

Integrated Care Board – Meeting in Public

12.30 to 17.00 on 19 July 2023


(Board agenda starts from 13.00)

The Gallery at the Woolwich Centre, 35 Wellington St, London SE18 6HQ

Chair: Richard Douglas, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
-	Creating Ground – migrant women’s experiences around health and care <i>Theatre in action – the stronger together leaders from Creating Ground using theatre and arts for change.</i>	-	-	12.30
Opening Business and Introduction				
1	Welcome Apologies for absence Declaration of Interest. Minutes of previous meeting actions and matters arising	A B	RD RD	13.00
Borough focus - Improving outcomes for local people				
2	Borough Focus – Greenwich <i>A presentation of local work taking place in Greenwich</i>	-	SM	13.10
ICB corporate business				
3	ICB Annual report and accounts 2022-23 <i>To receive the ICBs annual report and accounts</i>	C	TF/MF	13.40
4	ICB Anti Racism Strategy <i>To endorse an Anti Racism strategy for ICB staff and discuss how anti-discrimination can be promoted in the ICS</i>	D	TF	13.55
5	Changes to the ICB’s Governance <i>Changes to the governance of the ICB focused on improving its ability to fulfil its purpose.</i>	E	TF	14.10
6	IT and Data System resilience in south east London <i>A discussion of the steps being taken to understand and improve the security of the digital infrastructure and systems across south east London..</i>	F	JH	14.25

Report for Assurance and discussion of current issues				
7	Chief Executive Officer's report	G	AB	14.45
8	Overall report of ICB committees and Provider Collaboratives Update from the Quality and Performance Committee Update from the Planning and Finance Committee	H	TF AH SC	15.00
9	Board Assurance Framework	I	TF	15.20
Delivering our Integrated Care Strategy				
10	South east London Integrated Care Partnership <i>An update on the work of the Integrated Care Partnership with overall responsibility and oversight of the Integrated Care Strategy.</i>	J	RD	15:35
				
11	Prevention and wellbeing - The ICB's objectives for 2023/24 <i>To discuss the objectives the ICB will pursue in 2023 to promote prevention and wellbeing, and the goals they hope to achieve.</i>	K	TF	15.50
Closing Business and Public Questions				
12	Any other business	-	RD	16.40
13	Public questions and answers <i>An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.</i>	-	-	16.45
CLOSE 17:00				

Presenters

Richard Douglas (RD)
Andrew Bland (AB)
Tosca Fairchild (TF)
Sarah Cottingham (SC)
Angela Helleur (AH)
Sarah McClinton (SM)
Kieran Swann (KS)
Mike Fox (MF)

Chair
Chief Executive
Chief of Staff
Deputy Chief Executive and Executive Director of Planning
Chief Nurse
Place Executive Lead Greenwich
AD of Assurance
Chief Financial Officer

**NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees**

Date: 19/07/2023

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	Financial interest	March 2016	Current
		2. Trustee, Place2Be, an organisation providing mental health support in schools	Non-financial professional interest	June 2022	Current
		3. Trustee, Demelza Hospice Care for Children, non-remunerated role.	Non-financial professional interest	August 2022	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	Non-financial professional interest	April 2022	Current
		2. Advisor to Care Quality Commission on their approach to local authority assurance	Non-financial professional interest	April 2022	Current
		3. Non-executive director for What Works Centre for Wellbeing	Non-financial professional interest	2017	Current
		4. Policy spokesperson for health and care for the Society of Local Government Chief Executives	Non-financial professional interest	2017	Current
		5. Local Government and Social Care Ombudsman	Non-financial professional interest	April 2023	Current
		6. Board member, The Health Foundation	Non-financial professional interest	April 2023	Current
Anu Singh	Non executive director	1. Non-executive director on Camden and Islington FT Mental Health Board	Non-financial professional interest	2020	Current
		2. Non-executive director for Barnet, Enfield and Haringey NHS Trust	Non-financial professional interest	2020	Current
		3. Non-executive director on Board of Birmingham and Solihull ICS.	Non-financial professional interest	March 2022	Current
		4. Independent Chair of Lambeth Adult Safeguarding Board.	Non-financial professional interest	April 2021	Current
		5. Member of the advisory committee on Fuel Poverty.	Non-financial professional interest	2020	Current
		6. Non-executive director on the Parliamentary and Health Ombudsman.	Non-financial professional interest	April 2020	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	Non-financial profession interest	April 2019	Current
		2. Wife is an employee of NHS South West London ICS in a senior commissioning role	Indirect interest	July 2019	Current
		3. Chief Executive (employee) of South London and Maudsley NHS Foundation Trust	Financial interest		Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Andrew Eyres	Director of Place, Lambeth	1. Director of Lambeth, Southwark and Lewisham LIFTco, representing the class B shares on behalf of Community Health Partnerships Ltd for several LIFT companies in the boroughs.	Financial interest	1 April 2013	Current
		2. Married to Managing Director, Kings Health Partners AHSC	Indirect interest	1 April 2021	Current
		3. Strategic Director for Integrated Health and Care – role spans ICB and Lambeth Council.	Non-financial professional interest	1 October 2019	Current
Tosca Fairchild	Chief of Staff	1. Partner is a Consultant in Emergency Medicine. Potential to undertake locum work.	Non-Financial Professional Interest	01 May 2022	Current
		2. Bale Crocker Associates Consultancy – Client Executive	Financial Interest	03 May 2022	Current
Mike Fox	Chief Finance Officer	1. Director and Shareholder of Moorside Court Management Ltd	Financial interest	May 2007	Current
		2. Spouse is employed by London Regional team of NHS England	Indirect interest	June 2014	Current
Dr. Toby Garrood	Medical Director	1. Shareholding in Serac Healthcare	Financial interest	April 2020	Current
		2. Consultant rheumatologist at Guy's and St Thomas' NHS Foundation Trust (GSTT)	Financial interest	2009	Current
		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	2018	Current
		4. I undertake private practice at London Bridge Hospital	Financial interest	2012	Current
		5. Honorary Treasurer for British Society for Rheumatology	Non-financial professional interest	July 2020	Current
		6. Frensius-Kabi sponsorship for educational meeting	Sponsorship	30 March 2023	Current
Dr. Jonty Heaversedge	Medical Director	1. Sessional GP at Crowndale Medical Centre in Lambeth	Non-financial professional interest	1 March 2017	Current
		2. Clinical director, Imperial College Health Partners	Non-financial professional interest	1 November 2019	Current
		3. Director, Vitality Ltd – a wellbeing communication consultancy	Financial interest	1 March 2015	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	Non-financial professional interest	1994	Current
		2. Fellow of the Royal College of Physicians (Edinburgh)	Non-financial professional interest	2000	Current
		3. Chief Executive (employee) of Kings College Hospital NHS Foundation Trust	Financial interest	April 2019	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

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased	
Sarah McClinton	Director of Place, Greenwich	1. Director, Health & Adult Services, employed by Royal Borough of Greenwich	Financial interest	November 2019	Current	
		2. Deputy Chief Executive, Royal Borough of Greenwich	Non-financial professional interest	May 2021	Current	
		3. President and Trustee of Association of Directors of Adult Social Services (ADASS)	Non-financial professional interest	April 2022	Current	
		4. Co-Chair, Research in Practice Partnership Board	Non-financial professional interest		2016	Current
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				
		7. Fellow of the Royal Society of Medicine	Non-financial professional interest	1992	Current	
		8. International Fellow of the American Psychiatric Association	Non-financial professional interest	1985	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) March 2020	Current	
		2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Non-financial professional interest		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	
Ranjeet Kaile	Director of Communications and Engagement	None	-	-	-	

Integrated Care Board meeting in public

Minutes of the meeting on 19 April 2023

Civic Offices, 2 Watling Street, Bexleyheath, Kent, DA6 7AT

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
Andrew Bland	ICB Chief Executive Officer
Angela Helleur	ICB Chief Nursing Officer
Dr Angela Bhan	Bromley Place Executive Lead
Ceri Jacob	Lewisham Place Executive Lead
David Bradley	Partner Member Mental Health Care
Dr Ify Okocha	Partner Member Community Care
Dr Jonty Heaversedge	ICB Joint Medical Director
Stuart Rowbotham	Bexley Place Executive Lead
Andrew Eyres	Lambeth Place Executive Lead
James Lowell	Southwark Place Executive Lead
Dr Toby Garrood	ICB Joint Medical Director

In attendance:

Name	Title and organisation
Sarah Cottingham	ICB Deputy Chief Executive and Executive Director of Planning
Tony Read	ICB Director of Financial Strategy
Tosca Fairchild	ICB Chief of Staff
Ranjeet Kaile	ICB Director of Communications and Engagement

1.	Welcome
1.01	The Chair welcomed members, attendees and members of the public to the meeting.
	Apologies
1.02	Apologies for absence were apologies from Dr George Verghese, Beverley Bryant Julie Scream, Sarah McClinton, Mike Fox and Debbie Warren.
	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 15 February 2023 were approved as a record of the meeting.
1.05	The action log was reviewed.
2.	Borough Showcase - Bexley
2.01	The Board heard a presentation on accessibility of services in Bexley including the Bexley digital first project, the Impact programme to improve access to primary care, and various initiatives to improve access by working as partners with people to improve access for those with sensory disabilities, dementia, and learning disabilities, developing a Bexley Accessibility Framework as a gold standard for partners to work towards.
2.02	Dr Jonty Heaversedge noted on the potential to share accessible wording particularly by working with the digital team.
2.03	David Bradley commented in the increased numbers of physical health checks that had been carried out and asked for timescales on the remaining checks.
2.04	Tosca Fairchild added that it would be important to replicate the success of the work across all boroughs to address health inequalities.
2.05	Prof Clive Kay drew attention to the work to make signs more accessible and reduce acronyms and suggested a commitment could be made across SEL to improve in this area.
2.06	Stuart Rowbotham commented that empowerment sometimes involved allowing organisations to deliver improvements without over-managing. In a complex area, improving accessibility was a simple way create immediate improvements.
3.	Chief Executive Officers Report
3.01	Andrew Bland highlighted the hard work of staff and partners in south east London to respond to five waves of Covid-19 and recent industrial action. Oxleas NHS FT had been praised in a national meeting for the multidisciplinary personalised care provided at Queen Mary's Hospital. The ICB would launch engagement on the Joint Forward Plan which was the NHS response to the Integrated Care Partnership Strategy over the coming years. After nearly a year of operation, the ICB's governance arrangements were being reviewed, work to reduce management costs to invest the money in frontline services and to take into account a national reduction of running cost allowance by 30% in the next two years. The ICB would also consider a recently published report by Patricia Hewitt on the future role of ICBs.
3.02	The Board noted the Chief Executive's report.
4.	Equality, Diversity and Inclusion report
4.01	Tosca Fairchild described significant progress made by the ICB on Equality, Diversity and Inclusion, overseen by a sub-committee with representation across the south east London boroughs, and working closely with the EDI group working

	<p>across the ICS. An equalities delivery plan was in place and being delivered, an equalities forum and staff networks were in place, statutory reports on progress such as the gender pay gap report had been published, and an anti-racism strategy had been developed.</p>
4.02	<p>Anu Singh asked how the board could be satisfied that individual organisations within the ICS were promoting sufficiently robust measures in relation to equality, diversity and inclusion, and recognising that racism and other forms of inequity was detrimental to health outcomes as well as damaging for staff.</p>
4.03	<p>Paul Najsarek suggested most risks to performance were also associated with an risk of exacerbating inequality, which could be considered as part of every aspect of the board's operation.</p>
4.04	<p>Dr Jonty Heaversedge welcomed the conversation which was particularly important as the organisation was developing its objectives.</p>
4.05	<p>David Bradley commented that Equality, Diversity and Inclusion was often a key element of individual organisations' ability to deliver their services, for example South London and Maudsley NHS FTs work to dismantle structural racism and inequality in mental health provision.</p>
4.06	<p>Prof Clive Kay asked that the key metrics to be used to measure success should be made clear as the work progressed.</p>
4.07	<p>Dr Ify Okocha noted that the paper related to ICB staff, and it would be important to link to system wide strategies such as the People strategy and EDI strategy.</p>
4.08	<p>The board noted the report.</p>
5	<p>ICB Committee & Provider Collaborative Reports</p>
5.01	<p>Tosca Fairchild referred members to the committees report, asking them to note the key discussions and support the decisions escalated to the board.</p>
5.02	<p>The Board approved the decisions referred from the committees and noted the decisions and discussions in the report.</p>
6	<p>Board Assurance Framework</p>
6.01	<p>Tosca Fairchild presented the Board Assurance Framework for approval as recommended by the planning and finance committee, noting that there was now good engagement on risk across the organisation.</p>
6.02	<p>Dr Jonty Heaversedge referenced a helpful workshop to that had taken place to discuss the risk to cyber resilience which had been highlighted by various IT incidents in south east London.</p>
6.03	<p>Paul Najsarek welcomed the shift in focus of the organisations risks towards patients, risks to outcomes and risks affecting the whole system.</p>
6.04	<p>Richard Douglas mentioned ongoing discussions with board members about ensuring the governance was fit for purpose given the organisation was still new and the board would have further discussions in this area.</p>

6.05	The board noted and approved the Board Assurance Framework
7	Planning 2023/24
7.01	Sarah Cottingham noted that the draft Joint Forward Plan had been produced following engagement which would continue until publication on 1 July 2023. Worked was ongoing on the Operational plan for 2023/24 with a final deadline of 4 May 2023. Of note to board members was the new target to eliminate waits of longer than 65 weeks; this target would be a significant challenge for south east London. Similarly there were improvements in performance related to the reduction of out of area placements and perinatal mental health but not sufficient to meet these targets. The ICB was expected to meet the target of increasing activity to 110% of pre-Covid levels, but this was subject to agreement of baseline and coding changes with NHS England to better reflect current clinical practices. As a result of inflation as well as already challenging efficiency targets there was currently a gap to reaching the required break-even financial position.
7.02	Richard Douglas clarified that the 110% activity target was standalone measure of increased performance and not directly related to the activity needed to deliver the other targets. He noted that the financial position was being finalised and a break-even position was expected to be achieved.
7.03	Richard Douglas expressed interest in why the perinatal mental health performance target would be missed. David Bradley noted that it was planned to set up a provider collaborative around perinatal mental health to include acute partners, with plans to improve access quite significantly.
7.04	Toby Garrod asked if there might be a reduction in national targets as recommended in the Hewitt review. Sarah Cottingham noted that as the report had been recently published there the ICB had not yet received any information on changes to requirements in response to its recommendations.
7.05	The Board Noted the planning update
8	Building Leadership for an Integrated Care system
8.01	Dr Jonty Heaversedge described good progress, with some variation, in strengthening and diversifying the clinical and care-professional leadership in contrast to the previous GP-led CCG, and in focusing on embedding leaders to contribute to local places and workstreams rather than filling formal governance roles. The work had been expanded to provide support to leaders more generally. There had been.
8.02	Partners had collaborated to agree five desirable characteristics of system leaders, and a programme had been developed to support their development. There were three workstreams: 'Collaborate' an intensive development course, 'Create' intended to empower leaders to spread and scale good ideas and 'Connect' intended to develop leadership and build connection across organisations with over 400 participants. As well as these programmes there were a number of workstreams to consider system wide Schwartz rounds and to develop digital leadership. It was important also to provide the right environment for leadership development for example by allowing time for study and good collaboration with executives. The group were asked to champion the work and support financially in the future.

8.03	Andrew Eyres advised that Lambeth had established the principle of tripartite leadership: clinicians, executives and community leaders each being necessary to develop solutions to the challenges faced in health and care.
8.04	Paul Najsarek welcomed programme of support for leadership, and asked how this could be accompanied by ways of ensuring accountability, highlighting the links to the People strategy.
8.05	Stuart Rowbotham observed that the positive impact of the courses had in his experience been felt beyond the individuals who had enrolled but their colleagues as well.
8.06	Anu Singh reiterated the good effect the programme was already having and suggested that there could be a better links with continuing professional development and involvement of experts by experience and patients.
8.07	Ranjeet Kaile noted that as well as developing leadership resource it was important to create a positive culture, and communications would be an important element of this.
8.08	Prof Clive Kay noted an empowerment culture was vital and asked how this could be safeguarded against the likely impact of industrial action on staff. Richard Douglas added that a sense of disempowerment could be one of the reasons for industrial action.
8.09	The Board noted the update.
9	Workforce in south east London (<i>this item was taken between items 2 and 3</i>)
9.01	Dr Ify Okocha explained that south east London had created a People Board in November 2020 with a broad membership including representatives of the NHS, Local Authorities, Skills for health and HEE, and public health. The Board aimed to avoid duplication and to bring to bear only those things that would make a positive difference to the wider system. Three themes had been set: the health and wellbeing of the workforce, equality diversity and inclusion, and workforce supply.
9.02	Rachel Evans shared statistics emphasising the scale of ICS organisations who collectively employed 132,000 people in health and care. Across this range there were shared challenges such as increasing demand for services from an aging population, and the difficulty in recruiting and retaining staff. There were also shared opportunities, and the People Board priorities reflected the areas where it was felt the opportunity was greatest when the ICS worked as a whole system. Measures to address Workforce Supply included £500k investment secured for a recruitment hub, as well as a standardised approach to reducing bank and agency spend across the NHS trusts.
9.03	Equality Diversity and Inclusion was led by a group across London which had recognised that, despite years of work, there had been limited change on some of the issues and sought to identify new approaches in this area at a system level.
9.04	Meera Nair noted that the Health and Wellbeing priority was led by a health and wellbeing board which oversaw 21 projects costing £1.6m which had received feedback from all parts of the ICS which would enable the strategy for the ICS to

be set for the years ahead. In particular work to provide psychological support, and to tackle violence and aggression towards staff showed good feedback on impact amongst staff.

9.05 The people strategy had been developed by engaging across the sector on the case for change, demographics, activity and demand to establish the workforce which would be needed. In this the principles of adding value, avoiding duplication and increasing productivity. Priorities included workforce plan, education and training opportunities to retain and grow talent, making SEL an employer of choice and supporting innovation.

9.06 Anu Singh asked how a single people strategy for south east London could be maintained with the large number of organisations and teams with particular priorities, as well as the teams in each Place spanning organisations and disciplines. The strategy would need to connect with other strategies such as work on anchor institutions, delivery or care, and involvement of volunteers and carers.

9.07 Rachel Evans noted that some areas were more advanced than others such as reducing use of bank and agenda in the NHS, however there was more to do for staff based outside the NHS and at Place. The board was able to bring together people who were involved in strategies in their own areas.

9.08 Paul Najsarek welcomed the focus on social care without which it would not be possible to make the overall strategy work. Noting the challenge of trying to address future problems as well as current issues, he asked how much work had been done on innovatively designing new roles.

9.09 Becky Middleton noted projects had already been progressing in two Boroughs related to the social care workforce as well as addressing violence and aggression towards staff. The challenge was to ensure funding was stabilised in a 'One Workforce' approach rather than NHS only funding. The plans were based on a five year outlook as well as current issues.

9.10 Peter Matthew asked if the voice of the workforce itself could be better expressed as it was important to know what people who worked in the system were feeling and sensing as the key issues. Meera Nair noted that all the discussions tried to ensure the voice of staff was taken into account, either those attending the groups as well as staff surveys.

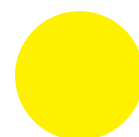
9.11 Angela Bhan asked for more work on ensuring that boroughs had access to support of the programme. Becky Middleton noted that the programme had worked closely with LCPs to invest directly in local pieces of work and with home care staff.

9.12 James Lowell suggested young people in south east London should be targeted through apprenticeships and other schemes and supported to achieve leadership roles in the health and care system.

9.13 Meera Nair noted the strategy would help bring together initiatives such as work with Lewisham and Greenwich NHS trust and Oxleas NHS FT and Springboard to bring people into the workforce, as well as work to expand opportunities for domiciliary care staff for careers in registered professions NHS and social care.

9.14 Dr Ify Okocha noted that the workforce was diverse and so it was important to identify and support areas where there were challenges. There were challenges to

9.15	<p>the ambition to reach a One Workforce, for example different terms and conditions, and different ways of gathering staff feedback, that needed to be overcome as the work developed.</p> <p>Action: Workforce programme to link in to the PELs meeting</p>
10	AOB
10.01	There was no other business
11	Public Questions and Answers
11.01	Written answers to questions that had been submitted in advance of the meeting were noted.
11.02	<i>Comment from member of the public: The work on accessibility for patients was extremely important including avoiding acronyms and abbreviations which had the potential to confuse.</i>
11.03	<i>Comment from member of the public: Patients with hip or knee replacements often needed different chairs, and a variety of chairs in practice waiting rooms should be provided to accommodate different needs.</i>
	Close



NHS South East London Integrated Care Board
ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
ICB 004	19 April 2023	Workforce Programme to Link with Place Executive Leads	to be closed	SEL Workforce team	19-Jul-23	Completed

Integrated Care Board

Item: 3

Enclosure: C

Title:	ICB Annual Accounts and Annual Report 2022/23
Meeting Date:	19 July 2023
Author:	David Maloney, Director of Corporate Finance
Executive Lead:	Mike Fox, Chief Financial Officer Tosca Fairchild, Chief of Staff

Purpose of paper:	The purpose of the paper is to update the Board on the submission of the 2022/23 annual report and accounts for SEL ICB.	Update / Information	X	
		Discussion		
		Decision	X	
Summary of main points:	<p>The annual report and accounts for the period 1 July 2022 to 31 March 2023 have been successfully submitted to NHS England in accordance with the timetable set, having been approved for submission by the ICB audit committee.</p> <p>The audited annual report and accounts were submitted on Friday 30 June 2023, following the issue of an unqualified opinion by the ICBs external auditors.</p> <p>The annual accounts reported achievement of all the ICBs financial duties and targets for 2022/23. The annual report will also be used by NHS England as the principal source of assurance for the ICBs annual assessment.</p> <p>The ICB is required to publish the annual report and accounts on its website by 31 August 2023.</p>			
Potential Conflicts of Interest	No areas of conflict have been identified.			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	x	Southwark	X
	Equality Impact	No equality impact has been identified from the process of publication of the annual report and accounts.		
	Financial Impact	The ICBs financial performance is reported via the annual accounts.		
Other Engagement	Public Engagement	The final annual report and accounts will be published on the ICBs website.		

	Other Committee Discussion/Engagement	Prior to submission the draft and final accounts were scrutinised and approved for submission by the ICB audit committee.
Recommendation:	The Board is asked to note the submission to NHS England of the audited annual report and accounts of the ICB for the period 1 July 2022 to 31 March 2023.	

2022/23 Annual Accounts and Annual Report

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

1. Introduction

- 1.1. The purpose of this paper is to provide an update for the Board on the ICB annual accounts and annual report for the nine months ending 31 March 2023.

2. Submission of Annual Accounts and Annual Report

- 2.1. The final, audited ICB annual accounts and annual report, together with all required supporting documentation was submitted to NHS England in advance of the national deadline of 9am on 30 June 2023.

3. Governance Arrangements (including the external audit) of the Annual Accounts and Annual Report

- 3.1. The annual accounts and annual report were presented to the ICB Audit Committee on 15 June 2023, for approval under delegation from the Board. The ICB's external auditors confirmed at the Audit Committee, that the audit was substantially complete with a small number of items that were still being worked through. On this basis, the Audit Committee approved the annual accounts and annual report.
- 3.2. The ICB has received an unqualified opinion on the annual accounts from its external auditors. Specifically:
 - An unqualified opinion on the financial statements
 - Regularity - the expenditure and income recorded in the financial statements had been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them
 - Nothing to report in respect of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources
- 3.3. There was one unadjusted audit difference in the ICB's annual accounts. The ICB included a provision of £1,787,000 in respect of future redundancy costs arising from the management cost reductions required to be delivered from the start of 2024/25.

- 3.4. Aside from the usual presentational changes agreed with our external auditors, the final audited annual accounts were consistent with the draft accounts submitted at the end of April 2023.

4. Financial Performance of the ICB

- 4.1. The ICB achieved all of its financial duties/targets for the final nine months of 2022/23. These are summarised below:
- An underspend against the overall resource limit of £16,000
 - An underspend against the running cost allowance of £748,000
 - Delivered all targets under the Better Payments Practice Code (BPPC)
 - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard (MHIS)
 - Delivered its year-end cash book position, well within the target cash balance

5. Annual report

- 5.1. The annual report has been produced in accordance with NHS England and Treasury guidance. The contents have been sourced from departments across the ICB in order to reflect the breadth and depth of the collaborative work that has taken place across our six boroughs. The report has also been cross referenced against the 40 Key Lines of Enquiry that NHS England are using to form the basis for the ICB's annual assessment, for which they are using the annual report as the principal source of reference. The report has been reviewed as part of the external audit process with no material matters of concern noted.

6. Conclusion and next steps

- 6.1. The final, audited versions of the annual accounts and annual report are available to view [here](#) and will be published on the ICB's website. The deadline for doing so is 31 August 2023, but there are plans to action this well before this date.

Integrated Care Board

Item 4 Enclosure D

Title:	ICB Staff Anti-Racism Strategy
Meeting Date:	17 July 2023
Author:	Wasia Shahain, Senior Equality, Diversity and Inclusion Manager
Executive Lead:	Tosca Fairchild, Chief of Staff and Equalities SRO

Purpose of paper:	To provide an overview of the new NHS SEL Staff Anti-racism Strategy for Board approval to publish and implement in 2023/24.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>Context</p> <p>In September 2022, the SEL ICB Race Equality Forum heard from the lived experiences of our staff that institutional racism still exists in the NHS.</p> <p>A core purpose of NHS South East London ICB is to improve outcomes and tackle inequalities. To achieve race equality, we must challenge racism experienced by our workforce and become an anti-racist organisation. This will support us to attract and retain the best talent and skill in our organisation. In turn, there will be wider benefits for people and communities in SEL.</p> <p>The Anti-racism Strategy supports delivery of a number of other strategic EDI priorities including the Equality Delivery System 2022 and the Workforce Race Equality Standard.</p> <p>Engagement</p> <p>The Anti-racism strategy framework was presented at the Race Equality Forum in September 2022, with 82 members of staff in attendance. The response was highly supportive of the proposed approach, vision and principles and key themes of the strategy. 95% supported the vision and principles and 90% agreed with the key focus areas.</p> <p>In January 2023, the strategy was shared with the Lambeth Together EDI Group, where it was positively received, with further opportunities to be identified to support collaborative delivery and sharing of good practice across all SEL boroughs.</p> <p>The strategy was presented to the SEL ICS Staff ED&I Committee on 27 February 2023, where it received unanimous support. A number of SEL NHS Trusts are developing anti-racism strategies and are looking to adopt some elements of the SEL ICB framework.</p> <p>The ICB Executive has received and strongly endorsed the Anti-racism strategy.</p>		

	<p>Following the Board seminar meeting on 17 May, a group of Board members was convened to share feedback on the strategy. All feedback has been incorporated into the strategy or addressed through other related processes (WRES reporting etc.).</p> <p>Additional input and scrutiny has been provided by the ICB Equalities Sub-Committee.</p> <p>Approach</p> <p>The ICB Staff Anti-racism Strategy details why we need an anti-racism strategy and describes how we will build anti-racism into our culture, policies and processes by embedding anti-racism enablers and commitments across the employee lifecycle.</p> <p>The strategy commitments for 2022/23 have been identified from existing actions and have been largely implemented, with longer term actions rolled over into 2023/24. Commitments for 2023/24 have been finalised and all current actions incorporated into the refreshed ICB Equality Delivery Plan (EDP).</p> <p>Conclusion and next steps</p> <p>There is significant support and enthusiasm for an anti-racism strategy across the organisation and system. This strategy is designed with the intention of developing a broader equalities approach covering all protected characteristics in due course.</p>			
Potential Conflicts of Interest	None			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
Equality Impact	<p>Development of an anti-racism strategy supports the organisation to meet statutory duties under the Equality Act 2010.</p> <p>The strategy is workforce-facing and will have a positive impact on improving race equality as experienced by our staff.</p> <p>The strategy is not designed to have a direct impact on racial health inequalities for our population but will support the organisation to meet its core purpose, providing a secondary benefit for our people and communities.</p>			
	Financial Impact	<p>Strategy is designed to be implemented within existing resource so working assumption is no material impact. Resource implications will be assessed in more detail for delivery of 23/24 commitments.</p>		
Other Engagement	Public Engagement	None – the strategy is a workforce-facing strategy		
	Other Committee Discussion/ Engagement	<p>Race Equality Forum, 21 September 2022</p> <p>Equalities Sub-Committee, 6 October 2022</p> <p>Equalities Sub-Committee, 4 January 2023</p>		

	<p>Lambeth Together – EDI group, 14 January 2023 ICB Executive, 1 February 2023 SEL ICS Staff ED&I Committee, 27 February 2023 Board seminar – 17 May 2023 Meeting with Board members – 30 June 2023</p>
<p>Recommendation:</p>	<p>The Board is requested to:</p> <ul style="list-style-type: none"> - Approve the new ICB Staff Anti-racism Strategy. - Support the implementation of strategy commitments for 2023/24.

SEL ICB Staff anti-racism strategy 2023/24

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

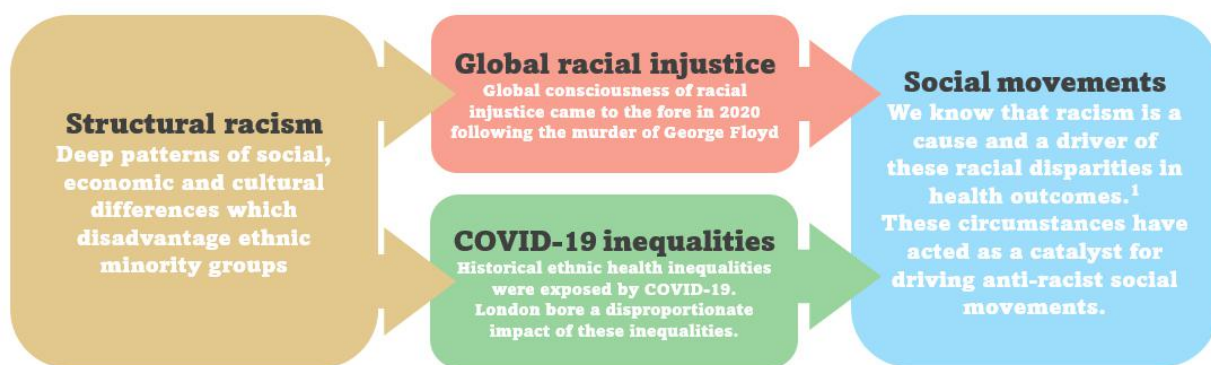
1. Purpose

- 1.1. The purpose of this paper is to provide the Board with an update on the development of a staff anti-racism strategy for the ICB, and to seek Board approval for implementation.
- 1.2. This strategy has been previously discussed with Board members. It is a strategy with an explicit focus upon our (ICB) workforce, which has been prioritised as a new statutory body within the system. The ICB leads and convenes our system and so our ambitions stretch beyond this important but immediate focus. The ICB will be working through its ICS People Board to develop and bring back a system wide approach in this critical area that seeks to set a standard across all staff engaged by the system, whilst acknowledging that our partners have current approaches that will have been developed over time for their organisational needs.
- 1.3. Board members have also been clear that these issues must be a focus of our attention in our wider work and objectives and the ICB will be developing its approach to that much broader agenda relating to the health and care services and approaches our residents.
- 1.4. Race is one of nine protected characteristics covered by the Equality Act 2010. Racial inequity has a significant impact on people's health, wellbeing, and wider life chances.
- 1.5. Furthermore, this strategy forms part of a broader ambition of the ICB to develop an overarching workforce anti-discrimination strategy covering all the protected characteristics, with a focus on intersectionality.
- 1.6. It is in this context that the strategy outlined here is proposed to the Board.

2. Social and organisational context

Moving towards anti-racism

- 2.1. Global events in the last few years have highlighted the longstanding issue of structural racism. Increased awareness of discrimination through these lenses have catalysed anti-racist social movements.



Source: *Racism, xenophobia, discrimination, and the determination of health - The Lancet*

Staff profile by ethnicity

2.2. In our ICB, 41.5% of the workforce is from an ethnic minority background.

May 2023	VSM / B9	Bands 7-8D	Bands 2-6	% SEL Pop.
White	81%	60%	42%	60.2%
Asian	9%	17%	20%	9.5%
Black	10%	19%	31%	19.5%
Mixed / Other	0%	4%	7%	10.8%

Representation
Over by 20%
Over by 10%
Under by 10%
Under by 20%

Table 1: Heat map showing ethnic staff representation by band and comparison with local SEL population

2.3. In Bands 9 and VSM, White staff are significantly over-represented in the most senior and Executive bands. Black and Mixed / Other groups are significantly under-represented. Bands 7-8D highlights under-representation for Mixed / Other groups, with over-representation of Asian staff. In Bands 2-6, the ICB is significantly over-representative of Black and Asian staff groups, while White staff groups are under-represented at these bands.

2.4. As an anti-racist organisation, we are actively looking to attain equitable representation across all bands.

Current position

2.5. The ICB has already made the following commitments to deliver:

- **Our Workforce Race Equality Standard (WRES)** – where we know there are some areas requiring improvement and we want to accelerate our progress.
- **An ICB anti-discrimination strategy** – race is one of nine protected characteristics we will deliver on.

- **The People Plan and People Promise** – we have committed to being a compassionate and inclusive employer.
- **The NHS London Workforce Race Strategy and Workforce Race Strategy in Primary Care.**
- **A Strategic Approach to Anti-Racism in London Health and Care Systems** – Anti-racism statement from the ICB CEOs and Chairs.
- **The NHS Workforce EDI Improvement Plan** – addressing six High Impact Actions.

3. Developing the ICB anti-racism strategy

Why have an anti-racism strategy?

- The lived experiences of our people shows that racism still exists
- To educate on racism so that it can be addressed
- So that we – as an organisation – are able to reflect the needs and views of our diverse community
- To attract and retain the best talent and skill in our organisation
- To mitigate the impact of racism on personal health and wellbeing
- To give our people the freedom to express views without fear of adverse repercussion
- To demonstrate our vision, values and standards in this area
- To make anti-racism everybody's responsibility and business
- Embracing diversity makes us more productive and innovative in the workplace¹

Sources: Race Equality Forum, SEL ICB, staff engagement feedback, September 2022; ¹McKinsey 2015, 2018, 2020, Harvard Business Review 2018, Wall Street Journal 2020, World Economic Forum 2022

What is the ICB's vision?

NHS South East London Integrated Care Board will be locally and nationally recognised as an anti-racist organisation, challenging racism and promoting race equality as an employer, and as system leaders in South East London Integrated Care System, creating wider positive impacts for people and communities

Vision as agreed at ICB Race Equality Forum, October 2022 and Equalities Sub-Committee, January 2023

Principles

- Our anti-racism strategy is one pillar of our wider anti-discrimination strategy (covering the nine protected characteristics).
- We will take a proactive approach to ensuring that everyone sees anti-racism as their responsibility and is enabled to actively minimise and challenge racism – being actively anti-racist rather than simply 'non-racist'.

- We will build anti-racism into the culture, policies and processes of South East London Integrated Care Board by embedding anti-racism enablers and actions across the employee lifecycle.
- We will ensure ongoing engagement with our people and networks to ensure that our strategy is socialised, co-developed, implemented and measured.
- We will ensure the actions we set out within our strategy are evidence based and outcomes-focused.
- We will devise a set of success measures that are specific, measurable, achievable, relevant, and time-bound (SMART).
- This strategy is a living document which will be updated to reflect new evidence and solutions.

Scope

- 3.1. Our strategy is a workforce-facing strategy – although we recognise that many of our staff are members of the south east London community.
- 3.2. Our strategy does not directly tackle health inequalities – although we recognise there will be wider benefits which may well support work to address racial inequalities in health and healthcare (as identified in the Guardian report: “Racism poses public health threat to millions worldwide”).

Timeline

- 3.3. The strategy will cover a period of two years and will be reviewed annually.

4. Delivering this strategy

How the ICB will create change

- 4.1. In order to become anti-racist as an organisation, we must acknowledge and accept some core ideas at an individual level:

We must acknowledge that institutional racism exists in society, and therefore in the NHS, and learn to sit with this discomfort – we will be open to experiences that challenge our views of racism and inequity; this is our “growth” zone, and a personal journey for us all (*see next slide: anti-racism roadmap*)

Race equality allies are critical to changing the conversation and we need more to understand their role and responsibilities to “do the work” on a personal level regarding anti-racism¹

Ethnic minority lived experience – we appreciate and value these perspectives, and will not add to the burden for those who have faced racism and discrimination.

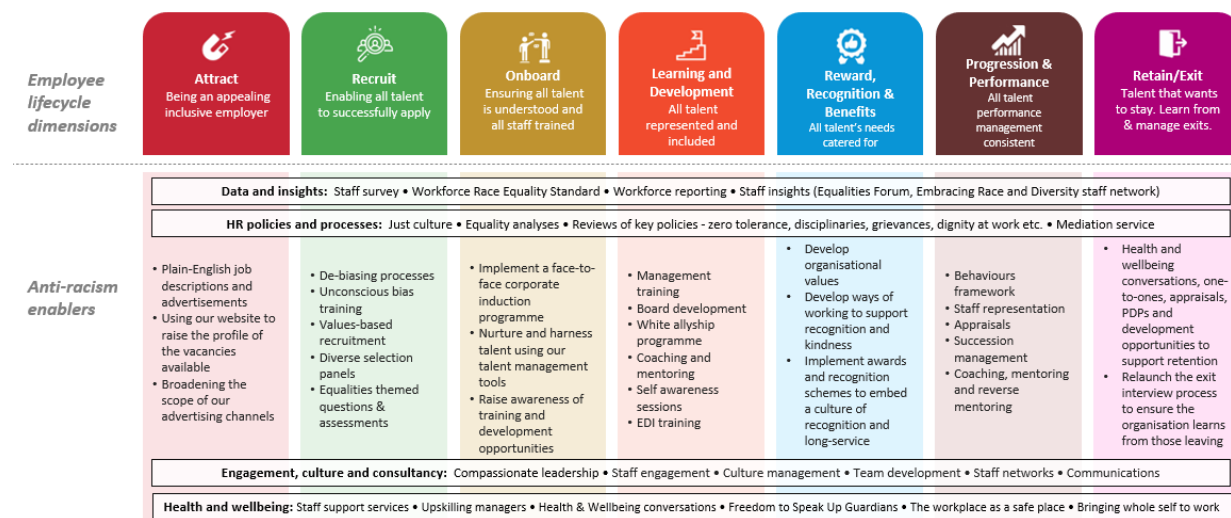
Ethnic minority staff are not flawed and do not need to be ‘fixed’, rather we need to look at how intrinsic biases in processes and systems could discriminate²

Source: ¹NHS London Workforce Race Strategy 2020

1

Delivery overview

- 4.2. In practical terms, this strategy will be delivered by building anti-racism into our culture, policies and processes by embedding anti-racism enablers and actions across the employee lifecycle.
- 4.3. This is represented in the diagram below. A detailed proposal of the delivery plan is included in appendix A of this report.



Success measures

- 4.4. It is proposed that our success is measured using the following criteria:

Success measures	What will we use to measure?	How often will we measure?	
1	The Board's commitment to anti-racism will be evidenced through 360 feedback	Set out criteria demonstrating EDI commitment Review of 360 feedback	Annual
2	Staff survey responses will show parity for career progression	NHS National Staff Survey	Annual
3	Staff survey responses will show parity for bullying and harassment	NHS National Staff Survey	Annual
4	We will achieve national recognition as an anti-racist organisation	Benchmarking tool to be determined	Annual
5	Updates to the Board to track progress and impact of the strategy	Equality Delivery Plan (EDP) updates	Bi-annually

5. Conclusion




5.1. The Board is requested to:




- Approve the new ICB Staff Anti-racism Strategy
- Support the implementation of strategy commitments for 2023/24.

The beauty of anti-racism is that you don't have to pretend to be free of racism to be an anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it's the only way forward.

- Ijeoma Oluo, writer and activist




Our commitments to delivery – 2022/23








Commitment & impact on anti-racism	Employee lifecycle dimension (where applies)	Links to objectives
We ensure equality analysis is undertaken on all documents and projects. This ensures considerations regarding protected characteristics, including race and ethnicity, are considered and addressed in all activities.	Multiple dimensions	<ul style="list-style-type: none"> • SEL Corporate objectives
We report regularly on the demographics of new appointments and communicate on changes within staff/data around protected characteristics including race. This ensures transparency and accountability around our ethnicity data.	Multiple dimensions	
We explore ways to promote intersectionality through our EDI activities. This enables us to encourage our workforce to bring their ‘whole self’ to work.	Retain 	<ul style="list-style-type: none"> • People Plan
We improve data disclosure in terms of staff information. Understanding our workforce by ethnicity to help us define experiences and any differences between groups. It also enables us to be clear on areas of challenge and priority.	Multiple dimensions	<ul style="list-style-type: none"> • SEL Corporate objectives • People Plan • WRES • London Race Equality Strategy
We raise awareness of Freedom to Speak Up Guardians and how to approach them. This provides a channel for our ethnic minority staff to raise concerns.	Multiple dimensions	
We implement a monthly staff run/led Embracing Race and Diversity staff network and Equality Forum, which is open for all to attend. These create safe spaces for ethnic minority staff and allies to discuss issues affecting them and promotes cross-racial dialogue.	Learning & Development 	
We ensure that equality, diversity and inclusion is discussed as part of the health and wellbeing conversations within the appraisal process. This ensures that health and wellbeing needs arising for ethnic minority staff are raised and handled.	Retain 	

<p>We offer mentoring, awareness sessions (on topics including race and ethnicity), confidence and resilience training to our staff, and providing training sessions for leaders within the organisation. We have also launched an anti-racism programme in partnership with <i>brap</i>. These ensure our workforce is educated and informed on race and racism and – with an OD plan that has been developed using the result of our staff surveys - develops the competencies to support ethnic minority colleagues.</p>	<p>Learning & Development</p> 	
<p>We ensure all members of the ICB champion and prioritise considerations of equality, diversity and inclusion and ensure progress is made within the organisation. This enables our compliance with statutory objectives and allows us to assess the impact of the actions we take on EDI broadly, and race specifically.</p>	<p>Multiple dimensions</p>	<ul style="list-style-type: none"> • SEL Corporate objectives • People Plan • WRES
<p>We demonstrate our commitment to being a representative and inclusive employer by ensuring our recruitment processes are inclusive by adapting our vacancy adverts to attract under-represented groups, ensuring that our interview panels have meaningful diversity and have undertaken unconscious bias training, and by requiring all panels to ask EDI and dignity and respect at work questions at interviews.</p>	<p>Attract & Recruit</p> 	
<p>We have a buddying system between different groups and ethnicities in the ICB Board and we review our staff survey results to ensure better employee feedback and to understand what actions we need to implement. This supports our commitment to being a representative and inclusive employer.</p>	<p>Learning & Development</p> 	<ul style="list-style-type: none"> • People Plan • WRES • London Race Equality Strategy
<p>We have a process to effectively manage and record informal and formal disciplinaries, including establishing robust decision-tree checklists for managers, post-action audits on disciplinary decisions, and pre-formal action checks. This facilitates de-biasing of the disciplinary process to ensure it is fair and inclusive.</p>	<p>Multiple dimensions</p>	
<p>We ensure that we have appropriate and relevant expertise to support anti-racism culture change by periodically reviewing our equalities subject matter expertise and – where appropriate - securing additional professional support to work with inequalities leaders to advise on impactful approaches.</p>	<p>Multiple dimensions</p>	

Our commitments to delivery – 2023/24

These are our priorities for 2023/24, and will exist as a set of commitments additional to those being delivered in 2022/23

Commitment & impact on anti-racism	Employee lifecycle dimension (where applies)	Links to objectives
We will ensure that recruiting managers are familiar with legal requirements and practices in relation to protected characteristics, including race, in recruitment. This will develop fairer and more inclusive recruitment practices; benefitting a more diverse applicant pool.	Attract & Recruit 	<ul style="list-style-type: none"> SEL Corporate objectives People Plan WRES London Race Equality Strategy
We will develop upcoming leaders of the future and ensure equality and inclusion is a key competence of all leaders – linked to our organisational values and ways of working. This ensures that EDI competencies are developed in all future leaders so that they are embedded in our values and culture.	Progression & Performance 	
We will update our HR policies to reflect issues such as micro-aggressions and weathering (<i>the health deterioration of black and minority ethnic people due to mental and physical stressors caused by repeated racism</i>). This will ensure that core anti-racism concepts are embedded in HR policy and processes.	Multiple dimensions	<ul style="list-style-type: none"> People Plan WRES London Race Equality Strategy
We will review and de-bias our processes across the employee lifecycle culture (incl. recruitment, induction, disciplinaries and capability) to ensure they are inclusive and reflective of just culture. This will move us away from ‘blame culture’, developing organisational accountability and promoting cultural change.	All dimensions	
We will promote educational resources that help people understand racism and its emotional, mental and physical impact. This will ensure our workforce is educated and informed on race and racism and develops the competencies to support ethnic minority colleagues and address health inequalities.	Learning & Development 	
We will offer coaching and mentoring to colleagues, particularly from protected and/or under-represented groups. This will ensure we are supporting ethnic minority colleagues to reach their full potential.	Progression & Performance	

		
We will create psychologically safe environments in order to build trust and to support our colleagues to speak up when they experience or witness racism and take swift action. This will create a culture of openness and accountability.	All dimensions	
We will evaluate our anti-racism programme delivered in 2022/23 to inform further training opportunities. This will ensure our workforce is educated and informed on race and racism and develops the competencies to support ethnic minority colleagues.	Learning & Development 	
We will develop and promote a set of organisational values, ways of working and behaviours. This will establish standards which align with our commitment to being an anti-racist organisation.	Reward & Recognition 	<ul style="list-style-type: none"> • SEL Corporate objectives • People Plan
We will relaunch the exit interview process to ensure the organisation learns from those who are leaving. This will allow us further opportunities to engage and learn from staff experiences.	Retain 	
Where we identify new requirements or emerging themes, we will arrange ad-hoc focus groups to properly understand the experiences of black and minority ethnic staff. This will help us build intelligence about the specific experiences of our ethnic minority staff.	Learning & Development 	<ul style="list-style-type: none"> • People Plan • WRES
We will include a personal objective relating to EDI in staff appraisals (which may include, but is not limited to, addressing race inequalities). This will ensure that our people make a personal and ongoing commitment to EDI.	Retain 	<ul style="list-style-type: none"> • People Plan
We will develop an improvement plan to eliminate ethnicity pay gaps to ensure pay equity across the organisation.	Progression & Performance 	<ul style="list-style-type: none"> • All Commitments aligned with NHS EDI Improvement Plan

Integrated Care Board

Item: 5

Enclosure: E

Title:	Proposed Governance Changes
Meeting Date:	19 July 2023
Author:	Theresa Osborne, Director of System Reform
Executive Lead:	Tosca Fairchild, Chief of Staff

Purpose of paper:	The purpose of the paper is to seek the Boards APPROVAL for the proposed governance changes detailed in the attached paper.	Update / Information	X
		Discussion	
		Decision	X
Summary of main points:	<p>Following a review of the ICBs governance arrangements and feedback from Board and committee members, the Board is asked to consider the following amendments to the ICBs current governance arrangements:</p> <ul style="list-style-type: none"> • Creation of a formal Executive Committee (“ExCo”) reporting to the Board to manage the operational activity of the ICB (replacing the current ICB Executive) • Creation of a Policy Review Group reporting to ExCo for policy review and recommendation to ExCo for approval • Change to the approval of small responsibility allowances from the Remuneration Committee to ExCo and the addition of the ability for members to approve remotely • Change in frequency of Board meetings held in public to four times per year • Change in frequency of the Planning & Finance Committee and Quality & Performance Committee to quarterly <p>Consequently it will be necessary to amend a number of associated documents, such as the terms of reference of these committees and the scheme of reservation and delegation to reflect these changes. However, the Board is asked to note that none of the proposed changes will require an update to the ICBs Constitution or subsequent external moderation or approval once Board approval has been granted.</p>		
Potential Conflicts of Interest	Where conflicts have been identified as part of these discussions, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy.		

Relevant to the following Boroughs	Bexley	X	Bromley	
	Greenwich	X	Lambeth	
	Lewisham	x	Southwark	
	Equality Impact	No equality impacts identified.		
	Financial Impact	No financial impact is envisaged from these proposals.		
Other Engagement	Public Engagement	This paper is being presented to a Board meeting held in public for the purposes of transparency.		
	Other Committee Discussion/Engagement	Feedback was obtained from all Board committees as part of the initial review process.		
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • APPROVE the proposed changes and the amendments to the associated governance documents. 			

Proposed changes to ICB governance arrangements July 2023

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

1. Introduction

1.1 The purpose of this paper is to summarise the proposed changes to the ICB's current governance structure in order to deliver the practical changes that will support the current governance review and its findings to date. Specifically it seeks to:

- Create more space in committee agendas to deal with strategic issues
- Re-evaluate the current levels of delegation to 'in scope' committees that exist to enable the organisation to conduct its business in an efficient way that retains good governance
- Review regularity of meetings to make best use of the ICB's executive and Non-Executive team's time
- Reduce unnecessary duplication

1.2 These proposals are detailed below for consideration by the Board with the intention to fully implement them from August 2023, or as soon as practically possible afterwards. The Board is asked to note that no changes to the Constitution will be required as a result of these changes and therefore no further external approval will be required once the Board has approved the proposals.

1.3 There may be further changes to other parts of the governance structure in future as the organisation seeks to optimise its approach in this area. Local Care Partnership (LCP) committees are 'out of scope' and proposals do not make changes to their delegation.

1.4 The Board is specifically asked to:

- APPROVE in principle the changes proposed
- APPROVE the new or revised terms of reference for its direct report committees, as detailed in section 5 below.

2. Proposed changes to committees

2.1 Changes in this area can be summarised as:

- Creation of a formal Executive Committee ("ExCo") reporting to the Board to manage the operational activity of the ICB (replacing the current ICB Executive) (**appendix A**)

- Creation of a Policy Review Group reporting to ExCo for policy review and recommendation to ExCo for approval (**appendix B**)
- Change to the approval of small responsibility allowances from the Remuneration Committee to ExCo and the addition of the ability for members to approve remotely (**appendix C**)
- Change in frequency of Board meetings held in public to four times per year
- Change in frequency of the Planning & Finance Committee (**appendix D**) and Quality & Performance Committee (**appendix E**) to quarterly and to align with the Board meetings held in public.

2.2 It should be noted that this proposal is not expected to impact the Terms of Reference for any of the other Committees of the Board. Likewise, no changes are required to the ICB's constitution or standing financial instructions.

2.3 Relevant changes have been made to:

- the **functions and decisions map (appendix F)** to add the Executive Committee
- the **scheme of reservation and delegation (appendix G)**. Specifically the following areas have been changed / added:
 - Approve detailed financial policies delegated to the Executive Committee (previously delegated in schedule of matters to the Audit Committee but now included in AC terms of reference, included in Planning & Finance TOR)
 - Approval of responsibility allowances payable to employees in Agenda for Change bands 2-7 which are less than £2,500 p.a. delegated to the Executive Committee
 - Approve human resources policies for employees and for other persons working on behalf of the ICB delegated to the Executive Committee (previously Planning & Finance Committee)
 - Approve quality and safety policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes delegated to the Executive Committee (previously Quality & Performance)
 - Approval of the ICB's risk management arrangements moved from Planning & Finance Committee to Audit Committee in line with the current terms of reference for the Audit Committee
 - Approve proposals for action on litigation and claims handling against or on behalf of the ICB moved from Planning & Finance Committee to Executive Committee
 - Approval of the ICB's arrangements for business continuity and emergency planning moved from Planning & Finance Committee to Executive Committee
 - Development of the ICB's Operational plans delegated to the Executive Committee
 - Authority for the Executive Committee to make decisions relating to operational matters, within the financial limits specified in the Schedule of Matters Delegated to Officers, where not explicitly delegated elsewhere or defined elsewhere in the Schedule of Matters

- Approval of Information Governance Policies delegated to the Executive Committee
- the **schedule of matters delegated to officers** (Appendix H) to reflect the approval limited for the Executive Committee referenced in this paper.

Executive Committee

- 2.4 Appendix A of this paper includes a proposed terms of reference for the Executive Committee.
- 2.5 Information to highlight from the terms of reference are:
- Decision making authority - the Committee will be expected to reach a consensus decision on matters which can be approved on behalf of the Board under its delegated authority, as shown in the Scheme of Reservation & Delegation, and within financial limits as detailed in the Schedule of Matters Delegated to Officers
 - Frequency – the Committee will meet fortnightly
 - Membership to comprise that of the current executive team meetings, with the addition of an acute trust representative and a minimum of one provider Chief Finance Officer at meetings where financial matters are discussed. In the event that no members on the executive hold a substantive position in a mental health provider, it is proposed that a mental health trust representative is also invited as a member.

Board Meetings

- 2.6 Board meetings held in public will take place four times in the calendar year. Where required, a part 2 meeting can be held in these months, after the meeting held in public, to enable the Board to discuss a matter in private if considered necessary to do so.
- 2.7 In the intervening months, with the exception of August and December when no meetings will take place, Board members will have the opportunity to convene together at Board operational meetings, which are not intended to exercise the Board's public functions but are considered critical for the Board's effective operation and where members attendance will be expected. Should an urgent matter arise, that cannot wait until the next Board meeting held in public, it can be discussed at these meetings with outcomes reported at the next Board meeting held in public.
- 2.8 A forward looking workplan for agendas for Board meetings held in public will be developed and presented to the Board for consideration, reflecting the shift of emphasis for the Board from review of information to receipt of assurance from its committees.

Impact on Quality & Performance Committee (QPC) and Planning & Finance Committee (PFC)

- 2.9 Impact on QPC and PFC is anticipated to be twofold at a high level:
- A change in frequency of meetings from monthly to quarterly, to align with the Board meetings held in public

- A shift in emphasis in some areas from receipt of detailed information/ decision to assurance from ExCo
- 2.10 In terms of the shift of role from QPC/PFC to ExCo, it is proposed that the following areas of responsibility in the terms of reference move to ExCo:
- **Approval of all policies and procedures (with the exception of detailed financial procedures which are delegated to the Audit Committee)** (with creation of a Policy Review Group to review policy detail and recommend approval to ExCo)
 - **Detailed review of performance** – with escalation by exception to QPC/ PFC
 - **Detailed review of risk registers** – with escalation by exception to QPC/ PFC
 - **Development of operational plans** – with assurance report to PFC
 - **Monitoring of delivery against financial and operational plans, and approval of corrective action as needed** – with assurance report to QPC/ PFC quarterly
- 2.11 In addition, where duties to “scrutinise” areas of subject expertise sit with QPC, it is proposed that the detailed scrutiny role is delegated to the subject matter expert sub-committees: Medicines Optimisation, IPC, Safeguarding, with an assurance report provided to QPC each quarter.

3. Delegated limits/ impact on schedule of matters delegated to officers

3.1 Financial limits proposed for decisions made in ExCo by consensus are:

- £10m Capital expenditure
- £5m revenue expenditure per annum (maximum £25m cumulative)

Please Note: As part of normal business processes, the financial limits delegated to officers in the schedule of matters will be reviewed and adjusted as appropriate in the context of the above proposal.

4. Next steps

- 4.1 Following Board approval the ICB’s Governance Handbook will be amended to reflect the changes and published on the ICS website.
- 4.2 Changes will be made to the corporate calendar and new invites sent to members for the revised Board and committee meeting dates.
- 4.3 Revised sub-committee terms of reference will be approved by the relevant committee to which it reports.
- 4.4 The Policy for Policies will be amended and approved by the Executive Committee following approval of these arrangements

5. The Board is asked to:

- APPROVE the proposed amendment to regularity of the Board, Planning & Finance, and Quality & Performance Committees
- APPROVE the revised terms of reference for the Planning & Finance Committee
- APPROVE the revised terms of reference for the Quality & Performance Committee
- APPROVE the revised terms of reference for the Remuneration Committee to reflect the change to approval limits
- APPROVE the creation of an Executive Committee and its proposed terms of reference
- APPROVE the proposed amendments to the Schedule of Matters Delegated to Officers
- APPROVE the proposed amendments to the Scheme of Delegation and Reservation
- NOTE the proposed creation of a Policy Review Group to support the Executive Committee in its work

Attachments

- [Appendix A – new terms of reference for the Executive Committee \(Exco\)](#)
- [Appendix B – new terms of reference for Policy Review Group](#)
- [Appendix C – amended terms of reference for the Remuneration Committee](#)
- [Appendix D - amended terms of reference for the Planning & Finance Committee](#)
- [Appendix E - amended terms of reference for the Quality & Performance Committee](#)
- [Appendix F - amended functions and decisions map](#)
- [Appendix G - amended scheme of reservation and delegation](#)
- [Appendix H – amended schedule of matters delegated to officers](#)

Integrated Care Board

Item 6 Enclosure F

Title:	IT and Data System Resilience in South East London
Meeting Date:	19 July 2023
Author:	Philippa Kirkpatrick, CDIO
Executive Lead:	Dr Jonty Heaversedge Joint Medical Director

Purpose of paper:	To:	Update / Information	
	1. provide advice about the work underway to understand the and improve the security of digital infrastructure and systems across South-East London; and	Discussion	Y
	2. seek approval from the Board to engage in training.	Decision	Y
Summary of main points:	<ul style="list-style-type: none"> Care of people in our community increasingly relies on digital tools to ensure information is available at the point of care to support clinical decision-making. As an ICS it is important that we continually improve on our ability to protect against threats to the resilience of our systems and respond to incidents that may occur. The Board approved the inclusion of a priority in the 2023/24 Digital Delivery Plan to Ensure System Resilience and Cyber Security. Two activities are proposed as to be progressed immediately: <ul style="list-style-type: none"> Assess the maturity of existing systems and processes to inform the development of a risk-based plan for remediation The ICB has allocated funding for this. Collaborative work with partners is underway to agree the Statement of Requirements and it is expected a report will be delivered by end 2023. Recommendations from this report will likely require prioritisation and resourcing and will be brought to the Board for consideration. Board members to participate in cyber security training The National Cyber Security Centre states that boards are responsible for ensuring that risks to delivering the strategy are identified, evaluated, and mitigated in line with the business risk appetite. This paper seeks approval from Board members to commit to additional training to discharge their responsibilities appropriately. 		
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	None		
	Financial Impact	The ICB has already allocated £240,000 for the cyber and infrastructure assessments. Funding would need to be allocated to cover the Board training.		
Other Engagement	Public Engagement	Nil		
	Other Committee Discussion/Engagement	This has been discussed at the Interim Digital Governance Group.		
Recommendation:	<p>That the ICB:</p> <ol style="list-style-type: none"> 1. Agree to identify organisational leads to participate in the infrastructure maturity and cyber assessment review. 2. Note that following the assessment, members will be asked to agree responses to the recommendations that target the areas of greatest risk and harm. 3. Agree that the identified organisational leads will create a community of practice to share best practice and identify opportunities to work together to improve resilience and cyber protection effectively. 4. Agree that Board members will participate in cyber security training. 			

IT and Data System Resilience in South East London

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

1. Background

- 1.1. The health and care sector is complex, with many different organisations partnering in providing health and care to people in our community.
- 1.2. Care of people in our community increasingly relies on digital tools to ensure information is available at the point of care to support clinical decision-making.
- 1.3. In South East London, two incidents occurred in 2022 which affected the ability of care provision – the OneAdvanced cyber-attack affecting Guys and St Thomas NHS Foundation Trust (GSTT) from 4 August 2022, and South London and Maudsley NHS Foundation Trust (SLaM), and the data centre outage at GSTT from 19 July 2022.
- 1.4. As an Integrated Care System (ICS), South east London (SEL) has the opportunity and responsibility to consider recommendations from experts nationally, learn from our experiences and share expertise across our system to ensure public trust by taking appropriate steps to reduce the cyber security risk to health and social care organisations and to have plans in place to enable response and recovery to cyber and other incidents affecting our digital and data infrastructure.
- 1.5. The NHS has National Data Guardian for health and social care Data Security Standards which include requirements for organisations to have in place a strategy for protecting IT systems from cyber-attacks.
- 1.6. On 22 March 2023, the Department of Health and Social Care (DHSC) published a 'A cyber resilient health and adult social care system in England: cyber security strategy to 2030' (the Cyber Security Strategy). This strategy sets out an approach to cyber security intended to apply across health and social care systems. The Cyber Security Strategy outlines the different roles each part of the system has to play, as follows:
 - health and social care organisations remain responsible for their own cyber security
 - national cyber security teams are responsible for setting direction and providing central support
 - following the statutory launch of integrated care systems (ICSs) on 1 July 2022, ICSs are responsible for bolstering the cyber resilience across their area (See **appendix B** for the listed ICS responsibilities).

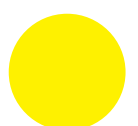
2. Purpose

2.1. The purpose of this paper is to:

- provide an overview of the collaborative engagement that was undertaken to learn from the 2022 incidents; and
- provide advice about the planned work to understand and improve the security and resilience of our IT data systems across (SEL) and an assessment of our ability to respond.

3. Proposed approach to improve our cyber security and resilience

- 3.1. It is important to develop an understanding of the strengths and weaknesses across the ICS, though undertaking a maturity assessment. This has been undertaken by some other ICSs, particularly in the London region. This proposal was borne of a consultation across the region, to learn from the 2022 incidents as well as others across the country. The consultation and consideration is outlined at **appendix A**.
- 3.2. It is proposed that the assessments will cover healthcare infrastructure and the associated technology capabilities, the protections in place in relation to cyber and other resilience and the maturity of the service with regard to response and recovery.
- 3.3. To ensure this review covers all risks across the system, it is important that each partner in the ICS allocates a lead that will be responsible for providing information for their organisation.
- 3.4. It is proposed that the review will occur between August and December 2023, with a report and recommendations ready in early 2024 which can inform resource planning for the future.
- 3.5. It is proposed that the Digital Governance Group (currently Interim) be responsible for agreeing the Statement of Requirements for this review and for communicating the lead for each partner organisation.
- 3.6. The findings of this review will enable the Board to meet the recommendations outlined in the Cyber Strategy, firstly focussed on a plan to mitigate against the greatest risks and harms. This, along with the national implementation plan, will inform future priorities so that as an ICS we can continue to deliver improvements to the security and resilience of our system.
- 3.7. In addition, it is proposed that members of this Board participate in a development session in addition to existing cyber security training that focusses on how Board members are able to govern cyber risk more effectively.



4. Appendix A: Developing the proposed approach for SEL

4.1. To develop the priorities proposed in this paper, SEL has come together as a system to discuss our approach to cyber and resilience and to identify what should be done to best allow the region to continue to deliver improvements to cyber security and system resilience, as follows:

- Considered the findings and recommendations of the July 2022 GSTT incident that resulted in disruption to the Trust and wider ICS ([IT-critical-incident-review.pdf](#) ([guysandstthomas.nhs.uk](#)). To this end, all partners have come together as a system to ensure we have understood and applied learning from this incident.
- Reviewed any learning from other systems
- Sought input from the digital leadership across our system partners in SEL
- Reviewed national guidance to understanding existing/emerging regulatory requirements
- Held an ICB board workshop about resilience on 14 April 2023.

What do other systems do?

4.2. A review across London region ICSs has revealed a range of approaches to understanding and assuring IT and data resilience:

- One ICS has conducted an infrastructure assessment (called the Healthcare Information and Management Systems Society (HIMSS) Infrastructure Adoption Model (INFRAM) review) across all providers, while another is about to embark on the same for both infrastructure and cyber – using external independent assessors, funded by the ICB. This infrastructure assessment can identify areas of vulnerability in relation to the technical architecture and cyber security within digital healthcare infrastructure.
- Another ICS relies on individual providers to conduct their own assessments, with no specified or consistent method/approach recommended, and another currently has no clear system in place to support collective assessment and assurance of digital infrastructure.
- Several ICSs in England have Programme Management Offices which have oversight of system-wide programmes and a view into organisation-specific programmes. This includes the practice of alerting others to significant events or programme changes within organisations that could have wider implications.
- In some ICSs, system partners choose to collaborate on cyber and resilience to work to a common agreed standard and procure or employ central resource to drive efficiencies and improve performance.

Outputs from SEL Digital Leadership discussion

4.3. A discussion was held with SEL ICS digital leadership community, consisting of CIOs and CCIOs from our provider organisations, and ICS leads from finance, commercial and Information Governance. Comments included:

- there were several suggestions about steps providers could take individually to develop their own resilience, including:
 - transitioning data to cloud – though it was noted that there may be cloud-specific resilience risks which will also require mitigation and contingency planning, and it

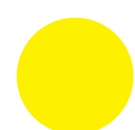


was noted that a move to cloud could be very costly, and that funding may not be available for this.

- routinely testing resilience, potentially by arranging external audits.
- attention to be given to business continuity arrangements for data, at least to ensure that safe urgent and emergency care can continue to be provided. This could be within organisations themselves, between organisations (e.g., mutual aid/partnering support) and/or at a system level e.g., opportunities to utilise local server capacity at partner organisations as 'backup' to ensure access to basic data available in case of loss on one individual provider.
- potential to support each other through peer review.
- potential to develop a South-East London 'playbook' that describes key principles and processes to enhance individual and collective resilience. This could be developed to include minimum baseline operational expectations across the system, and/or standardised elements of our technical stack, data standards and/or user experience. It should be noted that would require resource and collaborative working to develop.

Outputs from board leadership workshop on 14 April 2023

- 4.4. Board sentiment was that cyber-attacks are inevitable and that organisations should be well prepared to protect against these as well as having strong recovery plans in place.
- 4.5. Board members felt that it would be helpful to build knowledge and understanding for themselves and system leaders of the risks and SEL specific maturity levels.
- 4.6. It was noted that clinical practice is now heavily dependent on information technology and data and there is an increased interdependence of infrastructure across our system. During outages, there was a variation in confidence in conducting clinical practice without the support of information technology and data. It was clear as a system that we need to recognise and acknowledge the inevitable impact on all partners, including in primary and community care.
- 4.7. Consideration to include local authority partners in system resilience and readiness was suggested (subsequent discussions with local authority leads have indicated that there may be some strengths in this area which could be shared).



5. Appendix B: Cyber responsibilities of ICBs and ICSs

5.1. The Cyber Strategy states that:

Different parts of the system have different roles to play in cyber security:

- *health and social care organisations remain responsible for their own cyber security*
- *national cyber security teams are responsible for setting direction and providing central support*
- *following the statutory launch of integrated care systems (ICSs) on 1 July 2022, ICSs are responsible for bolstering the cyber resilience across their area*

These responsibilities extend to the social care sector, where investment is being made to build cyber resilience, and to suppliers across health and social care.

5.2. It also outlines the following responsibilities of ICSs:

1. Focus on the greatest risks and harms – ICSs will:

- identify and record risks within their ICS, including supplier cyber risks, which would affect the local system's ability to function.
- engage with a plan at ICS level to mitigate risks, invest and review progress.
- ensure cyber risk is reviewed as part of broader corporate risk management.
- ensure providers maintain an understanding of their suppliers' cyber security controls and risks.

2. Defend as one – ICSs will:

- create an ICS-wide cyber security strategy to drive security across the system.
- allocate funding to deliver the strategy, establishing governance to review and align plans and ensuring member and wider partner involvement.
- align with agreed cyber security standards when using existing and new cross-organisational systems.

3. People and culture – ICSs will:

- develop an appropriately resourced and accountable cyber security function to manage cyber risk.
- develop strategies to recruit and maintain an adequate cyber support function through a combination of ICS and organisation resource.
- embed cyber security decisions into multi-disciplinary forums across the ICS to ensure a holistic cyber security culture with the support of the ICP.
- encourage collaboration across organisations to share good practice and address deficiencies, supported by the ICP highlighting where coordination is needed and holding partners to account on delivering key priorities.
- lead by example in implementing a 'just culture' at ICS level in approaching any identified cyber vulnerabilities.

4. Build secure for the future – ICSs will:

- build systems and services cyber secure by design, including engaging suppliers on their cyber security in alignment with national engagement.
- regularly engage organisations on compliance with standards and frameworks

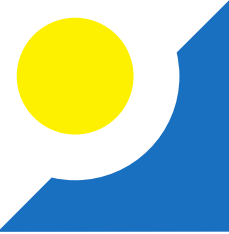


- develop a cyber security programme underpinning the objectives of the strategy and outline milestones and metrics.

5. Exemplary response and recovery – ICSs will:

- outline responsibilities and expectations of member organisations for response and recovery, as well as for a central accountable function
- ensure the ICS and all members have a rehearsed plan for responding to, managing system downtime during, and recovering from a cyber-attack.
- engage with and understand outcomes from dry-run exercising and post-incident reviews, identifying and responding to common themes for their ICS.
- lead on ICS-wide incident response ‘dry run’ exercising
- develop central ICS resilience with the impact of loss or unavailability of critical ICS-wide systems understood and mitigations agreed.

5.3. There are a number of next steps outlined in the Strategy, with the key being the commitment to publish an implementation plan for the next 2-3 years shortly.



Integrated Care Board

Item 7 Enclosure G

Title:	Chief Executive Officer's Report
Meeting Date:	19 July 2023
Author:	Andrew Bland, ICB Chief Executive Officer
Executive Lead:	Andrew Bland, ICB Chief Executive Officer

Purpose of paper:	To receive the report from the Chief Executive Officer	Update / Information	X	
		Discussion		
		Decision		
Summary of main points:	This report updates the Board on matters of interest across NHS South East London since the last Board meeting on 19 April 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 July 2023

Please find my report outlining developments across the ICS as a whole and delving in to each of our places. In the immediate run up to our July meeting we have celebrated the 75th birthday of the NHS with residents, staff and partners; whilst also progressing our objectives for south east London in the context of prolonged and highly challenging industrial action. This report speaks to all of those aspects of our operating environment.

It is against that backdrop that I wish to begin this report with an acknowledgement of the professional and hard work of staff right across our partnership who demonstrate a determination to improve and make changes whilst managing the here and now challenges of the system. In almost all cases the challenges we face are system wide and draw upon a system response underlying the purpose of the ICB arrangements we brought in to place a little over one year ago.

1. Industrial Action Overview

General Messages

- 1.1. There has now been strike action in the NHS since November 2022. However, the Royal College of Nursing (RCN) did not meet the threshold for further industrial action in a recent ballot with members. This brings an end to the RCN industrial action for the time being.
- 1.2. A further British Medical Association (BMA) junior doctor strike has, however, been confirmed for a period of five days from 13-18 July 2023. In line with previous BMA junior doctor action there is no agreement for pre action derogations, only on the day derogations will be considered. All south east London acute and mental health providers will be affected. Further dates for August are likely to be announced shortly and a second ballot is planned for members prior to the expiration of the current mandate.
- 1.3. The BMA consultant (medicine and dentists) ballot concluded on 27 June and met the threshold for strike action. Dates had already been notified as 20 and 21 July 2023. No detail has been received on what specific action will be taken by consultants, however, national media has suggested there will be a "Christmas Day" service approach.
- 1.4. The Royal College of Radiographers ballot concludes on 28 June 2023 and is likely to meet the mandate for strike action. There is no information currently on how this will affect services in south east London.

- 1.5. Unison and other unions are balloting Local Authority members as the pay offer has been rejected.

Impact

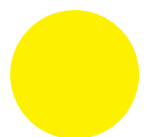
- 1.6. Industrial action has had a significant impact on elective care, with thousands of procedures and outpatients needing to be rescheduled. The ongoing industrial action will challenge south east London's ability to meet previously agreed trajectories, particularly on long waiters. The acute provider collaborative is currently undertaking a review of this to determine the cumulative effect.
- 1.7. Our providers make clear that staff morale is being adversely affected by the ongoing industrial action; reduced staffing in clinical areas on strike days and management teams having to continuously reschedule appointments and procedures are said to be the two main drivers.
- 1.8. Whilst harm to patients is thought to be minimal, there will need to be a review on the longer-term effects of continuing industrial action. In addition, the inconvenience and poor experience for people needs to be considered.

Management of ongoing industrial action

- 1.9. All industrial action has been managed in line with the principles of emergency preparedness and this will continue. Following each period of industrial action, a debrief has taken place and learning captured. This has fed into subsequent plans and into regional structures.

2. NHS @ 75

- 2.1. 5 July 2023 marked 75 years of the National Health Service. Celebrations took place across the country and partners across south east London celebrated the milestone with a vast range of initiatives. All partners worked together in a south east London co-ordinated multi-channel campaign celebrating the occasion, staff, volunteers and local areas and services. This campaign was aligned with the Windrush75 campaign celebrating the diversity of the NHS workforce.
- 2.2. Initiatives included:
- Westminster Abbey multi-faith service for NHS staff, volunteers and partners with representatives from SEL ICB and each south east London trust
 - Bexley GPs Dr Sid Deshmukh and Dr Sonia Khanna at the Royal box at Wimbledon in recognition of Sid's work in inequalities and vaccination programmes
 - Parliamentary Awards - Dr Devina Maru of Manor Brook Medical Centre Greenwich won the 'Rising Star' Award at the NHS Parliamentary Awards in recognition of her work with people with hearing loss
 - Formal opening of the Tessa Jowell Health Centre in Southwark
 - 75 years of the NHS in south east London digital magazine and bespoke film [available to view here](#)
 - Lit up hospitals and buildings, flags and bunting and branded goody bags



- Choir and orchestra performances, tea and garden parties and awards ceremonies
- BBC London TV and radio coverage
- NHS75 babygrows, funded improvement initiatives, make off competitions with poems penned to the NHS, NHS75 parkruns and of course cake.

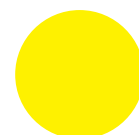
3. Windrush

3.1. 22 June 2023 saw the 75th anniversary of the arrival of the Windrush generation on board MHT Empire Windrush, which arrived in the UK on 22 June 1948 carrying almost 500 Caribbean people to work in the UK. Many took up roles in the NHS when it was launched two weeks later on 5 July with 54,000 nursing vacancies. National and south east London partners co-ordinated activities to recognise and celebrate the contributions of the Windrush generation in a range of initiatives including:

- Windrush 75 celebrations at the Port of Tilbury on Windrush Day with representation from SEL ICB colleagues and all south east London provider trusts
- Walk of Witness from the National Windrush Memorial at Waterloo Station to Southwark Cathedral
- Joint Windrush/ NHS 75 service with presentations to people of Windrush heritage at St Thomas' Chapel
- Multi-channel coordinated campaign across external and internal channels celebrating the diversity of the NHS workforce which currently represents over 200 nationalities and highlighting local stories of staff and their families including senior ICS manager Carol-Ann Murray and her mother, who worked as a midwife in Lewisham
- Bexley Wellbeing Partnership honoured Windrush elders with a special project in collaboration with local youth charity, Active Horizons. Young volunteers were recruited to film interviews with members of the Windrush generation living in Bexley to create a film, honouring their legacy and contribution to the NHS and a special podcast and booklet released at a special reception on 18 July
- A Radiate Windrush festival in Southwark along with other events such as a day of song, dance and conversation in Greenwich and other events across the six boroughs.

4. Management Cost Reductions (MCR)

- 4.1. All ICBs are required to reduce their running costs by 30% in real terms by April 2025, with at least 20% delivered by April 2024. ICB allocations will be reduced to reflect this.
- 4.2. A MCR Programme Board has been established to drive the programme forward and this will be overseen by the Executive and the Board.
- 4.3. The ICB has taken the decision to review all its functions and teams as part of the MCR process (running and programme costs). This is to ensure that the ICB also



reshapes the ICB to secure effective delivery of ICB functions within an Integrated Care System (ICS).

4.4. A three-step process is being implemented:

- **Step 1** – a series of aggregated cross directorate functions with the objective of holding a series of overarching initial discussions which then framed the SEL ICB's planned approach.
- **Step 2** – a series of more detailed reviews by function or group or related functions, building from the outputs of step 1. This includes a specific focus on core purpose, interdependencies and opportunities. These review sessions are open to all staff within the functions being reviewed to attend and contribute.
- **Step 3** – Bringing together proposals, including testing the outputs of step 2, and drawing together into a single set of proposals that will then translate into costed proposed structures. This will be undertaken with Executive Directors. The step 3 output will then be subject to further pre-consultation engagement with staff and the Board with formal consultation commencing in October.

4.5. Step 1 has been completed and Step 2 review sessions will be completed by mid-July. These discussions are challenging for staff but reflect a desire by staff to be involved in shaping the future.

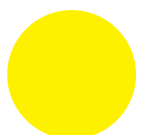
4.6. Given the scale of the reduction required, the ICB will focus on structuring to deliver the core and statutory requirements of an ICB. There will therefore be implications for the ICS more generally as we seek to collectively deliver functions that the ICS needs, but which are not core or statutory for an ICB. Provider and Local Authority colleagues have therefore been engaged in the MCR process.

4.7. The ICB is also seeking to reduce non-pay running costs to lessen the impact on staff.

4.8. Work is ongoing to secure proposals for consultation with staff by mid-October 2023. A communications plan is in place and includes engagement with staff, Local Authority Chief Executives and their senior officers and NHS provider Chief Executives and their senior teams.

5. Joint Forward Plan

5.1. South East London ICB published its Joint Forward Plan on 1 July 2023. The Joint Forward Plan is a medium term plan that describes the ICB's vision, key objectives and priorities for action across the areas of planning responsibility that sit with Integrated Care Boards. The Joint Forward Plan was published in draft form in April 2023 and was subject to engagement during quarter one, including south east London on line events, attendance and feedback from key stakeholder groups and borough based engagement events. The rich feedback received during the integrated care strategy engagement process, that took place over last summer and autumn, as well as the Joint Forward Plan specific engagement on the draft Plan has also been taken into account.



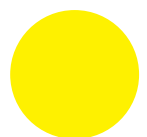
- 5.2. The Plan was built bottom up and includes three key areas of focus: borough based plans, which are based on and are consistent with Health and Well Being Plans, care pathway plans, for areas such as urgent and emergency care, planned and cancer care, mental health, children and young people, learning disability and autism and enabling plans for areas such as digital, workforce and finance.
- 5.3. The Joint Forward Plan has also relied upon and drawn from the work undertaken by south east London's wider Integrated Care Partnership to identify a set of strategic priorities that the whole partnership will focus on, as well as linking to and driving SEL ICB's 2023/24 operational plan.
- 5.4. We are now working to take forward the commitments made in the Joint Forward Plan and priority actions set out in the plan and will take stock and refresh as appropriate as we move in to 2024/25.

6. Covid Vaccinations – Spring campaign

- 6.1. The adult covid vaccination spring campaign was completed on the 30 June 2023. During the campaign south east London delivered 86,023 vaccinations:
 - 52.2% coverage across all cohorts in SEL compared to a London average of 50% and an England average of 66%
 - Community pharmacy delivered 53% of the vaccinations during the campaign
 - All care homes in south east London were visited with 74.1% uptake
 - 62.4% of those over the age 75 were vaccinated
 - 28.1% of those who are immunosuppressed were vaccinated
 - There was a differential in the uptake across different population groups within south east London:
 - 62.6% White
 - 27% Pakistani (35.6% difference)
 - 22.5% Bangladeshi (40.1% difference)
 - 18.8% African (43.8% difference)

7. Hewitt Review Response

- 7.1. The Rt Hon Patricia Hewitt conducted a review of the oversight, governance and accountability of ICS, ICBs, ICPs and all health and care providers working in a single system in April. The government has now responded positively to the review with enthusiastic support for the review's core message; and supported 30 of the 36 recommendations.
- 7.2. The government's response demonstrates a significant degree of continued support for ICSs, their four core purpose and their role in the health and social care system which endorse the need to shift to a preventative model and recognises the need for further devolution to achieve this.



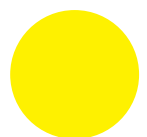
- 7.3. There is a commitment to rolling more funding into allocations where possible, avoiding a 'drip, drip' of small, ringfenced funding pots being allocated in-year in an inefficient way, which will better enable local leaders to plan. The review of capital spending will also give quicker access to funding for infrastructure and building digital capabilities. However, missing was commitment to a social care national workforce plan to complement the national NHS workforce plan.

8. Partnership working with the VCSE in South east London

- 8.1. In its meeting of 25 April 2023, SEL ICB's Integrated Care Partnership (which brings together NHS organisations, Local Authorities, the Voluntary Community and Social Enterprise (VCSE) Sector and other partners) discussed how a vibrant and diverse VCSE sector in South East London can continue to be developed. South east London benefits from a rich sector which plays an important role in supporting health and wellbeing, as an advocate for service users, and in delivering services. As set out in the SEL ICS strategy, there is a central role for the VCSE in delivering key aspects of the south east London vision for health and care, in delivering the five strategic priorities related to prevention, early years, mental health and primary care and long term conditions, and in delivering some of the overarching ambitions, such as addressing health inequalities and supporting resilient communities.
- 8.2. However, at present the sector faces significant challenges which prevent it from fulfilling its true potential as an equitable, lead partner within the south east London system. Over the last two decades, public funding for the VCSE has significantly reduced, and short-term COVID-19 related emergency funding, which supported many VCSEs to stay afloat, has ended. As a result, some vital VCSE services in south east London have been decommissioned or scaled back. Many VCSE organisations are struggling to cope with rising costs, and some have already become insolvent. This predominantly impacts smaller, specialist 'By and For' organisations and community initiatives, which face greater barriers to accessing resources and opportunities.
- 8.3. At its meeting on 25 April, the Integrated Care Partnership discussed what action might be taken collectively to enable the growth of a dynamic VCSE ecosystem. In particular, it discussed the role the VCSE plays as a strategic partner, as well as delivering services in the south east London system, overall levels of funding for the VCSE, how the public sector procures services from and contracts with the VCSE, and the infrastructure that the VCSE needs to be able to develop. The Partnership agreed on the need to take collective action to better support the sector and asked officials to develop proposals for a charter setting out commitments for effective partnership working with the VCSE. This work is in train and will be discussed at the next Integrated Care Partnership meeting on 24 July.

9. Delegation of services from NHS England (NHSE)

Pharmacy, Optometry and Dentistry



- 9.1. The delegated responsibility for commissioning and contracting pharmacy, optometry and dental services was transferred from NHS England to South East London ICB (SEL ICB) on 1 April 2023.
- 9.2. A commissioning oversight group has been established which meets on a monthly basis and brings together the five ICBs across London, chaired by North East London ICB (NEL ICB).
- 9.3. The transition of the delegation is now complete as the central team were formally transferred from NHS England to NEL ICB on the 1 July 2023.
- 9.4. Local Care Partnership relationships are being established with contractors through the Local Dental Committee, Local Pharmacy Committee and Local Optometry Committee.

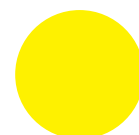
Specialised services

- 9.5. The ICB continues to undertake preparatory work to support the planned delegation of a number of nationally designated specialised services from NHS England to ICBs from 1 April 2024. There is significant work at national, regional and local level to start preparation for these changes, including a consideration of governance, infrastructure support, the optimal management of the more technical aspects of delegation as well as securing an understanding of care pathway opportunities and challenges that will need to be addressed going forwards.
- 9.6. The key for south east London is participation in the South London Pathfinder Pilot, focussed on road testing the more technical aspects of the planned delegation across the two South London ICBs, looking at data and analytics, finance and funding flows and contracting as key enablers that will support effective delegation. The objective is to test approaches through the pilot to inform both national guidance and approaches more broadly and to help South London ensure we have the right arrangements in place to support taking on delegated responsibilities.
- 9.7. The ICB pre-delegation assessment framework will be completed over the next couple of months; this forms part of the assurance process around ICB readiness to take on the new delegated functions.
- 9.8. The South London ICBs are also taking forward a number of care pathway pilots aimed at testing and demonstrating the value add of looking at end to end care pathways, inclusive of the specialised services component, one of the key benefits identified in the delegation case for change.

10. Bexley Borough Update

Carers Week Event

- 10.1. To mark National Carers Week, an event was held to say thank you to Bexley's unpaid carers. The event was held at the Holiday Inn on 9 June 2023 and over 120 carers attended. Some 22 partner organisations offered advice and support with: massages, soundbaths, Tai Chi, Yoga and art as well as meeting two Therapy Dogs.



Bexley's new Mayor, Councillor Ahmet Dourmouh joined the event along with Councillor Melvin Seymour, Cabinet Member for Adult Services and Health.

- 10.2. The event was organised by Bexley Carers Partnership and the Bexley Wellbeing Partnership, with the day shaped by input from carers. A prominent theme this year was mental health and wellbeing, and various organisations were present with private space put aside for carers to talk to counsellors. There were also informative talks on Direct Payments and Emergency Planning, and a team from One Bexley were on hand to complete care assessments.

Local Care Networks

- 10.3. The Bexley Wellbeing Partnership has relaunched its 3 Local Care Networks: Clocktower, Frognal and North Bexley, with workshops taking place in May and June. The Local Care Networks will be the lens through which the partnership delivers on its commitment to integrated neighbourhood teams, ensuring equitable access to health and care for residents. To support the leadership and development of integrated neighbourhood teams, for North Bexley, Clocktower and Frognal, this month the partnership has appointed 3 Local Care Network Clinical & Care Professional Leads. These roles will be instrumental in better joining up primary care with the wider health and social care integration that is already well established through Bexley Care.
- 10.4. Congratulations to Dr Sid Deshmukh (Frognal), Dr Jennifer Liddington (North Bexley) and Dr Jhumur Moir (Clocktower) in these new and important roles supporting the development of Local Care Networks. The new team will be working closely with all practices within the Local Care Network and Primary Care Network Clinical Directors to drive forward the Fuller Stocktake recommendations for their neighbourhoods.

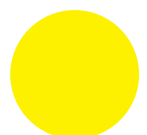
Bexley Health and Wellbeing Strategy (BHWBS)

- 10.5. Following 6 months of engagement with a wide range of partners across Bexley, including residents, a draft of the Joint Local Health and Wellbeing Strategy was presented at and approved by the Health and Wellbeing Board on 15 June. The strategy will now be circulated for final sign off before being published on the London Borough of Bexley website. The BHWBS is fully aligned with the ICS' Strategy.

11. Bromley Borough Update

Bromley Children's Health Integrated Partnership (B-CHIP)

- 11.1. The Children and Young People's integrated health model, locally referred to as B CHIP- (Bromley Children's Health Integrated Partnership), was launched in April in two PCN areas: Beckenham and The Crays. The team are delighted to have progressed to the implementation stage and recognise the value to patients and staff of building closer relationships, improved communication and of more responsive/prompt care closer to home for patients. The model comprises of weekly paediatric virtual triage sessions, together with face-to-face consultations.
- 11.2. The team will now focus on coverage of another 100,000 Bromley residents in quarter 3/4 2023 and aims for borough wide implementation in quarter 2 2024. Work is also ongoing to resolve issues around data sharing and developing monitoring and



performance arrangements. The teams have also been working across south east London ICB on future sustainable funding models for the programme.

- 11.3. The Bromley team has been asked to present this work at the Institute for Healthcare Improvement London wide Babies, Children and Young People Event on 20 July to share the learning and future ideas for implementation.
- 11.4. The programme has reached the current implementation stage through the hard work of the local team, which includes Dr Shahid Karim (PRUH), Cait Lewis (BHC), Dr Bhumika Mittal (SE London ICB/GP Lead), Dr Andrew Parson (SE London ICB/GP Lead), Tony Parker (Bromley Council/SE London ICB) and Gemma Robinson (BHC).

Update on the Spring Covid booster campaign

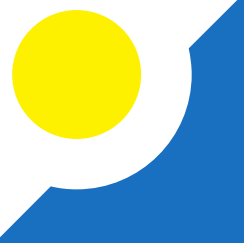
- 11.5. The Spring Covid boosters campaign came to an end on 30 June. This campaign was open to people aged 75 and older, resident in a care home setting or with specific immunosuppressed conditions. The uptake in Bromley was as follows:

Bromley registered patients aged 75 and older	72.5%
Bromley registered eligible patients who are housebound	74.8%
People resident in Bromley care homes	79.5%
Bromley registered patients who are eligible due to immunosuppressed-related conditions	35.6%

- 11.6. The campaign has been supported by the long-running One Bromley Vaccinations Taskforce convened by the ICB. All care homes were visited at least once during the programme. Partners have worked collaboratively to ensure maximum uptake despite significant challenges presented by irregular timings and volumes of vaccine deliveries over the course of the campaign. Partners on this campaign have included GP practices and PCNs, BGPA, Bromley Healthcare, community pharmacies and the King’s College Hospital team based in the One Bromley Health Hub in the Glades. The campaign has also received regular input from Public Health colleagues. Outreach activities have taken place to improve uptake amongst communities in Biggin Hill and Mottingham.
- 11.7. NHS England has requested that a Covid vaccination offer is now made available to children aged 6 months to 4 years with certain immunosuppressed conditions. Approximately 390 children registered in Bromley are expected to be eligible. Families are being offered clinics in children’s hospital settings, Orpington and Bromley over July.

Strategy Public Engagement Event

- 11.8. Stakeholder engagement on the One Bromley 5 Year Strategy and the SEL ICS Joint Forward Plan commenced on 22 May 2023 with an event held at Community House. Invitees represented Bromley community services, voluntary organisations, faith groups, community champions, libraries, leisure, and health services. Fifty people signed up and thirty-five attended. The event focussed on sharing Bromley’s plans; discussing delivery of the plans through neighbourhood working, and how Bromley can work together to reach and engage with communities, using the relationships, knowledge and community assets available to them.
- 11.9. Key learnings from the event were:



- the scale of community assets and volunteers do not necessary align geographically or numerically with population needs
 - over-reliance on GPs as the referral route into medical services rather than self or other health professional referral
 - agreement on neighbourhoods and more personalised care as set out in the One Bromley strategy
 - willingness to work collaboratively together to help reach and engage with communities and build community assets
- 11.10. Another benefit from the session was identifying potential new stakeholders to work with Bromley to engage with communities, supporting in various ways from sharing information to co-production. A post event report is being shared with all those who signed up and the view is to stay connected with them to support in delivering Bromley's plans together.

Children and young people's mental health and wellbeing

- 11.11. Recent months have seen a welcome reduction in waiting times for Bromley CAMHS. Whilst these waiting times remain very high, additional investment and new early intervention projects are supporting improvements in these services over the coming year. New services that are commencing at this time include a mental health practitioner for children and young people based in Primary Care Networks (PCNs), a new early intervention project around children and young people with eating disorders, which is run jointly between South London and Maudsley NHS Foundation Trust and Bromley Y, and support for parents with the Empowering Parents, Empowering Communities (EPEC) initiative. Bromley also remains on track to open the new integrated Single Point of Access (iSPA) between Bromley CAMHS and Bromley Y in October 2023. This new service is the next step for our innovative partnership between a voluntary sector and NHS organisation in Bromley, establishing a single model of joined-up support for children and young people with mental health and wellbeing challenges.

Adults mental health and wellbeing

- 11.12. Bromley will shortly be celebrating three years since the opening of the Bromley Mental Health Hub, a joint endeavour between BLG Mind and Oxleas NHS Foundation Trust. The Hub provides early intervention and support for adults with mental health challenges, with strong links to GP Practices. The celebration event will be an opportunity for staff and stakeholders to come together to recognise how far this critical service has come, and to thank those who have helped make it a success for their hard work and dedication. Work also continues with Bromley Council and Oxleas to transform mental health supported housing services. The changes are enabling service users to take up tenancies for the first time, as well as providing opportunities for many people to move out of mental health services with ongoing support. The team have also supported changes to Bromley adult mental health and talking therapy services to move their basis from one based on which GP service users are registered with to one based on where they live. The change provides a greater opportunity for adults who need these services to choose the right service for them, irrespective of where their GP surgery is located.

12. Greenwich Borough Update

Urgent Treatment Centre, Queen Elizabeth Hospital

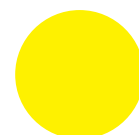
- 12.1. Greenwich Health, the Greenwich GP Federation is now running the Urgent Treatment Centre at Queen Elizabeth Hospital, Woolwich, and the Out of Hours GP service.
- 12.2. The service went live on Thursday 29 June, and is progressing well. Significant additional staffing capacity has been brought in and there is active involvement and support from SEL ICB staff and Lewisham and Greenwich NHS Staff.
- 12.3. This is an important strategic partnership, with the benefit of having local GPs at the heart of the Greenwich Urgent and Emergency Care system.

NHS Greenwich Charitable Funds

- 12.4. The charity committee has completed its procurement to secure an external partner to help support the grant giving process over the next 5-6 years. There were a very strong number of bids and the standstill period completed on 19 June; Groundwork London was successful.
- 12.5. It was pleasing to note how Groundwork plan to do the necessary grass roots engagement to support diverse VCSE organisations. Work will be carried out with them to mobilise over the next few months. 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.

SEND Inspection by Ofsted/ CQC

- 12.6. The Joint Special Education Needs and Disability Inspection by Ofsted and CQC took place from 2 to 19 May. The multi-agency inspection went well, with good input from schools, Royal Borough of Greenwich teams, Oxleas, Bromley Healthcare, GPs and importantly from parents and children. The report confirms that SEND arrangements in Greenwich 'typically lead to positive experienced and outcomes for children and young people with SEND'. This is the highest possible rating under the new inspection framework introduced earlier this year.
- 12.7. The report highlights some excellent partnership work, including:
 - The voice of children and young people, parents and carers 'is heard loud and clear in Greenwich'. Children and young people with SEND and their families in Greenwich are 'front and centre of the local area partnership's work'
 - Children and young people's needs are consistently identified in a timely way across education, health, and care
 - Schools and nursery settings have access to a wide range of professionals to support them in identifying and meeting needs. School leaders have swift access to support services for children and young people with SEND. Strong and embedded relationships with services across education, health and care mean that children and young people's needs are met effectively



- Children and young people with SEND receive the right support at the right time and in the right place to meet their needs. This is because services and professionals think creatively and work together.

Population Health System

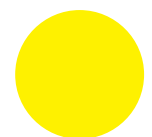
- 12.8. Greenwich is working with Lewisham & Greenwich NHS Trust (LGT) to introduce a Population Health Management System, HealthIntent, into Greenwich Primary Care Networks (PCNs) and practices. Dr Eugenia Lee and Dr Nupur Yogarajah are the leads, and the system is expected to be rolled out to PCNs and practices for case finding at the end of quarter 2.

Key engagement events

- 12.9. The past month has provided the opportunity to visit a number of key services, which have been really useful.
- 12.10. Neighbourhood development – linking in with many parts of the system, around the community connections, and how the assets in our community are collectively harnessed.
- 12.11. 100-day Cardiovascular challenge – hypertension. There have been two well-attended workshops, a neighbourhood approach focusing on the Glyndon Community, and a borough wide approach on family events to improve uptake of blood pressure tests.
- 12.12. Greenwich colleagues hosted the latest ‘Board to Ward’ visit by SEL ICB leaders on 1 June. Led by Board Chair, Richard Douglas, the team’s day of meetings and visits kicked off at the Live Well Community Hub at Charlton Athletic FC’s ground. The Board heard about the amazing social prescribing infrastructure that has been running for over 10 years, as part of a comprehensive public health outreach team supporting prevention, crisis intervention, primary care, emergency department, and even hospital discharge. It included a meeting with the borough’s Home First/VirtualWards/Jet team and heard about the plans for Greenwich Health, the local GP Federation who will start running the Urgent Treatment Centre at Queen Elizabeth Hospital from July. Integration was a thread across the day, and the team heard about and saw the benefits of integrated leadership across the council, NHS and with VCSE.
- 12.13. Greenwich Get Together 2023 – This was a great opportunity to reach out to the whole community on Saturday 13 June. Thanks to the wider team, as there was really good partnership working in demonstration, working with CACT, Oxleas and SEL ICB staff. The CACT team were amazing taking and setting everything up. The height, weight and BP checks were also popular. A lot of the childhood immunisation cards were given out and lots of parents spoken to. As part of our CVD focus healthy heart badge and keyring making took place, which was very popular with several hundred made. Additionally, 35 people were recruited to the south east London People’s Panel and some helpful feedback on the SEL ICS 5-year plan was received.

GPs making a difference

- 12.14. It is very pleasing that the Health Ambassador programme, led by Dr Eugenia Lee, has really taken off. This is a system-wide approach to population health, working



with secondary schools, food bank, homeless shelter, children centres. Junior doctors/ clinicians have been placed in frontline places and the work has included with Greenwich schools on health promotion, 1:1 mentoring for Year 12s considering a health career, and there are currently 19 doctors working in 7 schools.

- 12.15. Dr Devina Maru, was given the NHS Parliamentary Rising Star Award for her advocacy for patients with hearing loss. She is a local GP trainee, in Greenwich.

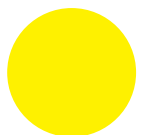
13. Lambeth Borough Update

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

- 13.1. At the May meeting of the Lambeth Together Care Partnership Board, Lambeth launched their comprehensive five-year Health and Care Plan, *Our Health, Our Lambeth*.
- 13.2. The Plan focuses on three core aspirations: (i) promoting healthy lives, (ii) early detection and effective support for health conditions, and (iii) providing accessible and trustworthy health and care services.
- 13.3. Within these aspirations there are 15 core outcome measures identified as the means of improving health and reducing health inequalities that persist in Lambeth's communities. *Our Health Our Lambeth* can be accessed [here](#).
- 13.4. As the Lambeth Together Care Partnership Board now shifts its focus to implementing the plan, it recognises the increased financial challenge across the system but remains committed to managing resources effectively and to exploring innovative solutions to achieve positive outcomes for Lambeth residents.
- 13.5. The Lambeth Together Board recently spent time together to consider its Organisational Development needs with the aim of developing capability to work effectively together to deliver the ambitions in *Our Health, Our Lambeth*. Follow up actions will include focus on equality, diversity and inclusion and taking forward an anti-racist approach, making best use of time together, and ensuring ownership of key priorities across the system to enable change.
- 13.6. The Lambeth Together Board also recently completed an insightful session on 'Using Plain English' to enhance communication and strengthen the connection with residents. It has been joined by three new members - Lilian Latinwo-Olajide as the new Black Thrive Board member, Cllr Judith Cavanagh, in relation Children and Young People and Dr Nozomi Akanuma who has now taken up the Clinical Lead Role including for the Living Well Network Alliance.

Lambeth Together Programmes and Partners

- 13.7. The Children and Young People's Delivery Alliance (CYP) has completed necessary governance arrangements for their Family Hub, Start for Life Programme, implementing new commissioning and delivery arrangements. The Health and Wellbeing Board reviewed programme proposals alongside the Learning Report from the LEAP 'A Better Start' initiative now in its 9th year of 10.



- 13.8. The Neighbourhood and Wellbeing Delivery Alliance (NWDA) held their final workshop on the evaluation of the Thriving Communities initiative, led by Dr Margaret Hannah of International Futures Forum (IFF). Present were Social Prescribing link workers from several Primary Care Networks (PCNs), and representatives from Lambeth VCSE organisations. The roles of newly recruited Health Champions (Public Health) and Equity Champions (PCNs), fostering connections and understanding of work of other colleagues, were introduced. Also in attendance was Neighbourhood Nursing to explain the role and potential areas of collaboration. It was agreed that the group will be responsible for growing the Thriving Communities work at scale, ensuring the governance is in place to ensure systems are safe and reliable at the neighbourhood level, and processes are embedded to ensure continued learning through practice.
- 13.9. As part of National Carers Week activities in early June, Lambeth Carers' Hub ran Carer Awareness training sessions for local professionals and volunteers and held a celebration event involving Lambeth Youth Council and Lambeth Talking Therapies to recognise the critical role of Carers.
- 13.10. AT Medics Practices in Streatham made the news [here on Lambeth Together website](#) with their work to address hypertension and that they have eliminated the inequalities in the control of hypertension between different communities in their practice populations. High blood pressure is a key cause of strokes and heart attack and has a much higher prevalence in Black, Asian and Multi-Ethnic populations and in deprived communities. The work is a fantastic example of how improved outcomes can be gained for the Lambeth population and, at the same time, address the gap in outcomes that exists between Lambeth's black and white populations.

HRH Prince William, Homeward Launch in Lambeth

- 13.11. On 26 June, Lambeth had the pleasure of receiving HRH Prince William as he visited the Mosaic Clubhouse and Lambeth Together Living Well Network Alliance (LWNA) partners in Brixton to launch the new Homeward Partnership, as part of the Royal Foundation, a collaborative effort aimed at ending homelessness. It was fantastic that Mosaic, an award-winning mental health facility, was chosen to launch the initiative and for Lambeth to be confirmed as one of only six pilot areas across the UK to be chosen to be part of the programme, recognising the work it does with partners in preventing homelessness. The local focus will be on young people, women and families subject to domestic abuse, and single adults with complex needs, including mental health. Recent pressures on mental health services have shown the important role that housing plays in the health and care system, as an essential component to supporting effective discharges from inpatient care.

Childhood Immunisation Decline

- 13.12. The pandemic saw a decline in the number of recorded child immunisations and vaccinations, resulting in an increased risk of infection and, in some cases, serious health concerns. Lambeth Together recognises that several factors have contributed to this decrease and addressing them is of key importance given the diverse nature of their population.
- 13.13. As part of the implementation of the new 2023-25 Lambeth Childhood Immunisation Strategy, Lambeth Together has been diligently working to address knowledge gaps and enhance confidence surrounding childhood vaccinations among parents, care givers, and staff who interact with families that have children. To achieve this goal, an

interactive webinar was organised, aiming to establish trust through focused outreach and to improve the understanding of parents and care givers regarding the pivotal role of childhood vaccinations in protecting child health. The promotional flyer for the event garnered over 1,000 views on social media resulting in a strong turnout for the webinar, and the feedback received was predominantly positive.

- 13.14. The strategy also entails leveraging trusted assets such as children's centres and youth clubs to conduct face-to-face educational sessions with parents. Further collaboration across south east London is underway to plan additional virtual webinars for clinical and non-clinical staff who engage with parents and care givers of children and young people.

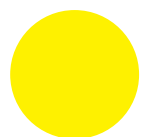
Lambeth Together Country Show

- 13.15. Lambeth Together was fully represented at the annual Lambeth Country Show which always provides a great opportunity to interact with residents and offer advice and support.
- 13.16. Partners were able to promote health and well-being, including access to talking therapies, delivering blood pressure checks and supporting hypertension work. Across two days, the team delivered 348 blood pressure checks, referring 39 patients back to their GP for follow-up. The Lambeth Together Equality Diversity & Inclusion group secured engagement funding to conduct vox pops and partnered with the Council's Youth Engagement Service to allow young people to volunteer in the production. These vox pops aimed to gather opinions from communities that have typically been less involved.

14. Lewisham Borough Update

Winter washup and outcomes

- 14.1. A winter washup workshop was held on 27 April at Lewisham Civic Centre. Operational service leads and commissioners covering all parts of the health and care system attended. The workshop explored the challenges and opportunities from the last winter and planning plan for winter 2023/24.
- 14.2. Participants were asked to discuss the areas of greatest challenge and prioritise those areas where additional focus and/or funding would provide the most system-wide impact. By far the highest scoring area was a wish to focus on areas which mitigate mental health crisis. Other areas included better support for weekend hospital discharges, early prevention in a more general sense, ability to over-recruit to teams where known vacancies will occur to avoid gaps in staffing, cost of living interventions, and improving links to community assets.
- 14.3. Interestingly, despite good attendance from hospital teams, the focus was firmly on prevention and community intervention to avoid escalation. People who had participated in the Home First system transformation work reported feeling much more supported and able to manage during last winter than those who had not been part of this process.



Mulberry Hub

- 14.4. The Mulberry Hub pilot was reviewed at the end of May 2023; 113 young people had accessed the hub, a GP-led health and wellbeing service for young people aged 13-25 living in the north of Lewisham. Of those accessing the hub, 37% were self-referrals or walk-ins and came from a range of different ethnic backgrounds (77% from non-White British), ages (11-25 with an average age of 15) and genders (66% female, 30% male, 4% non-binary).
- 14.5. The most common presenting needs were anxiety and depression or low mood with the majority having multiple needs identified by the GP (74%). Of those that completed post-treatment wellbeing measures, 77% showed an overall improvement in psychological wellbeing, and there were no young people that showed a significant decrease in psychological wellbeing. 44% of young people dropped out of the 'severe distress' level, demonstrating stabilisation of needs and recovery from crisis. 87% of young people found the Mulberry Hub helpful, 93% reported feeling comfortable, and 95% would recommend the service to a friend. The current 1-year pilot is due to end on 31 July 2023, and the Lewisham Local Care Partnership (LCP) is working together to explore funding on a long-term basis.

Neighbourhoods update

Lewisham Integrated Neighbourhood Programme

- 14.6. As health and care partners Lewisham LCP has already taken steps to improve the delivery and integration of existing community-based care at a neighbourhood level, raising quality, improving effectiveness of services, and building better connections across the health and care system and with voluntary and community colleagues. Specific Workstreams have been set up to focus on: multi-disciplinary team meetings that take place in GP practices, improving signposting and referrals and developing community partnerships.

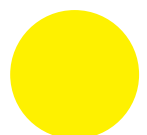
Neighbourhood 3 Pilot

- 14.7. After a period of stakeholder engagement through a series of workshops, interviews, and surveys, a plan has been developed to strengthen primary and community working by focussing on one neighbourhood at a time. By focussing on one area and testing the approach locally, challenges can be identified and integrated ways of working adopted to address these. This learning will then be used to scale up initiatives across the LCP. Following an invitation to all Lewisham Primary Care Networks (PCNs) to work with the LCP in partnership it can now confirm that Neighbourhood 3 will be the first neighbourhood pilot and work has already started to get the pilot up and running.

15. Southwark Borough Update

Childhood Immunisations Strategy and Campaigns 2023

- 15.1. Southwark has been working with other directorates within South East London ICB, providers and residents to improve childhood immunisation rates in the borough. The Polio Booster campaign highlighted the stark vaccine inequalities across the borough. Seven ambitions have been defined with the aim to fulfil the vision of a community



where everyone has equal access to life-saving immunisations whilst promoting health and wellness for all ages:

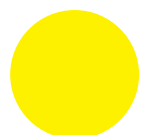
1. Increase uptake of immunisations by 5% or meet London and national targets.
 2. Improve uptake amongst marginalised and underserved groups with unequal access to healthcare
 3. Improve call/recall systems at general practices
 4. Offer training and education for a range of individuals, community ambassadors and key community influencers and leaders to enhance understanding and support for immunisations.
 5. Address health inequalities and work towards a healthier, safer community for all.
 6. Optimise data flow and interoperability of point-of-care systems, using data to drive decision-making and understand immunisation inequalities.
 7. Target areas of high indices of deprivation to support uptake and equal access to immunisations.
- 15.2. To realise the borough's ambitions and vision, a governance system has been developed to ensure robust vaccination monitoring and oversight. The structure includes a fortnightly Vaccination Oversight Group with key partners. This group drives forward any immediate actions and operational issues relating to immunisation programmes.
- 15.3. Smaller Task & Finish groups have also been developed to focus on School-Aged Immunisation Services and Early Childhood Immunisations. Immediate plans involve delivering HPV awareness sessions with a school-aged immunisation provider and a midwife for secondary school pupils and staff. Valuable work, started with LAWRS (Latin American Women's Rights Service), at Spanish-speaking mum and baby groups will continue to address barriers and improve access for this population. The Vaccination Oversight Group and task & finish groups will feed into the wider Health Protection Board, Health & Wellbeing Board and the South East London Immunisation Board.

Clinical and Care Professional Leads

- 15.4. The local clinical and care professional leads (CCPLs) have been extended by six months to September 2023. The CCPLs work in health, care and the voluntary and community sector within Southwark, and are passionate about making a difference to the lives of local residents. The CCPLs help Partnership Southwark to improve health and wellbeing outcomes for people living in Southwark.
- 15.5. A focused piece of work is being undertaken to review and redesign the CCPL programme. The future structure of the CCPL programme will be aligned to the priorities identified in the Partnership Southwark Health and Care Plan. This will be led by the Partnership Southwark Co-Chairs and supported by the programme team.

The Bridge Clinic – Southwark Trans Health Clinic

- 15.6. As part of the Health Inequalities Funding, Southwark has developed and implemented The Bridge Clinic. This is an innovative and ground breaking service

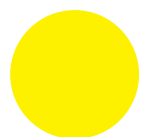


and is recognised nationally as being so. Funding has been agreed for one year as a pilot to understand the demand and delivery model for this service.

- 15.7. The service will provide a 'hub' clinic for trans/ non-binary adult people. The hub will bring together clinicians with the relevant training and experience (which is not consistently available at practice level). The clinic runs once a month on a Tuesday afternoon / evening. The clinic is currently only available to South Southwark residents.
- 15.8. The clinic provides:
- general non-trans-specific primary care in order to reduce health inequalities for the trans and non-binary population who may not otherwise access primary care services
 - access to NHS gender affirming treatments and care. This would include referral to NHS Gender Identity Clinics (GIC) clinics, prescribing in line with Shared Care Protocols for those already seen in a GIC and consideration of Bridging Prescriptions for those waiting for a GIC appointment

Better Care Fund (BCF) Plan 2023-2025

- 15.9. The BCF is a pooled budget agreed between SEL ICB and Southwark Council for the provision of integrated community based health and care services worth £54.2m in 2023/24 and £58.8m in 2024/25.
- 15.10. The BCF plan for this period has been provisionally agreed by the ICB and Southwark Council. It will be discussed at the Health and Wellbeing Board meeting on 20 July and will then be subject to the national assurance process before being finalised in September.
- 15.11. The plan describes the Southwark approach to delivering the twin BCF goals to:
- **Enable people to stay well, safe and independent at home for longer** (with a focus on admissions avoidance)
 - **Provide the right care in the right place at the right time** (with a focus on transfers of care from hospital)
- 15.12. The plan predominantly reflects the roll forward of the range of core out of hospital care budgets and services funded by the BCF in 2022/23. An area of change is the £3.9m Additional Discharge Fund. This reflects the mainstreaming into the BCF of the quarter 4 2023/24 Adult Social Care Discharge Fund. This has enabled a number of these schemes to be carried forward into 2023/24. The fund is expected to increase significantly to £7.1m in 2024/25 with the expectation that delayed transfers of care from hospital will be substantially reduced.



Integrated Care Board

Item: 8

Enclosure: H

Title:	Overall Committee Report
Meeting Date:	19 July 2023
Author:	Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Tosca Fairchild, Chief of Staff

Purpose of paper:	The purpose of the paper is to highlight to the Board any DECISIONS referred to the Board from ICB Committees, and to provide INFORMATION on any decisions made under delegation by those committees.	Update / Information	X
		Discussion	
		Decision	X
Summary of main points:	<p>The Overall Committees paper provides an overview to the Board members of the activity and decision making that has taken place at the ICB committees which report directly to the Board in the period since the last Board meeting held in public.</p> <p>In particular the Board is asked to note:</p> <ul style="list-style-type: none"> • Decisions referred to the Board for approval, detailed in section 4. • Remote decisions made during the period. • Decisions made by committees, under their own delegated authority. <p>The Board is asked to consider the decisions referred for approval and to note the other activity that has taken place during the period.</p>		
Potential Conflicts of Interest	Where conflicts have been identified with any items discussed at a committee, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy.		
Relevant to the following Boroughs	Bexley	X	Bromley
	Greenwich	X	Lambeth
	Lewisham	x	Southwark
	Equality Impact	No equality impacts identified	
	Financial Impact	Any financial impacts are identified in the relevant papers	
Other Engagement	Public Engagement	This paper is being presented to a Board meeting held in public for the purposes of transparency.	
	Other Committee Discussion/ Engagement	Discussions at other committees are detailed in the attached paper.	

Recommendation:

The Board is asked to:

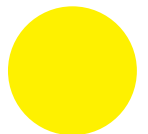
- Approve the decisions recommended by its committees
- Note the committee decisions and committee activities detailed

Overall Report of the ICB Committees

ICB Board 19 July 2023

1. Introduction

- 1.1 The purpose of this report is to provide a summary of the activity that has taken place within the committees that report directly to the Board since the last meeting of the Board held in public which received this report, which was on 19 April 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

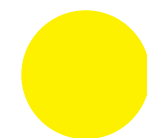
Committees							
	Planning and Finance Committee	Quality and Performance Committee	Audit Committee	Charitable Funds Committee	Clinical and Care Professional Committee	People Board	Local Care Partnerships
Meeting date	4 May 2023	3 May 2023	21 April 2023	-	26 April 2023	22 May 2023	
	8 June 2023	7 June 2023	15 June 2023	-	-	-	
	-	-	-	-	-	-	

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Meeting date	25 May 2023	16 May 2023	26 April 2023	18 May 2023	18 May 2023	4 May 2023
	-	-	-	-	-	6 July 2023



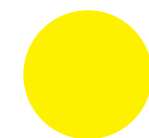
It should be noted that the following planned committee meetings were cancelled:

- Clinical and Care Professional Committee meeting scheduled for 24 May 2023
- Clinical and Care Professional Committee meeting scheduled for 28 June 2023
- Quality and Performance Committee meeting scheduled for 5 July 2023
- Planning and Finance Committee meeting scheduled for 6 July 2023

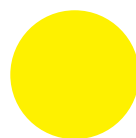


3. Summary of the Principal Role of ICB Committees

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



People Board	<p>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.</p>	<p>Dr Ify Okocha, Partner Member</p>
Local Care Partnerships	<p>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.</p>	<p>Dr Sid Deshmukh (Bexley) Dr Andrew Parson & Cllr Colin Smith (co-chairs, Bromley) Dr Nayan Patel (Greenwich) Dr Di Aitken & Cllr Jim Dickson (co-chairs, Lambeth) Dr Jacqui McLeod (Lewisham) Dr Nancy Kuchemann & Cllr Evelyn Akoto (co-chairs, Southwark)</p>



4. Recommendations to the Board for Decision / Approval

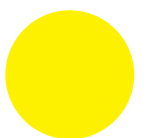
4.1 No items have been referred to the Board for decision or approval at this meeting.

4.2 As a result of timing constraints, the following decisions have been made by the Board since the last meeting held in public:

- Approval of ICB 2023/24 start budget, following recommendation by Planning and Finance Committee on 4 May 2023
- Approval of SEL Community ENT Business Case, following recommendation by Planning and Finance Committee on 8 June 2023
- Approval of SEL Endoscopy Business Case, following recommendation by Planning and Finance Committee on 8 June 2023
- Approval of Risk Management Framework and Risk Appetite Statement, following recommendation by Planning and Finance Committee on 8 June 2023

In addition, the following decision was made by Chairs Action:

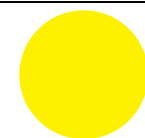
- That the Chair of the SEL Acute Provider Collaborative, Professor Clive Kay, would write to NHS England concerning a revised approach by relevant providers to the Community Diagnostics Centre (CDC) at Queen Marys Hospital, Sidcup. This letter was subsequently circulated to Board members for information.



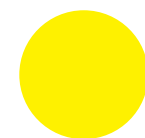
5. Decisions made by Committees or Sub-Committees Under Delegation

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

No.	Committee name	Meeting date	Agenda item	Items for Board to note
1.	Audit Committee	21 April 2023	Approval of annual accounts (draft) Internal audit report Anti-crime report	<ul style="list-style-type: none"> The Committee agreed to delegate to the Audit Committee Chair the final approval for submission of the draft annual report and accounts. Approval was given on 25 April 2023. The Committee approved the 23/24 internal audit plan The Committee approved the proposed anti-crime strategic workplan for the six months from April 2023 to September 2023.
2.	Planning & Finance Committee	4 May 2023	Revisions to Standards of Business Conduct Policy	<ul style="list-style-type: none"> Approved revisions to the ICB Standards of Business Conduct Policy
3.	People Board	22 May 2023	Social Care Nursing Workforce Proposal	<ul style="list-style-type: none"> Approved the investment proposal for up-skilling the clinically registered workforce in social care to support early discharge from hospital and admission avoidance.
4.	Planning & Finance Committee	8 June 2023	Temporary Relocation of Waterloo Health Centre Risk Management Framework and Risk Appetite statement Information Governance Policies Updates to HR Policies	<ul style="list-style-type: none"> The Committee approved the business case for temporary relocation of Waterloo Health Centre to 114-118 Lower Marsh, SE1. The Committee endorsed the risk scores and planning mitigations for those risks within the scope of the PFC currently exceeding agreed risk tolerances. The Committee approved amendments to the Incident Management Policy, ICT Equipment and Disposal Policy and the ICT Acceptable Use Policy.



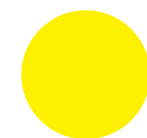
				<ul style="list-style-type: none"> • The Committee approved amendments to the Secondment Policy and Acting Up & Temporary Promotion Guidelines • The Committee approved the withdrawal of the Mandatory Vaccines in Care Homes Policy.
5.	Audit Committee	15 June 2023	Approval of annual accounts (final)	<ul style="list-style-type: none"> • The Committee approved the following for submission to NHS England as the final audited versions: <ul style="list-style-type: none"> • Audited annual report and accounts for SEL CCG for the period 1 April 2022 to 30 June 2022 • Audited annual report and accounts for SEL ICB for the period 1 July 2022 to 31 March 2023 • Management representation letters for both of the above periods.



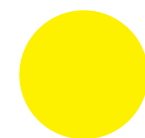
6. Agenda Items of Note

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

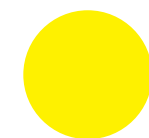
No.	Committee name	Meeting date	Items discussed
1.	Audit Committee	19 April 2023	<ul style="list-style-type: none"> • Current status of the draft annual report and accounts, confirming delegation of approval for submission of the draft annual report and accounts to the audit Chair • Update from external audit on progress with the Q1 CCG and Q2-Q4 ICB audits • Received a progress report, and draft head of internal audit opinion, and internal audit plan for 2023/24 from the ICBs internal auditors. • Received a progress report and strategic work plan for the six months to September 2023 from the ICBs counter fraud and anti-crime partner, TIAA. • Reports on the positive outcome of an independent review of the CCGs delivery against the Mental Health Investment Standard, special payments and debt write offs, tender waivers, and the process for procurement of counter fraud services from October 2023. • Update from the ICBs Associate Director of Assurance on the development of the ICBs risk appetite statement and risk management framework.
2.	Clinical & Care Professional Committee	26 April 2023	<ul style="list-style-type: none"> • Discussed a presentation on work on the pathways of care related to the Mental Health Act, noting the variable outcomes experience by people with serious mental illness subject to the MHA and an approach being developed to use digital solutions in a patient centred and clinically led way to improve the collection of data and improve the experience of patients. • A digital delivery plan was discussed by the committee which identified seven priorities to take forward to deliver south east London's priorities and obligations. • Heard how an approach was being developed to reduce short notice cancellations of operations but working early with patients to identify the specific complex needs and co-morbidities and provide support, with the help of a digital tool. • Received an update from the SEL Respiratory network on their work on early and accurate diagnosis of Asthma and Chronic Obstructive Pulmonary Disease, to support rehabilitation for



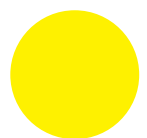
			<p>those with chronic lung conditions, optimise medicines and improve the delivery of home oxygen and virtual wards.</p> <ul style="list-style-type: none"> Received an update on progress in delivering the people and communities strategic framework.
3.	Quality & Performance Committee	3 May 2023	<ul style="list-style-type: none"> Received a report on quality and performance key issues since the last meeting. Received a report on industrial action impacts and the plans put in place in SEL during the industrial action period. Introduced to Patient Safety Partners. Received a summary of discussion at the System Quality Group. Discussed never events, based on an analysis over the last three years. Received an update report on activity taking place at QPC sub-committee meetings. Considered how to ensure the committee was kept aware of primary care performance and any specific challenges arising in that area.
4.	Planning & Finance Committee	4 May 2023	<ul style="list-style-type: none"> Received updates on the ICB and ICS final Month 12 financial positions, subject to audit. Discussed the ICBs 2023/24 start budget. Received an update on delegation of PODs and specialised services. Received an update on the ICB Joint Forward Plan and Operational planning. Discussed the key items of focus for the Committee for 2023/24. Received a briefing on emerging estates issues within North Lambeth, and in particular in relation to Waterloo Health Centre. Received a report from the Information Governance sub-committee.
5.	People Board	22 May 2023	<ul style="list-style-type: none"> Received an update on the Workforce Strategy Delivery Plan and Joint Forward Plans, noting that the Strategy has now been published and the timeline for completion of the Delivery Plan is June 2023. Received an update on the new structure of the SEL ICS Workforce Programme team/ Received and commented on an NHSE update on the Medical Distribution programme, which seeks to ensure the distribution of tariff-funded medical specialty training posts is equitable across the country based on need. Discussed the likely removal of the ICB workforce development fund in 2023/24 and the risks and mitigations at system and provider level. The group noted that Continuation of CPD funding



			<p>has been prioritised at a national level however, with funding confirmed for nursing associates, nurses, midwives and AHPs.</p> <ul style="list-style-type: none"> • Received feedback from the London workforce priorities workshop and ICS HRDs away day. • Received an update on the SEL ICS Health and Care Hub.
6.	Quality & Performance Committee	7 June 2023	<ul style="list-style-type: none"> • Received an update on work to mitigate an IT issue resulting in emails reaching mailboxes that were not monitored in a trust, and received assurances on work to share learning and prevent recurrence across south east London. • Received a report on quality and performance key issues since the last meeting, including to note the planning for, and impact of, industrial action, investigation into the root causes of 'never events', action taken in response to safeguarding issues, pressure on non-acute services and challenges facing urgent and emergency care. It was noted that an Oxleas service had received an 'outstanding' CQC rating. • The committee were briefed on the work being done by the South East London Local Maternity and Neonatal service on the experience of Black and Brown people in maternity including engaging with communities and reviewing the data, ensuring that people had all the information they needed and staff were trained to respond to their needs. The committee discussed how the data could be improved, the impact of deprivation in inequalities, the challenges related to workforce and estates, and the importance of building trust with service users. • The committee received an update of how Lewisham borough were approaching Quality locally by working with local partners.
7.	Planning & Finance Committee	8 June 2023	<ul style="list-style-type: none"> • Received updates on the ICB and ICS Month 1 financial positions and noted the 2023-24 Capital Resource Use Plan. • Received an update on progress with the proposal for a Community Diagnostic Centre on the Queen Marys Sidcup site. • Received an update on work to harmonise two Change Management Policies ahead of a consultation later in the year. • Received an update on progress with the Joint Forward Plan and Operating Plan. • Received an update on progress with the delegation of Podiatry, Optometry and Dentistry services to the ICB and the proposed delegation of specialised services.



			<ul style="list-style-type: none"> • Received an update on work to implement the NHS requirement to make 30% management cost reductions. • Discussed the impact of the Governance Review on the future work of the Planning and Finance Committee.
8.	Audit Committee	15 June 2023	<ul style="list-style-type: none"> • Received and noted the internal audit annual report and outcomes of recent internal audits. • Received and accepted the external auditors report. • Acknowledged the draft audit opinions issued for the Q1 CCG and Q2-Q4 ICB accounts.



Bexley Local Care Partnership – Bexley Health and Wellbeing Partnership

1. Recommendations to the Board for Decision / Approval

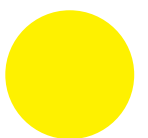
1.1 No items are referred to the Board for decision or approval in this period.

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

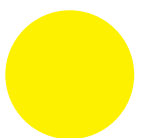
No.	Meeting date	Agenda item	Items for Board to note
1.	25 May 2023	General Practice Premium Service	<ul style="list-style-type: none"> The LCP members approved the commissioning of a new GP Premium for GP Practices, and associated KPIs, with a caveat that obesity requirements and associated KPIs are reviewed at six months.
2.	25 May 2023	Primary Care Business Report	<ul style="list-style-type: none"> The LCP approved the following as recommended by the Bexley Primary Care group: <ul style="list-style-type: none"> - Belvedere Medical Centre boundary application - Extension of PMS premium - 2023-24 GP Premium development plan - Extension to the Bexley Care Homes Supplementary Network Service Specification for Nursing and Residential Care Homes for 12 months from 1 April 2023 - Bexley Medicines Optimisation Programme 2023/24 - Ingleton Surgery boundary application

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.	25 May 2023	Showcase – “Lets Talk About Unpaid Carers”	<ul style="list-style-type: none"> The LCP received a presentation from Carers Support Bexley and London Borough of Bexley’s adult social care team on the role of unpaid carers and the support available to them in the borough.
2.	25 May 2023	Better Care Fund – Draft Plan 2023/24	<ul style="list-style-type: none"> The LCP received a report on the progress of the draft 2023/24 Better Care Fund plan for Bexley, noting the requirements of the plan and authorising the Bexley Chief Operating Officer to finalise and jointly agreed the BCF plan with the Local Authority on the ICBs behalf.
3.	25 May 2023	Supplementary Integrated Performance Report	<ul style="list-style-type: none"> The LCP received and noted the report.
4.	25 May 2023	Month 12 Finance report	<ul style="list-style-type: none"> The LCP received an update on the month 12 financial position for Place, ICB and ICS.
5.	25 May 2023	Place Risk Register	<ul style="list-style-type: none"> The LCP received an update on the current status and planned work on the Place Risk Register for Bexley.



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

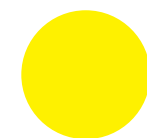
2.1 Below is a summary of decisions taken by the One Bromley LCP under delegation from the Board.

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

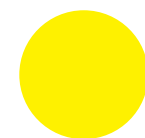
3. Agenda Items of Note

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 May 2023	Finance Month 12 update	<ul style="list-style-type: none"> The LCP received an update on the month 12 financial position for Place, ICB and ICS.
2.	16 May 2023	Partnership Report	<ul style="list-style-type: none"> The Joint partnership report was presented providing an overview of key work, improvements and developments undertaken by partners within the One Bromley collaborative. David Walker, Bromley Third Sector Enterprise (BTSE) updated that the Carers Charter was being co-developed following agreement from the One Bromley Executive.



			<ul style="list-style-type: none"> Iain Dimond notified that Oxleas had featured in the Sunday Times Best Places to work in the country. The organisation was featured in two categories; as a very large organisation and as a good place to work for people with a disability. Dr Parson gave his congratulations on this achievement.
3.	16 May 2023	Winter Review	<ul style="list-style-type: none"> This report offered an update on the review of last winter and the planning for next winter, including details of a workshop on improving the Urgent and Emergency Care pathway, updates on activity, and work to focus on support and discharge from hospital, including the success of a local virtual wards programme between acute and community services.
4.	16 May 2023	Hospital at Home – Update on the Service and Integration	<ul style="list-style-type: none"> The LCP received an update from the Hospital at Home service, a collaboration of four partner organisations working within Bromley: Bromley Healthcare, Bromley GP Alliance, King’s – Princess Royal University Hospital (PRUH) and St Christopher’s.
5.	16 May 2023	One Bromley Communications and Engagement Annual Report for 2022/23	<ul style="list-style-type: none"> The LCP received a report on the communications and engagement activity for One Bromley during 2022/23
6.	16 May 2023	Primary Care Group Report	<ul style="list-style-type: none"> A report was delivered on the recent meeting of the group which discussed the One Bromley Strategy and Operating plan, GP Access, PCN Development and the Prescribing Improvement Scheme
7.	16 May 2023	Contracts and Procurement Group Report	<ul style="list-style-type: none"> One contract award had been made at the last meeting for the Community Anticoagulation Service and the report summarised the next steps on a series of procurements.
8.	16 May 2023	Performance, Quality and Safeguarding Group Report	<ul style="list-style-type: none"> The Board were updated that the first meeting had taken place. Assurance was given that this would not be about duplicating work in other areas, but about adding value and enabling this committee to receive assurance that we are delivering.



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

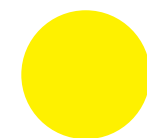
2.1 Below is a summary of decisions taken by the Healthier Greenwich Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	26 April 2023	2023/24 HGP Delivery Plan final	<ul style="list-style-type: none"> HGP agreed the final delivery plan, which includes ten priority actions.

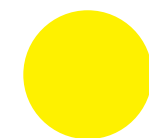
3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	26 April 2023	Healthier Greenwich Partnership Development	<ul style="list-style-type: none"> The LCP received an update about preparations for two 100-day challenges, being: <ol style="list-style-type: none"> primary prevention focussing on physical activity - how we improve physical activity across Greenwich. secondary and tertiary care, looking at Hypertension, both in terms of better detection and how we respond to that better detection.



			<ul style="list-style-type: none"> The Board agreed to use the HGP meeting on 24 May 2023 for a face-to-face HGP development workshop, focussing on working differently to deliver our shared plan, and risks to delivery.
1.	26 April 2023	Public Forum feedback	<ul style="list-style-type: none"> The LCP noted a report about the public forum held on 18th April 2023
2.	26 April 2023	Chief Operating Officers (COO) Report	<ul style="list-style-type: none"> The LCP received a report from the Chief Operating Officer, noting particularly that: <ul style="list-style-type: none"> Mobilisation of QEH Urgent Treatment Centre (UTC) has commenced, with weekly review meetings. The COO had undertaken visits to get to know local services, one of them being a visit to the Javan Coca Foundation who had launched a new centre. The Foundation supports about 190 children and young people with autism and additional needs. The procurement process to find a grant giving partner for NHS Greenwich Charitable Funds had begun.
3.	26 April 2023	Primary Care/Long Term Conditions strategic priority development	<ul style="list-style-type: none"> The LCP received and noted the report.



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

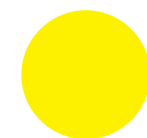
2.1 Below is a summary of decisions taken by the Lambeth Together Care Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	18 May 2023	Lambeth health and care plan 2023-28	The LCP received a report on the development of the “Our Health, our Lambeth” health and care plan 2023-28, and approved the plan for implementation. An introductory video was also shown. It's 'Our Health, Our Lambeth': Lambeth Together launches new five year plan to improve health for all - Lambeth Together

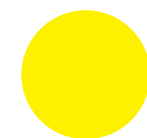
3. Agenda Items of Note

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.	18 May 2023	Lambeth Together Primary Care Commissioning Committee update	<ul style="list-style-type: none"> The LCP received an update report from the Lambeth PCCC.



2.	18 May 2023	Lambeth Together Assurance Update	<ul style="list-style-type: none"> The LCP received an update on the work of the Lambeth Together Assurance Group, noting in particular the work needed to better promote Safer Surgeries.
3.	18 May 2023	Sexual Health – deep dive	<ul style="list-style-type: none"> The LCP received a presentation on contraception services in Lambeth.



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

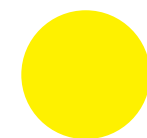
2.1 Below is a summary of decisions taken by the Lewisham Health & Care Partnership under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	18 May 2023	Health Inequalities Funding	<ul style="list-style-type: none"> The Lewisham LCP Board approved the Health Inequalities Funding proposal.
2.	18 May 2023	Five Year Primary Care Plan	<ul style="list-style-type: none"> The Lewisham LCP Board approved the Five Year Primary Care Plan.

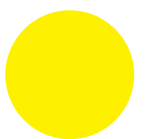
3. Agenda Items of Note

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.	18 May 2023	5 P's work	<ul style="list-style-type: none"> 5 P's work (a development tool to support local integration). The Lewisham LCP Board were updated on recent surveys, workshops and seminars which looked at the principles. Feedback will define ambitions for the next six months.



2.	18 May 2023	Local Health & Care Partnership Local Plan 2023-24	<ul style="list-style-type: none"> The Lewisham LCP Board were updated on the development of delivery plans as noted by the relevant programme boards.
3.	18 May 2023	Risk register	<ul style="list-style-type: none"> The Lewisham LCP Board noted the latest risk register.
4.	18 May 2023	Finance update	<ul style="list-style-type: none"> The Lewisham LCP Board noted the latest Finance update.



Southwark Local Care Partnership – Partnership Southwark

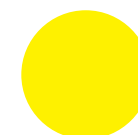
1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by Partnership Southwark Under Delegation

2.1 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.	4 May 2023	State of the Voluntary and Community Sector in Southwark	<ul style="list-style-type: none"> Partnership Southwark confirmed commitment to the call for action from the State of the Voluntary and Community Sector in Southwark report.
2.	4 May 2023	PEL report	<ul style="list-style-type: none"> The LCP agreed the enactment of the next five years of the 5+5 years APMS contracts for Lister and Falmouth Practices.
3.	4 May 2023	PEL report	<ul style="list-style-type: none"> The LCP agreed the contract award for the re-procurement of specialist nursing beds for individuals eligible for NHS Continuing Healthcare funding in South East London ICB.
4.	6 July 2023	Health and Care Plan	<ul style="list-style-type: none"> The LCP approved the Partnership Southwark Health and Care Plan.
5.	6 July 2023	PEL report	<ul style="list-style-type: none"> The LCP agreed the contract award for Mental Health Supported Work Environment Service to Southside Rehabilitation Association Ltd until May 2024.

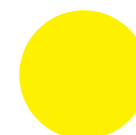


6.	6 July 2023	PEL Report	<ul style="list-style-type: none"> The LCP agreed to award the contract for the Lambeth Southwark and Lewisham HIV Care and Support services (non-clinical) to METRO Centre Ltd, who will work in partnership with African Advocacy Foundation, Catholics for Aids Prevention and Positively UK. The contract is to run for three years, with an option to extend for a further period of up to two years, in increments of one-year, to March 2028.
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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.	4 May 2023	Planning update	<ul style="list-style-type: none"> Board noted an update on the Joint Forward Plan, Operational Plan and Southwark Health & Care Plan.
2.	4 May 2023	Southwark 2030	<ul style="list-style-type: none"> Continue links with the Partnership Southwark contribution and next steps
3.	6 July 2023	Community Spotlight	<ul style="list-style-type: none"> Received a presentation from ParentSkills2Go on their support work in the communities of the borough.
4.	6 July 2023	Primary Care Update	<ul style="list-style-type: none"> Received an update from the primary care team on developments to enhance the primary care offering within the borough
5.	6 July 2023	Community/ Primary Care Training Hub update	<ul style="list-style-type: none"> Received a briefing on the work being undertaken to develop the training offer to community and primary care service practitioners within Southwark.
6.	6 July 2023	PEL report	<ul style="list-style-type: none"> Received an update on behalf of the Place Executive Lead (PEL) from Martin Wilkinson, Chief Operating Officer, noting that James Lowell had been appointed as Chief Executive of Queen Victoria Hospital, East Grinstead. The LCP members expressed their thanks to James for his work during his tenure as PEL and wished him every success in his new role. Martin Wilkinson would be the interim PEL until a permanent appointment was made.

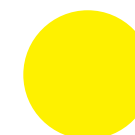


Acute Provider Collaborative

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

1.1 Below is a summary of decisions taken by the Acute Provider Collaborative under delegation from the Board between 11 April 2023 and 10 July 2023

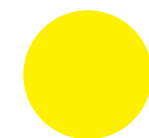
No.	Meeting date	Agenda item	Items for Board to note
1.	APC Executive, 19 May 2023	ENT	On the basis of the externally facilitated workshop held in early May, the APC Executive agreed to task the ENT SRO and the Ops & Strategy Group to build on those discussions, both to take forward the immediate next steps and to develop a set of proposals for the future. These proposals will be discussed and developed via the Executive Advisory Group infrastructure of the APC and brought back to the APC Executive for approval.
2.	APC Executive April, May, June 2023	APC Governance	The APC Executive agreed to implement further refinements to the APC Governance structure to increase Trust executive engagement and leadership and to facilitate appropriate focus on our most challenging priorities, eg operational performance including long waiters
3	APC Executive, April 2023	Anaesthetic Network	The APC Executive agreed to establish an Anaesthetic Network to work alongside the existing APC clinical networks and in particular the APC Theatres programme
4.	APC Executive, June 2023	Non-admitted programme	The APC Executive approved the revised and update deliverables and programmes that will be overseen by the APC Non-Admitted Programme Board going forward, which aim to continue to deliver against national objectives and priorities while taking account of the impact of EPIC implementation at GSTT and KCH



2. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	APC Executive and other APC Groups	Industrial Action	Ongoing discussions regarding the impact of industrial action and individual and collaborative action to mitigate the impacts continue to be a regular agenda item.
2.	APC Ops & Strategy Group (monthly)	Overall elective and diagnostic performance	The APC Ops & Strategy Group (established from April 2023) meets monthly with a focus on reviewing elective and diagnostic performance and collaborative problem-solving to address key challenges arising, including issues escalated from the fortnightly Operational Delivery Group.
3.	APC Executive and other APC Groups	Diagnostics investments – CDC and Endoscopy	These have been discussed in detail at numerous APC meetings over the past three months, before approval by the APC Executive and escalation to the ICB as indicated above.
4.	APC Ops & Strategy Group, April 2023	Inequalities Sub-Group	The APC Ops & Strategy Group agreed to establish an Inequalities Sub-Group to review existing work under way that contributes to the Inequalities agenda, and to develop short-, medium- and long-term proposals for the APC's approach to tackling PTL Inequalities, as well as its contribution to the wider Inequalities agenda.

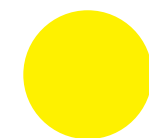


Mental Health Collaborative

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.

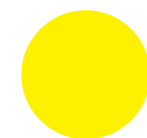
No.	Meeting date	Agenda item	Items for Board to note
1.	SLP Portfolio Board – June 23	Perinatal Services	<p>Perinatal Services</p> <ul style="list-style-type: none"> The mental health collaborative approved the submission of the business case to NHS England for delegation of the budget for the Mother and Baby Unit. <p>The perinatal service business case outlines some of the challenges across south London including health inequalities, delivery against the NHSE Long Term Plan, variations in investment and workforce challenges. A significant level of engagement has taken place across south London including with experts by experience and national colleagues to inform the development of the business case. The ambition is to transform the whole pathway within south London to reduce inequality and facilitate smoother care pathways.</p> <p>The NHSE panel took place on 22nd June and the outcome is expected soon. If approved, the MBU element will be delegated in October 2023.</p> <ul style="list-style-type: none"> Discussions are taking place with south east London Place Executive Leads to consider the community elements of the pathway and potential benefits of a south London collaborative approach.



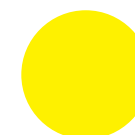
2. Agenda Items of Note

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.	SLP Portfolio Board – June 23	Updates	<p>Acute and crisis mental health services</p> <ul style="list-style-type: none"> Pressure on mental health inpatient beds has risen significantly – increased attendance at emergency departments and difficulty discharging medically-fit inpatients has grown. In response, we are: <ul style="list-style-type: none"> - sharing daily activity reports - holding meetings at CEO and COO level with acute providers and Place Executive Leads and ICB members - increasing bed capacity through contracting with the private sector. <p>The ICS-commissioned work by Carnall Farrar on understanding mental health emergency and urgent care demand in south east London will be reporting imminently and the provider collaborative will be working with system colleagues to respond to the report’s recommendations.</p> <p>NHS111 Press 2</p> <ul style="list-style-type: none"> The Head of Service has been appointed but band 6 recruitment has been challenging. Discussions continue on S136 funding and software development. <p>Right Care Right Person</p> <ul style="list-style-type: none"> Provider collaborative colleagues are involved in London-wide discussions with the Met Police in response to the Commissioner’s declaration to implement the Right Care Right Person approach by 31 August 2023. Colleagues are involved in the Joint Mental Health and Policing Group which has been set up by NHS England London. <p>A Clinical Director for the SLP Acute and Urgent Care Programme has been appointed - Dr Isabel McMullen.</p>



			<ul style="list-style-type: none">• Regular touch point meetings continue 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.
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Integrated Care Board

Item 9 Enclosure I

Title:	ICB Risk Management Framework 2023/24, Risk Appetite Statement and ICB Board Assurance Framework
Meeting Date:	19 July 2023
Author:	Kieran Swann (Associate Director of Assurance), Tara Patel (Head of Assurance)
Executive Lead:	Tosca Fairchild (Chief of Staff)

Purpose of paper:	To provide the updated risk management framework 2023/24 and the ICB risk appetite statement and matrix.	Update / Information	
		Discussion	
	To provide the ICB BAF which has been developed by using the updated RMF and risk appetite statement.	Decision	x
Summary of main points:	<p>The ICB Board is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across the organisation.</p> <p>Structure This item has been split into two parts.</p> <ul style="list-style-type: none"> Paper 1 includes: <ul style="list-style-type: none"> Key changes to the updated risk management framework (RMF) the updated ICB's RMF for 2023/24 (appendix 1) the ICB risk appetite statement and matrix (appendix 2) Paper 2 includes: <ul style="list-style-type: none"> The ICB BAF which has been developed by using the updated RMF and risk appetite statement. Appendix 3: includes all the SEL risks which are above the tolerance levels Appendix 4: includes all the LCP risks which are above tolerance levels. <p>The risk management framework (RMF) has been reviewed and shaped by the ICB Audit Committee on 19 April 2023.</p> <p>The development of the ICB Risk Appetite statement has been led by the Board. The Board endorsed the attached version of the appetite statement at its private meeting on 17 May, following a dedicated Board workshop on the topic which took place on 21 April.</p>		

The updated RMF and risk appetite statement was endorsed by PFC on 8 June 2023.

The BAF document was endorsed by PFC members in July 2023.

SEL ICB Risk Management Framework and Risk Appetite Statement

The ICB's Risk Management Framework has been comprehensively updated in response to recommendations endorsed by the Planning and Finance Committee and ICB Executive in February 2023, and those included in the ICB's risk internal audit report in March 2023.

The updated ICB Risk Management Framework (**appendix 1**) incorporates a new ICB Risk Appetite Statement and appetite matrix (**appendix 2**). The draft Risk Appetite Statement and matrix was amended and subsequently endorsed at the private meeting of the ICB Board on 17 May 2023.

The ICB's risk appetite matrix is used by the Board to set risk tolerance levels for various categories of risk across the organisation. This approach is designed to promote and support local ownership of risk across the ICB's governance and delegation arrangements. It also means that the Board will in 23/24 receive a view on those risks that have been assessed as exceeding the tolerance levels set. The new BAF therefore represents the full range of ICB risks that sit above the permitted level of risk tolerance, rather than be a summary of key strategic risks (regardless of their risk rating) as was the case previously.

Further changes included in the RMF relate to the enhanced role of the ICB executive in the oversight of all organisational risk; the enhanced role of the assurance and risk team in identifying risk and supporting training; a statement of ambition on the development of an approach to the management of system risk; and the integration of LCP and SEL risk management into a single process, which respect the balance of delegation and accountability as set by the ICB Board.

One further key change to ICB risk processes is that all risks above agreed levels of risk tolerance are to be regularly reviewed by the appropriate ICB committee ahead of being added to the BAF document. This provides an opportunity for the committee to be appraised of the uncontrolled risks within its scope of responsibility, to challenge the robustness of planned mitigations, and to assess and agree proposed risk scores. It is intended as an aide to help that committee plan its broader agenda.

SEL ICB Board Assurance Framework (BAF)

The SEL ICB BAF has been developed by applying the updated risk management framework and risk appetite matrix. The BAF includes all risks across the SEL and LCP risk registers, where the current risk scores sit above the permitted level of risk tolerance. Risks were downloaded from Datix on 21 June 2023.

All risks on the SEL and LCP risk registers have been updated by designated risk owners working with their teams.

Appendix 3: includes all the SEL risks which are above the tolerance levels.

Appendix 4: includes all the LCP risks which are above tolerance levels.

Potential Conflicts of Interest	<p>For this BAF, only risks above threshold are included for SEL, Bexley LCP and Lambeth LCP. There are no risks above threshold for Bromley, Lewisham and Southwark LCPs. Greenwich LCP are currently undergoing a process of re-setting their risks with partners against their 2023/24 delivery plan.</p> <p>Following discussion of risks at the Quality and Performance Committee in June, the assurance team have also updated the wording for three of the risk categories to make them clearer, as below:</p> <ul style="list-style-type: none"> • Strategic – updated to “Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities”. • Governance – updated to “Governance: Adherence to legal and statutory obligations”. • Operational – updated to “Operational: Relating to the effective day-to-day running of the ICB organisation”. <p>Summary of changes</p> <ul style="list-style-type: none"> • There are 13 SEL risks which are above risk appetite threshold, and 5 LCP risks. • No new risks with scores greater than the threshold have been added in the past month. • No risks with scores above threshold have been closed. • There is one risk on the Bexley LCP risk register rated at the highest possible score of 25. The assurance team have flagged the need for the LCP to reconsider this score, taking into consideration the risk scoring matrices in the RMF - the SMT have agreed that the score will be reconsidered and amended as appropriate. • There have been no score changes for any of the risks shown in the past month. 			
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 paper.		
	Financial Impact	Not directly applicable to the production of this paper.		
Other Engagement	Public Engagement	Not directly applicable to the production of this paper.		
	Other Committee Discussion/ Engagement	Audit Committee, 19 April 2023 ICB Board Workshop, 21 April 2023 ICB Board, 17 May 2023		

	<p>ICB Executive, 24 May 2023 Quality and Performance Committee, 7 June 2023 Planning and Finance Committee, 8 June 2023</p>
<p>Recommendation:</p>	<p>That the Board:</p> <ol style="list-style-type: none"> 1. Formally approve the ICB Risk Management Framework and linked risk appetite statement 2. Review and approve the ICB’s Board Assurance Framework.

SEL ICB Risk Management Framework and Risk Appetite Statement 2023/24

Prepared for ICB Board, 19 July 2023

- The ICB's Risk Management Framework (RMF) has undergone a comprehensive review and update.
- This has been in response to recommendations endorsed by the Planning and Finance Committee (PFC) and ICB Executive in February 2023, and those included in the ICB's risk internal audit report in March 2023.
- In April 2023, the RMF was also reviewed and shaped by the ICB Audit Committee.
- A key update to the framework has been the development of the ICB Risk Appetite Statement, which has been led by the Board. The version included in this paper was endorsed by the Board at its private meeting on 17 May, following a dedicated Board workshop on the topic which took place on 21 April.
- The PFC also plays an important role in relation to risk. As well as undertaking the detailed oversight of the ICB Board Assurance Framework (BAF) under delegation from the Board, it is responsible for the review and recommendation to the Board of the ICB's risk management processes.
- The updated RMF and risk appetite statement was received by PFC members and endorsed in July 2023.

- One of the main key changes to the RMF has been the addition of a risk appetite statement and matrix.
- The ICB's risk appetite matrix is used by the Board to set risk tolerance levels for various categories of risk across the organisation.
- This approach is designed to promote and support local ownership of risk across the ICB's governance and delegation arrangements. It also means that the Board will in 23/24 receive a view on those risks that have been assessed as exceeding the tolerance levels set. The new BAF therefore represents the full range of ICB risks that sit above the permitted level of risk tolerance, rather than be a summary of key strategic risks (regardless of their risk rating) as was the case previously.
- Further changes included in the RMF relate to:
 - the enhanced role of the ICB executive in the oversight of all organisational risk;
 - the enhanced role of the assurance and risk team in identifying risk and supporting training; a statement of ambition on the development of an approach to the management of system risk;
 - the integration of LCP and SEL risk management into a single process, which respects the balance of delegation and accountability as set by the ICB Board;
 - the ICB's risk processes including all risks above agreed levels of risk tolerance to be regularly reviewed by the appropriate ICB committee ahead of being added to the BAF document. This provides an opportunity for the committee to be apprised of the uncontrolled risks within its scope of responsibility, to challenge the robustness of planned mitigations, and to assess and agree proposed risk scores. It is intended as an aide to help that committee plan its broader agenda.

Recommendation

Approve the ICB RMF and linked risk appetite statement and matrix.

SEL ICB Board Assurance Framework 2023/34 July 2023

Prepared for the ICB Board, 19 July 2023

- The SEL ICB BAF has been developed by applying the updated risk management framework and risk appetite matrix. The BAF includes all risks across the SEL and LCP risk registers, where the current risk scores sit above the permitted level of risk tolerance.
- All risks on the SEL and LCP risk registers have been updated by designated risk owners working with their teams.
- **Appendix 3:** includes all the SEL risks which are above the tolerance levels (summarised on slides 5 and 6). **Appendix 4:** includes all the LCP risks which are above tolerance levels (summarised on slide 7).
- The risks include the following information:
 - risk owners and sponsors
 - the risk category that the risk falls into
 - the risk appetite for that category of risk
 - a description of the risk
 - controls that are in place to mitigate the risk
 - assurances
 - initial and residual risk scores
- **Flightpaths**
 - One of the key changes proposed as part of the updates to the BAF was the introduction of a residual risk score “flightpath” showing changes in risk scores over time and a short narrative providing the rationale for the score change.
 - This version of the BAF is the first one that has been produced operating under the new risk management framework and risk scores changes are therefore being recorded as of April 2023.
 - Since there have been no changes in risk scores for this BAF, there are no flightpaths of risks shown in this paper. However, the assurance team will continue to track changes in scores month on month and will include flightpaths at the point that residual risk scores are changed.

- The ICB Board:
 - is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across the organisation (including those exercised by joint committees or committees-in-common).
 - has a role in agreeing the scope of delegated activity to be undertaken by the Planning and Finance Committee (PFC) on its behalf in relation to risk.
- The Board has delegated the detailed oversight of risks to the PFC and received regular reports on risk and the BAF as an appendix to the PFC activity report submitted at every public Board meeting.
- The Board is kept apprised of the risk-related activity undertaken by the PFC and other relevant committees. The Board's role in this is to ensure that these risk management processes are operating effectively and matters of significant concern are escalated as required.

Recommendation

- Approve the ICB BAF, endorsed by the PFC in July.

Key points to note

- The risks included reflect the assessed position and risks were downloaded from Datix on 21 June 2023.
- For this BAF, only risks above threshold are included for SEL, Bexley LCP and Lambeth LCP. There are no risks above threshold for Bromley, Lewisham and Southwark LCPs. Greenwich LCP are currently undergoing a process of re-setting their risks with partners against their 2023/24 delivery plan.
- Following discussion of risks at the Quality and Performance Committee in June, the assurance team have also updated the wording for three of the risk categories to make them clearer, as below:
 - Strategic – updated to “Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities”.
 - Governance – updated to “Governance: Adherence to legal and statutory obligations”.
 - Operational – updated to “Operational: Relating to the effective day-to-day running of the ICB organisation”.

Summary of changes

- There are 13 SEL risks which are above risk appetite threshold, and 5 LCP risks.
- No new risks with scores greater than the threshold have been added in the past month.
- No risks with scores above threshold have been closed.
- There is one risk on the Bexley LCP risk register rated at the highest possible score of 25. The assurance team have flagged the need for the LCP to reconsider this score, taking into consideration the risk scoring matrices in the RMF - the SMT have agreed that the score will be reconsidered and amended as appropriate.
- There have been no score changes for any of the risks shown in the past month.

Summary of SEL risks exceeding tolerance levels

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	23	Transfer of high cost learning disabilities and autism clients could result in potential unbudgeted costs	12	15
	365	Loss of discharge funding meaning that some provision may not longer be able to be commissioned		20
Data and Information Management	279	ICB paper records left on the NHS SEL sites	9	12
	407	tQuest / Transport Layer Security (TLS) - Increase on the organisations cyber security threats.		12
	434	Variation in CHC digitalisation means that SEL will not meet the CHC mandatory patient level dataset submission		20
	435	Variation in CHC digitalisation means that SEL will not meet the all age continuing care patient level dataset submission		20
	437	Disruption to IT/Digital systems across provider settings due to external factors		10

Summary of SEL risks exceeding tolerance levels

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Strategic	386	Ongoing pressures across SEL UEC services	12	15
	391	Increased waiting times for autism diagnostics assessments		20
Workforce	395	SEL workforce investment: risk that the size of the health and care workforce across the SEL system is insufficient to meet the clinical and performance demands	15	16
Clinical, Quality and Safety	429	There is a risk that there is variation in performance across SEL with the Standard of CHC and Fast Track reviews.	9	16
	431	Harm to patients due to unprecedented operational pressures		16
Reputational	433	Potential reputation damage to the ICB due to SLAM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	12	20

Bexley risks

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	402	Discharge under home first arrangements	9	16
Strategic	444	Insufficient capacity to meet the demand for supported discharge	12	25
Finance	446	Overspend on cost-per-case budgets	12	16

Lambeth risks

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	142	Failure to prevent vaccine preventable diseases through achieving optimal vaccination uptake	9	12
Finance	319	CHC overspend in Lambeth	12	16

Appendices: risk scoring matrices

Risk scoring matrices (1 of 3)

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

Likelihood x Severity = Risk Score

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

Likelihood Matrix:

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

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.

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.

NHS South East London Integrated Care Board

Risk Management Framework 2023/24

FINAL DRAFT

25 May 2023

Approved by	ICB Board
Date approved	
Name and title of originator/author	SEL Assurance Team
Name and title of sponsor	Tosca Fairchild
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Description	Framework employed by SEL ICB to manage and report on risk.
Target audience	All ICB staff, particularly risk owners

Version Control

Version number	0.9
Supersedes	SEL ICB Risk Management Framework 22/23

FINAL DRAFT

Risk Management Framework

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1. AIMS AND SCOPE OF FRAMEWORK

Planning the delivery of health services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed.

NHS South East London Integrated Care Board (ICB) is committed to making risk management a core part of how the organisation runs its activities, making risk an integral part of the ICB's planning, delivery and evaluative activities.

The ICB has established a clear process governing the identification and description of risk and for clearly recording how these risks are to be effectively mitigated. This process is overseen as a core function of the ICB's governance arrangements, with designated postholders, committees, and ultimately the ICB Board supported to oversee risks within the organisation.

This framework describes both the process of risk management, the governance arrangements in place to support the effective oversight of risk in the ICB and outlines the roles and responsibilities of key postholders in the management of organisational risk.

2. RISK FRAMEWORK OBJECTIVES

The key objectives of this framework are to ensure that:

- a. All risks relating to ICB business are identified and managed through risk registers and a robust Board Assurance Framework (BAF). These include corporate, strategic, operational, clinical, financial, information, workforce and reputational risks.
- b. The Planning and Finance Committee, Quality and Performance Committee, ICB Executive Team, ICB Board ("the Board") and any other delegated committees are kept suitably informed of significant risks facing SEL ICB and their associated mitigation plans where these risks relate to the scope of their responsibilities.
- c. The ICB has arrangements in place to ensure a consistent approach to the identification and management of risks across the organisation.
- d. ICB staff are risk aware and have the skills in risk management.
- e. Risks are managed in line with the delegation agreements as set by the ICB Board, with risks effectively escalated so that action is taken at the appropriate level and the impact is monitored in the right part of the organisation.

3. RELATED GUIDANCE

[The Orange Book](#) (2020) is guidance issued by HM Government which establishes the concept of risk management, the development and implementation of risk management

processes in government organisations. It is intended to be used to structure organisational risk management in UK public sector organisations.

This Risk Management Framework uses principles and risk management processes as described in The Orange Book.

4. DEFINITION OF RISK

[The Orange Book](#) defines risk as the effect of uncertainty on objectives. Risk is usually expressed in terms of causes, potential events, and their consequences:

- A cause is an element which alone or in combination has the potential to give rise to risk;
- An event is an occurrence or change of a set of circumstances and can be something that is expected which does not happen or something that is not expected which does happen. Events can have multiple causes and consequences and can affect multiple objectives;
- The consequences should the event happen – consequences are the outcome of an event affecting objectives, which can be certain or uncertain, can have positive or negative direct or indirect effects on objectives, can be expressed qualitatively or quantitatively, and can escalate through cascading and cumulative effects.

There are a variety of types of risks that may occur in or be faced by any ICB, and this Risk Management Framework and related processes cover all types of risk. Examples of risk categories, as defined in [The Orange Book](#) are:

- **Financial risks:** Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
- **Governance risks:** Risks arising from unclear plans, priorities, authorities and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance.
- **Reputational risks:** Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.

The ICB will seek to take a differential approach to the management of risk, based on the type of risk identified. This is to be linked to the Board's view on risk appetite for the various types of risk. See section 6 of this framework.

5. ROLES AND RESPONSIBILITIES

SEL ICB Board

The ICB Board is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across their organisation (including those exercised by joint committees or committees-in-common).

The Board is responsible for agreeing the ICB's risk appetite framework and setting the level of risk tolerance across the key areas of risk likely to affect the organisation.

The Board has delegated the detailed oversight of risks to the PFC. The ICB's Board will receive regular reports on risk and will receive the Board Assurance Framework (BAF) document as an appendix to the PFC activity report submitted at every public Board meeting.

The role of the Board is to agree the scope of delegated activity to be undertaken by the Planning and Finance Committee (PFC) on its behalf in relation to risk.

The Board will be kept apprised of risk-related activity undertaken by the PFC and other relevant committees. The Board's role in this is to ensure that these risk management processes are operating effectively so that matters of significant concern are escalated to it as this is required.

Planning and Finance Committee (PFC)

The committee plays an important dual role in relation to risk. It is responsible for undertaking the detailed oversight of the ICB BAF under delegation from the Board. It is also responsible for receiving and reviewing and agreeing risks relating to planning and finance, ensuring these risks are agreed by the committee prior to inclusion on the BAF, which will go to the following ICB Board meeting in public.

Under delegation from the Board, the PFC will undertake the following activities:

- identify and proactively manage issues and early warnings of emergent risks.
- ensure compliance with relevant regulatory, legal and code of conduct requirements as set out in relevant guidance.
- scrutinise and challenge the risks included within the ICB's Board Assurance Framework.
- ensure that the appropriate resource for risk management is identified to the ICB and to support risk management training and education.
- Recommend the BAF to the ICB Board for formal approval.
- Undertake an annual review and formal approval of the ICB's Risk Management Framework, noting any recommendations from Audit Committee.

Quality and Performance Committee (QPC)

The QPC will be responsible for receiving and reviewing the BAF risks relating to quality and performance. These risks will be scrutinised and agreed by the committee prior to inclusion in the BAF which will go to the following ICB Board meeting in public.

Local Care Partnership (LCP) Committee

Each of the six borough's LCP committee will receive a risk register at their meetings in public. The LCP risk register will include those risks which relate to the activities of that LCP only; namely the responsibilities delegated to the LCP in accordance with their delegation agreements from the ICB Board.

Audit Committee

The role of the committee is to provide assurance to the Board on:

- The effectiveness of the ICB's risk management and internal control systems.
- The work of internal and external audit and any actions arising from their work.
- To ensure the ICB is compliant with its legal and regulatory requirements in respect of risk.

The Audit Committee will seek assurance on the effectiveness of the ICB's risk management processes on an on-going basis and consider risk at each committee meeting (approximately once quarterly).

The Audit Committee will also be asked to review and comment on the ICB's Risk Management Framework on an annual basis ahead of its formal approval by the Planning & Finance Committee.

It is proposed that the formal review and approval of the ICB's Risk Management Framework is undertaken by the Audit Committee ahead of the 2024/25 financial year. This will require agreement at the ICB Board and amendment of the current scheme of reservation and delegation.

ICB Executive Team

The ICB executive team will receive a summary of all ICB risk – both those identified as exceeding agreed levels of risk tolerance (i.e. BAF risks), and that risks identified as being within permitted tolerances (ICB risk register risks). The executive will also receive a summary of above threshold risks from the Local Care Partnership (LCP) risk registers.

The executive team will review and scrutinise the risks to ensure that the description of the risk is an accurate assessment of the specified risk and the mitigations and planned actions detailed are clearly described and sufficient to address the risks.

ICB Risk Forum

The ICB's Risk Forum will review all risks included on the SEL ICB risk register and LCP risk registers. The forum will provide some benchmarking and cross-challenge to ensure consistency of approach and identification of common or recurring risks which may impact the ICB's corporate risk profile.

Roles of key ICB post-holders

ICB Chair

The ICB Chair has overall responsibility for governance for the ICB.

Chief Executive Officer

The Chief Executive Officer has overall executive responsibility for risk management.

Non-executive directors

Non-executive directors provide a strategic and impartial view of governance ensuring ICBs act with the utmost probity. ICB non-executive directors are members of the ICB Board and PFC.

Chief Financial Officer

The Chief Financial Officer (CFO) has the delegated responsibility for all aspects of financial risk regarding financial arrangements and statutory obligations. The CFO manages and oversees internal and external audit processes for the ICB.

Chief of Staff

The Chief of Staff retains operational responsibility for the management of the ICB's risk management processes.

Risk SROs (ICB executive directors)

These post-holders are responsible for ensuring that there are appropriate risk management systems in place within their areas of responsibility, so that where risks are identified they are added to the ICB's risk register. The designated individuals will take on responsibility for the preparation and review of risks and mitigations and ensure that entries in the ICB risk registers are kept up to date.

Their responsibility is to ensure that robust, integrated and coherent risk management arrangements which comply with legal requirements and good practice are in place and adhered to.

Nominated SROs for each risk will review risks monthly for updates provided by their teams as well as to reflect observations from the PFC monthly review of risks included on the ICB BAF.

Local Care Partnership Place Executive Leaders and Senior Management Teams

Place Executive Leaders have executive responsibility for ensuring the effective identification and management of risk within their local care partnership. LCP SMT are responsible for the regular review of all risks included in LCP risk registers.

SEL ICB assurance and risk teams

Team members are responsible for overseeing the smooth-running of the risk management framework and completion of the ICB BAF by identifying risks included on SEL and LCP risk registers, which are scored above agreed levels of risk tolerance as per the ICB's risk appetite statement.

It is beholden on the team to act as a point of coordination between SROs and other colleagues to support the effective identification and management of risk. The risk team will also play a pro-active role supporting the organisation and risk owners to identify emergent risks.

The risk team will:

- Own the ICB risk register and administer the Datix risk management system.
- Coordinate the completion of the monthly BAF ahead of the PFC and ICB Board.
- Support LCP executive teams and local governance leads in the completion of LCP risk registers.
- Run the ICB Risk Forum.
- Lead developmental work on system risk in coordination with ICB colleagues across the region.
- Pro-actively 'horizon-scan' reviewing data, information sources and through qualitative intelligence to highlight potential areas of risk to the organisation.
- Train ICB colleagues in the management of risk.
- Provide specialist risk-management knowledge and advice as required.

LCP governance leads will:

- Manage the LCP risk registers.
- Ensure all risks are identified and added to the ICB risk register or BAF as appropriate.
- Work with risk senior responsible officers (SROs) to identify risks in their areas of responsibility that should escalate to the BAF and escalate to the assurance team as appropriate.

- Ensure all risks are presented for monthly review.
- Support colleagues in the identification and management of risk.
- Ensure all risks are adequately reported to the PFC and subsequently to the ICB Board and any other relevant committees.

Risk sponsor

Every risk on ICB risk register will be assigned a risk sponsor, which will typically be a director-level SRO. The sponsor is responsible for the operational management of the risk. They must:

- Plan and implement actions to manage mitigations of their risks.
- Ensure sufficient assurances are available to assess the effectiveness of the risk mitigations.
- Ensure that their risk(s) are updated on the register at least monthly and at regular intervals in the operational risk registers.
- Discuss major challenges and significant changes with the ICB executive leadership team.

Risk owner

Every risk on the risk register will be assigned at least one owner, with some risks having more than one. The risk owner is responsible for the updating and management of the risk on the ICB risk reporting system. They must:

- Conduct a monthly review of the risk, ensuring that any updates are clearly annotated within the recording system.
- Ensure that the risk sponsor is updated and consulted regarding significant changes to the risk.
- Ensure that risks are appropriately escalated if needed with oversight by the risk sponsor.

All SEL ICB employees

All SEL ICB staff must be familiar with and comply with the Risk Management Framework, and be able to identify, record and manage risks relevant to their areas of work.

6. RISK APPETITE

The Orange Book defines risk appetite as the amount and type of risk that an organisation is exposed to and is willing to take in order to meet its objectives. This is determined by continuous assessment of the principal risks by the Board.

The ICB risk register includes an overarching risk appetite statement, as well as risk appetite tolerances which are set by the Board for the key types of risks facing the organisation. The risk appetite framework is developed and agreed by the ICB Board.

The ICB's risk appetite statement provides a framework for the organisation to manage different types of risk. The Orange Book makes clear that public sector organisations cannot be risk averse and be successful, therefore effective and meaningful risk management remains more important than ever in taking balanced risk and opportunity in delivering public services.

The Board's risk appetite allows a quantitative risk tolerance score to be defined, which essentially provides the range for within target risk scores should be achieved. **The ICB's BAF represents those risks on the SEL ICB risk register and LCP risk registers that are recorded with residual risk scores that exceeds the agreed level of risk tolerance as set by the Board in the risk appetite statement for that category of risk.**

****Add a link to the appetite statement document****

7. RISK MANAGEMENT PRINCIPLES

The ICB will adopt the principles and concepts from HM Government's The Orange Book for the identification, analysis, prioritisation, treatment, communication and monitoring of risks.

The early identification of risks and potential issues is important so that they are recognised, acknowledged, and mitigated where possible. All staff are encouraged to flag any perceived risk to their line manager and director early and it is the director's responsibility to assess and propose risk for inclusion on the ICB risk register or the BAF.

For risk management to be considered effective, the following principles should be applied:

- a. Risk management shall be an essential part of governance and leadership, and fundamental to how the organisation is directed, managed and controlled at all levels.
- b. Risk management shall be an integral part of all organisational activities to support decision-making in achieving objectives.
- c. Risk management shall be collaborative and informed by the best available information and expertise.
- d. Risk management processes should be structured to include:
 - risk identification and assessment to determine and prioritise how the risks should be managed.
 - the selection, design and implementation of risk treatment options that support achievement of intended outcomes and manage risks to an acceptable level.
 - the design and operation of integrated, insightful, and informative risk monitoring.
 - timely, accurate and useful risk reporting to enhance the quality of decision-making and to support management and oversight bodies in meeting their responsibilities.
- e. Risk management shall be continually improved through learning and experience.

8. RISK MANAGEMENT PROCESS

This risk management process will apply to all risk across the full range of the ICB's responsibilities and ambitions. This includes the ICB's commitments to delivery of its statutory obligations, integrated care partnership strategy and Joint Forward Plan.

Each stage of the risk management process should be documented in order to:

- demonstrate the process is conducted properly
- provide evidence of systematic approach
- provide a record of risk and to develop organisational knowledge of risk
- provide relevant decision-makers with a risk management plan for approval,
- provide an accountability mechanism and tool
- facilitate review and monitoring
- provide an audit trail, share and communicate information.

Step 1: Identify the risk

A risk is identified by an individual, team, or committee/meeting group. This can be a risk related to the delivery of the ICB's corporate objectives, strategic ambitions, operational commitments, legal obligations and any other core operational process, dependencies or stakeholder expectations.

Risk articulation: Establishing a clear context and cause-and-effect basis for each risk is key in understanding what is needed to mitigate the risk. Having an appropriate risk title for each risk is fundamental in management of risk registers.

The ICB assurance and the risk team will work with risk owners and others involved in all stages to ensure this recommendation is adhered to consistently.

Step 2: Analyse the risk

Once the risk has been identified, the likelihood and impact of the risk is determined. The impact score should be based on an assessment of how the risk will impact on the ICB as the statutory organisation, rather than on a specified part of it (e.g. an LCP committee). The magnitude of the risk is determined by multiplying an individual likelihood (probability) score with an individual severity (impact) score: **likelihood x impact = risk score**.

The initial risk score against the risk, without any mitigations in place is known as the inherent risk score. The risk score following the implementation of mitigating actions is the residual risk score. The target risk score is the desired level of risk that the organisation believes is optimal to meet its objectives (see appendix 1 for risk definitions).

When scoring risks, LCPs should consider the impact of the risk on the organisation as a whole (i.e. the ICB as the statutory body), rather than assessing the impact on the LCP in isolation. In this, risk owners should follow the guidance set out in the risk scoring matrix

included in this framework. The matrix includes thresholds for each level of risk and is shown in appendix 2.

Risk grading: Once a risk has been scored using the above-referenced system, it should be 'graded' (i.e. RAG-rated). It is vital to have a qualitative method of defining risk that enables prioritisation and appropriate action. Prioritisation can be achieved by applying the risk grading matrix below. A summary of the potential 'grades' of risk issues, based on a risk score, are noted below, where:

Grade	Definition	Risk Score
Red	Extreme Risk	15-25
Amber	High Risk	8-12
Yellow	Moderate Risk	4-6
Green	Low Risk	1-3

Target Risk: The target risk for different risk categories can be found in the ICB's risk appetite statement. This provides the risk tolerance score for each of the different types of risks and therefore, the target risk score, which should sit within the tolerance score determined by the Board for the stated category of risk. The risk owner should consult the ICB's risk appetite statement to ensure the target score is appropriate and within the tolerance values of what the Board is willing to take.

Step 3: Evaluate the risk

The risk owner evaluates the risk by determining the risk magnitude as above, and all risks not at their target score will be treated.

As part of the evaluation process, new risk additions will be discussed at the monthly Risk Forum, which will provide benchmarking, to ensure only risks that have significant affect on the organisation are included on the risk register.

Step 4: Examine the solutions / mitigations

The risk owner considers potential ways in which the risks can be treated – there are four options:

- **Accepted:** risks that fall within the Board's risk appetite can be accepted and require no further action other than ongoing monitoring. Risks are only expected to remain on the register for a limited time period. Generally, this would be 6 months, but will be dependent on the type of risk.
- **Mitigated:** controls are applied to reduce the risk to an acceptable level, which is agreed as the target risk score and which fall within the Board's risk appetite. Controls can be applied to reduce the likelihood of the risk occurring or to reduce the impact of the risk should it be realised. Part of the risk mitigation is the development of contingency plans which are implemented after the risk has occurred. These

actions are developed as far as possible in advance to help the ICB recover after a risk event has occurred.

- **Transferred:** risks that are outside of the ICB's appetite can be transferred or shared via insurance through joint ventures, third party suppliers or contractual agreements.
- **Avoided:** where the Board has no appetite for risks in a particular area of business, activity giving rise to that risk should be ceased.

Step 5: Monitor and review the risk

All elements of the risk should be reviewed monthly (maximum 6 weekly for risks at target or that have low scores) with particular attention to:

Risk scores:

- **Current:** ensuring they reflect the current situation
- **Target:** The target risk score is the level of risk the organisation is aiming to get to as a minimum via the application of mitigating actions. The target score is used as a way of indicating the acceptable risk threshold relating to a risk in recognition that the organisation will not be able to eliminate all risks entirely and is linked to the Board's risk appetite.

Mitigating actions: ensuring these are SMART (specific, measurable, attainable, realistic, timely).

Recording risks: Once the risk has been approved by the risk sponsor, the risk should be recorded on Datix by the risk owner. Datix is the web-based risk management software used by the organisation for recording risks.

Issues

Risks that materialise are known as issues. At a point where a risk becomes an 'issue', risk owners should consider whether they may need to re-assess the situation to consider whether the risk included in the register may be respecified. A respecified risk would focus on those things that relate to the matter being described, but have yet to materialise and therefore are amenable to control and mitigation. This may be done, by closing the risk that has become an issue, and creating a new risk related to those things that have not yet happened.

Risks that have materialised will also be marked as such on the centrally held risk register. This will be completed by the risk team.

9. REPORTING ARRANGEMENTS

Board Assurance Framework (BAF)

The Board Assurance Framework is designed to provide the ICB Board and relevant committees with details of all risks that sit above agreed levels of risk tolerance as defined by the Board. The threshold or tolerance for the different types of risks is determined by the

Board's risk appetite and will vary depending on risk category. The risk appetite statement can be found [here](#).

The Board Assurance Framework consists of all risks that fall outside of the Board's risk appetite level of tolerances. These risks are drawn from the ICB's central SEL risk register and the LCP risk registers.

The BAF also provides a structure for documenting evidence to support signing of the ICB's annual governance statements and forms part of the annual audit reviews.

ICB Risk Register

The ICB's Risk Register represents a complete and definitive record of all risks faced by the ICB during the year. These risks do not include risks identified by LCPs, which are held on separate LCP risk registers (see below)

The risk register sets out the controls which the risk sponsor/risk owner has or will put in place to effectively mitigate each risk, together with sources of assurance to inform the executive leadership team of the ICB as to the effectiveness of the controls.

The risk register also identifies any areas in which the controls or sources of assurance require improvement to be as effective as possible and sets out actions necessary to secure improvement.

The ICB risk register is hosted on the Datix risk management system and is managed by the ICB's assurance and risk team.

Reporting and review

All risks will be reviewed by risk owners and sponsors as they are identified and updated at least on a monthly basis, as a minimum or as significant change arises. Risks that are on the BAF will be presented to the PFC, QPC, and other relevant committees as well as the ICB executive as a standing item of business for assurance once every other month.

The BAF will be reviewed by the PFC and ICB executive team and note its assurance on the risk rating; planned actions; assurances and 'gaps' for each risk included. They will review and scrutinise the risks, mitigations, and scores.

New risks will initially be presented to the relevant committee, who will take a view on the appropriateness of its inclusion and review and approve the indicative risk rating. This process will be recorded in the meeting minutes.

Other committees and subcommittees of the Board will review the risks related to their areas as standing items of business.

Local Care Partnership risks

In addition to the ICB risk register, a risk register will be maintained and managed locally for each Local Care Partnership (LCP) within SEL ICB. These registers will record any risks

which are specific to a single LCP only or relate to the LCP impact of a corporate risk evident across several LCPs (for example, an LCP risk may be recorded for failure to meet a delegated financial target, and an SEL corporate risk recorded for a risk impacting on budgets that are not delegated – e.g. acute hospital costs).

LCP risk registers will be reviewed regularly by the SMT of the LCP. A minimum of all risks identified by the LCP as exceeding agreed levels of risk tolerance will be considered at each meeting in public of the LCP.

The ICB Risk Forum will play a role to ensure consistency in the identification, assessment and ownership of risks which may impact the corporate risk profile.

LCP risks exceeding agreed levels of risk tolerance for a stated category of risk will be included on the ICB Board considered by the PFC and ICB Board.

10. MANAGING RISK ACROSS THE INTEGRATED CARE SYSTEM (ICS) PARTNERSHIP

It is often at the interface between organisations that the highest risks exist, and clarity about responsibilities and accountabilities for them most difficult to ascertain. Only by working closely and collaboratively with partner organisations can these be identified, managed and afforded an appropriate priority.

However, in the management of risk it is important that we are mindful of the distinct scope and responsibilities of system partners, so that risk identified are appropriately addressed by the responsible organisations or combination of organisations.

The ICB assurance and risk teams will seek to work with colleagues at other ICBs across London and nationally, and also with ICS partners in 2023/24 to identify risks to delivery of objectives for the areas deemed within the scope of the ICB's activities. It also to incorporate a view on risks identified by other ICS system partners.

As part of their 'horizon scanning' role, the ICB assurance and risk teams will seek to work in partnership with ICS partner risk leads to maintain an overview of the risks held in each organisation and consider the impact on these risks on ICBs assessment of its own risks.

Our ambition is ultimately to run a single approach to the identification and oversight of risk across the ICS system. We are committed to establishing this in two stages, with the first stage focused on embedding the enhanced ICB's risk processes as outlined in this framework, with the second stage to be achieved in 23/24 to develop and agree our system approach together with ICS partners. We will seek to do this in a way that synchronises with national development work on system risk.

11. APPROVAL OF RISK FRAMEWORK

The PFC is responsible for the review and recommendation of this framework for approval by the ICB Board. The ICB Board will formally approve the framework.

The Audit Committee will monitor implementation of this policy and will receive assurances on this via annual internal and external auditor reports.

SEL ICB Risk Management Framework Policy v.0.9 – FINAL DRAFT

Date approved:

Review date:

Appendix 1: Risk definitions

Risk

Risk is the chance of something happening that will have an impact on the achievement of the organisation's objectives and the delivery of high quality patient care. It can be any type of risk including corporate, clinical, financial, operational or reputational.

Inherent risk score

The initial risk and risk scores relate to an assessment of the risk prior to the mitigations being considered.

Residual risk and risk score

Residual risks and risk scores are the assessment of the risk post-mitigation (i.e. the score that factors-in the impact of the mitigating actions planned).

Target risk score

The target risk score is the level of risk the organisation is aiming to get to as a minimum via the application of mitigating actions. The target score is used as a way of indicating the acceptable risk threshold relating to a risk in recognition that the organisation will not be able to eliminate all risks entirely.

Hazard

Situations with the potential to cause harm.

Risk Management

Risk management supports the consistent and robust identification and management of opportunities and risks within desired levels across an organisation, supporting openness, challenge, innovation and excellence in the achievement of objectives (The Orange Book).

Significant or Extreme Risks are those risks which, when measured according to the appended risk grading tool are assessed to be high. The ICB Board, supported by the Planning & Finance Committee, will take an active interest in the management of significant and extreme risks.

Acceptable risks are those risks which have been identified and measured according to the risk grading tool and for which risk mitigation action plans have been developed. Such risks are deemed to be acceptable depending on the nature and grade of the risk. Acceptable risks should be monitored, reviewed and entered onto the appropriate risk register.

Controls

These are mitigating mechanisms that are **currently** in place.

Examples of controls include: signed contracts, committees in place, monthly/ quarterly reports to committees, approved business or project plans or business cases, approved HR/ Finance resource, budget, approved contingency plans/ budgets.

Sources of assurance

These provide evidence that controls are in place and/or provide information regarding the effectiveness of those controls. External systematic reviews are the strongest type of assurance. Examples include: meeting minutes where controls have been agreed and scrutinised for efficiency, plans that have been submitted or approved, policies, commissioning intentions or strategy. A full table is provided overleaf.

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Commonly used sources of assurance from Assurance Frameworks	
Internal sources of assurance	External sources of assurance
Internal audit Key performance indicators Performance reports Sub-committee reports Compliance audit reports Local counter fraud work Staff satisfaction surveys Staff appraisals Training records Training evaluation reports Results of internal investigations Serious incident reports Complaints records Infection control reports Declarations to Care Quality Commission Information governance toolkit self-assessment Patient advice and liaison services reports Human resource reports Internal benchmarking	External audit Audit Commission NHS Litigation Authority NHS England reports/reviews Monitor reports/ reviews Care Quality Commission hygiene code reports Care Quality Commission reviews Care Quality Commission registration reviews Royal College visits External benchmarking Patient environment action team reports Accreditation schemes National and regional audits Peer reviews Feedback from service users Feedback from commissioners External advisors Local networks (for example, cancer networks)

Source: adapted from the Audit Commission Report *Taking it on Trust*

Gaps in controls and assurances

Gap in control is a mitigation required to bring the risk down further but not currently in place. Gaps in assurance reflect insufficient evidence that the control is in place or in effect.

SMART Actions

SMART (Specific, Measurable, Appropriate, Reliable, Timely) actions will be determined by gaps in controls and assurances, i.e. mitigation that is further required to bring the risk to a tolerable level.

11. Appendix 2: Risk Assessment Matrices

The matrix below represents 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 combined **risk score**.

$$\text{Likelihood} \times \text{Severity} = \text{Risk Score}$$

An example risk score calculation has been provided below, where:

Likelihood = Possible (3);
Severity = Major (4); therefore:

$$(\text{Likelihood}) 3 \times 4 (\text{Severity}) = 12$$

The risk score can then be compared to the risk matrix below and a 'colour' or 'grade' can be determined. In the example above, a risk score of 12 would be graded as 'amber' (moderate). The ICB can then prioritise mitigation actions based on an understanding of the nature of the risk presented.

Risk Scoring Matrix

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

Individual Risk Scoring Matrices

Two risk matrices are available which, when combined, provide an overall risk score. These matrices include a likelihood matrix and a severity matrix:

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%

Several different descriptors of likelihood (probability) are available for use, some permitting flexibility in the application of likelihood scoring to particular risk scenarios.

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)	<p>Minimal injury requiring no/minimal intervention or treatment.</p> <p>No time off work</p>	<p>Minor injury or illness, requiring minor intervention</p> <p>Requiring time off work for >3 days</p> <p>Increase in length of hospital stay by 1-3 days</p>	<p>Moderate injury requiring professional intervention</p> <p>Requiring time off work for 4-14 days</p> <p>Increase in length of hospital stay by 4-15 days</p> <p>RIDDOR/agency reportable incident</p> <p>An event which impacts on a small number of patients</p>	<p>Major injury leading to long-term incapacity/disability</p> <p>Requiring time off work for >14 days</p> <p>Increase in length of hospital stay by >15 days</p> <p>Mismanagement of patient care with long-term effects</p>	<p>Incident leading to death</p> <p>Multiple permanent injuries or irreversible health effects</p> <p>An event which impacts on a large number of patients</p>
Adverse publicity/ reputation	<p>Rumours</p> <p>Potential for public concern</p>	<p>Local media coverage – short-term reduction in public confidence</p> <p>Elements of public expectation not being met</p>	<p>Local media coverage – long-term reduction in public confidence</p>	<p>National media coverage with <3 days service well below reasonable public expectation</p>	<p>National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)</p> <p>Total loss of public confidence</p>
Business objectives/ projects	<p>Insignificant cost increase/ schedule slippage</p>	<p><5 per cent over project budget</p> <p>Schedule slippage</p>	<p>5–10 per cent over project budget</p> <p>Schedule slippage</p>	<p>Non-compliance with national 10–25 per cent over project budget</p> <p>Schedule slippage</p> <p>Key objectives not met</p>	<p>Incident leading >25 per cent over project budget</p> <p>Schedule slippage</p> <p>Key objectives not met</p>

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.
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.

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NHS SEL ICB Risk Appetite Statement 2023/24

The statement

- 1. Risk management is about finding the right balance between risks and opportunities in order that the Integrated Care Board – as a key partner in the South East London Integrated Care System – might act in the best interests of patients, residents, and our staff.*
- 2. The ICB's stated appetite for risk provides a framework within which decisions can be made in a way that balances risks and rewards; costs and benefits.*
- 3. The ICB risk appetite framework is designed to allow NHS SEL ICB to tolerate more risk in some areas than others as it seeks to deliver its responsibilities and achieve the ambitious aims for the local health and care system. Risk appetite is not about the extent to which the ICB will seek to make change or maintain the status quo. It is about the extent to which the organisation is willing to take risks in the process of securing the change we know is needed.*
- 4. This risk statement is issued by the ICB and relates to the risk management processes in place to support the organisation's Board to manage risks faced by the organisation. However, as an integral part of the SEL Integrated Care System – working to shared operational and strategic objectives – a significant proportion of ICB risks will also affect ICS partner organisations, and vice versa. The ICB's risk approach aims to respect individual institutional responsibilities and processes, whilst seeking a better coordinated response to risks that exist across the partnership. This approach is a particular priority given that risks exist at provider interfaces and as part of patients' interactions across system partners.*
- 5. The ICB has a dual role. It functions as a highly regulated organisation with responsibilities for ensuring statutory compliance, overseeing provision and ensuring financial sustainability. It additionally functions as an engine of change, with responsibilities to promote joined-up care, innovation, and to deliver improved population health outcomes.*
- 6. To achieve our ambitious objectives for the health and care system in south east London, the ICB, as a leading voice in the wider ICS partnership, will need to be an increasingly innovative and change-driven organisation. The ICB has consequently adopted an **OPEN** or **EAGER** appetite in most areas of risk. However, the ICB will in pursuit of its wider objectives, operate with a **CAUTIOUS** posture to risks relating to the quality and safety of clinical care and to data and information management*
- 7. Where a risk related to the ICB's activities is recorded with a residual risk score in excess of the defined risk tolerance level for the stated category of risk, that risk will be escalated within the SEL governance structure and ultimately be included in the Board Assurance Framework (BAF) for consideration by the ICB Board.*

ICB risk appetite level descriptions by type of risk

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



Selected ICB risk appetite level

Risk appetite level description (and residual risk score)					
Risk Category	Averse (1 – 3)	Minimal (4 – 6)	Cautious (7 – 9)	Open (10 – 12)	Eager (13 – 15)
Governance	Avoid actions with associated risk. No decisions are taken outside of processes and oversight / monitoring arrangements. Organisational controls minimise risk with significant levels of resource focussed on detection and prevention.	Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximised through robust controls and sanctions.	Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking.	Receptive to taking difficult decisions when benefits outweigh risks. Processes and oversight / monitoring arrangements enable considered risk taking.	Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking.
Strategic	Guiding principles or rules in place that largely maintain the status quo and seek to limit risk in organisational actions and the pursuit of priorities. Organisational strategy is rarely refreshed.	Guiding principles or rules in place that typically minimise risk in organisational actions and the pursuit of priorities..	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities.	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is reviewed and refreshed dynamically.



Selected ICB risk appetite level

Risk appetite level description (and residual risk score)					
Risk Category	Averse (1 – 3)	Minimal (4 – 6)	Cautious (7 – 9)	Open (10 – 12)	Eager (13 – 15)
Data and Information Management	Lock down data & information. Access tightly controlled, high levels of monitoring.	Minimise level of risk due to potential damage from disclosure.	Accept need for operational effectiveness with risk mitigated through careful management limiting distribution.	Accept need for operational effectiveness in distribution and information sharing.	Level of controls minimised with data and information openly shared.
Workforce	Priority to maintain close management control and oversight. Limited devolved authority. Limited flexibility in relation to working practices. Development investment in standard practices only.	Decision making authority held by senior management. Development investment generally in standard practices.	Seek safe and standard people policy. Decision making authority generally held by senior management.	Prepared to invest in our people to create innovative mix of skills environment. Responsibility for non-critical decisions may be devolved.	Innovation pursued desire to “break the mould” and do things differently. High levels of devolved authority and a strong willingness for workforce to act with autonomy to improve its impact.
Reputational	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking limited to those events where there is no chance of any significant repercussion for the organisation.	Appetite for risk taking limited to those events where there is little chance of any significant repercussion for the organisation	Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Appetit to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks.



Selected ICB risk appetite level

Appendix 2: SEL risks above threshold

Risk ID	Opened Date	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Controls	Current Likelihood	Current Consequence	Current Rating	Assurances
23	26/2/21	Strategic Commissioning Lead Carol-Ann Murray	Director Commissioning and Improvement - Holly Eden	Finance	10 - 12	Transfer of high costs Learning Disabilities and Autism clients could result in potential unbudgeted costs	There is a risk that transfer of high-cost Learning Disability and Autism clients from NHSE Specialised Commissioning (Spec Comm) and/or South London Partnership (SLP) under the Learning Disability and Autism programme (Transforming Care Programme) results in potential unbudgeted costs, this is caused by an increase in the number of high cost complex patients both in hospital needing discharge and those being cared for in the community preventing admissions which have bespoke needs that are difficult to budget for. The consequence to the ICB is that this is taking all LDA budgets are overspent	3	3	9	Definitive list of SEL inpatients across the ICB, SLP and NHSE Spec Comm/SLP and funding responsibilities has been completed, NHS SEL funded inpatients and plans in place for discharge to community placements in 12-18 months, Additional programme management resource put in place in NHS SEL, with a focus on improving discharge processes and admission management, Community care and treatment reviews continue to prevent hospital admissions, Capture of data on people with learning disability or autism who are risk of admission is carried out to support planning, SEL Learning Disability and Autism (LDA) programme monitors activity, Monthly SEL LDA surgeries take place to discuss care pathway for NHS SEL, SLP and Spec Comm patients, National escalation meetings are held with the SEL LDA SROs and National Learning Disability Director and Clinical Director. National escal, Director of Commissioning Finance oversight and liaison with SLP to understand budget and flow of payments, Three (3) strategy in development to achieve LTP priority actions including community mapping exercise, SEL LDA Strategic Board Review of funding and allocations to services and boroughs to consider high cost of care and treatment packages, Development of LDA Pathway Fund Panel and Governance arrangements in progress	5	3	15	Performance data is shared regularly to SROs, Operational Board (monthly) and Strategic Exec Group (Bi-monthly), The LDA programme team detail all inpatient data such as new admissions, CETRS, leave status etc, Compliance with the Assuring Transformation (AT) data submission is done on a monthly basis and is a key measure of the completeness of the programme's data collection and submission. AT is used monthly by the national team to monitor performance
279	11/11/21	Director of IT - Nisha Wheeler	Director of Corporate Operations - Michael Boyce	Data and Information Management	7 - 9	IG - (ICB) Paper records left on NHS SEL sites	IG - (ICB) There is a risk that paper records left on NHS SEL sites will not be appropriately archived or destroyed in line with the standard NHS records management retention policy and this could leave the NHS SEL vulnerable to an IG breach taking place. Recent visits to some of the office sites has reviewed hardcopy documents which remain and have been left due to the Covid 19 pandemic, leaving this information vulnerable to inappropriate access.	4	3	12	Staff are being encouraged to review records at NHS SEL sites, when visiting the office	4	3	12	Records management transitional workstream (programme of works) in place, Communications to staff regarding records management review (including hardcopy records), Inspection of Tooley street has taken place and paper records locked away and desks cleared, Staff to digitalise and save records electronically as much as possible, Communications relaunched to encourage records review on sites, Records management working group established to include encouraging on going review of hardcopy records, Archive contract review and update completed and new Archive process established as part of new Information management policy, One off waste disposal arrangement arranged for the collection at Tooley Street, Staff contacted following premises review where staff/teams have been identified and asked to review and tidy the premises, Premises audit of documentation being undertaken throughout 2023 in over 120 units, Report of outcomes of audit now with Director of ICT and IG and outcomes presented to IG SC Dec 2022
365	29/7/22	Kelly Hudson/Sara White Associate Director U&EC Improvement	Sarah Cottingham - Director of Planning	Finance	10 - 12	Loss of discharge funding meaning that some provision may no longer be able to be commissioned	A reduction of discharge funding in 2023/24 compared with 2022/23 risks impacting on the ICB's ability to ensure timely discharge and maintain acute hospital flow. There could be further negative outcomes for residents associated with this.	5	5	25	System conversations to identify actions that can be taken to mitigate impact on flow and funding allocation to best support social care to continue with discharge schemes., Effective Place-based plans support mitigation of impact on flow, Focus on improvement schemes linked to admissions avoidance and keeping patients well at home as well as optimising inpatients for discharge., The January 2023 Delivery plan for recovering urgent and emergency care services published 30/01/22 outlining several areas of investment to improve discharge and a recognition for increased capacity in intermediate/step down services, social care and domiciliary care which requires sustained long term investment.	4	5	20	Local UEC Boards own local plans and risks and management escalation into SEL Boards., SEL Discharge Solutions and Improvement Group (DSIG) include representation from LAs who can feedback on how they are using any additional funding stream through BAF, reporting into the SEL UEC Board., SEL UEC Board - receives and reviews escalations from DSIG and local UEC Boards., SEL will hold a Discharge Summit at the end of February to identify further system actions that can be taken to mitigate risks posed by delays in discharge
386	26/9/22	Kelly Hudson and Sara White	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities'	10 - 12	Ongoing pressures across SEL UEC services	There is a risk of not being to make improvements on waiting times or support timely discharge. This is caused by demand and flow challenges on the system. This will impact the ICB's ability to meet statutory obligations and impact on the service users affected by these services, affecting patient experience. Demand and flow challenges are further impact by current industrial action as it limits the system ability to embed improvement.	4	4	16	Robust daily intensive system support: SEL surge meet daily with site DOOs to review pressures across the system, agree mutual aid and support site safety., Local system actions: each local system has an action plan to support improvement including reviewing estate, workforce, pathways, protocols, and escalation. Local improvement plans report into local UEC boards or equivalent. Proactive work to develop community offer including the roll out of urgent community response and development of our virtual ward offer. SEL System actions: SEL improvement work across the system to develop and implement supportive measures, for example, increasing direct access to SDEC, direct booking from 111, increasing crisis support for Mental Health. This work is managed 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	The daily calls are providing the immediate system support to retain site safety across all SEL sites., Urgent care performance dashboard, Monthly call with UEC local system leaders to review current performance issues, challenges and successes; to understand key issues driving local performance and planned solutions; to understand key successes and opportunities for spread, Each local system has developed improvement trajectories to achieve the performance outlined in the operating plan (76% 4 hour ED, 30 min Cat ambulance response (as part of LAS), 92% bed occupancy and reduced 21 day+ LOS). Local plans were reviewed at the April SEL UEC Board, Winter planning process for 23/24 starting with workshop on 06/07 to review both local system actions and SEL approach to managing system pressure., SEL Discharge Improvement Plan developed and signed off at June Board, this follows on from the Discharge Summit held in March to harness system support for improvement, SEL investment for improvement in PO and transfer of care hubs following TOC review held in March.
391	26/9/22	Carol-Ann Murray	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities'	10 - 12	Increased waiting times for Autism diagnostic assessments	There is a risk of increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. This is caused by increased demand for assessments combined with historical waiting lists. The impact on the ICB will be on its ability to meet statutory obligations. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	3	4	12	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., Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnoses.	4	4	16	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 health Partnership meeting., Minutes from Monthly monitoring of ASD Support services and workforce with providers (Oxleas and SLAM).

Risk ID	Opened Date	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Controls	Current Likelihood	Current Consequence	Current Rating	Assurances
395	26/9/22	Angela Paradise and Rebekah Middleton	Julie Screation	Workforce	13 - 15	SEL workforce investment	<p>There is a risk that WTE size of the health and care workforce across the system is not sufficient to meet clinical and performance demands due to:</p> <ul style="list-style-type: none"> - 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 - health and care roles not being seen as sufficiently attractive employment. <p>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.</p>	3	4	12	<p>SEL ICS People Board is overseeing the development and implementation of the Strategy Delivery Plan (ICS People Strategy published 19th May 2023: Delivery Plan to be finalised by end of June, with People Board sign-off in July).</p> <p>Workforce Intelligence Network being supported by newly appointed Workforce Intelligence Lead and work is progressing to deliver an aggregated view of workforce data for the Acute sector that will support investment in workforce transformation. Workforce intelligence covering Primary Care and Social Care will be delivered through a bi-annual report, currently in development.</p> <p>ICS retention programme continues to support flexible working, productivity and Nurse retention through an established forum. New NHSE People Promise reporting requirements are being implemented and provide oversight of activity and opportunities for collaboration. Delivery of nursing 50K target actively tracked. A full Nursing and Midwifery programme is being further developed with the Chief Nurse's office. Await publication of NHS Workforce plan to consider new targets such as those expected for TNAs and medical apprenticeships.</p> <p>SEL ICS HRDs network enabling Provider collaboration on critical matters including industrial action, bank & agency, 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 on target. Strategic pipeline / GYO programme to deliver the ICS Health and Care Jobs Hub and support local people into local roles started Q1 23/24 (GLA Funded) - on target.</p> <p>Multi-professional competency framework developed to support recruitment and retention of support workers across MH services - full launch early 2023 on target.</p> <p>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) - on target.</p> <p>ICS wide staff health and wellbeing strategy in place and refresh to be completed by Committee. Staff EDI committee championing innovation in approaches to diversity and enhancing inclusive cultures and steering new work on social movement.</p> <p>Recruitment to ICS Workforce programme structure completed and including new Head of Education & Head of People and Culture roles.</p> <p>Improved capacity, completed ICS People strategy and associated case for change findings enabling focused delivery in line with evidence based, key priorities. No NHSE Workforce Development or Staff Health and Wellbeing investment for 23/24 a key system delivery limitation.</p>	4	4	16	<p>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.</p> <p>The SEL People Board is chaired by Oxleas CE & Partner ICB member for community services.</p> <p>The 23/24 strategic workforce programme is tracked monthly and an associated RAID log is maintained.</p> <p>New approach to workforce reporting approved by the People Board and implementation under way to ensure reports to ICB, including Deep Dive sessions on a 6-monthly basis</p>
407	7/11/22	Pin Bhandal	Nisha Wheeler	Data and Information Management	7 - 9	IT - tQuest / TLS - Increase on the organisations cyber security threats.	<p>There is a risk that due to GP practices having to use an older version of Transport Layer Security (TLS) which could have a significant increase on the organisation cyber security threats.</p> <p>SEL ICT have been requested by GSTT to release a lower version of TLS (V1.0 and v1.1) in order for GP practices to raise pathology and radiology test requests via tQuest as the application will only work with the older version of TLS.</p>	3	4	12	NHS SEL working with organisation (external partners) to progress work plan and way forward to support better processes	3	4	12	Meetings - Regular updates with GSTT who are working to resolve the TLS issues
429	7/2/23	Bernadette Buckley - Head of Nursing and Professional Leadership and Jane Waite - Head of CHC/CYPCC governance and QIPP	Angela Helleur - Chief Nurse	Clinical, Quality and Safety	7 - 9	There is a risk that there is variation in performance across SEL with the Standard of CHC and Fast Track reviews.	<p>There is a risk of variation in performance across SEL with the Standard of CHC and Fast Track reviews. This is due to a significant number of overdue 3 and 12 month reviews. This will impact on the ICB's ability to meet targets set by NHSE. This also impacts on the service users. This is a clinical risk which will also impact on financial control across the system.</p>	4	4	16	<p>This risk is monitored at the NHSE assurance meeting monthly.</p> <p>This risk is also monitored locally at CHC review meetings monthly.</p> <p>The SEL Head of CHC/CYPCC governance assurance and QIPP has oversight of this risk.</p> <p>There is a monthly assurance pack produced which goes to the CHC review meetings. The CHC monthly assurance report tracks standard CHC reviews.</p> <p>There are monthly meetings held at place level where this risk is discussed.</p> <p>There is a monthly (Place Executive Leads) PEL's report which ensures that place exec leads are updated on a monthly basis.</p> <p>There is an action plan which requires individual borough trajectories to be set.</p>	4	4	16	<p>There are minimal vacancies across the place based teams.</p> <p>The teams are prioritising CHC assessments.</p> <p>As at February 2023, the backlog of assessments is decreasing (in line with NHSE/ recovery trajectory) which will allow teams to prioritise reviews in 2023/24.</p>
431	16/2/23	Sonia Colwill	Angela Helleur	Clinical, Quality and Safety	7 - 9	Harm to patients due to unprecedented operational pressures	<p>There is a risk of unintended harm to patients. This is caused by operational pressures within the system. This will impact on the ICB's duty to ensure that the services it commissions meet fundamental standards of care with particular regard to clinical effectiveness, safety and patient experience.</p>	3	4	12	<p>Datix is reviewed daily to spot trends from providers.</p> <p>Quality team attend provider committees to understand individual provider risks and mitigations.</p> <p>Risk of harm assessments and prioritisation and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts.</p> <p>Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system.</p> <p>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 (SIs).</p> <p>Regular update meetings with commissioning teams and quality teams. Robust governance for operational pressures including industrial action.</p>	4	4	16	<p>Governance: Quality and Performance Committee where risks are escalated.</p> <p>Governance: System Quality Group where system wide risks are explored and learning shared.</p> <p>Thematic analysis of SI reports.</p> <p>Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately.</p> <p>Quality Alert System provides early warnings.</p> <p>ICB incident command stood up for specific system wide incidents such as IT outages in GSTT and SLaM in summer 2022 to ensure risk of harm identified and mitigated.</p>
433	8/3/23	Angela Helleur - Chief Nurse	Margaret Mansfield - Designated Nurse Safeguarding Children and Young People Interim Designated Nurse Children Looked After and Care Leavers	Reputational	10 - 12	There is potential reputational damage to SEL ICB due to SLaM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	<p>There is potential reputational damage to SEL ICB due to SLaM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.</p> <p>This risk has been identified through a Safeguarding Learning Event facilitated by SLaM that some professionals within SLaM lack knowledge in discharging their statutory safeguarding functions within their practice.</p>	5	4	20	<p>SLaM's Risk Register to be monitored as part of their Safeguarding Governance arrangements.</p> <p>Working within the Local Safeguarding Children Partnership (s) LSCP/ LSCPs partnerships to monitor the risks.</p> <p>Safeguarding Designate professionals within the ICB to quality assure SLaM strategic Safeguarding risk/learning action plan in relation to discharge of safeguarding arrangements via attendance at safeguarding committees.</p> <p>The ICB Designates to quality assure and receive discharge of safeguarding functions via supervision, Borough placed local Safeguarding Assurance Group to Quality assure the risk.</p> <p>SLaM audit plan around recommendations to ensure learning is embedded into practice.</p> <p>A meeting with the Director of social care took place on 17th January where the issues were discussed. Feedback is that SLaM has put an improvement action plan in place across the affected boroughs. SLaM has updated this improvement action plan (Plan to carry out an independent review of safeguarding across Lambeth and Lewisham as a result of two safeguarding practice reviews.) They also plan to centralise their safeguarding team.</p> <p>This risk is currently on SLaM's Risk Register in relation to staffing.</p> <p>Draft option appraisal for a SLaM safeguarding centralised structure.</p> <p>Chief Nurse for ICB has had a discussion with internal and external directors on concerns raised.</p> <p>ICB designates are meeting together with Croydon designates to discuss the risks/issues.</p>	5	4	20	<p>There is an experienced Trust Named Nurse for Safeguarding Adults.</p> <p>Newly appointed and experienced Trust Named Nurse for Safeguarding Children.</p> <p>There are some Safeguarding Leads in place bases.</p> <p>SLaM are reviewing their Safeguarding supervision arrangements.</p> <p>also reviewing their Safeguarding Policy.</p> <p>The named nurse on long term sick has returned to work on a graduated return.</p> <p>SLaM has shared the Lewisham assurance report.</p> <p>Workstreams and workplans are in place to look at different areas of concern.</p> <p>SLaM has recruited an interim Associate Director for Safeguarding who will start in August 2023.</p> <p>Safeguarding Business officer post appointed to.</p> <p>All safeguarding vacancies are filled as of June 2023 except for Lambeth.</p>
434	8/3/23	Jane Waite - SEL Head of CHC/CYPCC	Angela Helleur - Chief Nurse	Data and Information Management	7 - 9	There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25.	<p>There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25. This will result in file rejections to NHSE. This will have an adverse reputational impact on SEL ICB</p>	5	4	20	<p>The SEL Head of CHC/CYPCC will be meeting with NHSE and NHSD to produce an action plan to address data and or digital solutions in March 2023.</p> <p>SEL Chief nurse is aware of this risk and plans to meet NHSD.</p> <p>SEL Head of CHC/CYPCC and Chief Nurse have planned attendance at place executive meetings for discussion on the national plan/local implementation.</p> <p>Boroughs will be implementing a quarterly data quality check process to include the correction of care package data, costs and reviews.</p> <p>A training audit will be carried out in May/June 2023.</p>	3	4	12	<p>There is an interim plan to continue to submit data via a lower tier submission as opposed to the required singular sub-ICB location in line with CHC PLDS current guidance.</p>

Risk ID	Opened Date	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Controls	Current Likelihood	Current Consequence	Current Rating	Assurances
435	8/3/23	Jane Waite - Head of CHC/CYPCC	Angela Helleur - Chief Nurse	Data and Information Management	7 - 9	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/2	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/25. This could lead to an adverse reputational impact on SEL ICB.	5	4	20	The SEL Head of CHC/CYPCC will be meeting with NHSE and NHSD to produce an action plan to address data and or digital solutions in March 2023., SEL Chief nurse is aware of this risk and plans to meet NHSD., SEL Head of CHC/CYPCC and Chief Nurse have planned attendance at place executive meetings for discussion on the national plan/local implementation., Plans to introduce local monthly reporting requirements via existing and developing governance arrangements.	3	4	12	CHC have started to identify potential gaps in data collections across the CYPCC teams, There are already local CYPCC meetings at place level
437	29/3/23	Polly Bishop	Jonty Heaversedge	Data and Information Management	7 - 9	Disruption to IT/Digital systems	There is a risk of significant disruptions to the IT and digital systems across our provider settings due to external factors such as extreme weather conditions or cyber attacks	2	5	10	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., -Workshop held with board on 14th April, Paper for ICB board to address this risk going to interim digital governance group on 18th May to be put forward to the ICB Board in June, ICB exec supported approach set out in digital delivery plan and Â£240k funding for audit May 2023. Interim digital governance group supported paper for ICB Board, which will be submitted for approval in July 2023	2	5	10	Workshop held with board on 14th April,

Appendix 3:

Bexley LCP risks above threshold

Risk ID	Opened Date	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Controls	Current Likelihood	Current Consequence	Current Rating	Assurances
402	14/10/22	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Clinical, Quality and Safety	7 - 9	Discharge Under Home First Arrangements	There is a risk Bexley residents discharged under Home First arrangements will achieve less than optimal outcomes from the service. This is because the system wide impact is not fully funded or adequately staffed on a consistent basis. The possible impact of this is an increase in the potential for poor care and poor patient experience - linked to this is the risk that the ICB will not deliver its requirements in respect of optimising care quality and acting to improve patient outcomes.	5	4	20	We use discharge to assess bedded capacity where appropriate to optimise outcomes before returning home. Partnership governance arrangements in place at both Bexley and SEL level. An investment of £412.5k (B&G) in additional district nursing capacity committed for 23/24, escalation of need for additional, secure, recurrent discharge funding on a regular basis. As part of our operating plan for 23/24 we will review DN capacity against resource allocation with our partners	4	4	16	Regular review of metrics such as readmission outcomes, waiting times for assessment and treatment, and % still at home 91 days after discharge and take steps to redirect resources when we can to address reduced performance.
444	9/5/23	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Insufficient capacity to meet the demand for supported discharge	There is a risk that Bexley residents will not be discharged from hospital when medically fit. This risk is caused by reduced financial allocations for adult social care support in the community, meaning that there is insufficient capacity to enable the demand for supported discharge to be met in a timely way. The likely impact of this is a poor experience for patients who remain in hospital despite not needing to be there, and the consequent delay in accessing hospital beds for patients who require them.	5	5	25	Bexley LCP has established governance arrangements to discuss the situation with provider sector and colleagues at SEL ICB. Bexley LCP has escalated the need for additional secure funding arrangements to SEL ICB central teams.	5	5	25	Home First Board meetings and Resplendent work on prioritisation of resources.
446	3/5/23	Director of Integrated Commissioning - Alison Rogers	Place Executive Lead (Bexley) - Stuart Rowbotham	Finance	10 - 12	Overspend on cost-per-case budgets (CHC/MH/LD/CYP)	There is a risk that cost-per-case expenditure will exceed allocated budget for 23/24. This is because the necessary fee uplifts required for NHS funded activity exceed the affordable envelope for this. This risk for the NHS is exacerbated as adult social care partners commissioning from the same providers have increased their payment rates in line with Fair Cost of Care requirements. The likely impact of this risk is the LCP will overspend its budget and create a cost-pressure for the wider ICB.	5	4	20	Collaborative working between the Bexley LCP ICB and LA partners to align payment approaches, minimise financial impact for LCP partners balanced with fair funding of providers.	4	4	16	SEL Fee Uplift Review Group notes

Lambeth LCP risks above threshold

Risk ID	Opened Date	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Controls	Current Likelihood	Current Consequence	Current Rating	Assurances
142	17/3/21	Public Health Consultant - Lambeth Euse iyasere	Director of Commissioning - Children, young people and Community Safety - Dan Stoten	Clinical, quality and safety	7 - 9	Immunisation Rates protect Children, including vulnerable groups from communicable diseases.	Failure to prevent vaccine preventable diseases through achieving optimal vaccination uptake	4	3	12	A new system-wide childhood immunisation strategy has been co-produced with system partners, including patients and resident. The new strategy is an outcome based strategy and the outcomes are people and community focused. It is a plan for how relevant groups and stakeholders will deliver against the principles and priorities set out in the Lambeth Health and Wellbeing Strategy. It is aligned to the SEL Immunisation Board Strategy, the Lambeth Together Health & Care Plan (Our Health, Our Lambeth), the Adults and Health Business Plan and the Lambeth Borough Plan. Delivery will be overseen by the Immunisations Operational Group through focused task and finish groups, reporting to Lambeth Together via its Children's and Young People alliance. Tackling inequality is key and the strategy supports developing our ability to become more research active.	4	3	12	Appropriate governance in place which includes a working group, steering group, Lambeth Together and an assurance group at SEL level. Public Health scrutiny of commissioning arrangement for immunisations programs.
319	12/5/22	AD Integrated Commissioning - Adults, Jade Holvey	Director Integrated Commissioning - Adults, Jane Bowie	Finance	10 - 12	Continuing Health Care Budget and Performance	There is a risk of CHC overspend in Lambeth. This is caused by an increased spend in continuing Healthcare. This will impact on the ICB's finances and ability to plan other investment.	4	4	16	Budget controls have been negotiated into CHC contracts with our major providers. Internal governance increased through regular team meetings to review progress against recovery, joint workshops with ACHT colleagues, fortnightly finance meetings and a weekly review of complex, high risk cases. Robust ICB governance through finance and service working groups in place to mitigate any potential impact of under-delivery. Routine review with SEL finance team in place to maintain co-ordinated working and quarterly updates to SEL planning and delivery group	4	4	16	Agreed recovery plan in place and operation. Recovery plan delivered £750k savings 22-23. Systems review complete and actions identified for commissioning and operational CHC teams

Integrated Care Board

Item: 10

Enclosure: J

Title:	Update on the SEL Integrated Care Partnership's Work Programme
Meeting Date:	19 July 2023
Author:	Ben Collins Director of ICS System Development
Executive Leads:	Andrew Bland ICB CEO, Ben Collins Director of ICS System Development

Purpose of paper:	To support an update on the work of the Integrated Care Partnership in south east London	Update / Information	x	
		Discussion		
		Decision		
Summary of main points:	In Autumn 2022, following the establishment of our new Integrated Care Board, health and care organisations in South East London created a new South East London Integrated Partnership to help set strategic direction and support the improvement of our health and care services. This paper provides an update on the Partnership's work so far and its work programme.			
Potential Conflicts of Interest	None identified.			
Relevant to the following Boroughs	Bexley	x	Bromley	x
	Greenwich	x	Lambeth	x
	Lewisham	x	Southwark	x
Other Engagement	Equality Impact	N/a		
	Financial Impact	N/a		
	Public Engagement	N/a		
	Other Committee Discussion/ Engagement	N/a		
Recommendation:	That the board note the update			

Update on the SEL Integrated Care Partnership's Work Programme

Integrated Care Board – 19 July 2023

1. Introduction

- 1.1. In Autumn 2022, following the establishment of our new Integrated Care Board, health and care organisations in South East London created a new South East London Integrated Partnership to help set strategic direction and support the improvement of our health and care services.
- 1.2. The Partnership is co-chaired by Richard Douglas, the Chair of the Integrated Care Board, and Kieron Williams, the leader of Southwark Council. It brings [together representatives of all the main organisations and sectors](#) in our health and care system, including our Local Authorities, our NHS Trusts, primary care, the Voluntary, Community and Social Enterprise (VCSE) sector and Healthwatch. It meets quarterly with a particular remit to support more effective joint working across our system and more integrated care.
- 1.3. This note provides an update on the Partnership's work so far and its work programme.

2. The Partnership's Terms of Reference

- 2.1. In the Partnership's first meetings in September 2022 and January 2023, members discussed and agreed the Partnership's terms of reference. The Terms of Reference set out the Partnership's purpose which includes enabling coordination and joint action to improve health and wellbeing in South East London. In particular, the Partnership has a key role in supporting action to help people to stay well and live healthy lives, helping develop whole person care that reflects people's health and social needs, joining up fragmented services, addressing health inequalities, addressing the social

factors that influence people's health and supporting resilient communities.

2.2. The Terms of Reference also set out three specific duties of the Partnership:

- Agreeing a high-level process and developing an integrated care strategy for our system in discussion with the Integrated Care Board, our staff and the public;
- Alongside the Board and national oversight arrangements, helping to hold the South East London system collectively to account for performance in specific areas, in particular the effective implementation of the strategy; and
- Overseeing or supporting a small number of key programmes for the system, where this requires the insight and sponsorship of senior leaders from across health, local authority services and the VCSE sector.

3. Development and implementation of our Integrated Care Strategy

3.1. In its first nine months, the Partnership has focused in particular on the development of our integrated care strategy. This led to the publication in February 2023 of a document setting out our vision for the development of our health and care system, five strategic priorities requiring cross-system working, and objectives for developing the ways of working and infrastructure of our integrated system.

3.2. The document sets out plans for the system to take collective action in five areas of importance for communities and services across our six boroughs, where we believe pooling expertise and working together should allow us to address variation in access and quality of services and make faster progress in transforming and improving care.

Figure 1: Summary of our mission, vision and priorities



3.3. Since publication of our strategic priorities, the Partnership has focused on the next phase of turning these priorities into action across our system. In its next meeting on 24 July 2023, it will review analysis to refine and target our work in these five areas, an analysis of the main underlying problems we need to address, and an analysis of the evidence regarding effective approaches to the challenges we have identified. When the Partnership meets again in October 2023, it will make decisions on the overall approach to addressing challenges within the five priorities and how we should implement change.

4. Supporting the development of the VCSE sector in South East London

4.1. One emerging theme from the Partnership's work on the strategy is the critical importance of the Voluntary, Community and Social Enterprise (VCSE) sector as a strategic partner within our system, a partner in the delivery of health and care services, and a source of innovation, creativity and insight into our communities. It is likely that community organisations will have an important role in progressing each of our strategic priorities, where common themes include the need to build stronger relationships and understanding with our communities and the need to develop stronger ecosystems of health and social support for deprived communities.

- 4.2. In its meeting of April 2023, the Partnership discussed what we might do collectively as a system to better enable the VCSE to play a full role as a strategic partner and in the delivery of local services. It discussed levels of funding for the sector, the mechanisms used to allocate funding, contracting with the sector, and the infrastructure needed for the VCSE to make a full contribution. The Partnership agreed to develop a charter setting out commitments to enable better partnership working, which will be discussed in draft at the next meeting on 24 July 2023.

5. Future work

- 5.1. For the immediate future, we envisage that the Partnership will need to focus a significant amount of its time on the development and implementation of our integrated care strategy, initially to test proposals for the five areas, and later to oversee the implementation of plans as well as the necessary changes in their own organisations. Alongside this work, the Partnership continued to receive reports, discuss and provide guidance on the performance and development of key services in our system, for example primary care, social care and joint working across services. The Partnership has a duty to report annually on the implementation of our integrated care strategy.

Integrated Care Board

Item: 11

Enclosure: K

Title:	Corporate objectives 2023/24
Meeting Date:	19 July 2023
Author:	Kieran Swann, Associate Director of Assurance
Executive Leads:	Andrew Bland, Chief Executive Sarah Cottingham, Executive Director of Planning and Deputy Chief Executive Tosca Fairchild, Chief of Staff

Purpose of paper:	The paper introduces the ICB's six corporate objectives, which have been developed by the ICB Board between March and May 2023.	Update / Information	
	The Board is asked to reflect on the challenge of delivering these objectives and is asked to consider how it can act to maximise the likelihood of success.	Discussion	
		Decision	x

Summary of main points:	<p>The ICB's corporate objectives represent a selection of some important ambitions, which have been identified from the ICB's and broader ICS's range of strategic and delivery commitments. At its meeting in June 2023, the ICB Board agreed a set of six corporate objectives together with aligned metrics and trajectories over 1-, 3- and 5-years which establish the extent of the improvement ambition.</p> <p>The paper sets out what corporate objectives are and why the Board considered them to be important; how the Board has arrived at the final selected set of six; and the factors that formed the basis of their inclusion.</p> <p>The paper reflects on the fact that these objectives pose long standing challenges, which have proved very hard to improve in the past – not just in south east London, but across many parts of the country. The paper sets out some of the challenges around each of the agreed corporate objectives and highlights some of the reasons why it might be hard to make improvement and achieve change in a way which reduces existing health inequalities rather than exacerbating them.</p> <p>The paper describes some of the key actions planned to deliver on our objectives and highlights those additional things the Board will need to further consider to fully deliver the extent of the ambition set in these areas.</p> <p>The paper concludes by outlining a proposal for how the Board will be supported to track progress on achievement of its corporate objectives over time.</p>
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Potential Conflicts of Interest	None identified.			
Relevant to the following Boroughs	Bexley	x	Bromley	x
	Greenwich	x	Lambeth	x
	Lewisham	x	Southwark	x
Other Engagement	Equality Impact	Not undertaken for this report.		
	Financial Impact	Not undertaken for this report.		
	Public Engagement	Not undertaken for this report.		
	Other Committee Discussion/ Engagement	<p>This work has been led by a designated working group, which has completed regular engagement with the wider ICB Board and Board members between March and May 2023. The group ran a dedicated workshop session with the ICB Board on 15 March 2023.</p> <p>The ICB Board has reviewed, further developed, and endorsed a final set of objectives and linked indicators during its formal meetings on 17 May 2023 and 21 June 2023.</p>		
Recommendation:	<p>The Board are asked to:</p> <ol style="list-style-type: none"> 1. Discuss the challenges posed and to consider the potential solutions to the ICB and broader system in delivering the approved set of corporate objectives and improvement trajectories. 2. Consider the role it might play in enabling the delivery of the agreed levels of ambition for corporate objectives areas and in ensuring that improvement is inclusive. 3. Note that the Board will receive detailed briefings on delivery on flu; screening; health checks and hypertension at its future meetings. These sessions will provide an opportunity for the Board to take stock of progress and consider any additional system contribution to delivery of these shared objectives. 4. Formally note the approval of the six corporate objectives, linked metrics and trajectories and the commitment to deliver these commitments inclusively, reducing existing health inequalities rather than exacerbating them. 			

SEL ICB Corporate Objectives 2023/24

Prepared for ICB Board, 19 July 2023

The ICB was established in July 2022. Since this time, the ICB Board together with ICS partners has agreed on a wide range of strategic ambitions. These ambitions are described in the SEL ICP Strategy; ICB annual operating plan 2023/24; ICS Development Plan; Joint Forward Plan and borough-specific LCP delivery plans.

The ICB Board last month approved a set of six corporate objectives which have been drawn from existing ICB and ICS strategic priorities. The objectives have been identified because the Board agreed it was important to drive forward progress as soon as possible against some of the key commitments it has made. It is intended that the objectives set some 'steppingstones' to give the ICB a rolling-start on delivering commitments for improvement that are set to impact in future years.

- The Board initiated a programme of work in March 2023 to identify a set of specific corporate objectives for the ICB. This work took place between March and May 2023.
- The ICB Board approved its final set of six corporate objectives (see the list, right) at its Board meeting in June 2023. Objectives, accompanying metrics, and defined levels of ambition for improvement over 1-, 3- and 5-year timescales were agreed (see appendix 1).
- The ICB's corporate objectives represent a selection of some important ambitions, which have been identified from the ICB's and broader ICS range of strategic and delivery commitments. These broader commitments are the things identified by the ICB as contributing in the longer term to improving healthcare and health outcomes for people in south east London. They are also the things that once achieved will help to put the NHS on a sustainable footing.
- Objectives are aligned with the ICB's vision and values and will be considered when determining the organisation's activities, decision-making and allocation of resources.
- They represent some important locally determined things the ICB will focus on delivering, with an expectation that initial progress can be positively demonstrated by the end of 2023/24.

Six SEL ICB 2023/24 Corporate Objectives

- 1. Increase the uptake of adult flu immunisation.**
- 2. Improve the health status of people with mental health conditions and learning disabilities where there is evidence of health inequalities.**
- 3. Increase uptake of screening for bowel cancer for adults.**
- 4. Increase uptake of screening for breast cancer.**
- 5. Increase uptake of screening for cervical cancer.**
- 6. Improve the detection and management of hypertension as a cardiovascular risk factor.**

Our corporate objectives are selected at the discretion of the ICB Board. The set of corporate objectives is not intended to capture all organisational commitments but is instead an agreed selection of important locally-determined priority ambitions the Board wants to ensure are progressed.

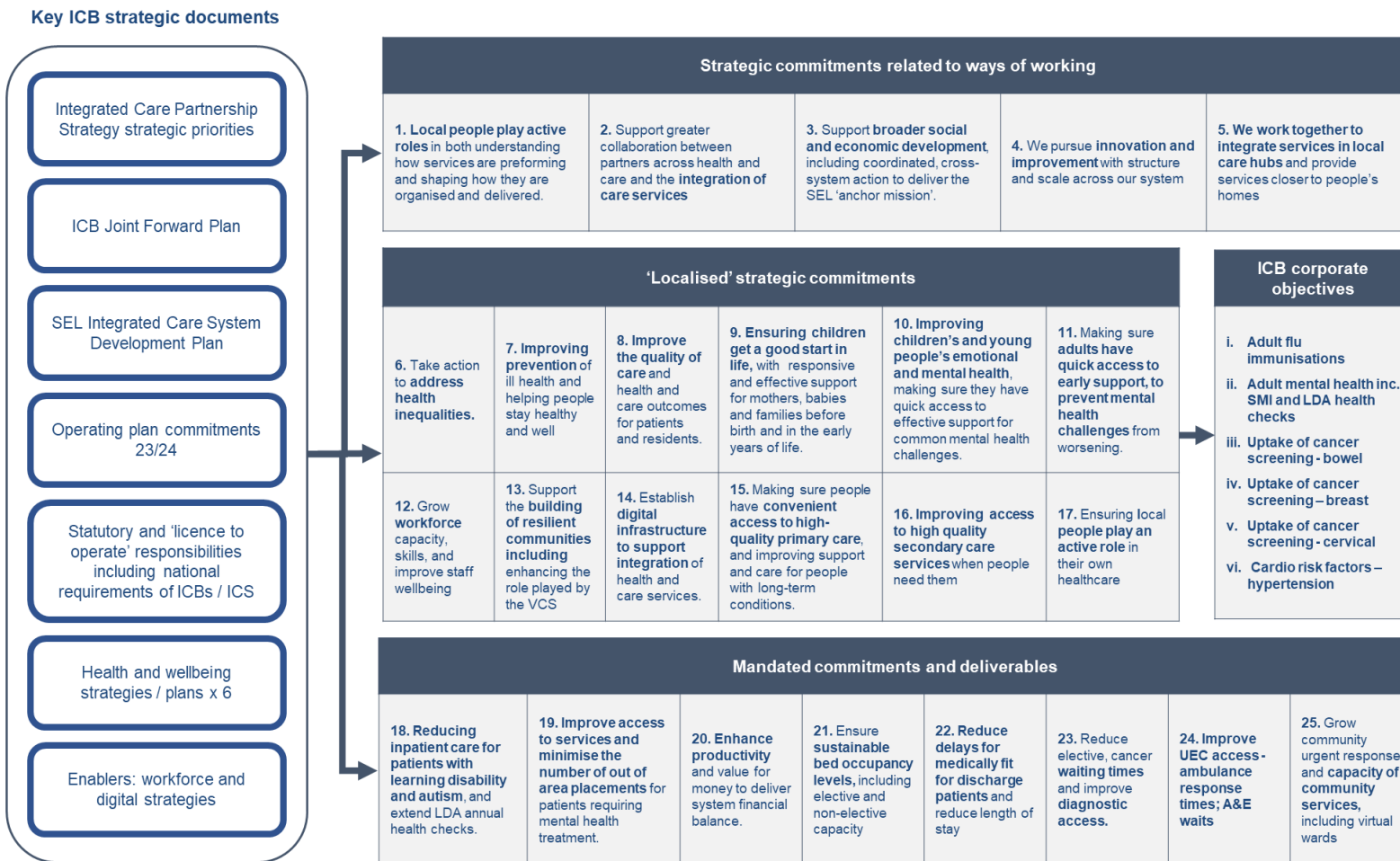
The corporate objectives are an example of how the ICB, and broader ICS intends to use our status as a system of partners to determine some improvement priorities for itself, and then act collaboratively to make them happen.

- The ICB's set of corporate objectives are designed to supplement existing national commitments (elective activity, A&E waits, cancers waits, IAPT access, etc.) that are set for all ICBs under statute or the direction of NHS England.
- The Board has identified a set of specific corporate objectives as some key things to ensure that the ICB gets a rolling-start on delivering some of the strategic commitments that have made for future years.
- The Board is eager to begin impacting patient and population outcomes in some of those areas we have identified as local priorities.
- The work on identifying corporate objectives represents progress on a journey of establishing our ICB and wider ICS as it shows how the system is beginning to pro-actively drive forward some improvements in areas where our local knowledge suggests action will benefit patients and residents. The approach has sought to adopt a very practical approach to advance on the journey towards establishing a more comprehensive set of population health and outcomes-focussed objectives for future years.
- A set of ICB corporate objectives helps provide a clear view to stakeholders, staff, and members of the public about how the Board has started to use its authority to begin targeting some of the things we know are important in our area.
- As our ICB and ICS partnership matures, we will increasingly focus our efforts on population health outcomes, activities that support the transformation of care – over time our strategic objectives will change to reflect this evolution.

The derivation of corporate objectives from existing ICB strategic priorities

Our corporate objectives are derived from the ‘tier’ of ICB strategic commitments that we recognise as being ‘localised’ – i.e. they reflect the things we know we need to do in south east London to improve the health and wellbeing of our population, communities and residents.

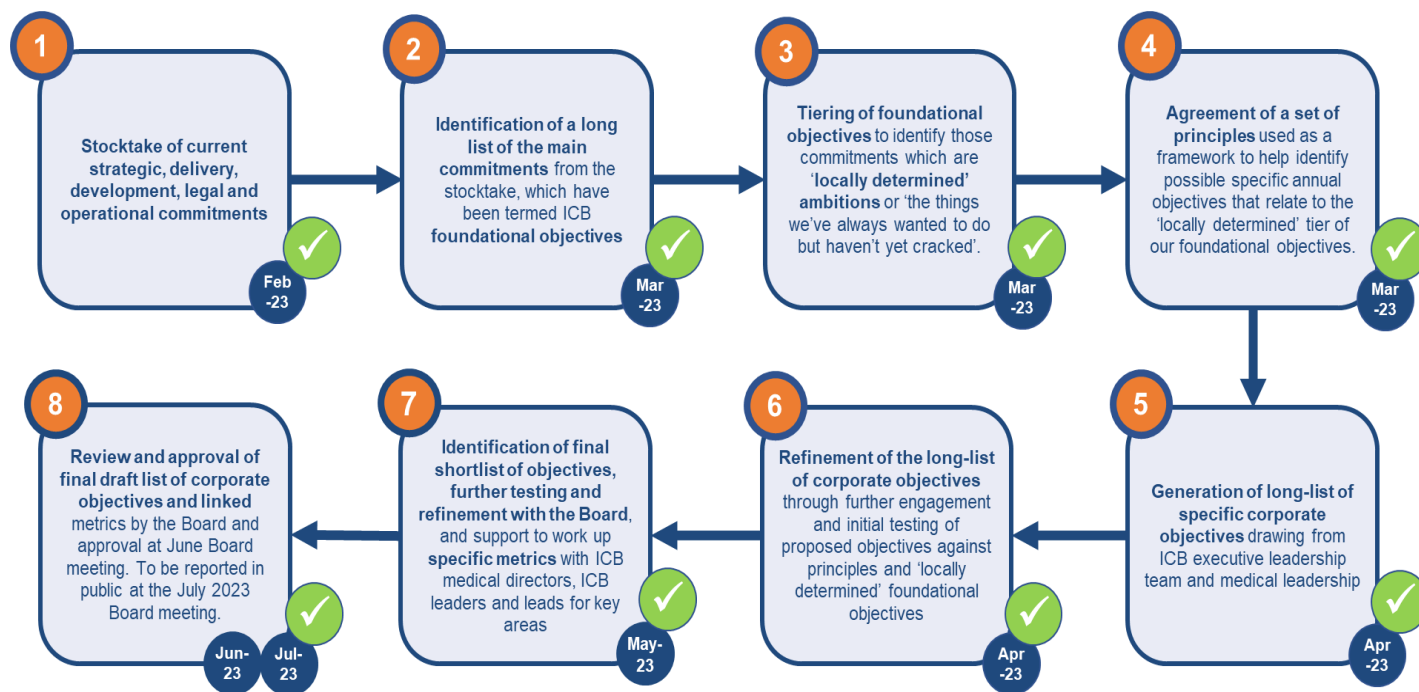
- The Board took stock of all key commitments included in the ICB’s / ICS’s key strategic documents.
- The set of objectives was ‘tiered’ to separate ‘locally-determined’ ambitions from other ambitions on ways-of-working (which inform ICS system workforce, organisational development and Board development activities), and mandated ambitions (which forms the basis of the ICB’s ‘licence to operate’ delivery objectives for 23/24).
- The Board agreed a set of principles and used this to shape a long-list of specific objectives derived from the set of ‘localised’ strategic commitments included in our plans.
- In essence, the ICB corporate objectives represent a selection of ambitions to progress improvement in some of the areas where the ICB and broader system have a greater capacity to make an impact.



The ICB Board committed to establish a designated corporate objectives working group to lead the design and development process. The group has been chaired by the ICB Chief Executive and its membership included the ICB Director of Planning, Chief Nurse, Chief of Staff and an LCP Place Executive Lead representative. The working group designed and implement a transparent method to identify a set of objectives for the Board to consider and further shape.

The ICB Board met to endorse the final set of objectives together with a set of linked metrics and improvement trajectories in June 2023.

- The ICB Board’s working group on corporate objectives, followed the process included in the diagram (right) to identify and agree the final set of objectives for Board approval.
- In summary, objectives were selected by the ICB Board because they:
 - Can reasonably be expected to impact multiple ICB strategic commitments;
 - Are intended to impact on patient care and / population and patient outcomes / care quality.
 - Something that will be achieved / delivered only by working collaboratively across multiple ICS partners.
 - Is a specific ambition which is measurable and can be quantitatively assessed.
 - Will begin to make an impact in a one-year time period and enable substantial progress to be achieved over medium to longer terms.
 - Impact on our ambition to reduce health inequalities.



The set of corporate objectives identified by the Board represent some areas of healthcare where improvements would likely lead to significant health and wellbeing benefits to people, and impact positively on the gradient of health inequalities which exist at present in south east London. The ICB Board does however recognise that delivering substantial improvements in these areas represents a significant challenge. In short, these issues are very tough, longstanding and complex to resolve. To deliver change system partners, patients and residents will need to work together and ultimately do things differently.

- The following pages outline at a high-level some of the key issues, challenges, improvement solutions, and further considerations related to the implementation of activities to deliver our corporate objectives and improvement trajectories.
- The following pages set out in some of the challenges, with a particular focus on why it has been or is likely to be hard to make improvement and to do this in an inclusive way that reduces rather than exacerbates existing health inequalities.
- The section also include a summary of the types of things that might need to be done differently if the objectives are to be delivered and delivered inclusively.
- The slides are designed not as a comprehensive run-through of all issues, considerations and detailed exposition of plans. They are intended to highlight those things that are of highest significance or are likely to be the highest impact actions needed to deliver change.
- Some of the objectives are grouped together – the three objectives on cancer screening and the two objectives related to health checks – as there is a commonality in the challenge and potential solutions in these areas.

Ask of the ICB Board

- The Board is asked to discuss some of the challenges posed on the following pages and to consider the potential solutions which are likely to be important to maximising the opportunity for successes.
- The Board should consider the role it might play in enabling the delivery of the agreed levels of ambition for corporate objectives areas and in ensuring that improvement is inclusive.
- The Board should note that it will receive detailed briefings on delivery on flu; screening; health checks and hypertension at its future meetings. These sessions will provide an opportunity for the Board to take stock of progress and consider any additional system contribution to delivery of these shared objectives.

1

Summary of why it is so challenging to achieve improvement in this area

- **Capacity** within general practice, community pharmacies and vaccination centres
- **Confusion for both patients and staff on the eligible cohort** due to late changes from NHS England.
- **Vaccine supply, distribution and financial risk.** Practices are required to order vaccine for the following year before the flu season has finished in the previous year when it is still unclear who the eligible cohort is and therefore the numbers involved. Any leftover vaccine has a negative financial impact on the provider.
- **Co-administration.** Despite a recommendation to co-administer with covid vaccinations this has been limited due to the cohorts for the two not aligning and the programme dates not aligning.
- **Public and staff trust and confidence in NHS vaccination programmes** has been impacted during/following the pandemic.
- **Vaccine hesitancy** and our understanding of reluctance to be vaccinated
- **Inequalities/variation across our boroughs and within population groups.** There is significant variation of uptake, an example of this is under 65s with clinical conditions and pregnant women.
- **A lack of accurate, timely data.**
- **Immunisation deemed a lesser priority.** Some services do not see it as a clinical priority as there are many areas to cover during appointments, for example maternity services have a poor uptake level within their cohort.

2

Summary of the action we have already planned / are planning to deliver against this objective

- In order that boroughs can undertake their planning and monitoring of the influenza vaccination campaign we have developed a **covid and flu vaccination dashboard** to compliment local intelligence SEL COVID Vaccinations Dashboard MASTER - Power BI.
- Following the last flu campaign, the SEL ICB Vaccination and Immunisation board undertook a review of the **winter vaccination campaign** to capture good practice and spread/learn.
- **The SEL ICB Vaccination and Immunisation Board has co-produced a strategy** which outlines the approach and the principles we will collectively take to tackling the uptake of all types of vaccinations. Recognising the roles that different parts of the system will need to take to develop the trust and confidence in our communities.
- **Borough place team integrated delivery plans** are being developed collaboratively between partners.
- **Local Care Partnerships are enabling and facilitating conversations and relationship building** between partners especially community pharmacy and general practice to reduce competition and confusion.
- Supporting **local conversations and insights work to understand and address issues that are impacting uptake** and reflecting those in the planning process.

3

What we might need to do differently to deliver on our ambition and ensure improvement is inclusive (contributes to a reduction in health inequalities)

- Explore an option for practices to opt out of providing the service without any financial impact (replace flu with another service) to **enable a more systematic approach to call/recall, engagement, information sharing and individual conversations, booking and then the administration** of the vaccination.
- Have a **systematic and prolonged population health approach to ensuring that every opportunity to inform eligible people of the vaccination programme**. This could start with maternity services.
- Explore an **option to purchase and distribute flu (and covid) vaccine through a centralised model** to ensure that there is sufficient stocks, received in a timely way and that there is an efficient way of distributing the stock.
- As part of the winter campaign **enable LCPs to engage with their local trusted partners (including our voluntary and community sector) to support the winter vaccination campaign with their communities**.
- Undertake a 5-year **programme of building trust and confidence** in SEL NHS services.

4

Ask of the ICB Board to support delivery against this objective

- **Support the delivery of the SEL ICB Vaccination and Immunisation Strategy** especially the core principles for delivery.
- **Recognise that flu vaccinations are part of a winter immunisation programme** National flu immunisation programme 2023 to 2024 letter - GOV.UK (www.gov.uk) and note that **this is a programme that covers multiple populations** including some staff groups (but these can change).
- **Support SEL conversations with NHS England on alternative/pilots** to increasing uptake.
- **Take every opportunity to build trust and confidence** in SEL NHS services.
- **Support and encourage LCPs** to enable local conversations and partnership working around populations.
- **Engage with NHS trust boards to understand their approach to increasing uptake in both staff and eligible patients** who access their services (for example maternity and immunosuppressed).

1

Summary of why it is so challenging to achieve improvement in this area

- The majority of AHCs are provided by primary care, and therefore **capacity within general practice** has been a challenge since the pandemic, both in terms of maintaining registers and capacity to co-ordinate the full range of checks required.
- **Understanding of individual components that account for an annual health check** has varied across boroughs and across partners.
- There have been challenges with the **accurate and timely reporting of the completion of AHCs**, for the following reasons:
 - AHC information is held by general practice, and not all practices have agreed to flow data to the ICB central business intelligence team. This means there are **gaps in the reporting of data** from general practice.
 - AHCs that are carried out in secondary mental health services, do not automatically transfer across to the primary care record, due to **data interoperability issues**.
- For SMI in particular, there are **barriers to engagement** with the client group with high DNA rates. Co-production with this client group varies across the six boroughs, as does engagement of the voluntary and community sector to provide peer support.
- For LD specifically, there is **variable clinical confidence** in embracing STOMP (Stopping the Over Medication of Psychotropics) assessments in primary care
- Where annual health checks are being completed, **quality can vary as can onward referral to other physical health services**.

2

Summary of the action we have already planned / are planning to deliver against this objective

LDA

- For the most part, **SEL is achieving the AHC target of 75% of LDA** and there are **projects in primary care** to support uptake and quality.
- There is **LDA Clinical and Care Professional Lead (CCPL)** supporting AHCs.
- Five of the six boroughs are implementing an **AHC co-ordinator role** for 12 months. Increasing the number of people on registers by finding “the missing” will allow more people with a learning disability to access AHCs.

SMI

- There has been a significant increase in the number of AHCs undertaken for people with an SMI over the last 12 months. This improvement has been supported by:
 - Development of **ICS wide key lines of enquiry** to set the relevant standards and expectations.
 - Establishment of a **steering group**, which will continue to meet to review individual borough progress/issues and share areas of good practice.
 - Implementation of **borough level improvement plans**, which are being reviewed both locally and at the Steering Group. These plans were supported by additional non-recurrent funding in 2022/23.
- In 2021/22, SLAM began piloting a **dedicated outreach team to complete the AHCs**. Using 2022/23 inequalities funding, this pilot is being expanded to cover all six boroughs in SEL and work alongside practices/PCNs with the lowest uptake of AHCs.

3

What we might need to do differently to deliver on our ambition and ensure improvement is inclusive (contributes to a reduction in health inequalities)

LDA

- **Targeting people who are not on learning disability registers** to increase registers and as a result the opportunity to do more AHCs. This maybe done via community outreach with all providers, awareness raising for example via the annual Big Health Week and specialist LDA prescribing advisors.

SMI

- Encourage local care partnerships to **utilise the SEL BI SMI physical health check dashboard** to proactively monitor their position, identify opportunities, and review progress post actions
- **Enhance engagement with general practice** through the SEL CCPLs for SMI to promote the benefits of and support the delivery of AHCs.
- **Develop a consistent framework for the delivery of AHCs across the ICS** building on the work of the dedicated outreach team provided by secondary care and involving the voluntary and community sector to provide peer support and opportunities to co-design services. This should include ensuring every borough has. **clear onward pathways for support and referral once a AHC has been completed**
- Seek **examples of best practice** from other London ICBs that can be shared for wider learning and implementation in SEL if appropriate.

4

Ask of the ICB Board to support delivery against this objective

- **Support improvements in data recording and submission** by taking forward place-based discussions where there are gaps in the provision of data from general practice.
- **Championing integration of information and data flows across primary care and mental health**, as part of the wider digital strategy.
- **Sponsor and champion mandatory training across primary care and mental health trusts.** Board support would be particularly welcome in the role out of the Oliver McGowan Mandatory Training in primary care. This would raise awareness within primary care and the wider system regarding the importance of AHCs for LDA.
- Raise the visibility and push for the contribution of all members in maximising uptake for SMI ACHs, **encouraging teams to work collaboratively to support the design, development and delivery of a consistent framework of the delivery of AHCs across SEL** including secondary care providers, general practice and voluntary and community providers and taking into account onward referral pathways and services for people who need further support.
- **Support and encourage local care partnerships to work with their local communities and with voluntary and community sector organisations to build trust** and confidence for these client groups and **co-design service delivery** with them hand in hand.

1

Summary of why it is so challenging to achieve improvement in this area

Factors relating to perception of and access to services

- Mistrust of NHS services
- Fear of cancer and a positive diagnosis
- Health beliefs and ‘fatalism’
- People with disabilities and non-English speakers have lower uptake.

Breast screening

- Test requires attendance at unfamiliar locations (NHS/community sites).
- Operational & capacity pressures meaning workforce and administrative processes have been significantly challenged, resulting in delays to invitation. This is now resolved but reputational impact may affect uptake.

Bowel screening

- Acceptance of test and a reluctance to take sample of ‘poo’ (although move from FOB to FIT has helped this).
- Colonoscopy and diagnostic test capacity (links to wider system issues on endoscopy capacity).

Cervical screening

- Colposcopy capacity – challenged by more to HPV primary testing.
- Discomfort of test.
- Upcoming change in data management tool for cervical, risks timely call/recall.
- Lack of testing availability in settings outside of general practice e.g. sexual health clinics etc.
- Workforce limitations including sample takers, supervisory arrangements, accreditation.

2

Summary of the action we have already planned / are planning to deliver against this objective

- Screening is directly commissioned by NHS England, and delivery is through regional teams. **Changes to programme, workforce, capacity etc. require NHS England to action.** Given this, we **rely on a joint approach with other London ICBs** on common issues within these areas and advocate for regional solutions – e.g. addressing workforce and capacity challenges within programmes, improving processes and operational pressures, and coordinating potential mutual between screening providers.
- Local actions for SEL **require focus on improvements within the current programme structure/resource.**
- Convening the System. **Improving screening necessitates a strong link between providers, general practice, public health, cancer alliance, and engagement from the population,** specifically harder to reach groups. The system has a role in bringing together these partners. Ensuring a shared understanding of roles and responsibilities within the system will facilitate more effective delivery.

3

What we might need to do differently to deliver on our ambition and ensure improvement is inclusive (contributes to a reduction in health inequalities)

- **Universal contacting of non-responders across SEL** (currently significant variation by area), including addressing specific need – e.g. blind, deaf, LD, SMI etc. patients.
- Build on existing work by SEL Cancer Alliance and place teams to **better understand why some groups do not trust or do not want to come for screening.**
- **Build local campaigns addressing the specific concerns** of our population, also addressing the known challenges in the current programmes.
- **Support national innovations in the pipeline** e.g., self-sampling for cervical screening once available (currently in trial).
- **Improve general practice and providers being aware of the need for special provision** e.g. those with learning disabilities, ahead of screening appointment/contact attempts.

4

Ask of the ICB Board to support delivery against this objective

- **Ensure it is as a key priority for all delivery partners** at place and ensure that local structures provide strong grip, oversight and effective improvement in screening (e.g. LCPs).

1

Summary of why it is so challenging to achieve improvement in this area

- Hypertension is **significantly impacted by wider determinants** of health, such as deprivation, salt intake, levels of activity, obesity and alcohol intake.
- **There are substantial inequalities.** The burden of hypertension is not evenly spread with higher rates in people from deprived communities (30% higher) and African and African-Caribbean groups (50% higher). This includes **parity of esteem** as hypertension is more common in people with serious mental illness and patients with hypertension have higher rates of depression.
- **Hypertension is predominantly managed in general practice and there is wide variation in achievement across practices**, not always explained by demography. People at risk may not have sufficient support to understand the importance of detecting and managing raised blood pressure. We are also in a **process of Covid recovery** and now achieving pre-pandemic levels of hypertension control with ever increasing prevalence, however the achievement **variation between practices/PCNs/boroughs persists**.
- Pathways of care and programmes have historically developed in isolation. There are **multiple SEL improvement initiatives**, which need to be aligned.
- **Patient feedback** tells us trust and access issues impact hypertension care.
- **Digital solutions** may be a useful adjunct to care but a strategic overview is required to inform further provision.
- There are a number of **data resources** of varying timeliness, content, accessibility, robustness risking confusion or disengagement from users e.g. CESEL data packs, ICB dashboard, Healthy Intent, CVD Action, EZ Analytics, Eclipse, National QOF data. It is essential that targets are clear (e.g. current national target is 77% by 23/24, SEL ambition is 69.7% at this date, with 77% achievement aim in year 3).

2

Summary of the action we have already planned / are planning to deliver against this objective

- **Increased system leadership and alignment** to agree a shared system-wide approach, with clear aims and leadership for hypertension improvements e.g. clarity of the remit of SELCVD Group.
- **Evaluate and build on what is working** by understanding what is effective, sharing learning across the system and supporting sustainably.
- **Leverage of assets for a truly system wide approach to join up hypertension care across organisations** (e.g. grassroot and third sector, primary, secondary, and mental health). Hypertension would be well suited to a population health management approach.
- **Alignment with other CVD prevention workstreams** building up the population health management approach for hypertension as part of a package of support to prevent CVD disease (e.g. impact of CKD, Diabetes, cholesterol management).
- **Invest in the data capability** to support an aligned approach to hypertension data with clear data requirements.
- **Review systems incentives** (e.g. to focus on reduced variation within a PCN).
- **Understand where we can achieve best value** for delivering optimal hypertension outcome.

3

What we might need to do differently to deliver on our ambition and ensure improvement is inclusive (contributes to a reduction in health inequalities)

- **Develop solutions that engage and energise all health and care workers** and community and third sector in hypertension management/CVD prevention, so that hypertension becomes everybody's business.
- Consider what we already know about patient and public perceptions and from feedback and build on this with **meaningful patient and public insights with grass root organisations** to shape services.
- **Establish a population health management approach, which will involve work to:**
 - Map existing services, improvement programmes and support.
 - Ensure services / improvements are underpinned by robust data, proportionate clinical and economic evaluation
 - Identify gaps and collaboratively develop services that are evidence based.
 - Consider specialist services within mental health and community settings, resources for tested community setting services, digital innovations.
 - Consider best value options to inform sustainable funding
 - Address with system partners wider determinants of health, (i.e. vaping, smoking, weight management, salt intake, activity levels). Some of this work will be covered as part of the Vital 5 implementation.
- **Explore digital solutions and other innovations**, working with system partners to explore and evaluate new and innovative ways to deliver care, e.g. AI.

4

Ask of the ICB Board to support delivery against this objective

- Note the **commitment to deliver the 77% national ambition in SEL as soon as possible, with the 69.7% target for 23/24 considered as a 'floor'** and a minimum level for each SEL practice to achieve by the end of the year (as an approach to ensure inclusive improvement is delivered and variation reduced).
- Related to the above, the Board should note that **additional case-finding work is expected to grow the denominator** and consequently the absolute number of at-risk patients identified and managed.
- Empower and support SEL CVD Steering Group to **set clear aims for CVD prevention – including hypertension**. Agreed in collaboration with system partners (and PPIE).
- **Enable capacity for rapid evaluation of existing hypertension care, and improvement** support to inform the development of a **population health management approach**.
- Use hypertension as a case study to explore **data mapping capability** and alignment across SEL data landscape.
- Work with systems partners skilled in **research and evaluation** to underpin all hypertension care with ongoing proportionate evaluation, including value analysis.
- Continue to **ensure system-wide aligned incentives** that help address variation of care and inequitable outcomes

The Board will be assured on the delivery of corporate objectives through a combination of data-led reporting, updates on progress delivering headline actions to achieve change, a view on the impact on inequalities, and 'deeper-dive' presentations giving a wider-angle view on each key area included within the six corporate objectives. It is intended that Board reporting will develop further to provide a clear view of the impact of work on the broader pathways of care and health inequalities.

- The ICB Board in June 2023 agreed a set of aligned metrics and trajectories for each of its six corporate objectives*. These are included in the appendix of this paper.
- The Board recognises the importance of establishing an ambition for each metric and recognise the challenge in shifting performance in an inclusive way. As such, whilst it has a year 1 target in place, the important thing for the Board is to begin to see some progress this year to set-up delivery of significant change over medium and longer-terms.
- The Board has determined that the improvement set out in the approved trajectories must be 'inclusive', meaning overall improvement is founded on a reduction in inequalities rather than an exacerbation of it.
- The Board will receive regular updates on delivery against these ambitions. It is intended that this will be provided through a combination of data-led reporting and delivery assessment and a series of scheduled 'deeper dive' stocktakes of progress in key corporate objective areas.
- Updates to the Board will include a clear view on the extent to which improvement has been inclusive and has supported a reduction from the baseline assessment of health inequalities for each of the metrics identified.
- The Board recognises that to fully assess the impact of the actions to deliver significant improvement against corporate objectives it will need to review a broadened range of indicators that those initially identified. Over time, the Board will receive additional data related to pathways of care, which will include population health and outcomes data at the point that this becomes available. So, for example, reporting on the corporate objectives related to screening will also consider data on diagnostics, treatment pathways and cancer outcomes.
- The ICB will seek to utilise more sophisticated analytic and outcomes-focused data once we have enhanced these capabilities. It is intended that corporate objectives metrics data will form part of future work led by ICB medical directors and digital leaders to develop a broader population health outcome indicator set for the ICS.

* The proposed metric on 'Number of adults and older adults receiving two or more contacts from community mental health services' has been removed from the final corporate objective indicator set following discussion at the June 2023 Board meeting. The data source for this indicator did not include demographic data to enable on-going assessment of 'inclusive improvement'.

**Appendix 1:
corporate objectives linked metrics and delivery ambitions
over 1, 3 and 5 years**

Corporate objective	Proposed metrics	Baseline			National target	Proposed SEL ambition		
		SEL ICB	London top ICB	England average		2023/24	Year 3	Year 5
Flu vaccine uptake	Vaccination rate for people 65 years and over	68.7%	71.0%	79.9%	85% (21/22)	73.7%	75.0%	85.0%
	Vaccination rate for people 6 months to under 65 at risk	40.0%	43.9%	49.1%	75% (21/22)	46.0%	50.0%	55.0%
Cancer screening (bowel, cervical, breast)	Bowel cancer screening – 2.5 year coverage (ages 60-74)	65.3%	66.6%	71.3%	60%	67.3%	70.0%	75.0%
	Cervical cancer screening – 3.5/5.5 year coverage (ages 25-64)	66.5%	67.1%	69.5%	80.0%	68.5%	69.8%	80.0%
	Breast cancer screening – 36 month coverage (ages 50-70)	54.7%	55.7%	62.3%	70-80%	56.7%	67.8%	70-80%
Hypertension	Increase percentage of patients with hypertension treated to NICE guidance	59.8%	63.6%	62.7%	77%	69.7%*	77.0%	83.0%
Mental health and learning disability health and inequalities	Number receiving an SMI health check in previous 12 months (% of register having received health check)	11,521 (54.0%)	20,869 (74.4%)	N/A (58.0%)	15,504	13,500 (63.0%)	15,750 (74.0%)	15,948 (75.0%)
	Number receiving an LD health check in previous 12 months (% of current register having received health check)	6,518 (80.0%)	8,137 (86.4%)	241,841 (78.0%) TBC	N/A	6,021	7,663	8,110

* Represents a 'floor' with the ambition to deliver the 77% national ambition ASAP in SEL.

Corporate objective	Proposed metrics	Proposed SEL ambition			Summary of rationale
		2023/24	Year 3	Year 5	
Flu vaccine uptake	Vaccination rate for people 65 years and over	73.7%	75.0%	85.0%	<p>Equal highest rate of previous four years in year 1 for both 65+ and at risk <65s. Meet WHO recommended standard for 65+ by year 3 and exceed current England average by year 5.</p> <p>Exceed current England average for at risk <65s by year 3 and a further 5 percentage points improvement by year 5.</p>
	Vaccination rate for people 6 months to under 65 at risk	46.0%	50.0%	55.0%	
Cancer screening (bowel, cervical, breast)	Bowel cancer screening – 2.5 year coverage (ages 60-74)	67.3%	70.0%	75.0%	<p>2% increase on post-pandemic baseline in year 1.</p> <p>Breast and cervical, return to pre-pandemic coverage performance by year 3. Bowel to achieve 70% coverage.</p> <p>Breast and cervical to achieve the nationally-defined optimal level of screening coverage standard by year 5. Bowel to achieve a further five percentage point stretch by year 5 to exceed current England average.</p>
	Cervical cancer screening – 3.5/5.5 year coverage (ages 25-64)	68.5%	69.8%	80.0%	
	Breast cancer screening – 36-month coverage (ages 50-70)	56.7%	67.8%	70-80%	
Hypertension	Increase percentage of patients with hypertension treated to NICE guidance	69.7%*	77.0%	83.0%	Return to pre-pandemic performance in year 1 as a minimum with the aim of delivering national ambition of 77% ASAP and in advance of year 3. From here add a further three percentage points annual improvement by year five. This ambition would make the ICB one of the best performers in the country against current data.
Mental health and learning disability health and inequalities	Number receiving an SMI health check in previous 12 months (% of register having received health check)	13,500 (63.0%)	15,750 (74.0%)	15,948 (75.0%)	Achieve agreed 23/24 improvement trajectory for year 1, exceed current London top performer for year 3, and improve upon this by one percentage point by year 5.
	Number receiving an LD health check in previous 12 months (% of current register having received health check)	6,021	7,663	8,110	Deliver operating plan commitment for 23/24 (note: this is lower than 22/23 outturn) and maintain the current percentage (78%) of people on the register receiving a health check whilst increasing the size of the register through to year 5.

* Represents a 'floor' with the ambition to deliver the 77% national ambition ASAP in SEL.

Corporate objective	Proposed metrics	Date	White / White-British	BAME / all 'non-white'	Gap between highest and lowest groups*	Source and status of access to local data to assess impact on health inequalities
Flu vaccine uptake	Vaccination rate for people 65 years and over	22/23 season	74.97%	53.18%	29.39	Primary care data via the SEL BI Covid & Flu vaccination dashboard
	Vaccination rate for people 6 months to under 65 at risk	22/23 season	47.33%	37.54%	13.19	
Cancer screening (bowel, cervical, breast)	Bowel cancer screening – 2.5 year coverage (ages 60-74)	May 2023	66.4%	56.4%	11.3	Primary care data via SEL BI Cancer Population Insights dashboard. Known coding issues
	Cervical cancer screening – 3.5/5.5 year coverage (ages 25-64)	May 2023	73.2%	67.4%	13.5	
	Breast cancer screening – 36 month coverage (ages 50-70)	May 2023	55.9%	43.4%	12.5	
Hypertension	Increase percentage of patients with hypertension treated to NICE guidance	April 2023	66.15%	59.78%	8.46	Primary care data via the SEL BI core20plus5 dashboard. National data available at cvd.prevent.nhs.uk
Mental health and learning disability health and inequalities	% of register having received SMI health check in previous 12 months	May 2023	45.6%	46.2%	5.8	Primary care data available via LD and SMI dashboard
	% of register having received an LD health check in previous 12 months	May 2023	71.1%	68.2%	8.7	

* Gap represents the difference between the best and worst 'served' ethnic groups defined and included in the data source. It is recorded as a percentage points difference.