Integrated Care Board – Meeting in Public

14.00 to 17.00 on 19 April 2023

Council Chamber, Bexley Civic Centre

Chair: Richard Douglas, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
-	**Public Open Space** *Opportunity for members of the public to meet the board as they take their seats.*	-	-	13.55
	Opening Business and Introduction			
1.	**Welcome** Apologies *To receive apologies from members unable to attend.* Declaration of Interest *To declare relevant interests not recorded on the register or declare any conflict of interest in relation to items on the agenda.* Minutes of previous meeting actions and matters arising *To receive the minutes of the meeting on 15 February 2023 and review any actions and matters arising.*	**A** **B**	RD RD RD	14.00
2.	**Showcasing Bexley** *A presentation of the Accessibility Matters project in Bexley.*	-	SR	14.10
	Reports and updates			
3.	**Chief Executive Officer's report**	**C**	AB	14:45
4.	**Equality, Diversity and Inclusion report**	**D**	TF	15:00
5.	**ICB Committee & Provider Collaborative Reports** i. **Overall report of ICB committees and Provider Collaboratives**	**E**	TF	15:15

	ii. Report of Quality and Performance Committee **iii. Report of the Planning and Finance Committee** *For committee chairs and provider collaborative board members to provide a summary of the work of these committees and groups.*	**F** **G**	CK SC	
6	**Board Assurance Framework**	**H**	TF	15:30
Items for Decision and Discussion				
7.	**Planning 2023/24** *To discuss planning for the 2023/24 financial year*	**I**	SC	15:45
8.	**Building leadership for an integrated care system** *A presentation of how the ICB is building diverse clinical leadership to inform decision making across places and transformational workstreams.*	**J**	JH	16:00
9.	**Workforce in south east London** *An update on the current issues facing the workforce in south east London health and social care, and the work of the People board in developing a strategic programme of work across the ICS.*	**K**	MN	16:15
Closing Business and Public Questions				
10.	**Any other business**	-	RD	16.40
11.	**Public questions and answers** *An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.*	-	-	16.45
CLOSE 17:00				

Presenters

Richard Douglas (RD)	ICB Chair
Andrew Bland (AB)	ICB CEO
Tosca Fairchild (TF)	Chief of Staff
Prof Clive Kay (CK)	ICB Partner Member Acute Care
Dr George Verghese (GV)	ICB Partner Member Primary Care Services
Dr Jonty Heaversedge (JH)	Joint Chief Medical Officer
Sarah Cottingham (SC)	Deputy CEO and Executive Director of Planning
Angela Helleur (AH)	ICB Chief Nurse
Meera Nair (MN)	Chief People Office Lewisham and Greenwich NHS Trust
Stuart Rowbotham (SR)	Place Executive Lead Bexley

NHS
South East London

NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 19/04/2023

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.	Non-financial professional interest Non-financial professional interest Non-financial professional interest	2020 2020 March 2022 April 2021	Current Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		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	2020 April 2020	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
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	Financial interest Financial interest Financial interest	April 2020 2009 2018	Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		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 Non-financial professional interest Sponsorship	2012 July 2020 30 March 2023	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
James Lowell	Director of Place, Southwark	1. Chief Operating Officer (employee) of South London and Maudsley NHS Foundation Trust	Financial interest	January 2021	Current
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

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Dr. Ify Okocha	Partner member, Community	1. Chief Executive (employee) of Oxleas NHS Foundation Trust	Financial interest	2021	Current
		2. Director, Dr C I Okocha Ltd, providing specialist psychiatric consultation and care	Financial interest	1996	Current
		3. Director, Sard JV Software Development	Financial interest	2011	Current
		4. Director, Oxleas Prison Services Ltd, providing pharmacy services to prisons and Kent and South East London	Financial interest	27/09/16	Current
		5. Holds admitting and practicing privileges for psychiatric cases to Nightingale Hospital	Financial interest		Current
		6. Fellow of the Royal College of Psychiatrists	Non-financial professional interest	1992	Current
		7. Fellow of the Royal Society of Medicine	Non-financial professional interest	1985	Current
		8. International Fellow of the American Psychiatric Association	Non-financial professional interest		Current
		9. Member of the British Association of Psychopharmacology	Non-financial professional interest		Current
		10. Member of the Faculty of Medical Leadership and Management	Non-financial professional interest		Current
		11. Advisor to several organisations including Care Quality Commission, Kings Fund, NHS Providers and NHS Confederation.	Non-financial professional interest		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	Financial interest	December 2018 (acting in role from July 2017)	Current
		2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Non-financial professional interest	March 2020	Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre	Financial interest	2010	Current
		2. Lambeth Together training and development hub director	Non-financial professional interest	2022	Current
		3. Lambeth Healthcare GP Federation shareholder practice	Non-financial professional interest	2019	Current

Integrated Care Board meeting in public

Minutes of the meeting on 15 February 2023

The Great Hall Goldsmiths, University of London Lewisham Way, London SE14 6NW

Present:

Name	Title and organisation
Richard Douglas	ICB Chair
Anu Singh	Non-Executive Member
Peter Matthew	Non-Executive Member
Paul Najsarek	Non-Executive Member
Prof Clive Kay	Partner Member Acute Care
Dr George Verghese	Partner Member Primary Medical Services
Andrew Bland	ICB Chief Executive Officer
Angela Helleur	ICB Chief Nursing Officer
Sarah McClinton	Greenwich Place Executive Lead
Debbie Warren	Partner Member Local Authorities
Dr Angela Bhan	Bromley Place Executive Lead
Ceri Jacob	Lewisham Place Executive Lead

In attendance:

Name	Title and organisation
Sarah Cottingham	ICB Deputy Chief Executive and Executive Director of Planning
Oga Chesa	Director of Primary Care and Transformation Lambeth
Tony Read	ICB Director of Financial Strategy
Tosca Fairchild	ICB Chief of Staff
Ranjeet Kaile	ICB Director of Communications and Engagement
Julie Screaton	ICB Chief People Officer

Apologies

Name	Title and organisation
David Bradley	Partner Member Mental Health Care
Beverly Bryant	Chief Information Officer
Dr Ify Okocha	Partner Member Community Care
Mike Fox	ICB Chief Financial Officer
Dr Toby Garrood	ICB Joint Medical Director
Dr Jonty Heaversedge	ICB Joint Medical Director
James Lowell	Southwark Place Executive Lead
Stuart Rowbotham	Bexley Place Executive Lead
Andrew Eyres	Lambeth Place Executive Lead

1.	**Welcome**
1.01	The Chair welcomed members, attendees and members of the public to the meeting.
	Apologies
1.02	Apologies for absence were noted.
	Receive Register of Interests
1.03	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
1.04	The minutes of the meeting held on 16 November 2022 were **approved** as a record of the meeting.
1.05	The action log was reviewed.
2.	**Borough Showcase - Lewisham**
2.01	Ceri Jacob explained that the system had chosen aspects of their work in Lewisham to present to the board.
2.02	Joan Hutton updated on work to look at the experience of those being discharged from hospital, particularly those in Pathway 3 or to a care placement. Through working with all those involved to strengthen bottom up decision making and peer support, there had been an improvement of engagement by staff and a reduction in discharges to placements in favour of supporting people in their homes. The work would go on to look at ways to enhance reablement and therapy services.
2.03	Nina Whittle Consultant nurse LGT Urgent Community Response which was based on need for those who lived in or near Lewisham and were housebound with a 2hr response time from referral. Services included falls pick up, advanced care planning and geriatric assessments, addressing difficult conversations with patients about where they preferred their final care to be delivered. The team was multidisciplinary and linked into other services such as same day emergency care and virtual wards where needed. As a result of the work it was often possible to avoid conveyance to emergency departments and where hospital treatment was needed the A&E assessment process could be bypassed. The service also provided in-reach to those in hospital who could receive care at home.
2.04	Ceri Jacob commented that taking sufficient time to build relationships and understand the problems had been important and a focus on both the ‘front door’ and ‘back door’ of hospital bringing people back into that planned care space to avoid the need for non-elective care.
2.05	Richard Douglas noted that there was a common theme of working across organisational boundaries to ensure people were treated in the right place, and that where hospital was necessary, they were able to be discharged to the best place for them.

2.06	Julie Screaton observed that a common challenge was getting new ways of working to stick and asked if there were any lessons from the Lewisham experience. Ceri Jacob suggested a ground-up approach meant people recruited and trained in the way of working. Joan Hutton added that governance that reflected the operational reality of working together at Place gave people permission to work together more collaboratively.
2.07	Angela Helleur asked how the work had overcome professional silos and boundaries. Joan Hutton responded that clear ground rules about respecting the role of each profession and working together had been an explicit part of the organisational development.
2.08	Sarah McClinton asked whether the necessary data had been obtained to show whether the correct problems were being addressed and whether the outcomes for people changing in the whole system. Ceri Jacob noted that while population health management data available so far was helpful, there was more to do to join up data from a various sources.
2.09	Tosca Fairchild asked if there were plans to involve the voluntary sector more, and use the data to explore the impact on inequality. Dr George Verghese asked how the lessons could be used to ensure a single-team approach across local areas. Anu Singh asked about plans to work differently in the future not only with the voluntary and community enterprise sector but with carers and families centering care around the individual.
2.10	Ceri Jacob noted much of the work had been part of work with older people programme and the programme was a space to involved other partners for example the local GP federation and others to address issues such as frailty.
2.11	Debbie Warren asked what barriers others attempting similar initiatives might face how the board could help 'turbocharge' the work.
2.12	Prof Clive Kay asked how the board could insist that spreading best practice was set as an expectation across south east London.
2.13	Richard Douglas noted that the examples given showed the importance of local work and freedom to develop schemes, and while common standards were necessary, they should not disrupt this local acceptable variation – the balance was something the board could discuss. Andrew Bland added that while there was scope for common standards, the balance of achieving them without impinging on local innovation had been a longstanding challenge. A neighbourhood board had recently been set up to allow Places to work on these issues with each other to reach consensus.
3.	**Chief Executive Officers Report**
3.01	Andrew Bland noted that the report showed the ongoing system pressures facing the system, but also demonstrated the ICS in action whether collaborating across boroughs and between institutions in the delivery of the vaccination programme, or the detailed work being done by leaders within boroughs. In the vaccination programme south east London was leading on performance with monkeypox and polio booster vaccinations.
3.02	Prof Clive Kay noted that while he was supportive of the right of colleagues to participate in industrial action, the board should pay tribute to the immense

3.03	amount of work done by staff across the system to ensure that patients remained safe during days of action.
4.	**ICP update and ICS Strategy Update**
4.01	Ben Collins reported that the second meeting of the South East London Integrated Care Partnership had agreed strategic priorities for south east London and the strategy published last week set out a vision for health and care services in the area. The partnership would now begin to oversee the work of expert groups to develop the delivery of the strategic priorities and bring together capabilities while respecting subsidiarity.
4.02	Anu Singh welcomed the focus on priorities and stressed that the ICB should now lean in to the delivery phase. A key element of this would be the voluntary sector, who were reporting feeling squeezed, she asked how the board could support a commissioning arrangement that allowed the voluntary sector more financial security to help get the best out of this resource. It would be important to maintain the commitment to invest in prevention as set out in the development of the medium-term financial strategy.
4.03	Paul Najsarek set out the importance of setting out a compelling account of the difference the strategy would make after five years, and a set of ambitions for each of the years to reach this. Each organisation would need to contribute, and it would be important to think about how to set appropriate level of ambition and a good mechanism for accountability.
4.04	Richard Douglas suggested that an exploration of the role of the voluntary sector and the role of the ICB in support of it could be brough to a future meeting. He suggested that ICB should feel accountable to the Integrated Care Partnership for the delivery of the strategy as well as to the secretary of state for its specific duties.
4.05	Andrew Bland pointed out that holding to the medium term financial strategy and allowing investment in prevention would be a challenge for the board while achieving the operating plan requirements and meeting the financial requirement to break even. He suggested that work with the voluntary sector would involve local care partnerships and providers and continuing dialogue was important.
5	**Board Assurance Framework**
5.01	Tosca Fairchild presented the Board Assurance Framework for approval.
5.02	In response to a query whether workforce risks were adequately represented given the considerable attention and severity of the issues being reported in the media. Julie Screaton noted that the various employers in South east London had different workforce profiles and to present an aggregate position was therefore not easy. A workshop had been planned to ensure the risk had the right focus to drive actions in this area. *Discussion of Urgent and Emergency care.*
5.03	Sarah Cottingham presented a briefing on urgent and emergency care in the context of the risks identified in the BAF against the ICBs core delivery objectives in this area. The situation presented showed the significant amount of work on mitigations, the issues and opportunities. As part of its objectives the ICB was

	measured against over fifty objectives, and produced monthly ratings of achievement against each. Despite success in opening 164 beds as per plan and creating some improvements, there had been continued challenge and increased demand resulting in the deterioration against some of the metrics.
5.04	Angela Helleur asked how the performance measures were being linked to ensure that harm to patients as a result of the pressures was being captured and the risks addressed where possible. Patients at risk could be at home and being managed in primary care, or facing long waits for ambulances.
5.05	Prof Clive Kay commented on the exceptional difficulties faced and the work being done to manage the risk. There was variation day to day and spikes in attendances which made planning difficult. Occupancy rates of close to 100% were being maintained.
5.06	Richard Douglas asked where the Board could focus its main effort to improve the situation for next year.
5.07	Prof Clive Kay suggested that there was a need for individual autonomy and to allow bottom-up approaches to the problems but also for the system to join up in a focused way on certain areas, and the Board may need to be more directive to make sure this happened.
5.08	Sarah Cottingham noted that the south east London UEC board as well as local UEC boards in boroughs and workstreams and programmes across boroughs on areas such as mental health crisis. There were a large number of approaches in mitigation to keep track of, as well as national and regional objectives and a risk of moving away from a population perspective.
5.09	Richard Douglas commented that with many initiatives the system may struggle to do any of them well, and a view may need to be taken on prioritisation.
5.10	The board approved the Board Assurance Framework
6	**ICB Committee & Provider Collaborative Reports**
6.01	Tosca Fairchild highlighted the main committees report and highlighted that decisions referred to the board included the approval of the board assurance framework to note that a ‘significant assurance’ rating had been given by NHS England in relation to the ICBs EPRR preparations. The board had also approved remotely some technical changes to the constitution requested by NHS England.
6.02	Prof Clive Kay referred members to the report of the quality and performance committee, acknowledging that the committee was in development, and maintaining oversight of a broad range of issues as well as deep dives in a number of areas.
6.03	Dr George Verghese presented the report of the planning and finance committee and noted the volume of business transacted which included updates on the delegation of pharmacy, optometry and dentistry and specialised services.
6.04	Tony Read presented a month 9 finance report which listed a deficit of £60m. In planning for the current year the use of a number of non-recurrent savings opportunities had been anticipated. The deficit position was driven by the cost of delivering elective recovery.

6.05	The Board approved the decisions referred from the committees and noted the decisions and discussions in the report.
7	**Children and Young People's Mental Health**
7.01	Rupi Dev presented on the work with children and young people to address mental health issues with an inequalities lens. The Board had received an introduction to the work and actions and the current paper updated on progress with the actions. To develop work on Empowering Parents, Empowering Communities (EPEC) and work to provide mental health support for children of black and mixed heritage in schools. EPEC hubs had now been successfully established in all boroughs, and the work with schools was progressing with support from Black Thrive and one or two schools in each borough interested in co-creating some specific programmes of support.
7.02	Angela Bhan asked if there were a set of tests which could be used to measure outcomes.
7.03	Richard Douglas declared an interest in a mental health charity working in schools, and asked if the pace of progress in mental health of schools was sufficient.
7.04	Tosca Fairchild asked if the work would help with children in crisis in emergency support.
7.05	Ceri Jacob noted that whole family such as siblings could also have an effect on wellbeing.
7.06	Rupi Dev noted that there was a strong evidence base for EPEC including experience in Lambeth and Southwark. The schools work was in response to a ambition to build locally designed solutions to address inequalities specifically, and the approach was to test with one or two schools to find successful approaches. The pace was affected by the need to be mindful about overburdening the schools, build relationships and understand the existing mental health provision. Emergency department presentations by children and young people tended to need social care support rather than mental health intervention and the Integrated Care Strategy could help in this area. Actions focused on secondary and tertiary care due to the waiting list issues being faced but recognised the need for wider support.
7.07	Anu Singh asked if experts by experience and community organisation partners could help understand communities and balance a default service-based approach with a people-focused approach.
7.08	Ranjeet Kaile noted that as well as ensuring a good evidence base it was important to be agile and praised the work of initiatives such as Be A Dad and Parents and Communities together.
7.09	Richard Douglas noted that the programme set out an ambition for coming years and linked this to the planning process to ensure there was sufficient funding. Evaluation of the work could draw on the Health Innovation Network.
7.10	Rupi Dev welcomed the comments noting that the work had differed from previous approaches to children and young people focused around services, by including

	Black Thrive, representatives of the voluntary and community sector and Local authorities to identify opportunities to provide broad range of services and the ability to signpost young people to the right service for them in each borough. The ICB had committed to fund children and young people's mental health but it was important that the money put to the best use for children and young people.
8	**ICB approach in light of reviews of Maternity services including Ockenden and Kirkup**
8.01	Angela Helleur outlined how the south east London ICS was responding to recommendations from investigations into significant failings in other areas of the country, including the Kirkup report into maternity services in East Kent, the Ockenden Review of services in Shrewsbury and Telford. The South east London Maternal and Neonatal service was leading on ways to address the recommendations on improving care and addressing inequalities, quality surveillance, listening to pregnant people and their families, and tackling workforce and culture issues.
8.02	Paul Najsarek commented that the focus of the reports and the media attention they had received was on hospitals and the acute sector, and suggested the board should support a whole system focus and support a culture of learning and transparency this across the whole system.
8.03	Anu Singh reflected that maintaining a grip of the data was important, but asked how the necessary system leadership on culture change. The key issue was to demonstrate humility, the ability to listen, the willingness to share power. Regarding the health inequalities in relation to the issue she suggested that the ICB had an opportunity to provide holistic support to groups of people who not only may have a poor experience of care but faced challenges in their daily lives.
8.04	Prof Clive Kay commended the Kirkup report to board members for insight into issues and risks for NHS organisations applicable more widely than just maternity services. Referring to the reports' conclusion the multiple regulators could have added value without overlapping but that they may have deflected the trust away from its responsibilities towards managing relationships with regulators - he asked that the board be mindful of this risk when addressing this crucial issue.
8.05	Angela Bhan commented that there were a number of vacancies in all three acute providers particularly in Lewisham and Greenwich NHS Trust and asked about trends in this area. She asked if private midwifery groups had a role.
8.06	Angela Helleur suggested that building trust for providers to share challenges in forums such as the system quality group was important. Culture could be addressed across the career pathway values-based recruitment and teaching about responsibilities and compassionate care, and having in place frameworks to challenge behaviour which went against this. She noted that there were a range of initiatives being pursued by the workforce programme, and national funding had been used in Lewisham to increase the establishment not all of which had yet been recruited to.
8.07	Richard Douglas asked whether the dataset was sufficient in south east London to identify issues. Angela Helleur noted that a range of sources of information including healthwatch surveys, incidents were triangulated to monitor quality.

8.08	Tosca Fairchild noted that disparities in the treatment of Black women remained, and an expectation should be made collectively by the board that all women could expect the same level of care.
8.09	Andrew Bland asked if there were lessons to learn from local authority peer review approaches rather than existing approaches. Sarah McClinton noted that peer review promoted a more open culture and enabled learning from other organisations.
9	**Planning 2023/24** (the item was taken after item 6)
9.01	Sarah Cottingham explained that the paper provided a summary of operational planning guidance and the key issues and opportunities. There had been supplementary guidance issued, and significant complexity in the new elective recovery funding arrangements. Work was being done across activity, demand and capacity, and workforce, to produce a high-level medium-term plan as well as a more detailed operational plan.
9.02	Richard Douglas suggested that the operational planning needed to be focused on without losing focus on the strategic priorities.
9.03	Andrew Bland noted that prioritisation was important given the large amount of things that needed to be addressed, as well as the forthcoming requirement for ICBs to reduce their running costs significantly.
9.04	Paul Najsarek asked if it was possible to see the plan producing the recovery within its first five years. The plan seemed to focus on the NHS and he asked if the ICB was able to secure the necessary engagement at Place.
9.04	Clive Kay suggested that it may be necessary to explicitly ringfence transformation resource to avoid focussing only on current issues.
9.05	Angela Bhan commented that the strategy would need to interact with Health and Wellbeing Strategies and other mechanisms such as implementing the recommendations of the Fuller report would need to interact so as to drive the work forward. Andrew Bland commented Sarah Cottingham noted that the joint forward view would focus on all priorities, not just national ones, and together with the orperational planning
10	**Public Questions and Answers**
10.01	Written answers to questions that had been submitted in advance of the meeting were noted. ***Questions raised at the meeting*** 1. *One of the huge successes in HIV services has been the development of peer support where people who have lived experience were able to share support. Clinicians had recognised the importance of this area.* 2. *Slide 110 risk matrix against risks were scored showed for example a delay of 1-3 days in hospital considered as minor. In view of the risk of becoming accepting of risks to quality of services should the matrix be considered by the*

	board? Noting the conversation at the board about greater use of the voluntary sector and a focus on outcomes, a question if there had been any work on the qualitative and quantitative data to support this?
10.02	Tosca Fairchild noted that the scoring matrix, part of the risk management strategy, was similar to matrices in other NHS organisations and was considered good governance practice. The ICB scrutinised risks regularly taking into account the changing context to ensure that they were scored appropriately. Andrew Bland commented that the board would agree that qualitative as well as quantitative data would be important, and as part of moving from the CCG to a new organisation there had been a commitment to strengthen ways of working in this area, with more work to do.
	3. *Referring to written answer about The Source service on Sibthorpe road: The commitment made by commissioners been to re-open the service rather than replace it, and to provide 2.5days nurse practitioner and a half day of wellbeing service. The nurse practitioner service was intended to be available to all patients registered with a GP however with the current service patients could not get a prescription or onward referral without being registered on the Oxleas database, additionally under 18s were not accepted even when accompanied by an adult. The service was being described as a pilot despite the extensive information already provided by the community about what services they wanted.*
10.03	Richard Douglas asked the questioner to write in with further detail on concerns with the service so that they could be examined.
	Close

NHS South East London Integrated Care Board

ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
		(none outstanding)				

Integrated Care Board

Item 3
Enclosure C

Title:	**Chief Executive Officer's Report**
Meeting Date:	**19 April 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 15 February 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) 19 April 2023

At the outset of this Chief Executive Report I wish to express my thanks for the efforts and hard work of colleagues right across the system, in all of its partnerships and teams, to address and prioritise the safety and quality of care for our residents in turbulent times. The sections that follow highlight an extended period of industrial action. This provides an important context for Board discussions. Integrated Care Systems and Boards are designed in recognition of the interdependence of our system and so the impacts of one off or ongoing incidents in our sector must be understood and responded to collectively as a partnership. This is the approach that has been adopted in south east London.

The Board papers and the sections of this report highlight the work of the ICB at south east London, place and neighbourhood level. They outline immediate challenges whilst, in acknowledgement of the start of a new financial year, highlight the current planning processes and outputs for this financial year and the medium term. I would like to place on record my thanks to Executive colleagues and wider teams for their leadership of these processes. In particular I wanted to highlight our upcoming engagement, over quarter one of 2023/24, on our Joint Forward View plan for the medium team. This plan seeks to respond to the national mandate for the NHS as it relates to south east London, but importantly goes further to provide plans focused upon our ambitions for our system and those outlined by each of our Boroughs (our Local Care Partnerships) aligned to the Health and Wellbeing strategies developed for those populations. A final plan will be published in July 2023.

Whilst we plan and take action to improve outcomes for our residents as a Board the coming period will also see our teams engaged in the future shaping of our ways of working and our structures. ICBs are new and we will, first and foremost, take our own view upon the progress we have made as a partnership and board in adopting new ways of working aligned to our mission and the core purposes of an ICS. We will do this in the run up to our first anniversary in July 2023. We will, however, do that in the context of the very recently published independent review of integrated care systems – The Hewitt Review and its recommendations for which there will be a response from government.

In addition, our future form and structure will also be shaped by the request of all ICBs in England to plan to reduce their management costs by 30% over the next two years, with the funds released reinvested in to frontline care. I have taken action, with the Board, to establish a programme of work to plan and deliver this requirement. This has seen the Board agree a set of principles by which we approach the work and the establishment of a programme board that I will Chair as Chief Executive Officer.

Those principles speak to delivering against our purpose and for our residents. As such we will ensure that form follows function. We are wide partnership and an employer and so we

are equally prioritising engagement in this process and our direct communication with and involvement of our staff. In the case of the latter, staff briefings have occurred and a major engagement event will be held for all staff in late April 2023. Given the scale of change required it is important to note that full consultation aligned to our management of change policies will be required. The Board can expect to receive regular updates and recommendations over the next six to nine months in support of that work.

1 Industrial Action Overview

1.1 Industrial action across the health service has been ongoing since December 2022. Throughout it all, there has been robust planning in place to ensure the safest possible care is provided for patients and communities. It is anticipated that the industrial action will continue for some time; the latest action being taken by junior doctors represented by the BMA from 11 April to 15 April 2023.

1.2 Whilst all the planning has ensured provision of the safest possible care, this has only been achieved through significant disruption of other services, such as cancellation of elective procedures and other non-urgent treatments to safeguard the provision of urgent and critical such as ED, maternity, anaesthetics, and urgent cancer. Consultants have 'stepped down' and, in some instances, work in areas outside their specialities to cover rota gaps due to the junior doctor industrial action. However, the rotas are not as resilient as we would wish and remain under constant review.

1.3 On the nursing industrial action, unions are currently consulting their membership whether or not to accept the deal offered in March. The consultation is due to conclude by the end of April; followed by a staff council meeting for early May. There is no information available yet to give any indication what the outcome may be.

2 SEL ICB Discharge Summit

2.1 In March 2023 the ICB held a system discharge summit, sponsored by the Chief Executive of the Royal London Borough of Greenwich, Debbie Warren, who is also the Local Authority Partner Member on our Integrated Care Board and the ICB Chief Executive. The summit brought senior leaders from across our system together to discuss discharge, or the transfer of care process, with a focus on understanding the challenges and opportunities around discharge and the setting of clear commitments and objectives to secure improvement in both process and outcomes for the forthcoming year. The summit took place in the context of a year characterised by system pressures with evident constraints around demand and capacity, both physical and workforce, in hospital but also in community based care, be it health care or social, residential and nursing care.

2.2 The summit was extremely well attended and there was a real energy around our coming together as a system to take stock, understand our current position and to affirm a clear forward commitment to working collaboratively over 2023/24 to secure timely and high quality transfers of care and improvements to our discharge processes and outcomes.

2.3 At the end of the summit SEL leaders were challenged to coalesce around an ambitious set of common standards delivered locally, underpinned by a system wide discharge improvement plan. The ICB's Discharge Solutions Improvement Group is currently

working up the detail of this improvement plan which will be shared with senior leads from across our system for endorsement later this month. This will include a set of recommendations that have been developed as a result of a March 2023 review of our SEL Transfer of Care hubs, which coordinate the transfer of care for more complex patients who require ongoing support post discharge. Post agreement of the improvement plan we will regularly track progress as well as ensuring we are working collaboratively to ensure the support required is available and in place to enable the delivery for our improvement commitments.

3 Bexley Borough Update

Supporting Hospital Flow

3.1 Bexley has been highly effective in supporting the acute system to maximise flow. There has been focussed work with the hospitals to improve early discharge planning, especially with complex cases (including regular attendance at all site meetings). A seven day 'fast track approach' to reablement cases has been taken with no delays being reported on pathway one.

3.2 This highly integrated approach has included re-launching placement without prejudice for Continuing Healthcare and concerted efforts on specific areas such as homelessness and neuro rehabilitation with regular meetings to identify issues and discuss complex cases.

3.3 Intense recruitment work has taken place to ensure all sites have adequate social work support, with social workers attending board rounds and prioritising joint working with acute colleagues.

3.4 A 'right patient in the right place' approach has been taken to placement with additional dedicated brokerage resource and senior support to ensure appropriate placement and reduce readmission.

3.5 Additional Care Home Trusted Assessor capacity has also been recently introduced to support discharge to care homes. Regular meetings take place with the equipment provider to identify and manage any equipment issues which would affect flow, including weekend support where required.

Urgent Care Centre procurement

3.6 Bexley's procurement of its two Urgent Care Centres is currently at the bid evaluation stage. The procurement follows an extensive engagement with residents and stakeholders and the specification forms an integral aspect of a wider urgent and emergency care pathway.

Bexley Vision

3.7 A comprehensive engagement exercise with residents, elected members and other stakeholders, over a three-month period, has delivered a refresh of the Bexley Wellbeing Partnership's vision for health and care in Bexley. The draft vision statement will be presented to Bexley's Health and Wellbeing Board at its meeting on 28 March 2023. The vision includes the following key statements as a roadmap to good health and wellbeing:

3

- We work together to identify, prevent and address health and care inequalities at every stage of life
- We have the best information possible to inform our plans and decisions
- We are brave to make decisions that recognise the broader determinants of health and wellbeing, prioritise prevention and make early interventions to reduce ill-health
- People get the right care, at the right place, at the right time
- People only have to tell their story once and every contact counts
- We have three vibrant local care networks that are the engine room for improving the health and wellbeing of our communities
- We have active communities in which residents are fully involved with health and wellbeing programmes and services, and see the results of their contribution

4 Bromley Borough Update

Vaccination

4.1 Bromley has completed a successful winter flu and Covid booster campaign, achieving an overall uptake across all flu groups of 56%, higher than the England (53%) and London (40%) averages. Bromley's flu uptake for the over 65s is the highest in London. A concerted One Bromley approach included consolidation of core vaccination centres, based on need and demand, and delivery of vaccine outreach clinics at accessible and convenient venues, such as community centres, libraries and other local facilities. Activity was underpinned by using videos, leaflets, print and online advertising; adverts were placed on local buses, and a two-day community roadshow promoted winter and children's vaccinations to the public.

Primary Care Summit

4.2 Bromley recently held a Primary Care Summit, where GP partners from every practice were invited to participate in a discussion about the future of primary care. Building on the Fuller Report, the Summit followed an in-depth engagement exercise with practices, Primary Care Networks (PCNs) and Bromley's GP Federation to take stock of achievements since the inception of PCNs, the learnings and challenges, and to gain wider feedback from Bromley practices. The event also saw Clinical Directors, the Bromley GP Alliance, the ICB and others share their ambitions for Bromley general practice, experiences of the journey so far and future vision. Work is continuing on the design and planning of the next stages of the work.

Growing and embedding Integrated Neighbourhood Teams

4.3 Integrated Neighbourhood Team models are in rapid development across Bromley:

- Two PCNs will lead the initial introduction of community children's hubs and are working with the Bromley children's and young people team on rolling this out
- Three PCNs are developing pilot respiratory 'hublets,' working in conjunction with community and acute partners

- Plans are also underway to expand a popular wellbeing café model into a frailty hub with One Bromley partners
- A ‘New Mums’ café is being developed in another PCN with support from the midwives and health visitors
- A phased approach to establishing remote monitoring hubs is taking place, which offers a future opportunity to coordinate health monitoring for Bromley patients in a different way

New contract for the Community Anticoagulation service

4.4 The One Bromley Local Care Partnership approved the award of a new contract for the Community Anticoagulation service on the recommendation of the Procurement and Contract Committee. The successful bidder is the Bromley GP Alliance who have commenced service mobilisation in preparation for taking over delivery of the service from the incumbent provider from 1 June 2023.

One Bromley Strategy

4.5 The One Bromley five-year strategy is in the final stages of development, sitting alongside and bridging between Bromley Council’s ‘Making Bromley Even Better’, the Health and Wellbeing Strategy, the South East London ICS Strategy, the Fuller response and existing thematic plans for mental health and wellbeing, and children and young people. It is based on a population health management approach with a focus on prevention at scale, continuity of care, and a more holistic approach to people’s needs. This vision for Bromley and delivery of services will involve significant changes in how agencies work together for the benefit of the population, learning and building on existing work including integrated children’s hubs, Hospital at Home services and single point of access to community services. Partners have been working on the strategy through a series of workshops supported by the King’s Fund.

Children and Young People Mental Health (CAMHS)

4.6 It has now been agreed to move to a fully integrated operating model between Oxleas CAMHS and ‘Bromley Y’ (a key voluntary sector partner). At the heart of this new service will be an enhanced Single Point of Access in which children and young people will be able to access responsive, tailored and expert-led clinical and voluntary sector support, with a planned start date of September 2023.

Winter update

4.7 Hospital pressures associated with winter have continued. Targeted local use of non-recurrent discharge monies received from NHS England (NHSE) has resulted in the Princess Royal University Hospital (PRUH) consistently achieving the target set by NHSE for the number of people discharged who no longer meet the criteria to reside. The PRUH is the only hospital to achieve this in south east London. The system continues to put a focus on and strengthen out of hospital services to prevent the need for people to attend hospital wherever possible.

4.8 The hospital at home/ virtual ward service is continuing to grow with 75 patients treated by the service in February 2023, up from 19 in December 2022.

5 Greenwich Borough Update

Developing Neighbourhoods/Fuller report

5.1 Greenwich has made a strong commitment to developing a joint vision about what 'good' looks like at neighbourhood level. Greenwich Primary Care Networks hosted Dr Clare Fuller on 26 January to widen understanding of the opportunity, with over 200 participants from practices, including input from local authority and NHS providers. This has really galvanised the GPs on the opportunities, with a focus on practical actions on diabetes, workforce and same day urgent care.

5.2 Greenwich has also started re-orientating the commissioning of Home Care and Public Health services at a neighbourhood level, as well as developing more integrated neighbourhood services, including strengthening community involvement and asset-based approaches.

Cancer Screening and Lung Health Checks

5.3 At Greenwich's informal Health & Wellbeing Board on 16 March, there was a focus on cancer screening uptake, with an integrated approach between the clinical lead and public health. This highlighted significant issues on uptake in some communities, which creates health inequalities. The criticality of engaging and influencing communities on uptake was discussed, and further work will be done.

5.4 South east London (SEL) has the second highest rate of 'ever-smokers' in London. Lambeth, Southwark, Greenwich and Lewisham have one of the highest rates of lung cancer mortality per 100,000 population in London (top 20%) and currently, only 24% of lung cancers in SEL are diagnosed early (stage 1 & 2). There is a clear and urgent need to improve earlier diagnosis of lung cancer. A SEL Lung Health Check programme (LHC) hosted by Guy's and St Thomas' NHS Foundation Trust, is underway. Whilst that national programme was launched in 2019, this is the first presence in Greenwich. Lung Health Checks are being undertaken in the community, with a mobile unit to ensure local access for the population. These are running for 12 weeks in Greenwich and commenced on 13 February 2023. Participants who are ever smokers, aged between 55–74 and registered with a GP practice will be invited. Following triage, high risk candidates will be invited to attend the mobile unit for Spirometry, blood pressure, height and weight measures, and where required a low dose Computerised Tomography (CT) scan on the mobile unit; where results require, participants will be followed up.

Urgent Treatment Centre, Queen Elizabeth Hospital

5.5 The procurement for the Urgent Treatment Centre at Queen Elizabeth Hospital (QEH), and the Out of Hours GP service has completed, and Greenwich Health, Greenwich's GP Federation, are the preferred bidder for both services, and they are now mobilising, with the new service to start at the beginning of July 2023. An innovative integrated model and a joint and collaborative approach are being developed, with close working with the QEH Emergency Department, and our practices.

NHS Greenwich Charitable Funds

5.6 The charity committee has agreed to procure an external partner to help support the grant giving process over the next five to six years. It is expected that a partner will be selected by June 2023 and the focus of the grants will be on supporting the health &

wellbeing of Greenwich residents, working closely with the Royal Borough of Greenwich's Public Health Department, which is in line with the charitable aims.

6 Lambeth Borough Update

Health and Wellbeing Strategy

6.1 The Lambeth Health and Wellbeing Strategy 2023-2028 was agreed by the Health and Wellbeing Board in January and has now been published. Health and Wellbeing Board members met in early March to review the approach to implementation and forward planning for 2023/24. In response to the Health and Wellbeing Strategy, the development of the Lambeth Together Strategic Health and Care Plan has progressed and will set out what the Lambeth health and care system aims to achieve over the next five years to contribute to Health and Wellbeing in the borough. The March Lambeth Together Care Partnership Board considered the development of the draft Health and Care Plan prior to sign off in April and publication in May.

Alliance working

6.2 Lambeth's Alliances continue to develop and grow. The Children and Young People's Alliance have had their implementation plan for the Family Hub Start for Life Programme approved by the Department for Education. The Living Well Network Alliance is continuing its work to improve the experience of those requiring mental health support in the borough and, to assist with this, the Alliance held a face-to-face engagement session with service users and carers from the Lambeth Collaborative to gather feedback and ideas on the Living Well Network Alliance Business Plan. In January, the Neighbourhood and Wellbeing Delivery Alliance hosted a "community connectors" event to enable frontline workforce, particularly Social Prescribing Link Workers, to meet with local projects working to improve health and wellbeing across Lambeth. In February 2023, the second Lambeth Combating Drugs Partnership (CDP) Executive Meeting took place. A review of the CDP workstreams is underway along with the development of the Delivery Plan for Year 2 and a new delivery group, comprising key staff from across the partnership, who will work together to deliver on the plan.

Crown Dale Medical Centre

6.3 Crown Dale Medical Centre has recently re-opened to patients following wide-scale modernisation and extension. With a more spacious and welcoming environment, improved access to a wider range of services can be offered, from a variety of skilled members of the primary care team, as part of broader developments within primary care. The practice opened its doors at the start of January 2023 and invited staff, local MP Helen Hayes and members of the practice's patient group to an official opening event on 23 February.

National HIV Testing Week

6.4 Lambeth has the highest diagnosed prevalence of people living with HIV in England and so it is particularly important that residents are supported to test regularly. During National HIV Testing Week in February, Lambeth and Southwark held a well-attended HIV engagement event with speakers from a range of local services talking about the innovative work they are doing to promote HIV testing, to support residents to remain in treatment and to live well, as well as HIV prevention.

7

The Great Mental Health Day

6.5 On Friday 27 January, Lambeth celebrated, for the second year running, the Great Mental Health Day, this year focusing on the theme of community kindness. The Day was commemorated in Lambeth by going on a community walk and visiting some community spaces where community kindness happens.

Visits and retirement of Dr Adrian MacLachlan

6.6 Deputy Chief Medical Officer for England, Dr Jeanelle de Gruchy, visited Lambeth on 7 February. She was particularly keen to hear about Lambeth's work on obesity and smoking, for which Lambeth has been an example of good practice. Dr de Gruchy visited the AT Beacon project where she was able to hear powerful stories of how the project has helped residents to manage their blood pressure and has promoted their mental wellbeing. Dr de Gruchy also went to Stockwell to learn about Thriving Communities. She recognised the strong partnership working that exists between the Council, the NHS and the community and has since expressed how inspirational she found her visit to Lambeth.

6.7 Dr Adrian McLachlan retired at the end of March 2023. Adrian has been a partner in the Hetherington Group Practice for 34 years, and prior to that, he worked as a locum in Lambeth and Southwark, having trained and worked at Kings College London. Adrian has been instrumental in building the Lambeth Together Care Partnership and is also widely recognised beyond Lambeth through his ground-breaking work supporting the healthcare needs of the homeless across London. Thank you to Adrian for his great service to the Lambeth people for close to four decades.

7 Lewisham Borough Update

Lewisham Local Care Partnership (LCP) Strategic Board

7.1 The Lewisham LCP Strategic Board met recently with providers and key stakeholders to discuss quality and assurance and how to secure the opportunities of quality improvement in an integrated system. Work from the seminar session fed into the new Integrated Quality and Assurance Group which met for the first time in March 2023. The focus will be looking at quality through the lens of Lewisham residents, ensuring best health outcomes and collaborative working across the system to address shared issues. The Quality and Assurance Group will be chaired by the Lewisham & Greenwich Trust Chief Nurse.

Lewisham LCP Priorities

7.2 Aligning with the high level priorities set out in the Integrated Care Strategy for South East London, the LCP's focus will be on ***building stronger, healthier families***, by establishing family hubs; ***being compassionate employers and building a happier, healthier workforce*****,** starting with co-ordinating work on apprenticeships and entry level roles; ***working together and in collaboration as organisations and with the communities we serve*****;** with a particular focus in years one and two on strengthening the offer to older and frail people and long term conditions; and finally, **by reducing inequalities,** initially focusing on screening and immunisation rates and implementation of a workforce cultural competency tool across providers in Lewisham.

8

Neighbourhood Workshops

7.3 To progress the development of Integrated Neighbourhoods a series of stakeholder workshops have been run. Stakeholder Interviews and an online survey were undertaken, ahead of the first workshop, for people to share views on the vision for the partnership, reflections on the work to date and what matters most going forward. Initial feedback shows a strong foundation for partnership working within the system and a real commitment to work together, whilst recognising a need to build relationships in some areas. Following the first workshop, a shared set of priorities for neighbourhood integration have been identified which highlighted specific areas to build on what is working well. The next steps are to refine actions to address these priorities supported by future workshop sessions.

Lewisham patient/resident discharges summary between 2021/22 and 2022/23

7.4 A review of Lewisham adult social care data has confirmed that there has been a considerable overall increase in Lewisham patient discharges into social care pathways. This increase is seen in pathway 1 (can return home with a package of care Homecare) and 2 (placed in Intermediate care). In Pathway 3 (placed in Nursing/Residential care) there has been a decrease in the numbers of patients referred to care and nursing home placements. Whilst still relatively early, the reduction indicates that local improvement initiatives such as the Peer Support Discharge Discussion (PSDD) and the Home First Programme are having a positive impact on the number of people supported back to their own homes following an admission.

Primary Care Network (PCN) forum

7.5 The PCN forum which brings together primary care leaders from across the Lewisham system including PCNs, the borough-wide GP Federation, Local Medical Committee (LMC) and ICB clinical and care professional leads, recently held a developmental workshop. The workshop reviewed the progress and achievements to date of the PCN forum and considered plans for the future to support ongoing effective joint working and a united primary care voice for Lewisham. A draft revised terms of reference for the forum will now be consulted on as well as options for the chair. The forum has also agreed to rename itself as the Lewisham Primary Care Leadership forum so that it is more reflective of its membership and purpose.

8 Southwark Borough Update

The Partnership developing its health and care plan

8.1 At the Partnership Southwark Strategic Board, held at South London Mission on 2 March 2023, the Partnership discussed its plan for 2023-2028 to improve the health and wellbeing of the people of Southwark. The plan represents an ambition to enable every part of the health and care system in Southwark to make the borough an amazing place in which to be born, live a full healthy life and spend one's final years. The plan identifies seven priority areas for collaborative working:

- Supporting children and families during their early years through the *1001 days* programme

- Guaranteeing mental health support to all children and young people when they need it
- Strengthening support for adults experiencing mental ill-health through expanding the provision of early intervention services and community-based mental health support
- Preventing ill-health through the *Vital 5* programme that addresses five of the key causes of ill health: high blood pressure, obesity, smoking, alcohol and common mental health conditions
- Supporting older people to live independently through strength-based approaches that help people remain active and socially connected
- Developing integrated neighbourhood teams so that services are delivered in a way that reflects the way people of Southwark live their lives
- Establishing a mental health collaborative of key partners working together to remove the artificial barriers that prevent care from being delivered in a joined-up way

8.2 Further work on the plan will be agreed over the coming few months to evidence the alignment to the refreshed local Health and Wellbeing Board strategy and take account of the emerging ICS strategy and joint forward view, as well as appropriate health and care themes arising from current listening and engagement activities to define the Southwark 2030 vision.

Appointment of an independent Lay Member to help guide the Partnership

8.3 On 1 March Katy Porter took up her role as Partnership Southwark's Lay Member. Katy comes with a wealth of relevant knowledge and experience. Katy is a nurse who has worked predominantly in the voluntary and community sector throughout her career. This has included clinical and senior management roles in addiction services, HIV, homelessness, and community health and social care provision. As the independent Lay Member, Katy will join the Partnership Southwark Strategic Board and will chair the Primary Care Group and Integrated Governance and Assurance Committee.

Working together to improve uptake of the COVID-19 booster and flu vaccine

8.4 Throughout January and February Southwark Partnership took action to support uptake of the COVID-19 booster and the 'flu vaccine amongst the most vulnerable. Initiatives included: pop-ups with vaccinators, nurses and mental health advisors at the Citizen's Advice Cost of Living Roadshow in Peckham, vaccinators joining with a pharmacy team offering blood pressure checks and a hairdresser at a visit to two sheltered accommodations in Walworth. The Partnership also made innovative use of bike advertising to increase awareness of the COVID-19 booster and 'flu vaccine in areas of lower uptake.

Bringing mental health support closer to the people who need it

8.5 Southwark Partnership has recruited neighbourhood-based mental health support workers to help people experiencing mental ill-health take control of their health and wellbeing. The support workers will work closely with local GPs, pharmacies and social care and provide outreach in community spaces.

Promoting community pharmacies as an alternative for common health conditions

8.6 Southwark Partnership has been supporting the roll-out of the Community Pharmacist Consultation Service. The service facilitates a same-day appointment at a local pharmacy for minor illnesses or urgent supply of a regular medicine and eases pressure on GP appointments and emergency departments.

Integrated Care Board

Item 4
Enclosure D

Title:	**Equality, Diversity and Inclusion Report**
Meeting Date:	**19 April 2023**
Author:	Wasia Shahain, Senior Equality, Diversity and Inclusion Manager
Executive Lead:	Tosca Fairchild, ICB Chief of Staff and Equality, Diversity and Inclusion SRO

Purpose of paper:	**To update the Board on progress and upcoming priorities for the equality, diversity and inclusion programme at SEL ICB.**	Update / Information	*X*
		Discussion	*X*
		Decision	*X*
Summary of main points:	This report outlines the key direction of travel for the equalities programme at SEL ICB, noting recent achievements, progress with commitments, upcoming priorities, and assurance regarding compliance with statutory and mandatory equalities duties.		
Potential Conflicts of Interest	**None**		

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

	Equality Impact	Public Sector Equality Duty, Gender Pay Gap and Workforce Disability Equality Standard reports support compliance with the Equality Act 2010.
	Financial Impact	N/A
Other Engagement	Public Engagement	Where relevant patient and staff engagement has been carried out during activities.
	Other Committee Discussion/ Engagement	Equalities Sub-Committee, 3 November 2022 Equalities Sub-Committee, 5 January 2023 Equalities Sub-Committee, 2 March 2023 Board (by correspondence), 20 March 2023

Recommendation:	The Board is asked to: - Note progress made with the equality, diversity and inclusion programme of work

Equality Diversity & Inclusion Report

NHS South East London Integrated Care Board (ICB) 19 April 2023

1. Equality, Diversity and Inclusion

Context

1.1 South East London Integrated Care Board (SEL ICB) has made significant progress on its equality, diversity and inclusion (EDI) work programme since inception on 1 July 2022. SEL ICB Board commitment and organisational leadership, led by Chief of Staff and EDI Senior Responsible Officer, combined with dedicated EDI resource, has resulted in strong development of the programme building on historic successes in SEL.

1.2 A matrix working approach has been applied across the organisation to deliver on EDI initiatives which support the ICB in meeting its core purposes to improve access, experience and outcomes for the population and staff, tackle health inequalities, and support broader social and economic development in SEL. The overarching framework for EDI is outlined below:

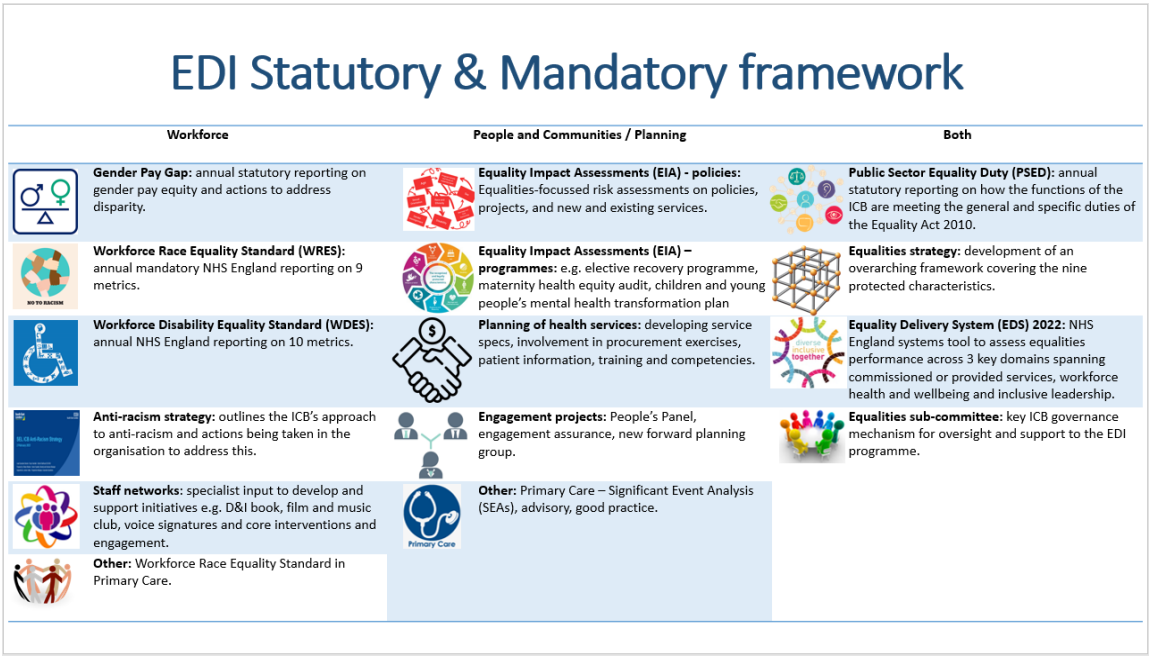

Diagram 1. EDI statutory and mandatory framework

1.3 The ICB has ambitious future plans. It has re-launched the Equalities Sub-Committee with new representation from Place to reflect borough activity, and the wider ICS. Development of an ICB anti-discrimination strategy, of which the recently developed Anti-Racism Strategy is part, to address equalities for all protected characteristic groups is on course.

1.4 Alongside this is the work to ensure the ICB is compliant against existing and future statutory and mandatory EDI duties. This includes ensuring the production and publication of two statutory reports covering the Public Sector Equality Duty and Gender Pay Gap (SEL Clinical Commissioning Group legacy report), which were approved by the Board and published in line with statutory requirements.

Governance

1.5 The overarching governance structure for equality, diversity and inclusion (EDI) is as follows:

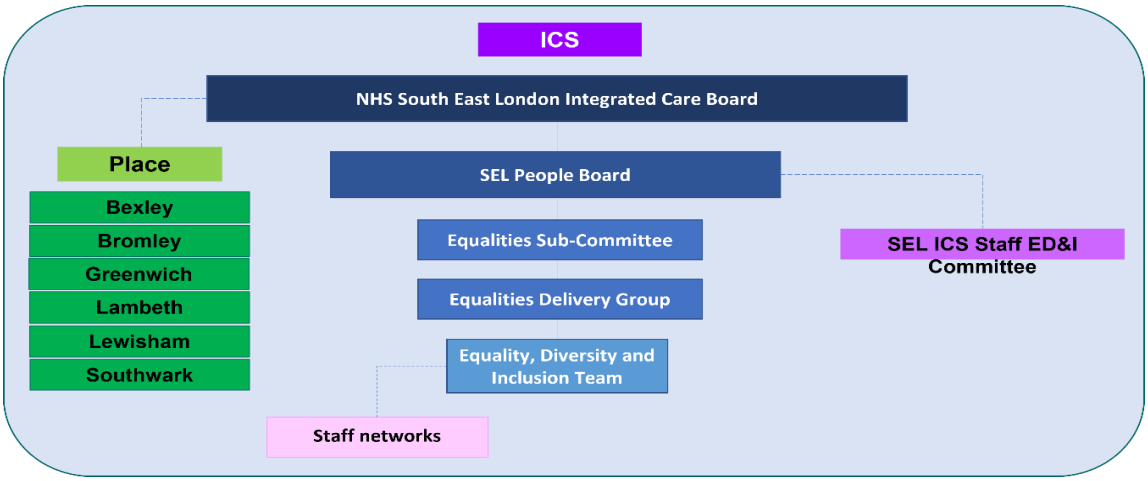

Diagram 2. EDI governance structure at SEL ICB

1.6 The SEL ICB Equalities Sub-Committee has recently been reviewed and membership refreshed to ensure wide representation across the organisation and boroughs. The Committee covers EDI responsibilities for people and communities and staff. Functions and directorates represented include: human resources, organisational development, engagement, population health, quality and safety, planning, and Local Care Partnerships. A successful re-launch workshop was held in March 2023 to socialise the EDI agenda and create momentum for the work of the group through the use of a case study and group discussion.

1.7 EDI across the ICS system is led by the Director of Strategy & People, Oxleas NHS Foundation Trust reporting through to the SEL People Board. Connection is made through the SEL Chief of Staff who is a member of the ICS Staff ED&I Committee and further work is planned to strengthen connections, build partnerships and develop collaborations on shared priorities with the SEL ICB Equalities Sub-Committee.

1.8 The Equalities Delivery Plan (EDP) continues to underpin the SEL ICB equalities programme and is currently on track in all areas. The EDP is in the process of being re-designed to align with all statutory and mandatory commitments. The updated EDP will be available at a future Board meeting to share EDI progress in more detail.

1.9 Equality Analyses (EA) supports SEL ICB to embed equalities in decision-making and planning processes and within all functions, including planning and human resources. There continues to be a strong uptake of EAs being completed by ICB functions in 2022/23, with reviews undertaken on the children and young people's mental health transformation and delivery plan, safeguarding policies, and peer-led structured education. Work in this area will be supported through further training and a revision of current guidance in the coming months.

Staff networks and engagement

1.10 SEL ICB has 4 staff networks covering Embracing Race and Diversity, LGBTQ+, Age and Ability, and Women and Parent Leaders. A review has been undertaken to further strengthen the ICB's approach which is currently being implemented. The networks act as a vital link ensuring that staff voices are a core aspect of our workforce activities.

Highlights include:

- Using staff survey data to instigate the need for a mediation service. A number of staff including members from the Embracing Race and Diversity staff network have subsequently completed accredited training to become in-house mediators.
- Launching the 'Progressive Pride Flag' lanyard scheme, with the LGBTQ+ staff network issuing over 100 lanyards in the first three months.
- The Age and Ability Network securing funding for the organisation to access the Sunflower Project Hidden Disabilities platform.
- Implementing a 'menopause in the workplace' policy, launched with an all-staff awareness event including both primary and acute clinicians.

1.11 The ICB's Race Equality Forum continues to meet regularly and is now naturally evolving towards a pan-equalities focus. 90 members of staff attended the forum in February 2023 looking at intersectionality. The NHS England's LGBT Health Advisor and consultant at King's College Hospital, attended to talk about intersectionality and his national role together with the chairs from the ICB LGBTQ+ and Embracing Race and Diversity staff networks.

EDI statutory and mandatory reporting

1.12 The EDI statutory and mandatory reporting requirements are:

EDI requirement	Statutory/mandatory	ICB/ICS	Timeframes
1. Public Sector Equality Duty 22/23 annual report	Statutory (Equality Act 2010)	ICB/ICS	March 2023
2. Gender Pay Gap 22/23 annual report	Statutory (Equality Act 2010)	ICB	March 2023
3. Equality Delivery System	Mandatory (NHS England)	ICB/ICS	Begins April 2023
4. Workforce Race Equality Standard 2023	Mandatory (NHS England)	ICB	May 2023 (TBC)
5. Workforce Disability Equality Standard 2023	Mandatory (NHS England)	ICB	August 2023

Table 1. Summary of statutory and mandatory equalities requirements

1.13 The Public Sector Equality Duty (PSED) applies to all public bodies and is an annual statutory requirement under the Equality Act 2010. SEL ICB must report on how its functions have given consideration to the general and specific equality duties. Broad engagement was carried out across SEL ICB and SEL ICS to gather a range of case studies to showcase in the report. Highlights from the 2022/23 report include:

- Tackling inequalities for people and communities through work on Covid-19 vaccinations, Mental Health Services including children and young people, working closely with Primary Care Networks, and collaborating with the Voluntary Community and Social Enterprise sector on a range of innovative projects.
- Engagement with people and diverse communities to demonstrate how partnership working is helping inform planning of services.
- Debiasing recruitment and other HR processes to improve equality in the workplace.
- A range of human resources and organisational development interventions for SEL ICB staff including the achievements of our staff networks and support in relation to staff health and wellbeing.

1.14 The Workforce Disability Equality Standard (WDES) 2022/23 report is an annual submission to NHS England made by all NHS Trusts. Although ICBs are not yet mandated to complete this data collection, SEL ICB has opted to report on WDES as good practice to demonstrate the organisation's commitment to disability equality. A well-attended engagement event with disabled staff, line managers and allies was arranged in October 2022 to support the development of the WDES report and action plan. Overall, the organisation shows improvement in some of the metrics, with areas for development also noted, forming part of the plans for 2023/24. A detailed action plan has been developed and is currently being implemented and monitored through the EDP. Highlights from the 2022/23 report include:

- Age and ability staff champions staff network is in place with increased support from the Organisational Development team to progress their work.
- Access to Evenbreak Disability Jobs Board, a SEL based social enterprise, signed up to the Disability Employment Charter, that provides coaching and advertisement through a jobs board focused on disabled candidates.
- Celebrated Disability History month at which a member of staff with a hidden disability shared their thoughts via a blog and several NHSE learning/awareness events were shared.

1.15 Any employer with 250 or more employees must report their gender pay gap data. The Gender Pay Gap (GPG) is a statutory report that SEL ICB was required to publish by 30 March 2023. The GPG report is a legacy report prepared by SEL ICB on behalf of South East London Clinical Commissioning Group (SEL CCG) reflecting data as at 31 March 2022. As a new legal entity, SEL ICB will be publishing its first Gender Pay Gap Report on 30 March 2024 with data as at 31 March 2023.

1.16 The Public Sector Equality Duty 2022/23 report, Gender Pay Gap SEL CCG legacy 2022 report and Workforce Disability Equality Standard 2022/23 report were formally published on the SEL ICB website on 30 March fulfilling SEL ICB's statutory duties. The reports are available to view on the newly launched Equality, Diversity and Inclusion website.

Recent achievements

1.17 SEL ICB has developed an Anti-racism strategy (ARS) with input from the ICB Race Equality Forum and ICB staff networks. The ARS has been well received within the organisation and across the South East London Integrated Care System (ICS). The Board will have an opportunity to engage with the strategy before their formal approval which will be followed by a future high-profile launch.

1.18 The ICB successfully bid for an EDI Innovation fund of £50,000 from NHS England, London region. The funding will be used to procure recruitment training across the ICS, with places also available for Local Authorities and General Practice. Innovative drama-based sessions will be delivered to support work around 'de-biasing' recruitment processes.

1.19 As part of the ICB's wider work in relation to organisational culture two further projects, with an emphasis on developing social movements, were developed and are now in operation within SEL ICB:

- **Voice signatures** – feedback from the Embracing Race and Diversity staff network and Race Equality Forum highlighted staff members' negative personal experiences of having their names mispronounced, and the impact this has, in the workplace. In response, a digital tool to support the correct pronunciation of people's names has been implemented and widely adopted across the organisation. Initial feedback has been very positive, with further work planned to develop success stories from staff.

- **Diversity & Inclusion book, film and music club** – The club was launched in December 2022 and two well attended sessions have been held, looking at anti-racism and the intersection with other protected characteristics. The most recent session tied into LGBTQ+ History Month in February 2023.

Upcoming priorities

There are a number of forthcoming SEL ICB priorities which include:

1.20 Supporting the procurement of mental health support services in Southwark. An assessment against equalities criteria will be required to ensure the service improves access, experience and outcomes for the population and workforce.

1.21 The Equality Delivery System 2022 has been mandated by NHS England for 2023/24 and supports the assessment of three key domains:

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

To note, domain 1 will look at assessing CORE20PLUS5 activities through the lens of protected characteristics. An ICS-wide task and finish group, including all NHS Trusts, is being established to align priorities, collaborate and co-design the approach across south-east London.

1.22 The Workforce Race Equality Standard (WRES) was postponed in 2022 due to the transition to ICBs. NHS England has yet to announce the reporting schedule for 2023/24 for ICBs. All NHS organisations are required to report on the WRES. Initial data gathering will begin in April in preparation for future reporting. Further updates on the new schedule will be shared once announced.

1.23 A 'social movement' project has been devised by SEL ICS to promote new ways of thinking and engaging around staff EDI and anti-racism. SEL ICB will be involved in the procurement and development of the work which will be rolled out across the ICS in early 2023/24.

Integrated Care Board

Item: 5
Enclosure: E

Title:	**Overall Committees Report**
Meeting Date:	**Wednesday 19 April 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 derogation by those committees.**	Update / Information	**X**
		Discussion	
		Decision	**X**

Summary of main points:

The Overall Committees report summarises the activities that have taken place at ICB committees that report directly to the Board, since the last Board meeting held in public.

The Board is asked to note :

a) **Decisions were made remotely via correspondence** by the Board reported in the paper.
b) **The decisions made under delegation** by Committees in the period since last reported.
c) **Activities and areas of discussion** considered by the Committees, including the Local Care Partnerships, Acute Provider Collaborative and the Mental Health Collaborative, since the last report to the Board.
d) **Changes to governance documents as a result of delegation of pharmaceutical, optometry and dental services**
e) **Changes to the ICB Constitution on Use of Seal and Authorisation of Documents**
f) **A decision referred to the Board on the delegation of PODS and Specialised services recommending that the board:**

APPROVE sign off of the NHS England delegation agreement
APPROVE the draft Memorandum of Understanding between SEL ICB and NHS England for hosting of the PODs team for the period 1 April 2023 to 30 June 2023
APPROVE the draft Memorandum of Understanding between SEL ICB and NEL ICB for hosting of the PODs team from 1 July 2023.
AGREE the establishment of the POD (delegated services) Commissioning Oversight Group

	APPROVE the Joint Working Model and Joint Working Agreement with NHS England in relation to specialised services			
Potential Conflicts of Interest	None.			
Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
	Equality Impact	None – this report is provided for internal reporting purposes.		
	Financial Impact	None – this report is provided for internal reporting purposes.		
Other Engagement	Public Engagement	Local Care Partnership meetings are held in public on a bi-monthly basis.		
	Other Committee Discussion/ Engagement	This report summarises the key areas of discussion considered at all ICB Committees which report to the Board directly.		
Recommendation:	The Board is asked to: • **APPROVE** the decision referred from the planning and finance committee • **NOTE** the decisions made under delegation • **NOTE** the key areas of discussion that have taken place in the Committees since the last report.			

Overall Report of the ICB Committees

ICB Board 19 April 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 15 February 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**	**Charitable Funds Committee**	**Clinical and Care Professional Committee**	**People Board**	**Local Care Partnerships**
Meeting date	1 March 2023	28 February 2023	-	-	-	27 March 2023	
	6 April 2023	21 March 2023	-	-	-	-	

	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	23 March 2023	16 March 2023	22 February 2023	8 March 2023	23 March 2023	2 March 2023
	-	-	-	-	-	-

It should be noted that the Clinical and Care Professional Committee meeting scheduled for 22 February 2023 and 15 March 2023 was cancelled due to operational pressures.

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
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.	Iain Dimond (acting chair, Bexley) Dr Andrew Parson & Cllr Colin Smith (co-chairs, Bromley) Dr Nayan Patel (Greenwich) Dr Di Aitken (Lambeth) Dr Jacqui McLeod (Lewisham) Dr Nancy Kuchemann & Cllr Evelyn Akoto (co-chairs, Southwark)

4. Recommendations to the Board for Decision / Approval

4.1 Below are the items which have been referred to the Board for decision or approval in this period.

No.	Committee name	Meeting date	Agenda item	Items for Board decision / approval
1.	Planning and Finance Committee	1 March 2023	Delegation of PODs and Specialised Services	• APPROVE sign off of the NHS England delegation agreement • APPROVE the draft Memorandum of Understanding between SEL ICB and NHS England for hosting of the PODs team for the period 1 April 2023 to 30 June 2023. • APPROVE the draft Memorandum of Understanding between SEL ICB and NEL ICB for hosting of the PODs team from 1 July 2023. • AGREE the establishment of the POD (delegated services) Commissioning Oversight Group • APPROVE the Joint Working Model and Joint Working Agreement with NHS England in relation to specialised services

4.2 Decisions made remotely by the Board during the reporting period were:

- Approval of the delegation agreement to be signed between the ICB and NHS England London Region in relation to the delegation of pharmaceutical, general optometry and primary, secondary and community dental services, recommended by the Planning & Finance Committee.
- Approval of the Memorandum of Understanding to be signed between London ICBs and NEL ICB in relation to agreed lead commissioner arrangements for London for pharmaceutical, general optometry and primary, secondary and community dental services, recommended by the Planning & Finance Committee.
- Approval for the ICB to sign the Joint Working Agreement to be established across London for 2023/24 to support joint oversight of specialised services in anticipation of full delegation to ICBs in April 2024, as recommended by the Planning & Finance Committee.
- Approval for publication of the ICB's Public Sector Equality Duty report on the South East London ICB website.
- Approval for publication of the ICB's Gender Pay Gap report on the South East London ICB website.

4.3 Decisions made solely by the Board:

a) Changes to governance documents as a result of delegation of pharmaceutical, optometry and dental services

Delegation of responsibility of pharmaceutical, general optometry and primary, secondary and community dental services to the ICB from 1 April 2023 requires some minor amendments to the terms of reference for the Planning and Finance Committee, and the ICBs Scheme of Reservation and Delegation. These amendments require approval for adoption by the Board.

The Board is asked to approve the following amendments:

1. Planning and Finance terms of reference
   a) Section 2.1 "Purpose" – AMEND sentence to read (additions are shown in bold): "The committee is responsible for overseeing and coordinating the Integrated Care Boards planning processes, across strategic and operation planning, i**ncluding for services that are delegated to the ICB by NHS England**."

   b) Section 3.6 "Planning for and management of NHS England delegations" – AMEND sentence to read (additions are shown in bold): "The committee is responsible for overseeing the safe transfer of delegated functions from NHS England to the Integrated Care Board. This will include assurance around, and appropriate planning to secure, the safe transfer of specialised services **(from April 2024) and public health, community pharmacy, optometry and dental services (from April 2023), and the effective discharge of delegated functions thereafter.**

   c) Section 4.3 "Programme and enabler board, Local Care Partnerships and Provider Collaboratives" – ADD sentence to first paragraph as follows: **"In addition, the Committee will oversee the delivery of functions delegated by NHS England to ICBs with regards to specialised services and public health through agreed London wide governance arrangements".**

2. Scheme of Reservation and Delegation
   a) ADD row: "Primary Care Commissioning – approval of the arrangements for discharging the ICB's responsibilities and duties associated with Pharmacy, Optometry and Dentistry (PODs) (delegated by NHS England – Planning and Finance committee via the joint London POD Commissioning Oversight Group"

b) ADD row: “Delegated Commissioning Arrangements – overseeing the work of Pharmacy, Optometry and Dental commissioning team, delegated by NHSE via a Hub within NEL ICB to include: oversight of the POD Hubs contract management function and the commissioning activity and advise they undertake on behalf of the ICB, under the direction of the MoU (between NEL ICB and all other ICBs) - Planning and Finance committee via the joint London POD Commissioning Oversight Group”

b) Changes to the ICB Constitution on Use of Seal and Authorisation of Documents

The Board is requested to recommend to NHS England for approval the following change to the ICB’s Constitution to recognise the requirement for the ICB to have a Seal in place in order to sign deeds under Seal. Previously it was not considered necessary to have a Seal, but the ICB has recently been advised of the need to sign a deed under Seal and this is therefore now required. We are therefore seeking to amend the Constitution to recognise this. Upon recommendation by the Board the revised Constitution will be sent to NHS England, who are already aware of this requirement, for final approval.

ADD Section 6 Use of Seal and Authorisation Documents to read:

“6.1 The ICB has a seal for executing documents where necessary. The seal shall be kept in safe custody by the Chief Executive Officer or a person appointed by the Chief Executive Officer.

6.2 The following individuals or officers can authenticate the seal’s use by their signature. Two of the following are required to seal documents:

- The Chief Executive Officer
- The Chief Financial Officer
- The Medical Director
- The Chief Nursing Officer”

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.	Quality and Performance Committee	28 February 2023	Safeguarding guidance for approval	• The Committee approved a Domestic Abuse Guidance document.
2.	Planning and Finance Committee	1 March 2023	Continuous Glucose Monitoring for individuals with Type 1 diabetes	• The Committee approved implementation of Continuous Glucose Monitoring for individuals with Type 1 diabetes in SE London.
3.	People Board	27 March 2023	People Strategy	• The People Board reviewed the final draft of the ICS People Strategy developed through detailed engagement and underpinned by the "case for change" evidence base for the workforce priorities and borough based needs. Subject to adjustments to strengthen the prevention and inequalities references, the Board approved the People Strategy. The Board also noted the People Strategy is a "live" document to facilitate continued engagement with our workforce, our population and our partners.
4.	Planning and Finance Committee	6 April 2023	Medicines Optimisation	• The Committee approved a medicines rebate scheme for the drug Slenyto.
5.	Planning and Finance Committee	6 April 2023	Signposting of the Mediation Service in the Bullying & Harassment and Grievance policies	• The Committee approved amendments to the ICBs Bullying & Harassment and Grievance policies to include the new mediation services to be launched in April 2023.

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.	Quality and Performance Committee	28 February 2023	The Committee: • received the quality and performance report, noting pressures across the system and the impact of industrial action, and discussed winter plan effectiveness. The Committee requested discussion/ updates at future meetings on the latest 104 week waiter position, impact of a mailbox issue identified on referral and discharge letters, and a system view on pressures faced by the PRUH and QEH sites specifically. • received a presentation on the capture and mitigation of system pressure and industrial action risks, agreeing an action for a piece of work to drill down on priority areas and understand the causes to provide a more focussed response to improve patient experience. • received a summary paper on current position against national performance targets. • received a summary update on activity by its sub-committees.
2.	Planning and Finance Committee	1 March 2023	The Committee: • Received an update on the ICB and ICS financial position, as at end of month 10 (January 2023) • Received a paper on the delegation of PODs and specialised services to the ICB, making recommendations to the Board, as detailed in section 4 . • Received an update on development of the Joint Forward View and progress with Operational Planning for 2023/24. • Discussed a proposal on Local Care Partnership financial delegation for 2023/24, noting additional budgetary flexibility through shared ownership and accountability of the risk reserve.
3.	Quality and Performance Committee	21 March 2023	The Committee: • Received the latest quality and performance report, noting the latest position on industrial action, quality issues around system pressures and never events, CQC inspections, future plans on

			dashboard reporting and audits, UEC pressures work to address demand and capacity, 23.24 planning, and a positive report from the recent discharge summit. • Discussed to reasons behind the perceived increase in serious incidents, how to apply learning from this year to improve the 23/24 winter response, consistency of CHC standards across boroughs, and identifying the root cause of performance issues through data. • Debated the role and functioning of the committee, and how the committee could obtain assurance by maximising the benefit obtained from feedback received from QPC sub-groups on their deep dive work into the key system issues.
4.	People Board	27 March 2023	The Committee: • Received and commented on the workforce programme report prepared for the Integrated Care Board, commenting on the proposed discussion priorities and reflecting in particular, on challenging financial context. • Received and approved the updated Board Assurance Framework. • Received an update on recruitment of the new substantive programme structure for next financial year. Successful recruitment to all roles noted. • Received a financial report and noted 68 investments had been enabled by the 22/23 total funding from four funding streams. The Board noted there will only be two sources of funding in 23/24 and investment scale will be c 46% compared to previous year. • In relation to Staff Health and Wellbeing, Board members were formally informed as national funding from NHSE will not continue after April 23, SLAM have taken the difficult decision to close the 'Keeping Well in SEL' (KWSEL) ICS service. Closure plans and future gaps were presented. Thanks to the KWSEL service were expressed. • Received an update on successful appointment of a specialist EDI Communications partner to work with the committee to create a wider ICS community engaged on the EDI agenda, noting work will commence in April. • Noted that the next People Board in May will notably: ○ include review of the programme team strategy implementation plan and ○ Updates on Joint Forward Plans, in particular Borough level plans. The final submission of plans to NHSE is required by 30th June 2023

5.	Planning and Finance Committee	6 April 2023	The Committee: • Received a report from the medicines optimisation team on the challenges and opportunities within medicines management in the year ahead • Received and discussed the month 11 reports on the financial positions of both the ICB and ICS understanding the key issues and forecast outturn • Received an update on the delegation of PODs services from NHSE and plans for the future delegation of specialised services • Received a report on changes to the Board Assurance Framework for 2023/24 and recommended the approval of the latest iteration of the 20233/24 BAF to the Board • Received an update on progress with the Joint Forward View and Operational Plan for 2023/24

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.	23 March 2023	PMS Premium Extension and 2023/24 GP Premium Development Plan	The committee approved: • The interim extension of the PMS premium 1 April 2023 to 30 June 2023 • Equal distribution of the PMS premium funding across all contract types • Extension to the existing PMS premium KPIs • Introduction of additional KPIs commensurate with an additional of investment (value TBC)
2.	23 March 2023	Care Homes Supplementary Network Service – Extension	The committee approved: • Extension of the Bexley Care Homes Supplementary Network Service specification for Nursing and Residential Care Homes for 12 month to 31 March 2024 • Extension of the completion timeframe requirement from two to four weeks for KPI 2 • Amendments to the incentive driven KPIs • A change in payment models for incentive driven KPIs from a “per bed” to a “per home” basis The committee also supported a wider review of the contract and service model during 2023/24.

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.	23 March 2023	Lets Talk about Women's Health	• The Committee received a presentation on womens health issues and how the borough should ensure women were supported.
2.	23 March 2023	SEL Joint Forward Plan – Bexley	• The committee received an update from the borough Chief Operating Officer on the approach taken to develop the SEL ICB Joint Forward Plan and the development of the draft Bexley 3 Year Plus integrated improvement plan actions for inclusion in the forward plan. The Committee endorsed the actions and noted the Forward Plan timetable and approach.
3.	23 March 2023	Month 10 finance report	• The Committee received an update on the financial position for Place and the ICB/ ICS as at end of January 2023.
4.	23 March 2023	Place Risk Register	• The Committee discussed the Bexley specific risks on the ICB risk register.

Appendix 2

Bromley Local Care Partnership – One Bromley

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 One Bromley Under Delegation

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

No decisions have been made in LCP meetings in the reporting period for reporting.

One decision has been taken by Chair's action outside of the meeting:

Community Anticoagulation Service:

- Chair's action was taken to endorse the recommendation to award, supported by four members of the LCP Board
- Bromley GP Alliance were awarded the contract by the Place Executive Lead on the 24th February 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.	16 March 2023	Partnership Report	• Joint partnership report for an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative, including SEL ICB, the PRUH, Oxleas, St Christophers Hospice, Bromley Council Adult Social Care, Bromley Third Sector Enterprise (BTSE), Bromley Healthcare, Bromley GP Alliance (BGPA), Bromley Primary Care Networks and Bromley Public Health.
2.	16 March 2023	End of year celebration of achievements	• Joint presentation to the board highlighting some of the many achievements and improvements that have been made across Bromley services over the last few years. • It focuses on areas which we haven't reported on in detail previously and which are making a difference to service provision, experiences and outcomes. • Items discussed include Winter pressures; Hospital at Home; Caring for the Homeless; Winter Vaccinations; Primary Care and Mental Health for Adults and CYP.
3.	16 March 2023	Primary Care Group Report	• The Primary Care Group met in March and there was a good discussion on business intelligence and Quality dashboards • The meeting was very effective with excellent help from colleagues • The report was commended to the board.
4.	16 March 2023	Contracts and Procurement Group Report	• Main area to highlight is the contract award recommendation for the Anticoagulation service • The report was commended to the board.

Appendix 3

Greenwich Local Care Partnership – Healthier Greenwich Partnership (HGP)

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 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.	22 February 2023	Healthier Greenwich Partnership Development	The Board agreed the second phase of development during 2023, noting there would be further discussions to determine key areas of focus and specific quantifiable measures for each priority.
2.	22 February 2023	UTC Procurement	HGP endorsed the decision for Bidder 3 to be appointed as the preferred bidder for Lot 1 and Bidder 2 as the preferred bidder for Lot 2. HGP approved proceeding to contract discussions on successful completion of the standstill period and the award of contract within the terms of the tender.
3.	22 March 2023	Healthier Greenwich Partnership Development	The Board agreed on the output from the workshop to have two 100-day challenges focused on physical activity for the primary prevention bit, and early detection of high blood pressure. There would be further workshop to define the interventions for each area.
4.	22 March 2023	2023/24 Planning	The Board agreed to the 10 priorities for the Local Delivery plan. Each partner to identify areas they can focus on and commit to what they can deliver by 12 April.

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.	22 February 2023	PCN Fuller workshop – 26/1/23 - Feedback and next steps	• Executive summary of the report was presented by the Chair. • It was noted the outputs from the workshop would be provided in a subsequent report.
2.	22 February 2023	2023/24 Planning	• HGP received update on the work to develop the borough section of draft 5 year forward view plan and to produce HGP Local Delivery Plan.
3.	22 February 2023	Community Provider Network (CPN)	• HGP discussed the background, development, and work of CPN. • HGP noted the status of the Greenwich Core offers and progress to date on those.
4.	22 March 2023	Chief Operating Officers Report	• Further update on UTC procurement for Queen Elizabeth hospital. HGP noted the standstill period has ended and Greenwich Health won the UTC bid. There is a mobilisation period of almost four months, with the new service due to start on 1st July 2023. • NHS Greenwich Charitable Funds committee has agreed to go out to procure an external partner to help support the grant giving process over the next 5-6 years. We expect to have selected the partner by June 2023,
5.	22 March 2023	METRO - Race report update and response	• HGP received update about a recent issue which affects one of the organisations in the partnership. • Race issues identified through Metro's own internal audit report. • HGP noted joint effort to agree a joint statement in response.
6.	22 March 2023	Health Inequalities update	• HGP received update about the programmes and progress to date. • Noted the programme has three elements - the population health programme, workforce development and community infrastructure.

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.	8 March 2023	4. Recommissioning of Lambeth Community Diabetes Service	The Partnership ratified the decision on recommissioning of the Lambeth Community Diabetes Service. Chairs action was taken on the 8th February 2023 (LCP Seminar) to recommend approval of option 1 in the paper.

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.	8 March 2023	3. Minutes of previous meeting	• The Partnership discussed the full complement of CCPL leads in Lambeth.
2.	8 March 2023	6. Lambeth Together Strategic Health and Care Plan	• The plan was brought to the meeting for final comment. Plan will be approved at the April LTCP in Public.
3.	8 March 2023	9. Deep dive – staying healthy	• The Partnership received a fantastic presentation by the Lambeth Staying Healthy team outlining the preventative measures being taken by Lambeth council to improve the health of an aging population.

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.	23 March 2023	3. LCP Plan	• The Lewisham Health & Care Partnership approved the direction of travel for the Lewisham Local Care Partners Plan.
2.	23 March 2023	10a. Primary Care Group Chairs Report	• The Lewisham Health & Care Partnership approved the Lewisham APMS Care Homes Business Case.

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.	23 March 2023	4. MHIS/SDF funding for mental health	• The Board noted the 2023/24 Mental Health Investment Standard (MHIS) & Service Development Fund (SDF) allocations for mental health investment update.
2.	23 March 2023	7. Digital Exclusion	• The Board received the initial Primary Care Digital Inclusion Plan.

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3.	23 March 2023	9. JTAI report and action plan	• The Board received a summary of the Joint Targeted Area Inspection (JTAI) of the Council's multi-agency safeguarding hub and social care assessment service, which took place in November 2022.
4.	23 March 2023	14. Any other business	• It was noted Dr Jacky McLeod, co-Chair and Clinical Care Professional Lead was standing down from her role with the borough as of 31/03/2023. The Board thanked Dr McLeod for all her work with the Lewisham LCP Board.

Appendix 6

Southwark Local Care Partnership – Partnership Southwark

1. Recommendations to the Board for Decision / Approval

1.1 Partnership Southwark has requested the Board to approve extension of Dr Nancy Kuchemann in the LCP co-chair role for one further year.

2. Decisions made by Partnership Southwark Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	2 March 2023	PEL Report	• Clinical and Care Professional Leads extended by six months to September 2023.
2.	2 March 2023	PEL Report	• A Wellbeing Hub procurement approval was granted to award the contract to Together UK for delivery of Southwark Mental Health Wellbeing Hub resource in the London Borough of Southwark.

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.	2 March 2023	Health & Care Plan	• The plan was presented to the Board but not agreed. More specificity was needed – to bring back to May Board.
2.	2 March 2023	Southwark 2030	• The Partnership was updated on the listening events that had taken place in borough and the contribution from the partnership.
3.	2 March 2023	Southwark Stands Together	• The Partnership received an update on the progress from previous recommendations and to keep the partnership involved in their commitment to ongoing work
4.	2 March 2023	Mental Health Complex Care update	• **Part 2 not held in public** - Update given on the progress following the commissioned ICP work and recommendations
5.	2 March 2023	Community Provider Network Core Offer	• **Part 2 not held in public** - Linking the core offer programme with the partnership and neighbourhood working

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 for the period 11 January to 11 April 2023.

No.	Meeting date	Agenda item	Items for Board to note
1.	APC Executive, 17 January and subsequent meetings	Preparation for industrial action	Commitment to share information on plans and seek alignment on approaches to managing the impacts of industrial action, wherever possible.
2.	APC Executive 17 February 2023	ENT	Agreement to appoint an external facilitator to convene and co-design a workshop session for ENT clinical and operational colleagues to explore the future strategic options for ENT services in SEL.
3.	APC Executive 17 March 2023	QMS CDC	Agreement that further discussion should take place with Oxleas, led by the Diagnostics SRO, to develop an alternative to the multi-provider model for the QMS CDC.
4.	APC Steering Group and sub-groups, February and March	Operational Plan submissions	Under the delegated authority of the APC Executive, the APC Steering Group reviewed and approved the relevant operational plan activity submissions, including arrangements for substantially increased mutual aid transfers of patients to equalise waiting times. In addition, the APC CPOs and APC Finance and Estates Group provided a forum for collective discussion and agreement on the approaches to be taken for the workforce and financial plans.

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 Steering Group, 8 February 2023	Integrated Planning Pilot	Sign off of appointment of Four Eyes Insight to support integrated planning for the proposed UHL high volume surgical hub (including TIF funded theatres) for ENT and Urology.
2.	APC Executive 17 February 2023	Communications	Approved the development of visual identity guidelines for the APC that align closely with the SEL ICB visual identity.
3.	APC Executive 17 February 2023	Changes to senior governance meetings	Approved changes to senior governance meetings of the APC to address limitations of the current model.
4.	APC CiC 17 March 2023	APC Conflict of Interests policy	Approved Conflict of Interests policy relating to APC programmes and meetings, which aligns with national guidance on the conduct of business and managing conflicts of interest. Any individual's employer's policy will take precedence over the APC policy if any conflict between the two policies were to arise.
5.	APC Steering Group (Performance) monthly	Overall elective and diagnostic performance	Overall elective and diagnostic performance is discussed at the APC Steering Group every month including issues escalated from the fortnightly Operational Delivery Group. Overall programme progress is also discussed at this meeting, including escalations from all of the Executive Advisory Groups. This ensures that there is appropriate visibility of the position on elective and diagnostic position within the APC and tactical/operational decisions are being made to deliver against the agreed targets and priorities.

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.	SLP Portfolio Boards February & March 2023		• The SLP Complex Care Programme Business Case 'Delegation of the health component of the joint funded placements with Local Authorities' is being discussed with SEL ICB boroughs. There are 2 stages:
			  ○ **Phase 2a** - delegation of the budget in all boroughs in the SWL ICB footprint (Merton, Sutton, Wandsworth, Kingston, Richmond, Croydon) from April 2023. The Business Case was approved by the SWL ICB on 15th March to operationalise Phase 2a.
			  ○ **Phase 2b** - extending this offer for consideration in Greenwich, Bexley, Bromley from April 2024. It is proposed that the Programme uses 2023/24 to align ways of working with both Southwark and Lewisham where delegation is already at place. Lambeth will continue to work alongside the Programme.
			• There are ongoing benefits being delivered by Phase 1 (delegation of the 100% health only funded budget) of the Programme, with 87 fewer people using private inpatient beds. The Programme will also continue its planned investments from 23/24 which include commissioning 3 community rehabilitation services (one in each MH Trust footprint), and 3 community services to support people with Complex Emotional Needs to reduce the likelihood of hospital admission.
			• Business cases for further consolidation of existing Provider Collaboratives (for example Adult Eating Disorder and Forensic Services) are being developed through 2023/24.
			• Additional investment was agreed to develop and pilot coordinated Personal Health and Care Record (PHCR) systems for both adults and children across all three SLP trusts.

			Building on the work already underway, the objective will be to improve patient and carer experience, through strengthened engagement and support offer and a common technological platform and processes, providing greater digital accessibility.

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.	February & March 2023		• The mobilisation of NHS111 Press 2 service is underway with expected go live from September 2023 across south London. In parallel SLP is partnering with North Central East London to mobilise a Section 136 pilot with the Metropolitan Police Service. SLaM is the lead provider for both services. • Initial scoping to align SLP informatics (metrics and reporting) for acute and urgent care • The SLP Urgent and Emergency Care "case for change" kicked off on 1 April, with the SEL Demand & Capacity report due at the end of Q1. • A shadow perinatal provider collaborative has been formed and is being led by Dr Ify Okocha, CEO Oxleas. Dr Trudi Seneviratne, Clinical Director for Psychological Medicine and Lewisham Directorate (SLaM) was appointed as Clinical Director for the SLP Perinatal Provider Collaborative in March, following a competitive selection process. • Regular touch point meetings are taking place between SLP and Sarah Cottingham, Executive Director of Planning and Commissioning and her team. This is supporting closer working with ICS colleagues on SLP's further development and will ensure that collaborative programmes are aligned with wider system plans for SEL.

Quality and Performance Committee Report

NHS South East London Integrated Care Board (ICB) 19 April 2023

1 Introduction

1.1 This paper provides the Integrated Care Board with a report from meetings of the Quality and Performance Committee of February and March 2023.

1.2 The committee continues to explore how it can ensure an effective overview of quality and performance as a system, supported by rigorous processes and discussions in providers and other supporting workstreams and processes. In the context of operational pressures and industrial action by staff, the committee reflected in its meetings on the processes for identifying areas of risk and potential harm, and building a culture where learning was routinely shared across organisational and professional boundaries.

2 February 2023 meeting

Quality and Performance Report

2.1 The committee received and considered the monthly quality and performance pack and associated data.

2.2 The committee was advised that a review of IT systems was taking place across all three acute Trusts following the discovery of some unprocessed referral letters as a result of these having been sent to unmanned emails. It was noted that this issue had come to light as part of the assurance and due diligence in relation to the planned implementation of a new electronic patient system. Each referral was being reviewed and arrangements made to see and treat patients as required, recognising that some had been waiting for a considerable period of time. It was further noted that there will, as a consequence, be a small number of cases reported as waiting list breaches for 104 weeks and 78 weeks, pending treatment. These patients would be prioritised for treatment. The committee asked for a report once this review was complete including further assurance related to checks for email referral routes, plus also the outcome from a patient wait and harm perspective.

Capture and mitigation of system pressures and industrial action risks

2.3 The committee reviewed a detailed presentation on system pressures, including industrial action, which described how risks and issues are captured across the system, from primary through to acute care. The committee considered the impact of these pressures on both performance and quality and safety across the system and discussed the assurance measures in place to actively monitor performance and mitigate risks.

2.4 In discussion, the committee was keen to understand how the workforce was being supported, how harm is captured and learning from good practice across the country.

2.5 The committee agreed that it had a clear role in understanding and ensuring there is assurance related to risks arising from cross system issues, whilst also recognising the role of individual provider organisations and governance in this regard, with the objective of system wide value add rather than duplication.

Performance Standards – 2023/24 Operational Plan targets

2.6 The committee noted the report outlining performance year to date against each of the national targets. The committee noted compliance against the majority of targets but with some on-going areas of challenge specifically relating to the elective maximum waiting times target of 65 weeks pressure, mental health out of area placements and perinatal mental health access.

2.7 It was expected that the 65 week waiter position, linked to an increased activity would improve for final plans. The committee noted that even where there is compliance against targets, further work is needed to test the underpinning assumptions, planned actions and impacts and wider support required to delivery planning commitments, as all areas represent a step improvement in delivery and performance from 2022/23 to 2023/24.

Safeguarding guidance

2.8 The committee approved the Domestic Abuse Guidance for the ICB and also asked that the guidance be promoted appropriately to raise awareness particularly in general practice.

Sub-committees report

2.9 The committee received updates from the SEL Integrated Medicines Optimisation Committee, the SEL Infection, Prevention and Control Sub-Committee and the SEL System Quality Group and recognised the work taking place in these Sub Committees and Groups around quality and performance.

3 March 2022 Meeting

Quality and Performance Report

3.1 The committee received and considered the monthly quality and performance pack and associated data.

3.2 The committee discussed how insights from winter 2022/23 could inform future planning to mitigate pressures during the next winter and over the year. There was particular focus on the drivers of the pressure being felt in hospitals and how this could be better understood to inform the response.

3.3 It was noted that previous work had shown that the most deprived 20% of the population were disproportionately represented amongst users of urgent and emergency care services suggesting a need for greater support to be available in the community. Understanding population factors and ensuring targeted responses and support would be important going forward, with benefits associated with inequalities in access, experience and outcomes as well as the management of demand and capacity across urgent and emergency care services.

3.4 The committee also discussed care pathway challenges which includes demand and capacity and workforce with a need to definitely understand mismatches in demand, capacity and resourcing, to ensure that we are able to understand and start to tackle systemic issues that are inhibiting flow and waits through the urgent and emergency care pathway.

3.5 The committee further reflected on some of the care pathway improvement opportunities that exist and the work included in our plans to address these, including opportunities around emergency department redirection, better use of community alternatives to avoid admission and discharge improvement.

3.6 The committee received feedback from the recent discharge summit that the ICB had held with senior leaders from across the system. The summit had taken place in the context of our care pathway challenges and specifically discharge delays to ensure a collective understanding of the issues, challenges and opportunities and to agree a set of collective commitments and objectives going forward. The ICB Discharge Solutions Improvement Group was now developing the resulting improvement plan for 2023/24 which would be shared with system leaders. The plan and implementation impact would be tracked through the committee over 2023/24. This would include the implementation of recommendations arising from the SEL Transfer of Care hub review that was underway.

3.7 The committee also discussed the need to better understand the context of variation in continuing healthcare services across the boroughs and was further interested in developing a greater understanding of long term outcomes for those who use NHS Talking Therapies for anxiety and depression.

3.8 The committee reviewed some of the metrics in the data pack and discussed how any trends could be systematically identified and investigated. The forthcoming transfer of providers to the Patient Safety Incident Response Framework (PSIRF) and review of the governance arrangements of the ICB was an opportunity to make sure appropriate arrangements were in place across the system to identify and respond to quality and performance issues and routinely share learning with colleagues across south east London. Some of the thorough work already taking place in the system quality group and in provider committees was noted and the group discussed how it could best maintain awareness and oversight of this work to provide assurance to the board.

3.9 The committee received an update on planning for 2023/24. The committee welcomed the expected improvement in the 65 week waiter position and elective activity position for final plans. The committee further noted that it would be important for underpinning

improvement plans and actions, upon which performance trajectories relied, be monitored, managed and evaluated during the year.

Industrial Action

3.10 The committee received details of recent industrial action and heard about the impact on the system. The committee noted the time spent planning and managing the industrial action and the impact that also had on staff capacity and bandwidth more generally. On planning and the management of the system during the period of the industrial action the system had worked well together and planning had been thorough and detailed.

3.11 There had been activity impacts with elective activity for example outpatient appointments and planned procedures and treatments having been cancelled thereby increasing waiting times for patients and impacting on plans to reduce waiting list backlogs and meet year end targets.

ICB Governance Review

3.12 The committee considered agreed to the completion of member interviews to inform a discussion in relation to governance and developing the committee for the future.

Planning and Finance Committee Report

NHS South East London Integrated Care Board (ICB) 19 April 2023

Introduction

This paper provides the Integrated Care Board with a report from meetings of the Planning and Finance Committee in March and April 2023.

March 2023 meeting

1. Medicines Optimisation

1.1. The Committee received proposals and recommendations form the SEL ICB Integrated Medicines Optimisation Committee with regards the implementation of the pan London guidelines for continuous glucose monitoring for individuals with type 1 diabetes. The Committee considered the benefits associated with implementation, which include a significant reduction in diabetes complications, reductions in paramedic call outs and urgent and emergency care demand and a greater ability for patients to self-manage their blood sugar.

1.2. The Committee further considered the costs associated with roll out alongside offsetting reductions. The wider implications of not implementing the guidance, for example in increasing health inequalities for those with type 1 diabetes and the lost opportunities associated with transforming care through the implementation of telemedicine and self-management were further noted. The Committee were keen that the benefits of implementation were tracked and were assured that national audit data will support this, including tracking the impact on urgent and emergency care demand. Following discussion and debate the Committee agreed to approve the implementation of Continuous Glucose Monitoring for individuals with type 1 diabetes in SEL.

2. ICB and ICS finance position

2.1. The Committee received the ICB month 10 position and forecast outturn plus the wider ICS position (ICB and its major five providers).

2.2. The ICB was reporting a very small month 10 underspend of £7.5k, a figure consistent with that reported in previous months. The Committee noted that within this position the key risks continue to relate to prescribing, which was overspent year to date driven by

activity which had increased by 3.3%. In addition the ICB had been affected by price pressures, including the impact of the short supply of specific drugs and the price of Category M drugs. It was noted that these price pressures are outside of the control of the ICB and that other ICBs are being similarly impacted. The ICB had identified mitigations against these and other risks and was as a result therefore forecasting a break even year-end position for 2022/23 against ICB held budgets.

2.3. The Committee also considered the wider ICS financial position which showed a month deficit of £53.9m, noting this was an improvement from the month 9 reported position of a £60.3m deficit. The Committee discussed the key drivers which were higher than planned levels of covid activity and spend, increased utilisation of private sector overspill capacity for mental health, the impact of urgent and emergency care pathway pressures, pressures associated with elective recovery, inflationary pressures and efficiency delivery being behind plan. Despite this the ICS was forecasting a breakeven position for year end, with the release of non-recurrent funding across ICB partners to support the position. Whilst this supports a positive year end position it results in a recurrent carry forward pressure to address in 2023/24.

3. Delegation of Pharmacy, Optometry and Dentistry (PODs) and specialised services

PODs services

3.1. The Committee received a paper on PODs delegation which set out a number of recommendations related to PODs governance post delegation to support ICBs in taking on their delegated functions. The recommendations included:

- The establishment of a joint group across the 5 London ICBs to oversee PODs commissioning.
- The Memorandum of Understanding to be signed between the SEL ICB and NHS England for Quarter 1, covering the continued employment by NHS England of the London PODs team for this period.
- The Memorandum of Understanding between London ICBs and NEL ICB for July 2023, reflecting the hosting responsibilities of NEL form that point.
- The nationally agreed delegation agreement which the SEL ICB will sign with NHS England.

3.2. The Committee discussed the recommendations and sought assurance that the governance proposals were aligned to the operating model and respective roles and responsibilities previously developed and agreed by London ICBs. The Committee agreed to recommend the various governance proposals, delegation agreement and two sets of Memorandum of Understanding to the Board for agreement and signature.

Specialised services

3.3. The Committee received details of the nationally developed Joint Working Agreement that it was proposed would be signed by the London ICBs and NHS England London reflecting the governance arrangements being put in to place for the 2023/24 transitional year, pending planned delegation from April 2024.

3.4. The Committee received assurance that the detail of the Joint Working Agreement (JWA) had been reviewed by ICB leads and that agreement had been reached across London on underpinning ways of working between ICBs and NHS England London Region, which was considered to be a helpful addition to the formal JWA.

3.5. Following discussion the Committee agreed to recommend the Joint Working Agreement to the Board for ICB signature.

4. Planning update

4.1. The Committee received and discussed an update on planning, covering both the Joint Forward Plan (JFP), the medium term plan the ICB was developing for an April 2023 draft, to be finalised for July 2023, plus the shorter term 2023/24 operational plan.

Joint Forward Plan

4.2. On the JFP it was noted that positive progress was being made in producing a draft upon which the ICB would engage during Quarter1. The Plan includes a build from borough based Health and Well Being plans, plus sections focused on key care pathways such as urgent and emergency care, cancer and planned care and key enablers such as finance, workforce and digital. The proposed engagement process was also in development and would include borough based engagement plus SEL on line engagement opportunities, noting that the 2023/24 JFP will be refreshed annually from this year.

Operational Plan

4.3. On the operational plan the Committee received details of the ICB's first draft plan submission of 23 February 2023. The Committee noted the large number of areas for which a compliant position was shown but equally areas where submission showed non-compliance and the need for further work before the submission of final plans at the end of March 2023. The Committee discussed these areas of on-going challenge, focussed on:

- The need to improve planned activity levels to improve the position with regards meeting the 65 week waiter maximum target for elective care and meet the ICB's activity target for the year of 110% of pre pandemic levels.
- The need to better align plans across workforce, activity, performance and finance to ensure they were consistent with each other in terms of planning assumptions.
- The need to significantly improve the financial position noting a forecast financial gap to break even of over £200m.

4.4. The Committee further discussed wider aspects of planning including the developing plans for and use of our allocation for virtual wards and discharge, plus the bids put forward for expanding urgent and emergency care bedded capacity in the acute sector.

4.5. The Committee noted the position and the areas of on-going work, which was being overseen by the SEL CEOs who were meeting regularly to do so.

Local Care Partnership financial delegation, budget and risk management

4.6. Following the February 2023 meeting at which variance by borough had been discussed and the need to develop proposals through which Local Care Partnerships (LCPs) might most effectively manage risk within and across boroughs the Committee considered a paper setting out proposals for 2023/24. This proposed the holding of a risk reserve collectively across the six boroughs to enable in year risk management and mitigation. The paper also set out the wider budgetary responsibilities of Local Care Partnerships within the overall delegation agreement.

4.7. The Committee was supportive of the paper and agreed that the ICB's Place Executive Leads should now work up the detail of how these collective risk management arrangements would work in 2023/24. The Committee further agreed that the ICB's SFIs

be reviewed to ensure they were consistent with the agreed approaches, plus the inclusion or the approach in the 2023/24 LCP delegation agreements.

April 2023 Meeting

5. Medicines Optimisation

5.1. The Committee considered two papers with regards medicines optimisation - a rebate scheme proposal for Slenyto and a forward horizon scan.

5.2. The rebate scheme for Slenyto, a drug used to treat sleep disorders in children and adolescents, was considered in terms of appropriateness in the context of the fact that in SEL the use of this drug has been gradually increasing, the administration associated with the rebate scheme would be managed by the supplier and the savings that would be derived from using the rebate price.

5.3. The Committee agreed to the proposed inclusion of this drug in the ICB's rebate scheme, noting the rebate approach will be in line with the principles outlined in the SEL ICB Policy for Managing Rebates Schemes for Prescribed Products in Primary Care.

5.4. The Committee received and considered a paper that focussed on a forward look in terms of potential prescribing related advances, pressures and improvement opportunities for 2023/24. This included information on new NICE Technology Assessments expected in year and the potential cost pressures associated with them, a consideration of associated service and capacity implications, plus other areas of expected growth or pressure over 2023/24, potential risks for the year plus key medicines value opportunities. The Committee particularly noted and welcomed the planned support to community pharmacy for 2023/24, aimed at improving the effectiveness of community pharmacy medicines value interventions around repeat prescribing, medicines waste and analgesic stewardship alongside support to enable increased community pharmacy leadership, capacity and increased access.

6. Delegation of Pharmacy, Optometry and Dentistry (PODs) and specialised services

6.1. The Committee received a brief update on PODs delegation, which included the Board endorsement of the Committee's recommendations with regards the Memorandum of Understanding and delegation agreements which had now been signed. Arrangements were underway to establish the new governance arrangements in line with these documents and agreements.

6.2. On specialised services it was noted that the Board had also endorsed the Committees recommendation and the Joint working Agreement between the ICB and NHS England London region was now signed. Work was continuing to progress the South London Specialised services programme, including year 2 of our service redesign pilots, the development of the South London nationally endorsed and supported pathfinder programme and the identification and development of proposals for new pathway initiatives focussed on renal/kidney care and sickle cell.

7. Board Assurance Framework

7.1. The Committee received and considered the Board Assurance Framework (BAF). It was noted that a number of changes to the BAF risk assessments had been made since the Committee last reviewed the BAF in February 2023, including:

- An increased risk rating for waiting times for ASD diagnostic assessments due to in year slippage against plan.
- An increased risk rating associated with potential harm to patients during unprecedented operational pressures in the context of the impact of industrial action on cancellations alongside an increased risk and likelihood assessment for workforce due to the impact of industrial action on the current workforce.
- An increased risk related to the timeliness of implementation of the ICS's Anchor system programme.

7.2. In addition a new risk related to IT and digital service disruption had been added to the BAF following a discussion at the ICB Executive on these issues.

7.3. Finally the Committee agreed the removal of the risk related to the development of the ICP integrated care strategy, noting that whilst this had been delivered to plan there is now on-going development work so this will need to be reflected in next year's BAF as appropriate.

7.4. The Committee endorsed the proposed BAF for submission and recommendation to the Board. The Committee further noted the continuing work to refine the BAF for 2023/24.

8. ICB policies

8.1. The Committee received, reviewed and endorsed a proposed change to the ICB's bullying and harassment and grievance policies to include signposting to the mediation service.

9. ICB and ICS Finances

9.1. The Committee considered the month 11 finance reports, focussed on ICB position for ICB held budgets plus the wider SEL system position.

9.2. The ICB at month 11 was reporting a break even position against its allocation. The Committee recognised that prescribing continues to represent the key risk within the ICB position, with a significant year end overspend against the prescribing budget driven by both activity and price pressures. The ICB had identified mitigations against these and other risks and was as a result therefore forecasting a break even year-end position for 2022/23 against ICB held budgets.

9.3. The Committee also considered the wider ICS financial position which showed a M11 deficit of £45.4m, noting this was an improvement from the M10 reported position of a £53.9m deficit. The Committee noted the drivers of this position remained as articulated in previous months.

9.4. The ICS was continuing to forecast a breakeven position for year end, with the release of non-recurrent funding across ICB partners year to date and at year end to support the position. The position includes the delivery of £201m savings in year, representing a combination of recurrent and non-recurrent savings, with non-recurrent savings also representing a carry forward pressures into 2023/24.

10. Planning update

10.1. The Committee received an update on the ICB's end March operational plan submission. The SEL ICB and its partner organisations are largely compliant with the national targets set around operational delivery, activity and performance, with a couple of exceptions:

- 65 week maximum waiting time by March 2024 for elective patients – a small number of paediatric spinal cases for which there is currently no plan. Mutual aid approaches were being sought to address this.
- A significant improvement in relation to mental health out of area placements and perinatal mental health but with a remaining gap to the national Long Term Plan targets in these areas at year end.
- Activity plans that meet national targets, but part rely on the agreement of 2019/20 to 2013/14 counting and coding changes to do so. If these are not agreed the activity achievement will reduce accordingly, with an associated income risk as a result of the national shift to cost and volume arrangements for the funding of elective activity for this year.
- A significant improvement of over £100m in our forecast financial position but with a remining gap to break even of just under £100m, after applying ambitious productivity and efficiency improvement assumptions of 4.5%, noting the gap resides in the ICB's acute sector.

10.2. The Committee noted the on-going work to improve the financial position and that the ICB was currently involved in a number of meetings, including with regional and national colleagues, to review the plans and the scope for further improvement. The Committee further noted that due to the overall financial position of the NHS the planning process remains on going with further submissions focussed particularly on finance expected through to early May 2023.

10.3. The Committee also received an update on the Joint Forward Plan. The draft had now been completed and shared with Board members for any initial comments. The draft plan would be circulated more widely, subject to engagement over Quarter 1 and finalised for July 2023.

Integrated Care Board
Cover Sheet

Item: 6
Enclosure: H

Title:	**SEL ICB Board Assurance Framework**
Meeting Date:	19 April 2023
Author:	Various ICB risk owners and risk sponsors as listed on pages 6-7. BAF designed, coordinated, and edited by the ICB assurance team.
Executive Lead:	Tosca Fairchild, Chief of Staff

Purpose of paper:	The Board Assurance Framework is designed to enable the ICB Board to identify and oversee the main risks to the successful delivery of the organisation's corporate objectives. The BAF document describes the key risks in detail and for each provides an assessment of how likely that risk is to materialise and what impact it would have should it do so. The Board has delegated the detailed review of the BAF to the Planning and Finance Committee. The committee reviewed and endorsed the most recent BAF at its meeting on 6 April 2023. The committee recommended the BAF to the Board for approval.	Update / Information	X
		Discussion	X
		Decision	X
Summary of main points:	The BAF provides an assessment of risk against the achievement of the set of corporate objectives approved by the ICB Board on 1 July 2022. Proposed BAF risks, risk scores, mitigations, assurances, and future actions have been drafted by designated risk owners before being reviewed and approved by the named risk sponsor. Risk owners and sponsors for each risk are listed on pages 6-7 of the BAF document. The current BAF identifies 25 risks to the achievement of the ICB's 16 corporate objectives. The current highest rated risk relates to workforce retention and growth, impact of operational pressures on patients, urgent and emergency care waiting times, waiting times for ASD services and the financial risk of funding additional activity to improve access.		

Key changes in the last BAF reported to the ICB Board are summarised within the BAF document and are as follows:

- Risk SELICS_01 (risk relating to the development of the ICP strategy) is proposed for closure as the strategy document is now complete.
- Risk SELICS_14 (risk relating to waiting times for ASD diagnostic assessments) increases in score from 12 to 16 due to slippage in expected progress year to date and an increased risk that this will impact financially.
- Risk SELICS_25 (risk relating to harm to patients during unprecedented operational pressures) increases in score from 12 to 16 due to the impact of the strikes.
- Risk SELICS_19 (risk relating workforce investment) increases in score from 12 to 16. The likelihood has been increased by the People Board, from 3 to 4, due to the impact of the strikes on the current workforce across the system.
- Risk SELICS_20 (risk relating to the timeliness of implementation of the Anchor system programme) increases in score from 9 to 12.
- A new risk (SELICS_26) relating to IT / digital service disruptions has been added, following discussion at the ICB executive meeting in January. This risk is proposed with a residual risk sore of 10, which means it is perceived as medium risk.

The Finance and Planning Committee endorsed the above proposed changes at their meeting on 6th April 2023 and recommend these changes for approval by the Board. The committee asked that a new risk related to the implementation of the agreed ICP strategy is drafted for inclusion in the next version of the BAF. In addition, the committee noted plans to stocktake all BAF risks ahead of the new financial year but requested specifically that risk SELICS_25 (harm to patients during unprecedented operational pressures) be maintained on the 23/24 ICB BAF in its current form.

The **Finance and Planning Committee recommends the BAF for Board approval**. The committee recommends agreements of proposed risk closure, addition of the new risk highlighted above and agreement of current and proposed risk scores for all BAF risks.

The Board should review the content of the BAF and consider the extent to which it is assured that all known risks to delivery of the agreed objectives have been identified; that BAF risks are suitably scored; and that the mitigating actions in place and planned are sufficient to address the risk described.

The Board may wish to receive further detailed updates and assurances for areas highlighted as higher risk.

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	Not directly applicable to the production of this report.		
	Financial Impact	Not directly applicable to the production of this report.		
Other Engagement	Public Engagement	The ICB BAF is designed primarily as an organisational management tool to support the ICB Board to oversee and manage risk within the organisation. It has not been developed by direct public engagement, though is available on the ICB's website in the interests of transparency and good governance.		
	Other Committee Discussion/ Engagement	Planning & Finance Committee, 6 April 2023.		
Recommendation:	• The Board should note risks against the delivery of its 16 corporate objectives for the financial year 22/23. It should note the mitigations already implemented and those that are proposed. • The Board should note the endorsement of the Planning & Finance committee and approve the BAF.			

SEL ICB Board Assurance Framework 2022/23
March 2023

Prepared for ICB Board, 19 April 2023

Introduction

Background and context

- The ICB's Board Assurance Framework (BAF) has been developed and is maintained in line with the process and guidance outlined in the SEL ICB Risk Management Framework.
- The structure of the SEL ICB BAF is set around the ICB's corporate objectives agreed by the ICB Board. The BAF details risks related to the successful delivery of the ICB's corporate objectives and is not designed to detail only the highest level risks facing the organisation.
- To complement the strategic level risks identified in the BAF, SEL ICB also holds a risk register which details risks and planned mitigations for risks relating to the operational activities of the organisation. Risks included in the risk register are not those which are deemed to threaten the achievement of the ICB's corporate objectives, but instead are operational risks that require active steps to be taken within the organisation to manage and mitigate. The ICB risk register is held by the ICB Governance Team.

Structure of the BAF

- Each BAF risk is updated bi-monthly by the designated risk owner working with their teams and other colleagues. The previous version's residual risk score is recorded at the top of each slide together with the 'Inherent' risk score recorded at the time when the BAF risk was first added to the BAF. Changes to the risk scores for each risk are recorded from both the initial date the risk was included in the BAF and from the previous month.
- Each BAF risk includes a brief description of the nature of the risk; an initial assessment of the risk in terms of its likelihood and impact; a detailed description of the mitigating actions in place to manage the risk; a residual risk score which assesses the likelihood and impact of the risk in light of the mitigations in place; details of assurances that demonstrate the evidence for the mitigations identified; and a 'forward view' of any further mitigating actions planned but not yet implemented. Each risk is also linked to one of the 16 ICB corporate objectives.
- 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. This has been included in this pack on slides 8 and 9.

Role of the ICB Finance & Planning Committee and ICB Board

- The Finance and Planning Committee is responsible for the oversight of risk on behalf of the ICB Board and will receive, scrutinise and monitor the BAF document in detail. The committee uses its regular reports to gain a sense of the key organisational risks. Committee members use this intelligence to assess whether strategic risks are adequately reflected and appropriately scored in the ICB's BAF. The committee will provide a routine report to the ICB's Board.
- The ICB Board reviews and approves the BAF at its bi-monthly meeting in public.

ICB Corporate Objectives 2022/23 (1 of 2)

Headline Objective	Corporate objective description
A. Improve outcomes in population health and healthcare	1. Agree an outcomes focussed ICP integrated care strategy and ICB strategic plan.
	2. Establish population health management (PHM) as the way of working in SEL, using data and local insights to improve population health and delivery of care and health equity.
	3. Enhance prevention and address inequalities by making progress on delivery of CORE20Plus5 and 'The Vital 5'.
B. Tackle inequalities in outcomes, experience and access	4. Establish effective ways of hearing from and engaging with people from all communities across south east London to address unfair, avoidable and systematic differences in health between different groups of people.
	5. Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population.
	6. Embed a safeguarding culture that ensures the identification of common themes, shared learning, and a system-wide focus on the delivery of national and local safeguarding priorities.
	7. Deliver elective care transformation to increase elective capacity, improve patient outcomes and contribute to addressing inequalities of access.
	8. Improve the responsiveness of urgent and emergency care by addressing long waits in emergency care pathways, and by building community care capacity to prevent people from hospital admission and to support improved hospital discharge.
	9. Improve timely access to primary care by expanding capacity and increasing the number of appointments available to patients.
	10. Grow access to mental health services and services for people with a learning disability and/or autistic people.
	11. Maximise the uptake of routine immunisations (including childhood, influenza and covid-19 vaccinations) with a focus on addressing inequalities in uptake

ICB Corporate Objectives 2022/23 (2 of 2)

Headline Objective	Corporate objective description
C. Enhance productivity and value for money	12. Delivery of system financial balance, efficiency and savings plans
	13. Establish a joint system-wide process for capital planning.
	14. Invest in our workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care.
D. Help the NHS support broader social and economic development	15. Improve social value through initiation of the ICS Anchor Programme.
	16. Begin implementation of the ICS action plan to reduce carbon footprint to Net Zero by 2040

Introduction

Key changes since February 2023 BAF

- The SEL ICB BAF has been updated to ensure that risk descriptions and risk scores reflect the assessed position as of March 2023.
- Updates to mitigating actions, assurances and the forward-look section have been reviewed for each risk.
- **Risk SELICS_01** (risk relating to the development of the ICP strategy) is **proposed for closure** as the strategy document is now complete.
- **Risk SELICS_14** (risk relating to waiting times for ASD diagnostic assessments) **increase in score** from 12 to 16 due to slippage in expected progress year to date and an increased risk that this will impact the year end position.
- **Risk SELICS_25** (risk relating to harm to patients during unprecedented operational pressures) **increase in score** from 12 to 16 due to the impact of the strikes.
- **Risk SELICS_19** (risk relating workforce investment) **increase in score** from 12 to 16. The likelihood has been increased by the People Board, from 3 to 4, due to the impact of the strikes on the current workforce across the system.
- **Risk SELICS_20** (risk relating to the timeliness of implementation of the Anchor system programme) **increase in score** from 9 to 12.
- A new risk (**SELICS_26**) relating to IT / digital service disruptions has been added, following discussion at the ICB executive meeting in January. This risk is proposed with a residual risk sore of 10, which means it is perceived as medium risk.
- The **Finance and Planning Committee** endorsed the proposed changes at their meeting on 6th April 2023 and recommend these changes for approval by the Board. The Committee asked that a new risk related to the *implementation* of the agreed ICP strategy is drafted for inclusion in the next version of the BAF. In addition, the committee noted plans to stocktake all BAF risks ahead of the new financial year, but requested specifically that risk SELICS_25 (harm to patients during unprecedented operational pressures) be maintained on the 23/24 ICB BAF in its current form.

Summary of Board Assurance Risks 2022/23 (1 of 2)

Headline Objective	Ref	Description of risk	Risk Sponsor	Risk Owner(s)	Current risk score
A. Improve outcomes in population health and healthcare	SELICS_01	Development of the Integrated Care Strategy is inhibited by misalignment with local strategies across the ICP as well as challenges related to the availability of pan-system data and information.	Sarah Cottingham	Brendon Hills	6
	SELICS_02	Operational and performance pressures and processes mean there is limited capacity to establish population health management (PHM) as the way of working in SEL and it becomes de-prioritised impacting the pace at which it can be implemented.	Jonty Heaversedge and Toby Garrood	Shaun Danielli	12
	SELICS_03	The ICB is committed to reducing health inequalities through prevention and intervention programmes. There is a risk the programme of work is spread too thin to deliver measurable and tangible improvements in health inequalities resulting in communities continuing to experience inequalities in their outcomes and care.	Sarah Cottingham	Sam Hepplewhite and Rupi Dev	9
	SELICS_19	Failure to effectively invest in the workforce, resulting in non-achievement of workforce growth and retention targets across secondary, community, mental health and primary care.	Julie Screaton	Angela Paradise and Rebekah Middleton	16
	SELICS_22	Risks related to the impending delegation of pharmacy, optometry and dental (POD) services and specialised services	Sarah Cottingham	Annabel Appleby And Holly Eden	12
	SELICS_26	Disruption to IT / Digital systems	Jonty Heaversedge	Polly Bishop	10
B. Tackle inequalities in outcomes, experience and access	SELICS_04	The ICB does not establish effective ways of hearing from and engaging with people from all communities across south east London to address unfair, avoidable and systematic differences in health between different groups of people.	Tosca Fairchild	Ranjeet Kaile and Rosemary Watts	12
	SELICS_25	There is a risk that operational pressures within the system could lead to unintended harm to patients	Angela Helleur	Sonia Colwill	16
	SELICS_06	The Safeguarding Sub-committee will be a forum for health providers and commissioners in partnership with the local authorities to collaborate and develop a shared understanding of the safeguarding themes and shared learning across South East London. There is a risk that partners will not engage sufficiently to agree a collaborative approach across the six LCPs.	Angela Helleur	Helen Edwards	12
	SELICS_07	A range of elective care transformation programmes are on-going across SEL to increase capacity and productivity, improve outcomes and responsiveness and reduce inequalities. However, the ability of these programmes to deliver could be constrained by the limited bandwidth of clinical and operational teams.	Sarah Cottingham	Annabel Appleby and Lucy Butterworth	12
	SELICS_08	There is a risk that competing pressures in the system decrease capacity available for elective work, and lead to a consequent reduction in elective activity and ability to meet targets to reduce patients waiting for treatment.	Sarah Cottingham	Annabel Appleby and Lucy Butterworth	12

Risk proposed for closure

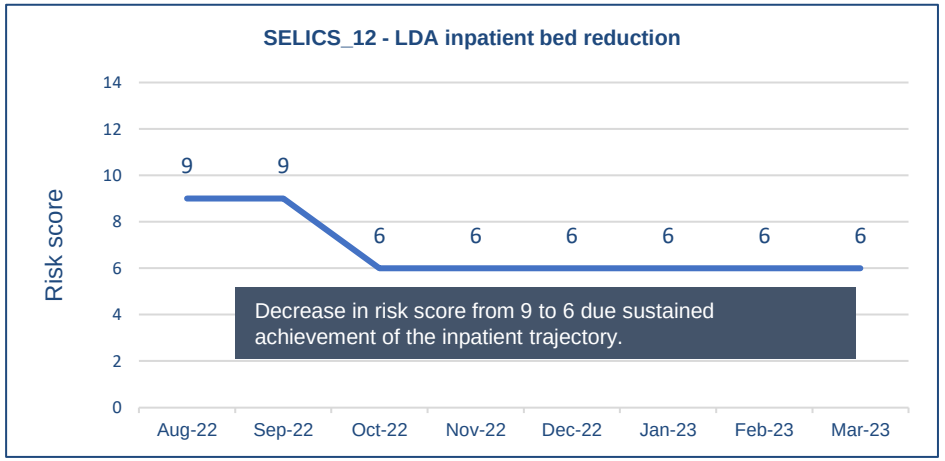
Summary of Board Assurance Risks 2022/23 (2 of 2)

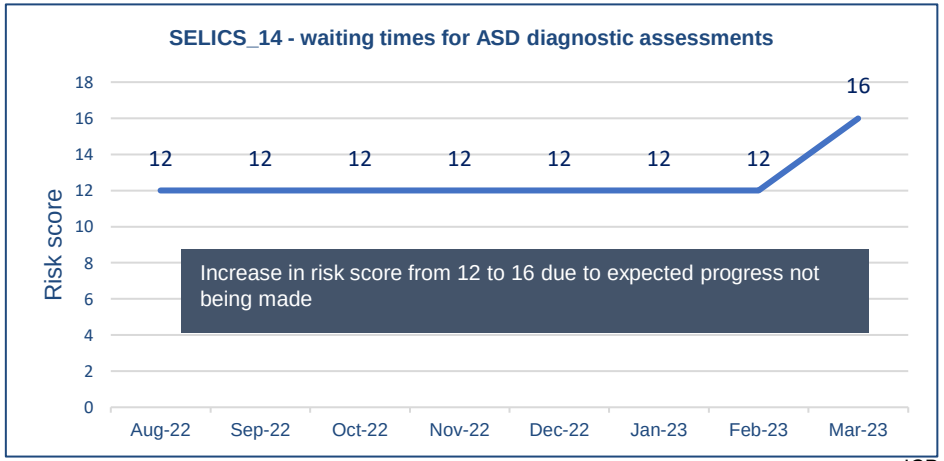
Headline Objective	Ref	Description of risk	Risk Sponsor	Risk Owner(s)	Current risk score
B. Tackle inequalities in outcomes, experience and access	SELICS_09	Urgent and emergency care (UEC) waiting times do not improve because of high levels of acuity driven by the way patients access services and by challenges in accessing out of hospital care pathways.	Sarah Cottingham	Kelly Hudson and Sara White	16
	SELICS_10	Mental health access performance trajectories are not achieved due to workforce availability, capacity and competition.	Sarah Cottingham	Rupi Dev	12
	SELICS_23	Reducing waiting times for mental health services	Sarah Cottingham	Rupi Dev	12
	SELICS_11	There is a risk that we will continue to experience high demand for mental health inpatient beds and on-going crisis presentations if community-based mental health programmes are not delivered.	Sarah Cottingham	Rupi Dev	6
	SELICS_12	Risk that the learning disability and autism inpatient reduction target will not be achieved	Sarah Cottingham	Carol-Ann Murray	6
	SELICS_13	The learning disability and autism programme will not achieve the operational target of 75% for the completion of annual health checks (AHC)	Sarah Cottingham	Carol-Ann Murray	6
	SELICS_14	Risk of increased non-contracted activity costs due to patient choice referrals to private providers because of increased waiting times for a diagnostic assessment for autistic spectrum disorder (ASD) for adults and children.	Sarah Cottingham	Carol-Ann Murray	16
	SELICS_15	Risk that achieving timely access to primary care is not delivered due to constrained capacity and increased demand.	Sarah Cottingham	Sam Hepplewhite and Holly Eden	12
	SELICS_16	Insufficient proportions of the population will be vaccinated making them vulnerable to vaccine preventable diseases and increased risk of outbreaks.	Angela Bhan	Angela Bhan and Sam Hepplewhite	12
	SELICS_24	Risk of not sufficiently delivering on reduction of service and employment inequalities, resulting in the inability to comply with the Equality Act 2010 and mandatory NHS England requirements.	Tosca Fairchild	Michael Boyce	6
C. Enhance productivity and value for money	SELICS_17	Risk that the ICS does not deliver its planned breakeven position for 2022/23	Mike Fox	Tony Read	12
	SELICS_18	Risk that the absence of a joint system wide process for capital planning will lead to; an overcommitted system capital plan; a disconnect between capital spend and system strategic and quality priorities; and short term annual approaches	Mike Fox	Mike Fox and Tony Read	6
D. Help the NHS support broader social and economic development	SELICS_20	The Anchor System Programme falls behind schedule and isn't sufficiently joined up with other system programmes.	Ben Collins	Shaun Danielli and Maria Higson	12
	SELICS_21	The ICB will not be able to achieve the year 1 targets set out in the South East London ICS green plan	Tosca Fairchild	Tosca Fairchild	12

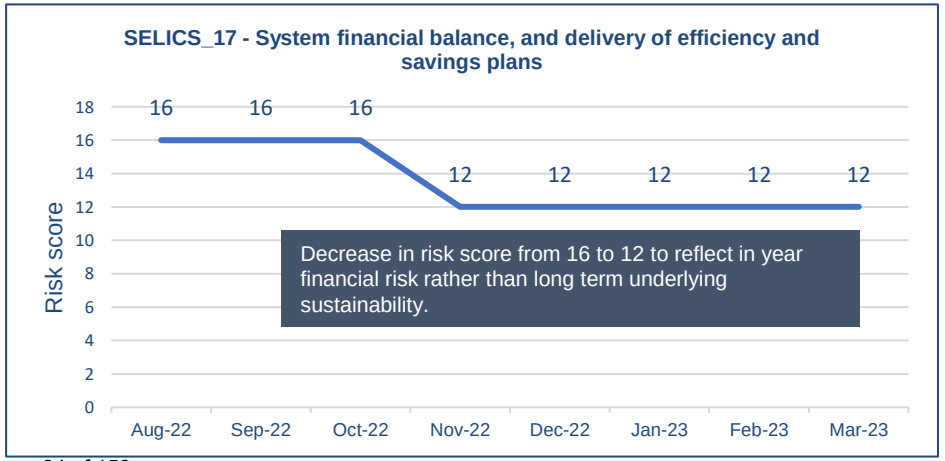
ICB Board Assurance Risks 2022/23 'flightpath' (1 of 2)

The risk flightpath below identifies BAF risks where there has been a change in the residual risk score. Flightpaths cover the period since the risk was first identified. Of the 23 risks currently included on the BAF, there are eight risks where the residual risk score has changed in that time. Flightpaths for those for risks are included below together with the summary rationale for the changed risk score. Risk scores were not reviewed in February, so scores are reported for consistency purposes.

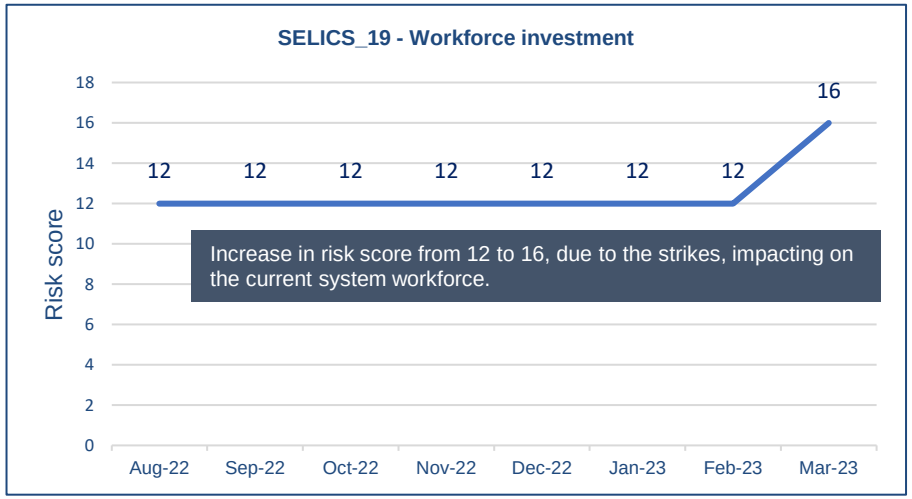
SCAT (Safeguarding Compliance Assessment Tool)

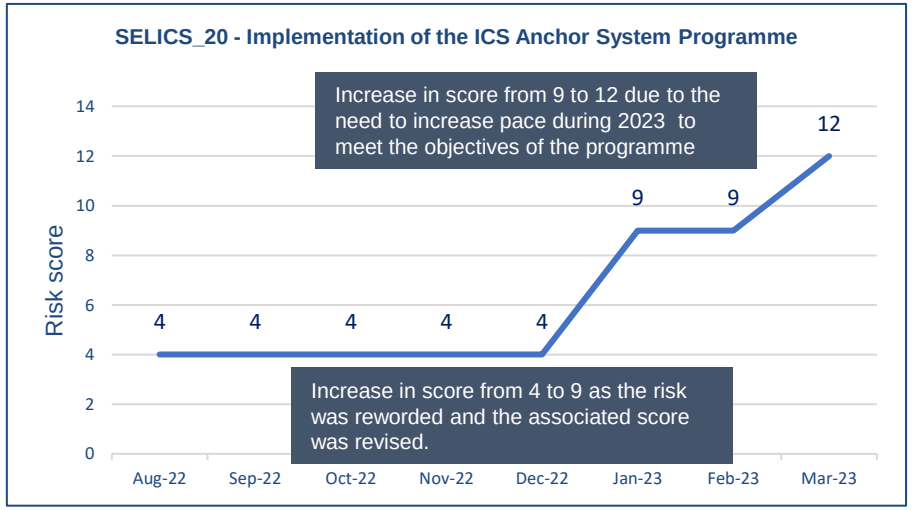


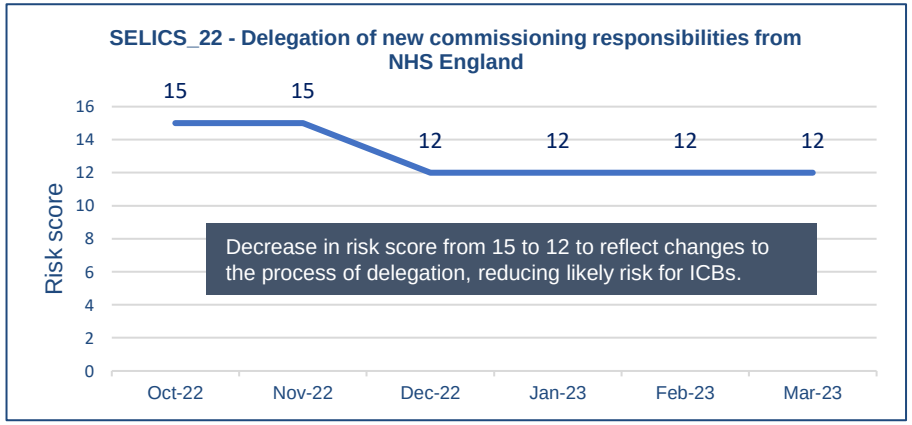




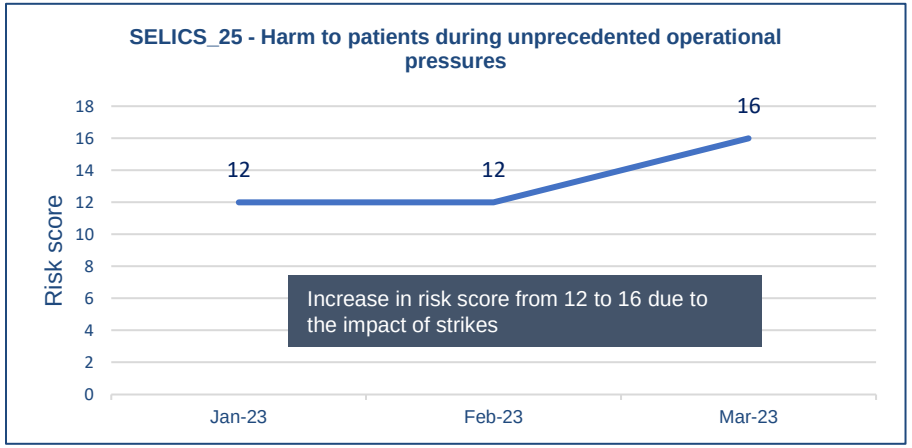
ICB Board Assurance Risks 2022/23 'flightpath' (2 of 2)







SELICS_22 was added to the BAF in October 2022



SELICS_25 was added to the BAF in January 2023.

Development of ICP integrated care strategy and ICB strategic plan

Inherent risk score:	**2 x 3 = 6 (August 2022)**	**Last month's score**	**2 x 3 = 6**
Change in risk score:	**No change**		
Corporate objective:	**Agree an outcomes focussed ICP integrated care strategy and ICB strategic plan**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_01	The ICP is responsible for the development of the Integrated Care Strategy for South East London. The Strategy must support more integrated approaches to delivering health and care, and to address local challenges including reducing health inequalities. There are specific risks in the development process for the integrated care strategy, which include; falling behind schedule; securing good quality data and effective information engagement; ensuring alignment with local strategies; and producing a strategy which is actionable.	2	3	6	• DHSC guidance published on 29 July 2022 clarifies the expectation that by December 2022 an "initial strategy" is required. Pre-existing information has been gathered to support the development of the strategy. This has focused on four areas: population health data, system performance data, prior engagement with our people and communities, and existing strategies at place and organisation level. • The Strategy Steering Group is meeting regularly to lead the work. A workshop is planned for members of the ICB and ICP in mid-September to determine high-level priorities and ensure appropriate oversight. • All boroughs are represented at the Strategy Steering Group, and there is an ongoing focus on managing the symbiotic relationship between local strategies, including the Joint Local Health and Wellbeing Strategies, and the Integrated Care Strategy, • It is recognised that many of the boroughs are in the process of updating their Joint Strategic Needs Assessments based on new census data; the public health analyst network has been engaged in the Integrated Care Strategy development work to ensure that the latest information is shared.	2	3	6

Risk assurances	Forward view on risk and planned further mitigating actions
• The Strategy Steering Group meets regularly and receives written updates on progress and discusses ongoing risks.	• Progress against the agreed plan will continue to be monitored. Given the DHSC guidance issued on 29th August 2022 there is an expectation that the strategy will continue to develop past the submission of the initial strategy in December 2022, reducing the level of risk. • DHSC guidance published on 29 July 2022 clarifies the expectation that by December 2022 an "*initial strategy*" is required. Pre-existing information has been gathered to support the development of the strategy. This has focused on four areas: population health data, system performance data, prior engagement with our people and communities, and existing strategies at place and organisation level. • A workshop is planned for members of the ICB and ICP in mid-September to determine the high-level priorities and ensure appropriate oversight.

Establishment of population health management (PHM)

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Establish population health management (PHM) as the way of working in SEL, using data and local insights to improve population health and delivery of care and health equity**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_02	Operational and performance pressures and processes mean there is limited capacity to establish PHM as the way of working in SEL and it becomes de-prioritised impacting the pace at which it can be implemented. There are also specific concerns around the limited understanding of PHM tools in the system, limited resources available to progress the programme and the potential lack of good quality data if the digital and data infrastructure is not developed in the required timescales.	4	4	16	• A business case has been developed which has been supported by the ICB Executive. Further discussion complete and funding for this year agreed. • Mobilisation and implementation planning is underway for PHM and the PHM Catalyst. Implementation plan taken to and supported by the Population Health & Equity Executive in February 2022. • The limited resources of the PHM Catalyst will prioritise support for programmes, places and providers in waves, to scale up PHM as a way of working. Simultaneously PHM training for the workforce will aid our objective to scale PHM. • A Clinical and Care Professional Lead role recruitment process has completed with a candidate offered the position. Discussions with HR on contractual status pending finalising appointment. Job descriptions for the PHM Catalyst function have been drafted. • A data strategy for SEL has been supported by both the KHP Board and SEL ICB. This is now progressing to the development of a delivery plan.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Risk assurances will be reported as the risk is further mitigated	• Additional capacity is proposed as part of the PHM Catalyst to support in particular analytics and change management in the short term as we build capability and capacity for PHM as an ICS. • The proposed PHM Catalyst will establish a PHM training programme and an engagement programme across the ICS to educate the workforce and increase awareness, and will build internal capability in an applied way through support delivered to programmes, places and providers. • Enabler functions, including business intelligence and digital, will work as part of the PHM Catalyst to embed the necessary infrastructure and PHM tools and techniques. • Work will begin to develop a clear and coherent delivery plan in regards of a) integrated data services and b) PHM and change capability – ensuring that these dimensions are strategically aligned and governed under a single oversight structure.

Reducing health inequalities

Inherent risk score:	**3 x 3 = 9 (August 2022)**	**Last month's score**	**3 x 3 = 9**
Change in risk score:	**No change**		
Corporate objective:	**Enhance prevention and address inequalities by making progress on delivery of CORE20Plus5 and 'The Vital 5'.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_03	Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. The ICB is committed to reducing these inequalities through prevention and intervention programmes. There are however several opportunities and ways in which to reduce health inequalities, and therefore there is a risk that the ICB spreads the programme of work too thin to deliver measurable and tangible improvements in health inequalities resulting in communities continuing to experience inequalities in their outcomes and care. This may also result in resources continuing to be focused and driven at managing the outcomes, as opposed to the underlying cause. Furthermore, given the commitments we have made as an ICS in reducing health inequalities and increasing our focus on prevention, there is a reputational risk for the ICB in not reducing any form of health inequalities.	3	3	9	• **Ring-fenced health inequalities funding**: The ICB has ring-fenced funding for proposals that look to address health inequalities. Funding has been allocated to system-wide proposals which support delivery of the ICB's operating plan and also to individual Places to then agree relevant proposals in line with their Local Care Partnership priorities. Summary of proposals collated and options for evaluation/impact shared with relevant project leads. • **Monitoring of operational plan commitments:** the ICB's operational plan included a number of commitments with regards inequalities related actins to be taken forward in 2022/23. We will be monitoring the effective implementation and delivery of these commitments, including upwards reporting.	3	3	9

Risk assurances	Forward view on risk and planned further mitigating actions
• Risk assurances will be reported as the risk is further mitigated	• **Focus on prevention**: Development of proposal to explore how the system can focus resources and delivery on a few key areas such as immunisation/vaccination, physical health checks and screening (scoping work still in progress and to feed into the ICS Strategy). • **Embedding health inequalities in all programmes of work**: Development of a framework to support all ICS programmes to embed health inequalities into their work programmes (due end of September). Shared with Place Exec Leads in November 2022 and for roll out from 2023/24. • **CORE20PLUS: Identification of CORE20PLUS** population groups both at Place and SEL-wide to support framework referenced above. Initial draft dashboard developed which is currently being tested with Places. Work underway through Public Health to agree the Plus populations for both Place and SEL-wide. Final dashboard expected to be published at the end of March 2023. • **Development of the Vital5:** For each of the vital 5, leadership teams are being assembled with expert experience in these areas to drive the overall ICS approach. A minimum asks proposal for 2023/24 is in the process of being developed and will link to the operational planning timelines and HI funds. • **Development of approach for HI funds for 2023/24:** Draft approach developed and being considered/confirmed as part of the overall operating planning cycle for 2023/24.

SEL workforce investment

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**Likelihood increased from 3 to 4, giving a residual risk score of 4 x 4 = 16**		
Corporate objective:	**Invest in our workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_19	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	• SEL ICS People Board is overseeing the 22/23 strategic programme of work and the delivery of the ICS People Function by April 23. **Workforce Planning:** • 5-year ICS People Strategy in development due end Q4. • Development of wider workforce planning approach for Acute sector in development **Supply, Transformation and Retention:** • ICS Retention programme in place, ICS Nurse retention forum established and delivery of nursing 50K target actively tracked • SEL ICS HRDs network enabling Provider collaboration on critical matters including industrial action, B & A and pay approaches and at scale OH & EAP project. • Multi-professional competency framework developed to support recruitment and retention of support workers across MH services – full launch early 2023. • Strategic pipeline / GYO programme to deliver the ICS Health and Care Hub and support local people into local roles commencing Q1 23/24 (GLA Funded) • Enabling Social Care workforce retention with Home Care workforce recommendations and nurse retention papers delivered **Workforce health, wellbeing, experience and inclusion:** • ICS wide staff health and wellbeing strategy in place (to May 23). Full 22/23 funding invested across 'one workforce' with universal offer and levelling up support. Staff EDI committee championing innovation in approaches to diversity and enhancing inclusive cultures.	4	4	16

Risk assurances	Forward view on risk and planned further mitigating actions
• 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 22/23 strategic workforce programme is tracked monthly and an associated RAID log maintained. • 6 month governance review of People Board has commenced and focus group booked. • People Board to review an approve Workforce Reporting template, plan for reporting to ICB and content of deep dive on workforce for ICB Board and NEDs session.	• Recruitment to ICS People Function underway Q4 with good interest and appointments on track. • Funding for 23/24 ICS Staff H & WB is a significant risk. No formal National announcement but NHSE draft budgets do not include allocation. KWSEL led by SLAM moving into closure. People Board to consider actions to support Primary and Social care and affordability. • HRDs continuing to collaborate closely on preparedness for industrial action (BMA 72 hr strike Junior Dr. – 13.03, GMB & Unite Amb. 20.03, CSP Physio 22.03) • People Board to review Final Operating plan and consider the Independent Review of Integrated Care Systems.

Delegation of new commissioning responsibilities from NHS England

Inherent risk score:	**3 x 5 = 15 (October 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Relates to multiple corporate objectives including access to primary care; elective; urgent care; mental health; planning and financial objectives.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_22	From 1st April 2023, NHSE are intending to delegate responsibility for Pharmacy, Optometry and Dental (POD) services. In addition, it is proposed that SEL are a "pathfinder" for delegation of specialised commissioning services to test approaches prior to national delegation from April 2024. In relation to POD services, the key risks of delegation will be: 1.) The transfer of responsibility for managing the impact of pre-delegation contractual, financial and reputational liabilities which may be difficult to size prior to the transfer of responsibilities 2.) Delivering high quality, effective and accessible services to the South East London population given current capacity and workforce challenges alongside the limitation of the national contract form 3.) Managing the delivery of delegated responsibilities, as well as maximising any opportunities of delegation, within existing resources 4.) The transfer of responsibilities for managing the complaints related to the services which is an aligned but separate process. **Specialised services,** the key risks of delegation (from April 2024): 1.) A risk that SEL are held to a higher level of assurance for delivery than previously used when the services were commissioned by NHSE e.g. held to account for non-delivery of specifications which have not been met for many years 2.) risk associated with the budget to be transferred to pay for the services; historically specialised services budgets have had significant growth so this may represent a financial pressure moving forwards. In addition, providers have participated in a rebasing exercise, and there is a risk budgets for 23/24 are not set at a level to sustain specialised services 3.) loss of corporate memory and expertise in London specialised commissioning team	4	5	20	• A POD Task and Finish Group, with representation from commissioning and corporate functions, has been established to oversee a safe and effective transition. This will include understanding and sizing (where possible) any liabilities that will be taken over by the ICB on the transition of this function and ways that these can be mitigated or planned for. Additional information has been requested from NHSE to support this process. • A London-wide working group has been established to support the development of a pan-London operating model for the contracting function for POD services. This process will mitigate risks of losing key expertise from existing teams within NHSE. • London System Analytics & Finance Task and Finish group established to progress key actions required to understand financial risk. New steps to be included into delegation process which ensures ICBs have an opportunity to say they do not want to progress, in addition to assessment as to whether ICB is ready to take on delegated commissioning. • Pan London approach to staffing model for 23/24 for specialised services commissioning. • South London infrastructure established, which will be responsible for much of the planning, delivery and oversight of specialised services commissioning on behalf of the ICB, due to the wider footprint of many of these services. Discussions underway with National Team about support package that will sit alongside the 23/24 pilot.	3	4	12

Risk assurances		Forward view on risk and planned further mitigating actions
POD • Completion and submission of a pre-delegation assessment frameworks for POD • The POD Task and Finish Group holds a comprehensive risk register for POD delegation • ICB Board seminar session on POD delegation to build understanding of the risks and opportunities prior to any formal decision making • ICB Board will make the final decision on the transfer of responsibility of PODs in November 2022.	**Specialised services** • Pre-delegation assessment frameworks – National delegation deferred until April 2024, but SEL is proposed as a "pathfinder" to test approaches during 2023/24. • London specialised services team holds a comprehensive risk register for spec comm delegation, which is shared with SEL partners through key London fora • ICB Board seminar sessions on specialised services delegation to build understanding of the risks and opportunities prior to any formal decisions. The ICB Board will have opportunity to make final decision on whether to accept specialised services delegation, timeline to be confirmed.	• A piece of work is underway to consider the opportunities provided by the delegation of POD services, the operating model required to maximise these opportunities and the potential cost of that operating model for the ICB.

Disruption to IT/Digital systems

Inherent risk score:	**2 x 5 = 10 (March 2023)**	**Last month's score**	**Not applicable**
Change in risk score:	**Not applicable**		
Corporate objective:	**Improve outcomes in population health and healthcare**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_26	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	• 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. • Regarding primary care, 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.	2	5	10

Risk assurances	Forward view on risk and planned further mitigating actions
• Risk assurances will be reported as the risk is further mitigated	• Future changes to provider contracts expected to include IT system audit and assurance requirements (source NHSE CIO Briefings) • Paper to be discussed by ICB executive and then by ICP – Andrew Bland, supported by Jonty Heaversedge and Polly Bishop • Anticipated that requirements for assessing IT and digital system resilience will be included in future CQC expectations, to be developed from current strategy review. As mentioned in this CQC article on CQC regulation for data protection for social care CQC regulation and data protection - Digital Social Care • Recommendation for system-wide cyber security assessment and strategy proposed to ICS digital leaders to be included in plans for 2023/24 – but no funding confirmed

Working with people and communities

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Establish effective ways of hearing from and engaging with people from all communities across south east London to address unfair, avoidable and systematic differences in health between different groups of people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_04	The ICB does not establish effective engagement structures and methods to hear from a diverse range of people from all communities across south east London. This could adversely affect the successful delivery of programmes aimed at improving services and patients' experience of them, and also risks compromising the ICB's aim of reducing health inequalities.	4	4	16	• The ICS working with people and communities strategic framework has been approved and published on the ICS website. The framework sets out the ICB vision for working in partnership with people living and working in our local communities and what we need go do to achieve the ICS ambition of working in partnership with local people in order to address service transformation and heath inequalities. • The ICB Engagement Assurance Committee is established with a membership including members of the public. At its first formal meeting in January 2023 it discussed and provided assurance on the engagement in the ICS strategy development process. • The ICB has established an on line engagement platform - Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org). This has a range of functions to expand our reach more easily to hear what matters to local people including open and closed chat functions, questions, quick polls and surveys. The platform is a SEL hub and a hub for each LCP. • The ICB has developed and published an on-line engagement toolkit with a series of supporting how to guides, tops tips and templates to support staff across the ICS. • An ICS Engagement Practitioner's Network has been established to share good practice, share insight and align engagement over time which meets every other month. A mini review was carried out in June 2022 to inform its development. • The ICB has funded a South East London Director of Healthwatch role, part of whose function is act as a critical friend and to bring the voice of local people into ICB decision making and governance processes. • The ICS has developed with the six VCSE umbrella bodies a Director of VCSE Collaboration and Partnership role.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• An evaluation of the Engagement Practitioner's Network (EPN) was carried our which has highlighted and will inform areas for development. Discussions took place at the November meeting ono ways of working to support engagement I ICS projects and programmes across multiple partners. • Feedback from NHS England on the working with people and communities strategic was positive: "This was an excellent example of a strategy in scope, detail, expressed values and commitment to genuine engagement with communities. There is a real sense of the maturity of the system and how positive practice at place level is shared across the ICS as well as an awareness that while each place is unique it is possible to learn and share across". • The ICB expenses policy is published on the ICB website.	• The ICB has received funding to establish a People's Panel and has appointed Jungle Green to recruit members representative of the population across the 6 boroughs of south east London. Recruitment started 13 January 2023 following completion of DPIA and contract. • Terms of reference for a combined engagement, equalities and experience planning group are being discussed and drafted. • A progress report on the implementation of the working with people and communities strategic framework will be presented and discussed at the EAC meeting in March 2023. • Planning for ongoing work with people and communities as part of the development of the five strategic priority areas is currently taking place. • Two SEL webinars are currently being planned to engage on the Joint Forward Plan which, in turn, builds on the insight gained through the ICS strategy development process.

Harm to patients due to unprecedented operational pressures

Inherent risk score:	**3 x 4 = 12 (January 2023)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**Likelihood increased from 3 to 4, due to the impact of the strikes, giving a residual risk score of 4 x 4 = 16**		
Corporate objective:	**Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_25	There is a risk that operational pressures within the system could lead to unintended harm to patients. This has been further intensified by strike action.	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	4	4	16

Risk assurances	Forward view on risk and planned further mitigating actions
• 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	• Continued monitoring of Quality Alerts and Serious Incidents. • Continued oversight of the actions being taken by providers and commissioners have minimised the risk of harm • The ICB has an Industrial Action incident response plan.

Securing a collaborative approach to safeguarding across LCPs

Inherent risk score:	**3 x 3 = 9 (August 2022)**	**Last month's score**	**4 x 3 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Embed a safeguarding culture that ensures the identification of common themes, shared learning, and a system-wide focus on the delivery of national and local safeguarding priorities.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_06	The Safeguarding Sub-committee will be a forum for health providers and commissioners in partnership with local authorities to collaborate and develop a shared understanding of the safeguarding themes and shared learning across South East London. There is a risk that partners will not engage to agree a collaborative approach across six LCPs. There is evidence of inconsistent collaboration and engagement to an SEL approach.	4	3	12	The residual score is not impacted by the below activities as these primarily relate to the existing arrangements for maintaining safeguarding systems and arrangements. The actions described in the 'forward view' section, which includes additional actions related to the recent compliance tool, are anticipated to reduce the risk score as they are implemented. • Each place based Board has existing safeguarding structures and governance in place. The SEL ICB safeguarding team is part of this structure and information is shared. • Engagement with NHS providers and Terms of Reference for the Safeguarding Adults Board and Children's Partnerships have been agreed. • Agreement in principle of membership of NHS providers, Independent chair of the adults boards and Children's partnership and independent scrutineer to attend the Safeguarding Sub-committee. • A safeguarding tracker is being implemented where all safeguarding reviews themes will be captured and actions tracked to ensure the learning is embedded. • Designate 6 weekly meetings in place to monitor actions and risk across 6 boroughs already in place.	4	3	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Terms of Reference agreed prior to the first meeting. • Reported outputs from place based Boards.	• There is the intention of a deep dive into Domestic Homicide Reviews to identify common themes. • Working group to convene and agree reporting and agenda for the sub-committee. • A project officer will be employed to manage the SEL ICB response to local and national priorities. Interviews are due to take place in March 2023. • Safeguarding tracker in place to monitor safeguarding themes and actions. It is too early at this stage to report the impact of using the tracker. • Deep dives into safeguarding adult reviews and children's practice reviews. • There will be organisational development support, input and action to create a safeguarding strategy which is clear and consistent so that all stakeholders and partners want to, and are able to, deliver. • The Safeguarding Compliance Assurance Tool (SCAT) has highlighted gaps and areas for development within SEL. This has in turn led to a review of the ICB process to ensure there are robust mechanisms for monitoring the effectiveness of safeguarding activity.

Delivering successful elective care transformation programmes

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Deliver elective care transformation to increase elective capacity, improve patient outcomes and contribute to addressing inequalities of access.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_07	A range of elective care transformation programmes (theatres, admitted, non-admitted) are on-going across SEL to increase capacity and productivity, improve outcomes and responsiveness and reduce inequalities. However, the ability of these programmes to deliver could be constrained by the limited bandwidth of clinical and operational teams. This could be because of: • Multiple asks of the same clinical and operational teams (e.g. a single specialty is asked to introduce a range of initiatives simultaneously). This could result in confusion over priorities, teams being overwhelmed and lead to non-delivery in most or all areas • Inadequate capacity for clinical leads to engage and co-design initiatives with partners across primary and secondary care, leading to lack of awareness, buy-in and adherence to new pathways/ways of working. • Insufficient oversight and awareness of the range of asks on teams (e.g. elective, cancer, urgent care), and what support might be needed to enable delivery	4	4	16	• Acute Provider Collaborative governance has been reviewed to ensure that there are clear structures in place between clinical networks, cross-cutting workstreams and the APC Executive. These structures should ensure that there is clarity on responsibility and accountability, and better oversight of the range of programmes underway (across elective and non-elective and ability to prioritise/deprioritise work as pressures increase). • Clinical leadership capacity has been increased with each APC specialty network having a secondary care clinical lead in place, and GPs also now appointed in the majority of specialties. A series of Clinical Leadership sessions have been held, and the APC GP leads are working with place based primary care leads to strengthen communication routes to improve system wide working. • Funding from SOF4 (system Oversight Framework segment 4) and TIF (Targeted Investment Fund) processes is being used to fund additional capacity to support transformation programmes. Examples include additional project management resource to implement initiatives such as Patient Initiated Follow Ups, and funding for additional clinical sessions to allow 'double-running' whilst clinical triage models are implemented.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Elective Monitoring Report to track activity, PTLs, referrals and breaches • Trust performance reports for performance meetings. • Minutes of key workstreams (e.g. Non-Admitted, Theatres), and overarching governance forums (e.g. APC Operational Delivery Group, APC Steering Group) • Joint appointments with APC to ensure join up with ICB.	• Ongoing discussions with regional NHSE team through system meetings to highlight where disproportionate levels of asks are being placed on individual specialty teams. • Clinical leadership development programme in place to support GP Clinical Leads in maximising engagement with primary care to discuss need for and approach to transformation of services to mitigate risk of non-engagement.

Competing priorities for non-admitted and admitted capacity

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Deliver elective care transformation to increase elective capacity, improve patient outcomes and contribute to addressing inequalities of access.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_08	Agreed clinical prioritisation criteria set out that elective capacity is first used for urgent and cancer related work and then non-urgent elective work to ensure patients are treated in order of clinical priority. There is a risk that competing pressures in the system decrease capacity available for elective work, and lead to a consequent reduction in elective activity and ability to meet targets to reduce patients waiting a very long time for appointments / treatment. For example, an increase in non-elective admissions, urgent elective activity and cancer activity can decrease the admitted capacity available for non-urgent admitted elective work. An increase in cancer two week wait referrals can decrease the capacity available for routine non-admitted work.	4	4	16	• APC work to establish and drive activity through elective hubs, which offer elective capacity that is protected from non-elective / urgent pressures and means that admitted care is more likely to continue in times of significant operational pressure. • APC system level and internal trust work on theatre productivity to maximise activity that is carried out in the capacity available for non-urgent elective work. • APC work on non-admitted care – specialist advice, PIFU and use of community services – to make best use of outpatient capacity available. Work is also underway to review referral patterns to gain an in-depth understanding of drivers in waiting list growth at a specialty level • Winter planning process included, and continue to include, consideration of elective activity to minimise the risk of cancellations, and to appropriately schedule appointments and procedures that are at lower likelihood of cancellation due to bed pressures. The 22/23 Urgent and Emergency Care winter assurance submission has now been made, with elective activity factored in.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Elective Monitoring Report to track activity, PTLs, referrals and breaches • Trust performance reports for performance meetings. • Minutes of key workstreams (e.g. Non-Admitted, Theatres), and overarching governance forums (e.g. APC Operational Delivery Group, APC Steering Group) • Winter Plans produced.	• APC leading ongoing work for high volume low complexity specialties to develop sustainable plans which minimise disruption on elective activity from other parts of the system. • APC have recently appointed managers to oversee Elective Hubs to support further transfers of activity and maximisation of resource • LGT have embarked on a programme, with APC/ICB support, to move 12 specialties to Advice and Refer – this should ensure that patients are booked into the right place, first time and that we maximise opportunities to use advice and guidance.

Ongoing pressures across SEL UEC services

Inherent risk score:	**4 x 4 = 16 (August 2022)**	**Last month's score**	**4 x 4 = 16**
Change in risk score:	**No change**		
Corporate objective:	**Improve the responsiveness of urgent and emergency care by addressing long waits in emergency care pathways.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score

SELICS_09	Demand and flow continue to challenge our SEL system which means we are not able to improve waiting times, or support timely discharge. If we continue to have high levels of acuity driven by both by the way patients access services and by challenges in accessing out of hospital care pathways. This will continue to put pressure on the system.	5	4	20	• **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.
					• **UEC improvement plans are reviewed monthly**
					  • **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.
						4	4	16

Risk assurances

- The daily calls are providing the immediate system support to retain site safety across all SEL sites, this now includes managing our response in light of industrial action
- Urgent care performance dashboard
- Local winter planning arrangements in place including MADE events for discharge being managed through local UEC Boards
- 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

Forward view on risk and planned further mitigating actions

- Continue to work along side national Winter Collaborative focused on risk based flow management models and use of reverse boarding/push models on sites where appropriate. Each site, in response to winter pressure and industrial action has taken steps to increase capacity in discharge lounges, transport and pre-5pm discharge.
- Additional £200m funding pot has been allocated to systems to support discharge over the rest 22/23 for up to 4-weeks, we are completing daily submissions to regional colleagues and reviewing impact of this, and previous discharge funding, through the SEL Discharge Solutions Group.
- Mental health discharge work has resulted in a MH discharge framework for SEL which sits alongside the MH discharge principles from NHSE launched in December. SEL MH Discharge Group are currently developing a single SEL escalation policy as a direct response to the framework audit last year.
- Work has been done with the HIN to implement deterioration tools in care homes in Lewisham, Lambeth and Bromley to reduce likelihood of ambulance conveyance and emergency admission. Further work to be done to engage with Bexley, Greenwich and Southwark.
- The provision of hotel beds for homeless patients or those unable to go straight home is now being accessed by all SEL acute sites.
- Stage One of the Discharge Dashboard in relation to acute data is in place and information shared on a monthly basis. By the end of March this will include a SEL profile around ASC discharge activity enabling a greater understanding of demand on out of hospital care services.
- Work currently being carried out to audit the discharge hubs across SEL to review level of consistency, share learning and identify improvement opportunities

Delivering mental health access performance metric trajectories

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_10	The NHS Long Term Plan sets out a series of ambitions for all mental health and learning disability/autism services to expand access to service provision. Expansion targets are in place for the whole country and there is a risk that due to workforce availability, capacity and competition, these access targets may not be delivered for 2022/23. There is a risk that services are unable to meet demand and waiting lists either grow or stagnate. Furthermore, as several of these access targets are part of our early intervention and prevention approach, there is a risk that this demand then presents through unplanned care routes impacting urgent and emergency care pathways, bed capacity and overall outcomes for service users.	4	4	16	• **Development of clinically-led and profiled performance trajectories**: Access trajectories for 2022/23 have been developed with clinical and operational teams across the service providers with improvement trajectories proposed for several service lines (including CAMHS, CYP eating disorders, IAPT, perinatal and physical health checks) to account for the onboarding of new staff and slower expansion of capacity as a result. These trajectories have been agreed with NHS England. • **Funding allocation to support expansion:** Funding has been allocated from both the Mental Health Investment Standard and Service Development Funds to support workforce growth and expansion for the key service lines to deliver the agreed trajectories. • **Monthly review of performance with the service providers**: Performance against access trajectories is reviewed on a monthly basis by the ICB with service providers, working collaboratively to identify areas of risk and improvement actions as required. Individual service providers are also reporting and monitoring compliance against trajectories through their Boards. • **Workforce expansion plans including diversification of roles and profiling through planning:** Detailed workforce return submitted as part of the operational planning process for mental health to understand how investment will be used to grow and expand posts not only through the clinical roles but through non-clinical roles to support overall service expansion. • **Ensuring system oversight of performance:** At the September ICS Board meeting, a deep dive on performance against the 2022/23 mental health access trajectories was held to ensure all partners understand current performance and can support services in improvement opportunities.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Profiled trajectories for access to various service lines – submitted as part of ICS' operational planning return. • Workforce plan – submitted as part of the ICS' operational planning submission. • Monthly published mental health performance and access report which captures current performance and improvement actions which are being undertaken. Minutes/actions from the monthly performance meetings with service providers. • Board papers and minutes from both South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust tracking and monitoring their individual progress. • Action log and improvement plan from the IAPT Steering Group.	• **Exploration of dedicated mental health workforce support**: Working collaboratively with the 'people' function of the ICB, we will explore dedicated workforce support. Funding has been secured through Health Education England funds to support this work. • **Deep dives or detailed action plans for service lines most at risk**: IAPT has been identified as key risk area for the ICB. Through the IAPT Steering Group, each service is developing an improvement plan supported by the ICB's performance team to ensure all opportunities for delivering the trajectory for 2022/23. Each service has developed an improvement plan to support service delivery into 2023/24.

Reducing waiting times for mental health services

Inherent risk score:	**4 x 3 = 12 (November 2022)**	**Last month's score**	**4 x 3 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_23	As a result of the pandemic, there has been a significant increase in referrals to mental health services, specifically for adult ADHD services, community mental health services and children and young people's mental health services (including eating disorders). There is a risk that despite achieving access rates for services, waiting times for first appointment and treatment remain high, impacting on acuity of presentations and overall recovery and outcomes for our population. Furthermore, there is a risk that this demand then presents through unplanned care routes impacting urgent and emergency care pathways, bed capacity and overall outcomes for service users.	4	3	12	There are several controls in place, and although these actions have contributed to stabilising waiting times, there do continue to be long waiting times for several service areas.. For this reason, the residual score is unchanged. • Funding allocation to support service expansion: Funding has been allocated from both the Mental Health Investment Standard and Service Development Funds to support the development of community services with key deliverables agreed across system partners as part of the annual operating cycle and contracting round. This includes for community mental health services and children and young people's mental health services. • Workforce expansion plans including diversification of roles and profiling through planning: Detailed workforce return submitted as part of the operational planning process for mental health to understand how investment will be used to grow and expand posts not only through the clinical roles but through non-clinical roles to support overall service expansion. This also includes testing and piloting new ways of working. • Adult ADHD: A core offer has been developed across both mental health trusts to ensure consistency in the offer, supported by additional recurrent funds in 2023/24 to clear backlogs and meet demand. A private provider contract has been agreed for 2023/24 to support patient choice referrals. • Community mental health: a three-year transformation programme is underway, supported by significant funding. The programme aims to develop new integrated neighbourhood teams and deliver a consistent four week waiting time for community services by 2023/24.	4	3	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Profiled trajectories for access to various service lines – submitted as part of ICS' operational planning return. • Workforce plan – submitted as part of the ICS' operational planning submission. • Minutes/actions from the monthly performance meetings with service providers. • Board papers and minutes from both South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust tracking and monitoring their individual progress.	• Children and Young People's Mental Health Services: Demand and capacity modelling is underway for both mental health trusts to understand the recurrent and non-recurrent capacity requirements to clear the waiting list as part of the development of the children and young people's mental health and emotional wellbeing plan. The plan will also capture opportunities to develop alternative early interventions in the community and support demand management through Singe Points of Access etc. The proposal for 2023/24 was approved by the ICB Board in February 2023 and is now being incorporated into planning for 2023/24. • Adult ADHD: Demand for adult ADHD services continues to grow and therefore a further stocktake of the overall model is required. CCPL roles to be advertised in February 2023 and several workshops to be held across system partners to consider whether a stepped care model of care may be more appropriate. PH modelling also requested (due end of January) to support understanding of demand. • Improving Performance Reporting: The mental health performance report is in the process of being updated to include relevant waiting times and activity to ensure a more holistic approach to understanding service activity, wider than just access or performance trajectories.

Delivering community-based mental health transformation programmes

Inherent risk score:	**2 x 3 = 6 (August 2022)**	**Last month's score**	**2 x 3 = 6**
Change in risk score:	**No change**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_11	Transforming and expanding mental health community service provision is key in supporting service users to stay well in their communities and maintain their independence, as well as reducing crisis presentations and admissions to inpatient beds. There is a risk that due to competing priorities across the system, including front door crisis pressures, resources and time are diverted from these community transformation programmes across adults and children and young people's services. Without delivery of these community-based programmes, we will continue to experience high demand for our inpatient beds and ongoing crisis presentations.	3	3	9	• **Funding allocation to support expansion:** Funding has been allocated from both the Mental Health Investment Standard and Service Development Funds to support the development of community services with key deliverables agreed across system partners as part of the annual operating cycle and contracting round. • **Regular review and oversight of progress with transformation programmes:** For community mental health transformation, this is monthly via a dedicated steering group which tracks progress with delivery of the core offer and recruitment into new roles.. A CYP mental health network is also in place to oversee CYP transformation. All programmes are accountable to the ICS Mental Health Board. • **Dedicated project management resource**: For community mental health transformation dedicated project management support in place to ensure focus on programme delivery both at individual borough level and at provider level with nominated leads and SROs overseeing and driving transformation.	2	3	6

Risk assurances	Forward view on risk and planned further mitigating actions
• Papers from the community mental health transformation steering group including meeting papers, recruitment updates, delivering against core offer). • Quarterly data collection return to NHS England (capturing progress with core offer delivery for community at PCN level).	• **Development of the Children and Young People's Mental Health Transformation Plan**: this plan will capture all the actions underway through community children and young people's mental health and LDA services to provide early intervention in the community, including focusing on parental mental health. The proposal for 2023/24 was approved by the ICB Board in February 2023 and is now being incorporated into planning for 2023/24.

LDA inpatient bed reduction

Inherent risk score:	**3 x 3 = 9 (August 2022)**	**Last month's score**	**2 x 3 = 6**
Change in risk score:	**No change**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_12	Risk that the inpatient target for the reduction of inpatients to 59 adults and 5 children and young people by March 2023 will not be achieved. Reducing inpatients will reduce reliance on institutional care and ensure patients are moved into less restrictive care settings which will enable them to live healthier, safer and more rewarding lives.	4	3	12	• Monthly inpatient surgery to review inpatients with a learning disability and or autism to support discharge and step down when clinically appropriately to the least restrictive environment. • Quarterly and six (6) monthly review of patients by length of stay (LoS) using learning from Safe and Wellbeing reviews undertaken in 2021/22. • Detailed review of care and support needs and utilise Community Discharge Grant (CDG) or Personalised Care/personal heath budgets as required. • Utilisation of Dynamic Support Registers (DSRs) and Care Education Treatment Reviews (CETRs) in admission prevention. • Implementing the expansion of ASD Support services to support admission prevention. • Maintaining dedicated Case Management function to support CETRs and discharge • Dedicated Community CETR lead for children and young people. • Development of SEL LDA Pathway Fund Strategy and Principles by end Q3 2022/23 – agreed for 2022-23.	2	3	6

Risk assurances	Forward view on risk and planned further mitigating actions
• SEL LDA Executive Board Agenda and Minutes List the assurance evidence • SEL LDA Operational Board Agenda and Minutes • Minutes from the 6-8 weekly Joint Region and System LDA heath Partnership meeting.	• No further actions planned.

LD and Autism Annual Health Checks

Inherent risk score:	**2 x 3 = 6 (August 2022)**	**Last month's score**	**2 x 3 = 6**
Change in risk score:	**No change**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_13	The risk is that the learning disability and autism programme will not achieve the operational target of 75% for the completion of Annual Health Checks (AHC). On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population. Completing AHC will help to reduce the health inequalities being experienced by people with learning disabilities and autism.	3	4	12	• A dedicated SEL AHC Steering group chaired by a clinician (meets three times a year) that reports to the LDA Operational board (meets monthly). The Steering Group will monitor performance and quality and will share best practice across SEL. • £30k secured from regulator to implement exemplar site work for 12 months – there was extensive learning from the pilot which will be disseminated across SEL • Facilitation and support to practices/PCNs that have not achieved 75% during 2022/23. • A large engagement event undertaken called 'LD BIG Health week' in December 2021. The feedback from service users was collected and based on this improvement actions were agreed like new resources and training required. The next event will be in November 2022. • LD and ASD Health Ambassador service implemented. Eight ambassadors have been recruited and will promote the programme and help shape training needs. • Learning disability and Autism Specialist Prescribing Advisors are in place to actively support general practice and improve quality of Annual Health Checks. The advisors are focusing on upskilling primary care workforce and improving data quality. • Utilisation of LD Dashboard to better understand needs and trends • Clinical and Care Professional Leads have been recruited to support the AHCs workstream.	2	3	6

Risk assurances	Forward view on risk and planned further mitigating actions
• SEL LDA Strategic Executive Group Agenda and Minutes List the assurance evidence. • SEL LDA Operational Board Agenda and Minutes. • Minutes from the 6-8 weekly Joint Region and System LDA Heath Partnership meeting. • Minutes from the SEL LDA Annual Health Check Steering Group. • Report outlining the learning from the exemplar site work produced and being implemented. • Performance dashboard produced by the central BI team is regularly reviewed.	• By end of Q3 2022/23 a quality and performance delivery plan will be produced for each LCP. The plans would cover the period to March 2024. • By end of Q3 2022/23 an overarching SEL delivery plan will be developed around the required enablers for the programme.

Increased waiting times for ASD diagnostic assessments

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**Likelihood changed from 3 to 4, due to expected progress has not been made** and an increased risk that this will impact the year end position.		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_14	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. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	4	4	16	• Implementation of actions from the ASD Task and Finish group following the Neurodevelopmental Services Review that was completed in Autumn 2021. • Implementation of services for backlog clearance by Oxleas and SLaM and plans to reduce the waiting time by end of March 2023 including development of services to meet the demand and maintain waiting times within 6 months. Waiting list clearance initiatives not started during 2022/23 due to delayed procurement and recruitment • Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnoses. • SEL Autism Strategic Framework near completion and being socialised within SEL with stakeholders.	4	4	16

Risk assurances	Forward view on risk and planned further mitigating actions
• 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).	• The cost per case budget and funding assessments will be reviewed across all SEL boroughs for referral made under Patient Choice. • Initial steps taken to work with main providers to ensure national performance reporting is completed. • SEL Autism Strategic Framework in development to outline the strategic approach in SEL to the national strategy

Timely access to primary care appointments

South East London Integrated Care System

NHS South East London

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Improve timely access to primary care by expanding capacity and increasing the number of appointments available to patients**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_15	Primary care is defined as "healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment". This includes a wide range of services from general practice and pharmacy services, to NHS 111 and some urgent care services. Achieving timely access to primary care is being impacted by two main risks; a) constrained capacity due to workforce shortages, lack of digital enablement, inadequate estate or changes to commissioned services b) Increased demand due to population growth, increased acuity, backlog of care as a result of covid, pathway changes which increase activity and/or changes in patient expectations We are currently achieving 98% YTD against our operating plan target for GP appointments. National reductions to Service Development Funding, which funds key digital tools and development support for primary care, will potentially place additional pressures on primary care capacity and reduce the capacity available to provide clinical care.	3	4	12	• **Workforce controls** - Work is being undertaken across Local Care Partnerships and in conjunction with Training Hubs to develop schemes to encourage more staff into primary care and offer support to retain them. This includes a programme of work to maximise the use of investment in additional roles within primary care. • **Backlog of care and pathway changes** – Local Care Partnerships and SEL programmes are putting additional investment into areas of care where a backlog remains to enable primary care services to bring in additional locum workforce to support backlog clearance. In relation to pathways changes, SEL ICB are working with GSTT to develop and test partnership approaches to managing patients on waiting lists aimed at reducing demand on primary and secondary care whilst improving patient experience and wellbeing • **Changes in patient expectations** – A behaviour change campaign has been developed, focussed on improving patient and public trust and confidence in new clinical and professional roles in primary care (such as first contact physiotherapists, care coordinators etc). Stage two of the campaign will then focus on increasing patient trust and confidence in receiving care remotely. The campaign has launched in August, with a microsite promoting new roles due to launched in September.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Risk assurances will be reported as the risk is further mitigated. Risk assurances will be provided via Local Care Partnership governance processes. • Approval of PCN enhanced access plans by each Local Care Partnership	• Local Care Partnerships are commissioning additional services over Winter to support access to same day urgent care within primary care and mitigate the impact of national changes to the PCN DES on their local primary care capacity. These proposals will be funded until end of March 2023. There is no onward funding available at a national or regional level which will lead to a drop in general practice capacity outside of standard GP contracted hours. • A bridging solution has been found to the proposed changes to SMS and Accurx services mitigating the potential impacts on primary care capacity and therefore management of demand up until the end of March 2032. Work is underway to undertake a strategic review of the digital tools and functionalities required by primary care to free up capacity and manage down demand and how these can best be funded flowing reductions to SDF funding to retain existing capacity.

Proportion of the population being vaccinated

Inherent risk score:	**4 x 3 = 12 (August 2022)**	**Last month's score**	**4 x 3 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Maximise the uptake of routine immunisations (including childhood immunisations, influenza and covid-19 vaccinations) with a focus on addressing inequalities in uptake**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_16	The risk is that insufficient proportions of the population will be vaccinated making them vulnerable to the vaccine preventable diseases, and increasing the risk of outbreaks, The increase in levels of infectious disease may have consequences for other services, such as impacting on urgent care pressures or delays in routine procedures. There is also a risk that certain parts of the population, may suffer from illness disproportionally. This may because of a lack of access or culturally issues. New vaccination programmes may need to be setup at short notice e.g. the recent polio booster programme	5	3	15	• SEL Governance arrangements in place, jointly with London Region. SEL immunisation board and each 'place' has overarching immunisation committees/groups to address delivery and managing inequalities. Review of data at borough level, and SEL wide. A SEL 'gold' immunisation group was set up to oversee immediate arrangements and priorities, to particularly focus on winter vaccinations and the polio booster programme. This has now been stood down but can be re-established as required. Preparation underway for polio (routine vaccinations) and MMR catch up campaign and also for spring Covid booster • Focus on comms and engagement at SEL level and local level, working with local partners to encourage uptake in communities with lower levels of uptake. • Practices are being directly supported at borough level, to deliver vaccination programmes. • GSTT taking lead provider and employer role to support the SEL system, e.g. mass vaccination centres. • Inequalities in uptake being reviewed and considered at all levels with joined up approaches such as use of pop up clinics, engagement with communities • Regular meetings between SEL team and boroughs to cover issues and provide support.	4	3	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Minutes from the regional meeting and SEL Immunisation Board, SEL GOLD meetings • Performance reports including borough level uptake rates	• We will need to continue to focus on delivery of vaccination at local level in order to maximise uptake and reduce inequalities. Our current SEL wide governance arrangements will support ongoing programmes and new campaigns and initiatives depending on need. • Bringing together all vaccination programmes including nationally driven campaigns such as MMR

Development and delivery of equalities objectives and standards

Baseline risk score:	**4 x 4 = 16 (November 2022)**	**Last month's score**	**2 x 3 = 6**
Change in risk score:	**No change**		
Corporate objective:	**Links to corporate objectives 2: Population health management, 3: Health inequalities and 4: Working with people and communities.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_24	The ICB needs to establish and maintain effective structures to monitor and assure the consistency of approach, practices and processes across the SEL Health and Social Care system to embed equalities objectives relating to how people access and their experience of services in order to reduce health inequalities and staff disparities in the workplace. At present there is a lack of clarity regarding scope and ways of working across the new organisation. Therefore the system is at risk of not sufficiently delivering on reduction of service and employment inequalities, resulting in the inability to comply with the Equality Act 2010 and mandatory NHS England requirements.	4	4	16	• ICB Equalities Sub-Committee established; membership includes Place Executive Leads. Terms of Reference developed. • ICB Equalities Delivery Group established to support operational activities. Group is accountable to ICB Equalities Sub-Committee • ICS Staff ED&I Committee developed and running. Group is accountable to the People Board • HR and OD policies in place to support equality, diversity and inclusion in the workplace.	2	3	6

Risk assurances

- Governance structure outlined; Equalities Sub-Committee, Delivery Group and Staff ED&I Committees established and meeting regularly. Equalities Sub-Committee is minuted and actions tracked to support delivery.
- Equality objectives portfolio and action plan developed; oversight and regular (quarterly) review of plan by the Equalities Sub-Committee.
- Equalities Delivery Plan (EDP) re-designed to monitor deliverables.
- ICB vision and mission and BAF developed - including risks on working with people and communities and reducing health inequalities
- Inclusion of equalities dimensions in recruitment group priorities and action plan
- Timely completion of all statutory/mandatory requirements, including Statutory (Public Sector Equality Duty, Gender Pay Gap) and NHS mandatory (Workforce Race Equality Standard, Workforce Disability Equality Standard) reporting submission templates, reports & action plans
- Regular ICB Equality Analysis (EA) author and reviewer training and completion of EA assessments.
- Completion of annual staff survey for NHS organisations

Forward view on risk and planned further mitigating actions

- Governance and Vision – processes for collaboration across organisations are still in formation and being embedded across the SEL Health and Social Care system. As governance arrangements develop, the organisations' equalities approach and range of interventions will evolve, taking into account resourcing considerations and overall level of maturity of approach across the system.

Other planned mitigating actions:

- Compilation of a document to outline roles and responsibilities (including assurance) for EDI across the system. This document will include a schedule and approach to produce and analyse equality reporting. (Date TBC)
- Equalities Sub-Committee workshop to clarify scope, roles and responsibilities across organisation (March 2023)
- Formal workplan to be developed to support the work of the Equalities Sub-Committee (May 2023)
- Developing clarity on linkages between the ICB Equalities Sub-Committee and ICS Staff ED&I Committee and reporting arrangements to the SEL People Board (Dates - TBC)
- Development of the ICB anti-racism strategy; part of the wider anti-discrimination strategy (March 2023)
- Development and rollout of an integrated EIA/QIA tool to embed a culture of needs assessment (April 2023)
- ICB Equality Analysis author and reviewer training at regular intervals and completion of EA assessments (May 2023)

System financial balance, and delivery of efficiency and savings plans

Inherent risk score:	**4 x 4 = 16 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Delivery of system financial balance, efficiency and savings plans (in year)**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_17	Risk that ICS does not deliver its planned breakeven position for 2022/23, due to: • Inability to deliver planned savings • Excess inflation above available funding • Continuation of COVID leading to increased cost and underachievement of planned ESRF income	4	4	16	• All organisations forecasting breakeven with approximately £16m unmitigated risk to forecast. • Breakeven plan for 2022/23 agreed by ICS Executive. • Monthly review and reporting to ICS Executive on delivery against financial plans and risk of organisational efficiency plans. • Oversight of financial position by SEL CFO group, meeting weekly. • Excess inflation being tracked by trusts and reported on monthly basis. • Agency cap and monitoring of spend reported routinely each month. • All trusts implemented tighter management controls in year • Audits using HFMA checklist in progress at all trusts	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Breakeven plan in place per 20th June submission to NHSE. • Year end breakeven forecast as per Month 6 reporting. • NHSE confirmation of clawback of ESRF in H1. • Review of forecast out-turns and underlying positions completed and reported to CEOs end September.	• All organisations assessing opportunities to improve year end forecasts • Forecast savings indicate higher delivery in H2. • Targeted savings workstreams arising from PA identified opportunities (CFOs). • Monitoring of inflation and productivity • Use on non-recurrent flexibilities as required. • Reviewing H2 ESRF risk • CEO/CFO meeting arranged mid December to discuss year end delivery

System-wide capital planning

Inherent risk score:	**2 x 3 = 6 (August 2022)**	**Last month's score**	**2 x 3 =6**
Change in risk score:	**No change**		
Corporate objective:	**Establish a joint system-wide process for capital planning**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_18	There is a risk that the absence of a joint system wide process for capital planning will lead to: • An overcommitted system capital plan • Disconnect between capital spend and system strategic and quality priorities • Short term annual approaches.	3	3	9	• Distribution of 2022/23 capital and prioritisation principles agreed by CEOs (Feb 2022). • 2022/23 capital finance plan agreed by ICS Exec (June 2022). • 10% currently reserved for system prioritisation as transition towards up to 25% in future years. • Indicative capital values for 203/24 shared with trusts (Feb 2022). • Regular monthly reporting against capital programmes to ICS Executive. • Successful additional capital awards for e.g. TIF2, Mental health, Eltham CDC.	2	3	6

Risk assurances	Forward view on risk and planned further mitigating actions
• Capital finance plan as per 20th June submission to NHSE	• Prioritisation approach being further developed with CFOs (ICB CFO)
• Notification from NHSE of additional capital	• Request to NHSE CFO for QEH infrastructure funding (ICB CFO)
• Frontline digitisation capital confirmed by NHSE	• Collective approach across trusts to managing year end expenditure within capital resource limit.
	• Potential additional capital being sought from national digital and cancer programmes

Implementation of the ICS Anchor System Programme

Inherent risk score:	**2 x 2 = 4 (August 2022)**	**Last month's score**	**3 x 3 = 9**
Change in risk score:	**Increased likelihood scores from 3 to 4,** due to the need to increase pace during 2023 to meet the objectives of the programme		
Corporate objective:	**Improve social value through initiation of the ICS Anchor System Programme.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_20	The Anchor System Programme is part of our ICS approach to addressing health inequalities, one of our key priorities as a system. In December 2021 the process of designing and agreeing an ICS approach began, recognising work ongoing at multiple levels including at Place and organisation levels as well as across the London region. This commitment to addressing health inequalities has been reiterated since, including as a South East London Corporate Objective as set by the ICB on 1st July 2022. A fundamental aspect of our approach to the Anchor agenda is that it must be based on the needs of our communities; engaging with our partners, the public and our community and voluntary sector partners will be critical. It has therefore been agreed that the Programme will build on the success of the South London Listens (SLL) programme, including working with the same charity delivery partner, CitizensUK. In October 2022 this ambition was publicly demonstrated at the SLL Accountability Assembly. In October 2022 the South London Listens Accountability Assembly was used as planned to launch the programme. This is also intended to mitigate the strategic risk of a lack of buy-in from stakeholders. However, the programme during 2022/23 has fallen behind schedule, in that recruitment of a team to support the work was delayed to February 2023. Prior to this resource joining, progress was limited. However, this resource is now in place and the level of activity is now high, including work to secure HEE funding to co-design support for access to good work, the set up of the Anchors Alliance, and detailed planning for a listening campaign which builds on the success of South London Listens	5	3	15	• Resource has successfully been recruited to the programme; a Programme Lead and Programme Co-Ordinator began in February 2023 and have been inducted. Working alongside Citizens UK this provides the bandwidth to begin programme delivery. The two posts are hosted by South London and Maudsley NHS FT, also ensuring a clear link to the South London Listens programme. • A re-launch workshop has been held with colleagues from the Programme, the ICB, South London Listens (which was hosted by South London and Maudsley NHS FT), and Citizens UK. Monthly SEL Anchor System programme meetings are also now in place. • Significant attention is being given to developing and strengthening relationships between the programme and key stakeholders across SEL, to mitigate the risk of a lack of buy-in. Monthly meetings are also attended with the NHSE London region team to provide an update on progress. • The inaugural Anchors Alliance meeting is being arranged, proposed for 18th April 2023. An invitations list includes colleagues from: SEL ICB and relevant system programmes and teams, Citizens UK, South London Listens, the Living Wage Foundation, the Trusts, the Boroughs, and VCSE and other local Anchor institutions. However, the reporting line for the Anchors Alliance has yet to be agreed. • The 23/24 budget has been agreed, as per the agreement for annual budgeting set out in the Memorandum of Understanding. A three-year forecast has also been set out for the approved total three-year Programme budget. • In partnership with the ICS People Strategy team and the ICS VCSE Director, we are in the process of applying for £250k of funding from Health Education England specifically for interventions to improve access to good work. An initial submission has been met positively, a further check-in with HEE occurred in early January, and a final proposal is being developed.	4	3	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Monthly programme meetings and a re-launch workshop. • The South London Listens Accountability Assembly on the 10th October was taken as an opportunity to commit to the work of the Anchor System Programme. Working with the South London Listens programme and colleagues from Citizens UK a commitment was made publicly in support of this work. • Monthly meetings with NHS England London region and Health Education England to discuss progress and share learnings across London. Informal monthly meetings are also attended with Anchor leads from the five London ICS's.	• The new team members joined in February 2023. They are building strong relationships with colleagues across the system, including with Citizens UK and our people and communities. • We continue to discuss the programme with partners from across the system; the induction of the new team members has provided another opportunity to do this. These discussions include invitations to the upcoming inaugural Anchors Alliance. The Anchors Alliance will have two roles: to allow the sharing and spreading of good practice and successful projects, and to oversee the Anchor System Programme. Membership of the Anchor Alliance will be open to relevant Anchor leads from all parts of the system, including NHS partners, local authorities, ICB colleagues, and VCSE partners. The reporting route from the Anchor Alliance has yet to be agreed.

Implementation of the ICS Green Plan

South East London Integrated Care System

NHS South East London

Baseline risk score:	**4 x 3 = 12 (August 2022)**	**Last month's score**	**4 x 3 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Implementation of the ICS action plan to reduce carbon footprint to Net Zero by 2040**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_21	There is a risk that the ICB will: a) Not be able to achieve the targets set out in the South East London ICS Green Plan (which aim to reduce the carbon footprint of the organisation by 2040) in full b) Not be enabled to measure achievement of the targets set out in the South East London ICS Green. This is because there is not a consistent level of measurement and reporting across SEL organisations, so an aggregated reporting position cannot be derived. This in turn means that we will not be able to accurately confirm delivery. The ICS Green plan includes targets specifically for the ICB (including Primary Care) but also the wider system. This risk affects both sets of targets.	4	3	12	• A Sustainability Oversight Board has been established, which includes in its membership the Sustainability SROs for all health organisations in SEL and is chaired by the ICB Sustainability SRO. • A Sustainability Network group has been set up within SEL to bring together operational leads on sustainability from each of the NHS Trusts, the ICB and Bromley Healthcare on a bi-monthly basis to discuss progress. • A Primary Care Sustainability Steering Group has been established to steer initiatives and take updates which have a particular focus/impact in primary care. The Group is lead by Primary Care Sustainability SROs Dr Nancy Kuchemann and Dr Andrew Parson. • Delivery updates are captured from each of the above groups, which enable creation of delivery summaries in lieu of formal reporting *(see 'Risk assurances', below left)* • A delivery plan has been produced to summarise the targets in the green plan with individuals assigned to provide oversight on delivery. • A governance structure is in place with workstreams identified. Workstream leads are in the process of being confirmed in order to move this forward. • External parties have been engaged to support particular aspects of delivery. Most notably, the Regional Greener NHS team provides support, guidance and co-ordination to all London sectors. They also signpost any emerging sustainability funding opportunities. • The ICS is represented at Regional sustainability groups and is linked into sustainability leads in the other London sectors to share best practice.	4	3	12

Risk assurances

- Green plans in place for ICB, primary care, and each Trust. Trusts have resource in place, or are in the process of recruiting, to move forward on delivery of their own Trust targets
- Updates from Trusts indicate good progress on delivery of their own plans, however the current lack of reporting means we cannot report measurable outcomes of the reported successes
- Delivery dashboards are being created from contributor updates given at the regular meeting groups; this practice allows delivery position by Green Plan 'area of focus' to be quantified and RAG rated. The latest delivery dashboard notes that 80% (52 of 65) year one objectives are being at least partially achieved. There is an ongoing process to update and validate these numbers.
- Governance structure agreed by Oversight Board
- The Sustainability Oversight Board, Sustainability Network and Primary Care Sustainability Steering Groups are meeting regularly with minutes and action logs in place
- Quarterly reporting (against specified Greener NHS measures) mandated by NHS England, which enables monitoring of progress against other sectors in London, once outputs shared

Forward view on risk and planned further mitigating actions

- Essentia/GSTT/KCH collaborative further strengthening team with appointment of Andrew Jackson, Environmental Sustainability Manager. Ambition remains to draw all APC members into the group.
- The ICB has – via the Regional Team - provided feedback on how suggested priorities/plans for 2023/24 suggestions dock with local plans. Plans, priorities and ways of working to be further discussed at workshop scheduled for 20 March.
- Regional Greener NHS team planning sustainability summit (with input from ICB Leads) in summer 2023, which will offer opportunities for networking and good practice/idea sharing
- Involvement in Joint Forward Plan process has highlighted need for shift in sustainability planning towards Boroughs. Change of approach to be worked through internally and will seek support of Christine Lancaster, Dr. Nancy Kuchemann and the Primary Care [Sustainability] Steering Group to explore opportunities with a view to asap implementation.
    - Borough planning approach already being trialled in Southwark. Dr. Nancy Kuchemann and Southwark Place PMO have met with Southwark Council representatives to explore opportunities for Borough collaborative working.
    - Will include additional approaches to embedding sustainability within everyday BAU
- SEL ICB is part of the LPP-led conversations and work re implementation of a London-wide walking aid re-use scheme. Scheme options are in development – updates to be given in scheduled session early March.

Appendix A: 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.

Integrated Care Board

Item 7
Enclosure I

Title:	**2023/24 operational planning**
Meeting Date:	**19 April 2023**
Author:	Sarah Cottingham, Executive Director of Planning
Executive Lead:	Sarah Cottingham, Executive Director of Planning

Purpose of paper:	The paper provides an update on the 2023/24 operational plan submission made by the ICB on 30 March 2023, with a specific focus on the commitments the ICB has made with regards delivery of national planning objectives and associated performance standards for the year ahead. It summarises our 30 Mach forecast financial position, with a material gap to break even still to be resolved. It further updates Board members on the ICB's progress in developing its draft Joint Forward Plan and the engagement upon it planned for Quarter 1 prior to the Plan being finalised on 1 July 2023. Finally it outlines the expected next steps with regards the 2023/24 operational planning process, in the context of an extended planning process that reflects the overall financial challenges to break even being reported across the NHS.	Update / Information	*X*
		Discussion	*X*
		Decision	
Summary of main points:	The paper provides a summary of the ICB's final operational plan submission and specifically the position we submitted with regards key nationally set deliverables for the year across performance standards, elective (planned care) activity and finance. The ICB's plan shows significant overall compliance with national performance standards and operational deliverables for 2023/24, noting on-going work to identify capacity options to support the treatment of 50 potential over 65 week waiters by year end for whom we do not currently have available options within the ICB. The paper further summarises the ICB's financial position which is a forecast gap to break even for the end of 2023/24 of just under £100m. Further work is underway to improve upon this position with a specific focus on the acute hospital sector		

	where the gap to break even resides. This includes discussions taking place with regional and national colleagues to understand and review SEL's position with regards costs and productivity and efficiency. As a result of the wider financial challenges across the NHS deadlines for finalising operational plans have been extended with financial submissions reflecting the outcome of the discussions on finance now due on 4 May 2023. The paper also provides an update on the development of the ICB's draft Joint Forward Plan, a medium term focus on the key objectives and priorities that the ICB will be progressing over the next 5 years, aligned to and driven by the SEL integrated care strategy and reflected in our 2023/24 operational plan. The ICB will be engaging up one Joint Forward Plan during Quarter 1, with a number of borough based events planned plus SEL wide on line events, feedback from which will be used to inform the finalisation of our plan for 1 July 223.			
Potential Conflicts of Interest	**N/A**			
Relevant to the following Boroughs	**Bexley**	**x**	**Bromley**	**x**
	Greenwich	**x**	**Lambeth**	**x**
	Lewisham	**x**	**Southwark**	**x**
	Equality Impact	Focus within our planning on inclusive recovery, improving access and waits and reducing inequalities.		
	Financial Impact	March submission shows a gap to break even at this stage of the planning process.		
Other Engagement	Public Engagement	Public engagement has taken place over the last few months on the Integrated Care Partnership's integrated care strategy which has been used to drive and inform our Joint Forward Plan and operational plan. We will further engage during quarter 1 on the Joint Forward Plan prior to finalising it at the end of June 2023.		
	Other Committee Discussion/ Engagement	Planning and Finance Committee.		
Recommendation:	The Board is asked to note and common on the updates provided on the 2023/24 operational plan and Joint Forward Plan.			

2023/24 Operational Planning

NHS South East London Integrated Care Board (ICB) 19 April 2023

1. Background

1.1. NHS England (NHSE) published the 2023/24 Priorities and Operational Planning Guidance on 23 December 2022.

1.2. The guidance set out key objectives for the year, representing a continuation of 2022/23 priorities, emphasising the on-going short term priorities of recovering core services and productivity; making progress in delivering the key ambitions the NHS Long Term Plan; and continuing to transform the NHS for the future.

1.3. The guidance set an expectation that ICBs lead local planning processes through the coordination of system plans for this year, setting out the planned actions and deliverables associated with the objectives set nationally, for end of March 2023. These included triangulated plans across activity, workforce and finance, signed off by ICB and partner Trust/ Foundation Trust boards and an associated supporting narrative submission.

1.4. Over Quarter four the ICB and system partners have been undertaking the planning process required to secure these objectives and deadlines, submitting a draft operational plan for 2023/24 on 23 February 2023 and a final plan on 30 March 2023.

1.5. This paper provides an update for Board members on our final operational plan submission, the ongoing development of our medium term Joint Forward Plan and overall next steps, including continuing work to review and improve our financial position.

2. Delivery of national NHS Objectives 2023/24

Performance standards and operational deliverables

2.1. The planning guidance sets out a number of specific national objectives and targets for 2023/24, with targets set reflecting an ambition around improvement but also the reality of current baseline positions and operational challenges across the NHS.

2.2. Our operational planning has focussed on these targets for 2023/24, with a specific emphasis on understanding what we will need to put in to place in terms of the level activity, workforce, enabling infrastructure and care pathway improvement to secure them. In doing so we have ensured an emphasis on the consideration of collaborative approaches and end to end pathway improvement initiatives alongside improved productivity and efficiency. We have further worked to ensure we are progressing these national objectives in the wider context of our local plans, population and service priorities.

2.3. Our final operational plan position against the key national targets set for 2023/24 is summarised in the table below. It shows in overall terms that the SEL ICB and its partner organisations are largely compliant with the national targets set around operational delivery, activity and performance. There are however a couple of exceptions, namely:

2.4. **65 week maximum waiting time by March 2024 for elective patients** – as at end March 2024 we are forecasting a small number of patients for whom further planning is required, including external mutual aid, to guarantee treatment within 65 weeks of referral. These cases relate to paediatric spinal services specifically with workforce challenges impeding our ability to manage the waiting list in line with the maximum waiting times standard for this speciality for all patients.

2.5. **Mental Health Long Term Plan targets** – we are planning for significant improvement in relation to mental health out of area placements over 2023/24, with the objective of enabling an increased proportion of patients needing admission to a mental health bed to be admitted to local bedded provision over the course of the year. We will not however have eliminated out of area placements by year end, which is the overall Long Term Plan objective. On perinatal mental health again we will have significantly improved our performance position but at year end will still have further work to do to secure the Long Term Plan targets for this service.

2.6. **2023/24 achievement of national activity targets** - on activity whilst our plans reach the ambitious national targets set for the ICB and its local providers, doing so is dependent upon agreement with the national team of a number of 2019/20 to 2023/24 counting and coding changes which affect our baseline position and level of compliance. If these are not agreed our activity achievement will reduce accordingly, with an associated income risk as a result of the national shift to cost and volume arrangements for the funding of elective activity for this year.

Table: Summary of SEL operational plan deliverables against national performance standards

	Target/expectation	SEL Position in March submission
UEC	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024	SEL plan achieves 76% by March 2024, in line with the national target. The plan reflects incremental improvement over the year and is ambitious and tight in terms of required improvement to March 2024 from our current performance position.
	Improve Category 2 ambulance response times to an average of 30 minutes across 2023/24	The London Ambulance Service plan shows a Category 2 annual average of 00:33:50. The plan assumes internal efficiencies and improvement plus assumes hospital handovers are achieved within 45 minutes.
	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Our plans show by site bed occupancy of between 91% - 95%. If our capacity bids for additional G&A bed capacity are successful this will improve our overall forecast bed occupancy to closer to the 92% aggregate target, important in optimising flow through our hospital beds.

Elective Care	Eliminate waits of over 65 weeks for elective care by March 2024	We have been able to secure plans that eliminate over 65 week waiters by March 2024 for all but 50 patients, representing a significant achievement in terms of numbers of patients we will treat to reduce our maximum waiting times over the course of 2023/24. The 50 cases relate to Paediatric Spinal - there are national capacity challenges with this service and mutual aid is being sought to address this.
	Deliver the system target of 109% above 19/20 baseline	Our final plan meets the 109% target for the SEL ICB and its three local hospital providers, subject to our proposed 2019/20 to 2023/24 counting and coding changes being agreed nationally.
Cancer	Reduce the number of patients waiting over 62 days	Our plan shows a continued reduction in the cancer over 62 day backlog over 2023/24.
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	Our plan reflects compliance by March 2024 of the targets for faster cancer diagnosis.
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% (measured at a commissioner level)	Our plans reflect a two year period for securing the targets set nationally for March 2025, with improvement backloaded in to 2024/25 as a result of the activity impact of implementing the new Electronic Patient Record (EPIC) at Guy's and St Thomas' and King's College hospital during 2023/24.
Mental Health	Improve access to mental health support for children and young people	SEL system plans reflect compliance with Long Term Plan ambition around improved access for children and young people by Q4.
	Increase the number of adults and older adults accessing IAPT treatment	SEL system plans reflect compliance with revised minimum Long Term Plan ambition for IAPT access by Q4.
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	SEL system plans reflect compliance with the 5% increase target by Q4.

	Work towards eliminating inappropriate adult acute out of area placements	SEL system plans reflect a remaining number of OAPs by year end. However our plan shows a 49% improvement on the October 2022 position.
	Recover the dementia diagnosis rate to 66.7%	SEL system plans reflect compliance with national standard all year.
	Improve access to evidence based specialist perinatal mental health services - annual expectation for SEL is 2,538 patients accessing the service.	SEL system plans reflect a non-compliant position against the LTP ambition, achieving access for 2,182 patients and our plan reflects a 37% improvement on the December 2022 position.
Learning Disability and Autism	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	SEL system plan reflects compliance with the standard set by Q4.
	Reduce reliance on inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	SEL system plan reflects compliance for the entire year around reduced reliance on inpatient care.
Primary Care	Continue on the trajectory to deliver 50 million (nationwide) more appointments in general practice by the end of March 2024	Our plans reflect an increase in the number of appointments to reflect list size growth. We have also increased appointments by a further 1% growth to reflect increased demand, balanced with workforce constraints.
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	The SEL plan demonstrates the commissioning of UDA that reflect pre-pandemic activity levels.
Community Health Services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	The SEL system plan demonstrates delivery of over 70% for the 2 hour urgent community response standard for the full year.
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	The SEL system plans to increase referrals to Community Pharmacist Consultation Service from general practice by 5% and from the 111 service by 10%.

Financial plan

2.7. Our biggest area of challenge relates to our financial position and our end March 2023 plan does not reflect a position that meets the national expectation of breakeven ICB financial plans for 2023/24. Our planning process has focussed on the application of agreed financial planning assumptions related to inflation and efficiency, put against expected income and expenditure for the year. After applying ambitious and consistent productivity and efficiency improvement assumptions of 4.5% we still have a material gap to a break even position of just under £100m at this stage, with financial pressures felt particularly in our acute hospital trusts.

2.8. Our expectation is that we will keep working to improve this position and the ICB is currently involved in a number of meetings, including with regional and national colleagues, to review our plans and the scope for further improvement.

2.9. As a result of our financial position and the financial positions reported by other ICBs nationally at end March 2023 the planning process remains on going with further submissions focussed particularly on finance expected through to early May 2023.

3. Joint Forward Plan

3.1. The national planning guidance for 2023/24 included guidance to Integrated Care Boards in relation to the development of Joint Forward Plans (JFP) and a request for systems to develop these more medium term focussed plans covering NHS planning and delivery as part of the planning process. The guidance set out the following:

- A requirement for the JFP to be refreshed annually following the development of a first JFP for 1 July 2023.
- As part of the process to undertake engagement during Quarter 1 of 203/234 on a draft JFP, including engaging with residents and Healthwatch, the Integrated Care Partnership, Health and Well-being Boards and NHSE Regional teams.
- The scope of the JFP is large with the guidance encouraging ICBs to utilise the JFP to describe how it will deliver the system's integrated care strategy, how the ICB will arrange services to meet the needs of its population building on Joint Strategic Needs Assessments, the delivery of the national Long Term Plan and other priorities and addressing the core purpose of integrated care systems and the statutory requirements of ICBs.

3.2. The ICB has developed a draft JFP, and this will be subject to engagement over Quarter 1. This seeks to reflect the national guidance but more fundamentally ensure that we have plans developed on a bottom up basis from our Local Care Partnerships, building on local Health and Well Being Plans, from our care pathway programme boards across all key care pathways such as urgent and emergency care and from our enabler programmes, recognising that digital, workforce, estates and finance, alongside system development, will be crucial in supporting us in delivering the ambitions and objectives set out in the draft JFP.

3.3. Our engagement process includes engagement with the Integrated Care Board and our final plan, informed by the outputs of the engagement undertaken, will be formally shared at the Integrated Care Board in July 2023.

4. Next steps

4.1. The key next steps around our operational planning are as follows:

- To continue our work to improve our financial position working to 4 May 2023 to do so when we submit updated plans for the year.
- To concurrently focus upon our delivery across all key areas of operational delivery, recognising that from 1 April 2023 we have shifted to a position of in year delivery of our plans as well as on going planning.
- To ensure we have arrangements in place to enable us to track and monitor delivery and that these processes operate efficiently and effectively to enable us to understand performance in a timely way and take action to address any issues as they emerge in year.
- To undertake the planned engagement upon our 2023/24 Joint Forward Plan and finalise the Plan for end June 2023.

Integrated Care Board

Item: 8
Enclosures: J

Title:	**Building leadership for an integrated care system**
Meeting Date:	**19 April 2023**
Authors:	Dr. Jonty Heaversedge, Joint Medical Director, SEL ICB Maria Higson, Director of Transformation and Delivery, SEL ICB Kieran Swann, Associate Director of Assurance, SEL ICB Dr. Helen Winter, Consultant Clinical Psychologist, SLaM
Executive Lead:	Dr. Jonty Heaversedge, Joint Medical Director

Purpose of paper:	To update the ICB on the existing and emerging offers to build clinical and care professional leadership capacity and system leadership capability in SEL ICS	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	It is widely recognised that, if we are to deliver on the promise of Integrated Care Systems, the legislative and governance changes that came into being as a result of the Health and Care Act 2022 are necessary but not sufficient to bring about the transformation we have committed to as a health and care system in south east London. For more than two decades incentives within the NHS and social care have encouraged leaders to think about their organisation's interests without regard for the wider system. The recent independent Hewitt review of ICSs highlighted the challenge of moving to new partnership-based structures that place the interests of patients and the public first. This is a broad and deep shift in culture and will require a different kind of leadership. Developing this kind of 'system leadership' will not just require us all to learn new ways of working – but also to 'unlearn' a set of behaviours that have characterised the context we have been working in for much of our careers. It cannot therefore be assumed that, as leaders we have the capabilities we need to lead in this new world, and the transition to fully realising our ambition as an Integrated Care System is not passive – it necessitates an active process of system leadership development. Clinical and Care Professional (CCP) leadership is also widely evidenced to be a key characteristic of high performing health and care systems internationally and is a mandated aspect of ICSs in the NHSE/I design framework. Recognising the importance of this, a proposal on clinical and care professional leadership capacity to support the future South East London Integrated Care System was presented to the ICS Executive in 2021. This was developed through extensive engagement with care professionals across SEL, incorporating best practice and evidence from other systems in London, the UK, and internationally. It responded to national requirements of Integrated Care Boards in England but went much further in		

	recognising the need to establish the necessary care professional leadership capacity and capability in south east London in a way that reflected the multi-professional and organisational nature of our new system and the demographic diversity of the population we serve. Since this initial proposal, work has progressed at pace to support and develop leaders across our ICS. Through broad engagement, five characteristics have been developed to provide a definition for system leadership within the SEL ICS. These five characteristics have informed four programmes of work, designed to create the conditions for ICS success: the creation of a community of Clinical and Care Professional Leaders; three development offers within the System Leadership Academy; the implementation of system Schwartz Rounds; and a new approach to developing Digital Leadership. Whilst substantial progress has been made in creating excellent offers for our diverse leadership community, more work is needed with a focus on ensuring that we are reaching every part of the system and in evaluating the various offers. This work sets south east London apart in the commitment we have demonstrated to a fundamentally new way of working, and the foresight of the ICS senior leadership in recognising the importance of this work as the cornerstone of our new Integrated Care System. It has subsequently been recognised regionally, nationally, and internationally as an exemplar of good practice and, as we enter our second year of this important programme we would like to update the Integrated Care Board on progress with both the development of our clinical and care professional leadership and SEL System Leadership Academy.
Potential Conflicts of Interest	none

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

Impact	Equality Impact	Every component of the offer is designed to address existing inequalities, including by proactively monitoring and addressing any inequalities of access or uptake.
	Financial Impact	The four components of the approach are separately funded through the relevant channels.
Other Engagement	Public Engagement	The four components have completed internal and external engagement as required.
	Other Committee Discussion/ Engagement	This paper was taken to the London Clinical Executive Group in February 2023 and to the ICB Executive in March 2023.
Recommendation:	**The ICB Board is asked to reflect on progress so far and:** **1. Recognise that this will require ongoing, deliberate, system-wide investment to ensure these critical capacity and capability building programmes continue after 2024 and ensuring that existing and emerging system leaders have the skills, opportunity, and motivation to have a meaningful impact within our system.**	

2. **Commit to individual and Board level system leadership development and active participation in this work – role modelling the 5 'system leadership characteristics' developed by our Connect Community in SEL and to joining events to celebrate our achievements.**
3. **Recognise the impact of current financial constraints on the ongoing delivery of these key programmes including, most immediately, system-oriented Schwartz Rounds.**
4. **Share any thoughts on progress and proposed next steps**

Building Leadership for an Integrated Care System

NHS South East London Integrated Care Board (ICB) 19 April 2023

Executive Summary

'…if you think competition was hard, you should try collaboration' (King's Fund, 2019)

It is widely recognised that, if we are to deliver on the promise of Integrated Care Systems, the legislative and governance changes that came into being as a result of the Health and Care Act 2022 are necessary but not sufficient to bring about the transformation we have committed to as a health and care system in south east London. For more than two decades incentives within the NHS and social care have encouraged leaders to think about their organisation's interests without regard for the wider system. The recent independent Hewitt review of ICSs highlighted the challenge of moving to new partnership-based structures that place the interests of patients and the public first. This is a broad and deep shift in culture and will require a different kind of leadership. This has been described in many ways, such as by the Social Care Institute for Excellence (SCIE) as shown in Figure 1.

Figure 1: SCIE summary of the required shift in culture

Developing this kind of 'system leadership' will not just require us all to learn new ways of working – but also to 'unlearn' a set of behaviours that have characterised the context we have been working in for much of our careers. It cannot therefore be assumed that, as leaders

we have the capabilities we need to lead in this new world, and the transition to fully realising our ambition as an Integrated Care System is not passive – it necessitates an active process of system leadership development. As one of speakers on the SEL System Leadership Academy 'Collaborate' Programme told us a few weeks ago, in a timely reminder to senior leaders in the system, this requires us to, *'Clean the stairs from the top down…'*!

Clinical and Care Professional (CCP) leadership is also widely evidenced to be a key characteristic of high performing health and care systems internationally and is a mandated aspect of ICSs in the NHSE/I design framework. Recognising the importance of this, a proposal on clinical and care professional leadership capacity to support the future South East London Integrated Care System was presented to the ICS Executive in 2021. This was developed through extensive engagement with care professionals across SEL, incorporating best practice and evidence from other systems in London, the UK, and internationally. It responded to national requirements of Integrated Care Boards in England but went much further in recognising the need to establish the necessary care professional leadership capacity and capability in south east London in a way that reflected the multi-professional and organisational nature of our new system and the demographic diversity of the population we serve.

Since this initial proposal, work has progressed at pace to support and develop leaders across our ICS; this paper provides an overview of this activity, setting out our key achievements and next steps. Through broad engagement, five characteristics have been developed to provide a definition for system leadership within the SEL ICS. These five characteristics have informed four programmes of work, designed to create the conditions for ICS success: the creation of a community of Clinical and Care Professional Leaders; three development offers within the System Leadership Academy; the implementation of system Schwartz Rounds; and a new approach to developing Digital Leadership. Whilst substantial progress has been made in creating excellent offers for our diverse leadership community, more work is needed with a focus on ensuring that we are reaching every part of the system and in evaluating the various offers.

This work sets south east London apart in the commitment we have demonstrated to a fundamentally new way of working, and the foresight of the ICS senior leadership in recognising the importance of this work as the cornerstone of our new Integrated Care System. It has subsequently been recognised regionally, nationally, and internationally as an exemplar of good practice and, as we enter our second year of this important programme we would like to update the Integrated Care Board on progress with both the development of our clinical and care professional leadership and SEL System Leadership Academy. The ICB is asked to:

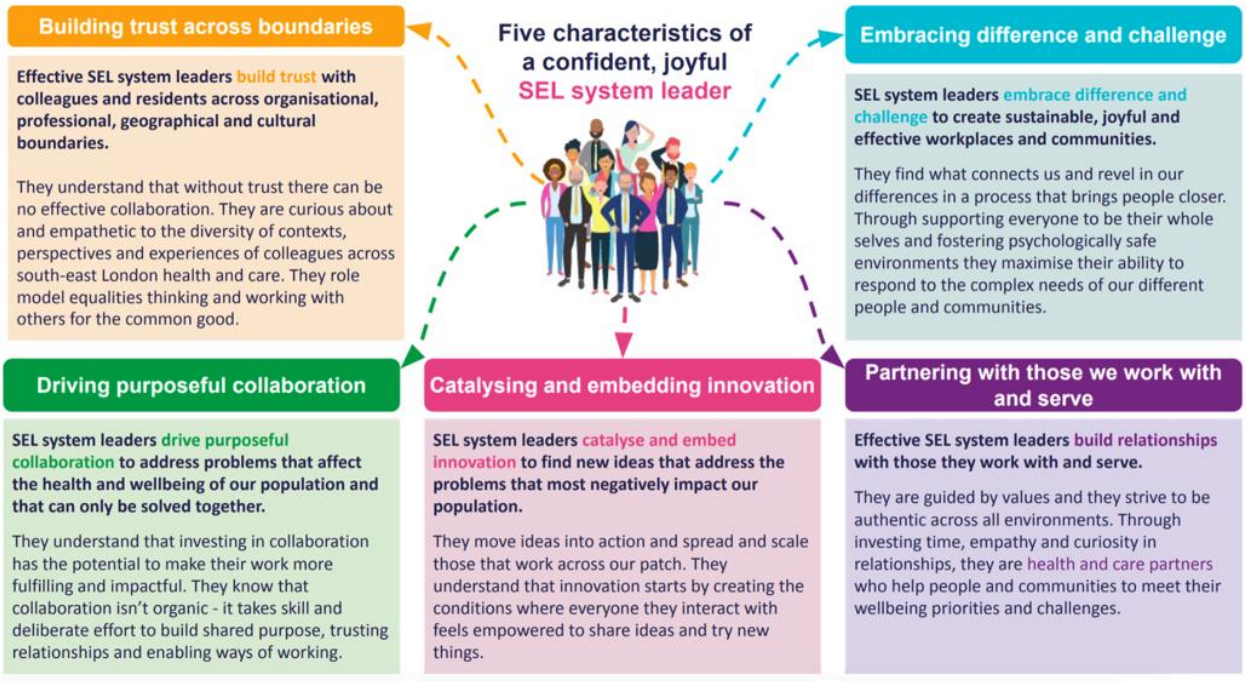
1. Recognise that this will require ongoing, deliberate, system-wide investment to ensure these critical capacity and capability building programmes continue after 2024 and ensuring that existing and emerging system leaders have the skills, opportunity, and motivation to have a meaningful impact within our system.
2. Commit to individual and Board level system leadership development and active participation in this work – role modelling the 5 'system leadership characteristics' developed by our Connect Community in SEL and to joining events to celebrate our achievements.
3. Recognise the impact of current financial constraints on the ongoing delivery of these key programmes including, most immediately, system-oriented Schwartz Rounds.
4. Share any thoughts on progress and proposed next steps.

Contents

Defining system leadership

There is an extensive and growing body of literature on 'system leadership' – and the attributes of system leaders. However for us this was not simply about translating theory into practice in south east London. Creating the inclusive, diverse, connected community of leaders we need to underpin our work as an integrated care system required us to build a shared understanding of what it meant to be a system leader. Over the last 18 months we have developed a set of characteristics, set out in Figure 2, that start to define what it means to be an impactful, confident and thriving south east London system leader. These characteristics inform all our leadership, innovation, and community programmes.

Figure 2: The five characteristics of SEL system leadership



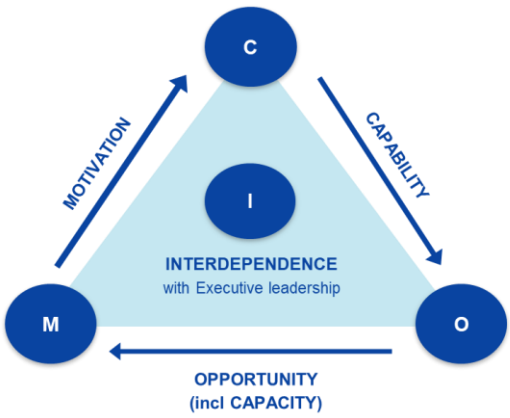
They were developed through a series of learning and inspiration sessions with over 200 members of our growing community of SEL system leaders, including representatives from all sectors and disciplines in health and care. In addition, an Advisory Group including system and international experts helped to shape the characteristics, which align with academic research and national guidance.

Creating the conditions for effective system leadership

Drawing on 30 years of Academic research and the conversations we have had with domestic and international leaders we know that for any high performing healthcare system four fundamental conditions must exist in relation to system leadership. We refer to this as the ICOM framework, set out in Figure 3. These four conditions are also reflected in the NHSE guidance for ICSs on supporting clinical and care professional system leadership.

This requires us to think beyond just investing in system leadership capacity but also to create the conditions for it to be effective – ensuring that our leaders in south east London have access to the necessary development opportunity and resources to be impactful, and are given the trust and agency to act. This is an important consideration for the Executive and the ICB – ensuring that our existing and emerging system leaders are given the opportunity to make a felt difference in our system. A deliberate, system-wide investment can help us ensure these critical conditions exist and prevail.

Figure 3: The ICOM framework



1. **Interdependence.** Healthcare organisations and systems who encourage and enable interdependent leadership between clinical and care professional and executive leaders report higher levels of patient, staff and regulatory satisfaction and associated outcomes. International leaders like Intermountain and Kaiser Permanente and recent successful UK transformation programmes e.g. reconfiguration of stroke services in London, exemplify this.
2. **Capability**. Those clinical and care professionals whom we ask to lead across the system must be supported to develop the capabilities they need to succeed.
3. **Opportunity.** Even with the right skills, knowledge, behaviours and structures, if we do not have adequate C&CP system leadership capacity and system leaders do not have the protected time to do what we are asking them to do we cannot expect them to succeed.
4. **Motivation.** We must encourage, recognise and reward the system leadership behaviours we need from our clinicians and care professionals, giving them the trust and agency to act.

There are a number of different programmes in various phases of maturity that are contributing to the development of system leadership capability in SEL. Some of these, such as the Schwartz Rounds and Digital Leadership Programme, have been developed independently of the System Leadership Academy. We have included highlights in this paper with the intention that over time the SEL System Leadership Academy is identified as an 'umbrella' organisation to enable the development of programmes that relate to system leadership and facilitates access to them from across our partnership. This paper provides an update on

1. **Clinical and Care Professional Leadership**: our community of clinical and care professional system leaders contributing to decision making and leading change at every level of our system.
2. **System Leadership Academy**: developing and diversifying our system leadership capability through our three offers: Connect, Create and Collaborate.
3. **Schwartz Rounds**: creating a system-wide Schwartz Round, providing space for group reflective practice.
4. **Digital Leadership development**: taking an iterative approach to growing and developing clinical digital leadership.

1. Clinical and Care Professional Leadership

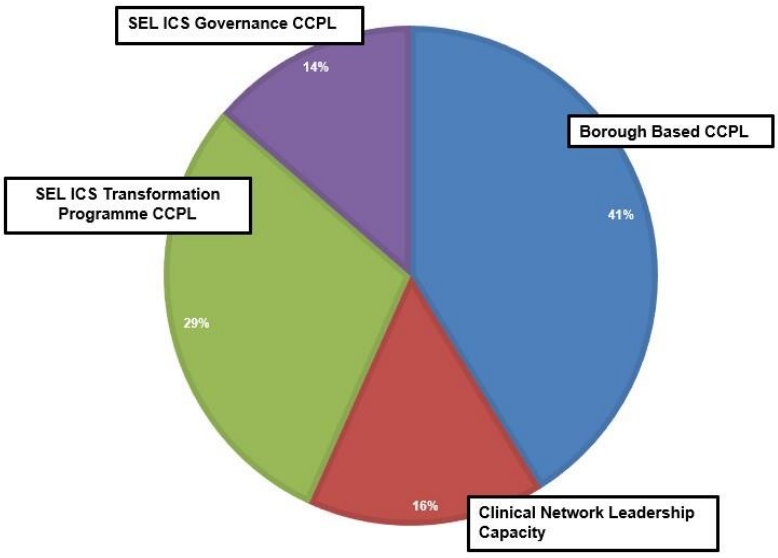
Clinical and Care Professional (CCP) leadership is widely recognised and evidenced to be a key characteristic of successful health and care systems internationally and is a mandated aspect of future Integrated Care Systems (ICSs) in the NHSE/I design framework.

Whilst in SEL there are some examples of established transformation and improvement programmes characterised by effective clinical and care professional leadership (e.g., SEL Cancer Alliance), in January 2021 it was also recognised that:

- Clinical and care professional leadership capacity at system level was limited, underdeveloped and inconsistent.
- There was a lack of diversity in relation to both care professional backgrounds and demographic characteristics.
- Many of the roles were focused on contributing to governance, oversight, or advice rather than delivery of change.
- The accountability of roles was not always clearly defined.
- There was an absence of any leadership development support to enable current and future leaders to work across organisational and professional boundaries, share learning and expertise, and develop systems leadership skills and capabilities through learning applied to the real work of the SEL ICS.

In response to these challenges and following extensive engagement with local leaders and a review of evidence and best practice, a more comprehensive and inclusive structure of over 100 clinical and care professional leaders (CCPL) has been established. Figure 4 shows the location of CCPL roles in our system; these roles are embedded in all parts of our system-of-systems, providing capacity at 'place' and within system transformation programmes. Further information on the CCPL priority areas of focus/functions is provided in Appendix A.

Figure 4: The location of CCPL roles in our system



These roles are embedded in our structures through:

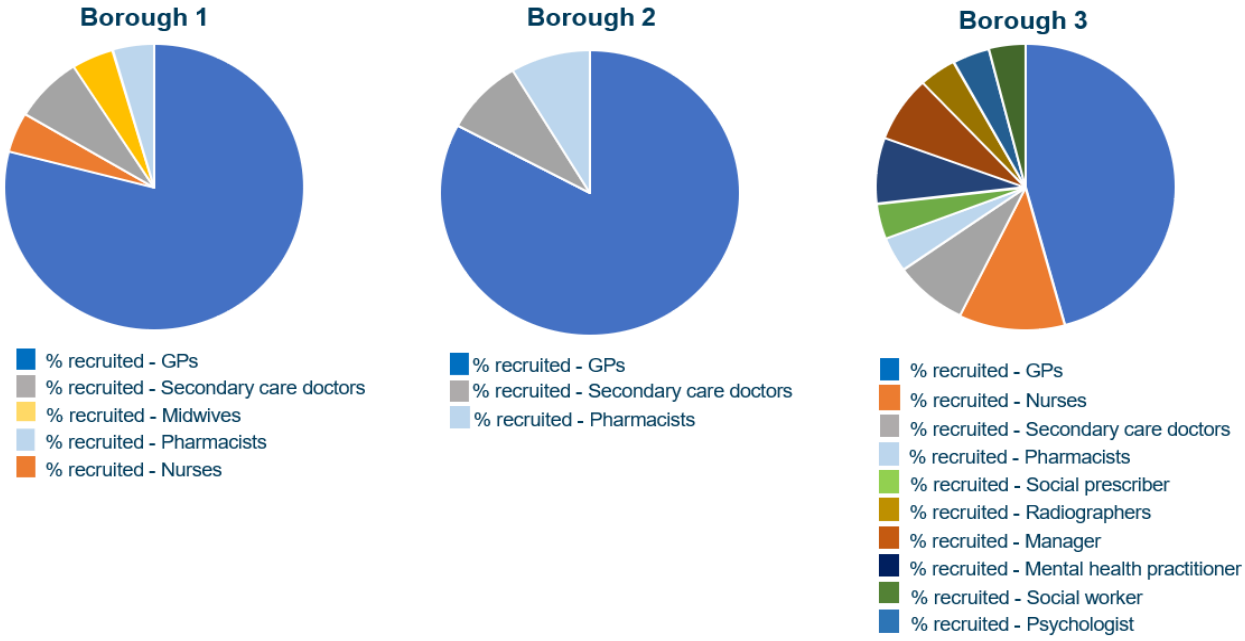
- The Clinical and Care Professional Committee.
- Contribution to key ICS governance forums.
- Becoming part of enabler and pathway transformation programmes.
- Further enhancing our clinical networks.
- Linking with London to shape regional approaches and support SEL alignment.

Clinical and care professional system leadership capacity has been developed using a set of agreed design principles that prioritise function over form and reflect the need for a

fundamentally different approach to system leadership, consistent with the 5 SEL system leadership characteristics and a more distributed and applied leadership model. The principles underpinning our approach are:

- Designed to ensure clinical and care professional (CCPL) system leadership is fully integrated with executive and managerial leadership in ICS operating model, system governance, structures and networks as a core required function of the SEL ICS.
- Designed to support delivery of a clear, purposeful, and motivational ICS strategy to improve health outcomes for the population of south east London.
- Focused on key functions and programmes of work that have a clear benefit of being addressed at system level and what leaders can collectively contribute to the broader system.
- Inclusive and reflective of the diversity, breadth and depth of our system across care settings, place, organisations, professional groups and networks and the population we serve.
- Designed to support the development of skills, behaviours, tools and relationships required to maintain a community of innovative and impactful system leaders working effectively across spatial, organisational and professional boundaries.
- Designed to support, develop and sustain a culture of learning underpinned by psychological safety.

Figure 5:Local care partnership leadership roles by professional background



The majority of CCPL roles have now been successfully recruited to. Figure 5 demonstrates the professional backgrounds of local care partnership leadership roles in three of our Boroughs; it is noted that there is ongoing variation in the diversity of professional backgrounds with GPs the largest cohort in all three cases. Learning is being shared across Boroughs and programmes to encourage further professional diversity, and our leadership development programmes (SEL System Leadership Academy) is proactively working to support a more diverse community of future leaders for the ICS.

Key priorities for the coming year in relation to CCPL development will be:

- Ensuring ongoing investment in capacity and capability as a system.
- Embedding the role of the Clinical and Care Professional Committee more consistently in the work that we do as an Integrated Care Board.
- Remuneration and contractual considerations to ensure greater equity, diversity, and inclusion across the CCPL community.
- Proactive recruitment from underrepresented parts of our system e.g. Acute providers
- Recruiting to current vacant roles to ensure effective distribution and networking across programmes and places.
- Building relationships across the system CCPL and wider clinical and care professional leadership – creating opportunities for peer support and mentoring in partnership with the System Leadership Academy.
- Ensuring greater access to development support to optimise capabilities in population health management, data and analytics, transformation and improvement methods, community engagement etc. to empower leaders with the skills they need.

2. SEL System Leadership Academy

We have an ambition to deliver system-wide change to help people in South East London to live the healthiest possible lives. Diversifying and developing our system leadership capability, ensuring that colleagues and partners from every part of our integrated care system are ready and enabled to lead this change, is a core enabler to delivering that mission.

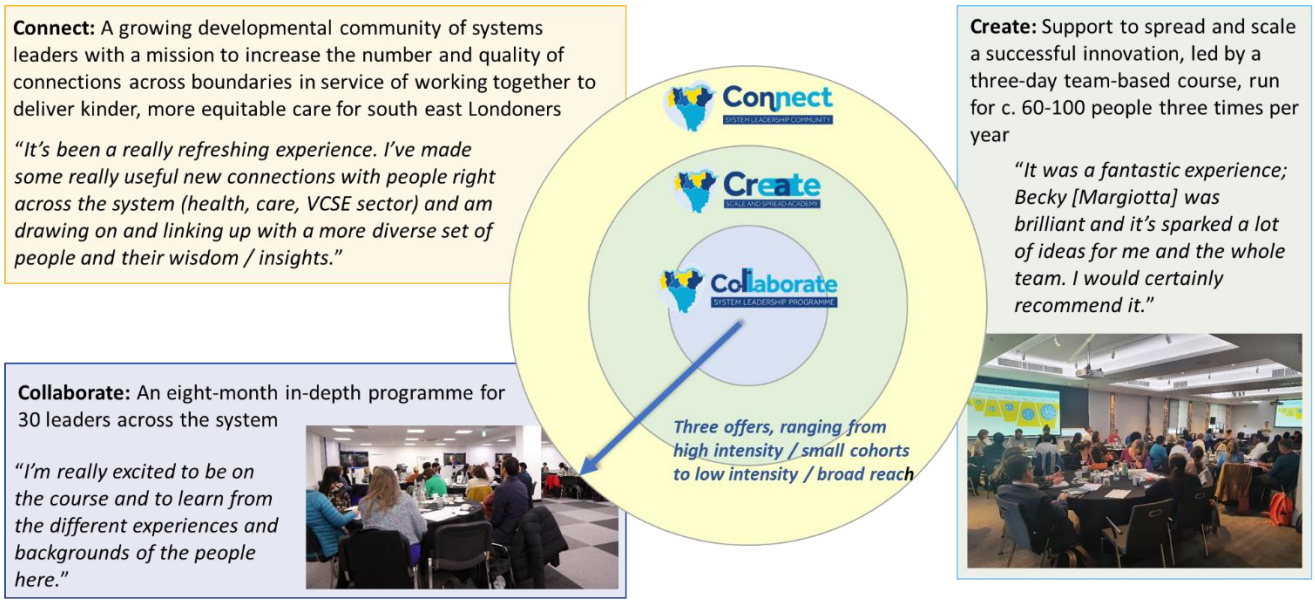
Our aim is to create a diverse and vibrant community of system leaders, at every level and in every part of the system, with the capability and confidence to support delivery of our strategic ambitions as a partnership.

Whilst our bold vision is to create leadership capability at every level and in every part of the health and care system, we have an initial aim of **2% of our system workforce, or c. 1,600 people, having access to development opportunities through the System Leadership Academy by 1st April 2024**.

The SEL System Leadership Academy has now been created, currently comprising three components:

A. **Collaborate**: a targeted seven-month leadership development course for 30 future leaders
B. **Create**: a three-day course to support teams in spreading and scaling successful innovation
C. **Connect**: a growing community of existing and future system leaders

Figure 6: The SEL System Leadership Academy

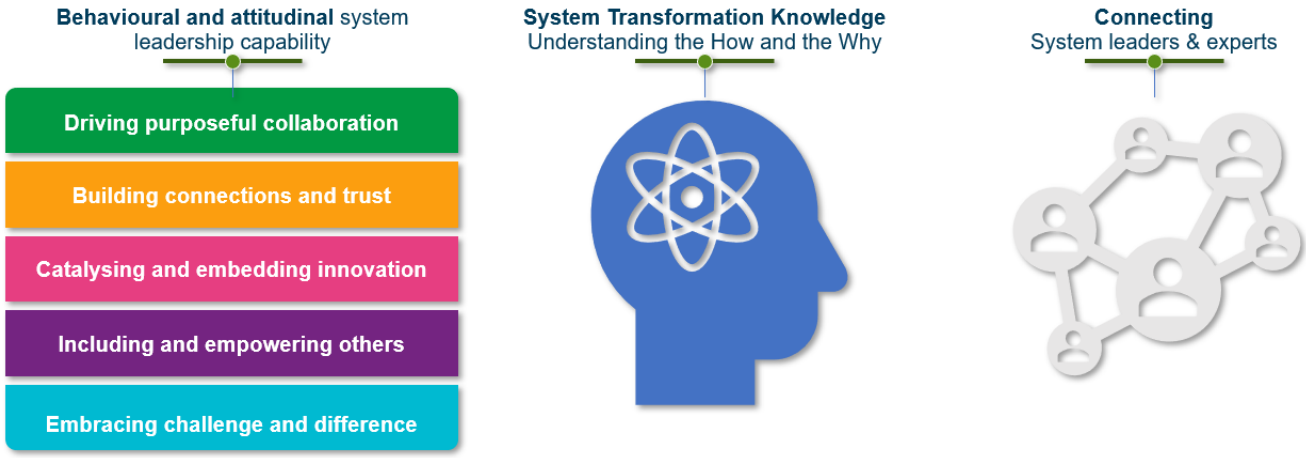


These three components, set out in Figure 6, of the System Leadership Academy can be considered as moving from more intensive to less intensive, and therefore from fewer participants to more. For each of these components, a brief overview, information on the inaugural cohorts and feedback thus far is provided below; more information on the content of each programme is set out in Appendix B.

A. Collaborate

Overview: The Collaborate System Leadership programme has been designed to support upcoming system leaders across the South East London Integrated Care System (ICS). The programme has been tailored to equip participants with the knowledge, skills, behaviours, and mindsets necessary to succeed as system leaders. Figure 7 sets out what the programme is set to achieve.

Figure 7: What the Collaborate programme is set to achieve.

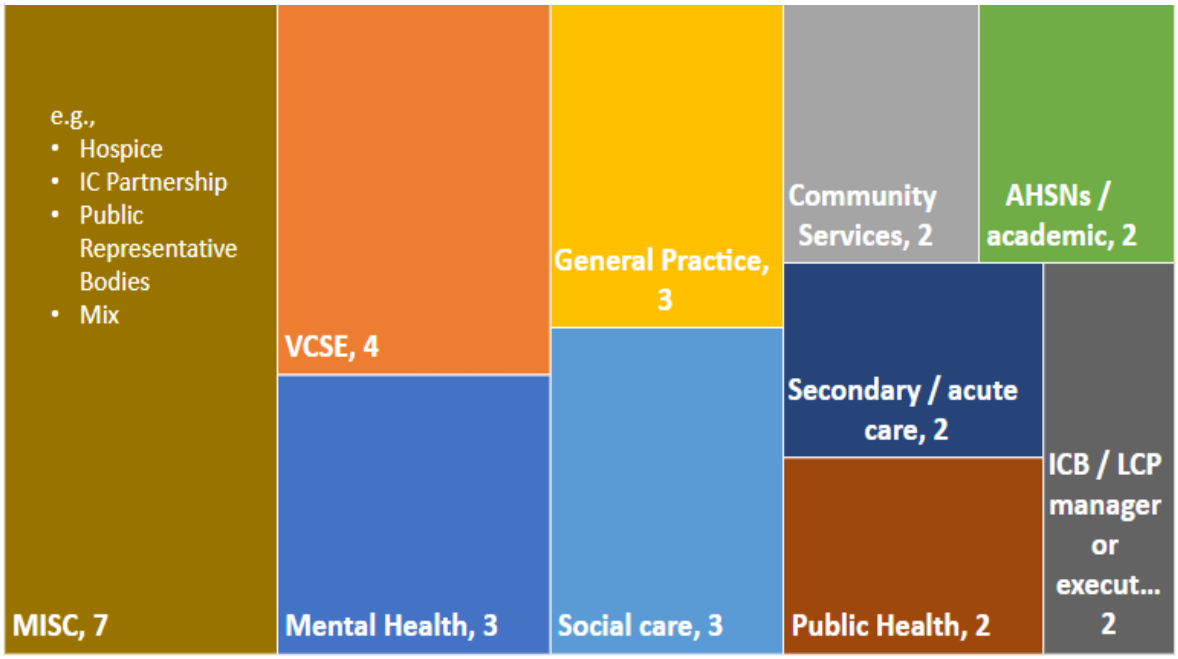


The inaugural cohort: The participant recruitment campaign led to c. 60 applications from across the system of notably high standards. 30 participants were successful, and the

programme launch took place on 1st December 2022 with expert external speakers and system leaders. This is an initial pilot, with future repetitions of the programme set to occur over 2023 and 2024.

As shown in Figure 8, we have representation from every type of health and care provider and have been particularly encouraged by the interest from the voluntary sector as well as statutory health and care organisations across our geography. To our knowledge we are the only ICS in the country that has committed to developing leadership capability in this way to create a future cadre of system leaders that reflects our commitment to collaboration and community involvement in our work.

Figure 8: The inaugural Collaborate cohort by sector.



Feedback: The average participant rating of the experience of the programme launch, module 1 and module 2 is **4.7 out of 5**. Participant feedback continues to be collected. Two example quotes are:

- "The speakers were outstanding. But also seeing the number of senior leaders and their commitment to the programme."
- "My takeaway: That it is possible to create an integrated system that is people centred and benefits all."

B. Create

Overview: We know that there are many teams already working on successful projects who struggle to successfully spread and scale them. Create (the Spread and Scale Academy) is designed to complement other development offers to ensure that they have the right skills and support to drive innovation.

Inaugural cohorts: In March 2022 seven teams from across SEL ICS attended the 'Spread and Scale Academy' in Cardiff, run by the Billions Institute and the Dragon's Heart Institute, in partnership with Cardiff and Vale UHB. Following strong feedback, two SEL Spread and Scale

Academies –under the name 'Create' – have been held, in September 2022 and March 23. Over 100 colleagues from across the system have attended, with five being trained as future facilitators, beginning the journey towards a sustainable model for delivery in SEL. Table 1 outlines some of the project teams accepted for the Academy, which demonstrates the diversity of participants from across the system.

Table 1: Example projects from the SEL Spread and Scale Academies (non-exhaustive)

Project	The problem to be solved
Health Check Liaison Project	SMI physical health checks across Lambeth, Lewisham and Southwark are not reaching the goal of 60% checks completed.
Digitising Primary Care	Whilst digital technology can transform aspects of primary care, supporting the wider health and care system, digitally enabled approaches are often unsuccessful.
Compassionate Neighbours	Loneliness and social isolation, which have negative impacts on people's health and wellbeing.
Pharmacist Led Primary Care Atrial Fibrillation Hub	Undiagnosed atrial fibrillation, which leads to a five-fold increased risk of stroke amongst other impacts.
The Right Insight Project for Health Equity	Inequity of access, experience, and outcomes across the Social Care and Health System for Black African and Caribbean Communities.
Access for deaf people	Many deaf people struggle to access health care system, leading to health inequalities and a poorer quality of life.
SEL Multi-morbidity Care model	Complex patients with multiple long-term conditions in the community face unnecessary hospital and A&E attendances and worse patient outcomes than is possible.
Supporting Maternal Mental Health	Some women experiencing perinatal mental health issues do not receive effective, accessible care; the problem is particularly acute for marginalised groups.
Early intervention in social care	Some adults are at risk of deteriorating health and well-being outcomes without low-level support to maintain their health and independence.
Good Grief Cafe	Community NHS staff often form a major part of their patients' lives; with death and dying often considered 'part of the job', staff may experience disenfranchised grief.

Feedback: Feedback was collated at the end of each day of the two Create Academies run thus far; these have been reviewed and demonstrate overwhelming positive reviews (albeit non-numerical). A form asking for a numeric rating has been distributed to the second cohort, but responses are still being collected (the current average rating is 4.5 out of 5). Interviews have also been completed with participants from both cohorts, and follow-up interviews with the September cohort to establish the ongoing impact are planned. Two example quotes from the interviews are:

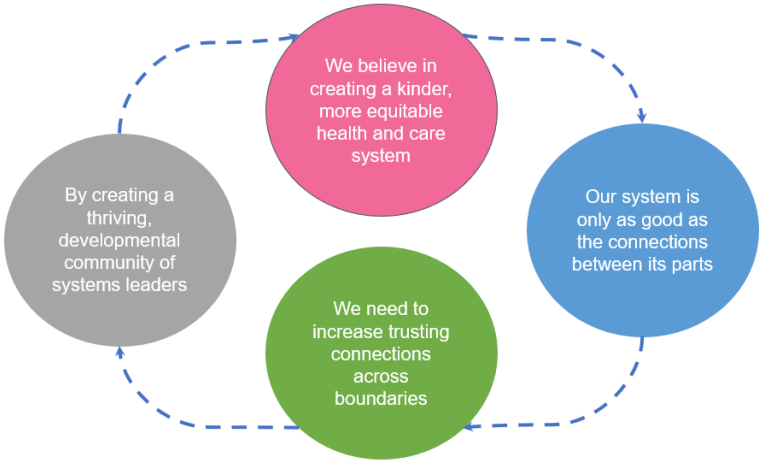
- "It was inspirational - it was great to see the other projects and work with the facilitators."
- "It was very motivational. I liked the chance to spend quality time with my team thinking about scaling as that's not something we have ever had a chance to do."

Further evidence of support comes from the willingness of participants to advocate for the course to other teams in their organisation (for example, we now have three project teams who have applied in advance of the September 2023 Academy based on such recommendations). In addition, five participants have gone on to be trained as facilitators, which will support long-term sustainability of Academy delivery.

C. *Connect*

Overview: The Connect system leadership community has been designed to increase the number and quality of connections across boundaries by becoming a thriving, developmental and sustainable community of system leaders working together to deliver kinder, more equitable care. Figure 9 sets out the rationale for creating Connect.

Figure 9: The rationale for Connect.



The Connect purpose, vision and mission was originally developed through a co-designing programme involving over 400 community members and leaders. A range of online inspiration and learning sessions have been held alongside a 'Connect 5' challenge to foster new connections across the system. A new 'Walking in their shoes' programme has recently been launched. The Connect Leadership Group has also been established, which will provide leadership going forwards.

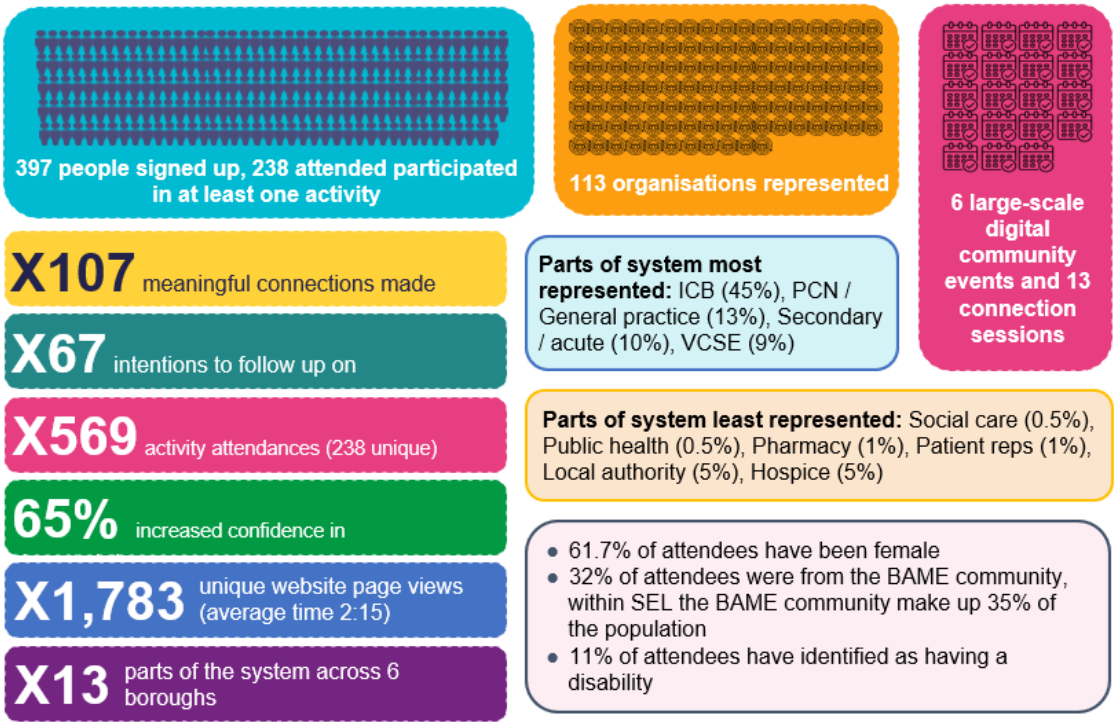
Inaugural cohort of participants: During the pilot phase, the community's membership grew by 163%, engaging c. 400 individuals from across sectors, organisations, and professions; a snapshot of participants is provided in Figure 10.

Feedback: The community has attracted widespread interest and members have shown a variety of engagement types; during the first year, membership increased by 163% (c.150 to 395) with 144 members participating in 1 activity, 59 in 2-3 activities, 29 in 4-6 activities and 11 in 7-13 activities. The majority of members felt their confidence in the characteristics of system leadership; 63% of participants showed an increase between their baseline and endline confidence levels across the inspiration and learning events. Two example quotes from the interviews are:

- "Excellent opportunity to connect with members of SEL that I would not have had the opportunity to do so otherwise and discuss our areas of work. Hoping this will help build relationships which will impact pieces of work moving forwards."

- "I've made really useful new connections with people right across the system and am linking up with a more diverse set of people and their insights."

Figure 10: Connect pilot phase reach and impact: a snapshot.



3. Schwartz Rounds

Schwartz Rounds are a well-established way of creating a structured forum in which all staff – clinical and non-clinical – can reflect on the emotional and social aspects of their work. Evidence shows that Schwartz Rounds can make a real difference to both employee and employer. In SEL several of our organisations hold regular Schwartz Rounds, but there is currently no cross-system forum for this type of reflective practice. Feedback from colleagues, including through the Connect pilot phase, has led to a commitment to create an opportunity for staff to come to together and share their stories – to support system development and workforce wellbeing.

We are therefore hoping to establish a quarterly ICS Schwartz Round, due to begin in Q1 2023, contingent on funding. Whereas traditionally Rounds have been focussed within organisations, these integrated rounds will now reach across both organisations and sectors. In doing so integrated rounds will complement and enhance the existing organisation-based offers. They will also provide an opportunity to help people to understand the different challenges and joys of work within different sectors and organisations. They will provide an important opportunity to understand the interdependencies that also exist. Finally, they will also reach into spaces which may not yet have experienced Rounds, for example smaller care sector organisations or primary care providers.

Whilst a Steering Group will manage the practicalities of this project, we will leverage the insight of colleagues involved in our broader system leadership offers to agree on topics which are most relevant to our diverse staff group, including:

- Our community of Clinical and Care Professional Leaders

- The Connect Leadership Group

In addition, we recognise that there will be a need to support facilitators and to ensure that these are safe spaces through which individuals can share their stories. This project is being led by a Consultant Clinical Psychologist with support from colleagues and leaders with expertise and experience in Schwartz Rounds and similar forums including the Point of Care Foundation. This approach – creating opportunities for people to share and learn in a truly authentic way – is fundamental to our broader system development approach.

An initial Schwartz Round topic has been developed by the steering group 'Should I Stay or Should I go' – although current financial constraints in the system mean that funding remains unconfirmed.

4. Digital leadership

Under the leadership of James Woolard (CCIO at Oxleas), digital leaders from across our partnership came together to explore opportunities to better diversify digital leadership and ensure it is integral to the transformation ambitions we aspire to across our system – recognising that it is a critical enabler of future care.

The group recommended an iterative approach to growing and developing clinical digital leadership within SEL, to learn fast about what works, avoid waste, and build a sustainable programme:

- **An agile approach - start small and iterate**: An iterative approach, starting small with a view to learning and developing the approach over the course of 12-18 months with three-month reviews.
- **Build on existing foundations:** Curate and maintain an up-to-date resource of training, events, and networks for SEL aspiring digital leaders hosted on an appropriate platform.
- **Test out the approach through a series of learning events:** Run a series of three half-day in-person learning workshops in early 2023 to continue to test the approach and learn, focusing on core topics.
- **Build leadership through peer learning and local expertise**: Create a community of practice, starting with a WhatsApp group for participants to connect, share and build their networks. This builds on the assets and expertise we have within SEL.
- **Bake in equality and diversity from the outset**: Measure demographic information from the outset and actively target prospective participants who are less likely to be represented as clinical digital leaders.
- **Ground the approach in evidence and measure success:** Create a theory of change so we can identify intended outputs and outcomes along with metrics to measure impact.
- **Establish governance and accountability:** Establish governance for the SEL aspiring digital leaders programme along with a clinical and operational SRO, a budget for the next phase in early 2023.

Funding for this work is not yet confirmed but it is hoped that this could be supported operationally by the SEL System Leadership Academy – creating both the opportunity to enhance our digital leadership capability as a system, but also cross-pollinate our other system leadership development programmes which will increasingly benefit from a deeper understanding of digital transformation.

Key achievements and next steps

Over the last year there has been significant progress made in developing clinical leadership capacity, with some important achievements made across the four areas outlined, as set out in Table 2.

Table 2: Key achievements to date.

		CCPL	SLA[1]	Schwartz Rounds	Digital
Characteristics	Co-production of five characteristics of an SEL system leader with input from over 400 SEL colleagues	✓	✓	✓	✓
CCPL recruitment	Recruitment of over 100 clinical and care professional leads from across SEL	✓			
CCPL embedding	Embedding CCPL roles into our governance structures, transformation programmes and clinical networks	✓			
CCPL survey	Survey of acute clinical and care professional leaders	✓	*Informs offers*		
Collaborate	Running the first Collaborate programme with a cohort of 29 individuals		✓		
Create	Establishing the SEL Create Spread and Scale Academy, with two programmes run and c. 30 teams having taken place		✓		
Connect	Growing the Connect community of over 400 individuals with multiple events and 'Connect 5' sessions		✓		
CLG	Launching the Connect Leadership Group, a cohort of 12 individuals who will lead Connect		✓		
Expert speakers	Drawing in expert national and international speakers through the Collaborate programme, made available to leaders through live streaming and recordings	✓	✓		
Schwartz Rounds	Developing a proposal for a system-wide Schwartz Round which leverages best practice from both within and outside of SEL			✓	
Digital	Through stakeholder engagement, outlining an iterative approach to developing digital leadership capability and capacity within SEL.				✓

However, this work is still emerging; evidence from other systems demonstrates the long-term nature of this work. Next steps include:

[1] System Leadership Academy

- We need to develop an approach to **evaluation** and key performance indicators by which progress can be measured, particularly regarding the System Leadership Academy. This will need to include metrics on behaviour change alongside monitoring of inclusivity and other aspects of the offers.
- There is a focus on **building the identity** of the various aspects of the clinical leadership development offers, including the System Leadership Academy. We are working with the ICB comms team to develop a comms plan, and new webpages on the ICS website are under development. In addition, we are seeking active support from leaders who can act as advocates across the system.
- We continue to **expand the reach** of our offers and work to ensure that applications are received from the best candidates from every part and level of our system.
- Ensuring **support from current system leaders** is a critical step to support the spread and embedding of system leadership and innovation. This will be a key intended outcome of our engagement activity, in which there will be a focus on celebrating success including with Board-level colleagues from across our system. We will also map out those existing leaders who are not currently involved in the Academy, but who may benefit from its offers (such as clinical leaders within the acute trusts not currently part of the Connect community).
- Building our identity and reach will also help us to **share our work** outside of our system, both for the mutual benefit of developing best practice approaches and to develop our reputation as a leading system in clinical leadership.
- To improve the **sustainability** of these offers we are developing a proposal for an operational hub which allows us to bring in-house the management of the offers, reducing our reliance on external contractors and creating flexible capacity to support the multiple offers within the ICB. In parallel, each offer has a focus on increasing its efficiency and using existing resource where possible.

The Integrated Care Board is asked to:

1. Recognise that this will require ongoing, deliberate, system-wide investment to ensure these critical capacity and capability building programmes continue after 2024 and ensuring that existing and emerging system leaders have the skills, opportunity, and motivation to have a meaningful impact within our system.
2. Commit to individual and Board level system leadership development and active participation in this work – role modelling the 5 ‘system leadership characteristics’ developed by our Connect Community in SEL and to joining events to celebrate our achievements.
3. Recognise the impact of current financial constraints on the ongoing delivery of these key programmes including, most immediately, system-oriented Schwartz Rounds.
4. Share any thoughts on progress and proposed next steps

Appendix A: CCPL priority functions

Ten priority areas of focus for clinical and care professional leadership

Population health outcomes/inequalities	The effective use of information to build a learning health and care system that allocates resources fairly and optimally and delivers better and more equitable outcomes for South East Londoners.
Care pathway transformation/innovation	The codesign of new models of care with care service commissioners, managers and service users that have a positive impact on clinical outcomes, cost reduction, patient satisfaction and teamwork and process outcomes.
System-wide clinical and care strategy	The setting out and clear communication of how the system will provide the best possible health and care outcomes for South East Londoners, working together with other systems to translate national priorities into the local context.
Workforce resilience	The creation of conditions that prioritise equality, diversity, and inclusion, empower colleagues working across the system to reach their full potential and support their wellbeing, psychological safety, productivity, motivation, and adaptability.
Quality Assurance and Safety	Continuous improvement of patient safety to meet statutory requirements and give confidence to Board, external regulators and the public.
Patient and public engagement	The active involvement in and championing of patient and public engagement to ensure that insights drawn from meaningful engagement inform work to improve and transform services across the system.
Continuous improvement and innovation	The systematic, sustainable and ongoing improvement of quality of care and outcomes for patients, underpinned by a clear methodology that reflects the complex nature of the system.
Professional leadership support and development	The development of continuous, collaborative and sustainable approaches that equip colleagues across the system with the knowledge, skills, perspectives and agency to deliver and improve systems of health care provision into the future.
Leadership in research & evidence creation, discovery and spread	The creation of a culture of innovation that actively encourages research and evidence generation, advocates for data-driven improvement and creates opportunities to collaborate, test, capture and share learning across the system.
Care standards	The development and implementation of agreed care standards and health and care outcomes that reflect both national requirements and local population needs and draw on the latest clinical and operational evidence.

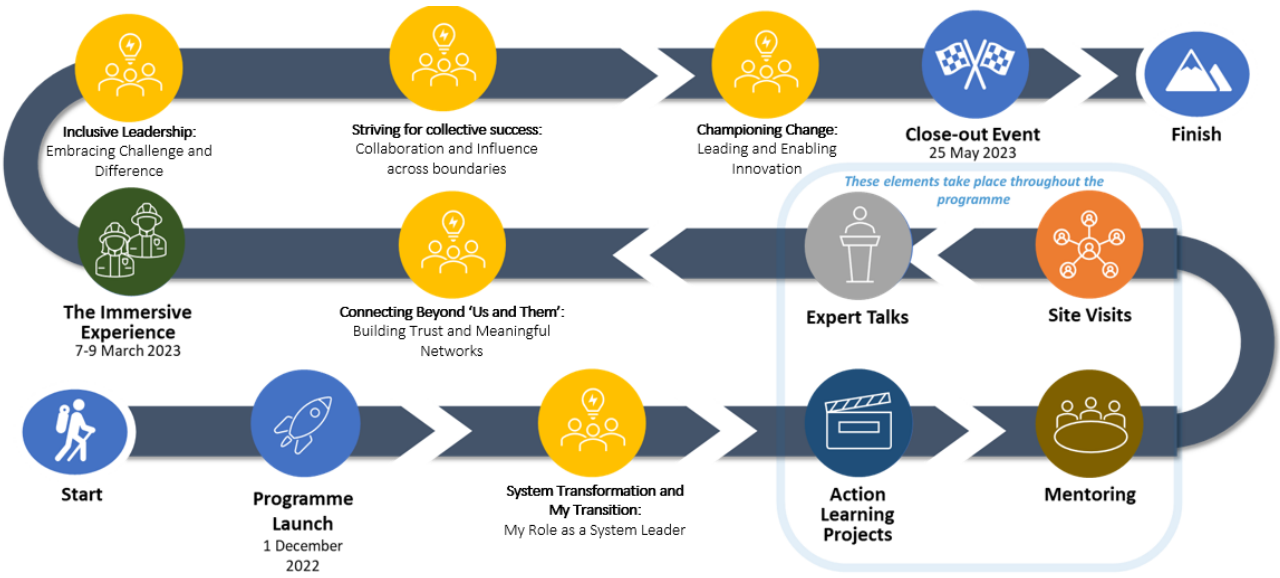
Appendix B: Further information on the System Leadership Academy offers.

Collaborate

The Collaborate seven-month programme, outlined in Figure 11, has been specifically designed for South East London leaders, with three interlinked components:

- Five taught modules which will include expert speakers from SEL and beyond,
- Action learning projects sponsored by senior leaders across the system; and,
- Mentoring by leaders already working at a system level.

Figure 11:Collaborate programme overview.



Further detail on the five modules, including the intended learning outcomes is set out in Table 3. These modules have been specifically designed to support the development of the five characteristics of a SEL system leader co-developed by system leaders and set out in Figure 2.

Each event, including the launch and close events as well as module days, are supported by one or more expert speaker, many of whom are internationally recognised leaders in their fields. Where possible these sessions are being either broadcast online and made available to members of the Connect community and other leaders, and/ or recorded.

In parallel to the modules, seven action learning projects are underway which are aligned to the ICS strategy, each led by a relevant senior leader. A site visit has taken place to Bromley by Bow; a second site visit to Navigo is scheduled for the 4th May with a third site visit under discussion. The immersive experience with Dark Swan has also taken place which we are in the process of evaluating.

Table 3: Collaborate modules.

Launch	 **System Transformation and My Transition:** My Role as a System Leader	 **Connecting Beyond 'Us and Them':** Building Trust and Meaningful Networks	 **Inclusive Leadership:** Embracing Challenge and Difference	 **Striving for collective success:** Collaboration and Influence across boundaries	 **Championing Change:** Leading and Enabling Innovation	Close
Key learning outcomes: this module will enable leaders to…						
Build new connections with the Emerging System Leaders group. Increase awareness and appreciation of the wider SEL system.	Identify the value and strengths leaders can individually contribute and where they may need to draw on other colleague's expertise. Recognise the role and value of different agents in the system. Identify individual barriers and blockers to embracing working in a new system.	Empathise with the different priorities and challenges of other colleagues/ partners within the system. Recognise the need for Collective Ownership Master techniques for actively developing trust. Notice how absence of trust affects our behavior.	Embrace attitudes and behaviours needed to navigate complex, diverse, and uncertain environments. Approach challenging situations with other colleagues with compassion. Develop ability to notice the unconscious biases that influence our thinking. Empower colleagues and support others to thrive.	Identify opportunities to build and strengthen partnerships. Master ability to flex leadership styles and actively involve others. Lead and influence beyond traditional boundaries. Recognise and evolve attitudes and behaviors needed for collective ownership of success.	Develop a greater tolerance for change and ambiguity. Strengthen the ability to communicate change and innovation to different audiences. Learn how to foster greater resilience, self-compassion, and psychological safety. Foster creativity to shape new ideas to improve the system. Identify and work with resistance to change others.	Reflect on the leadership and learning journey. Share knowledge and expertise on a topic of choice.

Create: The Spread and Scale Academy

Create (the Spread and Scale Academy) is a three-day programme designed to propel the implementation of existing projects forwards, so that they can scale across south east London. It does this by supporting teams to:

- Refine their idea.
- Increase their ambition.
- Expand their network and enterprise.
- Become better organised and more cohesive as a team.
- Create a robust 90-day plan for delivery.

Whilst hosted by the SEL ICS, it is delivered through a partnership with the Billions Institute and Dragon's Heart Institute and builds on the expertise and experience of the Billions Institute co-founder Becky Margiotta. Becky has leveraged her success within the US 100,000 homes campaign to create a 'Model for Unleashing'[2]:

- **Dig Deep:** Understand your personal motivation for leading this work and how your experiences, values, and perspectives may impact on your work.
- **Dream Big:** Refine your problem statement, aim, and long-term ambition.
- **No Heroes:** Understand your role in the project and explore how the team can best work together to leverage everyone's strengths.
- **Add Zeros:** Set your plan for how you will reach your long-term ambition though a series of exponential increases in the reach of your project, starting with a 90-day plan.

Whilst the focus of Create is on the three-day course, we are exploring options for continued support for teams going forwards (e.g., a team coaching offer) based on feedback from previous participants.

Five participants have returned for a second Academy to be trained as facilitators; this facilitator group will also help to develop the offer as well as supporting future Academies and helping to improve the financial sustainability of the programme by reducing our reliance on external support.

Photos from SEL participants in the March 22 Cardiff and Vale Spread and Scale Academy and September 22 and March 23 SEL Create Academies



[2] Billions Institute LLC, All Rights Reserved

Connect

Pilot phase: During the pilot phase, c. 400 members and other leaders came together in a series of inspiration and learning sessions to explore the leadership we need for the future with 17 speakers, from system leaders in health and care to social entrepreneurs, from south east London to Alaska and New Zealand. Members also participated in the 'Connect 5' challenge, making between them 107 new meaningful connections across boundaries. It was from this engagement that the five characteristics of a system leader, shown in Figure 2, were created.

Current phase: Through all the pilot phase activities, and in the end of phase summit, the need and potential of this community to increase trusting connections across boundaries shone through. The next phase of community development has now been launched and seeks to respond to this, with an ambitious purpose and mission:

We believe that it is only through building trusting connections that we will create kinder, more equitable care for people in south east London. Therefore, we will increase the number and quality of connections across boundaries in service of working together for kinder care.

The community is continuing to build as it increases trusting connections across boundaries. This includes the launching of '**Walking in their shoes**', a peer-to-peer exchange matching colleagues across sectors/organisations to walk in one another shoes. It will be led going forwards by the Connect Leadership Group.

Connect Leadership Group: The 'Connect Leadership Group' will be responsible for shaping the direction and delivery of Connect in line with its mission. Specifically, members will identify key boundary-spanning challenges and co-design and -deliver events and initiatives to engage the Connect membership base with these challenges in new ways. Figure 12 highlights the role of the CLG.

Figure 12: Next steps for Connect.

Integrated Care Board

Item: 9
Enclosure: K

Title:	**SEL ICS Workforce**
Meeting Date:	**19 April 2023**
Author:	Julie Screaton Chief People Officer
Executive Lead:	Julie Screaton Chief People Officer

Purpose of paper:	This paper provides an overview of our SEL workforce, summarises recent progress, details key excerpts from the case for change, summarises our challenges and presents our People Strategy vision, principles and five priorities.	Update / Information	**X**
		Discussion	**X**
		Decision	
Summary of main points:	This paper provides an overview of our SEL workforce, summarises recent progress, details key excerpts from the case for change, summarises our challenges and presents our People Strategy vision, principles and five priorities.		
Potential Conflicts of Interest	None.		

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

	Equality Impact	The population and health and care workforce in SE London are amongst the most diverse in the NHS. As anchor institutions, health and care employers aspire to be inclusive and attractive to all. The paper outlines some of the actions taken to work together and share best practice.
	Financial Impact	Not the focus of this update
Other Engagement	Public Engagement	The paper is presented for discussion in a public meeting.
	Other Committee Discussion/ Engagement	The south east London People Board leads on discussions as outlined in the paper.
Recommendation:	The Board is asked to note and discuss the update	

South East London Integrated Care System

The SEL ICS Workforce ICB Board meeting

19th April 2023

Introduction

Over 132,000 people work across the NHS, social care and the voluntary sector in South East London across hundreds of employers. The SEL People Board was established in November 2020 under the Chairmanship of Ify Okocha, Partner Board member for community services and CEO of Oxleas NHS Foundation Trust.

The Board is comprised of members from across all sectors and since it's inception, has focused on 3 priority areas of:

- 1. equality diversity and inclusion,
- 2. workforce supply,
- 3. staff health and wellbeing.

The People Board and the supporting workforce programme's work plan address the issues that can deliver more impact at scale across the system in terms of transformation, efficiency and effectiveness. Our emphasis is on taking action at scale where we can add value to the work of our partner organisations and deliver more effective services and increased value for money in our investments.

In the first quarter of the 2023/24, our ICS People Strategy will be published following extensive ICS partner engagement. This strategy will be supported by a workforce delivery plan aligned to the Integrated Care Partners' Vision and strategic priorities.

Introduction (continued)

The case for change which drives our strategy brings together data and our local intelligence to estimate the gaps in the workforce based on demand forecasts and describes the landscape and challenges at place.

Having made progress across NHS partner collaboration, we have more to do to build the ‘one workforce’ aspiration of all ICS. Connections with social care are in place but need to be strengthened, especially at place level. Service transformation arsising from our provider collaboratives will drive new workforce models and role transformation that we have begun to explore through focused work in mental health and in the APC. Implementation of change across providers will be delivered on the back of the foundations we have built over recent years.

This paper provides an overview of our SEL workforce, summarises recent progress, details key excerpts from the case for change, summarises our challenges and presents our People Strategy vision, principles and five priorities.

SEL in Numbers

Overview of **current workforce estimates in SEL** across health and care:

- Workforce in excess of **132,084** employed by:
  - 341 Pharmacies
  - 214 GP Practices
  - 2 Mental Health Providers
  - 4 Community providers
  - 3 Acute Trusts
  - 6 Local Authorities
  - 1 Integrated Care Bard
  - 11 Specialist Palliative Care Community providers

Organisation	Headcount
Adult Social Care (Independent sector) -	**37,000**
Voluntary Sector Employees *(crude split London/5)	**31,848**
Guy's and St Thomas+	**22,188**
King's College Hospital +	**13,291**
Lewisham and Greenwich FT+	**6,888**
SLAM (also covers Croydon)+	**5,526**
Oxleas+	**3,958**
Pharmacy July 22 x	**2,457**
Adult Social Care (Local Authority's)-	**2,400**
General practice July 22 +	**5,065**
Bromley HC (website)	**800**
SEL ICB	**663**
Figures for independent sector (other than adult SC are unknown), those working for direct payment recipients are also not counted.	**?**
Estimated workforce SEL	**132,084**

Key Challenges

Vacancies: High vacancy rates for health and social care staff;

Pay: Pay disparity between Health & Social Care;

Carers: Significant levels of unpaid careers (est.upwards 26,000).

Retirement Risk: Ageing workforce;

Retention: High turnover rates;

Competition: For staff across providers.

SEL Workforce Insights by Sector

Primary and Community Care
For most patients primary care is the start of their healthcare journey.

- Demand on services is expected to continue to increase
- SEL in bottom ICB quartile for GP coverage and bottom decile for GPN
- There is a 19% vacancy rate for Community Nursing and turnover has risen to 24%.
- Staff supply not expected to meet demand

Social Care The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over.

- Demand for social care is forecast to increase by 28% between 2022 to 2035
- Adult SC workers have an average vacancy rate of 12.5%, across SEL
- The number of filled posts reduced by 1000 between 20/21 and 21/22
- 40% posts are zero hours contracts

Acute Care Access to services was disrupted by the pandemic, whilst significant work has been undertaken to reduce waiting lists, an aging population with increased health needs will continue to put pressure on services.

- Despite a strong supply the1.4K adult nursing vacancies mean there will continue to be a shortage
- Trends in the consultant workforce show a strong supply growth across most specialties

Mental Health Mental health problems are a growing public health concern. It is estimated that 1 in 6 people in the past week experienced a common mental health problem.

- Four SEL Boroughs have a higher than England and London average for MH prevalence
- Two SEL Boroughs have higher than England and London average for Dementia prevalence
- High vacancy levels for psychiatry (29%) and MH nursing (23%)

Maternity/Children & Young People Ensuring children get a good start in life has a huge impact on their health and broader life chances.

- Shrinkage in the HV workforce and high turnover of staff may impact on delivery of early years support
- By 2028, modelling estimates a gap of 59 WTE HV in SEL
- Midwives have the lowest vacancy rates and turnover in their staff group.
- Obs & Gynae consultants have relatively low vacancies & turnover

End of Life (Adult Services) End of Life Care is an important part of palliative care for people who are nearing end of life.

- Pre-covid to post-covid = 20% increase in patient numbers and higher complexity
- Significant numbers in the workforce are volunteers
- The greatest shortfall to establishment is in the nursing staff group. Although some hard to fill vacancies in the medical workforce

National Insights

Vacancy rates have increase in the health and care sector in recent years causing national staff shortages across many services and staff groups.

National estimates identify over 133,500 health and 165,000 adult social care vacancies.

Employment in the voluntary sector has grown faster than other sectors. The 2020 economic crisis resulted in a fall in private sector employment, but the voluntary sector was able to increase employment, especially amongst older workers.

Our priorities: workforce supply

What are we trying to achieve:

Levels of vacancies and turnover across health and care are rising. It is imperative that we make health and care jobs in our sector attartive to our local population. Relationships with the education sector are key and we need to ensure that we invest in our workforce to improve retention, productivity and support high levels of engagement.

What we have done:

- With support from our Widening Participation Network, £500K of funding has been secured from the GLA to deliver the ICS Health and Care Hub to support local people into local roles. Delivery commences Q1 23/24.
- We have a well attended ICS Nurse Retention forum and we are working hard to increase engagement from social care nursing. The national Nursing 50 K target is being actively tracked with risks mitigated in collaboration with ICS CNO.
- The Acute Provider Collaborative is being supported by CPOs leading high impact operational change including mutual aid, aligned pay rates and job planning; workforce planning support has also been provided through external support.
- Our Education Collaborative has supported development and implementation of a plan for £1.4m workforce development funding at both Trust and system level
- A highly collaborative approach has supported the delivery of a Mental Health Multi-professional Competency Framework to support recruitment and mutual recognition of skills and the website launch plan is underway.
- Connectivity and engagement with Primary Care Executive Team and Training Hubs continues to support system wide recruitment and retention initiatives
- A focused project to explore the Home Care workforce challenges has been completed with recommendations delivered.

Our priorities: equality, diversity and inclusion

South East London Integrated Care System

What are we trying to achieve:

- The population and health and care workforce in SE London are amongst the most diverse in the NHS. As anchor institutions, health and care employers aspire to be inclusive and attractive to all. To improve the experience of our staff and be seen as employers of choice, we need to work together to share best practice and engage with local communities. The London NHS race equality strategy and national model employer targets set an ambition to achieve parity across all levels of seniority and grades by 2028

What have we done?

- An ICS staff Equality, Diversity & Inclusion Committee has been established and a key discovery phase completed to confirm 4 strategic priorities for our approach.
- We have commissioned expert support to deliver on the 'creating a social movement in EDI' priority. This will help the system to engage and reach a broader community of staff to have a different conversation across the system on EDI issues and enhance the experience of our staff at work.
- Linked to the ICS HR Directors forum, we continue to track WRES data and interventions and share best practice and opportunities for collaboration through the committee and explore the NHS staff survey findings
- Secured NHS sign up to the London Living Wage standard

Our priorities: health and wellbeing

What are we trying to achieve?

Staff well being has attracted significant attention during and in the immediate post Covid period, especially in relation to psychological health. Access to wellbeing support varies between health and social care employers and investment in the NHS is also variable but to a lesser extent. By collaborating to support investment into areas with lesser provision to and share good practice will have a significant impact on levels of engagement and retention.

What have we done?:

- We have established an ICS Staff Health & Wellbeing Committee who have led and overseen £1.625 million investment across 21 projects, staff offers and services. These have included investment in the award winning Keeping Well in SEL Service and focused support to reduce/respond to violence and abuse towards staff. Our existing Staff Health and wellbeing strategy is in place with a review date of May 23.
- SEL are a People Promise Exemplar site and are working with NHSE to bring to life the people promise. This is a live programme focusing on flexible working to aid retention.
- A review of HR transactional services has been undertaken and an at scale Occupational Health & Employee Assistance Programme collaboration project is now underway across our acute providers, a CIC and the ICB.

SEL People Strategy Vision and Principles

South East London Integrated Care System

Our vision: We want South East London 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 our communities.

The SEL People Strategy will:

1. Support growth, transformation and retention of our "One workforce"
2. Support working as a system by default
3. Cover the full patient pathway and support population health
4. Support activity at various levels: ICS, Collaboratives (APC, Community, MH) and Place
5. Deliver against the 10 People Function outcomes
6. Support National policy and delivery within regional context
7. Link service planning to workforce and finance
8. Focus on value for money and avoiding duplication
9. Measure impact and makes a difference

Support delivery of the 5 ICS Priorities: Prevention and wellbeing, Early Years, C&YP Mental Health, Adult MH and PC and People with LTC

Our People Strategy: Ambitions & Measuring Success

South East London Integrated Care System

One workforce – across health and social care

Priorities	Strategic Workforce Planning	Driving training and education	Promoting SEL as a great place to work	Embedding a culture of inclusion and wellbeing	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	• Supporting inclusion and belonging for all, and creating a great experience for staff • To provide staff health and well being and inclusivity support to our 'one workforce' across SEL workforce	• 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 around 9/10% of which increased numbers of staff are recruited from our local communities.	Our integrated retention rate stabilises at 10/11% and our diverse population profile is represented at all levels	Spread and scale of high impact actions supporting integrated care, and investments in AI and digital solutions to address workforce gaps will drive change

Conclusion and next steps

As we enter the third year of the SEL People Programme, delivering on productivity challenge and recovery of services post an extended period of industrial action and post Covid are priorities. Our focus on the 3 themes that we have retained since 2020 will continue to guide our activity and investment.

The loss of investment in the KWSEL service has been a disappointment but based on the evaluation of the service, we have a greater insight into what an effective pan sector well being strategy should encompass. Engaging social care colleagues in planning to address the impact on providers is in train.

Health Education England's investment in CPD is expected to reduce again in 2023/24 and we will continue to work through the People Board to invest in address priorities where impact will be the greatest, working with our collaboratives and place leaders.

The publication of our People Strategy, and working across London with the 4 partner ICS who are undertaking the same process to identify their areas of focus for workforce issues, will ensure that we share learning and develop London wide programmes and solutions as appropriate.