
4.	20 July 2023	Lambeth Together Assurance Update	• The Committee received a report from the Lambeth Together Assurance Group
5.	21 September 2023	Deep Dive: Children & Young People Alliance	• The Committee were briefed on the proposed plan for the Children and Young People Alliance
6.	21 September 2023	Lambeth Together Assurance Update	• The Committee received a report from the Lambeth Together Assurance Group
7.	21 September 2023	Adult Social Care Assurance	• The Committee were briefed on a new external inspection regime for Adult Social Care
8.	21 September 2023	Deep Dive: Substance Misuse	• The Committee received a presentation on the Lambeth drug strategy and accepted the offer of free training related to substance misuse in Lambeth

Appendix 5

Lewisham Local Care Partnership – Lewisham Health & Care Partnership

1. Recommendations to the Board for Decision / Approval

1.1 No items are referred to the Board for decision or approval in this period.

2. Decisions made by Lewisham Health & Care Partnership Under Delegation

2.1 Below is a summary of decisions taken by the Lewisham Health & Care Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	27 July 2023	Primary Care Five Year Plan	• The Primary Care Five Year Plan was approved by the Lewisham LCP Board who also noted the metrics work being undertaken in the updated strategy.
2.	21 September 2023	Additional VCSE representative	• The Lewisham LCP Board approved the direction of travel for the proposal to recruit an additional VCSE representative to ensure voluntary sector representation is strengthened.
3.	21 September 2023	Development Plan for the LCP	• The Lewisham LCP Board approved the Development Plan. This will involve looking at OD (organisational development) as a partnership.
4.	21 September 2023	LCP Logo/Branding	• The Communications & Engagement Lead for Lewisham had commissioned designs for a new LCP logo/branding. The Lewisham LCP Board approved a design.

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	27 July 2023	PEL (Place Executive Lead) report.	• The Lewisham LCP Board noted the report.
2.	27 July 2023	Lewisham 5 priorities work.	• The Lewisham LCP Board were updated on the 5 Lewisham priorities work and proposed delivery. Noted it had been 4 Lewisham priorities initially; an extra priority for financial stability had been added.
3.	27 July 2023	CYP (Children & Young People) Family Hubs & Start for Life.	• The Lewisham LCP Board were updated on recent work. Lewisham is one of 75 Local Authorities receiving funding from the DfE (Department for Education) to March 2025 to introduce Family Hubs and the Start for Life Programme. This will encompass an integrated approach working around the family. Work to tackle Digital Exclusion/Digital Poverty also noted.
4.	27 July 2023	People's Partnership update	• Anne Hooper (Community Member) updated on a recent meeting which had included the co-development of the Lewisham Health & Wellbeing Charter and discussions around ensuring the Lewisham Voice is heard to benefit patients. The importance of Healthwatch inclusion was noted.
5.	27 July 2023	Primary Care Group Chairs Report	• The Lewisham LCP Board noted the report.
6.	27 July 2023	Risk Register.	• The Lewisham LCP Board noted the latest risk register.
7.	27 July 2023	Finance update	• The Lewisham LCP Board noted the latest finance update.
8.	21 September 2023	Place Executive Lead report	• The Lewisham LCP Board noted the report.

9.	21 September 2023	Highlights from the Lewisham Place Executive Group (PEG) & Integrated Programme Management Function	• The Lewisham LCP Board were updated on the recent PEG workshop and how integrated programme management updates will be presented at future meetings via an information pack.
10.	21 September 2023	Primary Care Group Chairs Report	• The Lewisham LCP Board received and noted the report.
11.	21 September 2023	Risk Register	• The Lewisham LCP Board received and noted the latest risk register.
12.	21 September 2023	People's Partnership update	• Anne Hooper (Community Member) updated on priority discussions which comprised four main areas; information & access, integration, improving wellbeing and having influence.
13.	21 September 2023	Finance update	• The Lewisham LCP Board noted the latest finance update.

Appendix 6

Southwark Local Care Partnership – Partnership Southwark

1. Recommendations to the Board for Decision / Approval

1.1 No items are referred to the Board for decision or approval in this period.

2. Decisions made by Partnership Southwark Under Delegation

2.1 No decisions were made under delegated powers in the period being reported.

3. Agenda Items of Note

3.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	7 September 2023	Community Spotlight	• The Committee received a presentation on the Discharge Experience Project
2.	7 September 2023	Primary Care Access & Experience	• The Committee discussed the Response to Primary Care Access Recovery Plan
3.	7 September 2023	Place Executive Report	• The Committee received the Place Executive Leads report, detailing key achievements in the borough, the current financial position, and current developments with the Southwark 2030 strategy.

3.	7 September 2023	Part 2: Updates	In a part 2 section of the meeting, which was not held in public, the Committee discussed: • PEL recruitment update • ICB MCR and implications for place • Finance planning and joint report progress
4.	7 September 2023	Part 2: Health & Care Plan Delivery	Delivery of Health & Care Plan - Mitigating risk and Board requirement for progress

Appendix 7

Acute Provider Collaborative

1. Key decisions made by the Acute Provider Collaborative (APC)

1.1 Below is a summary of decisions taken by the Acute Provider Collaborative under delegation from the Board between 11 July 2023 and 2 November 2023

No.	Meeting date	Agenda item	Items for Board to note
1.	16 June 2023 (from July decision log)	APC Governance	The APC Executive approved the proposed changes to the APC Governance model, including changes to the Clinical Delivery Group ToR, membership and attendance, and to the Diagnostics Board, which will in future report to the Operations & Strategy Group.
2.	21 July 2023	Community ENT service	The APC was asked to consider the ICB's proposal to procure a pan-SEL single point of referral community ENT service through its governance structure. The APC Executive approved this proposal in July 2023.
3	By correspondence, August 2023 (August meeting cancelled)	By correspondence	The APC Executive approved the following appointments: • Sarah Clarke (Chief Executive, Cancer & Surgery Care Group at GSTT) as Theatres SRO • Roger Fernandes, Chief Pharmacist (KCH) as Interim Diagnostics SRO, pending the appointment of the substantive Site CEO for PRUH & South Sites at KCH, at which point, colleagues will be asked to consider whether that individual should then be appointed to the role. The group further agreed that Leonie Penna, (CMO, KCH) should continue as temporary SRO for the ENT network until the current work to create a plan for the future ENT service is complete and has been approved via the APC Governance process. Once this has been completed, Vanessa Purday, LGT CMO, will take of the role of ENT SRO
4.	15 September 2023	Any other business	The CEOs approved the submission of the Diagnostics AI bid.

2. Agenda Items of Note

2.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	APC Executive and other APC Groups	Industrial Action	Ongoing discussions regarding the impact of industrial action and individual and collaborative action to mitigate the impacts continue to be a regular agenda item.
2.	APC Ops & Strategy Group (monthly)	Overall elective and diagnostic performance	The APC Ops & Strategy Group (established from April 2023) meets monthly with a focus on reviewing elective and diagnostic performance and collaborative problem solving to address key challenges arising, including issues escalated from the Operational Delivery Group. The focus of recent discussions has included addressing the immediate and longer term challenges in ENT services, improving utilisation of surgical hub services and overseeing the work of the newly established Inequalities Sub-Group. There has also been reflection on the impact of the new EPIC EPR at both GSTT and KCH.

Appendix 8

Mental Health Collaborative

1. Key decisions made by the Mental Health Collaborative

1.1 Below is a summary of decisions taken by the Mental Health Collaborative, for the Boards awareness.

No.	Meeting date	Agenda item	Items for Board to note
1.	October 23	NHS 111 and 136 mobilisation and governance update	The SLP Portfolio Board approved the NHS 111 Mental Health Phase 1 and s136 Hub mobilisation and governance plans. The s136 advice line pilot for police officers went live on 30 October 2023. This is a 24/7 advice service for police officers to seek rapid support from mental health specialists when they attend incidents. The NHS 111 'select mental health option' pilot will come online in the coming weeks once the technology and staffing are fully in place to support it. The second phase of these pilots will: • incorporate CAMHS within the NHS111 Press 2 service • evaluate 136 Hub activity Phase three aims to incorporate trust crisis lines into NHS111 press 2 in 2024-25. • This development will support the transition to the Right Care, Right Person approach which came into action on 1 November 2023 and has agreed new protocols between the local health system and Metropolitan Police. One aspect of this is creating a London-wide policy in relation to patients who are absent without leave and patients who walk out from mental health inpatient areas.

2. Agenda Items of Note

2.1 Below is a summary of other significant actions and items of note for Board information.

No.	Meeting date	Agenda item	Items discussed
1.	October 23		• The formal Perinatal Provider Collaborative went live on 1 October 2023 with the delegation of inpatient (Mother and Baby Unit) budgets from NHS England. Engagement continues with SEL ICB partners to consider how a stronger collaborative approach can improve SEL community perinatal services.
2.	October 23		**Adult secure services** Oak Ward Low Secure Unit for adults with a learning disability and a forensic history has opened at Springfield Hospital (South West London and St Georges) serving all of south London. • Planning for a community Step down service to support this is underway and engagement has taken place with local authority and ICB colleagues.

NHS South East London Integrated Care Board

Bromley Borough

One Bromley Local Care Partnership Committee

Terms of Reference

VERSION 2.00

28 September 2023

Version History	Date	Comment	Status
1.0	July 2022	Draft approved by One Bromley Local Care Partnership Board and SEL ICB Board	Approved
2.0	September 2023	Updated terms of reference approved by the Local Care Partnership Board Meeting 28.9.23	For approval by the ICB Board 15.11.23

1. Introduction

1.1 The One Bromley Local Care Partnership committee [the "committee"] is established as a committee of the South East London Integrated Care Board and Bromley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.

1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and Bromley Council.

1.3 All members of staff and members of the ICB are directed to co-operate with any requests made by the One Bromley Local Care Partnership committee.

2. One Bromley Five Year Strategy

2.1 The One Bromley Five Strategy was approved by the One Bromley Local Care Partnership Board in May 2023 and sets out our ambition to improve the wellness of the people of Bromley. We will achieve this by shifting the focus of our work to prevention, focusing on people living with long term conditions, frailty, Core 20Plus5 health inequalities and those at risk of emergency admission for physical or mental health. Our plan therefore takes a population health management approach to focus on prevention at scale, continuity of care and more holistic approach to people's needs.

2.2 The strategy sets out three key priorities on this:

- Improving population health and wellbeing through prevention and personalised care
- High quality care closer to home delivered through neighbourhoods
- Good access to urgent and unscheduled care and support to meet people's needs

2.3 The strategy sets out the One Bromley Culture and wider enablers:

- One culture to help us deliver joined up services
- Asset based community approach with engaged population.
- One Bromley organisations are tied to the wellbeing of the populations we serve.
- Maintaining and securing resources for the needs of children and adults in Bromley
- Workforce, estate, digital tools (including analysis and artificial intelligence) and finance in place to deliver our priorities.

2.4 Five priority programmes are set out to support the delivery of the three key priorities:

1. Evidence driven prevention and population health.
2. Neighbourhood teams on geographic footprints.
3. Implement care closer to home programmes
4. Primary care sustainability.
5. Integrated Urgent Care.

3. Purpose

3.1 The committee is responsible for the effective discharge and delivery of the place-based functions[1]. The committee is responsible for the following functions:

a. One Bromley Local Care Partnership Board is responsible for the effective planning and delivery of place based services to meet the needs of the local population in line with the ICB's agreed overall planning processes. There is a specific focus on community based care and integration across primary care, community services and social care. The Board, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The Board will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.

b. The One Bromley Local Care Partnership will support and secure the delivery of the ICS's strategic and operational plan as it pertains to place, and the core objectives established by the One Bromley Local Care Partnership for their population and delegated responsibilities.

c. The One Bromley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money and to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.

[1] As defined by the South East London Integrated Care Board

d. The One Bromley Local Care Partnership will ensure representation and participation in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

e. As far as it is possible, it is the intention that decisions relating to Bromley will be made locally by the One Bromley Local Care Partnership.

f. This committee will have responsibility for the planning, monitoring and delivery of local services, as part of the overall strategic and operational plans of the ICB Board:
   - Primary care services
   - Community services
   - Client group services
   - Medicines Optimisation related to community based care
   - Continuing Healthcare

g. The One Bromley Local Care Partnership Board will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.

h. The committee has a responsibility to manage the delivery of the annual delivery plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget and performance and for escalating to the SEL ICB if material risks to the delivery of plans are identified.

i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out below.

4. Duties

4.1 **Place-based leadership and development**: responsibility for the overall leadership and development of One Bromley Local Care Partnership to ensure it can operate effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with

appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. One Bromley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS. One Bromley Local Care Partnership will provide Bromley based leadership, challenge, oversight and guidance to the Primary Care Oversight Group for the delivery of primary care services in Bromley. One Bromley Local Care Partnership will have oversight on the Contracts and Procurement Sub-Committee which will provide assurance on contracts and procurement activities to One Bromley Local Care Partnership and will identify and manage organisational and strategic risks related to these areas.

4.2 **Planning**: Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the One Bromley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. One Bromley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full One Bromley Local Care Partnership. Produce and implement an annual delivery plan aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery

4.3 **Delivery**: Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the One Bromley Local Care Partnership. One Bromley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. One Bromley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the LCP and made available to enable delivery.

4.4 **Monitoring and management of delivery**: Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary. One Bromley Local Care Partnership will ensure delegated budgets, including running costs are deployed effectively and within the agreed envelope

4.5 **Governance**: Responsible for ensuring good governance is demonstrably secured within and across One Bromley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the One Bromley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.

4.6 **Transformation**: To provide overall leadership, guidance and control to the local transformation programme led through the One Bromley Executive Sub-Committee, ensuring agreed outcomes are delivered.

5. Accountabilities, authority and delegation

5.1 One Bromley Local Care Partnership Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.

6. Membership and attendance

6.1 Core members of the committee will include representatives of the following:

a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
b. Borough Lay member

c. Local Care Partnership Place Executive Lead
d. Local authority Portfolio Holder for Adult Care & Health
e. Director of adult social care
f. Director of children's services
g. Director of public health
h. Two PCN Clinical Directors with one vote between them
i. Bromley Healthcare
j. Oxleas NHS Foundation Trust
k. King's College Hospital NHS Foundation Trust
l. VCSE sector, BTSE
m. St Christopher's Hospice
n. Bromley GP Alliance

6.2 Non-voting members in attendance will include:

a. Local LMC representative
b. Local Healthwatch representative
c. Assistant Director of Integrated Planning and Commissioning
d. One Bromley Integrated Care Programme Director
e. One Bromley Borough Director of Organisational Development

6.3 The SEL ICB Accountable Officer, Chief Financial Officer and other South East London ICB executive directors may attend, as may Bromley Council's CEO, and relevant senior officers.

7. Chair of the meeting

7.1 The meeting will be chaired jointly by One Bromley Local Care Partnership Clinical Lead and the Leader of Bromley Council.

7.2 If the presiding chair/chairman is temporarily absent, for example on the grounds of conflict of interest, a deputy chair/chairman shall be identified and preside.

8. Quorum and conflict of interest

8.1 The quorum of the committee is at least 50% of the following must be present:

a. Joint Chairs/Chairmen - Leader of Bromley Council and Clinical Lead for One Bromley
b. Borough Lay member
c. Local Care Partnership Place Executive Lead
d. Local authority Portfolio Holder for Adult Care & Health
e. Director of adult social care
f. Director of children's services
g. Director of public health
h. Two PCN Clinical Directors with one vote between them
i. Bromley Healthcare
j. Oxleas NHS Foundation Trust
k. King's College Hospital NHS Foundation Trust
l. VCSE sector, BTSE
m. St Christopher's Hospice
n. Bromley GP Alliance

8.2 In the event of quorum not being achieved, matters deemed by the chairs/chairmen to be 'urgent' can be considered outside of the meeting via email communication.

8.3 The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chairs/chairmen.

8.4 The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life, the Nolan Principles which are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

8.5 Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

9. Decision-making

9.1 The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the core members (the voting members of the committee) and the Chairs/Chairmen are the voting members of the One Bromley Local Care Partnership. Core members are expected to have a designated deputy who will attend the formal One Bromley Local Care Partnership meetings with delegated authority as and when necessary.

10. Frequency

10.1 The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this. When meeting in public, One Bromley Local Care Partnership will be open to public questions at the end of the meeting.

10.2 All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

10.3 Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair/Chairman and meeting secretariat.

10.4 Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

11. Reporting

11.1 Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.

11.2 The committee will report on its activities to ICB Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.

11.3 The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.

11.4 For the purpose of performance assurance for contracts delegated to the borough from the ICB Board, to report to the ICB's Integrated Governance and Performance Committee on risks, performance variance and the actions planned to deliver and sustain improvement.

12. Committee support

12.1 The embedded governance and admin team will provide business support to the committee. The meeting secretariat will ensure that:

- Draft minutes are shared with the Chair/Chairman for approval within three working days of the meeting.
- Draft minutes with the Chair's/Chairman's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.
- Compilation of the annual work plan is produced
- Agreement of the agenda with the Chair/Chairman and Place Lead
- Collation of papers

13. Review of Arrangements

13.1 The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.

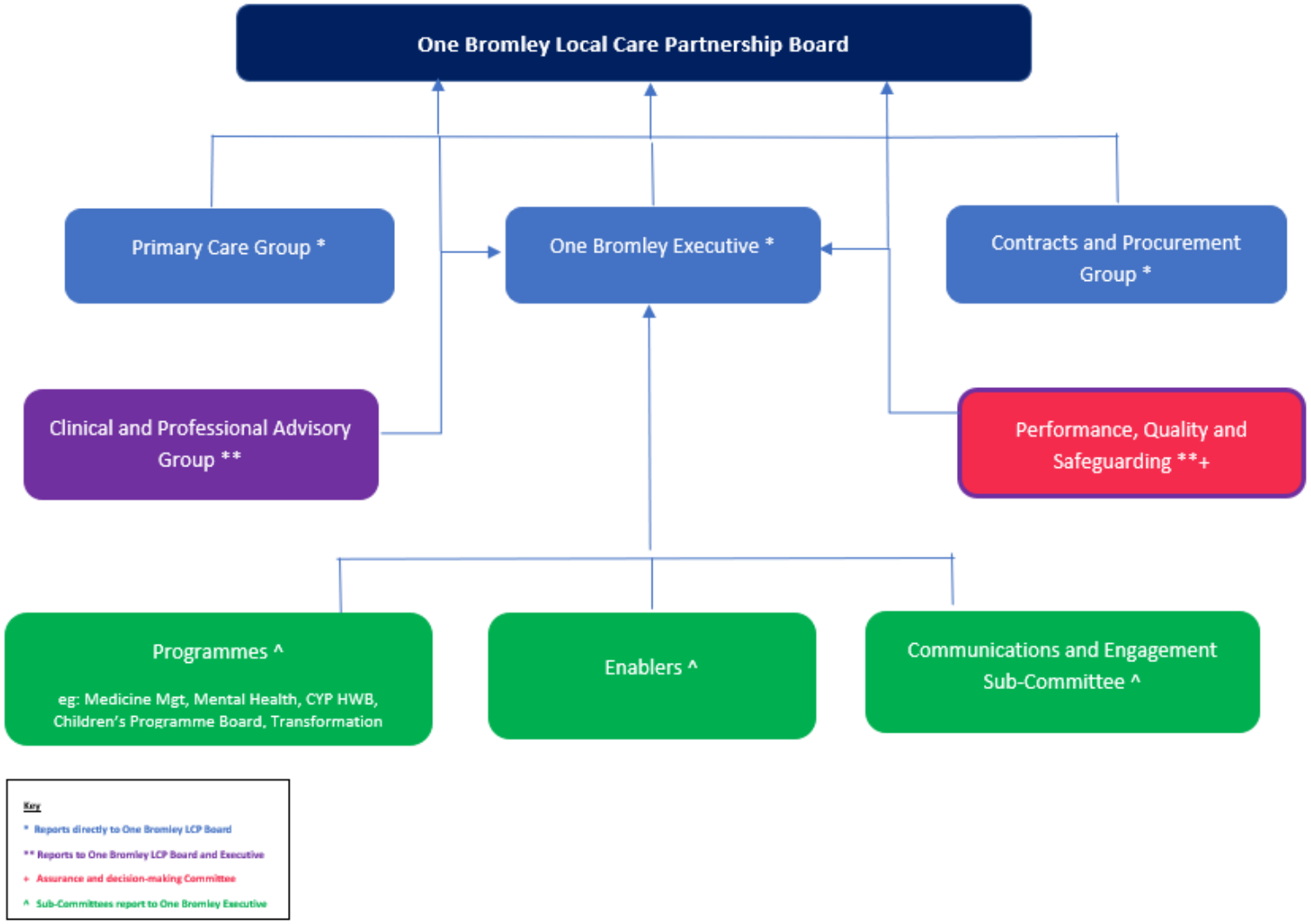
14. Glossary

CCG	Clinical Commissioning Group
SEL	South East London
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
LCP	Local Care Partnership, in Bromley, this is called One Bromley
KCH	Kings College Hospital
PRUH	Princess Royal University Hospital
BTSE	Bromley Third Sector Enterprise
VCSE	Voluntary Community Sector Enterprise
BGPA	Bromley General Practice Alliance
PCOG	Primary Care Oversight Group
CPAG	Clinical and Professional Advisory Group
LMC	Local Medical Committees

Appendix 1: Structure Chart

ONE BROMLEY

Structure for One Bromley Local Care Partnership (LCP) Board and Sub-Committees



Appendix B

Bromley Community Health Services contracts

Briefing to the ICB Board, 15 November 2023

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1. Introduction and Context

1.1. Bromley's Community Health Services were tendered in 2017 as three separate Lots: Children & Young People (CYP), Adults and Unscheduled Care. All three contracts were awarded to Bromley Healthcare CIC (BHC) for a period of five years with the option to extend for a further two years. The contracts were extended for two years in 2022 under schedule 1C and are now set to expire on 30 November 2024.

1.2. Following discussions with NHS London Commercial (Procurement) Hub and own legal advisors the future procurement and contract options have been assessed and reviewed.

1.3. The Planning and Finance Committee considered a report on the commissioning strategy for this at its meeting on 7 September 2023.

1.4. Given the value of the contract being considered, the ICBs Schedule of Matters Delegated to Officers requires the ICB Board to approve the proposed arrangements detailed in this report and recommended by that committee.

2. Contractual arrangements

2.1. As the values of the contracts with BHC are over the relevant threshold to trigger compliance with the Public Contracts Regulations 2015 ("PCR"), the ICB will need to comply with both the PCR and NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 ("NHS Procurement Regulations") when considering contract extensions and awarding new contracts.

2.2. A direct award under a single tender waiver (STW) will comply with the current regulations. This award for a 2-year term will be in the form of a single NHS Standard Contract and as such include general and service conditions. Included in this will be a notice period of 12 months.

2.3. The contract will also include a Service Development Improvement Plan (SDIP) which will cover a programme of transformation. If agreed milestones are not met, the ICB would be able to impose contract management clauses under General Condition 9. Which would also be the case for any significant performance issues.

2.4. Key themes within the SDIP will be:

- Integrated Primary Care provision that will lead to the Neighbourhood Teams model for Bromley
- Work towards agreeing a partnership with an NHS Trust to enable a hosted provider arrangement
- Maintaining long term financial stability
- Urgent and Emergency Care streamlining across BHC and with system partners
- Develop and pilot integrated primary care roles
- Develop One Bromley population health management data and insight capability

2.5. The contract management of BHC will continue for the current contract and the two year direct award. This will include a review of the current specifications, requirements and data quality, working with BHC and partner organisations in terms of transition to an integrated community service approach with revised specifications, and developing reporting requirements.

2.6. In conjunction with a direct award for two years, the ICB will undertake a competitive procurement for the Bromley Community Services with service commencement on 1 December 2026. This procurement opportunity will be for a multi-year contract award and will be managed in accordance with the NHS Provider Selection Regime Guidance that comes in effect in January 2024.

3. Service specification and alignment to the Local Care Partnership vision

3.1. The Bromley Local Care Partnership is developing its vision for Community Health Services in support of the South East London Integrated Care Systems' vision to help people in South East London to live the healthiest possible lives. The Bromley Local Care Partnership's 5-Year Plan priorities are to:

- Improve population physical and mental health and wellbeing through prevention & personalised care
- High quality care closer to home delivered through our neighbourhoods
- Good access to urgent and unscheduled care and support to meet people's needs
- These priorities will form the background to developing the new service specification and contract with a view to implementing a new community health service offer that places the new provision as part of a neighbourhood based joined up and integrated service alongside other primary care providers.

4. Process

4.1. The future procurement will be run as a separate procurement process to the direct award and follow the applicable procurement regulations, requirements and Conflict of Interest (COI) management to ensure that there is no undue influence on the market.

4.2. The table below sets out the indicative timetable for the procurement process.

Procurement preparation • Draft service requirements • Engagement with stakeholders • Agree Service standards • Finalise evaluation methodology • Finalise ITT questionnaire • Confirm budget • Agree evaluation panel members	Jan 24 – Nov 25
Selection questionnaire (SQ) and Invitation to Tender (ITT) published	Nov 25
Bid submissions	Jan 26
Evaluation process	Feb 26
Bidder presentation / interviews	Feb 26
Contract award / Governance	April 26
Mobilisation	May 26
New contract commences	Dec 26

4.3. The Board is asked to note that a recurrent budget exists for the service. Any additional project costs for procurement will be identified from within delegated budgets.

5. Recommendation

5.1. Upon the recommendation of the ICB Planning and Finance Committee, the Board is asked to:

- Approve enacting a Single Tender Waiver (STW) in relation to Bromley Community Services for a period of 2 years – 1 December 2024 – 30 November 2026 to the incumbent provider Bromley Healthcare CIC (BHC)
- Approve a competitive tender procurement process for Community services to be in place by 1 December 2026, subject to impact of any changes in procurement regulations.

Bevan Brittan

Dated **2023**

ROYAL BOROUGH OF GREENWICH

NHS SOUTH EAST LONDON INTEGRATED CARE BOARD

DEED OF EXTENSION AND VARIATION OF SECTION 75 AGREEMENT

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Contents

THIS DEED is dated 2023

PARTNERS

(1) **ROYAL BOROUGH OF GREENWICH** whose registered office is at The Woolwich Centre, 35 Wellington Street, Woolich, London SE18 6ND (the '**Council'**); and

(2) **NHS SOUTH EAST LONDON INTEGRATED CARE BOARD** whose registered office is at 160 Tooley Street, London SE1 2TZ ('**ICB**');

each a '**Partner'** and together the '**Partners'**.

BACKGROUND

(A) The Partners entered into an agreement pursuant to Section 75 of the National Health Service Act 2006 dated the 22nd of September 2022 (the '**Agreement**').

(B) The term of the Agreement is for three (3) years until the 31st March 2024. The Partners wish to further extend the term of the Agreement.

(C) The Partners also wish to make amendments to the Agreement as a result and to acknowledge NHS South East London Integrated Care Board's change from a Clinical Commissioning Group to an Integrated Care Board.

AGREED TERMS

1 TERMS DEFINED IN THE AGREEMENT

1.1 In this Deed, expressions defined in the Agreement and used in this Deed have the meaning set out in the Agreement unless otherwise defined. The rules of interpretation set out in the Agreement apply to this Deed.

2 EXTENSION AND VARIATION

2.1 The Partners have agreed to amend the Agreement as set out in this Deed with effect from March 31st 2024 (the '**Variation Date'**).

2.2 With effect from the Variation Date, the Partners have agreed to extend the Agreement for a maximum period of up to three (3) years subject to an annual review to coincide with the completion of the Annual Development Plan prior to the 31st of May in each Financial Year. The Parties agree that such a review may result in an earlier termination of the Agreement.

2.3 With effect from the Variation Date, the Partners agree the following amendments to the Agreement:

2.3.1 all references to "NHS South East London Clinical Commissioning Group" in the Agreement shall be updated to the "NHS South East London Integrated Care Board";

2.3.2 all references to "CCG" in the Agreement shall be updated to "ICB"; and

2.3.3 the definition of Expiry Date in the Agreement shall be amended to "**Expiry Date** means at the latest at 23.59 on 31st March 2027".

2.4 To the extent that the Agreement stipulated a particular procedure or notice period to be applied when one Partner seeks to extend the Agreement, the Partners hereby expressly waives its rights to such procedure or notice period being applied.

2.5 Except as amended by this Deed, the Agreement shall continue in full force and effect and this Deed shall not release or lessen any liability under the Agreement of the Partners or any other person whether before or after the date of this Deed.

2.6 To the extent of any conflict between the terms of the Agreement and this Deed, the terms of this Deed will prevail.

3 AMENDMENTS

3.1 This Deed may not be amended except in writing and any such amendment must be signed by the authorised representatives of the Partners.

4 FURTHER ASSURANCE

4.1 The Partners shall at all times exercise their respective rights and powers to give effect to the provisions of this Deed and shall do, execute and perform and shall use their respective reasonable endeavours to procure that any necessary third party shall do, execute and perform all such further agreements, documents, assurances, acts and things as any of the Partners hereto may reasonably require and as may be necessary to carry the provisions of this Deed into full force and effect.

5 SEVERABILITY

5.1 If any provision of this Deed is or becomes illegal or invalid, it shall not affect the legality and validity of the other provisions or any other documents referred to in this Deed.

5.2 If any provision or part-provision of this Deed is deemed deleted under clause 5.1, the Partners shall negotiate in good faith to agree a replacement provision that, to the greatest extent possible, achieves the intended commercial result of the original provision.

6 COUNTERPARTS

6.1 This Deed may be executed in any number of counterparts. Any single counterpart or a set of counterparts executed, in either case, by all the Partners shall constitute a full original of this Deed for all purposes.

7 GOVERNING LAW AND JURISDICTION

7.1 This Deed and any non-contractual obligations arising out of or in connection with it shall be governed and construed in all respects in accordance with English law and the English Courts shall have exclusive jurisdiction to settle any disputes which may arise out of or in connection with this Deed.

THIS DEED is executed as a Deed and delivered on the date stated at the beginning of it

EXECUTED as a **DEED** by)

ROYAL BOROUGH OF GREENWICH)

by affixing its common seal in)

the presence of)

Authorised Signatory ……

EXECUTED as a **DEED** by)

NHS SOUTH EAST LONDON)

INTEGRATED CARE BOARD)

by affixing its common seal in)

the presence of)

Authorised Signatory ……

NHS
South East London

SEL ICB Finance Report

Month 06 2023/24

Contents

NHS South East London

1. Executive Summary

NHS South East London

- This report sets out the month 06 financial position of the ICB. As agreed with NHSE colleagues and local providers , the ICB plan for 2324 has been revised from a surplus of £64.100m to a surplus of £16.873m. This movement of £47.227m is represented by equal and opposite changes in the plan values for NHS providers in the south east London ICS. There is no net impact upon the ICB nor the overall 23/24 plan for the ICS.
- The ICB's financial allocation as at month 06 is **£4,772,807k.** In month, the ICB received additional allocations of **£1,353k,** which included Smart System Control (£775k), Local Ockenden and East Kent Response - Maternity (£227k), Diabetes data standard pilot (£191k) plus some smaller allocations set out on the next slide.
- As at month 06, the ICB is reporting a **year to date overspend** against plan of **£2,218k.** This compares to an equivalent overspend at month 05 of **£2,790k.** The improvement is partly a result of a reduction in the prescribing run-rate. The month 06 position is driven by **overspends in prescribing (£9,659k) and continuing healthcare (CHC) (£3,822k), which are being partially offset by underspends in other budgets together with an in-month release of ICB reserves (£491k).** The ICB is reporting a forecast outturn of **break-even** against the revised plan as it is anticipated that the financial position will be recovered in year. Both prescribing and CHC have been flagged as significant financial risks in our latest financial report to NHS England together with a smaller risk around MH placements.
- At present there are four months **prescribing data** available for 23/24 as it is produced 2 months in arrears. This month the run-rate has improved due to the impact of the ICB's savings schemes. Prescribing expenditure continues to be impacted by national price and supply pressures with all ICBs being impacted. The current overspend is also driven by activity growth which Medicines Optimisation colleagues have established relates to Long Term Condition prescribing and additional work is ongoing to review and mitigate this.
- The overspend on CHC relates partially to the impact of 23/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- The above financial pressures mean that **5 out of 6 boroughs** are reporting **overspend** positions at month 06.
- **Focus meetings with all boroughs have taken place in September/October to review and agree recovery actions, with the aim of agreeing forecast year-end positions. This process has been helpful, with discussions continuing with one borough. It is planned that this is concluded in time for month 07 reporting. The agreement of outturn positions with boroughs will support the delivery of the forecast year-end balanced position.**
- In reporting this month 06 position, the ICB has delivered the following financial duties:
  - Underspending **(£2,216k)** against its management costs allocation;
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 06, and noting the risks outlined in this report, the ICB is forecasting a **break-even** position for the 23/24 financial year.

2. Revenue Resource Limit

NHS South East London

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL ICB
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
ICB Start Budget	**135,661**	**233,559**	**165,890**	**203,003**	**158,836**	**157,251**	**3,075,121**	**4,129,321**
M2 Internal Adjustments	1,308	3,618	2,309	574	527	1,134	(9,470)	-
M2 Allocations							65,867	**65,867**
M2 Budget	**136,969**	**237,177**	**168,199**	**203,577**	**159,363**	**158,385**	**3,131,518**	**4,195,188**
M3 Internal Adjustments	1,316	1,924	1,608	2,644	1,885	1,813	(11,190)	-
M3 Allocations							467,001	**467,001**
M3 Budget	**138,285**	**239,101**	**169,807**	**206,221**	**161,248**	**160,198**	**3,587,329**	**4,662,189**
M4 Internal Adjustments	203	200	170	312	330	247	(1,462)	-
M4 Allocations	-	4	42	32	21	50	75,838	**75,987**
M4 Budget	**138,488**	**239,305**	**170,020**	**206,564**	**161,599**	**160,495**	**3,661,706**	**4,738,176**
M5 Internal Adjustments	573	605	591	559	463	405	(3,198)	-
M5 Allocations	57	-	-	-	-	-	33,221	**33,278**
M5 Budget	**139,118**	**239,910**	**170,611**	**207,124**	**162,062**	**160,900**	**3,691,729**	**4,771,454**
M6 Internal Adjustments								
Pay awards	251	1,506	446	107	118	88	(2,516)	-
Primary Care transformation	142	228	199	276	220	216	(1,281)	-
Other		78	250			8	(336)	-
M6 Allocations								
Smart System Control - System Coordination Centres							775	**775**
Local Ockenden and East Kent Response							227	**227**
Diabetes Data Standard Pilot and Implementation							191	**191**
Primary Care Transformation (GP Fellowship)							160	**160**
London SQuIRe Catalyst funding							124	**124**
Data Security and Protection Toolkit							96	**96**
DOPs hub							(377)	**(377)**
Other							157	**157**
M6 Budget	**139,511**	**241,722**	**171,506**	**207,507**	**162,400**	**161,212**	**3,688,949**	**4,772,807**

- The table sets out the Revenue Resource Limit at month 06.
- The start allocation of **£4,129,321k** is consistent with the final 2023/24 Operating Plan.
- During month 06, internal adjustments were actioned to ensure allocations were aligned to the correct agreed budgets. These had no overall impact on the overall allocation. The main adjustments related to pay awards and primary care transformation, both of which were added to delegated borough budgets.
- In month, the ICB has received an additional **£1,353k** of allocations, giving the ICB a total allocation of **£4,772,807k** at month 06**.** The additional allocations included Smart System Control **(£775k),** Local Ockenden and East Kent Response - Maternity **(£227k),** Diabetes data standard pilot **(£191k),** GP fellowships (PC Transformation), London SQuiRe catalyst funding, data security and protection toolkit, DOPs hub IAT adjustment plus some smaller allocations. Each of the allocations is listed in the table to the left. These will be reviewed and moved to the correct budget areas as required.
- Further allocations both recurrent and non-recurrent will be received as per normal throughout the year each month.

3. Key Financial Indicators

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above, the ICB reporting an overspent position **(£2,218k)** as at Month 6 mainly due to the prescribing and CHC pressures which are continuing into this financial year.
- All other financial duties have been delivered for the year to Month 6 period.
- A break-even position against plan is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	2,311,190	2,313,408	4,792,807	4,792,807	
Operating Under Resource Revenue Limit	2,302,754	2,304,972	4,775,934	4,775,934	
Not to exceed Running Cost Allowance	18,587	16,371	37,174	34,081	
Month End Cash Position (expected to be below target)	4,950	2,052			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	97.8%			
Mental Health Investment Standard (Annual)			439,075	439,689	

4. Budget Overview

NHS South East London

	M06 YTD								
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget									
Acute Services	2,425	3,430	3,537	600	526	277	1,232,975	**1,243,771**	**1,243,771**
Community Health Services	9,400	41,675	17,792	13,011	11,995	16,287	121,304	**231,464**	**231,464**
Mental Health Services	5,157	7,158	4,533	10,674	3,485	3,730	246,546	**281,282**	**281,282**
Continuing Care Services	12,558	12,521	13,716	15,981	10,501	9,843	-	**75,120**	**75,120**
Prescribing	16,917	23,172	16,617	19,332	19,396	16,015	2,279	**113,727**	**113,727**
Other Primary Care Services	1,502	1,638	1,307	1,642	867	403	10,384	**17,743**	**17,743**
Other Programme Services	29	44	107	132	2,784	83	26,516	**29,694**	**29,694**
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,417	**4,580**	**4,580**
Delegated Primary Care Services	20,096	29,023	25,611	39,474	29,579	31,611	(1,080)	**174,314**	**174,314**
Delegated Primary Care Services DPO	-	-	-	-	-	-	100,734	**100,734**	**100,734**
Corporate Budgets	1,670	2,200	2,614	2,905	2,054	2,206	16,678	**30,327**	**30,327**
Total Year to Date Budget	**69,755**	**120,860**	**85,833**	**103,752**	**81,199**	**80,605**	**1,760,752**	**2,302,755**	**2,302,754**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual									
Acute Services	2,349	3,393	3,441	284	475	135	1,230,181	**1,240,258**	**1,240,258**
Community Health Services	8,959	41,484	17,533	11,858	12,053	15,764	121,407	**229,056**	**229,056**
Mental Health Services	5,107	7,505	4,530	10,605	3,220	4,469	245,970	**281,406**	**281,406**
Continuing Care Services	12,850	12,923	14,939	17,005	11,519	9,706	-	**78,942**	**78,942**
Prescribing	18,813	25,385	18,807	21,236	21,475	17,629	42	**123,386**	**123,386**
Other Primary Care Services	1,476	1,638	1,232	1,575	819	378	10,511	**17,628**	**17,628**
Other Programme Services	23	26	107	127	92	102	26,163	**26,640**	**26,640**
PROGRAMME WIDE PROJECTS	-	-	-	-	13	150	4,160	**4,322**	**4,322**
Delegated Primary Care Services	20,096	28,918	25,511	39,474	29,579	31,611	(1,080)	**174,109**	**174,109**
Delegated Primary Care Services DPO	-	-	-	-	-	-	101,405	**101,405**	**101,405**
Corporate Budgets	1,444	1,988	2,326	2,449	1,918	1,923	15,774	**27,822**	**27,822**
Total Year to Date Actual	**71,117**	**123,258**	**88,423**	**104,613**	**81,163**	**81,866**	**1,754,532**	**2,304,973**	**2,304,973**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs (Non Covid)	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance									
Acute Services	77	38	96	316	51	142	2,794	**3,513**	**3,513**
Community Health Services	442	192	259	1,154	(58)	523	(103)	**2,408**	**2,408**
Mental Health Services	50	(348)	3	69	264	(739)	576	**(124)**	**(124)**
Continuing Care Services	(292)	(402)	(1,222)	(1,024)	(1,018)	137	-	**(3,822)**	**(3,822)**
Prescribing	(1,896)	(2,213)	(2,190)	(1,904)	(2,079)	(1,614)	2,237	**(9,659)**	**(9,659)**
Other Primary Care Services	26	0	75	68	48	25	(127)	**114**	**114**
Other Programme Services	5	18	(0)	5	2,692	(18)	353	**3,055**	**3,055**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	-	257	**257**	**257**
Delegated Primary Care Services	-	105	100	-	-	-	-	**205**	**205**
Delegated Primary Care Services DPO	-	-	-	-	-	-	(671)	**(671)**	**(671)**
Corporate Budgets	226	212	288	456	136	283	903	**2,505**	**2,505**
Total Year to Date Variance	**(1,362)**	**(2,398)**	**(2,591)**	**(861)**	**36**	**(1,262)**	**6,220**	**(2,218)**	**(2,218)**

- At month 06, the ICB is reporting an YTD overspend of **£2,218k.** The main financial drivers of this position relate to prescribing and continuing care, and these have been flagged in our financial return to NHS England. The ICB is continuing to report a break-even FOT subject to managing these risks.
- The ICB is reporting a **£9,659k overspend** against its **prescribing year to date position**. This is based on four month's PPA data which shows the trend from last year is continuing. The borough 1% risk reserve for prescribing plus the £3,500k central reserve for prescribing have both been factored into the month 6 position.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting a cost pressure of £124k YTD but this is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- The overall **continuing care** financial position is **£3,822k overspent** and the underlying pressures are variable across the boroughs with only Southwark showing an underspend. The full impact of 23/24 bed prices are not yet fully reflected but negotiations are now substantially complete. Greenwich, Lewisham and Lambeth boroughs are continuing to see the largest pressures in this area. Benchmarking of activity and price differentials for each borough is set out later in this report.
- The YTD acute services position includes an underspend in relation to Elective Recovery Fund (ERF) for Independent Sector Providers **(£2,668k),** in line with relevant reporting guidance from NHS England.
- The underspend of **£2,505k** against corporate budgets, reflects vacancies in ICB staff establishments across all areas.
- More detail regarding the individual borough (Place) financial positions is provided later in this report.

5. Prescribing - Overview

NHS South East London

- The prescribing budget currently represents the largest financial risk facing the ICB. The month 6 prescribing position is based upon M04 23/24 data as the information is provided two months in arrears. **This month, the rate of overspend has reduced as the savings programme starts to impact; this is as detailed on following slide. This will be monitored over the next couple of months to establish if this is a sustained position.** The ICB is reporting a PPA prescribing position of **£9,763k overspend** year to date (YTD). This is after 6 months of the borough 1% risk reserve and the central (£3,500k) risk reserve have been reflected into the position. In addition, the non PPA budgets are underspent by £104k giving an **overall overspend of £9,659k YTD.**
- If this trend continued for the full year, this would generate an unmitigated overspend of circa **£18,310k**.

escribing	Total PMD (Excluding Cat M & NCSO)	Cat M & NCSO	Central Drugs	Flu Income	PY (Benefit)/Cost Pressure	QIPP Savings	Difference between PMD & IPP Report	Total PPA YTD Spend	YTD PPA Budget (Includes 1% Risk Reserve budget)	YTD Variance - (over)/under	Annual Budget (Includes Flu Income & Annual 1% Risk Reserve budget)	FOT Actual (S/L)	FOT Variance - (over)/under
BEXLEY	17,503,328	849,389	605,640	(149,809)	(34,988)		28,000	18,801,559	16,894,068	(1,907,491)	33,788,141	37,638,107	(3,849,966)
BROMLEY	23,654,428	1,128,386	817,833	(204,770)	(23,718)		37,649	25,409,808	23,196,943	(2,212,865)	46,393,897	50,843,335	(4,449,438)
GREENWICH	17,372,196	872,355	602,070	(65,489)	(79,790)		27,907	18,729,250	16,539,316	(2,189,933)	33,078,653	37,538,289	(4,459,636)
LAMBETH	19,900,529	852,716	684,857	(76,171)	(116,496)		31,923	21,277,357	19,373,174	(1,904,183)	38,746,371	42,671,211	(3,924,840)
LEWISHAM	19,765,992	866,649	680,877	(64,578)	(42,378)		31,639	21,238,202	19,158,922	(2,079,280)	38,317,856	42,518,781	(4,200,925)
SOUTHWARK	16,339,238	769,810	564,599	(67,740)	(122,341)		26,416	17,509,981	15,803,197	(1,706,785)	31,606,399	35,142,304	(3,535,905)
SOUTH EAST LONDON	0					(487,011)		(487,011)	1,750,000	2,237,011	3,500,000	(2,610,000)	6,110,000
Grand Total	**114,535,711**	**5,339,305**	**3,955,876**	**(628,557)**	**(419,711)**	**(487,011)**	**183,534**	**122,479,147**	**112,715,621**	**(9,763,526)**	**225,431,316**	**243,742,026**	**(18,310,711)**

- The table above shows that of the YTD overspend, approximately **£5,339k** related to Cat M and NCSO (no cheaper stock) pressures. An additional **£4,424k** relates to a local growth in prescribing.
- The growth has been identified as largely relating to NICE recommendations for new and existing drugs, which are mandatory for the NHS. Specifically, key elements of the growth relate to hormone replacement therapy, medicines for attention deficit hyperactivity disorder, melatonin (sleep disorder), antibiotics, catheters, wound care, and promethazine. An element of this growth, is amenable to change. Community provider engagement would be crucial for progress to be made.
- Of the overall annual forecast unmitigated pressure of circa £18,310k, around **£10,856k** relates to **national Cat M and NCSO factors.**
- The position is differential per borough and is determined by local demographics including care homes and local prescribing patterns.
- A joint finance and medicines optimisation meeting took place on 27 June to discuss these matters in greater detail, where mitigating actions (including the identification of additional savings areas) were agreed.

5. Prescribing Mitigating Actions – Savings Schemes

NHS South East London

- Boroughs have been given an overall 4.5% savings target to deliver. To date, savings of **£8,766k** (circa 4% of the prescribing budget) have been identified. Delivery against the 2023/24 savings plan is included within slide 9 of this report.
- The table below shows the components of the Prescribing savings plan for 2023/24:

QIPP area	SEL spend Jan-Dec 22	Identified opportunity
High Impact Core QIPP		
Self-care/OTC	£13,947,492	£744,146
Vitamin B co tablets	£45,068	£4,980
Cyanocobalamin	£573,182	£84,802
Low priority prescribing	£2,105,951	£390,760
Unlicensed specials	£1,140,741	£172,730
Adult ONS*	£4,544,697	£493,622
Paediatric CMA*	£1,463,538	£99,471
SMBG	£3,207,963	£276,083
NHSE recommendation (ketones, lancets)	£643,673	£30,777
Semaglutide	£673,611	£65,510
Total		***£2,362,881***
Generic medicines		
Generic sitagliptin	£4,626,641	£1,558,288
Generic apixaban	£5,605,468	£706,644
Total		***£2,264,932***
Non-core QIPP		
1) Branded Generics		
Metformin MR 500mg and 1g		£17,514
Oxycodone MR (Longtec/Generic)		£151,197
Buprenorphine Patches (Butec/Generic)		£39,592
Quetiapine MR/Seroquel		£17,514
2) Local opportunities		
GREY drugs		£34,398
RAG list		£46,475
Triple therapy COPD		£120,000
Total		***£433,723***
Cost avoidance		
OptimiseRX**		£2,040,797
SMR***		£129,176
Total contribution to underlying position		£1,133,940
Budget review		£400,743
Total		***£3,704,656***
		£8,766,193

- The medicines optimisation team are continuing to look for further opportunities to mitigate the prescribing financial pressures.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for ICBs to deliver upon in 2023/24. These are being reviewed for prioritisation and implementation, noting that active work on all of them is already underway in SEL.
- **The improvement in run rate due to the impact of savings being seen this month is summarised below:**

Therapeutic areas	Drug names	YTD Cost Growth M6
Oral anticoagulants	Apixaban	-£26,467
Diabetic diagnostic and monitoring agents	Glucose blood testing reagents	-£127,293
Vitamin D	Colecalciferol	-£144,057
Antidiabetic drugs	Sitagliptin	-£165,482
		£463,299

5. Prescribing - Month 06 Savings Position

NHS South East London

	Annual					Core QIPP YTD		Non-Core QIPP YTD							YTD savings
M06 Prescribing	**Total QIPP (Jul 23) – using £1,133,940 estimated rebate**	**Total QIPP (Sept 23) – with £750k rebate released to boroughs**	**Core QIPP target**	**Generic prescribing**	**Non-Core QIPP target**	**OTC**	**Others**	**Branded generic**	**Generic (July onwards)**	**OptimiseRx®**	**SMR savings**	**Rebate**	**Budget review**	**RAG drugs**	
BEXLEY	1,100,589	1,002,206	341,143	292,693	368,371	0	36,635	NA	28,558	103,848	0	30,667	NA	NA	199,708
BROMLEY	1,852,881	1,675,386	355,567	497,262	822,558	7,438	79,682	43,058	53,163	207,013	0	43,000	NA	NA	433,354
GREENWICH	1,131,139	1,108,485	287,434	349,057	471,994	0	45,698	3,360	37,175	126,645	0	39,667	NA	NA	252,545
LAMBETH	1,494,636	1,436,894	441,214	444,925	550,755	0	57,868	NA	43,503	130,528	0	38,667	NA	21,114	291,680
LEWISHAM	1,886,804	1,916,572	556,523	314,306	1,045,743	0	76,989	NA	34,205	137,439	0	65,667	133,581	3,502	451,383
SOUTHWARK	1,300,143	1,241,709	381,000	366,689	494,019	0	35,673	NA	40,683	154,577	0	32,000	NA	NA	262,933
SEL	**8,766,193**	**8,381,253**	**2,362,881**	**2,264,932**	**4,627,813**	**7,438**	**332,545**	**46,418**	**237,286**	**860,050**	**0**	**249,667**	**133,581**		**1,891,601**

SEL Med Op teams have robust governance mechanisms in place for use of medicines in south east London, through our Integrated Medicines Optimisation committee and Integrated Pharmacy Stakeholder group to ensure a collaborative partnership approach to decision making and delivery.

1. QIPP and other primary care prescribing savings have been identified to a value of £8,766,193. YTD savings are £1,891,601.
2. SEL has phased the saving delivery as: Q1 10%, Q2 25% Q3 30% and Q4 35%. OTC savings remain a challenge due to Cat M/NCSO cost pressure on antihistamines. Med Op teams continue to support implementation of Community Pharmacy Consultation Service (CPCS) to empower patient to self-care and improve primary care access. Three boroughs are evaluating the Pharmacy First scheme to explore further opportunities on self-care.
3. Generic medicines (sitagliptin and apixaban) savings started to be realised in July, with more savings expected in the last 3 quarters of the year.
4. Med Op teams have completed all practice visits and continued to use prescribing support tool OptimiseRx and GP bulletin to communicate key messages to practices.
5. Cost pressure of nutritional products has been identified as up to £138,640, which has partially negated the impact of planned savings.

5. Risks and Issues for Prescribing: actions underway

NHS South East London

- Use of clinically and cost-effective medicines is key in delivering improved outcomes for people with **long term conditions,** where much of the cost of medicines lies. Medicines optimisation approaches must be embedded within wider pathways and services to improve uptake of these medicines, using a shared decision making and personalised care approach, working alongside quality improvement and clinical effectiveness programmes. The medicines QIPP group will be reviewing respiratory prescribing during Q3, to assess opportunities across the boroughs.
- In August 2023, the NHS England Medicines Optimisation Executive Group (MOEG) issued 16 national medicines optimisation opportunities for the NHS in 2023/24 to deliver on integrated care boards (ICBs) four key objectives **NHS England » National medicines optimisation opportunities 2023/24 .**
  These are being reviewed through our medicines governance for prioritisation and implementation and the national data dashboard for the opportunities is expected in autumn. Active work on all of them is already underway in SEL.
- A SEL position on **branded generics switches** will be discussed and agreed at SEL primary care medicines value group. Some branded generic switches are included in 2 borough QIPP plans, and DHSC advice is that whilst it may appear that the ICB at an individual level is achieving cost efficiency savings through branded generic prescribing, this has a detrimental effect on the overall costs to the NHS.
- By the end of October 2023, stocktake progress on our high value **oral direct acting anticoagulant prescribing** work with benchmarking of uptake of edoxaban use and switching programmes.
- Reducing **medicines waste** is crucial to ensuring value from our medicines spend. We have a work programme to tackle **overprescribing**, to promote shared decision making and personalised care in prescribing so that people understand the risks and benefits of their medicines, and how to get the most from them. We also plan some work on improving **repeat prescribing systems** for 24/25 particularly in view of remote consultations and wider use of the NHS app since the C-19 pandemic.
- The **Prescribing Support Dietetics (PSD) Service** for Lambeth and Southwark, based at GSTT will be mainstreamed for Bromley, Bexley and Lewisham for 24/25. Greenwich has an existing comprehensive community dietetic service for both adults and children delivered by Oxleas, which will be scaled up to provide a PSD service (practice-level review and RAC) to reduce variation and provide the same model of care across SEL**.**
- Work on cost effective prescribing of **dressings and wound care** with the community provider collaborative is ongoing and now unlikely to impact in 23/24, having focussed initially on progressing a lower limb core offer including the education and training element.

6. NHS Continuing Healthcare – Overview

NHS South East London

Overview:

- The Continuing Care (CHC) budgets have been built from the 2022/23 budgets with adjustment made to fund the price inflation (1.8%), activity growth (3.26%) and to reflect ICB convergence savings (-0.7%).

- The overall CHC financial position at Month 06 is an **overspend of £3,822k**. Except Southwark all other boroughs are reporting overspends. Like last month, there are notable overspends in Greenwich, Lambeth and Lewisham. The overspend in Greenwich is driven by fully funded Learning Disability clients (<65), in Lambeth it is due to fully funded Physical Disability (<65) clients and Fully Funded Learning Disability clients(<65), and rehabilitation and palliative clients in Lewisham. The borough teams are actively looking and identifying potential savings where appropriate and other ways of containing costs. The 1% risk reserve is being released into borough financial positions monthly to partially mitigate the overspend. All boroughs have actively participated in the CHC Summits and Task and Finish Groups which are now looking at high-cost clients including 1:1 costs, transition arrangements and communications with clients and their relatives with regards to managing expectations. However, all boroughs except Southwark are forecasting overspend positions at the year end.

- An additional piece of work which was requested by the Place Executives (PELs) has been completed which has highlighted specific areas where there is borough variations – including enhanced care, respective costs of CHC teams and CHC performance. This work was completed collaboratively with central finance, CHC teams and the Nursing and Quality Directorate. This work has been shared with Place Executive Leads and each borough will be taking this work forward, specifically where their borough is an outlier.

- As reported last month, boroughs continue to experience an increase in activity. Greenwich and Lambeth continue to have the highest numbers of high-cost packages and highest average package costs. The ICB has a panel in place to review price increase requests above 1.8%, to both ensure equity across SE London and to mitigate large increases in cost. The price negotiations with most providers has reached agreement, with only a few smaller organisations yet to agree an uplift. A placeholder risk value of £1,000k is included in our reporting to NHS England to account for the inflation uplifts which have still to be confirmed/negotiated with providers.

- Results of the analysis of CHC expenditure across the boroughs on a price and activity basis are set out on the following slides.

6. NHS Continuing Healthcare – Benchmarking

NHS South East London

Number Clients (Excluding FNC) and monthly average cost per clients by Borough												
	Bexley		Bromley		Greenwich		Lambeth		Lewisham		Southwark	
	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £	No Of Clients	Average Price £
Budget	**295**	**6,018**	**339**	**4,818**	**255**	**7,857**	**333**	**7,060**	**220**	**7,100**	**237**	**6,263**
Month 2	313	5,650	221	6,561	248	9,079	319	7,659	230	6,778	212	6,982
Month 3	342	5,203	251	5,923	268	8,731	351	7,127	240	6,604	233	6,137
Month 4	387	4,693	298	5,208	277	8,593	375	6,714	265	6,059	251	5,814
Month 5	438	4,308	332	4,665	281	8,568	403	6,230	289	5,838	268	5,359
Month 6	467	4,024	368	4,224	284	8,417	417	5,955	309	5,554	283	5,115
Month 7												
Month8												
Month9												
Month10												
Month11												
Month12												

Please Note: Average cost excludes FNC and one off costs

	Active Number of clients cost > £1,500/WK @ the end of this period					
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients	No Of Clients
March 2023 (M12)	**72**	**62**	**92**	**147**	**75**	**71**
Month2	71	62	87	126	68	70
Month3	75	71	87	123	73	69
Month4	77	70	94	119	72	71
Month 5	83	65	94	119	75	66
Month 6	82	64	94	106	79	64
Month 7						
Month 8						
Month 9						
Month 10						
Month 11						
Month 12						

- The tables set out the monthly numbers of CHC clients and the average price of care packages excluding FNC and one-off costs. The first table also includes both the activity baseline and average care package price upon which the 2023/24 budgets were set. The second table shows the number of care packages above £1,500 per week per borough for the month 6 YTD position.
- This year we have excluded FNC (generally low-cost packages) to improve comparability. The first table shows that all boroughs are showing a reduction in average prices this month. However, the Lambeth and Greenwich average prices are higher than any other borough. The number of client costs > £1,500 a week emphasises this.
- All but 2 boroughs are showing an increase in the number of high-cost packages compared to the start of the financial year.
- Boroughs have agreed recovery plans with the SE London ICB senior management team, as part of the Focus Meetings process.

6. NHS Continuing Healthcare – Actions to Mitigate Spend

NHS South East London

Further to the CHC Summit which was held in July, finance, quality and CHC Teams agreed to take forward the following areas to look for opportunities to mitigate spend without compromising patient care or quality. Some tasks would be impacted in the short term, but long-term impacts are also being explored.

Short Term

- Completion of a checklist by 1st September to ensure that robust financial processes are in place within CHC, this includes controls such as increased use of AQP beds, specific approval of packages over AQP price/high-cost packages, audit of PHBs, being up to date with reviews, reconciliation of invoices to patient database and the cleansing of databases etc. The results of this checklist have been shared at the last CHC Summit.
- CHC review work requested by PELs to include areas such as comparison of underlying financial positions, care package costs, client numbers, high cost clients, enhanced care costs by borough with benchmarking where available, comparison of savings schemes across boroughs, review of team productivity by borough, complaints information by borough and theme, impact of new financial ledger, use of CHC databases and robustness of them, scope for standard operating process and learning lessons from work completed in boroughs to improve performance. This report has now been shared with PELS and they are taking forward the relevant issues for their borough, especially looking at unwarranted variation to see how this can be addressed.

Longer Term

- 5 Task and Finish Groups have met and reported back to the last CHC Summit. It was decided that the 2 main areas for review are (1) high-cost LD clients, transition between childrens and adults CHC and (2) communications. Two Task and Finish groups have been set up and have met and are working on actions from these meetings to feed back to another CHC summit in November.
- Market management work – this is being explored by a Pan London Group which SE London attends.

7. ICB Efficiency Schemes

NHS South East London

South East London ICB
Place - Efficiency Savings

	Full Year 2023/24				Month 6			Month 5
	Annual Requirement	Identified Month 6	Unidentified Month 6	Unidentified Month 5	Plan YTD	Actual YTD	Variance	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Bexley	3,899	3,858	(41)	(41)	3,048	2,827	(221)	(310)
Bromley	7,429	7,107	(322)	(1,027)	2,835	2,727	(108)	(89)
Greenwich	4,857	4,857	0	0	2,931	2,813	(118)	(156)
Lambeth	4,690	5,770	1,080	1,080	2,660	2,992	332	190
Lewisham	4,208	4,208	0	0	1,856	1,752	(104)	(40)
Southwark	3,967	4,095	128	128	1,406	1,420	14	24
Total	**29,050**	**29,895**	**845**	**140**	**14,736**	**14,531**	**(205)**	**(381)**

Commentary

- The above table sets out the position of the ICB efficiency schemes for both month 6 YTD and the full year 23/24.
- The 23/24 total efficiency target for the Places within the ICB is £29.05m. This is based upon an efficiency requirement of 4.5% of start 23/24 applicable recurrent budgets. As at Month 6, saving schemes above the overall target have been identified.
- At month 6, actual delivery (£14.53m) is £0.20m behind plan. However, Places are identifying and implementing actions to improve savings run-rate. At this stage in the financial year, we are forecasting that the savings plan of £29.05m will be delivered albeit at a significant level of risk.
- The reporting against the ICB efficiency plan will continue to be refined over the coming months.

8. Mental Health Investment Standard (MHIS) – 2023/24

NHS South East London

Summary

- SEL ICB is required to deliver the Mental Health Investment Standard (MHIS) by increasing spend over 22/23 outturn by a **minimum of the growth uplift of 9.22%.** This has increased since the M05 report to take account of the medical pay uplift. This spend is subject to annual independent review.
- MHIS excludes:
  - spending on Learning Disabilities and Autism (LDA) and Dementia (Non MHIS eligible).
  - out of scope areas include ADHD and the physical health elements of continuing healthcare/S117 placements
  - spend on SDF and other non-recurrent allocations
- Slide 2 summarises the SEL ICB reported YTD and FOT position for the delivery of the Mental Health Investment Standard (MHIS) for M06. The ICB is forecasting that it will deliver the target value of **£439,075k** with a forecast of **£439,689** (£614k over delivery). This over-delivery is mainly because of increased spend on prescribing resulting from price increases over 2022/23 and the 23/24 plan, noting the volatility of spend as described below.
- Slide 3 sets out the position by ICB budgetary area.
- **Mental Health Data Review** - ICBs were given an opportunity to review and amend previous and current year spend where we have improved data and the M06 report has been updated to take account of these changes. This involved mainly refreshing LD and Autism spend and now includes LDA continuing health care placements at a total of £30.9m to provide a more comprehensive view of spend. This does not impact upon the ICB's ability to deliver the MHIS target.

Risks to delivery

- The current YTD and forecast spend assumes that baseline MHIS and SDF allocations are spent in full. If this ceases to be the case, there is a risk that the target will not be delivered
- We are continuing to see challenges in spend in some boroughs on mental health, for example on S117 placements and plans include improving joint funding panel arrangements and developing new service and pathways.
- For ADHD, although it is outside the MHIS definition and is therefore excluded from this reported position, there continues to be significant and increasing independent sector spend with a forecast spend of approximately £2m compared to the 22/23 outturn position of £1.6m. The SEL task and finish group is working with providers to maximise resource and capacity in pathways, improving data quality and consider contracting options. We are also working with the London Region and other ICBs to benchmark services and develop shared principles for ADHD assessment and treatment.
- Prescribing spend is volatile within and across years. Spend in 20/21 of £11.4m reduced to £9.4m in 21/22 mainly because of a reduction in spend on sertraline of £2m and then increased to an outturn of £10.7m (14%) in 22/23 as a result of Cat M and NCSO drug supply issues. For 23/24 the forecast spend based on the latest BSA data (to June 2023) is £11.2m, an increase of 4.6% over 22/23.

8. Summary MHIS Position – Month 06 (September) 2023/24

NHS South East London

Mental Health Spend By Category	Category Reference Number	Total Mental Health Plan 31/03/2024 Year Ending £'000	Mental Health - NHS Actual 30/09/2023 YTD £'000	Mental Health - Non-NHS Actual 30/09/2023 YTD £'000	Total Mental Health Actual 30/09/2023 YTD £'000	Mental Health - NHS Forecast 31/03/2024 Year Ending £'000	Mental Health - Non-NHS Forecast 31/03/2024 Year Ending £'000	Total Mental Health Forecast 31/03/2024 Year Ending £'000	Total Mental Health Variance 31/03/2024 Year Ending £'000
Children & Young People's Mental Health (excluding LD)	1	41,002	18,126	2,333	20,459	36,251	4,560	40,811	191
Children & Young People's Eating Disorders	2	2,726	1,366	0	1,366	2,732	0	2,732	(6)
Perinatal Mental Health (Community)	3	9,285	4,652	0	4,652	9,304	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	34,993	14,116	3,180	17,296	28,232	6,361	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	18,139	9,088	0	9,088	18,176	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	12,478	6,252	0	6,252	12,503	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	32,673	16,201	202	16,403	32,402	336	32,738	(65)
Ambulance response services	8	1,146	574	0	574	1,148	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	119,100	52,943	6,216	59,159	106,386	12,036	118,422	678
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	22,839	6,616	4,907	11,523	13,232	9,846	23,078	(239)
Mental Health Placements in Hospitals	20	5,548	1,615	1,113	2,728	3,229	2,203	5,432	116
Mental Health Act	10	6,567	0	3,443	3,443	0	6,821	6,821	(254)
SMI Physical health checks	11	890	335	59	394	670	118	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	112,743	56,487	0	56,487	112,973	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	8,811	4,113	174	4,287	8,225	345	8,570	241
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**428,941**	**192,484**	**21,627**	**214,111**	**385,463**	**42,626**	**428,089**	**852**
Mental health prescribing	16	9,585	0	5,600	5,600	0	11,201	11,201	(1,616)
Mental health in continuing care (CHC)	17	549	0	200	200	0	399	399	150
Sub-total - MHIS (inc CHC, Prescribing)		**439,075**	**192,484**	**27,427**	**219,911**	**385,463**	**54,226**	**439,689**	**(614)**
Learning Disability	18a	11,525	5,763	587	6,350	11,525	1,162	12,687	(1,162)
Autism	18b	2,594	583	779	1,362	1,166	1,550	2,716	(122)
Learning Disability & Autism - not separately identified	18c	79,485	2,323	37,600	39,923	4,646	75,097	79,743	(258)
Sub-total - LD&A (not included in MHIS)		**93,604**	**8,669**	**38,966**	**47,635**	**17,337**	**77,809**	**95,146**	**(1,542)**
Dementia	19	14,671	6,346	967	7,313	12,691	1,953	14,644	27
Sub-total - Dementia (not included in MHIS)		**14,671**	**6,346**	**967**	**7,313**	**12,691**	**1,953**	**14,644**	**27**
Total - Mental Health Services		**547,350**	**207,499**	**67,360**	**274,859**	**415,491**	**133,988**	**549,479**	**(2,129)**

8. Summary MHIS Position M06 (September) 2023/24 - position by budget area

NHS South East London

Mental Health Investment Standard (MHIS) position by budget area M06 2023/24		Year to Date position for the five months ended 31 August 2023						Forecast Outturn position for the financial year ended 31 March 2024					
		Year To Date	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under	Annual Plan	SEL Wide Spend	Borough Spend	All Other	Total	Variance (over)/under
Mental Health Investment Standard Categories:	**Category number**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Children & Young People's Mental Health (excluding LD)	1	20,501	18,126	2,333	0	20,459	42	41,002	36,251	4,560	0	40,811	191
Children & Young People's Eating Disorders	2	1,363	1,366	0	0	1,366	(3)	2,726	2,732	0	0	2,732	(6)
Perinatal Mental Health (Community)	3	4,643	4,652	0	0	4,652	(9)	9,285	9,304	0	0	9,304	(19)
Improved access to psychological therapies (adult and older adult)	4	17,496	14,116	3,180	0	17,296	200	34,993	28,232	6,361	0	34,593	400
A and E and Ward Liaison mental health services (adult and older adult)	5	9,070	9,088	0	0	9,088	(18)	18,139	18,176	0	0	18,176	(37)
Early intervention in psychosis 'EIP' team (14 - 65yrs)	6	6,239	6,252	0	0	6,252	(13)	12,478	12,503	0	0	12,503	(25)
Adult community-based mental health crisis care (adult and older adult)	7	16,337	16,201	202	0	16,403	(66)	32,673	32,402	336	0	32,738	(65)
Ambulance response services	8	573	574	0	0	574	(1)	1,146	1,148	0	0	1,148	(2)
Community A – community services that are not bed-based / not placements	9a	59,550	52,943	6,216	0	59,159	391	119,100	106,386	12,036	0	118,422	678
Community B – supported housing services that fit in the community model, that are not delivered in hospitals	9b	11,420	6,616	4,802	105	11,523	(103)	22,839	13,232	9,637	209	23,078	(239)
Mental Health Placements in Hospitals	20	2,774	1,615	1,113	0	2,728	46	5,548	3,229	2,203	0	5,432	116
Mental Health Act	10	3,283	0	3,443	0	3,443	(160)	6,567	0	6,821	0	6,821	(254)
SMI Physical health checks	11	445	335	59	0	394	51	890	670	118	0	788	102
Suicide Prevention	12	0	0	0	0	0	0	0	0	0	0	0	0
Local NHS commissioned acute mental health and rehabilitation inpatient services (adult and older adult)	13	56,372	56,487	0	0	56,487	(115)	112,743	112,973	0	0	112,973	(230)
Adult and older adult acute mental health out of area placements	14	4,406	4,113	174	0	4,287	119	8,811	8,225	345	0	8,570	241
Sub-total MHIS (exc. CHC, prescribing, LD & dementia)		**214,470**	**192,482**	**21,522**	**105**	**214,108**	**362**	**428,941**	**385,463**	**42,417**	**209**	**428,089**	**852**
Other Mental Health Services:		0	0	0	0								
Mental health prescribing	16	4,793	0	0	5,600	5,600	(808)	9,585	0	0	11,201	11,201	(1,615)
Mental health continuing health care (CHC)	17	274	0	0	200	200	75	549	0	0	399	399	150
Sub-total - MHIS (inc. CHC and prescribing)		**219,538**	**192,482**	**21,522**	**5,905**	**219,908**	**(371)**	**439,075**	**385,463**	**42,417**	**11,809**	**439,689**	**(614)**
Learning Disability	18a	5,763	5,763	587	0	6,350	(587)	11,525	11,525	1,162	0	12,687	(1,162)
Autism	18b	1,297	583	442	337	1,362	(65)	2,594	1,166	877	673	2,716	(122)
Learning Disability & Autism - not separately identified	18c	39,743	2,323	5,794	31,806	39,923	(181)	79,485	4,646	11,484	63,613	79,743	(258)
Learning Disability & Autism (LD&A) (not included in MHIS) - total		**46,802**	**8,669**	**6,823**	**32,143**	**47,634**	**(832)**	**93,604**	**17,337**	**13,523**	**64,286**	**95,146**	**(1,542)**
Dementia	19	7,336	6,346	664	303	7,312	24	14,671	12,691	1,348	605	14,644	27
Sub-total - LD&A & Dementia (not included in MHIS)		**54,138**	**15,014**	**7,487**	**32,445**	**54,946**	**(809)**	**108,275**	**30,028**	**14,871**	**64,891**	**109,790**	**(1,515)**
Total Mental Health Spend - excludes ADHD		**273,675**	**207,496**	**29,009**	**38,350**	**274,854**	**(1,179)**	**547,350**	**415,491**	**57,288**	**76,700**	**549,479**	**(2,129)**

- Approximately 88% of MHIS eligible (excluding LDA and Dementia) spend is delivered through SEL wide contracts, the majority of which is with Oxleas and SLaM
- Borough based budgets include voluntary sector contracts and cost per case placements spend
- Other spend includes mental health prescribing and a smaller element of continuing health care net of physical healthcare costs

South East London Integrated Care System

South East London ICS Finance Report – Month 6

15 November 2023

Executive summary

Revenue

- At month 6 **SEL ICS reported a system deficit of £81.8m, £83.1m adverse to a planned £1.3m surplus.** This compares to a £67.6m deficit and £53.6m adverse variance at month 5. It should be noted that £18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan that was undertaken at M6. Using a corrected plan phasing the YTD variance would be £64.6m adverse.
- The ICB and 4 out of 5 providers are reporting an adverse variance YTD against plan.
- The system is **reporting a break-even forecast out-turn position**: In line with the revised plan the ICB is forecasting a £16.9m surplus, offsetting a (£16.9m) deficit in the provider sector in line with our final plan.
- The current assessment of **un-mitigated risk against delivery of the plan is c. £141.7m** although the future impact of these known issues mean this risk assessment has significant uncertainty.
- The system has **identified £266.6m (82%) of its £323.6m revised annual efficiency target**. At month 6 £139.2m (43%) of the identified efficiencies is rated as a low risk of not being delivered.
- At month 6 the system has **delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m**
- Despite the forecast system agency spend being £1.1m lower than plan, the **system is forecasting to spend £121.3m on agency staff, exceeding the £108.8m system agency spending limit by £12.6m**

Capital

- At month 6 **YTD the system capital expenditure is £128.5m against a planned £142.8m**.
- The system is currently **forecasting to spend the total system allocation of £225.2m.**

South East London Integrated Care System

Month 6 income and expenditure

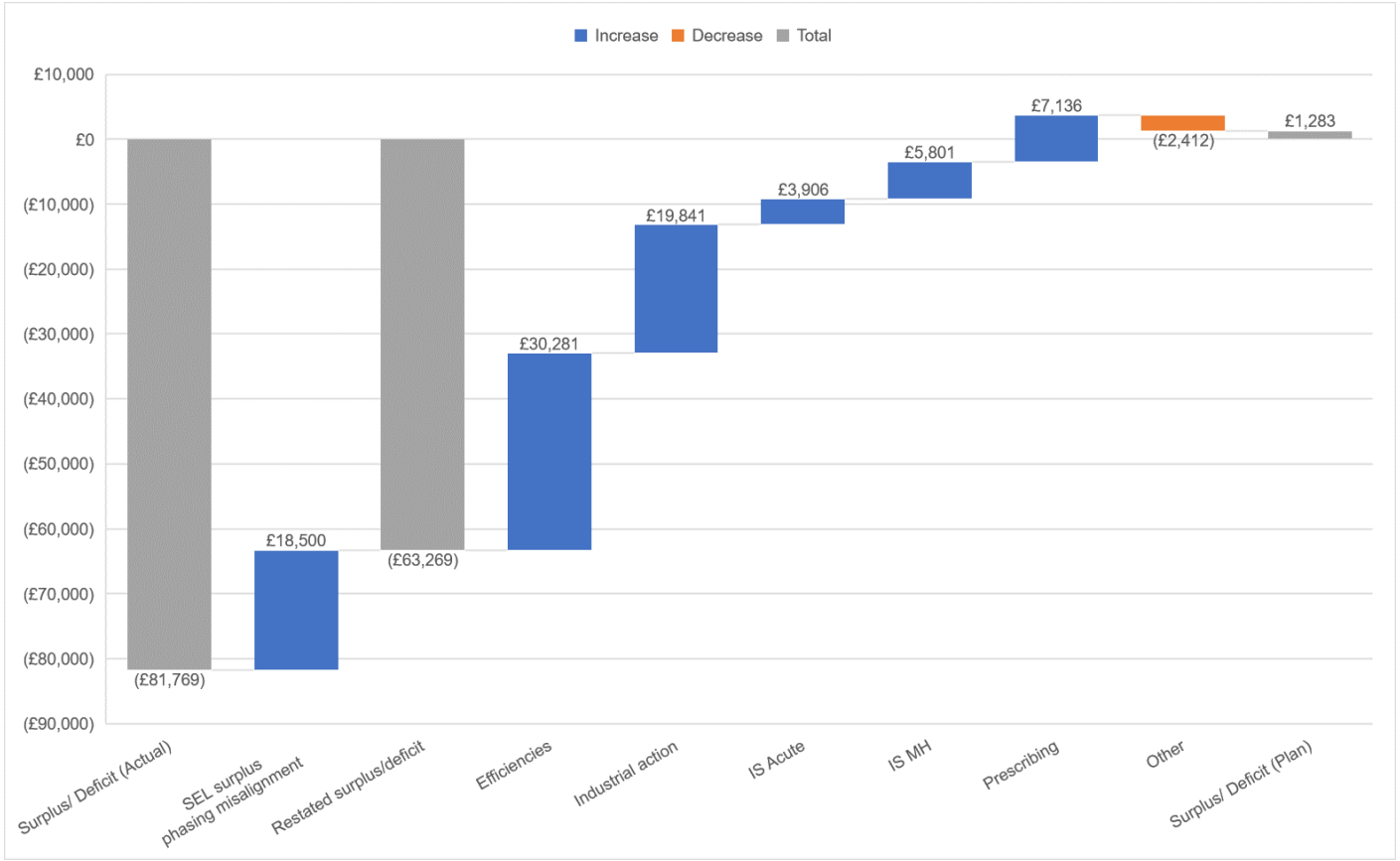
Month 6 I&E summary

- At month 6 **SEL ICS reported a system deficit of £81.8m against a planned £1.3m surplus.** It should be noted that £18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan that was undertaken at M6. Using a **corrected plan phasing the YTD variance would be £64.6m adverse**.
- **Operational risks relating to the non-elective acute and mental health pathway continue to lead to significant unplanned costs** for the system and, along with the **impact of industrial action,** has a knock-on impact on CIP development, de-risking and delivery.
- The current assessment of **risk, currently without a mitigation, against delivery of the plan is c. £141.7m** although the future impact of these known issues mean this risk assessment has significant uncertainty.

	M6 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	0.7	(28.8)	(29.5)	The key drivers of the in-month and YTD performance are industrial action (£6.8M), and efficiencies not yet realised (£19.6M).	0.0	0.0	0.0
KCH	(8.7)	(52.1)	(43.4)	£18.5m of the adverse variance is caused by misalignment in the phasing of the revised plan. The main driver of the remaining YTD variance is substantive pay overspends namely consultancy (£7.5m), NHS infrastructure staff (£14.3m), nursing support staff (£4.3m).	(17.5)	(17.5)	(0.0)
LGT	0.0	(9.1)	(9.1)	The key drivers of the in-month and YTD performance are industrial action (£5.8M), and efficiencies not yet realised (£5.2M).	0.4	0.4	0.0
Oxleas	0.1	2.6	2.5	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and vacancies not covered by agency).	0.2	0.2	0.0
SLaM	0.8	(0.6)	(1.4)	Costs of £0.8m incurred due to industrial action are included.	0.0	0.0	0.0
SEL Providers	**(7.2)**	**(88.0)**	**(80.8)**		**(16.9)**	**(16.9)**	**0.0**
SEL ICB	**8.4**	**6.2**	**(2.2)**	Key driver to adverse variance in ICB is impact of prescribing (£9.0m), CHC cost pressures (1m) and mental Health placement risk (£2.4m)	**16.9**	**16.9**	**(0.0)**
SEL ICS total	**1.3**	**(81.8)**	**(83.1)**		**0.0**	**0.0**	**0.0**

Analysis of M6 YTD position

- The SEL ICS system set a breakeven operational financial plan for 2023/24 and aims to deliver plans at individual organisation and at system levels. £47m of the £64.1m ICB planned surplus was redistributed to SEL providers for M6 and plans formally changed by NHSE for reporting purposes.
- Whilst the impact on full year plan and reported FOT variances to plan are neutral across the system, an incorrect phasing of provider plans has created a YTD reported variance of £83.1m, which is £18.5m worse than compared with the correct phasing (at KCH). Using a corrected plan phasing the YTD variance would be £64.6m adverse
- The main drivers of the position at M6 are:
  - Impact of industrial action on costs c. £20m. We have not forecast any further impact at this point given the uncertainty of which staffing groups might continue to pursue industrial action.
  - Performance against planned and required efficiencies – c £30m
  - Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures £9.7m
  - The system has continuing operational challenges in mental health pathways which has led to additional costs as a result of requiring the use of >50 unplanned independent sector beds. In response to unprecedented levels of MH private bed use, the system has block contracted 30 additional private beds for SEL usage for 6 months.

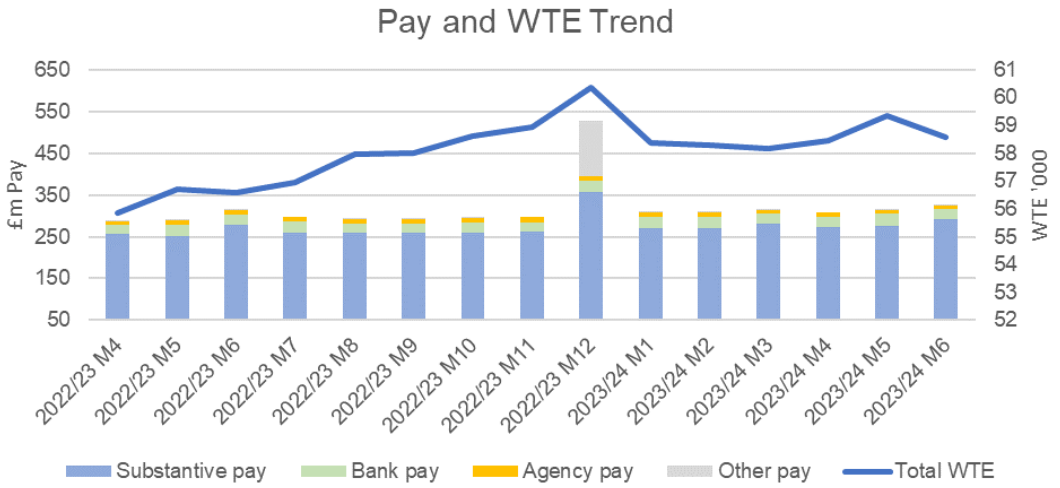


South East London Integrated Care System

Pay run-rate analysis

Pay run-rate and WTE analysis

- Compared to month 5, pay is £8.8m (2.8%) higher. However, this includes the impact of the backpay included in the medical pay award (medical pay has increased by £15.1m in-month), which is partially offset by income.
- System WTEs have remained in line with month 5 (-1.3%).
- Despite the forecast system agency spend being £1.1m lower than plan, the system is forecasting to spend £121.3m on agency staff, exceeding the £108.8m system agency spending limit by £12.6m. Compared to the M6 YTD spend in the previous financial year the system is spending 6.1% less on agency (£3.5m).
- The 12% increase in Bank WTE observed in M5 has been reversed along with a 20.3% reduction in bank expenditure in month 6 compared to month 5.



	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£/WTE	%	£/WTE	%
Substantive	271,043	271,146	280,883	272,580	276,040	279,484	261,899	290,896	(28,996)	1,537,879	1,605,062	1,662,587	(57,525)	14,856	5.4%	124,708	8.1%
Bank	27,635	27,191	23,533	25,899	30,634	24,319	22,882	24,403	(1,521)	139,455	139,189	159,294	(20,105)	(6,232)	(20.3%)	19,839	14.2%
Agency	9,363	9,246	9,965	9,057	7,481	10,192	9,833	8,023	1,810	56,617	59,669	53,135	6,534	542	7.2%	(3,482)	(6.1%)
Other	149	148	335	(214)	400	391	40	47	(7)	1,747	240	865	(625)	(354)	(88.4%)	(882)	(50.5%)
Total Pay	**308,189**	**307,731**	**314,716**	**307,321**	**314,556**	**314,386**	**294,654**	**323,368**	**(28,714)**	**1,735,698**	**1,804,161**	**1,875,881**	**(71,721)**	**8,812**	**2.8%**	**140,183**	**8.1%**
Substantive	51,899	51,855	51,983	51,913	52,042	50,170	51,990	52,129	(139)	50,170	51,990	52,129	(139)	87	0.2%	1,959	3.9%
Bank	5,208	5,143	4,895	5,255	5,894	5,123	5,321	5,221	100	5,123	5,321	5,221	100	(673)	(11.4%)	98	1.9%
Agency	1,276	1,295	1,297	1,298	1,410	1,278	1,471	1,233	238	1,278	1,471	1,233	238	(176)	(12.5%)	(45)	(3.5%)
Total WTE	**58,383**	**58,292**	**58,175**	**58,467**	**59,346**	**56,571**	**58,782**	**58,583**	**199**	**56,571**	**58,782**	**58,583**	**199**	**(763)**	**(1.3%)**	**2,012**	**3.6%**

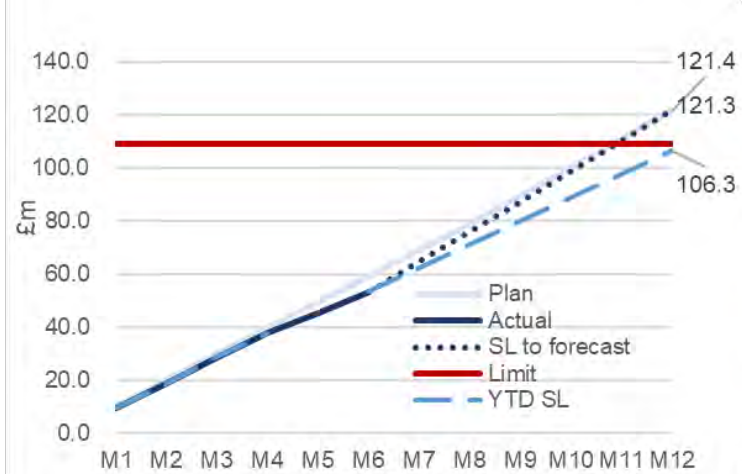
System agency spending limit

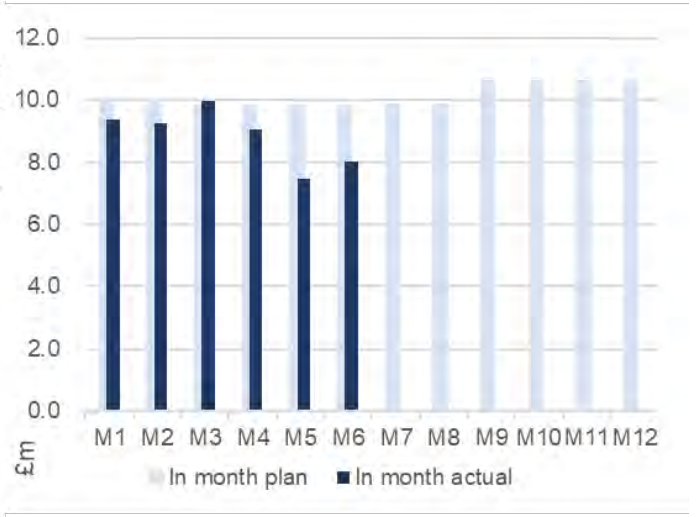
- As in 2022/23 all systems have been set a spending limit on the amount that providers can spend on agency staff. For 2023/24 limits have been set at the lower of the forecast agency spend at 2022/23 M7 and 3.7% of the total pay bill.
- Due to the SEL agency spend being c.4% of the total pay bill, the system agency spending **limit for South East London ICS for 2023/24 is £108.8m,** equal to the M7 forecast from agency spend from 2022/23.
- The total planned agency spend for 2023/24 was £122m, **£11.6m greater than the spending limit**. This reflects significant pressures to agency spend that were experienced in Q4. Despite being above the system limit, the system agency spend is still forecast to be 4% of total pay, less than the general rule of 3.7%.
- At month 6 agency spend was **£6.5m less than planned YTD**
- The system **is forecasting to underspend agency spend by £1.1m by year-end**, £12.6m greater than the system spending limit.
- Despite the improvement in the YTD run-rate of agency spend there are examples of continuing agency pay run rate pressure across the system, for example in mental health trusts and in relation to Oxleas' prison contracts.

Agency expenditure by organisation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	17.3	15.8	1.5	37.5	37.5	(0.0)
KCH	11.9	8.7	3.1	23.4	23.4	0.0
LGT	8.4	6.7	1.7	16.8	16.8	0.0
Oxleas	9.1	10.8	(1.8)	18.1	21.5	(3.4)
SLaM	13.1	11.0	2.0	26.5	22.1	4.5
SEL Providers	**59.7**	**53.1**	**6.5**	**122.4**	**121.3**	**1.1**
Agency spend limit	***55%***	***49%***	***6%***	***108.8***	***108.8***	**(12.6)**

Profile of agency spend run-rate





South East London Integrated Care System

Non-pay run-rate analysis

Non-pay run-rate

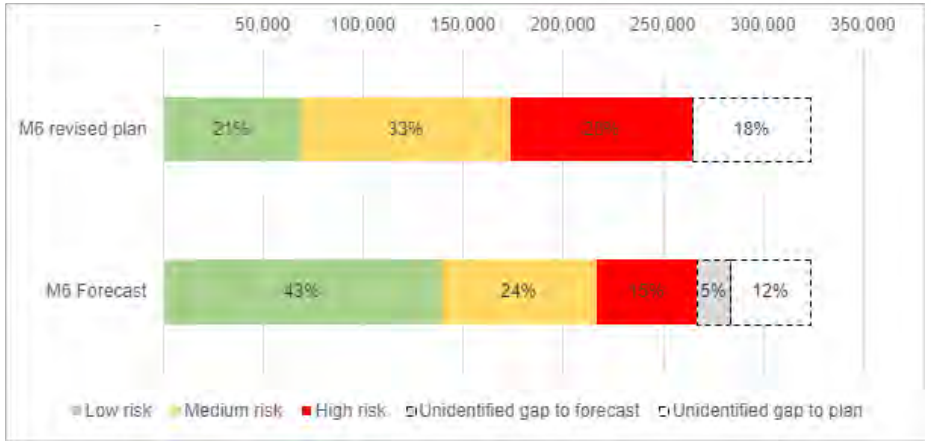
	2023/24 M1	2023/24 M2	2023/24 M3	2023/24 M4	2023/24 M5	M6 (in-month)				M6 (year-to-date)				Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Purchase of care	23.3	23.8	22.5	24.4	23.8	22.2	20.9	27.0	(6.1)	129.9	128.9	144.8	(15.9)	3.2	13.3%	14.9	11.5%
Supplies and services	50.0	50.1	54.1	47.7	51.3	44.7	52.0	53.6	(1.6)	289.4	313.2	306.8	6.4	2.3	4.4%	17.4	6.0%
Drugs costs	49.9	50.0	50.6	56.6	55.4	52.2	49.1	42.8	6.4	296.7	294.7	305.3	(10.5)	(12.6)	(22.8%)	8.6	2.9%
Consultancy	0.9	0.9	1.7	0.8	1.6	2.0	1.1	0.4	0.7	6.7	7.0	6.4	0.6	(1.2)	(74.5%)	(0.3)	(4.4%)
Establishment	6.3	6.3	8.0	6.2	5.5	5.8	5.2	6.6	(1.4)	34.0	32.0	38.9	(6.9)	1.2	21.1%	4.9	14.4%
Premises	24.1	25.0	27.3	29.5	23.7	22.8	21.9	28.3	(6.4)	135.1	134.7	158.0	(23.3)	4.6	19.3%	22.9	16.9%
Transport	4.0	4.0	3.1	3.5	2.8	3.1	3.4	3.1	0.3	21.1	21.3	20.5	0.9	0.4	12.7%	(0.6)	(3.0%)
Dep'n and Amortisation	17.2	17.2	16.5	16.4	16.1	17.1	17.3	20.7	(3.4)	102.4	103.8	104.0	(0.3)	4.6	28.8%	1.6	1.5%
Clinical negligence	10.2	10.2	7.9	10.2	10.3	9.4	10.3	8.6	1.7	56.3	61.7	57.3	4.4	(1.7)	(16.9%)	1.0	1.8%
R&D	2.8	2.6	3.5	3.6	1.5	1.9	2.5	2.1	0.4	9.2	15.4	16.1	(0.8)	0.6	41.8%	6.9	75.3%
Education & training	1.6	1.3	2.0	1.7	1.6	1.2	1.9	1.5	0.4	8.8	11.5	9.6	1.9	(0.1)	(8.1%)	0.8	8.8%
Lease expenditure	(0.2)	0.5	(0.1)	0.3	0.2	0.9	0.6	(0.1)	0.7	6.0	3.9	0.6	3.3	(0.3)	(164.8%)	(5.4)	(90.0%)
Charges for IFRIC 12	7.0	7.0	6.6	9.6	11.5	6.3	7.5	6.4	1.1	39.1	45.0	48.1	(3.1)	(5.1)	(44.3%)	9.0	22.9%
Other	15.0	15.3	3.1	4.3	8.3	17.6	8.9	12.9	(4.0)	72.4	56.6	59.0	(2.4)	4.6	55.1%	(13.3)	(18.4%)
Total Non-pay	**212.1**	**214.1**	**206.7**	**214.8**	**213.6**	**207.3**	**202.8**	**214.0**	**(11.2)**	**1,207.1**	**1,229.8**	**1,275.3**	**(45.6)**	**0.3**	**0.2%**	**68.2**	**5.7%**

South East London Integrated Care System

Analysis of delivery against efficiency plans

Efficiency delivery and maturity

Organisation	Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	77.0	77.0	(28.5)	7.6	37.3	32.1	57.2	19.8	76.8
King's	72.0	72.0	55.5	(16.5)	14.2	2.6	38.7	44.5	11.0	51.5
LGT	34.9	31.3	31.3	(3.6)	2.1	8.3	21.0	16.6	14.8	31.3
SLaM	26.1	12.7	26.1	(0.0)	5.6	13.2	7.2	9.4	16.7	9.2
Oxleas	20.3	26.1	13.1	(7.2)	0.0	5.0	8.1	5.6	7.5	5.8
SEL Providers	**258.7**	**219.0**	**202.9**	**(55.8)**	**29.5**	**66.4**	**107.0**	**133.2**	**69.7**	**174.4**
SEL ICB	**64.8**	**64.8**	**63.7**	**(1.1)**	**20.3**	**11.2**	**32.2**	**40.7**	**23.0**	**40.7**
SEL ICS	**323.6**	**283.8**	**266.6**	**(56.9)**	**49.8**	**77.6**	**139.2**	**173.9**	**92.8**	**215.1**



- **The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend).** Following internal review, GSTT have increased their efficiency target at month 6 to £105.5m, giving a revised **system efficiency plan of £323.6m**
- **At month 6**, the system is forecasting to deliver £283.8m of efficiencies of which **£266.6m is identified**
- Progress has been made since month 5 at de-risking the efficiency programme: At month 5 £130.4m of the identified efficiencies were rated as low risk compared to £139.2m low risk at month 6.
- At month 6 the system has **delivered £113.4m of efficiencies, £28.9m behind the YTD plan of £142.3m**
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 6 £190.4m is forecast to be recurrent, compared to £165.1m forecast recurrent efficiencies at M5.

- **GSTT: T**he Trust has revised its efficiencies plan up to £105.5m of efficiencies from £72.2m, to achieve breakeven and deal with underlying financial pressures.
- **King's:** The Trust has identified £55.5m of cost out savings at month 6. In addition to progress in identifying CIPs, progress has been made at de-risking efficiencies with £38.7m of efficiencies schemes rated as low risk, compared to £30.7m at month 5.
- **LGT:** At M5, of the **£34.9m** target, a total of £**31.3m** has been identified. In addition to the £31.3m of identified budget releasing saving, a **further £10.5m has been identified in productivity and cost avoidance savings**. Whilst these do not count toward the £34.9m target as they do not result in the release of budget, they do represent an improvement in activity and reduction in unbudgeted spend
- **Oxleas:** The Trust directorate CIP plans for 2023/24 are £20.3m. Of this, £7.7m worth of schemes have been identified and RAG rated as low. Another £5m relating to potential vacancy factor has been identified and RAG rated medium. The remaining unidentified gap is £7.5m
- **SLaM:** While 100% of the £26.1m efficiency programme is reported to be identified, only 19% of this is rated as low risk of not being delivered.

South East London Integrated Care System

Month 6 capital

System capital expenditure

- The SEL ICS system capital allocation for 2023/24 is £228.926m, made up of £225.228m provider allocation and £3.698m ICB capital. The ICB capital has increased by £447k due to funding received for the Baldry Gardens Business Case.
- The submitted capital plan against the system allocation was £8.0m over-committed, due to a query with national funding in relation to the QEH site at LGT. However, the forecast is within the system allocation at month 6.
- The £236.9m plan includes a £22.1m strategic system capital fund, which is currently held within the GSTT £111.7m plan.
- YTD the system has spent £128.5m against a planned £142.8m.
- Despite the small £0.5m underspend forecast at M6, the system is planning to spend its system capital allocation in full.
- 73% of the system's FOT spend is classified as transformational with 27% on operational priorities, such as maintenance.

Capital spend against system capital allocation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	75.4	71.5	3.9	111.7	111.7	(0.0)
KCH	16.8	18.1	(1.2)	45.2	45.2	0.0
LGT	18.3	21.0	(2.7)	36.5	28.5	8.0
Oxleas	4.6	3.2	1.4	16.1	15.6	0.5
SLAM	27.6	14.7	12.9	23.7	23.7	0.0
SEL Providers	**142.8**	**128.5**	**14.3**	**233.2**	**224.8**	**8.5**
SEL ICB	**0.0**	**0.0**	**0.0**	**3.7**	**3.7**	**0.0**
Total	**142.8**	**128.5**	**14.3**	**236.9**	**228.5**	**8.5**
Provider Capital Allocation				**225**		**0.5**
ICB Capital Allocation				**4**		**0.0**
System Capital Allocation				**229**		**0.5**

Integrated Care Board meeting

Item 7
Enclosure H

Title:	**ICB Board Assurance Framework**
Meeting Date:	**15 November 2023**
Author:	Kieran Swann (Associate Director of Assurance), Tara Patel (Head of Assurance)
Executive Lead:	Tosca Fairchild (Chief of Staff)

Purpose of paper:	This paper presents the updated Board Assurance Framework (BAF). It aims to provide SEL ICB with key risks and assurance that the key risks are being managed appropriately as stipulated in the ICB's Risk Management Framework 2023/24 (RMF).	Update / Information	
		Discussion	
		Decision	*x*

Summary of main points:

The ICB Board is responsible for setting the strategic direction for risk management in the organisation and for overseeing the arrangements for identifying and managing risk across the organisation.

The Board agreed the scope of delegated activity to be undertaken by the Executive Committee (ExCo) and the six local care partnerships (LCPs) on its behalf in relation to risk management and has delegated the detailed oversight of risks to the ExCo. ExCo most recently met on 25 October 2023 to consider the current ICB BAF and other key risks.

The RMF states that the Board should be kept appraised of significant risks facing the organisation and the actions taken on its behalf by the ExCo and other relevant committees.

Key points to note:

- The risks included reflect the assessed position of ICB risks as recorded on the ICB's Datix risks management system on 10 October 2023.
- For this BAF, only risks above threshold are included for SEL, Bexley, Bromley, Lambeth and Southwark LCPs. There are currently no risks above threshold for Greenwich and Lewisham LCPs.

Summary of key changes:

1. There are 15 SEL risks which are above risk appetite threshold, and 8 LCP risks. This is an increase in the number of BAF risks since the last update.

	2. Three risks with scores greater than the risk appetite thresholds have been added to the BAF. These are SEL risk 468 (variation in funded nursing care), and risk 459 in Southwark (borough financial balance), SEL risk 394 (system financial balance). 3. Two additional risks have seen score changes since July. These are a reducing in Bexley risk 444 (insufficient capacity to meet supported discharge) and SEL risk 365 (loss of discharge funding). 4. One risk above threshold that has been closed. This is Bexley risk 463 (overspend in the prescribing budget) and is now reported as an issue. 5. Following discussion on the BAF at the ExCo on 25 October, updates were made to the risk description of SEL risk 433 (safeguarding requirements), and place executive leads (PELs) agreed an action to consider the differential risks between the LCP risk registers. 6. Following review of risks by the Planning and Finance Committee (PFC), it was agreed that the risk scores for SEL risk 23 (LDA clients leading to unbudgeted costs) and SEL risk 440 (prescribing budget overspend) should be updated. These changes will be reflected in the next version of the corporate risk register / BAF. 7. Following discussion at the People Board on risk 365 (workforce) the SEL risk and assurance team and ICS workforce colleagues have worked together to develop the workforce risks that relate to the delivery plan of the ICS People Strategy. This is anticipated to be added to the risk register following review at the next People Board (27 November 2023).
Potential Conflicts of Interest	None identified

Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**

Impacts	Equality Impact	Not directly applicable to the production of this paper.
	Financial Impact	Not directly applicable to the production of this paper.
Other Engagement	Public Engagement	Not directly applicable to the production of this paper.
	Other Committee Discussion/ Engagement	ICB Executive Committee, 25 October 2023 Planning and Finance Committee, 2 November 2023
Recommendation:	The Board is asked to: • Review and approve the ICB's Board Assurance Framework, following endorsement by the ExCo.	

SEL ICB Board Assurance Framework 2023/24
November 2023

Prepared for SEL ICB Board, 15 November 2023

Context

- Following extensive engagement with the Board, ICB Executive, Audit Committee and Planning Finance Committee, the updated risk management framework with the risk appetite statement and matrix was approved by the Board at its meeting in Public on 19 July 2023.
- The ICB's risk appetite matrix **(appendix 1)** is a way for the Board to set risk tolerance levels for various categories of risk across the organisation. This approach is designed to promote and support local ownership of risk across the ICB's governance and delegation arrangements. It also means that the Board will receive a view on those risks that have been assessed as exceeding the tolerance levels set.
- The new Board Assurance Framework (BAF) document therefore represents the full range of ICB risks that sit above the permitted level of risk tolerance, rather than be a summary of key strategic risks, regardless of their risk rating, as was the case previously.

Structure of the BAF

- All risks on the SEL and LCP risk registers have been updated by designated risk owners working with their teams.
- **Appendix 2**: includes all the SEL risks which are above the tolerance levels (summarised on slides 8 and 9).
- **Appendix 3:** includes all the LCP risks which are above tolerance levels (summarised on slide 10 and 11).
- The risks include the following information:
  - risk owners and sponsors
  - the risk category that the risk falls into
  - the risk appetite for that category of risk
  - a description of the risk
  - controls that are in place to mitigate the risk
  - assurances
  - initial and residual risk scores
- **Flightpaths**
  - One of the key changes proposed as part of the updates to the BAF was the introduction of a residual risk score “flightpath” showing changes in risk scores over time and a short narrative providing the rationale for the score change.
  - Scores have been shown since April 2023, when the updated ICB risk management framework, with risk appetite statement has been applied.
  - Flight paths have been shown for those risks where there have been score changes since July – there are 4 risks (slide 12).
  - For all other risks, there have been no changes in risk scores.

Role of the Board and recommendation

- The ICB Board:
  - is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across the organisation (including those exercised by joint committees or committees-in-common).
  - has a role in agreeing the scope of delegated activity to be undertaken by the Executive Committee (ExCo) on its behalf in relation to risk.
- The Board has delegated the detailed oversight of risks to the ExCo.
- The Board is kept appraised of the risk-related activity undertaken by the ExCo and other relevant committees. The Board's role in this is to ensure that these risk management processes are operating effectively and matters of significant concern are escalated as required.

Key points to note

- The risks included reflect the assessed position and risks were downloaded from Datix on 10 October 2023.
- For this BAF, only risks above threshold are included for SEL, Bexley, Bromley, Lambeth and Southwark LCPs. There are no risks above threshold for Greenwich and Lewisham LCPs.

Recommendation to the Board

- Approve the ICB BAF, endorsed by the ExCo on 25 October 2023. The Board should also note the subsequent recommendations by the Planning and Finance Committee (PFC) on 2 November, which are reflected in the paper and the updated BAF.

The current BAF and a summary of changes (1 of 3)

Summary of changes

1. There are 15 SEL risks which are above risk appetite threshold, and 8 LCP risks. This is an increase in the number of BAF risks since the last update, primarily due to a change in risk category for some risks.

2. Three risks with scores greater than the risk appetite thresholds have been added to the BAF:

    - SEL risk 468 relates to variation in performance across SEL with the FNC (Funded Nursing Care) reviews. This risk has a current score of 12.
    - Southwark risk 459 relates to the borough financial balance and has a current score of 15. This score was increased in August from 12, to reflect the level of risk and significant financial deficit forecast.
    - The residual risk score for SEL risk 394 which relates to system financial balance has been updated from 12 to 16, following review of the risk by the Planning and Finance Committee (PFC) on 2 November. This is due to an increase in the consequence score of this risk from 3 to 4.

3. Two additional risks have seen score changes since July:

    - The score for Bexley risk 444 relating to insufficient capacity to meet supported discharge has been reduced from 25 to 16. This is due to a re-assessment of the residual risk score to ensure consistency in scoring in line with all risks, rather than an actual reduction in the risk.
    - The score for SEL risk 365 relating to loss of discharge funding has been reduced from 20 to 15. This is following feedback from the ExCo to reassess and realign the scores with SEL risk 386, which relates to UEC. The likelihood has therefore been reduced to 3 to give a residual risk score of 15 as it is now November and local systems have been able to mitigate this risk so far. This brings the risk score in line with the overall UEC risk 386 which has a current rating of 16.

The current BAF and a summary of changes (2 of 3)

Summary of changes continued…

4. Risks above threshold that have been closed:
    - Bexley risk 463 relating to significant overspend in the prescribing budget. This risk was newly opened in July and had a score of 20. This risk has been closed on 12 October as this has now been reported as an issue. A new risk around financial control for 23/24 has been added, which has a current score of 6 and is therefore below threshold.

5. Following discussion on the BAF at the ExCo on 25 October:
    - An update to the risk description has been made to SEL risk 433 which relates to SEL providers failing to meet statutory requirements with increased patients presenting with safeguarding concerns that are not being addressed.
    - Place executive leads (PELs) were asked to consider the differential risks between the LCP risk registers, which includes as assessment of the actual risks recorded, as well as the variance in residual risk scores for risks that are common across the LCPs. Following a discussion with the assurance team, a plan is in place for the PELs to consider common and differential risks across their risk registers, as well look at scoring of risks to ensure that a consistent scoring approach has been applied by all of the LCPs. Any changes to the LCP BAF risks will be reflected in the next version of the BAF.

6. After review of relevant risks by the Planning and Finance Committee (PFC) on 2 November:
    - SEL risk 23 (relating to high cost LDA clients leading to unbudgeted costs – BAF risk) and SEL risk 440 (relating to prescribing budget overspend – not currently a BAF risk) will be updated with revised scores. These changes will be reflected in the next version of the corporate risk register / BAF ahead of the next committee meeting.
    - The committee asked that consideration be given for a risk related to overspend on mental health budgets. This will be developed and added to the corporate risk register / BAF ahead of the next committee meeting.

The current BAF and a summary of changes (3 of 3)

Summary of changes continued…

7. Following feedback that the SEL risk 395 relating to the size of the health and care workforce across the system being insufficient to meet the clinical and performance demands was reviewed following discussion at the People Board and deemed to be too broad in its existing form. The ICB assurance team have been working with the risk owners to re-write this risk, taking into account the five SEL ICS strategic workforce priorities included in the delivery plan of the people strategy:

    i. workforce planning
    ii. driving training and education
    iii. promoting SEL as a great place to work
    iv. embedding a culture of inclusion and wellbeing
    v. enabling innovation.

It is anticipated that the updated risks will be added to the SEL risk register following review at the next People Board (27 November) and be presented at a following update to the ICB Executive.

Summary of SEL risks exceeding tolerance levels

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	23	Transfer of high cost learning disabilities and autism clients could result in potential unbudgeted costs	12	15
	394	System financial balance, and delivery of efficiency and savings plans		16
Data and Information Management	279	ICB paper records left on the NHS SEL sites	9	12
	407	tQuest / Transport Layer Security (TLS) - Increase on the organisations cyber security threats.		12
	434	Variation in CHC digitalisation means that SEL will not meet the CHC mandatory patient level dataset submission		20
	435	Variation in CHC digitalisation means that SEL will not meet the all age continuing care patient level dataset submission		20
	437	Disruption to IT/Digital systems across provider settings due to external factors		10
Workforce	395	SEL workforce investment: risk that the size of the health and care workforce across the SEL system is insufficient to meet the clinical and performance demands	15	16

South East London Integrated Care System

Summary of SEL risks exceeding tolerance levels

NHS South East London

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**365**	Loss of discharge funding affecting the ICB's ability to ensure timely discharge and maintain acute hospital flow	12	15
	386	Ongoing pressures across SEL UEC services		16
	391	Increased waiting times for autism diagnostics assessments		16
Clinical, Quality and Safety	**404**	New and emerging High Consequence Infections Diseases (HCID) & pandemics	9	12
	431	Harm to patients due to unprecedented operational pressures		16
	468	Risk of variation in performance across SEL with FNC (funded nursing care) reviews		12
Governance: Adherence to legal and statutory responsibilities	**433**	Potential reputation damage to the ICB due to a potential failure of providers to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	12	20

Summary of LCP risks exceeding tolerance levels

Bexley risks

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	**402**	Discharge under home first arrangements	9	16
Strategic	**444**	Insufficient capacity to meet the demand for supported discharge	12	16
Finance	**446**	Overspend on cost-per-case budgets	12	16

Bromley risks

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	**467**	The new pan-London community equipment provider is delivering poor quality services, with a high financial risk to Bromley Council and SEL ICB	12	20

Summary of LCP risks exceeding tolerance levels

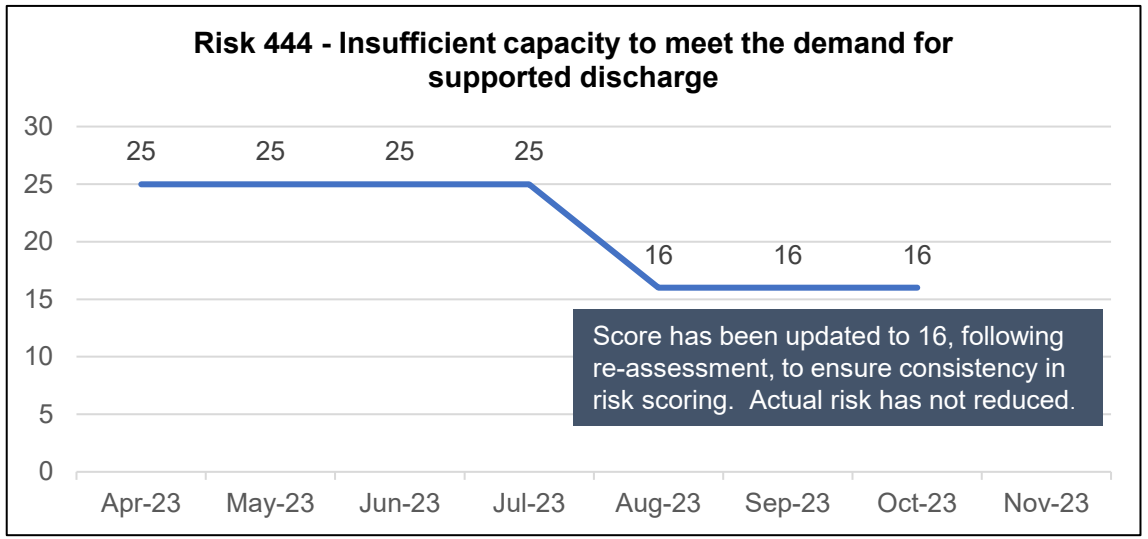
Lambeth risks

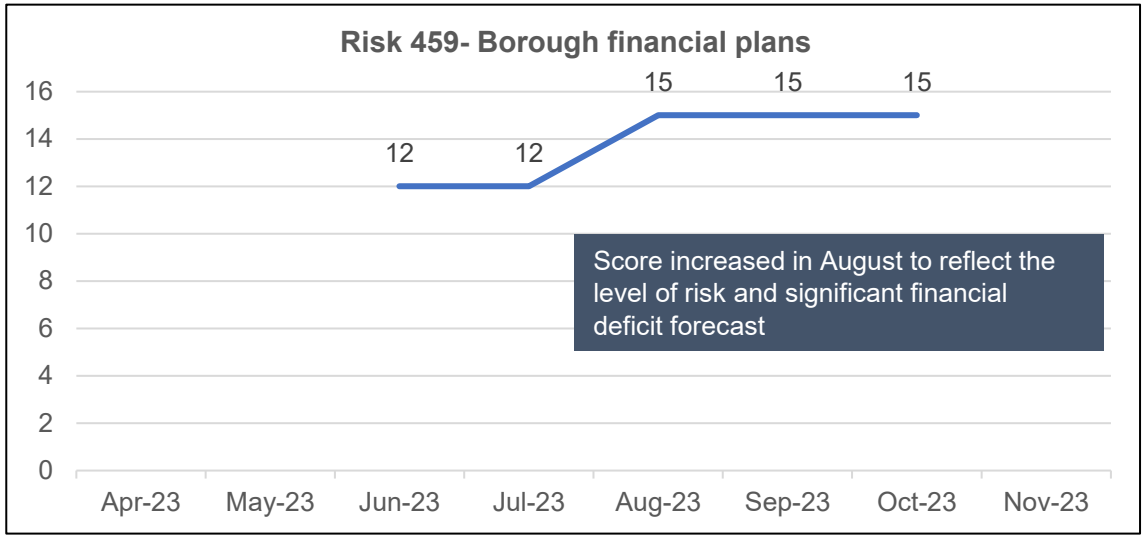
Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	**319**	CHC overspend in Lambeth	12	16

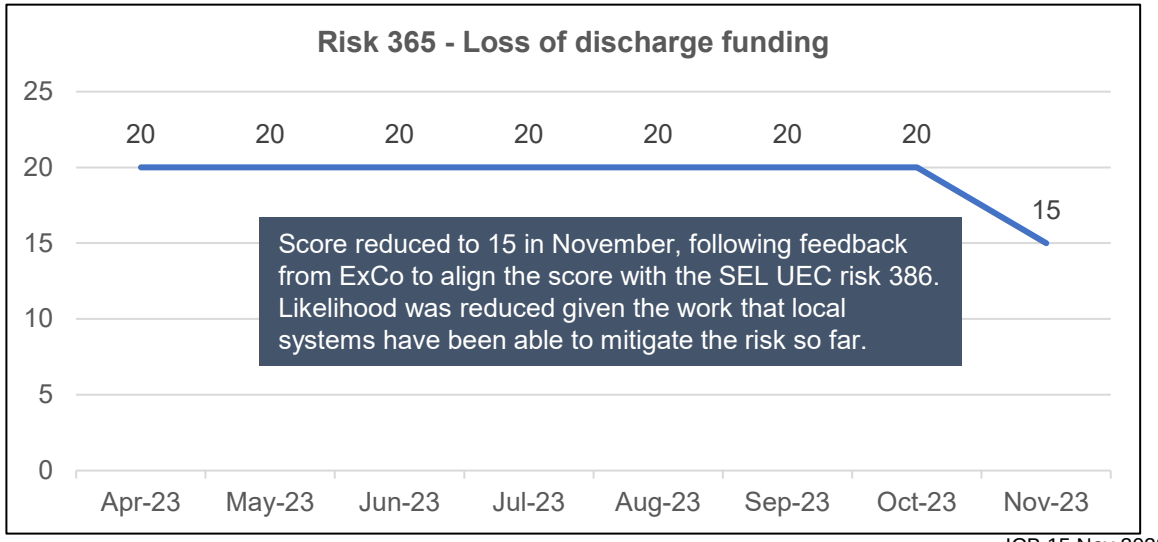
Southwark risks

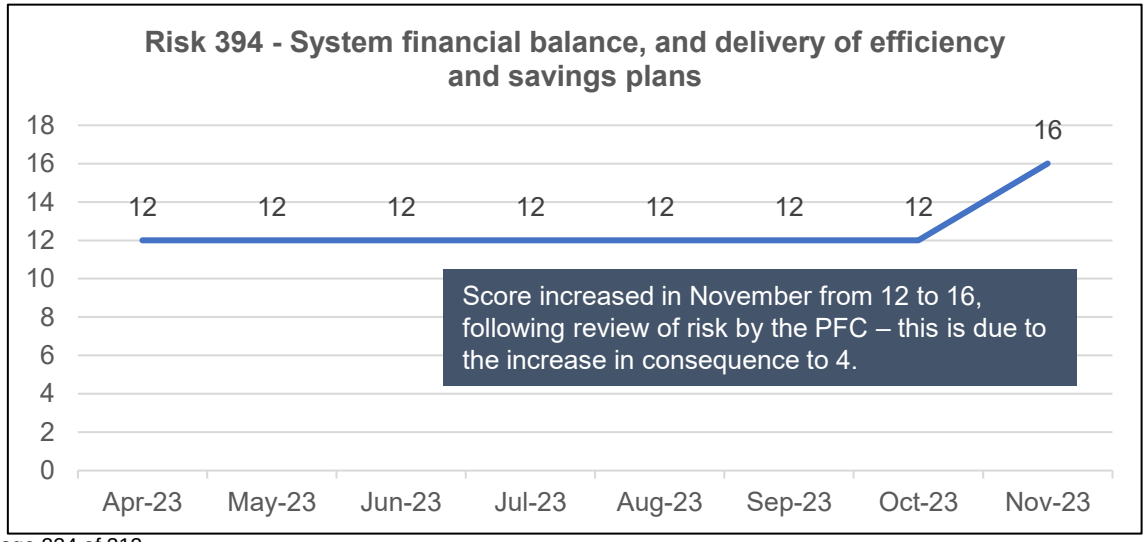
Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, quality and safety	**124**	Initial accommodation centres – health services coverage	9	12
	454	Integrated community equipment service performance issues		12
Finance	**459**	Achievement of borough's financial balance for 2023/24	12	15

Flightpath graphs for risks where there have been score changes









Appendices: risk scoring matrices

Risk scoring matrices (1 of 3)

The matrices below are taken from the ICB's Risk Management Framework and represent the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and severity score provides the combine risk score.

Likelihood x Severity = Risk Score

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

Likelihood Matrix:

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Risk scoring matrices (2 of 3)

Severity matrix

Severity (Impact) Score	1	2	3	4	5
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Service Business Interruption	Loss interruption of 1-8 hours Minimal or no impact on the environment /ability to continue to provide service	Loss interruption of 8-24 hours Minor impact on environment / ability to continue to provide service	Loss of interruption 1-7 days Moderate impact on the environment / some disruption in service provision	Loss interruption of >1 week (not permanent) Major impact on environment / sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked	Permanent loss of service or facility Catastrophic impact on environment / disruption to service / facility leading to significant “knock on effect”
Personal Identifiable Data [Information Management Risks]	Damage to an individual’s reputation. Possible media interest e.g. celebrity involved Potentially serious breach Less than 5 people affected or risk assessed as low e.g. files were encrypted	Damage to a team’s reputation. Some local media interest that may not go public. Serious potential breach and risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected.	Damage to a service reputation. Low key local media coverage. Serious breach of confidentiality e.g. up to 100 people affected.	Damage to an organisations reputation. Local media coverage. Serious breach with either particular sensitivity e.g. sexual health details or up to 1000 people affected.	Damage to NHS reputation. National media coverage. Serious breach with potential for ID theft or over 1000 people affected.

Risk scoring matrices (3 of 3)

Severity matrix (contd.)

Severity (Impact) Score	1	2	3	4	5
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Complaints / Claims	Locally resolved complaint Risk of claim remote	Justified complaint peripheral to clinical care e.g. civil action with or without defence. Claim(s) less than £10k	Below excess claim. Justified complaint involving lack of appropriate care. Claim(s) between £10k and £100k	Claim above excess level. Claim(s) between £100k and £1 million. Multiple justified complaints	Multiple claims or single major claim >£1 million. Significant financial loss >£1 million
HR / Organisational Development **Staffing and Competence**	Short term low staffing level temporarily reduces service quality (< 1 day)	Ongoing low staffing level that reduces service quality.	Late delivery of key objectives/service due to lack of staff. Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory / key training.	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory / key training	Non-delivery of key objectives / service due to lack of staff Ongoing unsafe staffing levels or incompetence Loss of several key staff No staff attending mandatory training / key training on an ongoing basis
Financial (damage / loss / fraud) **[Financial Risks]**	Negligible organisational / financial loss (£< 1000	Negligible organisational / financial loss (£1000- £10000)	Organisational / financial loss (£10000 -100000)	Organisational / financial loss (£100000 - £1m)	Organisational / financial loss (£>1million)
Inspection / Audit	Minor recommendations Minor non-compliance with standards	Recommendations given Non-compliance with standards Reduced performance rating if unresolved	Reduced rating Challenging recommendations Non-compliance with core standards Prohibition notice served.	Enforcement action Low rating Critical report. Major non-compliance with core standards. Improvement notice	Prosecution. Zero rating. Severely critical report. Complete systems change required.

South East London Integrated Care System

NHS South East London

NHS SEL ICB
Risk Appetite Statement 2023/24

SEL ICB Risk Appetite Statement 2023/24

The statement

1. *Risk management is about finding the right balance between risks and opportunities in order that the Integrated Care Board – as a key partner in the South East London Integrated Care System – might act in the best interests of patients, residents, and our staff.*

2. *The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits.*

3. *The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make change or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed.*

4. *This risk statement is issued by the ICB and relates to the risk management processes in place to support the organisation's Board to manage risks faced by the organisation. However, as an integral part of the SEL Integrated Care System – working to shared operational and strategic objectives – a significant proportion of ICB risks will also affect ICS partner organisations, and vice versa. The ICB's risk approach aims to respect individual institutional responsibilities and processes, whilst seeking a better coordinated response to risks that exist across the partnership. This approach is a particular priority given that risks exist at provider interfaces and as part of patients' interactions across system partners.*

5. *The ICB has a dual role. It functions as a highly regulated organisation with responsibilities for ensuring statutory compliance, overseeing provision and ensuring financial sustainability. It additionally functions as an engine of change, with responsibilities to promote joined-up care, innovation, and to deliver improved population health outcomes.*

6. *To achieve our ambitious objectives for the health and care system in south east London, the ICB, as a leading voice in the wider ICS partnership, will need to be an increasingly innovative and change-driven organisation. The ICB has consequently adopted an **OPEN** or **EAGER** appetite in most areas of risk. However, the ICB will in pursuit of its wider objectives, operate with a **CAUTIOUS** posture to risks relating to the quality and safety of clinical care and to data and information management*

7. *Where a risk related to the ICB's activities is recorded with a residual risk score in excess of the defined risk tolerance level for the stated category of risk, that risk will be escalated within the SEL governance structure and ultimately be included in the Board Assurance Framework (BAF) for consideration by the ICB Board.*

South East London Integrated Care System

NHS South East London

ICB risk appetite level descriptions by type of risk

Proposed risk appetite levels by risk category (1 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Financial	Avoidance of any financial impact or loss is the key objective.	Only prepared to accept the possibility of very limited financial impact if essential to delivery.	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels.	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).
Clinical, Quality and Safety	Prioritise minimising the likelihood of negative outcomes or harm to patients. Strong focus on securing compliance with existing protocols, processes and care standards for the current range of treatments.	Prioritise patient safety and seeks to minimise the likelihood of patient harm. Is focussed on securing compliance with existing protocols, but is open to taking some calculated risks on new treatments / approaches where projected benefits to patients are very likely to outweigh new risks.	Is led by the evidence base and research, but in addition to a commitment to prioritising patient safety, is open to taking calculated risks on new treatments / approaches where projected benefits to patients are likely to outweigh new risks.	Strong willingness to support and enable the adoption of new treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on some uncertainty on the basis of learning from doing.	Prioritises the adoption of cutting edge treatments / processes / procedures in order to achieve better outcomes for patients where this is supported by research / evidence. Willing to take on reasonable but significant uncertainty on the basis of learning from doing.
Operations	Defensive approach to operational delivery – aim to maintain/protect current operational activities. A focus on tight management controls and oversight with limited devolved authority.	Largely follow existing ways-of-working, with decision-making authority largely held by senior management team.	Will seek to develop working practices but with decision-making authority generally held by senior management. Use of leading indicators to support change processes.	Willingness for continuous improvement of operational processes and procedures. Responsibility for non-critical decisions may be devolved.	Desire to “break the mould” and challenge current working practices. High levels of devolved authority – management by trust / use of lagging indicators rather than close control.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (2 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Governance	Avoid actions with associated risk. No decisions are taken outside of processes and oversight / monitoring arrangements. Organisational controls minimise risk with significant levels of resource focussed on detection and prevention.	Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximised through robust controls and sanctions.	Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking.	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.	Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking.
Strategic	Guiding principles or rules in place that largely maintain the status quo and seek to limit risk in organisational actions and the pursuit of priorities. Organisational strategy is rarely refreshed.	Guiding principles or rules in place that typically minimise risk in organisational actions and the pursuit of priorities..	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is reviewed and refreshed dynamically.

Selected ICB risk appetite level

Proposed risk appetite levels by risk category (3 of 3)

Risk appetite level description (and residual risk score)					
Risk Category	**Averse (1 – 3)**	**Minimal (4 – 6)**	**Cautious (7 – 9)**	**Open (10 – 12)**	**Eager (13 – 15)**
Data and Information Management	Lock down data & information. Access tightly controlled, high levels of monitoring.	Minimise level of risk due to potential damage from disclosure.	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	Accept need for operational effectiveness in distribution and information sharing.	Level of controls minimised with data and information openly shared.
Workforce	Priority to maintain close management control and oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued desire to “break the mould” and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetit to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.

Selected ICB risk appetite level

Appendix 2. SEL risks exceeding tolerance levels

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
23	Strategic Commissioning Lead - Carol-Ann Murray	Director Commissioning and Improvement - Holly Eden	Finance	10 - 12	Transfer of high costs Learning Disabilities and Autism clients could result in potential unbudgeted costs	There is a risk that transfer of high-cost Learning Disability and Autism clients from NHSE Specialised Commissioning (Spec Comm) and/or South London Partnership (SLP) under the Learning Disability and Autism programme (Transforming Care Programme) results in potential unbudgeted costs, this is caused by an increase in the number of high cost complex patients both in hospital needing discharge and those being cared for in the community preventing admissions which have bespoke needs that are difficult to budget for. The consequence to the ICB is that this is taking all LDA budgets are overspent	3	3	9	5	3	15	Definitive list of SEL inpatients across the ICB, SLP and NHSE Spec Comm/SLP and funding responsibilities has been completed, NHS SEL funded inpatients and plans in place for discharge to community placements in 12-18 months, Additional programme management resource put in place in NHS SEL, with a focus on improving discharge processes and admission management, Community care and treatment reviews continue to prevent hospital admissions, Capture of data on people with learning disability or autism who are risk of admission is carried out to support planning, SEL Learning Disability and Autism (LDA) programme monitors activity, Monthly SEL LDA surgeries take place to discuss care pathway for NHS SEL, SLP and Spec Comm patients, National escalation meetings are held with the SEL LDA SROs and National Learning Disability Director and Clinical Director. National escal, Director of Commissioning Finance oversight and liaison with SLP to understand budget and flow of payments, Three (3) strategy in development to achieve LTP priority actions including community mapping excercise, SEL LDA Strategic Board Review of funding and allocations to services and boroughs to consider high cost of care and treatment packages, Development of LDA Pathway Fund Panel and Governance arrangements in progress	Performance data is shared regularly to SROs, Operational Board (monthly) and Strategic Exec Group (Bi-monthly), The LDA programme team detail all inpatient data such as new admissions, CETRs, leave status etc, Compliance with the Assuring Transformation (AT) data submission is done on a monthly basis and is a key measure of the completeness of the programme's data collection and submission. AT is used monthly by the national team to monitor performance
279	Director of IT - Nisha Wheeler	Director of Corporate Operations - Michael Boyce	Data and Information Management	7 - 9	IG - (ICB) Paper records left on NHS SEL sites	There is a risk that hardcopy records left on NHS SEL sites will not be appropriately managed, archived or destroyed in line with the NHS Records management code of practice retention schedule. This is caused by offices having documents on site which have been left following the Covid 19 Pandemic and where staff have left the organisation and nolonger being managed. This could lead to a potential data breach as a result of information being vulnerable to inappropriate access or theft, which could then lead to reputational and financial loss as a result of penalties/fines from the Information Commissioners office for not adhering to the NHS Code of Practice/Data Protection Act/UK GDPR.	4	3	12	4	3	12	Staff are being encouraged to review records at NHS SEL sites, when visiting the office, Staff are provided guidance through various media (Bulletins, Intranet, Staff briefings, Policies and Procedures) to support them in their roles and responsibilities.	Communications to staff regarding records management review (including hardcopy records), Inspection of Tooley street has taken place and paper records locked away and desks cleared, Staff to digitalise and save records electronically as much as possible, Communications relaunched to encourage records review on sites, Archive contract review and update completed and new Archive process established as part of new Information management policy, One off waste disposal arrangement arranged for the collection at Tooley Street, Staff contacted following premises review where staff/teams have been identified and asked to review and tidy the premises., Premises audit of documentation being undertaken throughout 2023 in over 120 units, Report of outcomes of audit now with Director of ICT and IG and outcomes presented to IG SC Dec 2022
365	Kelly Hudson/Sara White Associate Director U&EC Improvement	Sarah Cottingham - Director of Planning	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Loss of discharge funding meaning that some provision may no longer be able to be commissioned	A reduction of discharge funding in 2023/24 compared with 2022/23 risks impacting on the ICB's ability to ensure timely discharge and maintain acute hospital flow. There could be further negative outcomes for residents associated with this.	5	5	25	3	5	15	System conversations to identify actions that can be taken to mitigate impact on flow and funding allocation to best support social care to continue with discharge schemes., Effective Place-based plans support mitigation of impact on flow, Focus on improvement schemes linked to admissions avoidance and keeping patients well at home as well as optimising inpatients for discharge., The January 2023 Delivery plan for recovering urgent and emergency care services published 30/01/22 outlining several areas of investment to improve discharge and a recognition for increased capacity in intermediate/step down services, social care and domiciliary care which requires sustained long term investment.	Local UEC Boards own local plans and risks and management escalation into SEL Boards., SEL Discharge Solutions and Improvement Group (DSIG) include representation from LAs who can feedback on how they are using any additional funding streamed through BAF, reporting into the SEL UEC Board., SEL UEC Board - receives and reviews escalations from DSIG and local UEC Boards., SEL Discharge Improvement Plan developed and signed off at June Board, this follows on from the Discharge Summit held in March to harness system support for improvement, SEL investment for improvement in P0 and transfer of care hubs following TOC review held in March.
386	Kelly Hudson and Sara White	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Ongoing pressures across SEL UEC services	There is a risk of not being to make improvements on waiting times or support timely discharge. This is caused by demand and flow challenges on the system. This will impact the ICB's ability to meet statutory obligations and impact on the service users affected by these services, affecting patient experience. Demand and flow challenges are further impact by current industrial action as it limits the system ability to embed improvement.	4	4	16	4	4	16	Robust daily intensive system support: SEL surge meet daily with site DOOs to review pressures across the system, agree mutual aid and support site safety., Local system actions: each local system has an action plan to support improvement including reviewing estate, workforce, pathways, protocols, and escalation. Local improvement plans report into local UEC boards or equivalent. Proactive work to develop community offer including the roll out of urgent community response and development of our virtual ward offer. SEL System actions: SEL improvement work across the system to develop and implement supportive measures, for example, increasing direct access to SDEC, direct booking from 111, increasing crisis support for Mental Health. This work is manged via system groups: SEL Acute Flow Improvement Group; MH UEC Task and Finish Group; SEL Discharge Solutions and Improvement Group., SEL Governance: System groups and local UEC Boards report into the SEL UEC Board which meetings every 2 months.	The daily calls are providing the immediate system support to retain site safety across all SEL sites., Urgent care performance dashboard, Monthly call with UEC local system leaders to review current performance issues, challenges and successes; to understand key issues driving local performance and planned solutions; to understand key successes and opportunities for spread, Each local system has developed improvement trajectories to achieve the performance outlined in the operating plan (76% 4 hour ED, 30 min Cat ambulance response (as part of LAS), 92% bed occupancy and reduced 21 day+ LOS). Local plans were reviewed at the April SEL UEC Board, Winter planning process for 23/24 starting with workshop on 06/07 to review both local system actions and SEL approach to managing system pressure., SEL Discharge Improvement Plan developed and signed off at June Board, this follows on from the Discharge Summit held in March to harness system support for improvement, Review of revised OPEL framework through SCC to ensure parity of escalation and system response.
391	Carol-Ann Murray	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Increased waiting times for Autism diagnostic assessments	There is a risk of increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. This is caused by increased demand for assessments combined with historical waiting lists. The impact on the ICB will be on its ability to meet statutory obligations. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	3	4	12	4	4	16	Implementation of services for backlog clearance by Oxleas and SLaM and plans to reduce the waiting time by end of March 2024 including development of services to meet the demand and maintain waiting times within 6 months., Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnoses., All age autism strategy approved and launched, with non -recurrent funding (£240k) provide to each borough LA (S256) to align with strategic framework., Core offer for CYP Autism assessment developed and agreed with stakeholder. Set up of Community of practice to share best practice and find solutions to ongoing issues.	SEL LDA Strategic Executive Group Agenda and Minutes List the assurance evidence., SEL LDA Operational Board agenda and minutes., Minutes from 6-8 weekly Joint Region and System LDA heath Partnership meeting., Minutes from Monthly monitoring of ASD Support services and workforce with providers (Oxleas and SLaM).
394	Tony Read	Mike Fox	Finance	10 - 12	System financial balance, and delivery of efficiency and savings plans	There is a risk that Risk that ICS does not deliver its breakeven revenue financial plan and system capital financial plan for 2023/24, due to: Inability to deliver planned savings Under-delivery against elective recovery commitments Impact of industrial action Over commitment on capital programmes	4	4	16	4	4	16	Breakeven plan for 2023/24 agreed by ICS Executive and ICB Planning and Finance Committee. Component parts of ICS plan agreed by SEL organisation Boards. Monthly review and reporting to ICB Executive and SEL CEO group on delivery against financial plans and risk of organisational efficiency plans. Oversight of revenue and capital financial position and efficiency by SEL CFO group, meeting fortnightly. Agency limit and monitoring of spend reported routinely each month. External review of SEL performance working with NHSE. Increased organisational control mechanisms. Monitoring of financial impact of industrial action by CFO group. Quarterly review and reporting to ICB Planning and Finance Committee on delivery against financial plans and risk of organisational efficiency plans. Monthly CEO & CFO group in place, including oversight of system financial performance Formal review of trust year end forecasts and risks to delivery undertaken Oct/Nov	Breakeven plan in place per 4th May 2023 submission to NHSE. Review of forecast out-turns, underlying positions and risks in progress and initial draft resulst reported to CEOs & CFOs. At month 6 revenue forecast out-turn reported as breakeven, assuming cost impact of industrial action is funded and risks to FOT delivery are mitigated. At month 6 capital forecast is on plan, including prioritised use of system capital reserve. NHSE has revised elective recovery targets for early months of year as part mitigation to impact of industrial action. SEL CFO group meeting weekly instead of fortnightly.
395	Lynn Demeda and Angela Paradise	Julie Screaton	Workforce	13 - 15	SEL workforce investment	There is a risk that WTE size of the health and care workforce across the system is not sufficient to meet clinical and performance demands due to: - labour market and supply challenges affecting recruitment and growth plans across several sectors - staff morale, experience and wellbeing affecting retention and turnover - staff recognition and reward issues and continued industrial action - heath and care roles not being seen as sufficiently attractive employment. Risk that pay & conditions further affect social care sector due to scale of zero hours contracts, limited compliance with London Living Wage and potential for NHS settlement increasing the gap between health and care reward. Mitigations to be undertaken by ICB and employers.	3	4	12	4	4	16	SEL ICS People Board is overseeing the development and implementation of the People Strategy Delivery Plan and its alignment with the NHS Long Term Workforce Plan (People Strategy published in Apr-23)., ICS retention programme continues to support flexible working, productivity and nurse retention through an established forum., SEL ICS HRDs network enabling provider collaboration on critical matters including industrial action, bank and agency, pay approaches and at scale OH & EAP project., Multi-professional competency framework developed to support recruitment and retention of support workers across mental health services. Strategic pipeline / GYO programme started Q1 23/24 with a role to deliver the ICS Health and Care Jobs Hub (GLA Funded), which focuses on: jobs, work experience, career paths for local people and linking promotion to national campaigns, local career fairs and widening participation., ICS wide staff health and wellbeing strategy in place. Staff EDI committee championing innovation in approaches to diversity and enhancing inclusive cultures and steering new work on social movement., Recruitment to ICS Workforce programme structure completed and including new Head of Education & Head of People and Culture roles. Improved capacity, completed ICS People strategy and associated case for change findings enabling focused delivery in line with evidence based, key priorities. No NHSE Workforce Development or Staff Health and Wellbeing investment for 23/24 a key system delivery limitation., Overarching work starting on Education, covering SEL apprenticeship strategy, work experience and sharing education and learning resources across partners.	The People Board is responsible for ensuring an effective system response to key and immediate workforce priorities, alongside ensuring strategic and longer-term workforce projections are actively considered., The SEL People Board is chaired by Oxleas CE & Partner ICB member for community services, The 23/24 strategic workforce programme is tracked monthly and an associated RAID log is maintained., New approach to workforce reporting approved by the People Board and implementation under way to ensure reports to ICB, including Deep Dive sessions on a 6-monthly basis
404	Simon Beard - Associate Director Corporate Governance	Tosca Fairchild - Chief of Staff	Clinical, Quality and Safety	7 - 9	New and emerging High Consequence Infections Diseases (HCID) & pandemics	There is a risk that new and emerging HCID & pandemics could occur at any time and are likely to occur in one or more waves. This could cause disruption to the operation of the ICB with staff illnesses/absence and reprioritisation of workload which could lead to a detrimental effect of communities and staff within SE London.	4	4	16	4	3	12	Staff are offered flu and covid-19 vaccines to mitigate as far as possible the impact on the workforce., HCID & pandemic plan is in place. Antiviral plan in place for SEL system., Collaboration with organisations across the system through forums such as Borough Resilience Forums enables the ICB to horizon scan for potential emerging HCID issues and put mitigating actions in place early to minimise impact to the workforce and ICB operations., Hybrid working arrangements are in place, supported by cloud-based access to IT systems, which enables the ICB to reduce face to face interactions between staff should this be necessary as a measure to reduce spread of infections., The ICB has an established process for considering staff redeployment to focus on business critical services., Employee assistance is available - e.g. mental health first aiders; occupational health and employee assistance programme.	SEL ICB - System approach utilised and implemented for HCIDs, EPRR Practitioners network

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
407	Pin Bhandal	Nisha Wheeler	Data and Information Management	7 - 9	IT - tQuest /TLS - Increase on the organisations cyber security threats.	There is a risk that due to GP practices having to use an older version of Transport Layer Security (TLS) which could have a significant increase on the organisation cyber security threats. SEL ICT have been requested by GSTT to release a lower version of TLS (V1.0 and v1.1) in order for GP practices to raise pathology and radiology test requests via tQuest as the application will only work with the older version of TLS.	3	4	12	3	4	12	NHS SEL working with organisation (external partners) to progress work plan and way forward to support better processes	Meetings - Regular updates with GSTT who are working to resolve the TLS issues
431	Paul Larrisey	Angela Helleur	Clinical, Quality and Safety	7 - 9	Harm to patients due to unprecedented operational pressures	There is a risk of unintended harm to patients. This is caused by operational pressures within the system. This will impact on the ICB's duty to ensure that the services it commissions meet fundamental standards of care with particular regard to clinical effectiveness, safety and patient experience.	3	4	12	4	4	16	Datix is reviewed daily to spot trends from providers, Quality team attend provider committees to understand individual provider risks and mitigations, Risk of harm assessments and prioritisation and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts., Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system., Regular meetings are held with the providers to ensure delivery of agreed recovery trajectories and to review issues related to the quality of care, including notified Serious Incidents (SI's)., Regular update meetings with commissioning teams and quality teams. Robust governance for operational pressures including industrial action., UEC programme of work to improve patient flow across the system aimed at mitigating delays.	Governance: Quality and Performance Committee where risks are escalated, Governance: System Quality Group where system wide risks are explored and learning shared, Thematic analysis of SI reports, Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately., Quality Alert System provides early warnings, ICB incident command stood up for specific system wide incidents such as IT outtages in GSTT and SLaM in summer 2022 to ensure risk of harm identified and mitigated.
433	Paul Larrisey - Acting Chief Nursing Officer	Margaret Mansfield - Designated Nurse Safeguarding Children and Young People Interim Designated Nurse Children Looked After and Care Leavers	Governance: Adherence to legal and statutory responsibilities	10 - 12	There is potential reputational damage to SEL ICB due to a potential failure of a provider to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed. This risk has been identified through a Safeguarding Learning Event held within the provider which highlighted their lack of knowledge in discharging their statutory safeguarding functions, as well as from other Child Safeguarding Practice Reviews and the Trust external review.	5	4	20	5	4	20	Work underway within the Local Safeguarding Children Partnership (s) LSCP/ LSCPs partnerships to monitor the risks., ICB Safeguarding Designate professionals to quality assure SLaM strategic Safeguarding risk/learning action plan in relation to discharge of safeguarding arrangements via attendance at SLaM's safeguarding committees., SLaM audit plan around recommendations to ensure learning is embedded into practice, An independant scrutiner will be supporting a trust wide improvement plan with SLAM safeguarding leads	There is an experienced Trust Named Nurse for Safeguarding Adults, Newly appointed and experienced Trust Named Nurse for Safeguarding Children, There are some Safeguarding Leads in place bases, SLaM are reviewing their Safeguarding supervision arrangements, also reviewing their Safeguarding Policy, The named nurse on long term sick has returned to work on a graduated return., Workstreams and workplans are in place to look at different areas of concern., Safeguarding Business officer post appointed to, All safeguarding vacancies are filled as of June 2023 except for Lambeth., The trust have recruited a substantive Associate Director for Safeguarding who started work in August 2023., SLAM Task and finish group chaired by the Director of Therapies and consisting of Service Directors, Chief Nurse, Chief Operating Officer, Chief People officer and Medical Director meeting monthly to oversee the completion and implementation of the safeguarding action plan., All safeguarding vacant posts have interim cover and substantive recruitment is in process., A revised structure for the safeguarding team has been developed and agreed. This supports staff retention and progression which is not achieved by the current flat structure, SLAM shares the assurance reports for Lewisham, Southwark, Lambeth and Croydon, Safeguarding meeting held with the Director of social care for SLAM on 01 September to review SLAM safeguarding programme update
434	Jane Waite - SEL Head of CHC/CYPCC	Angela Helleur - Chief Nurse	Data and Information Management	7 - 9	There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25.	There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25. This will result in file rejections to NHSE. This will have an adverse reputational impact on SEL ICB	5	4	20	3	4	12	Boroughs are completing monthly data quality checks as part of the PLDS data set review., A training audit will be carried out in September 2023., Patient Level Dataset reports are being circulated to boroughs monthly, The development of a combined single database/system was agreed in principle by quality and Place executive directors on the 15th August 2023., The AACC digital capability assessment tool will identify system capability and the percentage of the known available system capability SELAACC are using.	There is an interim plan to continue to submit data via a lower tier submission as opposed to the required singular sub-ICB location in line with CHC PLDS current guidance.
435	Jane Waite - Head of CHC/CYPCC	Paul Larrisey - Acting Chief Nursing Officer	Data and Information Management	7 - 9	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/2	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/25. This could lead to an adverse reputational impact on SEL ICB.	5	4	20	3	4	12	The development of a combined single database/system was agreed in principle by quality and Place executive directors on the 15th August 2023.	CHC have started to identify potential gaps in data collections across the CYPCC teams, There are already local CYPCC meetings at place level
437	Philippa Kirkpatrick	Jonty Heaversedge	Data and Information Management	7 - 9	Disruption to IT/Digital systems	There is a risk of significant disruptions to the IT and digital systems across our provider settings due to external factors such as extreme weather conditions or cyber attacks	2	5	10	2	5	10	Individual organisations accountable to boards to demonstrate sustainability of their digital and IT infrastructure, In some cases, cross system data sharing platforms can support in case of outages, GSTT taking action to reduce risk on their IT estate following incident in July 2022., Workshop held with board on 14th April, ICB exec supported approach set out in digital delivery plan and £240k funding for audit May 2023, Interim digital governance group supported paper for ICB Board, which will be submitted for approval in July 2023, GPIT services are mostly 3rd party managed cloud-based solutions. GP services are required to have business continuity, including for their IT services, built into their contracts., Paper on the 2022 cyber and resilience incidents provided to the Board in July 2023, including lessons learnt and actions taken following the incident.	Workshop held with board on 14th April, Cyber and resilience maturity assessment Cyber planned for late in 2023.
468	Jane Waite - Head of CHC/CYPCC Governance Assurance and QIPP	Paul Larrisey - Acting Chief Nursing Officer	Clinical, Quality and Safety	7 - 9	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews.	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews. This is due to a significant number of reviews over the required time frames (National Standard). This will impact on the service users. This is a clinical risk which will may also impact on financial control across the system.	4	4	16	3	4	12	This risk is monitored at the NHSE assurance meeting monthly, This risk is also monitored locally at CHC review meetings monthly., The SEL Head of CHC/CYPCC governance assurance and QIPP has oversight of this risk., There is a monthly assurance pack produced which goes to the CHC review meetings. The CHC monthly assurance report tracks FNC reviews., There are monthly meetings held at place level where this risk is discussed., There are individual borough plans setting out how boroughs will clear the overdue reviews.	There are minimal vacancies across the place based teams., Individual borough plans in place and teams are working towards reducing the backlogs

Appendix 3. LCP risks exceeding tolerance levels

Bexley

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
402	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Clinical, Quality and Safety	7 - 9	Discharge Under Home First Arrangements	There is a risk Bexley residents discharged under Home First arrangements will achieve less than optimal outcomes from the service. This is because the system wide impact is not fully funded or adequately staffed on a consistent basis. The possible impact of this is an increase in the potential for poor care and poor patient experience - linked to this is the risk that the ICB will not deliver its requirements in respect of optimising care quality and acting to improve patient outcomes.	5	4	20	4	4	16	We use discharge to assess bedded capacity where appropriate to optimise outcomes before returning home, Partnership governance arrangements in place at both Bexley and SEL level., An investment of £412.5k (B&G) in additional district nursing capacity committed for 23/24., escalation of need for additional, secure, recurrent discharge funding on a regular basis . As part of our operating plan for 23/24 we will review DN capacity against resource allocation with our partners	Regular review of metrics such as reablement outcomes, waiting times for assessment and treatment, and % still at home 91 days after discharge and take steps to redirect resources when we can to address reduced performance.
444	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Insufficient capacity to meet the demand for supported discharge	There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.	5	5	25	4	4	16	Bexley LCP has established governance arrangements to discuss the situation with provider sector and colleagues at SEL ICB., Bexley LCP has escalated the need for additional secure funding arrangements to SEL ICB central teams.	Home First Board meetings and Resplendent work on prioritisation of resources.
446	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Finance	10 - 12	Overspend on cost-per-case budgets (CHC/MH/LD/CYP)	There is a risk that cost-per-case expenditure will exceed allocated budget for 23/24. This is because the necessary fee uplifts required for NHS funded activity exceed the affordable envelope for this. This risk for the NHS is exacerbated as adult social care partners commissioning from the same providers have increased their payment rates in line with Fair Cost of Care requirements. The likely impact of this risk is the LCP will overspend its budget and create a cost-pressure for the wider ICB.	5	4	20	4	4	16	Collaborative working between the Bexley LCP ICB and LA partners to align payment approaches, minimise financial impact for LCP partners balanced with fair funding of providers., CHC team have reviewed all opportunities identified at SEL level to contain/reduce costs and confirmed where any action is needed	SEL Fee Uplift Review Group notes, CHC Recovery Plan September 23

Bromley

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
467	James Postgate, Associate Director of Integrated Commissioning	Sean Rafferty, Director of Integrated Commissioning	Finance	10 - 12	The new pan-London community equipment provider is delivering poor quality services, with a high financial risk to Bromley Council and SEL ICB	Bromley Council is a member of a pan-London community equipment consortium. SEL ICB (Bromley) has a s75 agreement with Bromley Council by which it accesses these services. The Council and ICB jointly authorise other providers in the borough, including Kings College Hospital, Bromley Healthcare, Oxleas NHS Foundation Trust and St Christopher's, to be able to prescribe equipment for service users in need including specialised mattresses, seating, toilets and hoists. The pan-London consortium oversaw a procurement for a new community equipment provider (NRS) from 1st April 2023. Following mobilisation, the provider is not meeting its contractual requirements with the following impact: - service users (including people awaiting hospital discharge) are not receiving the right community equipment to meet their clinical and care needs. - service users (including people awaiting hospital discharge) are not receiving community equipment in a timely way, with missed, late or partial orders taking place. - providers are not able to access the right community equipment for service users due to issues with the NRS IT system and equipment catalogue. - the new pan-London catalogue of community equipment may not have adequate value for money products for Bromley residents with a risk that there is a higher spend on equipment than in previous years. - the new pan-London catalogue of community equipment gives providers access to purchase additional items for service users which were not previously available in Bromley, with a risk that there is a higher spend on community equipment than in previous years. - the new pan-London community equipment system is managed centrally which limits the controls that the Council/ICB could previously place on clinical activity, with a risk that there is a higher spend on community equipment than in previous years. - the community equipment provider is not recycling existing community equipment to the level available previously, resulting in a higher spend on new equipment, and lower "credits" for items re-used.	5	4	20	5	4	20	The Bromley Community Equipment Board oversees the delivery of integrated community equipment services (ICES) in Bromley with representation from leads from the ICB and Bromley Council. The Board is chaired by the joint Director of Commissioning.	Bromley Community Equipment Board overseeing current performance/risk - includes LBB/ICB lead representation, Ongoing work with NRS to improve performance, including with Sidcup Depot, Joint clinical lead for community equipment across LBB/ICB overseeing work and quality, Escalation of issues to Place Executive Lead (ICB) and Director of Adult Services (LBB), South-East London ICB work across Lambeth, Southwark, Greenwich, Bexley (affected boroughs)

Lambeth

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
319	AD Integrated Commissioning - Adults, Jade Holvey	Director Integrated Commissioning - Adults, Jane Bowie	Finance	10 - 12	Continuing Health Care Budget and Performance	There is a risk of CHC overspend in Lambeth. This is caused by an increased spend in continuing Healthcare. This will impact on the ICB's finances and ability to plan other investment.	4	4	16	4	4	16	Budget controls have been negotiated into CHC contracts with our major providers. Internal governance increased through regular team meetings to review progress against recovery, joint workshops with ACHT colleagues, fortnightly finance meetings and a weekly review of complex, high risk cases. Robust ICB governance through finance and service working groups in place to mitigate any potential impact of under-delivery, Routine review with SEL finance team in place to maintain co-ordinated working and quarterly updates to SEL planning and delivery group	Agreed recovery plan in place and operation, Recovery plan delivered £750k savings 22-23, Systems review complete and actions identified for commissioning and operational CHC teams

Southwark

Risk ID	Risk Owner	Risk Sponsor	Risk Type	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
124	Sarah Cofie - Project Manger	Martin Wilkinson - Chief Operating Officer	Clinical, Quality and Safety	7 - 9	Initial Accommodation Centres - health services coverage	The Home Office commissions the asylum seekers core initial accommodation centre (Barry House) and four contingency hotels in Southwark. (Brit Hotel, London Bridge Hotel, Driscoll House and Best Western) . It has been assessed that providers are not fully funded for health services for residents beyond initial health assessments e.g. maternity and mental health services, resulting in the borough's services providing health care without appropriate investment. There is continued risk around future opening of IAC's in borough and process of dispersal. We have been notified that the Home Office intend to increase the capacity at each of the IACs which could result in more health pressures in the borough.	2	3	6	3	4	12	Joint working with Lambeth and Lewisham boroughs with IAC hotels - partnership meetings held monthly, Commissioned GSTT and local GPs to provide health care services, Monthly reviews of service provision, Operational meetings for Bridging hotels held fortnightly to support coordination, Partership working with local NHS providers (HIT/GSTT, GPs, LCN), Southwark PH/ LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations, Joint working with Lambeth and Lewisham boroughs with IAC hotels - partnership meetings held monthly, Commissioned GSTT and local GPs to provide health care services, Monthly reviews of service provision, Southwark PH/ LA and Find & Treat team to carry out Covid testing and vaccinations and flu vaccinations, Outreach catch-up vaccination clinics	Partnership Southwark Strategic Board (PSSB), Joint Commissioning Oversight Group, Borough Health and Wellbeing meeting for ASR, Sanctuary Operational Group - new meeting quarterly
454	Jessica Neece, Programme Lead	Martin Wilkinson, Chief Operating Officer	Clinical, Quality and Safety	7 - 9	Integrated Community Equipment Service Performance Issues	The risk to the ICB is due to significant challenges with mobilising the new ICES contract. There are ongoing performance issues resulting in delayed deliveries, stock issues, incorrect catalogue information and data quality issues that are impacting on hospital discharges and ensuring residents receive the right equipment at the right time to support their recovery.	4	3	12	4	3	12	Attending and participating in the London Consortium meetings to discuss contract monitoring and improvement plans, Local contract monitoring meetings in place for Southwark - bi weekly, Southwark has sent a letter of concern to the provider outlining expectation for improvement with timeline, Joint Commissioning Oversight Group Extraordinary meeting to further consider the contract	Local contract management meetings, London Consortium, SEL specific depot meeting in place, Joint Commissioning Oversight Group
459	Sabera Ebrahim - Associate Director of Finance	Martin Wilkinson, Chief Operating Officer	Finance	10 - 12	Achieve Borough Financial Balance for 2023/24	The risk to the ICB is failure for the borough to achieve financial balance would add to the risk of the ICB not being able to achieve its statutory break even target. Increase in prescribing costs and mental health placements risks the ability of Southwark place to achieve financial balance.	4	3	12	5	3	15	Budgets have been signed off by Place Executive with monthly budget meetings held with budget holders to identify risks of overspending and mitigating actions, Monthly reporting to SMT, OMG, IGAC and PSSB to provide assurance and to agree actions required to achieve financial balance, SEL senior finance director scrutiny on borough risks and ability to manage within place delegated budget, Prescribing expenditure monitored across SEL and mitigations being discussed, Reporting to NHSE specifically on prescribing and tools are being used to track prescribing activity and cost, Financial recovery plan developed and reviewed by SEL CFO and CEO deputy. Plans have been signed off to be implemented.	Regular weekly meetings with SMT, Monthly meetings with budget holders and SEL prescribing and CHC leads, Bi monthly reporting to IGAC and PSSB, Deep dives in specific areas of risk with actions agreed, Recovery plan is signed off and will be implemented, SEL wide freeze on any new expenditure in place as directed by SEL CEO

Integrated Care Board meeting

Item: 8
Enclosure: I

Title:	**Prevention deep dive**
Meeting Date:	15 November 2023
Author:	Sam Hepplewhite, Director of Prevention and Partnerships
Executive Lead:	Sarah Cottingham, Executive Director of Planning

Purpose of paper:	The purpose of this paper is to provide the board with an update on the work that is being progressed across the ICB on prevention and the drive to embed this into all that we do.	Update / Information	x
		Discussion	x
		Decision	
Summary of main points:	• SEL ICS has a strong strategic drive to reduce inequalities through focusing on prevention and wellbeing. • Key SEL wide programmes are driving improved outcomes • Significant investment in resource and focus at borough level in collaboration with partners • Partnership with Kings Health Partners on Vital 5 resulting in population benefits		
Potential Conflicts of Interest	N/A		

Relevant to the following Boroughs	**Bexley**		**Bromley**	
	Greenwich		**Lambeth**	
	Lewisham		**Southwark**	

Impacts	Equality Impact	Equality Impact Assessments are considered where applicable in the various programmes
	Financial Impact	N/A
Other Engagement	Public Engagement	Public engagement and co-design of services are undertaken were appropriate
	Other Committee Discussion/ Engagement	Local Care Partnerships receive updates on borough work
Recommendation:	The Board are asked to note and discuss the report.	

South East London Integrated Care System

Deep Dive: Prevention

South east London Integrated Care Board
15 November 2023

Executive Summary

The purpose of this paper is to provide the board with an overview of the work that is currently being undertaken across the system to embed prevention into as many conversations and services as possible. The aim is a **holistic and integrated approach to health and well-being delivered as part of core advice, support and care for our residents and their families**, rather than prevention being a standalone agenda. It provides some examples of the **systematic approach we are taking with our partners to tackle inequalities, through a relentless focus on prevention and well-being, and to tackle our key population risk factors.**

The SEL Integrated Care System (ICS) is building commitment and momentum to drive the prevention agenda and establish our own prevention and wellbeing eco-system.

- SEL ICB has in place **strong strategic plans**, building on the national NHS Long Term Plan and Fuller Review recommendations and our understanding of local population risk factors, demonstrated through:
  - Our ICS strategic priorities
  - The Joint Forward Plan
  - Our Immunisation and Vaccination Strategy
  - Place based Health and Well Being Plans
  - The ICB's prevention focussed Corporate Objectives
- We are taking a **population health approach** to ensure we are focusing on those most at risk of inequalities in access, outcomes and experience.
- We have established **system wide prevention programmes** including Coronary Vascular Disease (CVD) prevention, tobacco and cardiometabolic models of care, supported by communication campaigns.
- **Complimentary local borough programmes** include a focus on vaccinations, alcohol, physical activity, CVD and blood pressure.
- We have established **enabling resource** through the ICB's inequalities fund.
- **Partnership working** has been key to success including co-commissioning and collaboration with our communities and the voluntary sector and investing time and resource into building sustained relationships to gain trust and confidence.

We have established a range of SEL and place-based programme boards and groups to track delivery and provide forums for sharing good practice, resolving issues, promoting innovation and driving momentum and pace.

- The ICB Executive receives regular progress reports on the work being done to achieve the ambitions of the ICB Corporate objectives
- The SEL ICS Population Health and Equity Executive oversees the Vital 5 programme and the associated working groups.
- The Neighbourhood Based Board is driving the development and delivery of our Integrated Neighbourhood teams .
- The SEL vaccinations and Immunisations board and our place based working groups are working to improve the uptake of all vaccinations and immunisations for the whole population.
- The Local Care Partnership Boards are tracking the delivery of key borough plans and ensuring collaboration with local partners.
- The Health and Wellbeing Boards have a crucial role as they are the statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities.

Executive Summary – what next

How are we going to build on our strategies, ambitions, principles and plans to ensure that South East London residents can trust and rely on our prevention services and therefore improve their health and wellbeing of the future?

What we are already doing

- Increasing uptake of all national immunisation programmes, particularly in marginalised communities.
- Bringing support services closer to the communities they serve through health hubs.
- Increasing engagement with and understanding of the communities we serve.
- Co-designing and delivering projects in partnership with VCSE organisations.
- Regularly reviewing and scrutinising our services to ensure they are delivering in line with our aims and according to best practice.
- Improving uptake of cancer screening.
- Co-commissioning with Local Authorities.
- Taking a population Health approach.
- Working closely with our public heath colleagues.

What are our next steps

- Building relationships with schools to increase uptake of childhood vaccinations.
- Piloting further prevention offers in health hubs.
- Providing prevention services to the whole family to improve access and outcomes.
- Ensuring services are culturally sensitive to improve trust and confidence.
- Sharing good practice and ideas across boroughs to increase the spread.
- Continuing to develop relationships and partnerships with community and voluntary sector organisations.
- Further utilising the data and insight we have to tailor our approaches and services.
- Co-commissioning services with Local Authorities to ensure all opportunities are taken to align services and tackle the wider determinants of health.

These approaches to delivery underpin the specific prevention and inequalities initiatives we are implementing.

Prevention – Overview

South East London Integrated Care System

Our ICS has a strong strategic drive to reduce inequalities through focusing on prevention and wellbeing.

ICS strategic priorities

- **Prevention and wellbeing**
- CYP mental health
- Adult mental health
- Primary care/long term conditions
- CYP early years (including dedicated funds for women's health)

The NHS Long Term Plan aims to support people to live longer, healthier lives through helping them to make healthier lifestyle choices and treating avoidable illness early on

ICB Joint Forward Plan

- Core20 plus 5 focus
- Ensuring that prevention is an integral part of every conversation
- Working to one goal
- Innovation and creativity
- Embedding sustainability and leveraging opportunities
- Spotlight on whole life course
- Population health approach
- Diversity, equity and inclusion
- Evidence approach

Immunisation & Vaccinations strategy

ICB Inequalities Fund

- £15m recurrent investment in 23/24
- Linked to ICS strategic priorities, Joint Forward Plan, and medium-term financial plan.
- SEL wide, borough and community focus
  - Vital 5 – core 20 plus 5
  - Population Health Management
  - Diabetes
  - CVD
  - Smoking cessation
  - Alcohol
  - Weight Management

South East London Integrated Care System

Deep Dive: Prevention

SEL programmes

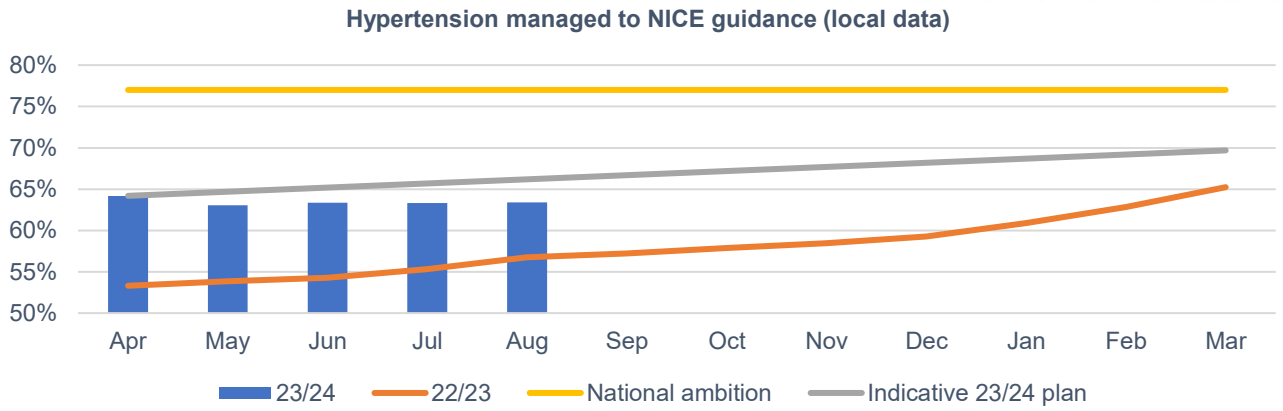
Prevention – CVD Prevention

Delivery against national hypertension ambition

- NHS E has set all ICSs a target to Increase the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.
- CVD Prevent data indicated that in December 2022, SEL ICS was at (59.8%) against the target NHSE Hypertension target
- The March 2023 CVD Prevent , data showed that SEL ICS is currently at (67.14%), which a 7% increase from December 2022.
- Whilst this is in line with the trajectory needed to meet the 77% target by March 24, it remains very challenging improvement ask in the time period and we are taking forward a number of projects to help drive further improvement

Key activities underway

- SEL Call to Action hypertension event in September 2023. 202 people registered for the event.
- Clinical Effectiveness South East London is providing practical quality improvement support to 34 PCNs in SEL to improve hypertension management
- Development and testing of culturally sensitive protocols and scripts to improve hypertension testing and detection among our communities, working with Mabadiliko.
- Developing additional guides for front-line teams on how to Call/Recall
- We are working with local partners to develop a Decathlon Pathway for people with CVD. This is a National First CVD prevention Programme consisting of a 10 week programme that includes lifestyle choices, exercise and activities to support people to better manage their weight and improve their hypertension condition



Oversight and risks

- A SEL CVD Steering Group meets bi-monthly basis to review data and progress in tackling variation and outliers across SEL, share best practice and offer constructive challenge.
- Increasing the % of patient with hypertension treated to NICE guidance is a SEL ICB Corporate Objective and the ICB Board receive quarterly updates on progress.
- There are a range of risks to delivery of the hypertension ambition which we are actively managing, these include:
  - Pressures on Primary Care Workforce. We are working to ensure that ARRS roles play an integrated role in hypertension management
  - High level of variation across SEL with huge outliers. We are using our Clinical Effectiveness team to provide additional support to areas who are more challenged.
- It should be noted that the sometimes short-term nature of national and regional funding for pilots/projects can impact on the sustainability of change.

Prevention – Cardiometabolic Model of Care

South East London Integrated Care System

We are currently testing an integrated neighbourhood team (INT) model for the management of cardiometabolic disease in 6 'proof of concept' neighbourhoods (one per Local Care Partnership). Key elements of the model include:

- An integrated team with horizontal integration across place and vertical integration with our specialist teams (nephrology, diabetology, cardiology, frailty and palliative care). INTs will also make use of existing and planned ARRS roles
- Case management of patients living with cardiometabolic disorders who are at high risk. The cohort are patients with CKD and either diabetes and/or CVD where at least one condition is not controlled and who have other aspects that make the management of their care complex (e.g. depression, chronic pain, complex social circumstances)
- Personalised and holistic care with an emphasis on personalised goal setting and person-centred outcome measures
- Support to the wider practice membership of the neighbourhood team to improve the care of the whole cardiometabolic cohort in terms of prevention, detection and diagnosis and medical optimisation

Prevention and Screening

- Proactive identification
- Increase and better target risk for LTC screening to effectively reach our underserved communities
- Joined-up prevention offer that sees the person holistically
- Use of Primary Care searches to identify high risk individuals based on NICE guidance
- Access to digital tools where needed / appropriate
- Accurate coding following diagnosis

Community led patient optimisation as part of a multi-morbidity model (core general practice offer)

- Patient held and co-produced care plan, with ongoing care planning and support
- Holistic care co-ordination, incorporating mental wellbeing / MH screening
- Access to clinical management guides and quality improvement resource (CESEL) & meds management and review
- Structured support for patient education, self-management and behaviour change

Community Case Management/ MDT approach (including consultant input)

- Risk stratification of people with multiple LTCs
- MDT-led reviews and clinics, led by trained multi-morbidity primary care specialist (GP), delivering personalised holistic care
- Specialist input from, e.g. secondary care consultants; Mental Health practitioners; relevant ARRS roles such as dieticians, podiatrists, clinical pharmacists, care coordinators and social prescribers
- Secondary Care-based MDT Case Management, including excellent/ seamless interface with community MDT model

Prevention – Tobacco

- The annual cost of smoking in SEL is estimated at £49.9 million, including loss in productivity, NHS, social care and fire service costs.
- Prevalence of smoking in SEL is 163,800.
- At least half will die prematurely if they do not give up smoking and need significant levels of care for smoking related diseases through life.
- 842 (4%) pregnant woman smoke at the time of delivery per year (ASH July 2023).

Summary of Current Work

- Focusing on a collaborative care approach, with the establishment of an ICS Tobacco Dependence Oversight Group (TDOG) to oversee planning, implementation, and monitoring of Long-Term Plan Tobacco objectives in acute physical health settings, maternity services, and mental health trusts, and the wider tobacco control agenda.
- Collaborating with Local Authority Stop Smoking Services for oversight
- Collaborating closely with primary care colleagues to develop an ICS Nicotine Replacement Therapy position statement, addressing the provision of tobacco treatment in Primary Care settings.
- Investment secured through the inequalities fund (circa. £1 million) to further support the implementation of Ottawa and further funding for borough-based services, evaluation and training.
- Established a finance task and finish group to determine Ottawa related funding allocations and monitor expenditure within the system.
- Monitoring outcomes and identifying service gaps.
- Establishing a borough-based tobacco treatment service
- Collaborating with KHP to develop a SEL-wide position statement on nicotine vaping.
- Developing and rolling out SEL specific training packages for professionals (health and other front line) and the public to support effective treatment and referral to local services.
- Evaluating service gaps and service effectiveness across trusts and boroughs.

Prevention – SEL's Vital 5 (in partnership with King's Health Partners)

Vital 5	 ALCOHOL	 HEALTHY WEIGHT	 HYPERTENSION	 MENTAL WELLBEING	 TOBACCO DEPENDENCY
Vital 5 Population & Patient Benefits	**PREVENTION** Are able to **lead the healthiest and longest life** possible.	**DETECTION** **Know their Vital 5 status**, through accessible and engaging screening.	**SELF-MANAGEMENT & WELLBEING** **Know how to live in the best health** they can, **care for themselves and access support** from their community.	**ACTIVE MANAGEMENT & TREATMENT** Can **access pathways of care and intervention** that **proactively meet their needs,** reducing variation and inequity.	
Examples of our work to date	**Developing focused training and education that enables our workforce to take a preventative person-centred approach – making every contact and interaction count and shifting our focus upstream to both primary and secondary prevention efforts**	**Vital 5 Check screening intervention co-developed & piloted in community pharmacy, outpatients, mass vaccination clinics and community outreach**	**Translating learning from SWL CVD Decathlon to deliver structured education and self-management support to people with hypertension in SEL. Initially piloting in 2 PCNs and exploring VCS-led model in 24/25**	**In-depth review to co-design, transform and improve our CYP and adults weight management pathways - with a focus on reducing variation and inequity in access, experience and outcome** **Expansion of Ottawa smoking cessation model across all SEL Trusts**	

Prevention – Immunisation and Vaccination

South East London Integrated Care System

Vaccination and Immunisation strategy

- Aims to bring together the various immunisation programmes and maximises every contact with the population to consider prevention and wellbeing.
- Adapt the offer to be meet the needs of our population rather than for the convenience of our service providers.
- Strengthen relationships.
- Reduce inequalities and do more to reach under-served communities, including through new service models and targeted outreach.
- Pilot new and innovative ways of improving access to vaccination and immunisation services.
- Promote diverse and culturally competent educational materials to reach hesitant communities.
- Move away from siloed IMT teams.
- Maintain a skilled and appropriately trained workforce.
- Optimise data flow and interoperability of point of care systems.

Action to secure objectives

- We are taking all the learning, experience and feedback we have received over the last 3-4 years in our forward planning.
- We have an agreed focus on our core 20 plus 5 population – both adults and children.
- We have developed a range of tools and resources for our SEL and borough teams to access to help shape their approach and insights.
- We have a SEL Vaccination team who are supporting each of our boroughs with outreach and community engagement.
- **Our delivery model includes an agreed engagement strategy that supports vaccination and delivery for under-served communities.** We are collaborating with services who already have a trusted relationship with the communities and provide the vaccine at locations and times which suit the clients and the collaborative service.

Prevention – Immunisation and Vaccination

South East London Integrated Care System

SEL COVID & Flu Vaccinations - Dashboard

Last updated: 11/10/2023

South East London

Borough, PCN, Practice Name: All | Age Bands: All | Ethnicity: All | Gender: All

All Risk? Yes / No | CEV? Yes / No | Immunosupp? Yes / No

Housebound? Yes / No | SMI? Yes / No | Care Home? Yes / No

Homeless? Yes / No | LD? Yes / No | Pregnant? Yes / No

Selected Population Size	Primary Course Completed	Spring Booster 2023	Autumn Booster 2023	22/23 Flu Vaccinations	23/24 Flu Vaccinations	Declined Flu 23/24
2,102,386	902,197	78,035	99,539	462,089	155,416	16,923
	42.91%	3.71%	4.73%	21.98%	7.39%	0.80%

Vaccination % by Age Band

Age Bands	Population	% Primary Complete	% Spring Booster 2023	% Autumn Booster 2023	% Flu Vaccine 22/23	% Flu Vaccines 2324
80+	62,174	85.83%	57.69%	32.51%	75.34%	40.61%
75-79	48,033	85.44%	53.82%	35.51%	74.21%	44.17%
70-74	56,494	80.19%	6.00%	28.99%	67.98%	38.86%
65-69	75,795	75.01%	3.72%	22.50%	57.47%	30.67%
60-64	105,683	69.85%	2.48%	7.37%	43.67%	12.64%
55-59	128,095	65.55%	1.78%	4.39%	34.97%	7.96%
50-54	135,106	61.35%	1.21%	2.96%	26.70%	5.51%
45-49	146,376	55.07%	0.80%	2.08%	11.11%	3.63%
40-44	174,315	48.70%	0.50%	1.43%	8.26%	2.48%
30-39	409,708	43.58%	0.26%	1.01%	6.53%	1.83%
18-29	361,373	32.92%	0.11%	0.45%	3.73%	1.01%
16-17	45,187	3.37%	0.04%	0.12%	2.54%	0.46%
12-15	93,692	0.43%	0.02%	0.05%	21.62%	1.34%
05-11	160,188	0.00%	0.01%	0.00%	39.17%	2.61%
Total	**2,102,386**	**42.91%**	**3.71%**	**4.73%**	**21.98%**	**7.39%**

Vaccination % by Borough

Borough	Population	% Primary Complete	% Spring Booster 2023	% Autumn Booster 2023	% Flu Vaccine 22/23	% Flu Vaccines 2324
Bexley	256,796	48.48%	6.27%	7.30%	29.42%	10.22%
Bromley	358,148	53.48%	7.36%	7.60%	33.14%	11.63%
Greenwich	319,440	37.83%	3.11%	3.60%	21.45%	7.49%
Lambeth	450,980	40.84%	2.04%	4.25%	16.08%	5.00%
Lewisham	357,137	39.08%	2.52%	3.57%	18.00%	5.79%
Southwark	359,885	39.35%	2.07%	2.82%	17.37%	5.66%
Total	**2,102,386**	**42.91%**	**3.71%**	**4.73%**	**21.98%**	**7.39%**

Vaccination % by Ethnicity

Ethnic Group	Population	% Primary Complete	% Spring Booster 2023	% Autumn Booster 2023	% Flu Vaccine 22/23	% Flu Vaccines 2324
Asian or asian british	163,486	42.82%	1.98%	3.07%	21.87%	7.02%
Black or black british	381,071	24.12%	1.01%	1.58%	15.22%	4.32%
Mixed	110,719	26.78%	1.13%	1.82%	16.38%	3.84%
N/A	98,552	23.52%	1.57%	1.98%	12.78%	3.30%
Other ethnic groups	206,499	33.01%	1.39%	2.14%	14.60%	4.04%
White	1,142,059	54.23%	5.72%	7.01%	26.92%	9.78%
Total	**2,102,386**	**42.91%**	**3.71%**	**4.73%**	**21.98%**	**7.39%**

Summary of MMR Vaccination uptake for ages 1 to 29 yrs.

Latest data refresh : 11/10/2023

South East London

Population size	Unvaccinated	Fully vaccinated	At least partially vaccinated
743,462	192,282 (26%)	455,659 (61%)	551,180 (74%)

Borough: All | Gender: All | Ethnic Group: All | Age Band: All

Executive Summary (narrative changes based on chosen filters)

For SEL registered patients aged between 01 and 29 years:

- **26%** are completely unvaccinated
- **61%** are fully vaccinated
- Females have a higher % of unvaccinated than Males with 27%
- 1 IMD decile has the highest percentage of unvaccinated patients with 34 % (1 being most deprived. 10 being least deprived)
- Other ethnic groups ethnic group (excluding N/A) has the highest % of unvaccinated patients with 39%
- Southwark GP practices have the highest % of unvaccinated patients with 34%

% Fully vaccinated vs % WHO Target

Please note: number suppression has been used where any group represents less than 10 individuals

Summary Breakdown

by Gender

	Female	Male
Unvaccinated %	27%	24%
MMR Unvaccinated	103,523	88,707
Pop. size	378,533	364,826

by Age Band

	01-04	05-10	11-17	18-29
Unvaccinated %	18%	11%	12%	39%
MMR Unvaccinated	14,655	15,495	19,542	142,579
Pop. size	83,020	136,286	162,777	361,363

* Children whose gender is 'unknown' or 'other' have been omitted from the table above due to statistically insignificant numbers

by Borough of GP practice

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Unvaccinated %	17%	13%	27%	31%	28%	34%
MMR Unvaccinated	15,196	15,455	31,574	50,521	35,525	44,011
Pop. size	90,346	115,980	117,805	161,638	127,858	129,835

by Ethnic group

	Asian or asian british	Black or black british	Mixed	N/A	Other ethnic groups	White
Unvaccinated %	37%	23%	24%	33%	39%	21%
MMR Unvaccinated	22,107	33,275	13,811	14,964	35,005	73,120
Pop. size	59,796	142,393	58,266	45,886	90,620	346,501

by Index of Multiple Deprivation (IMD) decile

	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00
Unvaccinated %	34%	27%	29%	30%	27%	26%	23%	18%	13%	10%
MMR Unvaccinated	3,783	36,497	45,562	35,619	24,385	17,701	11,537	7,419	6,010	2,551
Pop. size	11,182	133,022	156,401	117,452	88,697	67,503	50,675	41,485	45,600	26,149

* Children whose IMD decile is unknown have been omitted from the table above

Prevention – Children and Young People

- Children and young people (CYP) account for approximately 22% of the population in SEL and across our ICS we are committed to intervening early in the life cycle to address prevention and inequalities, recognising the importance of family based approaches.
- Two of our five integrated care partnership strategic priorities focus on CYP including CYP mental health and early years (focusing specifically on the first 1001 days).
- Four of our six boroughs received funding to develop family hubs and we are working collaboratively across health and care to ensure health based service appropriately integrate into these services moving forward.
- We have a dedicated system-wide BCYP Programme Board bringing together partners across our acute, community and mental health NHS providers, children's services, public health and the ICB to develop a coherent, end to end transformation Programme for CYP.
- We are currently working with the Evelina Children's Hospital to draw up a proposal to develop the SEL Vital 5 for BCYP, underpinned by the CYP Core20Plus5 framework.

<u>Children's Asthma</u>

- Work is underway across our system to deliver the standards set out in the National Bundle of Care.
- Through our Clinical Effectiveness for SEL (CESEL) we have recently updated the clinical guidelines for primary care to better support CYP with asthma.
- We have a dashboard in place which enables each borough to identify uptake of annual reviews for asthma.
- Work is underway with public health and children's service to raise awareness of asthma through schools.

<u>Children's Mental Health</u>

- SEL is one of the national waves for the national Connectors Programme.
- Through this programme, we are working with Black Thrive to develop a co-produced, tailored offer to support the mental health and emotional wellbeing of children in Key Stage 2, focused specifically on children from Black backgrounds.
- The connectors programme is demonstrating the importance of developing this type of community connection and developing solutions wider than mental health services.

<u>Integrated Child Health Models</u>

- The CHILDS framework, originally developed in Lambeth and Southwark, provides the blueprint for delivering integrated child health models and implementation of Fuller for CYP.
- Supported by the London wide Improvement Collaborative, we are in the process of rolling out this framework across SEL with a view to establish neighborhood-based child teams and embed the learning from the CHILDS programme on the pro-active management of long term conditions.

South East London Integrated Care System

Deep Dive: Prevention

Borough Case Studies

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Bexley

Bexley Wellbeing Partnership Blood Pressure Pop-up Service

The Bexley Wellbeing Partnership funded a Blood Pressure Pop-up Service during the national *Blood Pressure Awareness* Week. The service was delivered by the Bexley Health Neighbourhood Care, the GP Federation on 5th, 6th, and 7th September 2023, at the Bexley Civic Suite.

Bexley has the highest prevalence of hypertension per 1,000 GP registered patients in South East London. During the pop-up clinics 73 residents had their Blood Pressure checked:

Blood Pressure UK
Helping you to lower your blood pressure

- ❑Marginally, more people who described their gender as female attended than those who described their gender as male attended
- ❑70% had normal Blood Pressure
- ❑30% had abnormal Blood Pressure
- ❑Of those with abnormal Blood Pressure, 68% had no previous history or diagnosis of hypertension
- ❑6 residents referred to Stop smoking
- ❑2 residents were given alcohol advice give and one patient referred to Pier Road Clinic
- ❑26 residents were referred back to their GP practice for NHS health checks
- ❑21 residents were referred back to their GP for follow up appointment for Blood Pressure management and 2 patients required urgent appointment with their Bexley GP

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Bromley

One Bromley – prevention initiatives

South East London Integrated Care System

Children and young people

Bromley parents and carers will receive information on keeping children well over winter, managing common winter ailments and where to go for help when it is needed. Information to be shared through front line services and schools.

Respiratory

Clear guidance provided on the use of community respiratory pathways for proactive management of residents' conditions and exacerbations – including wait times.

All clinicians working with residents with respiratory conditions are encouraged to ensure there is an up-to-date management plan, medication, and rescue packs are available (where appropriate).

GPs have been reminded of NICE guidance on managing acute respiratory infection and making diagnosis and initiating treatment for people with suspected COPD.

Hospital at Home alternative to hospital escalation – providing virtual monitoring, point of care testing, nebuliser equipment loans and antibiotics at home.

Homeless

Integrated weekly healthcare clinics enabling access to a variety of healthcare services and interventions in one, easily accessed site. Positive relationships developed which have changed the perception of healthcare and potentially improved the likelihood of this group accessing healthcare services in the future, thus improving health outcomes for this cohort in both the short and long term. Includes vaccinations and GP registration support.

Proactive care pathway

Identification of those at higher risk of hospital admission and crisis. MDT approach lead by Community Matron to identify all their needs and provide proactive integrated care to keep them at home and well.

Orpington Primary Care Network has recently started a case management pilot to provide more holistic, anticipatory and co-ordinated ongoing care for individuals that require additional support for up to three months.

Bromley Well

Voluntary sector consortium providing a range of prevention activities including:

Information, advice and guidance, including form filling service
Welfare benefits advice
Carers support for adults and children
Access to employment
Targeted support for adults with a learning disability who do not meet social care criteria
Support to those with long term conditions, elderly frail, physical disabilities

Health and wellbeing cafes

Neighbourhood health and wellbeing cafes developed in partnership with aim of reducing social isolation and building relationships with people as a way of offering information about services and wellbeing advice/guidance. Includes cafes in Orpington, Beckenham, Biggin Hill and Locksbottom for older people, Mottingham for young mums and Anerley for those with serious mental health conditions.

One Bromley – prevention initiatives

South East London Integrated Care System

Vaccinations

Roll out of winter vaccination programme is well underway; where possible, patients have been offered the opportunity for 'co-administration' (i.e. flu and covid vaccinations simultaneously and feedback from patients and providers suggests that this has been very popular.

The service at One Bromley Health Hub in The Glades is provided by BGPA this campaign and is the second biggest covid vaccine provider in South-East London.

All Bromley Care Homes are almost complete, and a high proportion of eligible Housebound patients have been vaccinated.
Four pop-ups have been arranged to date, covering Mottingham, Biggin Hill and two Special Educational Needs schools; we are planning additional initiatives at food banks in Penge and Mottingham. In addition, we are running ad-hoc clinics at Orpington Health & Wellbeing Centre to meet local demand.

This activity is supported by strong Community Pharmacy provision which has increased from eight to 20 sites providing the covid vaccine this Winter.

Primary care access

Modernising monitoring of long-term conditions in primary care using digital tools to enable better management and thereby prevention of acute conditions. A first phase is introducing BP@home through remote monitoring hubs in all eight PCNs, reducing the need for patient visits and encouraging greater self-management by patients. The next LTC will be introduced as part of a second phase currently being scoped.

Promoting and expanding the services available to patients via the NHS App, to encourage greater uptake of health screening services in primary care, expand access to resources for self-care and use of 111 online to take appropriate action for conditions. Revamped practice websites to enable an improved online offer and increase self-referrals where appropriate.

Extended general practice clinics to evenings and Saturdays and trialling specialist clinics in PCN hubs to improve access to appointments for preventative care needs.

Health checks

Focus on ensuring capacity in primary care to increase uptake of health checks for people with learning disabilities, serious mental illness and the NHS Health Check. Further development of the One Bromley Health Hub in the Glades Shopping Centre to offer a range of preventative health checks and advice including vaccinations, pulse checks and other interventions to prevent the leading causes of ill health (vital 5 checks).

Developing neighbourhoods

Using our data to drive new conversations with neighbourhood health, care, third sector and residents about how best to mitigate ill health, encourage community resilience and develop better services closer to home.

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Greenwich

Greenwich Prevention – key areas of focus

South East London Integrated Care System

CVD Prevention activities underway

- HGP prioritised CVD Prevention with significant additional resources aligned
- CVD prevention data pack developed by public health to identify key priorities around inequalities for action locally
- Partnership group established to identify key priorities for investment
- Two 100-day CVD challenges established within Greenwich, one targeting range of methods to blood pressure detection, the other improving physical activity in children and young people, former now evaluated
- Clinical Effectiveness providing practical quality improvement support to Greenwich practices improve hypertension management
- Pop Health System being developed - Healtheintent – with focus high blood pressure, exploring predictive modelling for high risk
- Integrated neighbourhood team (INT) model for the management of cardiometabolic disease being implemented in Heritage PCN

Immunisation and Vaccinations including Covid & Flu

- Borough vaccination partnership group established with data and oversight across all vaccination programmes
- Focusing work with practices with lowest uptake (childhood imms)
- Together 23 event targeted at children/families – promoting childhood immunisations
- Small grants programme for nine VCSEs working with families and 0-4s on childhood vaccination schedule
- Focussed work on vulnerable populations - Traveller populations
- Planned engagement and Health Promotion activities in areas with lowest uptake inc Covid/flu
- Range of communications including translation other community languages, targeted work to community settings/groups
- Targeted digital advertising on socials

Improving Physical Activity

- Physical Activity 100-day Physical Activity Challenge for C&YP
- Developing insight and understanding including boosting the 'Active Lives' survey to improve the quality and completeness of local and analysis on the 'Active Lives Child and Young People Survey'
- Communicating and working with the population including work with under-represented populations to co-design effective communications and social marketing to increase participation; and refreshing the 'Greenwich Get Active' (GGA) digital platform
- Utilising existing interventions, developing and improving services such as 'We Are Undefeatable' and 'This Girl Can', to support participation
- Recommissioning physical activity services in line with Horizon 3 strategic ambitions
- Influencing and supporting policy makers
- Continue to support Primary Care and wider health and care professionals to build skills and knowledge to recommend and refer to physical activity opportunities

Greenwich Prevention – key areas focus

South East London Integrated Care System

Tobacco Control

- Tobacco dependence established as part of Addictions Harm Group and Addictions Strategy
- Planning to submit bid to participate in Swap to Stop scheme.
- Targeted Lung Health Check returned to Greenwich Sept 2023 to screen adult smokers and ex-smokers (following first wave in February 23- 144 referrals into Tobacco Treatment Services (TTS)
- Increased referrals into Local TTS from LTP Acute Tob dependence service.
- Actively promote the government consultation on the smokefree generation and encourage responses.
- Smoke Free Quality Improvement Steering Group established SATOD reduced for LGT 7.8% to 6% and for Greenwich worst in London at 8.8% now at 6.6% a drop of 33%. For the Trust 8 more babies a month are now born smokefree.

Tobacco Control cont.

- Establish Smoking Free QI group at Oxleas which included Greenwich, Bromley and Bexley. Specific QI with COPD diagnostic team increase referrals into service by 200% and won Patient Experience Network award.
- Stoptober - partnerships with comms, work-based focus group. Local councillor undertaking outreach and conversation with people that smoke posted on TikTok and Instagram. 1336 views on TikTok and 3719 views on Instagram. The council gained lots of new followers from it too and is now being used as good practice example.
- SEL TDOG /borough leads work progressing well and plans for recruiting programme lead.
- Incentive scheme for pregnant women and birthing people, going well with shared care between TTS and SFMW on treatment plan. So far 60 have set quit dates.
- QI Work with commissioned provider has improved Quit rate from 18% to 45%.

Alcohol

- Addictions Harm Partnership Group established
- Addictions Needs Assessment underway including alcohol prevention and unmet need
- Review of IBA activity in primary care settings started and exploring repeating 2019 IBA/What kind of drinker are you? Roadshow in 2024.
- Analysis of data
- Treatment services targeting non-dependant alcohol users
- Identifying resources and partnership work between tobacco dependence and drugs and alcohol treatment services to pilot Swap to Stop vaping incentive.

Weight Management

- Establishment of a family-based specialist Tier 3 weight management service for Greenwich families
- Cookery clubs delivered - 521 residents attending 49 community based 5-week cookery clubs, improving intake of fruit, vegetables and fibre, reducing fat, salt and sugar (Oct ’22- June’23)
- Physical Activity on Referral Scheme: 1,344 referrals received, 86% of whom start the programme with 75% completion rate (Oct ’22- June’23)
- Tier 2 adult weight management programme: 1166 referrals received, 80% start the programme with 74% completion rate (Oct ’22- June’23)

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Lambeth

Case Study: Childhood Vaccinations in New Spaces

As part of the Lambeth Together ambition to prevent ill health by improving childhood vaccination uptake, a system-wide childhood immunisations strategy was co-developed with partners, including borough residents. Addressing vaccine inequalities is a central theme throughout this strategy.

We partnered with others to address vaccine inequalities in Lambeth, learning from similar boroughs with higher vaccination rates. Our approach involved literature reviews, revealing complex factors affecting inequalities, including individual, community, and institutional factors. This underscores the importance of multi-step system-wide interventions, as outlined in our strategy recommendations.

COVER reporting lacks insights on vaccination inequalities. We drew from UKHSA's national health equity audit, which unveiled avoidable disparities in the UK's vaccination system. We're now conducting a local health equity audit, systematically mapping inequalities, identifying evidence gaps, and prioritizing targeted interventions to address vaccination uptake barriers and facilitators in specific population groups.

Reducing inequalities requires a collaborative, whole-system approach. We engaged partners, including residents, through community events, questionnaires, 1-1 interviews with service providers, and a system-wide childhood vaccination workshop to work together on this goal.

We've started implementing our strategy recommendations with a focus on reducing vaccine inequality through our new childhood vaccinations in new spaces pilot. This pilot aims to improve vaccination rates and build community trust, especially for those facing access barriers. It strengthens routine childhood vaccinations with community-centred interventions, targeting patients missing GP appointments and those not responsive to invitations

We will monitor and evaluate the pilot to determine if it effectively reached residents who may not have otherwise received vaccinations.

Dr Ese Iyasere – Consultant in Public Health London
Borough of Lambeth
26 October 2023

Lambeth

Promoting health and wellbeing and building trust in health services in the Lambeth Black Community

2 Beacon Hubs
(Barber's, Community Shop)

- Operates Total 2 days/week
- 9678 interactions (Jan-Aug 2023)
- 548 GP registrations

Go to where people are at (Community Shop, Barber's Shop & environs)

→

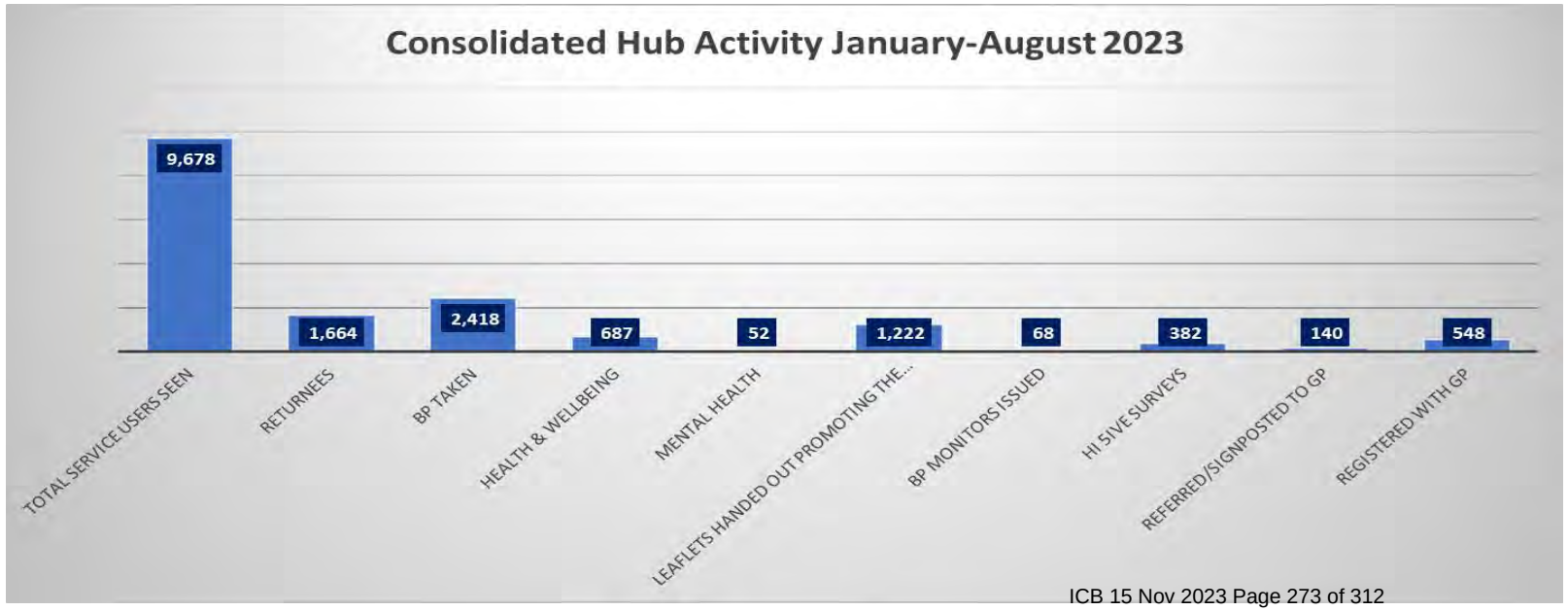
Clinicians engage in health conversations (BP check an engagement tool)

→

Provide health promotion and prevention advice
Pilot of fruit & Veg on prescription

→

Signpost as relevant
Continued motivation
Confidence building
Hand holding



Outcomes

- Positive behaviour change
- Weight loss
- ↑BP management
- ↑Mental health
- ↑ Uptake Screening

BBC R4 Food Programme – Fruit & Veg on prescription
https://www.bbc.co.uk/sounds/play/m001rqk0

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Lewisham

Prevention – Medicines Optimisation

- Preventative health initiatives, healthy living and promoting a healthy diet are always at the fore for Pharmacists and in Medicines Optimisation work.
- Many services delivered through pharmacy aim for prevention of potentially ill health, whether through universal access to Vitamin D, free of charge Over the Counter Medications for minor illnesses, smoking cessation support, blood pressure monitoring, dietary advice or a medication review; to name some of the many services now offered by the healthcare professional on the high street.
- Some of the key services that have been enhanced, piloted or revised to further promote good health and prevent deteriorating health are highlighted below:

Community Pharmacy Atrial Fibrillation Detection

Community Pharmacy based project to identify undiagnosed atrial fibrillation patients via as innovative app-based technology.

To help bridge the gap in the current diagnosed prevalence of AF of 0.9% of the Lewisham population towards an expected prevalence of 1.9%.

Identifying undiagnosed AF patients will reduce the incidence of ischaemic stroke. Apart from the qualitative and social benefit, there is a financial benefit to the health and social care system too.

The approximate cost of a stroke circa £46k (absolute societal.) or £25k (NHS and Social Care alone) per person in the first year and circa £25k (societal) per person per annum thereafter. Therefore, for every 0.1% patient identified, treated and stroke prevented there is a cost avoidance of approx. £760k to local NHS and Social Services, and £1.4m societally to Lewisham.

Lewisham Joint Medicines Policy, and Medicines Assessment Pathway

5 – 10% of all hospital admissions are medicines related
66% of these are preventable.

Inappropriate support with medicines administration is a key factor behind many preventable medicines related admissions.

To help address this issue which spans multiple sectors, organisations and settings a single agreed integrated joint medicines policy was developed. This spans health, social care, acute, primary, tertiary, NHS and council settings.

It sets out equitable levels of medicines support services from any care setting anywhere in Lewisham whether in an Adult Social care setting, receiving domiciliary care supported in a residents home, or any other care setting. It aims to prevent inappropriate medicines administration and to embed appropriate medicines support.

Underpinned by Lewisham Community Pharmacies, the Lewisham Integrated Medicines Optimisation Service (LIMOS), the Lewisham Medicines Support Pathway and the Lewisham Medicines Support Assessment Tool.

Community Anticoagulation Service

The initiation and management of appropriate anticoagulant medicines are national and local priorities. These include local Directly Enhance Services (DES) and Impact and Investment Fund (IIF) priorities, NHS England National Procurement plans and NICE guidance on anticoagulant therapy.

The proposed service aims to provide a high quality, comprehensive community anticoagulation service to non-complex stable adult patients with Atrial fibrillation (AF) or Venous Thrombus Embolism (VTE) and registered with a Lewisham GP.

Reducing the number of avoidable strokes caused by AF with improved management has been identified as a major area for improvement by the NHS. AF-related strokes are largely preventable through effective and well-managed anticoagulation therapy.

Delivery Plan 2023/24

Area	Aim					
	Objective	**Action (what and by when)**	**Outcome**	**Milestones and Metrics**	**Led by**	**Key partners**
Workstream 1: Equitable preventative, community and acute physical and mental health services	To design, test and scale up new models of service provision that achieve equitable access, experience and outcomes for all. This includes a number of South East London ICS funded projects and the work of the Lewisham Cancer Awareness Network.	- Reducing inequalities in elective surgery waiting lists (LGT) - Improving recording of special category data project (LGT) - Specialist Smoke Free Pregnancy midwife in post (LGT - Developing a community based prevention outreach programme (LBL) - Lewisham Cancer Awareness Network initiative (LBL) - Population Health Fellows in post (LGT)	- A reduction of inequalities in access, experience and outcomes from surgery. - Ability to analyse data to identify any inequalities in access and outcomes of care, providing the opportunity to immediately act on this data to improve care for people who are face significant health inequalities. - Reduction in the Smoking at Time of Delivery (SATOD) rate. - Reduction in inequalities in uptake of cancer screening and vaccination uptake. - Implementation of frameworks such as Core20Plus5.	To be developed.	Matthew Hopkins/Emily Newell/Tim Hughes	Lewisham & Greenwich NHS Trust, SEL ICS, Lewisham Council
Workstream 2: Health Equity Teams	To develop place-based teams to provide leadership for system change and community-led action	- Recruitment of 6 Health Equity Fellows across each Lewisham Primary Care Network (PCN) – action completed by Dr Aaminah Verity by May 2023. - Fellows to work with appointed VCS groups to co-develop and deliver projects per PCN to be delivered across 2023-24. - All Health Equity Teams are now in place.	- Co-produced local work to achieve health equity delivered by 2024.	To be developed	Dr Aaminah Verity/Catherine Mbema	Lewisham PCNs/VCS group/Lewisham Council
Workstream 3: Community Development	Infrastructure development to empower communities and deliver community-led service design and delivery	- Commissioning VCS groups to form Health Equity teams with Health Equity Fellows – action in progress. - Delivery of co-produced projects.	- Co-produced local work to achieve health equity delivered by 2024.	To be developed	Jason Browne/Lisa Fannon	Lewisham Councill/Lewisha PCNs
Workstream 5: Workforce Toolbox	To increase awareness and capacity for health equity within practice	- Development of toolkit and pilot by leaders and key service areas by September 2023.	- Lewisham-wide toolkit accessible to all frontline staff to improve awareness of health equity and impact of racism, trauma and other factors on the Lewisham population.	To be developed	Lisa Fannon	Lewisham Council/LGT/Lewisham Health and Wellbeing Board.

South East London Integrated Care System

Deep Dive: Prevention Borough Case Studies

Southwark

Partnership Southwark – Prevention key focus areas

South East London Integrated Care System

Health Promotion Van

- Aims to promote and develop community awareness and understanding of health improvement, vaccinations, early detection and self care.
- Collaborated with over 10 organisations across the borough to develop a team of professionals to attend local events to offer support to our residents to allow them to better understand their own health and wellbeing needs and where they can seek help, support and services across Southwark.
- In line with the Vital 5 prevention programme, we have worked with our PCN teams to establish a core provision offer of Vital 5 checks and MECC conversations as well as speaking to or receiving information on prevention and wellbeing services i.e. Cancer screening and vaccinations to every resident that attends the health promotion van or stall.
- To date we have been invited to attend 29 events, some of which either ended early or were postponed due to weather conditions, but we have completed 759 Vital 5 + MECC conversations, 101 Covid and 108 Flu vaccines given and over 100 people have been received financial support and advice from the Council Local Support Team.

Prevention & Equalities Proof of Concept – Francis House

- Collaborating with the GSTT team at Francis House to test the provision of a wider prevention offer across Southwark whilst addressing inequalities in access, experience and outcomes for the local Core20Plus5 population.
- While in its infancy, we have identified populations to initially commence outreach with based on the recent census data, these include our residents from the LGBTQIA+ community, those from the Latin American, Black and Asian communities and different faith groups.
- Engagement has commenced with local packages of outreach delivery being coproduced. This is expected to include the same initiatives as the health promotion van enhanced by offering specific sessions on topics agreed with the local communities as too what they are most interested in and want more information on to support knowledge and empowerment but also to dispel myths at the same time as being cultural aware.
- We will be organising specialist and local services to engage with the residents based on topics agreed such as hypertension and diabetes prevention, men's health, women's health, healthy eating and weight, exercise, immunisations and mental health. We will also align with national awareness campaigns i.e. cancer screening awareness months and include topics around wellbeing and current issues i.e. cost of living advice and support.

Partnership Southwark – First 1001 days of life - case study in Camberwell

Jan-Feb '23

Step 1: Identify geographical area and population

- We have identified an **area:** Camberwell
- **Population:** do we want to have a broad focus including all families with children in their first 1001 days of life, or do we want to have a more targeted approach based on population health data linked to inequalities?
- **Output: Agreed geographical area and communities to focus the work within**

Step 2 (Listening Phase): Narrow down the scope to identify the population-based aim within these two areas (i.e. what will be different to which population by when)

- Use population-based data to inform what is needed, with a focus on 1001 days
- Feedback from staff (including statutory and voluntary) who are working in these services to deepen our understanding of the current "as is" and what is currently working
- Feedback from people who will be impacted to understand what specifically would make a difference for them in the first 1001 days of a child's life
- Mapping of community assets that can be drawn upon as part of the offer
- **Output: Factbook describing current state to inform next steps**
  - **Quick wins to action immediately**

Feb-Sept '23

Nov - April '24

Step 3 (Test & Learn Phase): Iterative design

- A local MDT will be established to produce a Practice Guide for maternity & early years in Camberwell
- Bespoke family support to identify what would make the biggest difference to families in identified communities during the first 1001 days of their child's life.
- Learning from the bespoke support and use of the Practice Guide are used to continuously
- **Output:**
  - **Localised Practice Guide & Workbook**
  - **Insights into integrated neighbourhood working**
  - **Data sharing arrangements**

April '24 onwards

Step 4: Implementation Planning and Learning

- Decode practice to scale across other change programmes in Southwark
- Implement learning from bespoke support to improve offer and access
- **Outputs:**
  - **New ways of supporting families and their children in the first 1000 days of life**
  - **New ways of working and collaboration as system partners**
  - **Insights for future funding**

South East London Integrated Care System

Deep Dive: Prevention

Communications

South East London Integrated Care System

NHS South East London

Multi-channel comms, using ICB-generated content and amplifying others':

- Flu/covid vaccinations (blogs in local newsletters, social media, case studies, vax pop-ups, community outreach, street teams, pharmacy cards…)
- Children's immunisations (multilingual leaflets – over 32k ordered, 111 locations)
- South London Listens
  - Be Well Hubs
  - CAMHS Virtual waiting rooms
  - Community embedded workers
  - Addressing barriers to access
- Stoptober
- World mental health day
- Breast cancer awareness
- Global handwashing day
- Cholesterol/stroke awareness
- Infection prevention
- Internal campaigns (eg Know your Numbers)

South London Listens

We are collaborative • We are caring • We are inclusive • We are innovative

Integrated Care Board meeting

Item: 9
Enclosure: J

Title:	**Workforce**
Meeting Date:	15 November 2023
Author:	Lynn Demeda Director of SEL ICS Workforce Programme NHS South East London Seema Trivedi Head of Workforce Strategy & Planning
Executive Lead:	Julie Screaton -Chief People Officer Meera Nair -Chief People Officer

Purpose of paper:	• To summarise our People Strategy and demonstrate alignment to the June 2023 National Long-Term Workforce Plan (LTWFP). • Present the scale of the workforce challenge and key issues that impact on delivery • Demonstrate the impact of the People Programme in the first 6 months but acknowledge further planning is needed maximise impact.	Update / Information	**x**
		Discussion	**x**
		Decision	
Summary of main points:	• Our 5 year SEL ICS People Strategy was published in May 2023 as a key enabler to the ICB vision. • Our Strategy aligns to the National LTWFP but funding allocation and targets linked to the LTWFP are currently unknown • Current workforce growth may not keep up with increased service demand. • New ways of working are essential to manage this in the current political and financial climate • Delivery against our strategy is based on collaborative working with partners • Actions being taken to support workforce growth are progressing at every level of the system – providers, collaboratives, LCPs and ICS • Further planning is required to set high impact actions and a work towards a shared vision for progress at every level of the system		
Potential Conflicts of Interest	None		

Relevant to the following Boroughs	**Bexley**	**Y**	**Bromley**	**Y**
	Greenwich	**Y**	**Lambeth**	**Y**
	Lewisham	**Y**	**Southwark**	**Y**

Impacts	Equality Impact	Maintaining a culture of inclusion and wellbeing is a key strategic priority of the workforce programme and one of the aims is to ensure our diverse population are represented at all levels.

	Financial Impact	The paper outlines the need to innovate to deliver the programme in a constrained financial environment and how to make best use of funding sources available.
Other Engagement	Public Engagement	The Board received an update on workforce at its 19 April 2023 public meeting.
	Other Committee Discussion/ Engagement	The ICS People Board has led on the review of the development and delivery of the People Strategy.
Recommendation:	The Board are asked to: • Note the context and delivery underway against our People Strategy • Share thoughts on our future vision for high impact change that we can deliver working together at every level of our system.	

South East London Integrated Care System

South East London Workforce Report

South east London Integrated Care Board
15 November 2023

SELICS Workforce Vision: We want South East London to be a diverse, joyful and vibrant place where our skilled ‘one workforce’ are supported to live healthy and encouraged to collaborate across our partners, making a difference to the lives of people in our communities.

Executive Summary

ICS People Strategy 2023-2028

- Our 5 year SEL ICS People Strategy was published in May 2023 as a key enabler to the ICB vision.
- The overarching aim is to support the growth, well-being and transformation of our “one workforce”
- Our strategy has been co-designed with our partners and we will continue to engage with them and with our workforce, patients and communities to respond to their changing needs and drive impact. So, this is a ‘live’ document which we will continually review in response to this engagement.
- Our delivery plan has been developed and is being deployed working through our governance and partnerships.
- The People Programme team supports system partners to work collaboratively in order to:
  - Address shared priorities of supporting the workforce
  - Achieve efficiencies and maximise value for money
  - Direct investment for system-wide benefit

Current context

- NHSE set out core priorities for 23/24 to: “recover our core services and productivity; as we recover, make progress in delivering the key ambitions in the Long Term Plan, and; continue transforming the NHS for the future”.
- The National Workforce Plan published 20 June 2023 sets out three key priorities to train, retain and reform our workforce, which will be delivered over the next 15 years supported by National funding of £2.4B over 5 years.
- Currently awaiting further information on budget and a National delivery plan
- The delivery plan for the SEL People Programme has been developed and is being deployed working through our governance and partnerships.
- Financial constraints, NHSE restructure and lack of WF development funding have had an impact on delivery.

Purpose of this paper is to:

- Provide an overview of our People Strategy and how this responds to our case for change and supports the National Long Term Workforce Plan.
- Present the the scale of the challenge (detailed data is not shown and this will be available through bi-annual reporting)
- Highlight the demonstrable impact of the People Programme in the first 6 months.

The ICB are asked to:

- **Note the SEL People Strategy, the National Long Tem Workforce Plan (LTWFP), and progress against delivery**
- **Note delivery underway and share thoughts on our future vision for high impact change that we can deliver working together at every level of our system.**

Contents

Section 1 - Introduction

Over 150,000 people work across the NHS, social care and the voluntary sector in South East London (see slide 8) across hundreds of employers. The SEL People Board was established in November 2020 under the Chair of Dr Ify Okocha, Partner Board member for community services and CEO of Oxleas NHS Foundation Trust. The People Board is comprised of members from across all sectors who provide leadership and steer to our People Programme.

Our People Programme continues its focus on 3 fundamental priorities of equality diversity and inclusion, staff health and wellbeing and securing workforce supply. These same priorities now span across five interconnected and overlapping themes (shown below) within our 5 year ICS People Strategy that was published in May 2023. Our People strategy responds to a pressing case for change (see Annex) and upholds the key commitments of the ICS (shown below). Following co-design, our strategy is being deployed through our system partners, collaboratives, networks and governance structures enabled by the People Programme.

ICS Commitments (2021)

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

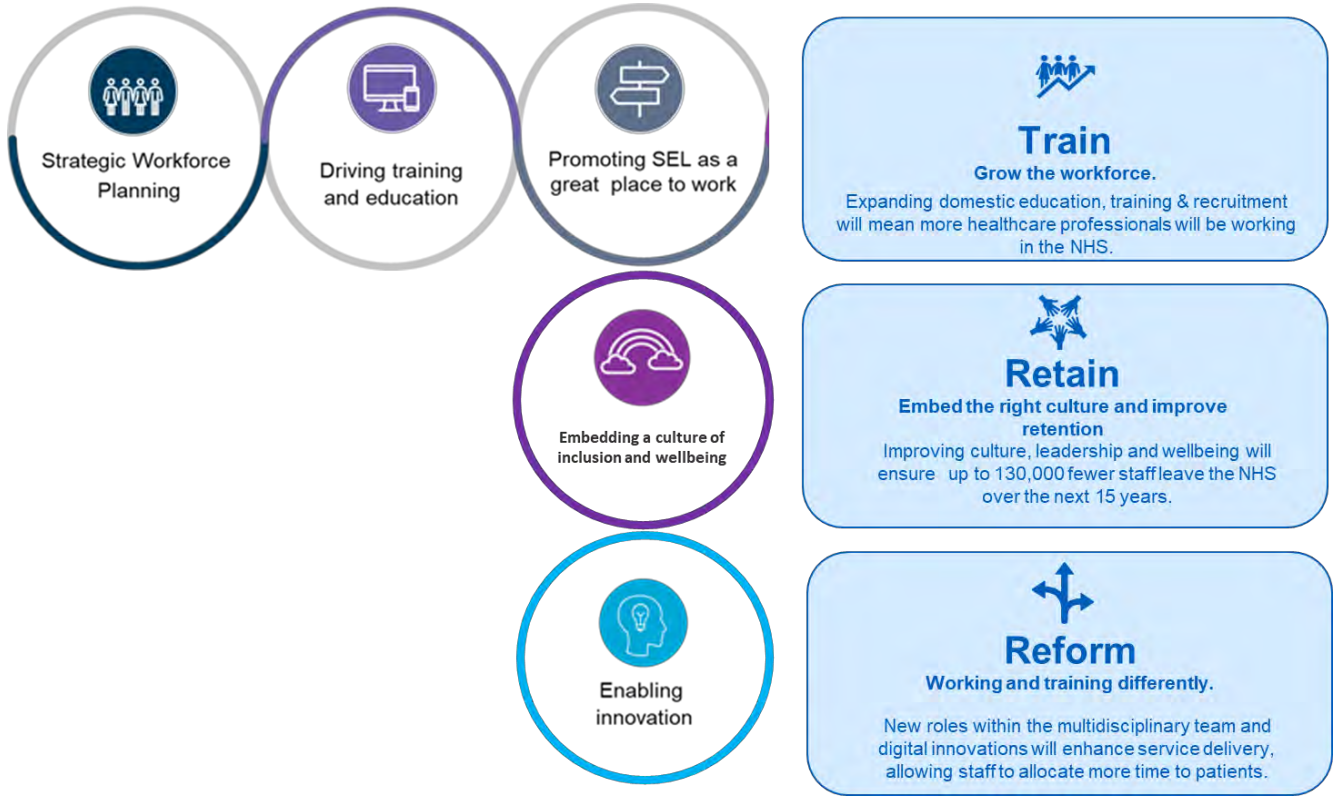
Section 2 - National Case for Change

1. Despite growth in the number of NHS staff over the past decade, rising demographic pressures and a changing burden of disease are placing greater demand on NHS services, surpassing the rate of workforce growth.
2. The growth of the NHS workforce has been accompanied by an expansion in the education and training pipeline. However, there is a disparity as the number of staff trained has not kept pace with the rising demand for NHS services.
3. Compared to other OECD countries, the UK falls below the average numbers of nurses and medics per size of population. As of March 2023, there were over 112,000 vacancies throughout the NHS.
4. The need for an NHS fit for the 21st century. The current focus of the NHS workforce is predominantly on responding to care and health needs, rather than doing more to mitigate and prevent ill health.
5. Equitable and positive experiences of working in the NHS are not consistently shared among staff, learners, and volunteers.
6. Developments in science, research, technology, digital and data.
7. The considerable duration of training required for clinical staff and the existing workforce challenges highlight the pressing need for a comprehensive and long-term approach to workforce planning within the NHS.

Section 2 - National Long Term Workforce Plan (LTWP)

The National Workforce Plan published on 20 June 2023 sets out three key priorities which will be delivered over the next 15 years supported by National funding of £2.4B over a 5 year period.

- The NHS, founded 75 years ago, symbolised hope for a healthier future. However, there are now over **112,000 vacancies in local services and with projections of a shortfall of 260,000 to 360,000 staff by 2036/37**, urgent action is needed.
- The 15 year Plan sets a strategic direction for the long term and outlines short and medium term actions.
- The Plan is 'ambitious' and 'bold', including the biggest recruitment drive in NHS history and requiring significant improvements in retention.
- The Plan outlines vast expansion of education and training, greater domestic growth and includes ambitious workforce productivity assumptions
- Expansion of apprenticeships are a key feature along with reform of medical education and training.
- **The SEL People Strategy is fully aligned to the NHS LTP and responds to the SEL case for change and specific borough based needs. Our "live" strategy and delivery plan will address local priorities, and the National delivery Plan as needed, when this is published.**



NHS Long Term Workforce Plan

Section 3 - SEL People Strategy

Vision: We want South East London (SEL) to be a diverse, joyful and vibrant place where our skilled 'one workforce' are supported to live healthy working lives and empowered and encouraged to collaborate across our partners, making a difference to the lives of people in our communities.

SEL People Strategy is a key enabler to the ICS vision for population health and care

It will support ICS service priorities for: Prevention and wellbeing, Early Years, Children and Young People Mental Health, Adult Mental Health, Primary Care and People with Long Term Conditions

Our Principles; the SEL People Strategy will:

- Support growth, transformation and retention of our 'one workforce' *(all staff working across Health and Social Care in any setting, including Acute, Primary and Community Care, Voluntary, Charity and Social Enterprise)*
- Support working as a system by default
- Cover the full patient pathway and support population health
- Support activity at various levels: ICS, Collaboratives (Acute Provider Collaborative - APC), Community, Mental Health (MH) and Place
- Deliver against the 10 People Function outcomes (https://www.england.nhs.uk/wp-content/uploads/2021/06/B0662_Building-strong-integrated-care-systems-everywhere-guidance-on-the-ICS-people-function-August-2021.pdf)
- Support national policy and delivery within a regional context
- Link service planning to workforce and finance
- Focus on value for money and avoiding duplication
- Measure impact and make a difference

Full Strategy available at: https://www.selondonics.org/wp-content/uploads/SEL-ICS-People-Strategy-2023-28.pdf PowerPoint Presentation (selondonics.org)

Section 4 - South East London “ One Workforce”

Overview of **current workforce estimates in SEL** across health and care:

- Workforce in excess of 153,720 employed by:
  - 332 Pharmacies
  - 256 GP Practices
  - 232 Care Homes (CQC registered)
  - 309 Dom Care providers
  - 11 Specialist Palliative Care Community providers
  - 6 Local Authorities
  - 4 Community providers
  - 3 Acute Trusts
  - 2 Mental Health Providers
  - 1 Integrated Care Board

OUR WORKFORCE POSITION – SEPT 23

- National estimates identify 125572 FTE vacancies in health and 152,000 adult social care vacancies.
- Current Vacancy rate in SEL NHS Trusts is 11.6%, with a higher rate seen in MH trusts
- Turnover rate in SEL NHS Trusts has decreased by 1.4% over the previous year
- 2-5% annual workforce growth seen across all sectors but service demand and the current climate remain a challenge.
- SEL challenges are shared with London

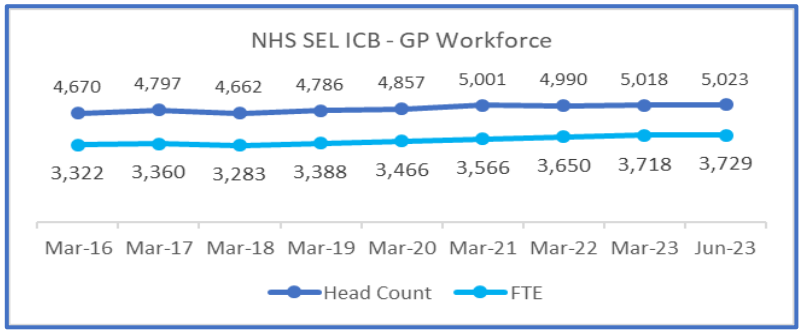
Provider	Headcount
Adult Social Care All Sectors -	31,000
Adult Social Care (Independent sector) -	28,000
Adult Social Care (Local Authority) -	2,100
Voluntary Sector Employees * (crude split London/5)	28,309
Guy's and St Thomas' NHS Foundation Trust+	24,825
King's College Hospital NHS Foundation Trust+	14,447
Lewisham and Greenwich NHS Trust+	7,405
South London and Maudsley NHS Foundation Trust (also covers Croydon)+	6,217
Oxleas NHS Foundation Trust+	4,519
General practice workforce Aug 23 +	5,032
Bromley Healthcare	1,151
NHS South East London ICB	715
Estimated Workforce South East London	**153,720**

- Figures for independent sector (other than adult SC are unknown), those working for direct payment recipients are also not counted.
- PCN workforce not included – risk of double counting some roles
- Significant levels of unpaid carers (est upwards of 26,000)
- Our total estimated workforce has grown by c. 20K people since April 2023, with main changes based on new Social Care data and increases across other providers.

Data Sources: Capacity Tracker, Care UK, - Skills for care 2022-23 data, *UK Civil society almanac 2022, x NHS Digital +SEL WIN Aug 2023

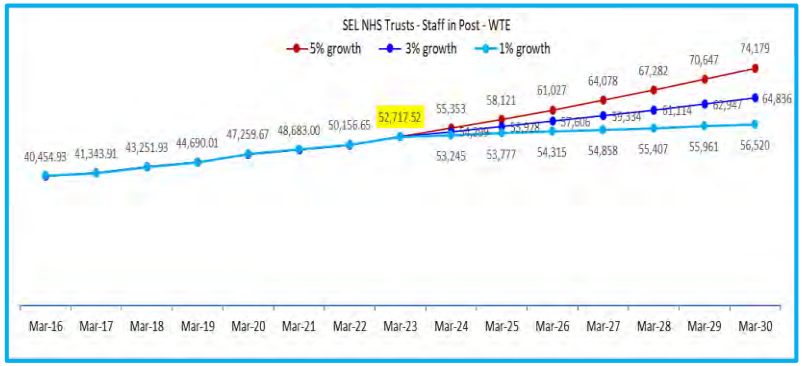
Section 5 - The scale of the challenge

Cross sector workforce data and intelligence is being discussed with our People Board through bi-annual reporting. The summary below illustrates basic views of workforce growth, future projections and key issues, showcasing the scale of the challenge.



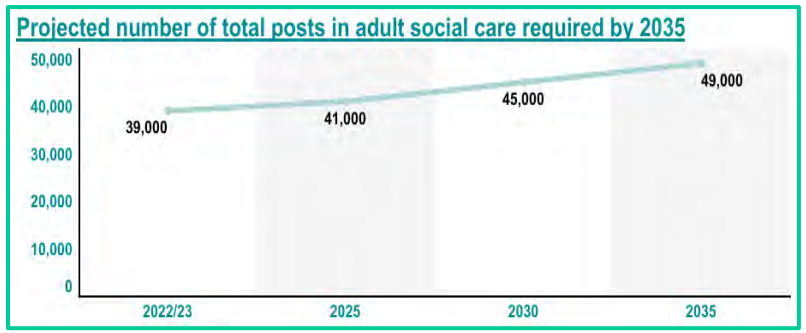
Primary Care

- Primary Care WF growth has been largely static over the past 5 years, especially in traditional roles
- Primary Care workforce growth is focussed on new roles and new ways of working acknowledging neighbourhood specific needs.
- Total Indicative Funding of £76.3M has been allocated to Primary Care Networks (PCNs); 59% of this budget is for recruitment to roles supported by the Additional Roles Reimbursement Scheme (ARRS).
- The forecast ARRS underspend in 2023/24 is £2.9m with significant variation across PCNs and boroughs; however considering previous trends this could be as high as £16m.



NHS Trusts

- Projections shown present some scenarios to be considered for future planning and designing longer term actions
- Financial constraints have meant that the operational plan for 23/24 projects minimal workforce growth (c.1%)
- Projected 3% growth is based on the historic 5 year trend repeating; projected 5% growth is based on growth seen in the last year.
- In all scenarios triangulation of service activity, finance and workforce remains a core challenge for SEL



Social Care

- Social Care is the largest and most challenged sector based on its structure and increasing demand due to an aging population.
- The SEL projection shows the required growth in workforce if it grows proportionally to the number of people aged over 65. The number of posts would need to increase by 28%, to 10,500 posts by 2035

Section 6 - System wide delivery of our People Strategy

Below is a summary of **"what is happening now"** with progress evident at every level of our system. **Ongoing discussions with the ICB will focus of the ambition, vision and high impact change that we can deliver working together.**

South East London Integrated Care System

04 Institution

- **Direct delivery of patient care with each provider working towards an individualised People Strategy with common themes**
- Local recruitment and shared priority against our "Anchor" agenda supported by the Anchor Alliance and SEL Jobs Hub
- Workforce planning support to allow visualization of system level data and risks which will serve both ICS and provider needs
- Driving productivity and retention with investment to support improvements in rostering and flexible working critical to improve staff retention (Ocean's Blue Project)
- Equality, Diversity & Inclusion, Health and Well-being and career development are key priorities for all partners to deliver on.

03 Collaboratives

- **Community, Mental Health and Acute Provider Collaboratives at different stages of maturity and with different priorities**
- Chief People Officers collaborating to deliver against high impact actions including bank and agency spend, retention, scaling up people services (payroll, Occupational Health etc) and managing industrial action
- Establishment of a range of partner collaboratives to support delivery of ICS and national workforce plans (eg Workforce, Education, Leadership/OD, Apprenticeship, Nursing & midwifery) to share combined resources and expertise to deliver 'once for SEL' opportunities.
- Annual operational planning with triangulation across service, activity and finance to achieve improvements on productivity and workforce supply

02 Local Care Partnerships

- **Local care partnerships: leading the development of out-of-hospital care in our boroughs and neighbourhoods**
- Integrated care supported in many ways including Integrated management teams and integrated case management
- People Programme engaging with each Borough to identify opportunities to support collaboration, 'once for SEL approaches' and spread and scale good practices across the system that will make the greatest impact on population health priorities.
- People Strategy is addressing core needs stated by Borough leads within the 5 year Joint Forward Plan (June 2023)
- Well-being at place
- Supporting local employment at place level via SEL H&SC Jobs Hub support and other borough based initiatives

01 Integrated Care System

ICS Commitments (2021)

- Improving population health and healthcare
- Tackling unequal outcomes and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

- **Delivery of ICS People Strategy addressing key commitments (see left) through collaborative working and a portfolio that spans every stage of life for our population**
- Key relationship with Regional and National teams supporting delivery against National targets and identifying opportunities for external support or access to bidding opportunities / new funding
- Key Relationship with London ICS Leads to address London-wide priorities in a collaborative manner,
- New partnerships being forged with the private sector and charities to further support growth of our "one workforce"
- Reporting and risk mitigation
- Our People Strategy, will respond to need and new resource and opportunities that become available; existing gaps eg in prevention and automation are acknowledged and form part of our longer term plan .

Section 7 - Key Strategy Priorities and Progress

South East London Integrated Care System

	Strategic Workforce Planning	Education and Training	SEL as the Best Place To Work	A culture of inclusion and well-being	Enabling Innovation
Ambition	• Growing the workforce for the future, and enabling adequate workforce supply • To ensure evidence based decision making supports investment in workforce growth and transformation	• Educating, training and developing people, and managing talent • To strategically plan education to address future workforce gaps and requirements of new roles and ways of working	• Creating good jobs for local people supporting broader social and economic development • To support recruitment and retention of staff by promoting SEL as the best place to work	• Ensuring that the culture of our workplace is positive, compassionate, and inclusive • • Supporting staff health and well being, EDI and staff retention, and creating a great experience for staff	• Leading workforce transformation and new ways of working • To embed innovation throughout our system workforce plans and work with Partners to deliver dynamic services and create future focused employment opportunities
Success 5 Years	Integrated workforce planning across Health and Care delivering accurate data and analytics to drive investment, report on workforce supply risks and develop mitigation plans.	All our "one workforce" have a development plan and opportunities for access to multi-disciplinary training offers. Integrated care is embedded within everyone's career planning.	Our integrated vacancy rate stabilises with annual improvements set by profession; and with an increased number of staff are recruited from our local communities	Our integrated retention rate stabilises with an improvement of 2% by 2025 aligned to national targets; our diverse population profile is represented at all levels	Spread and scale of high impact actions supporting integrated care, and investments in AI an digital solutions to address workforce gaps will drive change
Q1 & Q2 Progress	• Workforce intelligence captured for all sectors to understand risk and support interventions • Bi-annual reporting set • Workforce Intelligence Network established to view aggregated SEL Trust data, manage risks to WF supply and direct investment in transformation • Operational Plan delivered and being monitored • Lessons learnt from integrated WF planning pilots	• Workforce supply through education is being considered as part of our Long Term Workforce plan. • Education Collaborative established to strategically plan deliverables • Apprentice principles and ways of working being set • A SEL approach to work experience being planned striving to utilise technology enhanced learning • Creating shared SEL learning resources	• SEL Health and Care Jobs Hub implemented • Hub Team recruited • Hub Online is "live" allowing sharing of educational content and promoting roles • Data base of job seekers by borough being built through Hub Online • Communication plan promoting SEL is progressing • System wide governance set • Education providers and employers engaged • Working in Collaboration with the Anchor Alliance	•Review of SEL EDI priorities and reestablishment of SEL EDI committee •Agreement of SHWB priorities and kick off of Strategy Refresh •Progress on response to primary care & social care wellbeing •Recommission of Breathe Arts programme •Flexible working evaluation •Implementing flexible working and e rostering change project •Established OD & Leadership collaborative amongst SEL Trusts	•Occupational Health at scale progress with 1 of 2 planned transitions from private to NHS provision completed. •Model and content of shared re-procurement of EAP agreed. •Mental Health (MH) Workforce discovery work completed. •Registered MH Nurse special utilisation project developed, launched and data analysis delivered. •New collaborations established to support Community Provider Network and AHP Council. •Strengthening links to VCSE in progress.

Section 8 - Spotlight on strategic delivery : SEL Health and Care Jobs Hub

South East London Integrated Care System

- **SEL Health and Care Jobs Hub is running**
- Critical priority to support local people into employment
- Aims to get over 700 people into “good jobs” 16 weeks employment at LLW
- Specific targets set for education, work experience, apprenticeships and employment
- Aims to support employers to address structural barriers to engagement, **recruitment, retention and progression for underrepresented groups**

GOOD WORK SE LONDON
THE HEALTH & CARE JOBS HUB

www.GoodWorkSELondon.co.uk

Public engagement - info@goodworkselondon.co.uk
Internal contact, Hub Manager - Bach.LuuKaparia@gstt.nhs.uk

What is the Job Hub and how does it work?

Hub Team

Community engagement and targeted activity in every borough.

Hub Online

Wide reaching Information, education and promotion

www.GoodWorkSELondon.co.uk

Partnerships

Education Providers, Employers, SEL Anchor Alliance

Key message to the Board

- Hub is operationalised with thanks to system partners and networks
- Hub Board includes cross system leaders and experts
- Still at the early stage of delivery
- Communication and Promotion is central to success
- **Hub Board are requested to promote the Hub and support recruitment activity by helping to spread the message and build our networks.**

Section 9 - Summary and Next steps

Current context:

- Our SEL People strategy is delivered by all system partners working together to deliver on the SEL workforce vision and ambition
- Our strategy aligns to the NHS LTWFP published in June 2023. Full detail of the National delivery plan, targets and funding plan are unknown
- Delivery against our SEL People strategy is progressing well but key risks and challenges exist. Significant operational, financial and workforce pressures including ongoing industrial action and staff morale are a significant risk
- The impact of NHSE, HEE and NHS Digital mergers and ICB Management Cost Reduction programmes hasn't fully emerged and National, Regional, ICS and Provider level harmonisation will be key.

Delivery against the SEL People Strategy

- This above context means continual engagement and prioritising areas of work that make the greatest impact across the system for our communities and staff and managing expectations across partners is critical.
- Our delivery plan will need to be adapted to meet the ambitious long term targets within the National LTWF Plan. There is currently lack of clarity on when the National delivery plan and new funding linked to the NHS LTWFP will be delivered
- Lack of funding to support workforce transformation and limited team capacity to support the breadth of our strategy requires creative thinking and expanding collaborative working where ever possible. The delivery plan may need to be lengthened and phased differently if needed
- Continuous action is being taken to identify opportunities for doing things once across SEL and London.
- Current political climate and upcoming general election may impact on delivery in 24/25

The ICB are asked to note SEL People Strategy, LTWFP and progress against delivery. Key discussion at the ICB in November will enable further planning to support delivery against our People Strategy.

South East London Integrated Care System

Appendix

This section is shows additional information that is optional to read. It describes:

- A summary of our case for change
- Progress against our people strategy and key considerations for future planning, with a summary presented for each pillar of our People Strategy

SEL Case for Change

The SEL ICS People strategy responds to the National and local case for change. The SEL specific case for change was fully developed alongside the People Strategy. Key considerations from our case for change are summarised below and SEL specific data and intelligence is under regular review.

Our case for change 1) identifies the 'as is position of the health and care workforce in SEL, 2) looks for changes in demographics and deprivation which may further impact of the current levels of access and change future demand 3) estimates gaps in the workforce based on demand forecasts 4) describes the landscape and challenges at place. **Full case for change document available on request but key points presented in this pack.**

01 Workforce Baseline

Complex employment landscape with an estimated 700+ employing organisations in SEL

National shortages of over 112,000 vacancies and a projected shortfall of 260,000 to 360,000 staff by 2036/37.

Multi-faceted challenges of finance, recruitment and retention across all sectors are limiting workforce growth

NHS Trusts forecasting minimal (0.8%) workforce growth in 23/24 operational plan

Recruitment and retention efforts likely to be hindered by London's record low unemployment rate

Adult Social Care locally and Nationally presents the greatest single challenge. NHS

02 Service Demands

More people will be living with poor health over the next five years, impacting on service demand

By 2028 the population aged 65 and over in SEL is projected to grow by 18%

Access to primary care continues to be challenging, impacting on A&E

Current diagnostics performance is good but will be impacted by new referral pathways

Cancer access has not returned to pre-pandemic levels.

Elective recovery continues to be a priority still significant backlogs for ENT and T&O services.

03 Workforce Supply

Workforce supply will not keep up with demand across several key sectors

Iindustrial action has had a significant impact on service delivery and pressures on staff

Retention remains a key priority to limit the workforce gap

Adult social care is in crisis, with vacancies growing by 52% between 2021 and 2022

International recruitment has been essential to meet the target for growth in Adult Nursing

Growth in GPs and GPNs has been static for the past five years expanding community multidisciplinary teams aligned with primary care networks is a key priority.

04 Borough Profiles

Across SEL there are 6 place based partnerships who co-ordinate local services, driving improvements in health

The unique features of each borough informs the service provision which determines the workforce requirements and the availability of workforce.

4/6 Borough have higher than England and London average for MH prevalence.

Lewisham and Southwark have a high deprivation score. (both in most deprived quartile (England)

There are substantial variation in social care vacancy rates across boroughs.

Train
Grow the workforce

Strategic Workforce Planning

South East London Integrated Care System

CONTEXT: Securing future workforce supply to address increasing demand for services is a fundamental priority of the People Strategy. National Workforce shortages are a long standing issue. Now, in the context of local needs, financial challenges and the ambition of the LTP aiming for vast expansion of education and training, greater domestic growth and improvements in productivity to address projected staff shortages there is a greater need for improvements in workforce planning. Integrated workforce planning is a National priority and challenge, both in terms of triangulating service activity finance and workforce and in terms of integrated planning cross care settings.

Success and Progress

- Workforce data from Acute Sector, Primary Care and Social Care is being reviewed separately and presented altogether in a bi-annual report to the ICB to mitigate against risks to supply.
- Detailed data and intelligence from all sectors is not presented in this paper but available upon request through a separate Case for change document
- A Workforce Intelligence Network (WIN) has been established to deliver a regular, up to date view of workforce data from NHS Trusts to a degree of granularity not available through National dashboards.
- The work of the WIN will support Acute Provider and Mental Health Collaboratives
- Links have been made with the ICB BI team so that development of dashboards and analytics can be better supported internally in a sustainable way.
- Integrated workforce planning across care settings has been supported through pilot projects focussed on Community Care and the Acute Provider Collaborative. The intention is to build on lessons learnt and methodology developed

Key considerations for the Board

- Workforce growth being regularly tracked to mitigate against risks to supply
- Trends analysis shows 2-5% annual workforce growth across all sectors but service demand and the current climate remain a challenge.
- Sophisticated integrated workforce planning across care settings and including improvements in triangulation of workforce, service activity and finance remains a National priority and challenge.
- National and Regional NHSE teams are being engaged to ensure SEL planning supports the National approach as a key principle
- Significant gaps exist in data quality and access.
- Improved automation, data sharing and access to tools and dashboards that support integrated planning are ongoing priorities.
- Resource required to undertake bespoke workforce planning activity to support transformation linked to specific care pathways also remains a challenge.
- **Strategic Workforce planning designed to support transformation requires both data and intelligence; strengthening engagement and SEL partnerships is an ongoing priority**

Train
Grow the workforce

Education and Training

South East London Integrated Care System

CONTEXT: Over the next six years, NHSE have committed to support and develop the NHS workforce with an immediate boost in training numbers. The government will invest more than £2.4 billion to fund the 27% expansion in training places by 2028/29. This will enable more than half a million trainees to begin clinical training over the next six years, an addition of nearly 60,000 compared to maintaining current training levels. This is a significant first step on the path to increasing education and training by 64% by 2031/32.

Success and progress

- Establishment of SEL Education Collaborative with partner organisations to ensure that subject matter experts from across the system develop our strategic education plan.
- The collaborative will provide **advisory, assurance and decision-making** to support system wide initiatives. The primary goal is to promote knowledge sharing, identify priorities, develop system-based solutions, foster collaboration, and address education and funding issues in support of the National Long-Term Workforce Plan.
- An Apprenticeship steering group has been created to establish a framework of guiding principles, operational approaches, and an actionable roadmap to raise the visibility, reputation and access to apprenticeships within SEL. Some key areas of work are:
  - Utilisation of the apprenticeship levy
  - Access to entry level apprenticeships
  - Quality of apprenticeship training
  - Consistency of apprenticeships

Key considerations for the Board

- The education supply pipeline from school leavers, to graduates and returners will be monitored and a SEL “education plan” will take forward strategic actions.
- Better utilisation of the apprenticeship levy is a key priority. A priority is to influence and contribute nationally for review of rigid apprenticeship criteria to incorporate greater flexibilities for utilisation of significant apprenticeship level
- Leveraging high education institutions and colleges to develop and deliver of new apprenticeship programmes (e.g. medical)and to design programmes to respond to new roles including Fuller/ARRS, Associates, Digital/AI/Robotics
- Funding linked to education is not equally distributed across staff groups, variation by sector and staff group. Capacity to teach is also limited. Therefore delivering virtual education offers that are open to all is a priority
- Establishing links to local ‘disadvantaged’ primary schools to educate on H&SC careers
- Reviewing current placement capacity across H&SC to identify opportunities to improve quality, diversity and increase capacity of placements across a range of partners and greater use simulation training is being considered
- Easily accessible set of HEI data on applications, attrition and outturn and easily accessible HEI EDI data for London and by ICS will aid future planning.

Train
Grow the workforce

Promoting SEL as a great place to work

South East London Integrated Care System

Our overall vision is for SEL to be a vibrant and joyful place where staff and local communities are supported to live the healthiest possible lives. Active steps are being taken to support local communities and address borough specific challenges. Local recruitment and widening participation is central to our commitment to support population health acknowledging that employment will support the physical and mental health of our communities

Success and progress

- Working closely with the ICB Communications team and system partners to ensure effective communication across the system “promoting SEL as the best place to work”
- We are actively supporting Equality Diversity and Inclusion across all employers in SEL
- Pledges from Anchor system programme are being supported and joint working is in place. Work is progressing to:
    - Create and leverage a shared narrative for our SEL work as Anchor organisations and an Anchor system.
    - Support the sharing of best practice and maximise the impact of our activity
    - Facilitate community engagement through the Listening Campaign
- £250K is being invested in the VSCE sector to better understand barriers and support recruitment
- Implementation of the GLA funded Health and Care Jobs Hub delivering targets for employment, education, work experience and apprenticeships is progressing well.
- Plan is for 700 people to be supported into employment which meets the full GLA target; actual ambition in much larger
- Developing a SEL Employee Value Proposition promoting our unique benefits, career development opportunities, inclusive team culture and fulfilling employment and volunteering opportunities

Key considerations for the Board

- Data being collected to understand how many people are both living and working in SEL
- Local recruitment and understanding barriers faced by local communities requires a long term strategic plan with investment. Time required for genuine engagement and high impact communications needs to be considered and gaps in resource accounted for.
- Consistent and regular positive promotional campaigns. The Health and Care Jobs Hub will make a start on this but campaigning will require a networked approach across the system and a long term plan that is continually revised to respond to need.
- Planning for longevity beyond the GLA programme budget (£500K until April 2025) and mitigating against the risk of losing momentum and building on start up investment
- Succession planning approaches and support, in particular for critical or risk pathways of care
- **System wide communication is central to this theme**

Retain
Embed the right culture and improve retention

Embedding a culture of inclusion and well-being

South East London Integrated Care System

Understanding our workforces wellbeing needs is core to our strategy and overall retention aims as set out in the NHS Long Term Workforce Plan. Similarly, fostering a culture where everyone belongs, no matter who they are or what they do, equally contributes to a joyful place to work. Our programme covers Staff Health and Wellbeing; Equality, Diversity & Inclusion; Retention; OD & Leadership; and Staff Passporting.

Success and progress

- Review of SEL EDI priorities and re-establishment of SEL EDI committee and governance processes.
- Mapping and stocktake of EDI offer across SEL Trusts, in line with NHS EDI improvement plan
- Progress on response to primary care & social care wellbeing through engagement and planning noting gap from closure of Keeping Well service
- Staff health and well-being (SHWB) priorities reviewed and work in progress to refresh SHWB strategy
- Continued delivery of work and preventive initiatives to tackle violence abuse and aggression
- Oceans Blue project launched to improve flexible working and rostering in all NHS Trusts improving staff retention and well-being and delivering a significant financial saving
- Staff Passporting is implemented and being promoted, further developments are underway to include social care and VCSE
- Established OD & Leadership collaborative amongst SEL Trusts to support embedding compassionate leadership and culture

Key considerations for the Board

- Staff turnover and leaver rate in SEL NHS Trusts has reduced by 1.4% and is in line with the London wide reduction of 1.5%
- Top 3 staff groups with above average turnover rates are support staff, AHPs and Nursing. This is in line with London wide metrics.
- The concept of a “social movement” to support equality, diversity and inclusion will require long term planning and building on small gains
- Community engagement remains a top priority and the People Programme are actively working with the Anchor Alliance
- Future plan to commence work on a SEL Employee Value Proposition promoting our unique benefits, career development opportunities, inclusive team culture and fulfilling employment and volunteering opportunities.
- **Further support from the board to strengthen relationships and build new partnerships will support Embedding a culture of inclusion and well-being**

Reform
Working and training differently

Enabling Innovation

South East London Integrated Care System

Support further at scale and collaborative working across the ICS on workforce issues, systems (digital & automation), practices and processes to benefit the system. Facilitating workforce transformation, including new roles and ways of working is an integral part of the enabling innovation pillar.

Success and Progress

- Innovation plan development commenced; spanning cost and productivity, new roles, ways of working, digital & automation, to identify priority projects for 24/25. Prevention workforce programme scheduled as 24/25 priority.
- Implementation of Occupational Health (OH) & Employee Assistance Programmes (EAP) at scale is set. Start up work completed and detailed delivery commissioned.
- Virtual ward (VW) project underway to explore and respond to the workforce implications of VW. Q2 activity focused on engagement and solution consensus building. Scoping of flexible community workforce pool and bespoke, modular training programme now commencing.
- Work in progress to address key programme gaps linked to Mental Health, Children and Young People and utilisation of new roles such as Physician Associates.
- New partnerships and work programmes being set including the Community Provider Network (CPN) and AHP Council and Faculty defined and agreed to enable oversight of AHP workforce investments to ICSs and boost project delivery capacity.

Key considerations for the Board

- Projected shortages in staff across all sectors will require workforce planning and utilisation of new roles, generalist roles and expanding digital, software and technology staff
- Planning for innovation spans across all parts of the People Strategy and will require long term planning
- There will be a need to work in line with National developments for numerous aspects of innovation including improvements in digital and automation
- Population Health implications include planning for workforce capability and AI integration.
- Public Health Workforce planning to support a shift to preventative and well being approaches.
- Strategic approach to Training & Education quality surveillance and systematic approach to improve leaner experiences across SEL.
- Numerous clinical and care priorities will be supported through start up programmes that rely on partnership working across the system
- **ICB to share insight on accessing funding opportunities as appropriate**

Integrated Care Board meeting

Item: 10
Enclosure: K

Title:	**Inequalities in Elective Care**
Meeting Date:	15 November 2023
Authors:	Professor Clive Kay - Chief Executive King's College Hospital NHS FT Fiona Howgego – Managing Director, SEL Acute Provider Collaborative Heather Gilmour – Programme Director, SEL Acute Provider Collaborative Dr Elizabeth Aitken – CCPL Lead for Quality
Executive Lead:	Professor Clive Kay – ICB Partner Member NHS Trusts and FTs / Chief Executive King's College Hospital NHS FT

Purpose of paper:	To provide a basis for a board discussion on inequalities arising in elective care and to provide details on the emerging programme of work to reduce inequity and inequalities.	Update / Information	x
		Discussion	x
		Decision	
Summary of main points:	The population of South East London is experiencing unprecedented waits for elective care and there is concern that this will exacerbate existing health inequalities. The paper outlines the range of work under way across the APC programme that contributes to reducing inequity and inequalities. It also highlights how the Inequalities Dashboard gives us new ways to explore and understand the evidence about this, and sets out the approach to developing a multi-year programme of work, supported by ICB funding, to tackle inequalities in elective care. This includes a number of initiatives funded for 2023/24 and beyond, and the paper also outlines a specific project under way, led by Lewisham & Greenwich NHS Trust, as an example of how careful targeting can improve care and minimise the risk of inequalities arising.		
Potential Conflicts of Interest	None identified		

Relevant to the following Boroughs	**Bexley**	x	**Bromley**	x
	Greenwich	x	**Lambeth**	x
	Lewisham	x	**Southwark**	x

Impact	Equality Impact	The paper focuses on the impact of unprecedented waiting lists on waiting times.
	Financial Impact	Not the focus of this paper
Other Engagement	Public Engagement	This paper is intended as the basis for a Board discussion in public.

	Other Committee Discussion/ Engagement	The SEL Acute Provider Collaborative is leading the work outlined on behalf of the ICS though its governance structure.
Recommendation:	The Board are asked to note and discuss the update.	

South East London Acute Provider Collaborative

NHS Guy's and St Thomas' NHS Foundation Trust

NHS King's College Hospital NHS Foundation Trust

NHS Lewisham and Greenwich NHS Trust

Inequalities in elective care

South east London Integrated Care Board
15 November 2023

Professor Clive Kay

Fiona Howgego/Heather Gilmour

Dr Elizabeth Aitken

South East London Integrated Care System

South East London Acute Provider Collaborative

Our population is experiencing unprecedented waits for elective care

We are exploring whether this is making pre-existing health inequalities worse – and if so how we can mitigate this

SEL Waiting List Profile

PTL* growing – but overall SEL PTL post-pandemic growth is slightly below national trends

March 2020**- 180,000 people
October 2023 – 271,000 people

SEL patients waiting over two years down from peak of ~4,000 patients in August 2021, to virtually zero now

Ambition (in line with the national ambition) to reduce waits over 15 months (65+weeks) to near zero by the end of March 2024

At present, the starkest evidence of inequalities in access to elective care is of **significant differences in waits between our three Trusts ("postcode" inequalities)** – which are challenging to address

In SEL, we know people from more deprived backgrounds are "over-represented" in urgent and emergency pathways and "under-represented" in elective/planned care – **what is the role of elective services in addressing this?**

How do we ensure we don't **make existing health inequalities worse** in our approach to recovering and improving services, and reducing long waits?

How do we integrate insights from the emerging national evidence base around inequalities in access to elective care with **local insights and evidence**?

**PTL: Patient tracking list - all patients on an 18 week Referral to Treatment (RTT) pathway. Total PTL comprises non-admitted (outpatient) PTL and admitted (inpatient/day case) PTL*
***Excludes Royal Brompton & Harefield*

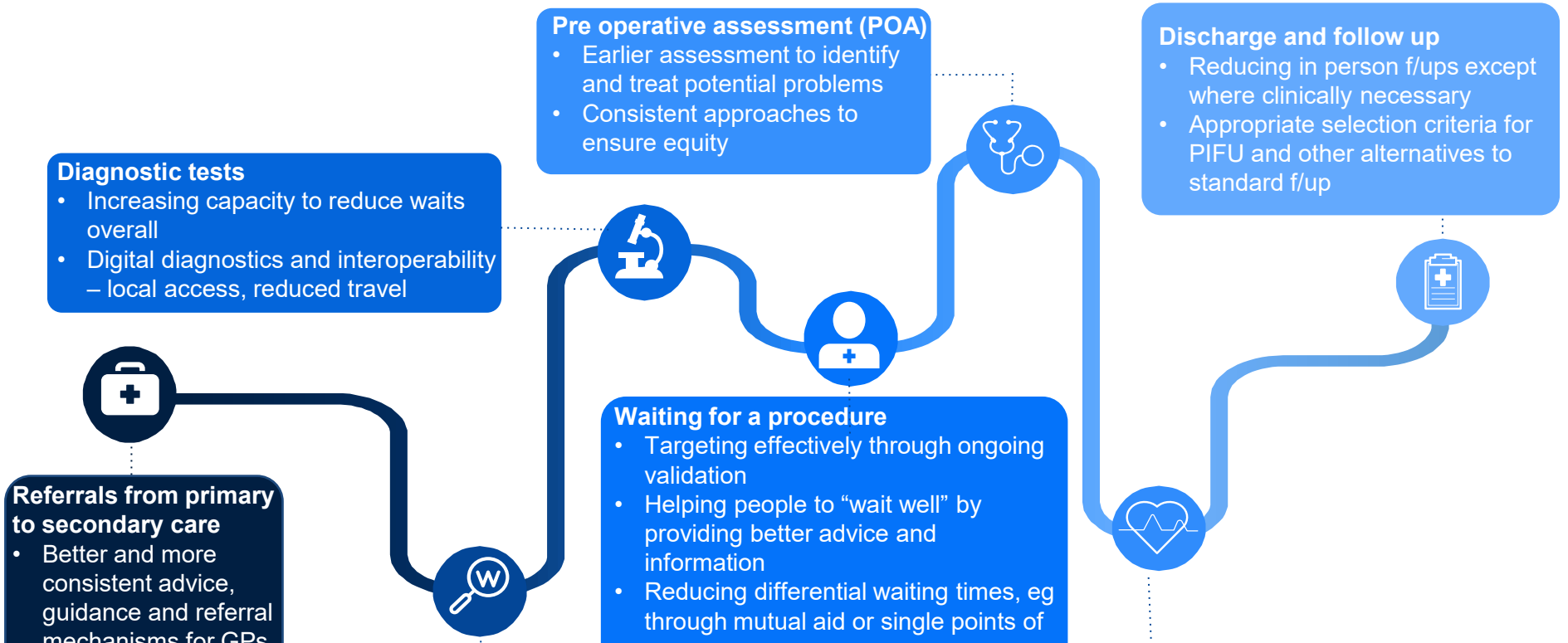
South East London Acute Provider Collaborative

Reducing inequalities throughout the patient pathway

Some examples of work under way that will help tackle inequalities are highlighted below

Programmes include:

- Network-led initiatives, eg GP referral guidelines, single points of access
- APC-wide programmes eg digital diagnostics
- System-wide investments, eg community ENT, led by ICB colleagues
- Specific inequalities projects funded via the ICB allocation to the APC to tackle “elective inequalities”



Referrals from primary to secondary care
- Better and more consistent advice, guidance and referral mechanisms for GPs
- Implementing single points of access
- Investment in community-based services – additional capacity, local access, reduced travel

Diagnostic tests
- Increasing capacity to reduce waits overall
- Digital diagnostics and interoperability – local access, reduced travel

Outpatient appointments
- Targeting effectively through ongoing validation
- Increasing capacity for first appointments to reduce waits
- Investment in community-based services – additional capacity, local access, reduced travel
- Identifying groups most at risk of DNA – targeting interventions

Pre operative assessment (POA)
- Earlier assessment to identify and treat potential problems
- Consistent approaches to ensure equity

Waiting for a procedure
- Targeting effectively through ongoing validation
- Helping people to “wait well” by providing better advice and information
- Reducing differential waiting times, eg through mutual aid or single points of access

Surgery
- Maximising use of existing capacity (eg through mutual aid, through the collaborative Theatres programme)
- Ensuring equal access to surgical hub services
- Creating additional surgical capacity

Discharge and follow up
- Reducing in person f/ups except where clinically necessary
- Appropriate selection criteria for PIFU and other alternatives to standard f/up

South East London Acute Provider Collaborative

Insights and evidence are starting to emerge from our new SEL Inequalities Dashboard

But further work is needed to understand what the evidence is telling us and what interventions might be successful

DNA rates*

*All specialties

- **Deprivation** – patients in most deprived quintiles **more likely to DNA** than those from least deprived quintiles
- Patients with and without Learning Disabilities and with and without Severe Mental Illness (SMI**) no more likely to DNA** than others
- **Ethnicity** - highest proportion of DNAs in Black patients, lowest in White patients
- **Age** – younger patients more likely to DNA than older ones
- **How can we tackle barriers to access so that people access the care they need**?

Waiting times - deprivation

Deprivation, non-admitted and admitted pathways, overall: no statistically significant differences across any specialty for 20% most deprived quintile

Waiting times - ethnicity

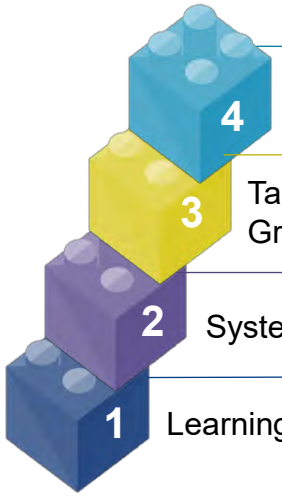
Ethnicity, non-admitted pathways: no statistically significant inequalities in waits

Ethnicity, admitted pathways: some specialties where Asian or black patients have a longer average wait compared with the specialty overall

We are working to develop a multi-year programme to integrate a focus on inequalities into everything we do

South East London Acute Provider Collaborative

Building a multi-year inequalities programme



4. Developing and supporting new programmes of work and new ways of targeting services
3. Tackling inequalities in everything we do – led by our multi-disciplinary Inequalities Sub-Group, overseen by the Operations and Strategy Group
2. System working to develop understanding and insights
1. Learning curve on inequalities, population needs and effective interventions

2023/24 programmes/priorities with ICB funding

Admitted pathways:
- Expand LGT MDT approach from orthopaedics to ENT & general surgery
- KCH project to support patients on PTL
- Mutual aid transfers

Non-admitted pathways:
- DNAs – develop evidence base and projects/programmes to address inequalities

Children & Young People:
- Develop evidence base and projects/programmes to address inequalities

Programme management support
- Supported by development of analysis from ICB inequalities dashboard

LGT - Tackling inequalities in elective waiting lists/health optimisation

Initial project work

- Used the integrated data set to identify the patient groups who were most at risk of long waits for elective surgery
- People from deprived areas of Lewisham are overrepresented on T&O waiting list
- Increased contact with healthcare including GP contacts, ED attends and hospital admissions in the more deprived areas
- Identified that anaemia and blood glucose control were significant factors in delays to surgery
- People living with frailty frequently waiting longer in Lewisham cohort due to comorbidity

Developing the work

- Builds on success of previous project
- MDT approach to refine patients' care plans to optimise for surgery – or identify where surgery was not the best option
- Expanding this approach to support patients at risk of experiencing inequality of health outcomes while waiting
- Aim to provide more pro-active interventions – for some of our populations, current services are not meeting their needs, for a variety of reasons
- Holistic pathways, working with partners, eg smoking cessation, social prescribing
- Key focus on finding solutions that work for patients and ensuring the challenge is not passed around the system
- Additional ICB funding – via APC - to extend the approach from orthopaedics to general surgery and ENT

Our local dashboard supports analysis of the waiting list, allowing us to expedite and streamline care where appropriate

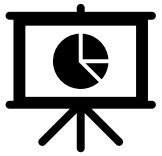
Lewisham and Greenwich NHS Trust

Approach

Patients who meet set criteria will be identified in the dashboard and reviewed by a clinical panel → Care plans will be developed to support the patient to improve their health (eg Blood pressure, HbA1c, Hb) → Patients will be supported through this and into other services as necessary → Patients will then go through pre-operative assessment and receive surgery

An initial review of 200 patients on T&O waiting list revealed:

- **45** patients had complex needs suitable for a multidisciplinary optimisation clinic referral
- **13** patients were in need of blood glucose control (without having to access clinical notes)
- **43** patients require anaemia optimisation pre-surgery



We expect to achieve the following outcomes:

- Improved clinical outcomes
- Reducing number of surgery cancellations
- Improve patient experience
- Reduce length of stay in hospital post-surgery
- Reduce number of inappropriate referrals from primary care for surgery