Integrated Care Board – Meeting in Public

09.30 to 13.30 on 15 February 2023

Great Hall, Goldsmiths College - New Cross Rd, SE14 6NW

Chair: Richard Douglas, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
-	**Public Open Space** *Opportunity for members of the public to meet the board over tea and coffee as they take their seats.*	-	-	09.30
	Opening Business and Introduction			
1.	**Welcome** Apologies *To receive apologies from members unable to attend.* Declaration of Interest *To declare relevant interests not recorded on the register or declare any conflict of interest in relation to items on the agenda.* Minutes of previous meeting actions and matters arising *To receive the minutes of the meeting on 16 November 2022 and review any actions and matters arising.*	**A** p4 **B** p8	RD RD RD	09.40
2.	**Borough Showcase – Lewisham** *An update on some of the work in Lewisham*	-	CJ	09.55
	Reports and updates			
3.	**Chief Executive Officer's report** *To receive a report from the ICB Chief Executive.*	**C** p14	AB	10.30
4.	**ICP update and ICS strategy update** *To update on the meeting of the South East London Integrated Care Partnership, and the Integrated Care Strategy for the system that the partnership will oversee.*	**D** p31	RD	10.45

5.	**Board Assurance Framework** *To receive the BAF report and an additional paper on UEC risk*	**Ei** **Eii** p73	TF	11.00
6.	**ICB Committee & Provider Collaborative Reports** **i. Overall report of ICB committees and Provider Collaboratives** **ii. Report of Quality and Performance Committee** **iii. Report of the Planning and Finance Committee and Finance report Month 9** *For committee chairs and provider collaborative board members to provide a summary of the work of these committees and groups, including their work to address and mitigate key risks identified in the BAF.*	**F** p119 **G** **H** **I**	TF CK GV JH	11.30
	Break 12.00 -12.10			
	Items for Decision and Discussion			
7.	**Children and Young People's Mental health** *To receive an update of work to improve access to mental health for children and young people and their families.*	**J** p179	Martin Wilkinson Rupi Dev	12.10
8.	**ICB approach in light of reviews of Maternity services including Ockenden and Kirkup** *To discuss as a board the actions and approach taken in south east London in response to the lessons learned and recommendation into reports on maternity services.*	**K** p272	AH	12.30
9.	**Planning 2023/24** *To discuss formal planning for 2023/2024 following receipt of national planning guidance.*	**L** p284	SC	12.50
	Closing Business and Public Questions			
10.	**Any other business**	-	RD	13.10
11.	**Public questions and answers** *An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.*	-	-	13.15

CLOSE 13.30

Presenters

Richard Douglas (RD)	ICB Chair
Andrew Bland (AB)	ICB CEO
Tosca Fairchild (TF)	Chief of Staff
Prof Clive Kay (CK)	ICB Partner Member Acute Care
Dr George Verghese (GV)	ICB Partner Member Primary Care Services
Dr Toby Garrood (TG)	Joint Chief Medical Officer
Dr Jonty Heaversedge (JH)	Joint Chief Medical Officer
Sarah Cottingham (SC)	Deputy CEO and Executive Director of Planning
Ceri Jacob (CJ)	Place Executive Lead Lewisham
Angela Helleur (AH)	ICB Chief Nurse
Martin Wilkinson (MW)	COO Southwark Borough
Rupi Dev (RDev)	Director – Mental Health, Children and Young People & Health Inequalities

NHS
South East London

NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 15/02/2023

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

Date last saved: 08/02/2023 15:24

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		6. Non-executive director on the Parliamentary and Health Ombudsman.	Non-financial professional interest		
Dr. Angela Bhan	Director of Place, Bromley	1. Consultant in Public Health for London Borough of Bromley.	Non-financial professional interest	1 April 2020	Current
David Bradley	Partner member, mental health	1. Unpaid advisor to Mindful Healthcare, a small start up providing digital therapy 2. Wife is an employee of NHS South West London ICS in a senior commissioning role 3. Chief Executive (employee) of South London and Maudsley NHS Foundation Trust	Non-financial profession interest Indirect interest Financial interest	April 2019 July 2019	Current Current Current
Andrew Eyres	Director of Place, Lambeth	1. Director of Lambeth, Southwark and Lewisham LIFTco, representing the class B shares on behalf of Community Health Partnerships Ltd for several LIFT companies in the boroughs. 2. Married to Managing Director, Kings Health Partners AHSC 3. Strategic Director for Integrated Health and Care – role spans ICB and Lambeth Council.	Financial interest Indirect interest Non-financial professional interest	1 April 2013 1 April 2021 1 October 2019	Current Current Current
Tosca Fairchild	Chief of Staff	1. Partner is a Consultant in Emergency Medicine. Potential to undertake locum work. 2. Bale Crocker Associates Consultancy – Client Executive	Non-Financial Professional Interest Financial Interest	01 May 2022 03 May 2022	Current Current
Mike Fox	Chief Finance Officer	1. Director and Shareholder of Moorside Court Management Ltd 2. Spouse is employed by London Regional team of NHS England	Financial interest Indirect interest	May 2007 June 2014	Current Current
Dr. Toby Garrood	Medical Director	1. Shareholding in Serac Healthcare 2. Consultant rheumatologist at Guy's and St Thomas' NHS Foundation Trust (GSTT) 3. In my role at GSTT I have received research and service development grant funding from Versus Arthritis, Guy's and St Thomas' Charity, Pfizer, Gilead and NHSx 4. I undertake private practice at London Bridge Hospital	Financial interest Financial interest Financial interest Financial interest Non-financial professional interest	April 2020 2009 2018 2012 July 2020	Current Current Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		5. Honorary Treasurer for British Society for Rheumatology			
Dr. Jonty Heaversedge	Medical Director	1. Sessional GP at Crowndale Medical Centre in Lambeth 2. Clinical director, Imperial College Health Partners 3. Director, Vitality Ltd – a wellbeing communication consultancy	Non-financial professional interest Non-financial professional interest Financial interest	1 March 2017 1 November 2019 1 March 2015	Current Current Current
Angela Helleur	Chief Nurse	1. Member of Kings Fund Council	Non-financial professional interest	May 2021	Current
Ceri Jacob	Director of Place, Lewisham	None	n/a	n/a	n/a
Prof. Clive Kay	Partner member, Acute	1. Fellow of the Royal College of Radiologists 2. Fellow of the Royal College of Physicians (Edinburgh) 3. Chief Executive (employee) of Kings College Hospital NHS Foundation Trust	Non-financial professional interest Non-financial professional interest Financial interest	1994 2000 April 2019	Current Current Current
James Lowell	Director of Place, Southwark	1. Chief Operating Officer (employee) of South London and Maudsley NHS Foundation Trust	Financial interest	January 2021	Current
Sarah McClinton	Director of Place, Greenwich	1. Director, Health & Adult Services, employed by Royal Borough of Greenwich 2. Deputy Chief Executive, Royal Borough of Greenwich 3. President and Trustee of Association of Directors of Adult Social Services (ADASS) 4. Co-Chair, Research in Practice Partnership Board	Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	November 2019 May 2021 April 2022 2016	Current Current Current Current
Dr. Ify Okocha	Partner member, Community	1. Chief Executive (employee) of Oxleas NHS Foundation Trust 2. Director, Dr C I Okocha Ltd, providing specialist psychiatric consultation and care 3. Director, Sard JV Software Development	Financial interest Financial interest Financial interest	2021 1996 2011	Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		4. Director, Oxleas Prison Services Ltd, providing pharmacy services to prisons and Kent and South East London	Financial interest	27/09/16	Current
		5. Holds admitting and practicing privileges for psychiatric cases to Nightingale Hospital	Financial interest		Current
		6. Fellow of the Royal College of Psychiatrists	Non-financial professional interest	1992	Current
		7. Fellow of the Royal Society of Medicine	Non-financial professional interest	1985	Current
		8. International Fellow of the American Psychiatric Association	Non-financial professional interest		Current
		9. Member of the British Association of Psychopharmacology	Non-financial professional interest		Current
		10. Member of the Faculty of Medical Leadership and Management	Non-financial professional interest		Current
		11. Advisor to several organisations including Care Quality Commission, Kings Fund, NHS Providers and NHS Confederation.	Non-financial professional interest		Current
Stuart Rowbotham	Director of Place, Bexley	1. Director of Adult Social Care and Health, London Borough of Bexley	Financial interest	16 January 2017	Current
Julie Screaton	Chief People Officer	None	-	-	-
Debbie Warren	Partner member, local authority	1. Chief Executive (employee) of Royal Borough of Greenwich.	Financial interest	December 2018 (acting in role from July 2017)	Current
		2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Non-financial professional interest	March 2020	Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre	Financial interest	2010	Current
		2. Lambeth Together training and development hub director	Non-financial professional interest	2022	Current
		3. Lambeth Healthcare GP Federation shareholder practice	Non-financial professional interest	2019	Current

Integrated Care Board meeting in public

Minutes of the meeting on 16 November 2022

Room 5&6 The Foundry, Oval Way, London SE11 5RR

Present:

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

In attendance:

Name	Title and organisation
Sarah Cottingham	ICB Deputy Chief Executive and Executive Director of Planning
Tosca Fairchild	ICB Chief of Staff
Ranjeet Kaile	ICB Director of Communications and Engagement
Julie Screaton	ICB Chief People Officer
Sonia Colwill	ICB Director of Quality
Julian May	ICB Head of Governance (Minutes)
Colin Nash	ICB Governance Manager (Minutes)

Apologies

Name	Title and organisation
Angela Helleur	ICB Chief Nursing Officer
Sarah McClinton	Greenwich Place Executive Lead
Debbie Warren	Partner Member Local Authorities

1.	**Welcome**
1.01	The Chair welcomed members, attendees and members of the public to the meeting.
	Apologies
1.02	Apologies for absence were noted.
	Receive Register of Interests
1.03	The Board received the register of interests. No additional interests were declared or conflicts of interest in relation to items on the agenda.
	Minutes of previous meeting actions and matters arising
1.04	The minutes of the meeting held on 12 October 2022 were **approved subject to** the addition of Julie Screaton to the list of those present.
1.04	The action log was reviewed.
2.	**Delegation of Pharmacy, Optometry and Dental (PODS) services from NHS England to the South East London Integrated Care Board**
	The Board were introduced to the decision to be made
2.01	Richard Douglas noted that Pharmacy, Optometry and Dental (PODS) services had a deep reach into the community and could potentially have a major impact on preventing ill health in the population. Accepting delegation allowed greater control and the ability to align to other services commissioned by the ICB such as community and mental health. The board should note that the ICB would also take on an additional financial responsibility of over £200million.
2.02	Sarah Cottingham introduced the paper intended to support the Board's decision, noting that NHS England approval would also be needed. The delegation to ICBs from 1 April 2023 would include operational and legal responsibility for PODs but NHS England would retain accountability to parliament as well as some functions such as national contracts and professional regulation.
2.03	South east London would accept responsibility for 454 contracts with a related budget of £205million and had been working with other London ICBs and the NHS London region team to agree the best approach. A small existing team with expertise in the management of the contracts would be retained intact and hosted by North East London ICB with staff transferred within 12 months of delegation. Principles had been agreed for how other ICBs and NHS London Region would work together with each other and the hosted team, underpinned by Memorandum of Understanding in relation to roles, responsibilities, staffing and an operating model.
2.04	The paper set out opportunities created by the delegation including the opportunity to join up pathways, improve prevention and early intervention and make better use of resources and data. In community pharmacy it was hoped to build on successful approaches to the Covid-19 Vaccination programme for example expansion to blood glucose monitoring and integrating prevention and long term condition management. There were evidence based links between

dental health and broader physical health conditions, and opportunities to link with smoking cessation and weight management. In relation to Optometry there were good minor eye condition services in south east London which could be expanded with the potential to add other services.

2.05 The paper outlined due diligence work that was ongoing risks including those relating to the transition and after delegation; these included the risk of insufficient capacity to manage resource to manage operational, quality and safeguarding risks, and ensuring financial arrangements were in place. The risk of insufficient information on services and requirements, lack of clarity on governance and inability to manage demand and expectations regarding the pace of transformation. The transition plans set out mitigations to these risks.

2.06 In planning for the delegation to take place on 1 April the priority had been a 'safe landing' for the delegated services and the establishment of governance as a foundation for undertaking future transformation. A transition plan, developed by a London steering group, set out a process to increase understanding of the services, agree future governance, and complete technical financial and contractual work.

The Board discussed the delegation

2.07 Prof. Clive Kay asked whether the operating model and structure and hosting of the team by a single London ICB would lead to a 'safe' business-as-usual approach to the commissioning of these services rather than allowing significant transformation for the benefit of South East London.

2.08 Paul Najsarek highlighted that residents may have more interactions with their pharmacy than their GP and that this was therefore an important opportunity. Future due diligence may uncover risks in relation to safety or finance, and appropriate governance would be needed to consider the delegation in light of these. The potential for transformation was a key justification for the delegation, and therefore areas for development should be identified as soon as possible including and some priority areas to begin in the short term.

2.09 Dr Ify Okocha expressed concern that due diligence may identify issues which could not only affect the ability to implement transformation but also to manage risks associated with the delegation, and asked how a better understanding of these elements would be progressed. Richard Douglas added that risks differed for each service being delegated.

2.10 David Bradley asked how sufficient workforce capacity to deliver transformation would be found, in view of the small size of the contracting team currently managing POD services across London.

2.11 Tosca Fairchild stated that the need to improve access and reduce health inequalities should be better highlighted in the risks associated with the delegation.

2.12 Dr Jonty Heaversedge pointed out that the delegation was the first step and time would be needed to create the conditions for transformation. There was also significant transformational work already underway which did not depend on the delegation. The ICB would need to consider how to create the capability in local teams and LCPs to interact with the transformation teams successfully, as well as

address likely need for quality improvement to create a consistent offer across the providers.

2.13 Dr George Verghese noted that there seemed to be more opportunity in community pharmacy initially rather than the other services, although workforce and leadership was likely to be an issue across the services, particularly after the pandemic, and there was a need to be realistic about the transformation opportunities which may come in future years.

2.14 Dr Toby Garrood reflected that there were opportunities as well as challenges associated with the need to co-ordinate across London with the PODs team. There was a need to understand the current state of access to these services across communities.

2.15 Stuart Rowbotham noted that seizing the opportunities and managing the associated risks would require a coherent approach to ensure transformation aligned with other programmes such as Fuller. Access related queries about the service were likely to increase significantly from the public directly and their elected representatives and there were risks associated with the ICBs ability to manage this demand, and a need to set realistic expectations on how quickly access could be improved.

2.16 Ceri Jacob reflected on the potential for greater links to public health as a way for the ICB to add value to the contracts it would assume responsibility for. It would be necessary to find the capacity to implement the improvement.

2.17 Andrew Bland noted that for some time there had not been the transformational resource and opportunities for conversation around these services locally. Taking on the services was an opportunity to scrutinise these services alongside complementary local services. The board would need to discuss how transformation resources and teams more generally who could then also implement transformation in these areas. The risk was the contractual rigidity which may be associated with these services.

2.18 Richard Douglas summarised the Board's general support for the delegation and direction of travel with comments being raised by the board in relation to maintaining a process and approach which allowed transformation, ensuring anything discovered in due diligence was brought to the boards attention appropriately via governance structures, and quickly establishing a 'state of the nation' on access and quality of the services for which responsibility was being taken on. The ICB would also need to prioritise which areas of transformation to pursue and ensure that they were carried out at the most appropriate level whether ICB or at place level, as well as appropriate and realistic communication about the work for the public and stakeholders.

2.19 The Board:

- **Agreed** to accept the delegated functions of the Pharmacy, Optometry and Dental Services commissioning from NHS England on the 1 April 2023 in the event that NHS England agrees that proposal
- **Noted and endorsed** the approach, timescales and proposed operating model
- **Noted and accepted** the implications of delegation including resources and finance and the work that is on-going to test and plan for these.

3.	**Any Other Business**
3.01	There was no other business.
4.	**Public Questions and Answers**
4.01	Three members of the public were present. Written answers to three questions that had been submitted in advance of the meeting were summarised. ***Questions raised at the meeting*** *1. Given the concerns noted by the board on rigidity of contracts in relation to Pharmacy Optometry and Dentistry which may hinder transformational work; is there an opportunity to talk to NHS England the level of input the ICB could have in nationally negotiated contracts in the short term in order to implement its priorities?*
4.02	Richard Douglas commented that there had been no changes currently advised to the national cycle of contracting in the short term. Andrew Bland noted that other ICBs had accepted delegation in advance and the SEL ICB would learn lessons from their experience, as well as the experience of other delegated areas such as primary care. There was an opportunity to effect changes using all flexibility already available within existing contracts. *2. Noting that the community pharmacy area seems to be the most receptive to transformation, but there was rigidity in some contracts – how would this fit with work on the wider determinants of health, and addressing health inequality given a lack of transformation resource?*
4.03	Richard Douglas replied that the ICB was working to create transformation capacity and would need to decide where best to focus its efforts, including decreasing activities that added less value. Andrew Eyres suggested that the response in community pharmacy to the need to increase vaccination during Covid had demonstrated what was possible with a clear shared priority even with no additional transformation resource. The proposed POD delegation was an opportunity to expand this approach to a broader range of goals.

NHS South East London Integrated Care Board

ACTION LOG

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

Integrated Care Board

Item: 3
Enclosures: C

Title:	**Chief Executive Officer's Report**
Meeting Date:	**15 February 2023**
Authors:	Andrew Bland ICB CEO
Executive Lead:	Andrew Bland ICB CEO

Purpose of paper:	To receive the report from the chief executive officer	Update / Information	**X**
		Discussion	
		Decision	
Summary of main points:	The report updates the Board on matters of interest across NHS South East London since the last Board meeting.		
Potential Conflicts of Interest	none		

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

	Equality Impact	N/A
	Financial Impact	N/A
Other Engagement	Public Engagement	The report is presented to the board meeting in public
	Other Committee Discussion/ Engagement	N/A
Recommendation:	The Board is asked to receive the report.	

Chief Executive Officer's Report

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

Industrial Action Overview

Ongoing system pressures

1. Urgent and emergency care continues to see challenges throughout the pathway with long waits in emergency departments and flow constraints, including flow out of the south east London emergency departments and delayed discharge. Pressures are evident across both physical and mental health sectors.

2. All south east London providers are experiencing significant delays discharging patients into care homes (new placements) and wider community settings. Urgent and Emergency Care (UEC) system leaders are focused on ensuring system support to optimise the scope for timely discharge, as reducing the number of patients who are medically fit remaining in beds will be crucial to supporting flow from the front door and through the hospital and in reducing bed occupancy. Hospital handover delays continue to be a key area of national focus. Some south east London sites are experiencing significant handover challenges, both in terms of overall volumes and time lost by ambulance crews waiting to handover patients.

Industrial action

3. Since December 2022, England has seen industrial action from the Royal College of Nursing (RCN) and from Union members working in NHS Ambulance Trusts. South East London ICB (SELICB) is managing the industrial action in line with the principles of emergency planning. The ICB Chief Nurse is the incident lead, supported by the SELICB Chief of Staff. A national and regional incident management team has been set up to enable regular communication.

4. Dates and organisations affected:

Date	Union	SEL Involvement and timings
15/12/2022	RCN	GSTT 0800 - 2000
20/12/2022	RCN	GSTT 0800 - 2000
21/12/2022	Unison	LAS 1200 - 0000
11/01/2023	Unison	LAS 1100 - 2300
18&19/01/2023	RCN	KCH 0730 - 1930
23/01/2023	Unison	LAS 1100 - 2300
26/01/2023	CSP	GSTT + LGT all shifts beginning on 26th
6& 7/02/2023	RCN	GSTT + KCH timings to be confirmed
09/02/2023	CSP	TBC all shifts beginning on 9th
10/02/2023	Unison	LAS – provisional date
22/02/2023	Unison	LAS – provisional date

5. Significant planning has been and is in place for all strike days and safety appears to have been maintained thus far by the proactive agreement of derogations for the Royal College of Nursing (RCN) strike days. For the LAS all acute providers managed immediate ambulance handover and there has been a robust approach to (safe) discharge. All affected providers have cancelled elective activity which includes outpatient and elective surgical activity, this increases the risk of harm if delays to treatment are experienced.

6. Further strike dates are planned with 6th and 7th February 2023 RCN strike dates affecting both Guy's & ST Thomas' Foundation Trust (GSTT) and King's College NHS Foundation Trust (King's).

Vaccination and Flu Update

7. Ensuring that residents have access to vaccinations is one of the most important roles for SELICB, as vaccinations prevent illness and help people to live healthier, happier lives with less need to access NHS services. This has a significant impact on individuals' health and wellbeing and the ability of the health and care system to treat and care for those with the greatest need.

8. In addition to the routine vaccination programmes, the South East London Integrated Care System (ICS) continues to deliver four vaccination programmes to eligible residents: covid, influenza, polio and monkeypox. Increasing rates of Covid and Flu infections resulted in increased hospital (including critical care) admissions in the last two weeks of December. This reinforces the need for all who are eligible to be vaccinated against these preventable diseases.

Covid

9. The ICB's partners in primary care networks, community pharmacy and vaccination centres continue to offer covid vaccinations to those who have either needed a primary or booster dose throughout the year. In September 2022, the autumn campaign commenced, initially focusing on those who were the most vulnerable in care homes and

at-risk groups. Since 5 September, 388,885 covid vaccinations have been administered across south east London.

Influenza

10. The annual influenza vaccination programme has started across south east London. As in previous years, general practice teams and community pharmacy teams provide this service to the local population; however, this year the vaccination centres will also be providing this service as many people who will be receiving their covid vaccination will also be eligible for a flu vaccine.

11. By 23 December 2022, over 68% of residents aged over 65 and 72% of those aged over 65 and at risk had received their flu vaccination. The flu vaccination programme will continue to run until February 2023.

Polio

12. In August 2022 the Joint Committee on Vaccinations and Immunisations (JCVI) met to consider the vaccination strategy for polio, as there had been a number of incidences where the polio virus had been detected in sewage samples in North and East London. The JCVI agreed that the most immediate priority was to ensure that all eligible individuals were up to date with their polio vaccinations. The JCVI advised that, in addition to ongoing catch-up, a supplementary IPV booster campaign should be implemented for children aged 1 to 9 years in London. In south east London, 66,274 vaccines have been delivered since the beginning of the programme which, at 35% of the eligible population, is the highest uptake in London.

Monkeypox

13. Monkeypox is a rare infection most commonly found in west or central Africa however there has recently been an increase in cases in the UK. Protection against Monkeypox can be provided by vaccination.

14. In south east London the three acute trusts have supported the Monkeypox vaccination programme. The sexual health clinics at King's College Hospital NHS Foundation Trust and Lewisham and Greenwich NHS Trust (LGT) have administered vaccinations and Guy's and St. Thomas' Hospital NHS Foundation Trust set up dedicated vaccination clinics at weekends and evenings for residents. Since the beginning of the programme, 21,416 vaccines have been administered (including first and second doses).

The South East London Leadership Academy Launch and Programme

15. The South East London Integrated Care System provides an unprecedented opportunity to address some of the biggest challenges facing the health and care system and to work together to deliver the best possible outcomes for south east London citizens and communities. Critical to this is supporting existing leaders and nurturing new talent, creating a system in which leaders can work effectively and collaboratively across boundaries. Key characteristics of the leadership culture have been identified which are considered essential to success: building trust, driving collaboration, embedding innovation, embracing differences and partnering with those served.

16. The South East London System Leadership Academy has been established with the aims of developing current and future leaders, in south east London, to underpin a system capable of delivering transformational change guided by these core principles.

17. Through the three programmes there is an ambitious target of reaching 1,600 people, or 2% of the workforce, in the first instance. The three programmes (Collaborate, Create, Connect) focus on supporting leaders and teams to optimise their own potential, alongside those of south east London organisations and communities, to deliver the best health outcomes for the people of south east London.

Collaborate

18. Collaborate is an innovative modular programme designed to develop the knowledge, skills, behaviours, and mindsets necessary to succeed as system leaders. The programme launched with an initial cohort of 30 participants in December 2022 who were joined by leaders from across South East London. Participants have been identified as representative of the outstanding quality of south east London leadership potential as well as of the diversity of south east London communities and institutions. The programme consists of five taught modules supported by action learning sets and mentoring from existing leaders. Fortunately, nationally and internationally respected experts from as far afield as the USA and Sweden, have been secured, to share their expertise on system leadership and healthcare transformation and to encourage participants to think differently. Delegates have initiated group projects to consolidate their learning and support South East London ICS in delivering its vision and strategic priorities. Further cohorts are planned for 2023 and 2024.

Create

19. Create is a three-day programme that supports teams working on innovative projects and is delivered in collaboration with the Billions Institute who bring a wealth of experience in training teams to deliver impactful and scalable change. It is recognised that the spreading and scaling of good ideas is challenging, and this programme is designed to provide support for leaders and teams to structure the development, testing and growth of innovative and transformational ideas and projects whilst ensuring the flexibility and autonomy to adapt whilst learning. The programme launched in September with 13 teams and 61 participants, with a second cohort attending the programme in March 2023.

Connect

20. Connect brings together leaders from across the system to support the development of new and trusted connections as well as key leadership skills and behaviours. To date, 400 colleagues have joined the programme which will continue with regular events in 2023. Alongside this SELICB is developing a framework for connecting mentors with mentees within the system to support professional development.

21. The ICB's Care Professional Leadership Committee (CCPL) is now established, bringing together senior clinical leaders from across the system, providing strategic leadership with the explicit aims of supporting delivery of the best possible outcomes for the residents of South East London through the south east London clinical leaders and networks. The committee has responsibility to lead co-ordination of SELICB's approach to population health management (PHM) with a particular focus on the optimisation of the use of data to harness knowledge and insights from south east London communities

and staff to lever transformational change. The implementation of communities of practice are being explored, in the first instance with the virtual wards programme, to ensure shared learning and implementation of best practice across south east London boroughs.

The Covid Public Inquiry – Module 3

22. The national COVID-19 public inquiry was established on 28 June 2022 to examine the UK's response to, and the impact of, the Covid-19 pandemic, and to learn lessons for the future. As the next step in this enquiry, a letter was received on 28 November 2022, asking for initial information for Module 3.

23. Module 3 examines the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland and covers the following topics:

- The healthcare consequences of how the UK governments and the public responded to the pandemic
- The capacity of healthcare systems to respond to a pandemic and how this evolved during the Covid-19 pandemic
- Primary, secondary and tertiary healthcare sectors and services and people's experience of healthcare during the Covid-19 pandemic, including through illustrative accounts
- Healthcare-related inequalities (such as in relation to death rates, PPE and oximeters), with further detailed consideration in a separate designated module

24. The inquiry identified 450 organisations across the UK that are likely to have important healthcare-related information to share with it in relation to Module 3 specifically, including SELICB. Any response provided is intended to be for the inquiry's information only.

25. The Chief of Staff led on co-ordinating the response, drawing on knowledge from the former South East London CCG's Gold team, who led the pandemic response at the time. A response was submitted on 19 December 2022, in line with the given deadline.

The Patricia Hewitt Review: Call for Evidence

26. On 1 July 2022, Integrated Care Systems (ICSs) were placed on a statutory footing, through the creation of integrated care boards (ICBs), which are statutory NHS bodies and Integrated Care Partnerships (ICPs), which are joint committees formed by each ICB and the relevant local authorities in the ICS area. ICSs bring together the NHS, local government, the voluntary, community and social enterprise (VCSE) sector and other partners to better integrate services and take a more collaborative approach to agreeing and delivering ambitions for the health and wellbeing of the relevant local population.

27. The establishment of ICSs and the new statutory framework strengthen the move towards greater local accountability and collaboration. This requires all the statutory bodies working with ICSs, including DHSC and NHS England, to change the way they work within the statutory framework set by the 2022 Act.

28. To help inform this new way of working, the Secretary of State for Health and Social Care has appointed the Rt Hon Patricia Hewitt to consider how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed, balancing greater autonomy with robust accountability, with a particular focus on real time data shared digitally with DHSC and on the availability and use of data across the health and care system for transparency and improvement. There will be a particular focus on the role of national NHS targets and priorities for which ICBs are accountable, including those set out in the Government's mandate to NHS England, but the review will consider how performance across all aspects of an ICS's strategy, including public health, health care and social care needs, is supported and overseen.

29. The review covers ICSs in England. In particular it will consider and make recommendations on:

- How to empower local leaders to focus on improving outcomes for their populations, giving them greater control whilst making them more accountable for performance and spending
- the scope and options for a significantly smaller number of national targets for which NHS ICBs should both be held accountable and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities
- How the role of CQC can be enhanced in system oversight

30. The call for evidence, to gather views from across the health and social care system, as well as from patients, the public, and the wider voluntary sector was launched with a deadline of 9 January 2023 for submissions. The SELICB executive team reviewed the eleven questions and provided responses, which were shared with Board members, prior to submission.

Equalities

Current Equality, Diversity and Inclusion (EDI) priorities

31. The Equalities sub-committee, chaired by the Chief of Staff and EDI senior responsible officer (SRO) has continued to meet monthly to provide leadership and oversight of the SELICB EDI programme.

32. An Anti-racism workforce strategy has been developed building on the framework shared at the Race Equality Forum in September 2022, which was attended by over 80 colleagues who provided highly positive feedback. The strategy was discussed at a recent Equalities sub-committee and shared with the executive team. It will be shared with the Board in due course to adopt and support implementation. The strategy will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics which will be developed in 2023.

33. The Workforce Disability Equality Standard (WDES) report and action plan has been completed and approved by the December Equalities sub-committee. An engagement event was held in October 2022, which 79 colleagues attended either as staff with disabilities, managers or allies. Feedback from the engagement was used by key leads to develop a robust and ambitious action plan which will be monitored via the Equalities Delivery Plan (EDP). The report will be submitted to the Board in March 2023. The ICB

has chosen to adopt the WDES ahead of the national timetable for ICBs which is anticipated from 2023/24, demonstrating the organisation's commitment to disability equality.

34. A SELICB Diversity and Inclusion book, film and music club has been established which met for the first time in December 2022 to discuss carefully selected texts and resources on anti-racism. The session was well attended with a mix of colleagues coming together to discuss complex issues in a safe, compassionate, and inclusive space.

35. The ICB equalities agenda has continued to progress the Equalities Delivery Plan (EDP) which is currently on track in all areas.

Future EDI priorities

36. The Public Sector Equality Duty (PSED) 2022/23 report is due by March 2023 and scoping work began in January 2023. The PSED demonstrates SELICB's compliance with the Equality Act 2010 and covers all functions of the ICB. A data gathering exercise will be conducted to glean good practice and areas where EDI improvements have been made in 2022/23.

37. Also due in March 2023**,** is the Gender Pay Gap 2022/23 report which will establish if the organisation has progressed in reducing its gender pay gap and what further actions need to be taken to tackle any disparity. Exploratory work began in January 2023.

38. Timescales for the postponed 2022 Workforce Race Equality Standard (WRES), for ICBs only, have not yet been published and clarification is currently being sought from NHS England.

Sir Hugh Taylor's Departure

39. Sir Hugh Taylor, the chair of Guy's and St Thomas' NHS Foundation Trust (GSTT) and King's College NHS Foundation Trust (King's) retired in November 2022. Sir Hugh was appointed chair at GSTT in 2011 and at King's in 2019.

40. He has been succeeded by Charles Alexander who was Chair of The Royal Marsden NHS Foundation Trust and The Royal Marsden Cancer Charity from 2016 until his appointment as joint chair for the two foundation trusts effective from December 2022.

41. SELICB wishes to thank Sir Hugh for his leadership and contribution to system development and congratulate Charles Alexander on his joint appointment as Chair of GSTT and Kings.

Bexley Borough Update

Bexley's Big Conversation

42. Bexley's Big Conversation on health and care began with a successful event held in the Council chamber on 22 November 2022. This was an opportunity for the four pillars of the Bexley Health & Wellbeing Strategy (mental health, obesity, children & young people and frailty) to be discussed in the context of recovery from the pandemic and the cost-of-living crisis. Around fifty people attended the event, including community

champions and representatives of voluntary groups, to give their opinions and help shape the conversation about health priorities over the coming years.

43. This is the first step in an evolving dialogue between system partners and the public, and there will be further opportunities to take deep dives into each of the four main areas of focus in workshops organised by the Bexley public health team early in 2023.

Let's Talk Men's Health

44. At the Bexley Wellbeing Partnership committee meeting on 24 November 2022 there was a large turnout of residents and stakeholders keen to hear about aspects of men's health. A mixture of engaging and passionate speakers included Robert Shaw, an NHS SELICB employee who has had a difficult journey with his family through cancer diagnosis and treatment this year, and Moses Zikusoka, whose struggles with various physical and mental health issues led him to set up a men's health peer support group in Thamesmead. There were also vital presentations from those who are providing support services such as Oxleas NHS Foundation Trust who provide mental health services and Age UK, who run the Bexley Men's Shed.

45. The thread running through the event was work needs to be done to highlight these positive steps, enabling men to open-up and seek help for health and wellbeing problems. Having conversations in open fora helps break down the stigmas that still exist around the traditional narrative that men should be strong and 'man up' when facing health problems, rather than accessing available support.

Urgent Treatment Centres

46. Bexley commenced re-procurement of its two Urgent Treatment Centres in October 2022, which will continue to be located at Queen Mary's Urgent Treatment Centre, Sidcup and Erith Urgent Treatment Centre, Erith & District Hospital. Between October 2021 and March 2022, local care partners delivered a co-design approach with more than 250 residents, community groups and people who use urgent care services, as well as a variety of healthcare professionals across the system. The expectation is that the re-procured services will commence in summer 2023.

Bromley Borough Update

Medicines Optimisation Quality Improvement Work

47. A number of medicines optimisation quality improvement initiatives have been ongoing over the last year. The Clinical Effectiveness South East London (CESEL) group launched a guide to improve the management of diabetes, which resulted in a significant growth, in Bromley, in the prescribing of newer diabetes drugs and monitoring agents/devices. Similarly, CESEL has launched a guide on the management of hypertension, which encourages more proactive management and drug treatment.

48. SELICB has been recognised for its Integrated and Joint Working for the Community Pharmacy Vaccine Champion Scheme at the prestigious annual NHS PrescQipp awards. The COVID Champion scheme ran from July 2021 to March 2022 to improve vaccine coverage and reduce inequalities. Twelve Bromley community pharmacies were involved, with over 700 clinical interventions. Of these interventions, 310 individuals who were initially reluctant to have the Covid vaccination went on to be vaccinated, mostly in

community pharmacies. Six of the pharmacies involved with the scheme were in the Crays and Penge area, both locations where uptake of Covid vaccination has been lower.

49. Running alongside these initiatives is the nationally commissioned community pharmacy hypertension case-finding service (resulting in better hypertension prescribing) and the south east London commissioned service 'Making Every Contact Count' to provide health and wellbeing advice and brief interventions in areas such as coronary heart disease, targeting smoking cessation, obesity and hypertension.

One Bromley Health Hub and vaccinations

50. The new One Bromley Health Hub was officially opened on 6 October 2022. Located in the centre of the Bromley Glades Shopping Centre, the hub currently provides vaccinations, delivered by the King's team. In the future more services will be added such as health promotion, health checks and cost of living advice.

51. The hub is the first of its kind in the borough and over time will offer a range of health and care services in this central and convenient location. For more information, please read the press release about the opening.

52. Bromley's continued response to the London wide polio booster vaccination campaign has achieved vaccination of nearly 6,000 children registered with a Bromley GP. Most of these are additional boosters but many were done to ensure children caught up with missed vaccinations. These have been delivered by a combination of routes, including GP surgeries, a regular Saturday clinic at the One Bromley Health Hub in the Glades shopping centre, and pop-up clinics run by Bromley GP Alliance. In addition, SELICB worked with GSTT to run additional pop-up clinics, at local venues such as Bromley Central Library.

53. The Flu and Covid Vaccination programmes are continuing and focussing on those most at risk and in areas and population groups where there has been lower uptake so far.

One Bromley Winter Schemes Update

54. The winter schemes in Bromley are now fully up and running, with further schemes being developed in response to the availability of more resources. The schemes can broadly be broken down into:

- reducing admission and attendance to the Emergency Department
- increasing capacity by additional primary care appointments, increasing the system's bed base and aiding hospital discharge
- meeting specific seasonal demand and winter-focused information sharing and escalation.

55. One of the most advanced schemes so far is the primary care hub and clinical assessment service (CAS) which has been running since 3 October 2022, in parallel with the new enhanced access services provided through primary care networks. Provided by the Bromley GP Alliance, and based at the Princess Royal University Hospital, the service can take 60 virtual and 66 face-to-face appointments per day at the weekend and on bank holidays when routine primary care is not available. Additional staffing levels across different services is a key element of the winter programme, for example in

the Urgent Treatment Centres, as well as GP out of hours capacity over the Christmas and new year period.

56. Following the successful award of funding, the Bromley@Home Service is being developed to provide acute care to up to 30 patients in their own home preventing the need for hospital admission. The service mobilised from mid-December, building on the existing community IV Antibiotics service. In line with the NHS England 'Going further' ask, Bromley Healthcare has enhanced their current Urgent Community Response offer to also provide a falls pickup element for level 2 falls in the borough, taking pressure off the London Ambulance Service.

57. This winter there is a big focus on self-care and ensuring patients are accessing the most appropriate NHS service in order to ensure services are not overwhelmed and can see the right patients. The 2022/23 Guide to Keeping Well over winter has been distributed to every household in the borough. It includes information on using the right service, staying safe and well and vaccinations.

58. As part of a comprehensive programme of managing ongoing pressures within the health and care system, a more robust approach to patient redirection in Bromley's urgent treatment services has commenced. This is just one of the ways, outlined in the Bromley winter plan, to manage demand, ensure people are seen in the right place at the right time and enable the urgent and emergency services to focus on caring for those with more serious conditions. Adults who attend a Bromley urgent treatment centre with a primary care need will be redirected back to an appropriate primary/community service. The redirection decision will be made by a trained clinician in the urgent treatment centre and appropriate criteria and protocols are in place to safeguard both the individual and the clinician. Each individual will be given a letter explaining the reason for the redirection decision with advice on where to get the care they need.

Bromley All-Age Continuing Care

59. Earlier this year, the Bromley Local Care Partnership Board agreed to the transformation of the current operating model for children and young people's continuing care (CC)/adult's continuing healthcare (CHC) into a new service to be called Bromley All-Age Continuing Care. This transformation has now been completed and comprised a staff consultation on the new model and ways of working, as well as a procurement for a new partnership delivery service. This transformation will bring improvements for service users and the Local Care Partnership Board will be kept updated on progress.

One Bromley Winter Homeless Healthcare Clinics

60. The One Bromley Winter Homeless Healthcare Clinics won the Innovation Helping Address Health Inequalities Award at the 2022 national Innovate Awards in September.
61. Bromley GP Alliance began running the Homeless Winter clinics in December 2019 to address health inequalities amongst the homeless and rough sleeping population in Bromley. Now funded by the One Bromley Local Care Partnership, the clinics offer a range of treatments provided by One Bromley partners to help manage common health issues including vaccinations, mental health, drug and alcohol service and podiatry.

Greenwich Borough Update

Healthy Greenwich Partnership Development

62. The Healthy Greenwich Partnership's development programme has progressed well, with clear priorities, ways of working, and most recently focusing on how delivery will be operationalised, ensuring effective collaboration. There has been agreement via the Health and Wellbeing Board to align priorities with the Royal Borough of Greenwich's corporate priorities, and the SELICS strategic priorities. The next phase of work in 2023 will include co-producing and shaping actions with Greenwich's neighbourhood/local communities and focusing on delivery and our plans for 2023/24.

Clinical and Care Professional Leads

63. Most of the Greenwich clinical and care professional leads have now been recruited and inducted into their roles. This includes the overarching lead, Dr Jose Garcia, who is an experienced lead and former CCG chair from Essex. There are a few roles where a decision has been taken to incorporate the remit within Greenwich's integrated teams, which will help in delivery and alignment. It will be important that leads are supported in their role, so that they work cohesively across their portfolios, and link effectively with the agreed Health Greenwich Partnership priorities.

Developing Neighbourhoods/ The Fuller report

64. Greenwich has made a strong commitment to developing a joint vision about what 'good' looks like at neighbourhood level. At the heart this will be a supportive structure that enables collaboration at scale, ensuring general practice adapts to the challenges it faces without losing the essence of effective general practice as part of a wider primary care landscape. Greenwich Primary Care Networks hosted Dr Clare Fuller on 26 January to widen understanding of the opportunity, with over 200 participants from practices, including input from the Royal Borough of Greenwich and NHS providers. This has really galvanised Greenwich GPs on the opportunities, with a focus on practical actions on diabetes, workforce and same day urgent care. Greenwich has also started re-orientating the commissioning of Home Care and Public Health services at a neighbourhood level, as well as developing more integrated neighbourhood services, including strengthening community involvement and asset-based approaches.

Primary Care – access improvement

65. The new extended access model has been in place through Greenwich's Primary Care Networks since October 2022, with supplementary Sunday/Bank Holiday support from Greenwich Health (GP Federation). Work is also underway with Healthwatch and the Greenwich Health Scrutiny Committee on access improvement work, with a scrutiny session held in early December, a hybrid public forum held on 10 January in a local community centre, with over 35 participants.

Winter and system pressures

66. Winter is traditionally a challenging time for the health and social care system, with the number of people requiring hospital treatment or admission rising sharply. This year was different, as the traditional summer dip in demand did not happen before heading into winter and the anticipated cost of living crisis is expected to have an additional impact on health and care services. A plan has been developed collaboratively with partners from

across the Healthier Greenwich Partnership, which summarises the process undertaken and changes to be made ahead of and during winter, to safeguard partners' collective resilience and residents. Additional winter investment in hospital discharge funding support of circa £3.1m for Greenwich has helped provide further help and will be monitored through the Better Care Fund.

Lambeth Borough Update

The Lambeth Together Care Partnership Board

67. This has been in place in its current form for a year, since January 2022, and Board members have been reflecting on the many achievements across the Partnership and Alliances. The Lambeth Health and Wellbeing Strategy is now complete following approval by the Health and Wellbeing Board in January.

68. The Lambeth Together Strategic Health and Care plan continues to progress and is planned for publication in the Spring, focusing on the response of local health and care systems, the Lambeth Health and Wellbeing Strategy and contribution to the SELICS Strategy.

Lambeth Clinical and Care Professional Leads

69. Lambeth now has a full complement of Clinical and Care Professional leaders and, as a network, has established a forum that will be used to share learning and offer peer support, to develop opportunities and improve clinical and care effectiveness across the borough. A list of all clinical leads can be seen here: Lambeth Together Clinical and Care Professional Leads.

Celebrating Black History Month

70. Lambeth Together celebrated Black History Month in October with the Borough being home to one of the UK's largest black communities, with people of African and Caribbean heritage adding to the rich and vibrant culture. An Inspire Black Communities Health and Wellbeing Event was held at St Mark's Church, Kennington, on Saturday 15 October. The event was attended by 470 people and provided health and wellbeing checks and advice, plus opportunities to be physically active.

Lambeth winter planning

71. Schemes are well underway with a focus on continuing the work on supporting the urgent care system, including access to primary and social care services, and supporting timely discharge from hospital settings to release bed capacity wherever appropriate and possible. Additional national funding, deployed to support discharge, has been helpful in securing additional capacity for the system over and above the existing Winter Plan.

72. The approach was developed with Lambeth and Southwark partners and addresses hospital discharge, mental health discharges and community provision. The Lambeth submission remains focused on home-first and developing plans that are sustainable and deliverable and Lambeth will continue to collaborate with local partners where this gives better outcomes for the population.

Lambeth's Alliances continue to evolve

73. The Children and Young People's Alliance has been successful in a bid for Government funding to deliver the Family Hub Start for Life Programme; the Living Well Network Alliance continues its work to improve the access, experience, and outcomes of those needing mental health services, with a continued focus on the determinants of health and on communities in the most deprived areas of Lambeth and the Neighbourhood and Wellbeing Delivery Alliance has created a new partner-led Alliance board to steer three priority areas: prevention, improving communication across urgent care systems and improving care for those with complex health care needs. The Alliance board will steer partner-led activity including system activity plans linked to the outcomes and associated metrics of the Lambeth Together Strategic Health and Care plan.

The Lambeth HEART funding bid

74. Lambeth has successfully secured funding from the National Institute for Health and Care Research to undertake local research to help understand how the Borough can make a difference to the causes of poor health in the community, including tackling the impact of racism and discrimination. Public Health worked in partnership with residents, King's College London and Black Thrive to bring their expertise together to ensure the bid was successful. As well as this Lambeth has been awarded Borough of Sanctuary status from the City of Sanctuary UK organisation, which is working to build a more welcoming UK for people forced to flee their homes. Lambeth has been recognised as a place that welcomes and values the contribution of refugees, migrants and those seeking sanctuary. Lambeth Sanctuary Services have worked for twelve months to build a resilient and proactive service that endeavours to raise the voices of people with lived-experience and provide equitable access to support for all sanctuary-seekers, alongside voluntary and community sector (VCS) colleagues who have decades of experience providing this support.

Lambeth Children's Services

75. Lambeth Children's services had their Ofsted inspection in November 2022 and Ofsted have released its 'Inspection of Lambeth local authority children's services' report. The report notes the considerable strengths in Lambeth Children's Services and highlights the improvements and progress that the Borough has made and the ambitions for the future. A key theme in the report is the passion, enthusiasm, and dedication of the workforce which Ofsted observed during the inspection.

Lambeth Community Pharmacies

76. Congratulations to Lambeth's community pharmacies and to the Medicines Optimisation and Long-Term Conditions team members who won a national PrescQIPP integrated working award. The team received their award at a ceremony in Nottingham and will be running a national webinar to share the project details with other SELICB teams. The project established vaccine champions in community pharmacies across south east London to address vaccine hesitancy during the Covid-19 vaccination programme. Nearly 9,000 opportunistic conversations were held with the public when attending the pharmacy and achieved a 20% conversion rate from hesitation to vaccination. Pharmacy staff also took part in outreach opportunities with faith groups and African TV explaining the services available to the public. Furthermore, Copes Pharmacy in Streatham was shortlisted for Pharmacist Team of the Year Award for their work on vaccination during the pandemic, including mobilising a pop-up clinic at the Lambeth Civic Centre, increasing vaccine provision in an area of low vaccine uptake.

Lewisham Borough Update

Support to Lewisham residents

77. Partnership working at place has been providing support to local residents impacted by the cost-of-living crisis over the winter. This builds on the support that is currently available and is focused on supporting the most vulnerable. Activities include:

- Warm Welcome hubs - Community groups coming together to offer spaces where people can pop in free of charge. Lewisham Local is working with partners to map and promote the Warm Spaces and provide wraparound support https://www.lewishamlocal.com/lewisham-warm-spaces/
- The voluntary and community sector (VCS) offer includes hyper local micro-grants to provide in-reach to the most marginalised (setting up warm centres, heating buildings in the community and a warm space during the day)
- Extending Social Prescribing resource to provide outreach in the Warm Welcome hubs
- Working with Citizens Advice Lewisham to increase the resource for income maximisation and debt triage
- Plans to extend a community transport scheme for people attending community-based health appointments

Joint Targeted Area Inspection (JTAI)

78. The Lewisham Children's Safeguarding Partnership (Local Authority, Health and Police) recently underwent a JTAI. The inspection took place over three weeks in November 2022. The focus of the inspection was on the front door i.e., the identification of potential safeguarding issues through to the point of decision within the Lewisham Multi-Agency Safeguarding Hub (MASH). The first two weeks focused on reviewing information submitted by the safeguarding partnership with inspectors visiting a range of sites in the third week. A narrative report was issued in January 2023 and a further update will be provided in due course.

inPLACE

79. The Lewisham Local Care Partnership (LCP) strategic board has been participating in the London ICS network pilot of the inPLACE Development Framework. The concept of inPLACE builds on the London 5Ps Framework for Integration (Purpose, Priorities, Place, Pounds and Providers) and over two seminar sessions the LCP board has reflected on current partnership working and ambitions for the next 6 months. The LCP will review progress against this baseline during 2023.

Neighbourhood work

80. In Lewisham, the Integrated Neighbourhood Network Alliance has been established to build on the history of neighbourhood working and deliver on the Fuller recommendations. The Alliance will support the development, delivery and implementation of integrated community-based health and care in Lewisham. A series of workshops are planned to co-design the approach to integrated neighbourhoods and bring together key stakeholders involved at a local level in a person's health and care. These workshops will take place between January and April 2023.

Lewisham borough visit

81. Lewisham LCP hosted a day visit by Board members: Richard Douglas, Toby Garrood and Mike Fox on 10 January 2023. Visitors were escorted around the borough by Ceri Jacob (Lewisham Place Executive lead) and Charles Malcolm-Smith (People & Provider Development Lead). Various sites were visited in the borough highlighting the on-going work of improving health outcomes for the Lewisham population through integrated working and community action. There was a networking lunch with members of the LCP Strategic Board and also a meeting with Dr Catherine Mbema from Lewisham local authority to discuss work on Health Inequalities. The day finished with a meeting with key councillors from the borough and the Mayor of Lewisham.

Older People

82. Partners in Lewisham have agreed to carry out focused work to develop the integrated health and care offer to older people in the borough. This will span prevention through to end of life care and is intended to reduce non-elective attendances and admission to hospital and increase the number of older people who have their health and care needs supported in their own home. A workshop to initiate this work has been held with excellent attendance from across the local system and community. The outputs will be used to shape the programme and develop the implementation plan.

Southwark Borough Update

Well-being Hub

83. Responding to resident feedback and neighbourhood working, work has been undertaken with Southwark's Voluntary and Community Sector (VCS) provider, Together for Mental Wellbeing, to recruit nine additional 'mental health support worker' roles. The Neighbourhood Mental Health support workers will work in the community in primary care settings, with each aligned to one of the GP Neighbourhoods, and work with other primary care staff including GPs, practice nurses, allied health professionals, and the other new personalised care roles (care co-ordinators and health and wellbeing coaches) based in primary care.

84. The support workers will also work with hospitals, Southwark Council Adult Social Care, and voluntary and community sector services supporting mental health in Southwark. Being embedded within these teams will enable the provision of outreach support into community spaces, e.g. the Walworth Living Room and Pecan Women's Hub, as well as meeting residents in coffee shops and libraries, faith centres. Support workers will also see clients in their own homes.

Inequalities Funding – Bid Update

85. The Partnership Southwark Delivery Executive has been overseeing the development of proposals for how the inequalities funding will be used. A multi-agency task and finish group developed an approved plan for use of the funds. The areas being funded include developing a type 2 diabetes management course for 18–30 year olds, supporting warm hubs within the borough over the winter, developing community health ambassadors, providing health and wellbeing support for unaccompanied asylum-seeking children, school nurse support for children educated outside of schools, expanding the Healthy Start programme and support for local social prescribing organisations.

Approval of the Peer Led Structured Education Contract following re-procurement

86. Self-Management UK has been awarded the contract for delivery of peer led structured education courses for people living with more than one long term condition, this includes mental health conditions. There is an aim to pilot courses for carers and for people living with and beyond cancer during this contract.

Southwark team highly commended as atrial fibrillation pioneers

87. A joint Southwark team has been highly commended by an international award ceremony for their work to improve patient safety and outcomes for those affected by atrial fibrillation in the borough.

88. Working jointly with Southwark practices and the south east London anticoagulation team, the medicines optimisation team developed a new system for monitoring prescribed direct oral anticoagulants and their effects on patients. This new monitoring system helped improve safety and optimise the doses given to individual patients, meaning that patients received the best dosage for them according to how they reacted to the medicine. This reduced the risk of several conditions including strokes and bleeding.

Integrated Care Board

Item 4
Enclosure D

Title:	**Development of the South East London Integrated Care Strategy**
Meeting Date	15 February 2023
Authors:	Ben Collins, Director of System Development
Executive Lead:	Jonty Heaversedge (Joint medical director)

Purpose of paper:	To share our published statement of strategic priorities for South East London (attached) and update the board on next steps.	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	Following extensive engagement with our partners and the public in 2022, and discussion with our Integrated Care Partnership in November and January, we have now published an initial statement setting out our cross-system strategic priorities for improving health and care over the next five years. This statement includes our mission and vision and a description of five cross system strategic priorities, agreed by the Partnership in November, and an overview of the ways of working, capabilities and enabling infrastructure we will need to develop as we turn these priorities into action. The publication also provides some information on the next phase of our work on the strategy, which will include convening reference groups of leaders and experts from across our system, developing an overall strategic approach to the issues identified, setting clear targets and milestones for improvement, and developing implementation plans. In its discussion on the strategy on 26 January, members of our Integrated Care Partnership supported the overall approach in our publication, while emphasising the need to be ambitious in our thinking on how to take forward our strategic priorities. They highlighted the need to review best practice in other health and are systems, consider approaches that look beyond traditional healthcare interventions, identify opportunities to address the underlying social determinants of health, to work in cluse partnership with our VCSE partners and engage effectively with service users. They also highlighted the need to focus on areas where action		

	bringing together partners across South East London would deliver greatest impact, while supporting work happening locally within our boroughs and providers. In a more detailed discussion of the priority to improve early intervention for children with common mental health problems, Partnership members highlighted the need to consider a broad review of our existing models of support, as well as potential opportunities to improve our current services. They emphasised the discussed the need to improve continuity of care for young people, opportunities to better harness digital solutions, and the need to link work on children's mental health with our separate priority to improve early years support for families. Partnership members discussed how we might better harness the skills of the VCSE in supporting children and young people and how we might ensure consistent support for children struggling with mental health problems in our schools. They also highlighted the need to engage actively with children and young people on possible approaches. In the next phase of work on the strategy, we will be bringing together leaders and experts from across our system to take forward each of our five strategic priorities. We are proposing to publish a second strategy document setting out our overall approach to the five priorities, our targets and our delivery plans by June 2023. We propose to update and engage with the Partnership and Board regularly at future meetings on the approach and implementation plans for each of the priorities in the strategy.			
Potential Conflicts of Interest	None			
Relevant to the following Boroughs	**Bexley**	X	**Bromley**	X
	Greenwich	X	**Lambeth**	X
	Lewisham	X	**Southwark**	X
	Equality Impact	The strategy establishes a focus on health inequalities. We selected strategic priorities based in part on the opportunity to address health inequalities. There is now a commitment to commitment to address health inequalities as we turn our five strategic priorities into action.		
	Financial Impact	The strategy sets out priorities that are likely to require investment. We will determine the overall approach to aligning our finances with this strategy as part of development of our medium-term financial strategy. We will assess value for money in relation to specific investments or projects as we develop implementation plans for delivering our strategic priorities.		
Other Engagement	Public Engagement	Extensive public engagement from July to December 2022 including open meetings, surveys and opportunities to input online.		

	Other Committee Discussion/ Engagement	Extensive engagement with our Integrated Care Partnership, our Local Authorities and Local Care Partnerships and a Strategy Steering Group with representatives from our providers.
Recommendation:	The Board are asked to note the publication of our strategic priorities document and to provide any reflections or guidance on our approach to the next phase of our strategy process as we turn our priorities into action.	

South East London
Integrated Care System

Integrated Care Strategic Priorities for 2023-28

Our cross-system priorities for improving health and care

Crystal Mark 24030
Clarity approved by Plain English Campaign

Contents

1 Foreword

It is with great pleasure that, on behalf of our partnership, we share this first statement of our strategic priorities for transforming health and care for local people in South East London.

This has been a joint effort by health, local authority, voluntary sector and other leaders who make up the Integrated Care Partnership. The priorities in this document reflect a new way of working in South East London, where we combine forces across public and voluntary sector services to understand and address complex challenges and respond to the needs of our residents.

Over the last six months, we have held extensive discussions with a broad range of our stakeholders on the state of our services, residents' experience of them and the most important things we need to change. We have heard from local people, service users, voluntary and community sector organisations, Healthwatch, and staff from all our services. Our engagement has been extensive (see page 8) and has included surveys, focus groups, online discussions and face-to-face workshops.

These discussions have led to a statement of our mission and our vision for how we want to reshape health and care together in South East London (see page 13). We want to focus on helping people stay healthy and well, delivering more joined-up, convenient care, and better supporting marginalised or disadvantaged groups. It has also led to five immediate strategic priorities to improve our preventative services, support for children and families in early years, children's and adults' mental health and our primary care system (see page 16).

We have not tried to describe everything that we will do over the next five years as partners, individually or together, to improve health and care. We have focused on a small number of things which require work across our system and which we believe can make a major difference. Our strategy will sit alongside a much more detailed joint forward plan for the next five years and an operating plan which sets out how we will deliver our services in the next one to two years.

We understand how difficult things are right now for many of our residents and the staff in our services. People's health and wellbeing worsened during the pandemic, demand for services has increased, and waiting lists have grown. We know how frustrated people are about some aspects of care. Our staff are working hard to meet people's needs with the resources available to them and significant workforce shortages.

One conclusion from our work on our strategy over the last six months is that we cannot continue with 'business as usual'. We can only meet local people's needs and address current challenges through making better use of our resources, working together to transform our services, and working in effective partnership with our communities.

These strategic priorities provide a solid foundation for action, but they are just the start. We now need to organise our whole system to start delivering our vision. We are moving quickly into action to set plans and milestones for our five strategic priorities.

Our Integrated Care Partnership has agreed to be responsible for making sure we deliver on these commitments, holding our Integrated Care Board and the partner organisations that make up our Integrated Care System to account for doing so. We want to do this in partnership with our communities, and will report on our progress as we meet in public throughout each year.

Kieron Williams
Leader, Southwark Council

Richard Douglas
Chair, NHS South East London

Co-chairs of the South East London Integrated Care Partnership

2 Overview

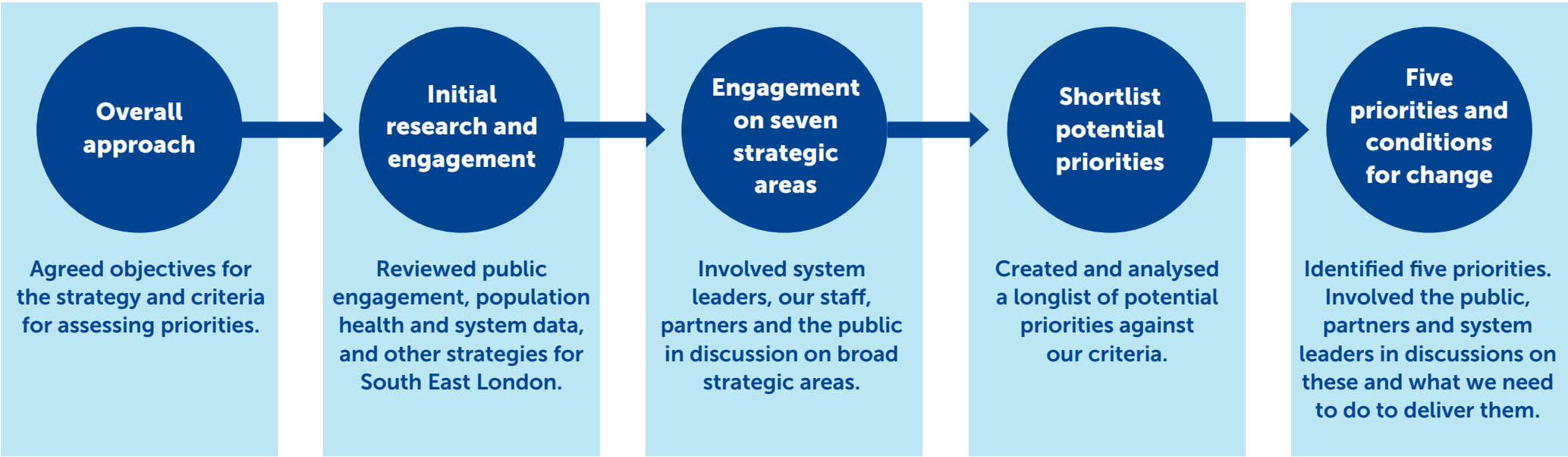
This document sets out our mission and vision for improving health and care in the South East London Integrated Care System (ICS) and the strategic priorities we will focus on to improve health and care for our residents.

It is the first milestone in developing and introducing our strategy for the next five years, 2023/2024 to 2027/2028. It provides a starting point for deciding how we allocate our resources, set up change programmes for specific services, and for developing our change capabilities, workforce, and our infrastructure (for example, our digital resources and our buildings).

These strategic priorities have been developed by South East London's Integrated Care Partnership (see Figure 2), which brings together NHS leaders and the elected leaders of our six local authorities as well as other key leaders from across our system. This is the first time that health leaders, our local authorities and our voluntary and community sector have come together as a partnership to develop a strategy for our health and care system as a whole. It has been a team effort involving extensive discussions with local people, communities and our staff.

South East London has a large and complex health and care system with many different organisations and partnerships. We haven't tried to list here all the important work happening across our system to improve health and care. Instead, we have focused on our overall approach to developing our services and improving health and care, and a small number of major strategic priorities where working together across our system could deliver significant benefits for local people.

Figure 1: An overview of our process



About our Integrated Care System

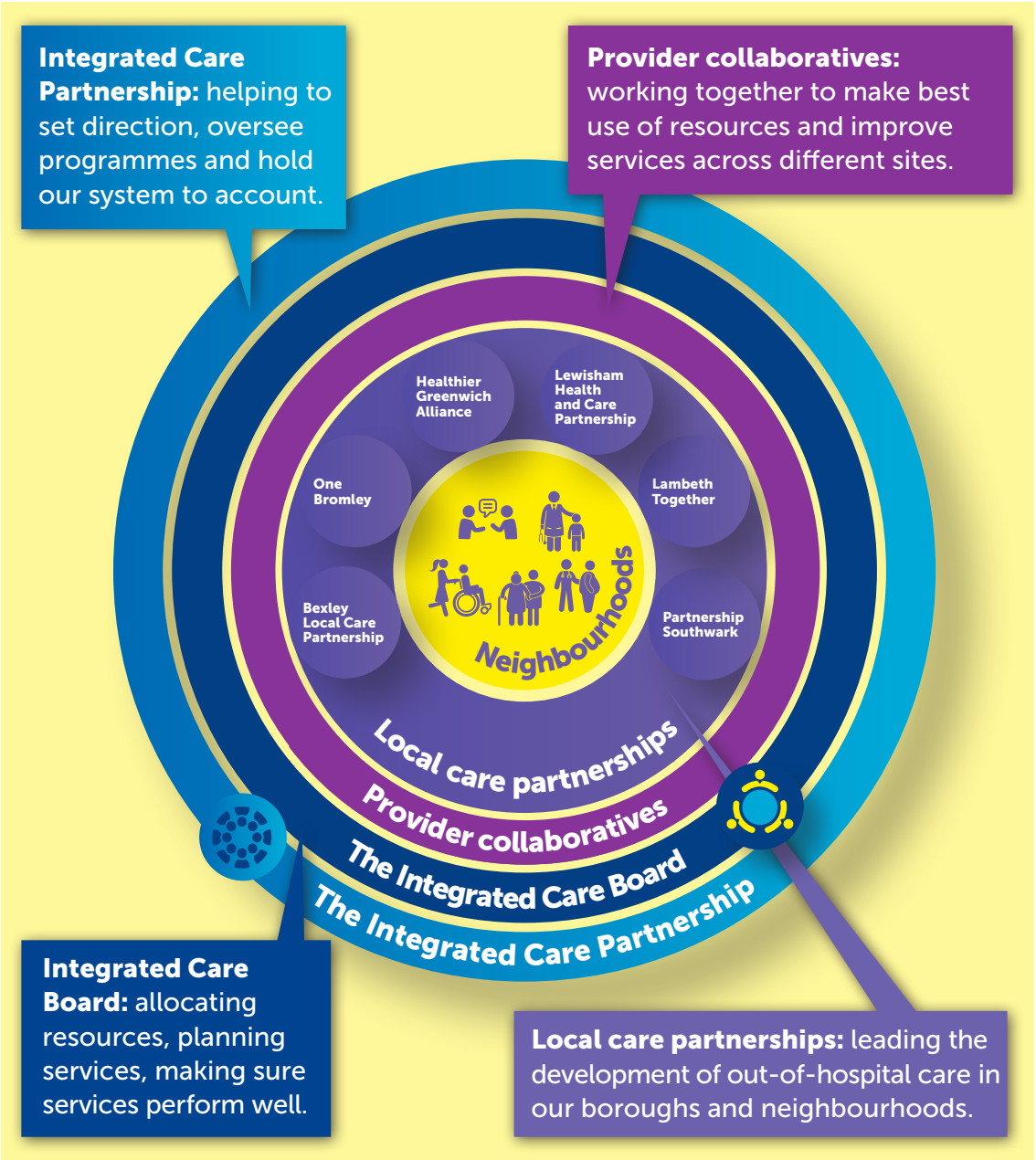
On 1 July 2022, we set up a new Integrated Care Board (ICB) and a new Integrated Care Partnership, bringing together the leaders of health and care organisations across South East London to plan services and improve care for our population of almost two million.

Our new board and partnership are responsible for supporting the many organisations delivering health and care services in South East London, which we call the South East London Integrated Care System (or ICS). We have four overarching objectives:

1. improving outcomes in population health and healthcare;
2. tackling inequalities in outcomes, experience and access;
3. enhancing productivity and value for money; and
4. helping the NHS support broader social and economic development.

Our new arrangements are based on partnership working, bringing together the range of skills and resources in our public services and our communities. They are also based on the principles of trust, taking decisions at the right level in our system, giving partnerships and organisations within our system the power to lead and improve their services and working in partnership with our service users.

Figure 2: Our system of systems



Note: NHS England is expected to ask integrated care boards to commission some specialised services in the future.

Our communities after the pandemic

The truth is that local people and our staff are struggling following three years of the pandemic and now a cost-of-living crisis. There are pockets of significant deprivation across South East London. Four of our local authorities are within the 20% most deprived in England, with 12 neighbourhoods in the most deprived 10% of all areas in England (source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government).

Our local authorities' and partners' assessments of health and wellbeing in our various communities, as set out in their health and wellbeing strategies, highlight the growing challenges parents and carers face in supporting young families. The assessments also highlight the large numbers of children, young people and adults struggling with mental health problems, and people across our communities struggling to live healthy lives. We have a growing population, particularly older people who are coping with poor physical and mental health, frailty and challenges in daily living.

People from some communities have suffered more than others over the last few years, further increasing the differences in levels of health and wellbeing within our communities. During the pandemic, people living in the most deprived areas of England were around twice as likely to die after contracting COVID-19 (source: Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report. The Health Foundation, July 2021). The pandemic and the cost-of-living crisis have further increased social and economic inequalities, which are known to affect long-term health and wellbeing.

4
of our local authorities are within the 20% most deprived in England

12
of our neighbourhoods are in the most deprived 10% of all areas in England

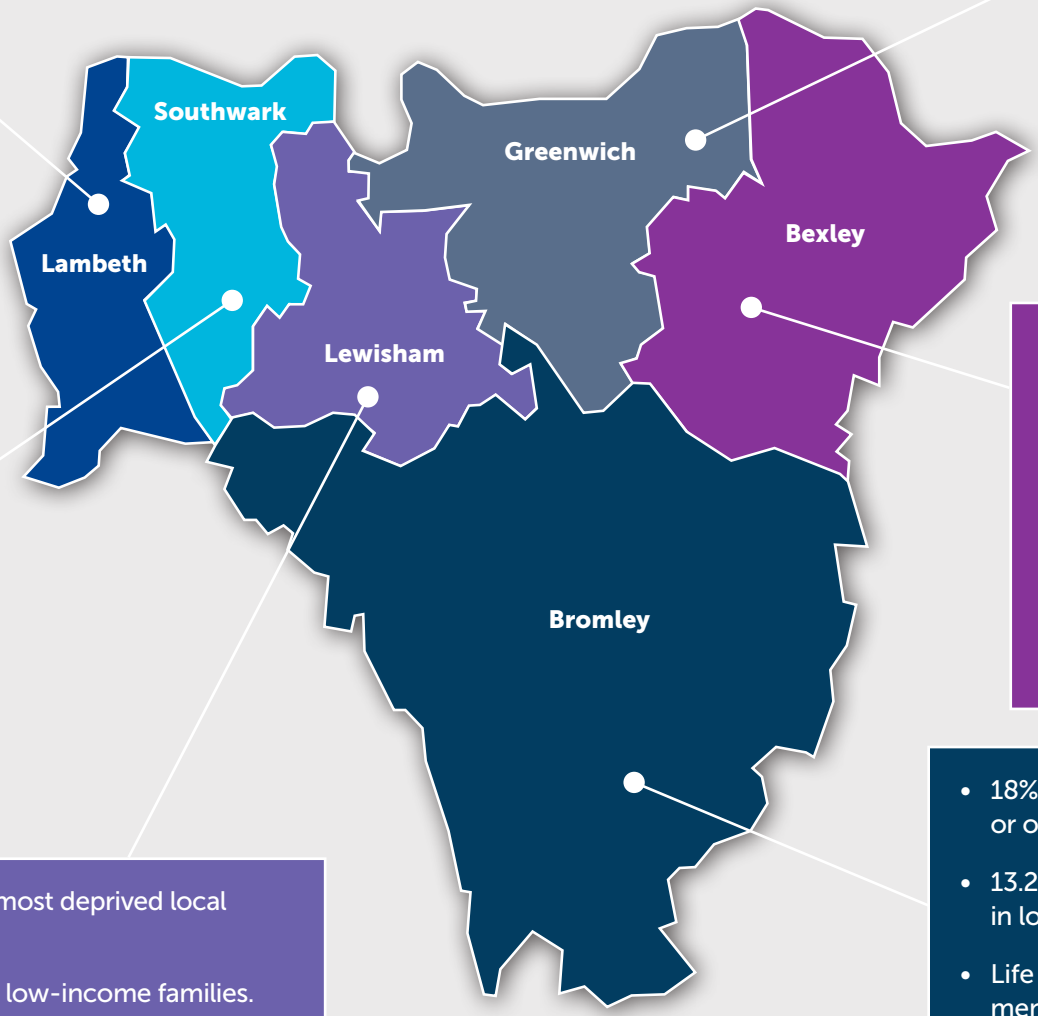
During the pandemic people living in the most deprived areas of England were around twice as likely to die after contracting COVID-19

Young people aged 16-24 are twice as likely to have been employed in those industries hit hardest by the pandemic, such as hospitality and retail

Figure 3: Our people and communities

- Lambeth is ranked among the 15% most deprived local authority areas in the country.
- Lambeth has the second largest lesbian, gay and bisexual communities in the country.
- 60% of people in Lambeth are from a Black and minority ethnic background.

- Greenwich is ranked among the 15% most deprived local authority areas in the country.
- 21.8% of children in Greenwich live in low-income families.
- 38% of people in Greenwich are from a Black and minority ethnic background.



- Southwark is ranked among the 15% most deprived local authority areas in the country.
- Southwark has the third largest lesbian, gay and bisexual communities in the country.
- 46% of people in Southwark are from a Black and minority ethnic background.

- 16% of people in Bexley are aged 65 or over.
- 16.3% of children living in Bexley live in low-income families.
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in the most deprived areas of Bexley, compared with the least deprived areas.

- Lewisham is ranked among the 15% most deprived local authority areas in the country.
- 22.6% of children in Lewisham live in low-income families.
- 47% of people in Lewisham are from a Black and minority ethnic background.

- 18% of people in Bromley are aged 65 or over.
- 13.2% of children living in Bromley live in low-income families.
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in the most deprived areas of Bromley, compared with the least deprived areas.

The performance of our services

When people turn to the health and care system for help, they are often faced with services that are also struggling. In South East London, we have access to some of the most advanced health and care services in the world. Despite this, many services, including GP surgeries, accident and emergency (A&E) departments and urgent care services are facing increasing pressure and are seeing people with more complex needs, who often have to wait longer for care.

Many people have now been waiting too long for planned operations or specialist care, with staff working hard to reduce the waiting lists that built up during the pandemic. In October 2022, 34% of people needing non-urgent operations or other planned care waited over 18 weeks from referral to treatment. Many people with long-term conditions have not received appropriate reviews to manage their health effectively. Many people are also struggling to access joined-up care from health and social services so that they can live well at home, and this can lead to poorer quality of life.

Our staff are also struggling to deliver the care people need with limited resources. We face severe workforce shortages in many services. Across our hospitals alone, we have nearly 5,000 vacancies. Our NHS and social care staff and voluntary and community sector colleagues are working hard to deliver high-quality care despite growing demand and significant pressure on our finances.

What local people are telling us

From July to December 2022, we held extensive discussions with local people, colleagues from the voluntary, community and social enterprise (VCSE) sector and staff on the future of our system. We also invited people to share their views online. We have heard from hundreds of local people (including service users and carers), people in the VCSE sector who support marginalised or disadvantaged communities, and staff across our services on what they want to change. Marginalised communities are groups that have less power within institutions and experience discrimination and exclusion. For more information on how we developed our strategy, please see our background document at **selondonics.org/priorities**.

Local people want us to get the basics right. They want convenient access to primary care and urgent care services, earlier help for mental health problems, rapid diagnostic tests, and reasonable waiting times for specialist treatment. They want to access convenient routine care close to home where possible. They want more joined-up care from staff who can access their records, know them and their conditions, and can deliver flexible support for their health and social care needs.

None of this is a surprise. We rely on public health and care services for ourselves and our families. We know how difficult it can be to communicate with services, access care and navigate our system. However, we realise that some people's experience of care is much worse than for others. In our discussions with the public, we were saddened to hear stories of people struggling to get effective care and support.

> **"A lot of the care we received has been excellent. The problem is that things aren't joined together. It would have made such a difference if I could have been treated locally by a single team."**
>
> **– South East London resident, member of the South East London Healthwatch Patient Group**

> **"The system is currently set up to firefight, with a focus on [hospital] discharge and reactive care. We need to move to a more proactive system."**
>
> **– VCSE sector organisation, public engagement sessions July 2022**

> **"I want there to be equitable, high-quality health and care services, no matter where you live...no one should get left behind."**
>
> **– South East London resident, public engagement sessions July 2022**

A call to action

One clear message from six months of discussion is that continuing with our existing ways of organising and delivering care is not an option. We cannot provide the care people need by asking our staff to work even harder. We cannot bridge the gap just by making gradual improvements to our services or by expanding the capacity of our services (for example, by employing more staff). Even if we had the financial resources, we would struggle to recruit the numbers of extra staff needed to rapidly expand our services.

Instead, the only realistic way of meeting people's needs and dealing with our current challenges is to make significant changes in how we organise and deliver care. The consistent theme from our discussions with staff and local people was the need to be bold and radical. If we harness the fantastic range of resources in our health, local authority and VCSE sectors and our communities, and grasp all the opportunities to do things better as a partnership, we have a chance of meeting people's needs while living within our means, maintaining good finances and generating savings that can be invested in innovation and new services.

We see the creation of our new Integrated Care Board and the strength of our partnership across services as a huge opportunity to make more effective use of our resources and to find new and better ways of supporting local people. In particular, we believe the new arrangements will create opportunities to do the following:

- **Work together more effectively** – supporting effective team working and use of resources across health and care services to improve co-ordination and avoid inefficiency.
- **Pool our insight and expertise to develop new and creative ways of delivering care and support** – for example, working more closely with our outstanding VCSE sector to combine clinical and community-led approaches to health and wellbeing.
- **Harness the power of our communities** – drawing on the expertise and resources of local people to support and help each other, building on the partnerships we developed during the pandemic.
- **Allocate funding differently** – shifting resources to areas where they could have the greatest effect and provide the best value, where even a small amount of additional funding could lead to major improvements.

> **"We have been talking about integration for a while but not yet succeeded in achieving it. Different teams need to work together more and communicate better."**
>
> **– System leader, strategy development workshops November 2022**

About this priorities document

Given these challenges, it would be easy for us to write a long document setting out all the important work that needs to happen across our system over the next five years. We have avoided doing this because we believe a more targeted approach will better support our system at this stage.

We are a large system with hundreds of separate organisations and partnerships. Each one is responsible for delivering its own services and each has its own strategy and plans for improving them. If we listed all their priorities in detail here, we would simply be duplicating their work.

Instead, this document provides an overall vision of how we want to develop health and care services in South East London and gives details of a set of cross-system priorities where we need to work together to improve health and care. It also describes the ways of working and capabilities we will need to develop and deliver our vision and priorities. (See Figure 4 for a summary.) By taking this approach, we believe we will have a better chance of delivering major improvements. It will be easier for our Integrated Care Partnership, our Integrated Care Board and local people to bring about change. It should also be possible to find the resources to support effective transformation programmes.

This document will sit alongside an NHS operating plan and a joint forward plan for 2023/2024 to 2027/2028, which will be finalised before the end of June 2023. These will take account of our strategy and explain how organisations in our system will deliver a wider range of national and local objectives for improving services and health outcomes and maintaining good finances.

Our mission and vision

Following discussions with partners and local people over the summer, we have defined our mission as **'helping people in South East London to live the healthiest possible lives'**. We have also agreed on a vision highlighting the most important characteristics of our future system. We need to inspire leaders, local people and staff across our system to help build these features into our services. We want to become as effective as possible at preventing ill health and supporting wellbeing, to deliver more convenient, responsive and 'whole-person care' and to reduce health inequalities. We want to offer access to good work and support resilient communities. We also need to protect our finances and the environment. There are more details on each of these in section 2.

Our five cross-system strategic priorities

In light of our discussions, we are focusing on five initial cross-system strategic priorities to help us deliver our vision and improve care. These relate to prevention and wellbeing, children and young people, mental health, and primary care and care for people with long-term conditions. These are all areas where we have significant opportunities to work together to improve health outcomes, reduce health inequalities and join up care. They are all important opportunities identified by local people, our local authorities and the local care partnerships responsible for community-based care in our boroughs (see section 3).

Prevention and wellbeing

We need to become much better at helping people to stay healthy and well. We plan to focus our initial cross-system action on prevention and early detection of health conditions. We plan to focus on groups that are currently least likely to get access to or receive appropriate care. We will also focus on prevention across other priority areas.

Early years

We know that making sure children get a good start in life has a huge impact on their health and life chances. We plan to focus our initial action on providing effective support for mothers, babies and families both before birth and in the first few years of life.

Children's and young people's mental health

Children and young people in South East London are experiencing worsening mental health following the pandemic, with high levels of anxiety, depression, eating disorders and self-harm, and long waiting times for mental health services. We plan to focus our initial action on making sure that children and young people can quickly access effective support, when they need it, for common mental health challenges.

Adults' mental health

Adults in South East London are also experiencing a wide range of mental health challenges. Again, there are often long waiting times to access limited support. We plan to focus our initial cross-system action on making sure that adults can quickly access effective early support for common and more serious mental health problems, with the aim of preventing their conditions from getting worse.

Primary care and people with long-term conditions

We know that across South East London people are struggling to access primary care and urgent care services. Some are also having difficulty accessing convenient, effective and joined-up care for ongoing health needs. We plan to focus our initial cross-system action on providing convenient access to high-quality primary care and developing a more proactive and joined-up approach to care for people with long-term conditions.

Figure 4: Summary of our mission, vision and strategic priorities

Our mission and vision

Our mission is to help people in South East London to live the healthiest possible lives.

We will do this through helping people to stay healthy and well, providing effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.

The principles set out in our vision:

Our priorities

Prevention and wellbeing

Improving prevention of ill health and helping people in South East London to stay healthy and well.

Early years

Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.

Children's and young people's mental health

Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.

Adults' mental health

Making sure adults have quick access to early support, to prevent mental health challenges from worsening.

Primary care and people with long-term conditions

Making sure people have convenient access to high-quality primary care, and improving support and care for people with long-term conditions.

Creating the conditions for change

- How we plan to work together as a system
- How we plan to allocate our resources
- Innovation and service transformation
- Working in partnership with our communities
- Developing our leadership and our workforce
- Developing our digital capability and our buildings

How we plan to bring about change

One recurring theme is that we have promised action in these areas before. Like other local health and care systems, we have committed in the past to improve preventative health care, invest in our primary, community and mental health services, and join up fragmented care. While there is significant work happening in all these areas, it has not yet led to the transformational change we need.

In the next phase, we will focus on our overall approach to these priorities. This will provide the starting point for transformation programmes for each of our priorities, with a clear system of measurement to monitor progress. As we deliver our priorities, we want to develop our capabilities in partnership working and making improvements across our system.

In section 4, we outline what we will do to establish effective ways of working, allocate resources more effectively, develop and support our workforce, and put in place the necessary skills or capabilities to deliver our vision and priorities.

As we are working with limited financial resources, we will only be able to invest in putting our vision into practice, delivering our strategic priorities and developing our capabilities if we continue to achieve efficiencies in delivering the full range of health and care services. As we develop our plans, we will assess the costs and benefits of proposed investments to make sure we get value for money.

What happens next

This document marks the first stage in developing and putting into practice an effective cross-system strategy for health and care in South East London. The next stage will be even more important, as we define clear outcome targets for our selected priorities and turn our strategy into action. During this next phase, we will continue to work closely with colleagues, partners and local people, as well as learning from best practice outside our system. Later in 2023, we will publish a more detailed document setting out how we will turn our priorities into action.

3 Our mission and vision for health and care in South East London

Our mission is to **help people in South East London live the healthiest possible lives.** We will do this through:

- helping people to stay healthy and well;
- providing effective treatment when people become ill;
- caring for people throughout their lives;
- taking targeted action to reduce health inequalities (the differences in access to and quality of care, and in health and wellbeing, between population groups); and
- supporting happy, resilient communities as well as the workforce that serves them.

If we are to deliver this mission, we know that we will need to make far reaching changes across our services. Following engagement with our staff, local people and colleagues in the VCSE sector in 2022, our vision highlights principles of particular importance for developing an effective health and care system. We are relying on staff and organisations across our system to apply these principles in their day-to-day work and in their approach to improving and redesigning care.

Our vision for future health and care

1 Health and wellbeing

We want to become a system that is excellent at protecting health and wellbeing as well as treating illness. At present, we have a set of services focused more on treating people when they become sick rather than supporting them to stay healthy. We will invest in more joined-up and effective preventative health services that go out to find people who need help and intervene earlier to avoid serious illness. We will work in partnership to create healthier environments and use the power of our voluntary sector and communities to support healthier living and happier lives.

> **"[There needs to be] a greater and earlier focus on improving and maintaining health and fitness, right through life."**
>
> **– Let's Talk Health and Care public chat forum participant 2022**

2 Convenient and responsive care

We want to make it as easy as possible for people to interact with our services, tackle long waiting times and offer more convenient and responsive care. Local people continue to tell us how difficult it is to communicate with us, access care and navigate our health and care system.

We will develop high-quality online consultations for people who want them, without excluding people who want face-to-face care. We will deliver more care in or close to people's homes. We will dismantle models of care that take up people's time and lead to travel or other costs that could be avoided. We will use the power of technology and simplify our services to make them easier for people to understand and use.

> **"I want details of my treatment to be communicated swiftly and accurately to all concerned in my care."**
>
> **– Let's Talk Health and Care public chat forum participant 2022**

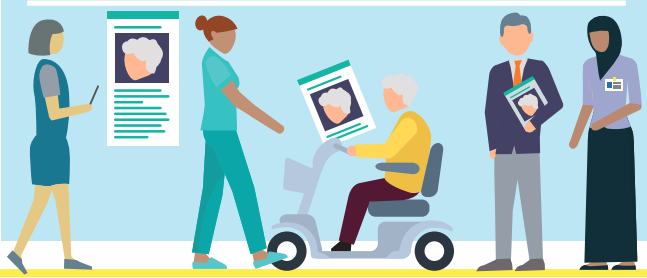
3 Whole-person care

We will bring together professions and services to deliver joined-up, team-based care. In our system, people rely on separate, disconnected teams for support with different physical health, mental health and social needs, rather than joined-up, responsive services that can help with all the issues that matter to them at the right time.

Local people should be able to rely on a single small team who they know and trust to provide most of their care. Wherever possible, those teams should draw on specialist expertise from across our system, including the voluntary and community sector when needed, rather than automatically asking people to go elsewhere for parts of their care.

We will lay the foundation for stronger relationships between local people and their caregivers, with more compassionate, trusting and person-centred care. We want to make sure that core teams of staff make shared decisions with people and their carers and deal with the issues that matter most to them.

> **"People need to feel heard, and there should be a focus on great outcomes that matter to local people."**
>
> **– VCSE sector organisation, public engagement sessions July 2022**



4 Reducing health inequalities

We know that people from marginalised, disadvantaged or deprived communities are less likely to be registered with a GP practice, find it harder to access services, suffer poorer overall health and have worse outcomes from care. We will target resources at those most in need to tackle gaps in access, quality of care and health outcomes for different social groups.

We will work with local people to develop more tailored and culturally appropriate services to better meet the needs of women, marginalised and disadvantaged communities in our society, for example finding new ways to connect with people, adapting our existing services and developing different types of services where needed to deliver convenient and effective care.

> **"I want a future where services are inclusive and there is no more discrimination, where people trust services, and we have addressed systemic racism."**
>
> **– South East London resident, public engagement sessions July 2022**

5 Partnership with our staff and communities

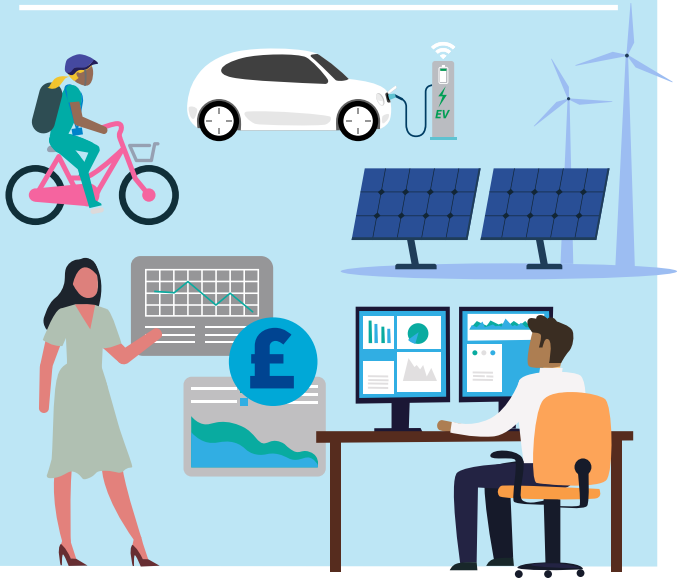
We rely on the creativity and commitment of our brilliant, diverse staff. We will support staff in our system to improve services and join up care. We will work in close partnership with local people, patients and service users as we design and deliver care, so we focus on the issues that really matter to them, making full use of the strengths of our communities to improve health and wellbeing. We will use our economic power as an employer, a buyer of goods and services and an investor to make South East London an even better place to live and work.

> **"We need to empower local people and treat them as equal partners."**
>
> **– System leader, system leader engagement sessions July 2022**

6 Protecting our finances and the environment

We need to deliver effective support for the health and wellbeing of the residents of South East London while staying within our financial means and reducing our environmental impact. We need to deliver more efficient care, work together to avoid duplication, and rapidly reduce our carbon emissions in our work to become 'net zero' by 2045. (Net zero means achieving a balance between the amount of greenhouse gas produced and the amount removed from the atmosphere.)

> **"I want to see a future where funding is transparent, resource is shared, and there is a shift to sustainable funding for prevention."**
>
> **– System leader, system leader engagement sessions July 2022**



4 Our five cross-system strategic priorities

Following our discussions with leaders, partners and local people in 2022, we identified five strategic priorities for action across our system. These priorities cover prevention and wellbeing, children and young people, adult mental health, primary care and care for people with long-term health conditions.

We have focused specifically on areas where we believe we need to work together to deliver significant improvements. These are areas where we believe working in partnership across health, social services and the voluntary sector and with our communities could help us deliver a step change in the quality of care we provide, improve outcomes for marginalised communities, and be more efficient. For more information on how we identified these priorities, please see our background document at **selondonics.org/priorities**. We will now develop our overall strategic approach and plans for each of our five priorities, as well as clear targets for improvement.

Prevention and wellbeing:

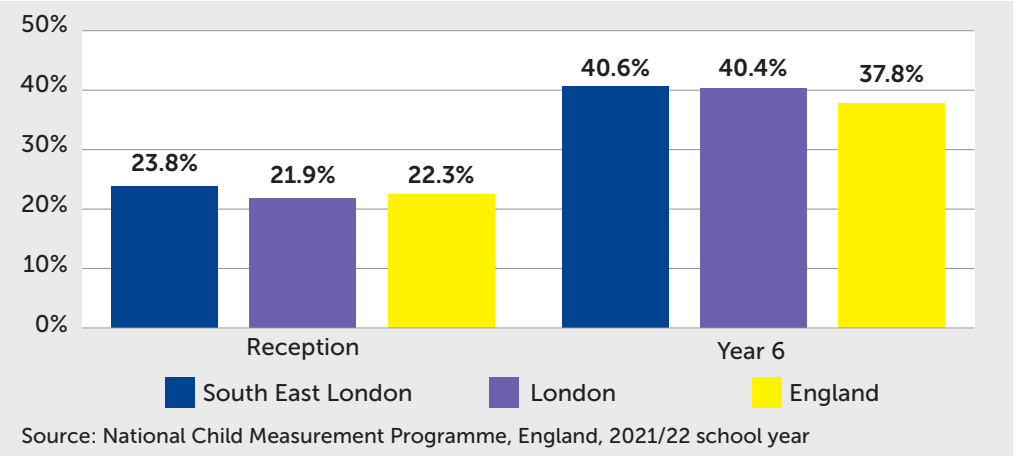
Avoiding ill health and helping people in South East London to live healthier lives

Our most important priority to support a healthy and happy population in South East London is to get better at preventing ill health and helping people to live healthier lives. If we achieve this, we can help people to avoid many physical and mental health problems entirely, delay the onset of long-term health conditions, and slow the progression of many diseases, with the greatest effect in our most marginalised or disadvantaged communities. We know that taking early action on things like mental health, healthy weight, use of alcohol, smoking and blood pressure can have a significant effect.

Right now, we are some way from achieving these aims. Many people do not take enough exercise or maintain healthy diets. Over 40% of children in South East London are overweight when they leave primary school (see Figure 5). Nationally, approximately 50% of Black children are overweight in Year 6. For all groups this increases with deprivation.

> "Good quality care should be based on prevention is better than cure. It should support the national health care system to bring down numbers of people going to hospitals with conditions that could be managed at home...Health education is lacking greatly in this regard."
>
> – Let's Talk Health and Care public chat forum participant 2022

Figure 5: Prevalence of children who are overweight or obese



Source: National Child Measurement Programme, England, 2021/22 school year

Despite hard work, many children and adults in South East London do not receive essential vaccinations to safely prevent serious diseases. There are particularly low rates of immunisation in our Black and Caribbean communities and some of our Asian communities, with one reason being a lack of trust in public sector organisations. Nearly one in 10 of our children do not take up their routine vaccinations by the age of five. During the COVID-19 pandemic, there was low uptake of COVID-19 vaccines in some of our communities. We have low uptake of breast cancer screening across our boroughs (62% of those eligible for screening).

We have agreed to focus our initial cross-system action on making sure that people receive convenient and effective care to prevent disease and detect it at an earlier stage, including in children and adults from marginalised communities. We have chosen this as a priority because of the vital importance of increasing rates of vaccinations, health checks, screening and monitoring in order to save and improve lives. There is a particular opportunity to improve health and wellbeing for our most marginalised communities, who either do not always trust our preventative services or cannot access them effectively given the ways they are currently delivered.

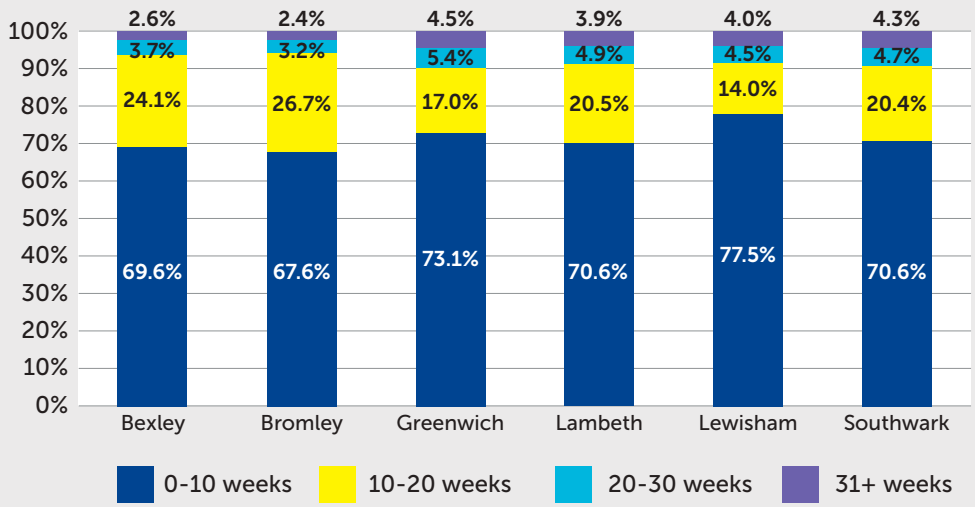
Early years:

Making sure that parents, children and families receive the most effective support before and during childbirth and in each child's early years

We know that the first thousand days of a child's life, from conception to the age of two, are of vital importance for their health, wellbeing and life chances. Before pregnancy and in these early years, there is a unique opportunity to support parents, partners and families to avoid harmful behaviours, eat well to get good nutrition and adopt healthier lifestyles, so that they protect their unborn babies' health, increase the likelihood of a safe birth and healthy weight at birth, and lay good foundations for their children's physical and cognitive development (how they think and work things out).

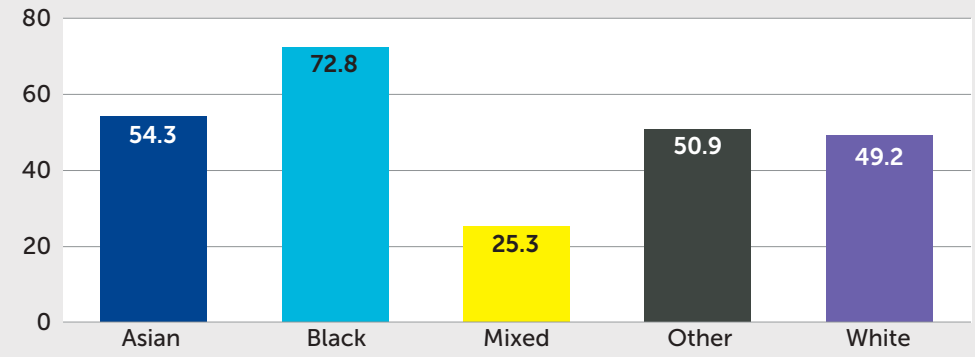
We also know that we need to do a lot more to support parents and caregivers, babies and families. Some people do not receive enough support for healthy living during pregnancy or more specialist support where needed. For example, an estimated 5% of mothers in South East London smoke at the time of giving birth, despite strong evidence showing that smoking can be harmful to their babies. Nearly 40% of mothers in South East London are overweight or obese. Guidance is that an initial antenatal appointment should be given within the first 10 weeks of pregnancy, but in many cases this is not happening until much later (see Figure 6). Meanwhile, Black and Asian mothers, and mothers from some other communities, are much more likely to experience complications, including pre-term births (see Figure 7) or to die during or after childbirth. National reports highlight a lack of trust between some communities and maternity and neonatal services (source: Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race and Health Observatory).

Figure 6: Gestation at time of booking a first antenatal appointment. NICE guidance recommends booking within 0-10 weeks to ensure appropriate care



Source: South East London Local Maternity and Neonatal System, Equality and Equity Health Needs Assessment, May 2022

Figure 7: Pre-term births per 1000 by ethnicity, South East London



Source: South East London Local Maternity and Neonatal System Equality and Equity Health Needs Assessment, May 2022. 'Other' is the average rate for those described as 'Other,' 'Not stated' or 'Unknown'.

We also know that a significant number of children in South East London experience potentially traumatic events in childhood. These are also known as adverse childhood experiences (ACE), and are linked to worse long-term mental and physical health and a range of social issues. Lambeth and Southwark are among the 21 local authorities in England with the highest levels of ACE (source: Adverse Childhood Experiences in London. GLA, 2019).

> **"There are significant variances in experience and outcomes depending on where you live in South East London. It is often those who are most vulnerable who need the support who don't get it."**
>
> **– VCSE sector organisation, public engagement sessions November 2022**

We chose this area as a priority partly because of the scale of the opportunity to deliver dramatic improvements in health and wellbeing for the whole of people's lives. If we can better support children (and their parents and caregivers) during the early years of life, over time this should lead to significant, measurable reductions in common physical and mental health conditions, as well as higher numbers of children being ready for school at their starting age, better outcomes at school and better outcomes over the rest of children's lives. There is also a significant opportunity to improve the health, wellbeing and life chances of children in our most marginalised communities.

We also selected this area as a priority because of the significant opportunity to work together across services to put in place effective, proven models of care. In our conversations with local people, community members and people who work in our system, people highlighted the differences in resourcing and access to antenatal, postnatal and early years support across South East London, as well as differences in the quality and effectiveness of health visiting and other services.

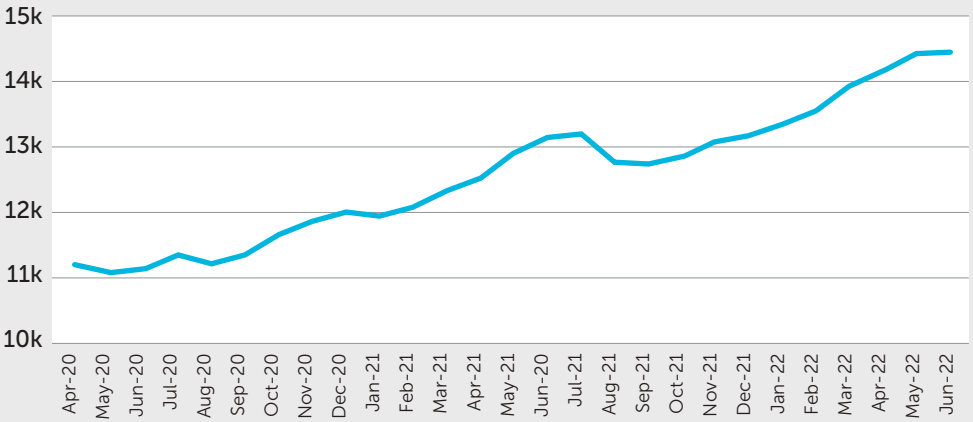
Our discussions also highlighted the need to join up support across health, local authority and voluntary, community and social enterprise services. Parents and caregivers, babies and families may have fleeting interactions with many different services, rather than with core teams of staff who can build strong relationships with families and make the best use of different skillsets. Serious case reviews carried out when babies or children suffer serious harm routinely point to poor communication and lack of joined-up working across services as some of the reasons why problems are not identified sooner or dealt with effectively.

Children's and young people's mental health:

Making sure that children and young people receive early and effective support for common mental health challenges

Children and young people in South East London are struggling with worsening mental health following the COVID-19 pandemic and during the cost-of-living crisis. We have increasing numbers of children and young people struggling with common mental health problems such as anxiety, depression, eating disorders, anger and aggression, as well as self-harming and alcohol or drug misuse (see Figures 8 and 9). We also know that children and young people with a physical health problem, including a disability, are more likely to experience a mental health problem.

Figure 8: Number of people in contact with children's and young people's mental health services in South East London



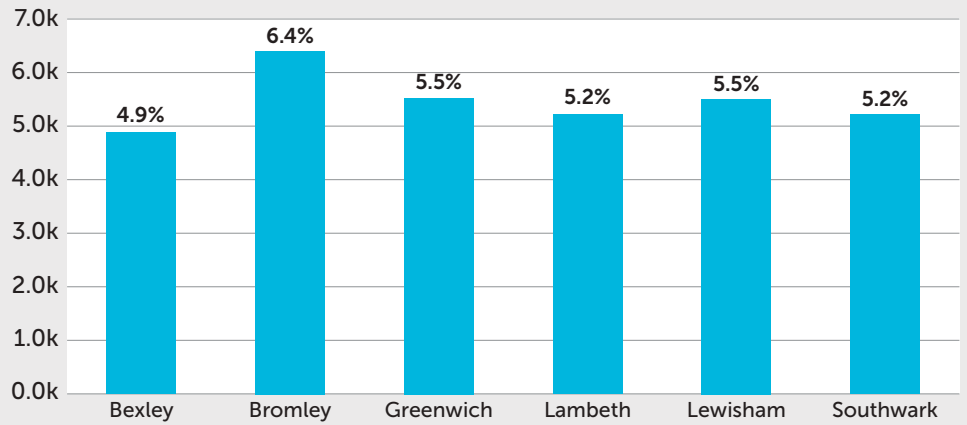
Source: NHS Digital, Mental health services monthly statistics

While most children and young people recover, those who develop more serious mental health issues are more likely to struggle in school and with poor health later in life. For example, we know that half of all mental health problems have started by the age of 14, rising to 75% by the age of 24.

When children and young people face mental health challenges, we know that they and their families are sometimes unsure where to go for help. Some are waiting a long time to access counselling services, with the risk that their conditions worsen while they are waiting or that they give up trying to get support. Approximately 65% of children and young people with a routine referral for eating disorders wait over four weeks to be seen. Across South East London, there is a limited range of support for common mental health issues, mainly 'talking therapies' such as cognitive behavioural therapy (CBT). Some children and young people might benefit from other types of support.

Alongside work to improve existing services, we have agreed to focus our initial cross-system action on improving children's access to early and effective support for common mental health conditions. We have chosen this priority because of the opportunity to help many children and young people avoid more severe mental health problems, and the significant longer-term effect these can have on their health, wellbeing and life chances.

Figure 9: Estimated number of children and young people with mental health difficulties (age 5 to 17)



Source: PHE Fingertips, as reported in the Children and Young People's Mental Health Inequalities Data Snapshot, South East London, May 2021

Like our other priorities, we have also chosen this priority because of the potential to share understanding and learning across South East London, as well as for partnership working across public services and the voluntary sector. There are opportunities for health, local authorities, the VCSE sector and schools to work together on different approaches that could help to break the cycle of high demand and long waits for traditional counselling services. If we are successful, we could also help to reduce demand and speed up access to more specialist services.

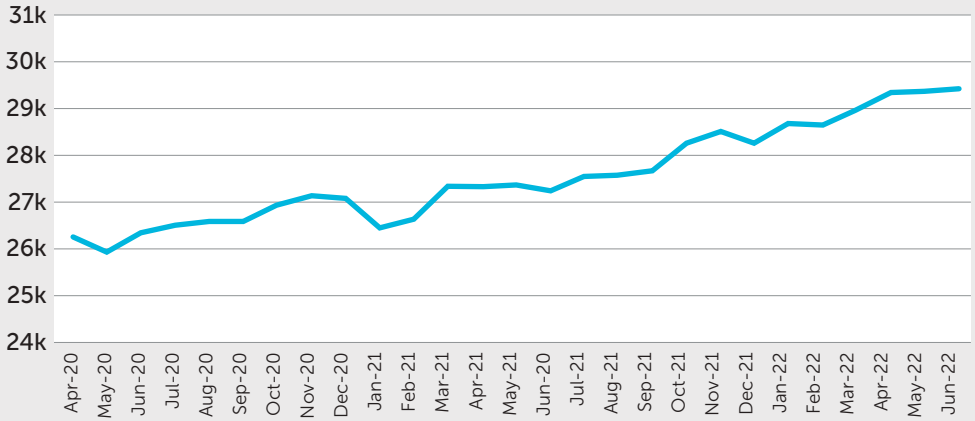
> **"We need to increase partnership working with education partners, social services, the voluntary sector and families to build a support structure around the child and young person."**
>
> **– System leader, strategy development workshops November 2022**

Adults' mental health:

Making sure that adults in South East London receive early and effective support for common mental health challenges

There are large and growing numbers of adults in South East London who are struggling with common and more serious mental health issues (see Figure 10). For 2021/2022, South East London had the third highest rate of detentions under the Mental Health Act of any area in England, suggesting a high number of people reaching crisis point. We know that people from our most deprived communities are more likely to be diagnosed with serious mental illnesses as well as learning disabilities.

Figure 10: Number of people in contact with adult mental health services in South East London



Source: NHS Digital, Mental health services monthly statistics

> "There is a real gap in services at the moment. There is a big jump between what a GP offers and specialist mental health services."
>
> – Local resident, public engagement sessions November 2022

Unless people receive fast and effective support, both for early mental health problems and broader social challenges, they are more likely to develop more serious and lasting mental health problems. We also know that people who are struggling with more common mental health difficulties and social challenges can quickly find themselves in significant distress. This can quickly lead to further social challenges such as their relationships breaking down, losing their jobs or becoming homeless.

Like children and young people, adults in some parts of South East London can face long waiting times for support, and there is a risk that they may get worse while waiting or give up trying to access care. Traditionally, we have focused on helping people once their mental health has deteriorated, through support such as one-to-one counselling or hospital-based services. Local people tell us that access to 'early intervention' services varies across South East London, and that we need to create a more 'holistic' approach to care which recognises broader social challenges such as family relationships, unemployment, debt and housing.

We have decided to focus on improving early mental health support for adults because of the opportunity to prevent people's problems from getting worse and to avoid serious illness. We expect to work on these two priorities (for children and young people and adults) together, looking at similar opportunities to expand and link up different forms of support. There will of course be differences in the partners we will need to bring together and the possible solutions for children and young people and for adults.

Primary care and people with long-term conditions:

Making sure that people can conveniently access high-quality primary care services and proactive, joined-up care for continuing health needs

Local people have highlighted the challenges they face in accessing convenient primary care services. People in some parts of South East London are finding it particularly difficult to get appointments when they need them. For example, an increasing percentage of GP appointments are for two weeks or more after the time of booking. We know from listening to our communities that the most vulnerable people can find it harder to access the care they need. Meanwhile, our primary care practices are working hard in difficult circumstances, with serious challenges recruiting and retaining staff.

We also know, from our discussions and information from patient surveys, about the challenges many people face in accessing effective and joined-up care for their continuing health needs. We have a growing proportion of people diagnosed with common long-term health conditions. For example, over 220,000 people in South East London have been diagnosed with high blood pressure (up from approximately 215,000 in April 2019). Many people are struggling to access support at the right time to monitor and manage their conditions effectively. These problems worsened during the COVID-19 pandemic. In response to the 2022 patient survey, 39% of those with long-term conditions, disabilities or illnesses felt that they had not had enough support over the past 12 months to manage their condition or conditions (up from 27% in 2020).

A significant number of people in South East London, particularly older people, have more complex physical health, mental health and social challenges. We have heard that people often spend a lot of time communicating with and travelling to different services, rather than receiving convenient joined-up care close to home. Frail older people may be trying to cope with health problems, loneliness and challenges to daily living, but not getting the higher level of support they need from our health and social services to live well at home and prevent avoidable stays in hospital, or in intermediate or residential care.

We already have teams working to provide better access to primary care appointments and more joined-up, team-based primary and community care for people with continuous health needs. This work includes acting on the recommendations in the Fuller Stocktake Report (www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/) on joining up primary care in England. We now have clinical effectiveness teams working with primary care practices across South East London to help improve preventative care and improve detection and management of long-term conditions.

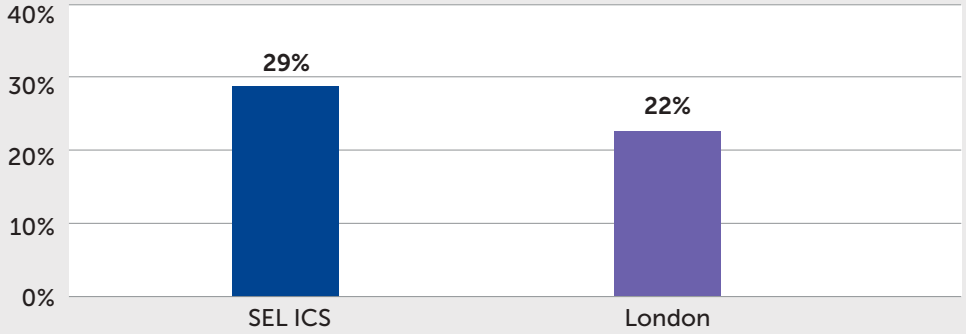
> "For many people going to hospital urgent care centres works better [for them] than going to their GP."
>
> **– Let's Talk Health and Care public chat forum participant 2022**

> "You need to prioritise the continuity of care for patients with complex needs and easy access to services for those who are in the greatest need of help. The system is difficult to navigate for people with lots of needs or who have dementia, there is very little help to do so."
>
> **– Local resident, public engagement sessions November 2022**

A higher proportion of patients in South East London report taking an online GP consultation or appointment than across London (see Figure 11). We also know that the percentage of people who are internet users is increasing, suggesting an opportunity to reach more people through digital services (see Figure 12).

By choosing this priority, we are aiming to speed up and develop this work, in particular by supporting people to share learning across our system. In the next phase, we will work together to develop measurable targets for providing appropriate access to primary care and improving the quality of care for people with continuing health needs. We will work together to design team-based primary, community and social care services, effective approaches to planning and delivering care for people with long-term health conditions, and effective joint working between these teams, specialists and other public and voluntary sector services.

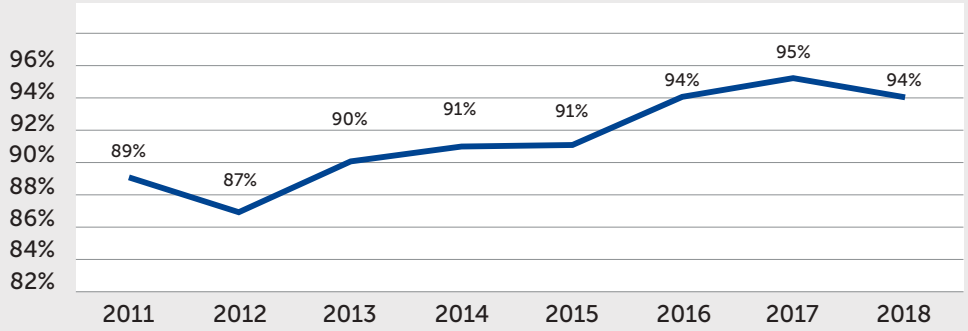
Figure 11: Percentage of patients who have had an online consultation or appointment within the past 12 months



Source: GP Patient Survey, South East London ICS slide pack 2022

We will also work with partners on options for reducing severe workforce shortages across many of our primary, community and social care services and for making better use of digital technology, while protecting people's right to face-to-face appointments and avoiding excluding people who can't or prefer not to use digital technology.

Figure 12: Percentage of people aged over 16 who have ever used the internet (averaged across the six boroughs), 2011-2018



Source: Internet Use by Borough and Population Sub-Groups, ONS

5 Creating the conditions for change

Since setting up our Integrated Care Board on 1 July 2022, we are introducing far-reaching changes to how we work as a system.

The aim is to improve how we use our resources and speed up progress in improving and redesigning services. This section summarises some of the key changes we are making in how we work together and the investments we are making in the skills, capabilities and infrastructure needed to transform care.

How we plan to work together as a system

Our Integrated Care Board and Integrated Care Partnership bring together leaders from across health services, our local authorities and the VCSE sector to oversee local services. We have the opportunity to introduce more effective ways of overseeing our health and care system. We expect our Integrated Care Board and its staff to spend more time overseeing the effectiveness of our system as a whole, bringing partners together to tackle cross-system challenges, and supporting the redesign of services across organisational boundaries.

As part of these new arrangements, we have also introduced significant broader changes in operating our Integrated Care System. We are focusing on partnership working and combining our skills to tackle major challenges and making the most effective use of funding, staff and other resources across our system.

We have also focused on sharing responsibilities appropriately within our system, with activities carried out at the right level. The local care partnerships in our six boroughs will play an important role in overseeing and leading improvement in our out-of-hospital services in the community, while working with our trusts to join up care across primary, community and more specialist services. Our Primary Care Leadership Group is supporting work to improve our primary care services.

Meanwhile, our three 'provider collaboratives' (groups of local organisations that deliver the same types of care) are working together to improve acute, mental health and community services. We have established networks across South London to improve the delivery of highly specialised services, such as cardiac, stroke and cancer care.

> **"It is vital that we build a system based on collective decision-making, working together rather than in silos, focused on collaboration rather than competition between services, empowering staff and partnerships in our system to lead change and improve care."**
>
> **– Andrew Bland, Chief Executive, NHS South East London**

How we plan to allocate our resources

Under the new arrangements, our Integrated Care Board will have greater flexibility to decide how to allocate resources across our system. In June 2023, we will be publishing our medium-term financial strategy, setting out our approach to allocating resources, reflecting national and local strategic priorities and the overall allocation of resources for our system. We will continue to focus on efficiencies, so that we protect our system's finances and release funding to support innovation and improvement. We will look at how we can reallocate resources to deliver our vision, providing resources to areas where they are likely to deliver significant benefits, for example prevention services, primary and community care, mental health and care for marginalised or disadvantaged groups. We will also need to find resources to fund transformation programmes for the five cross-system strategic priorities set out above.

Developing our leadership and workforce

Over the last few decades, health and care leaders have been encouraged to focus on the performance of individual organisations rather than our system as a whole. We are making sure that our leaders can provide effective cross-system leadership and deliver improvement across organisational boundaries. Our South East London System Leadership Academy is investing in system leaders, supporting innovation, and helping staff to connect across services and sectors.

We are committed to making sure staff across our services can bring about change, work with other services and deliver care in well-functioning multi-disciplinary teams. We also need to make sure that our staff feel fully valued and that we provide a supportive environment for people to work and develop their careers. Our People Strategy focuses on planning our workforce, developing skills and recruiting and retaining staff so that we build a strong workforce for the future. It also focuses on developing a culture of inclusion and wellbeing across our services. In 2023, we will be reviewing the next steps in putting partnership and teamworking at the heart of our system.

Working in partnership with our communities

We want to continue the shift to a model of genuine partnership working between health and care professionals, our communities and our service users. We want to work in partnership with service users to understand what really matters to them, and to support them in managing and improving their health and care. Like we did during the pandemic, we want to use the strengths of our service users and communities to improve health and wellbeing. Our 'working with people and communities' strategy sets out our overall approach and the investments we are making to work in strong partnership with local people on designing and overseeing our services.

> **"We will know we are successful when staff and services across our system can access support and rapidly improve their own services in line with our overall system objectives, without waiting for permission."**
>
> **– Toby Garrood, Joint Medical Director NHS South East London and Consultant Rheumatologist Guy's and St Thomas' NHS Foundation Trust**

> **"At Healthwatch, we are excited about the transition to a new integrated system. This is a real chance to reach out to and work with our communities to improve care."**
>
> **– Folake Segun, Director South East London Healthwatch**

Innovation and service transformation

We need to develop our capabilities in bringing about improvement, innovation and transformation across our system. Some of our larger providers have teams of staff to support this. However, this is not true of all our partners, and we have limited capability and capacity to support improvement, innovation and service redesign across different services and sectors. We will be using the process of delivering of our five strategic priorities to develop and test our overall approach to working together as a system on major projects.

As we do this, we will be considering the skills we need to lead these cross-system projects effectively, including in appraising the existing evidence, carrying out rigorous processes to redesign services, and leading large improvement programmes. We will be drawing on the expertise of key partners in our system, including the Health Innovation Network (the Academic Health Science Network for south London), King's Health Partners (our Academic Health Sciences Centre) and the VCSE sector.

Developing our analytical and digital capability and our buildings

We will be developing our skills and technology in order to make better use of our resources and improve the quality of our services. For example, as part of our 'population health management programme' we are developing our data systems to generate more detailed information on the health of the people of South East London so we can target services more effectively. We are also developing our data systems to allow us to measure performance more accurately across services and deliver effective quality-improvement programmes.

We will also be building our digital systems to help us deliver more effective services. We will invest in digital technology to allow effective communication between professionals and with service users, carers and families, to support team-based models of care, and to support effective care planning. We will use digital technology to deliver more convenient online care. However, we will make sure that we do not exclude people who prefer face-to-face appointments. We will invest in digital technology to allow remote monitoring for people in their homes.

At the same time, we will continue to develop our buildings and facilities so that we can provide joined-up, person-centred and team-based care, and support joint working across services. This will include taking advantage of opportunities to bring together physical health, mental health and social care staff, and voluntary sector services, so that people receive joined-up services in a single place close to home. We will also be working to reduce our carbon emissions. We will be reviewing our digital and estates strategies in 2023.

> "The voluntary, community and social enterprise sector is a key source of innovation and inspiration. By working in partnership with VCSE organisations we will be able to create new ways to better meet the diverse needs of the people of South East London"
>
> – Tal Rosenzweig, Director of VCSE Collaboration and Partnerships, SEL ICS

> "If we are going to address the disparities in health outcomes that exist within our population then we have to make better use of data. Drawing on the insights generated about our population we can better target our resources to where they will make most difference, and in future we will be able to anticipate problems before they arise"
>
> – Jonty Heaversedge, Joint Medical Director, NHS South East London

6 Next steps

This document has set out our immediate priorities for action across South East London to improve care for our communities following extensive discussion with local people, staff and partners, including VCSE sector organisations, in 2022.

Our objective has been to focus on a small number of areas where action across our system can deliver rapid and clear improvements for local people.

We are now eager to move forward to the next phase of defining ambitious and measurable targets for improving care, defining our overall strategic approach to tackling these priorities, and turning our strategy into rapid change in our services.

From early 2023, we will bring together leaders and experts from across South East London, including from our health services, local authority services, voluntary and community organisations and our communities, to help us complete this next phase in developing our strategy and putting it into practice. Their role will be to thoroughly assess the evidence, be ambitious and innovative in their thinking, and be practical and focused, so we develop plans that lead to action.

We will make sure that the vision and priorities set out in this strategy are reflected in our operational planning for 2023/2024 and our joint forward plan for 2023/2024 to 2027/2028 (to be finalised by end of June 2023).

Alongside this work, our Medium Term Financial Strategy for 2023/2204 to 2027/2028 (to be published by June 2023) will set out more information on how we plan to allocate resources to deliver this strategy and other national and local priorities. Meanwhile our system plan for 2023/2024 to 2027/2028 will set out detailed information on our approach to improving a wide range of NHS services.

Later in 2023, we will publish a more detailed strategy document setting out our:

- targets for improvement;
- overall strategic approach to our five priorities;
- high-level delivery plans; and
- approach to monitoring progress with support from our people and communities.

We will also update you on how we are building the skills, capabilities, workforce and infrastructure to deliver our vision and these priorities.

www.selondonics.org

Accessibility

If you would like this in an alternative format,
please contact **communications@selondonics.nhs.uk**

February 2023

South East London
Integrated Care System

Background document

Integrated Care Strategic Priorities for 2023-28

Our cross-system priorities for improving health and care

Crystal Mark 24030
Clarity approved by Plain English Campaign

Appendix A: The development process for our cross-system priorities

Overall approach	**Early summer 2022**	We agreed our overall objectives for our strategy, including identifying a small number of priorities for cross-system action focused directly on definite opportunities to improve people's care. We also agreed criteria for assessing priorities.
Initial research and engagement	**June to July 2022**	We reviewed information on previous public engagement, the health of people in South East London, the performance of our system and the themes from other strategies, and invited comments from the public on potential areas of action. This led to seven initial areas for discussion.
Engagement on seven strategic areas	**July to August 2022**	We engaged leaders, our staff, partners and the public on broad strategic areas, asking which specific problems and opportunities we should focus on. We also asked people to tell us what was missing from our seven initial areas.
Shortlist potential priorities	**August to September 2022**	This engagement provided a list of potential strategic priorities. To produce a shortlist we analysed each against agreed criteria for a good priority. Is it a large-scale opportunity? Will it require joint working? Can it deliver results within three to five years? Do the priorities work well together strategically?
Five priorities and conditions for change	**September to December 2022**	Based on this analysis, we identified five priorities for our strategy. We have held further engagement with the public and system leaders, and are beginning a process of further defining each priority.

Overall approach

Initial research and engagement

Sources reviewed

Engagement on seven strategic areas

Shortlist potential priorities

Five priorities and conditions for change

We gathered feedback from a variety of existing sources.

People's stories throughout their life
Based on experiences from ongoing projects and engagement.

Population health data
As available, recognising that Joint Strategic Needs Assessments are in the process of being updated.

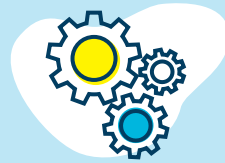
'Seldom listened to' communities
Targeted engagement work with communities that are not usually listened to by public sector organisations. Engaged on what is important to them and barriers, delivered by VCSE organisations.

Early engagement on this strategy
Input from partners and the public on what themes they wanted to focus on in our initial online events.

Themes from working with people and communities
Themes from engagement across the Integrated Care System since April 2020.

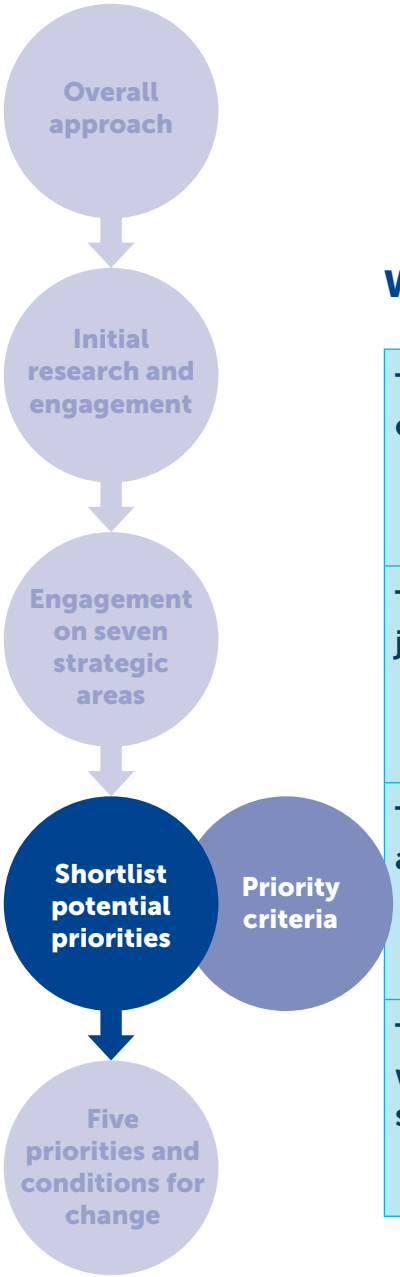
Themes from other strategies
Strategies, including health and wellbeing and NHS trust strategies.

System performance data
The current system performance position as viewed by the Integrated Care Board.



From our initial research we developed seven areas for discussion. In summer 2022, we organised a series of events and other engagement work.

Engagement work	Target group	Timescales	Outputs
Two online events for local people and VCSE organisations	Open events for all interested stakeholders	July 2022	Input into prioritisation process
Face-to-face engagement event for the South East London system	100 system leaders – Healthwatch and health and care leaders and VCSE leaders from across South East London	Second half of July 2022	Input into prioritisation process
Discussions with local care partnerships and providers	Leaders and staff in local care partnerships and providers	July to August 2022	Input into prioritisation process
First phase of discussions on the South East London 'Let's Talk Health and Care' online platform	All staff and public	July to August 2022	Input into prioritisation process
Review of Citizens UK literature on feedback from communities that are not usually listened to	Specific communities we need to work more closely with	August and Autumn 2022	Input into prioritisation and strategy development



We used four tests to assess the strengths of potential strategic priorities for the system.

Test 1: How big is the opportunity?	Would dealing with this problem or focusing on this opportunity lead to significant improvements in health and care for our communities?	For example, could we significantly improve outcomes and efficiency, and reduce inequalities?
Test 2: Will it require joint working?	Is this a problem or opportunity where different parts of our system would really benefit from working together?	For example, are there significant benefits in sharing knowledge and expertise, and joint working? Do different parts of our system need to redesign care together? Do we need to build some shared infrastructure?
Test 3: Can it be achieved?	Is it realistic to believe we could make real progress on this area within the next three to five years?	For example, can we think of a strategic approach that would allow us to make significant progress? Could we find the will, capabilities and resources put it into practice?
Test 4: Will the priorities work well together strategically?	Put together, do the priorities we have chosen provide a logical, consistent and co-ordinated approach?	For example, does one priority support another? Will they be more effective together than they would be individually?

We consulted system leaders and the public on the proposed mission, vision and strategic priorities.

Engagement work	Target group	Timescales	Outputs
Two online events for local people and VCSE organisations	Open events for all interested stakeholders	November 2022	Input into strategy development and problem-solving process
Face-to-face strategy development workshops	SEL-wide health and care leaders, VCSE leaders, Healthwatch	November 2022	Input into strategy development and problem-solving process
Second phase of discussions on the South East London 'Let's Talk Health and Care' online platform	All staff and public	November to December 2022	Input into strategy development and problem-solving process
Conversations with trusted local VCSE organisations representing communities that are not usually listened to	Specific communities we need to engage more closely with	October to December 2022	Input into strategy development and problem-solving process
Health and Wellbeing Boards	Members of the Health and Wellbeing Boards and the public	November to December 2022	Input into strategy development and problem-solving process

Overall approach

Initial research and engagement

Engagement on seven strategic areas

Shortlist potential priorities

Five priorities and conditions for change

We have agreed five strategic priorities.

Area for discussion		Strategic priority
Prevention and wellbeing	How can we become better at preventing ill health and helping people to live healthy lives?	**Prevention and wellbeing** Improving prevention of ill health and helping people in South East London to stay healthy and well. 
Children and young people	How can we make sure that children and young people in South East London get the best possible start in life?	**Early years** Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life. 
Children and young people	How can we make sure that children and young people in South East London get the best possible start in life?	**Children's and young people's mental health** Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges. 
Adults' mental health	How can we make sure that adults across South East London can access effective support to maintain good mental health and wellbeing?	**Adults' mental health** Making sure adults have quick access to early support, to prevent mental health challenges from worsening. 
Primary care, long-term conditions, complex needs	How can we provide convenient primary care and co-ordinated, joined-up and whole-person care for older people and others with long-term conditions and complex needs?	**Primary care and people with long-term conditions** Making sure that people can conveniently access high-quality primary care services and proactive, joined-up care for continuing health needs. 

Appendix B:

A summary of engagement already carried out to develop our strategic priorities

Initial research and engagement

Feedback from previous engagement work

- **Trust and cultural sensitivity:** Trust in public services is low, especially in people from Black and minority ethnic and other marginalised communities. Some people in South East London face stigma due to their lifestyle and culture (for example, Gypsy and Roma Traveller communities, the Rastafari community, people living with or affected by HIV and people who use drugs and alcohol). A lack of awareness of different cultures leads to stigma resulting in poorer health outcomes for Black African and Black Caribbean communities, including during pregnancy and when giving birth.
- **Access issues:** People have told us that they don't know how to access services or where to go for support, and that getting a GP or dentist appointment is particularly difficult. The move to online services since the pandemic is welcomed by some but has created access issues for others. For example, those with language difficulties, people who are disabled and people from migrant backgrounds tell us this is a significant barrier to accessing health and care services. Migrant communities tell us that a lack of information and confusion about paying for health and care services means many people do not get support when they need it, allowing health issues to worsen. More services should be provided in the community.
- **Mental health:** People have told us they struggle to access mental health services, sometimes because people don't know how to or because there is a lack of suitable mental health support for them (for example, services do not always understand different cultures or the trauma some people have faced), and often people become acutely unwell before being able to access services. There are widespread health inequalities in access to mental health services and some communities in South East London experience worse outcomes than others.
- **Long-term conditions and complex needs:** People have told us they are not being seen as a person, but instead as individual conditions. We heard how important peer support (support from others with similar conditions or needs) is in improving outcomes for people with long-term conditions.
- **Partnership working:** A lack of partnership working and communication between services creates issues and barriers for people, particularly those with long-term conditions. We heard that we need to work with local people to provide services that meet their needs, and we should work with local trusted voluntary and community organisations to form partnerships with communities that are not usually listened to by public sector organisations. No communities are 'hard to reach', and we need to change how we involve them in our services.
- **Wider causes of health and social issues:** Wider causes of health and social issues can make it difficult for people to take up services, particularly prevention services, but are often underestimated by health and care services. What are often viewed as basic needs such as feeling safe, having somewhere to live and secure employment have a significant effect on people's health and wellbeing.

Engagement on vision and seven areas

Local people and VCSE – July 2022

- In terms of future ambitions for the health and care system, we heard that people want joined-up, responsive and proactive services.
- People told us that they currently experience significant issues accessing health and care services, particularly primary care, mental health services and community services.
- We heard that people want to see an increased focus on prevention, the 'whole person' and outcomes that matter to local people. We heard that we should also consider a person's wellbeing and other wider causes of health issues.
- People want high-quality care for all. As one person told us, "services should be equitable, no matter who you are or where you live".
- People also want to receive care and treatment in the most suitable environment and close to where they live. We were told, "You cannot underestimate the privilege of being able to travel for an hour to get to a service".
- The importance of a happy, well-trained workforce was also raised, and using our workforce more flexibly. We also need to recognise the vital role carers play and provide better support for them.
- We heard that, as well as the areas we have discussed with local people, other priorities include improving maternity and women's services, joining up health and social care, improving end-of-life care, and reducing and removing systemic racism and racial inequalities.

Engagement on vision and seven areas

'100 leaders' sessions – July 2022

- In terms of future ambitions for the health and care system, partners felt services must be fair, responsive and joined up so that "no one gets left behind or lost in the system". We also need to focus on the whole person and their family, service users and carers, and work with them as partners, giving local people the power to make decisions about the services they receive. We should focus on prevention, wellbeing and the wider causes of health issues, responding to issues such as poverty and deprivation.
- Across all seven areas, people acknowledged that we need to improve access to key services, including primary care and mental health, particularly for children and young people. Our system is complicated and difficult to navigate.
- Local people do not trust public sector organisations, and we need to work with organisations from the VCSE sector to build trust and look at what matters most to people.
- We need to develop proactive, early support to prevent ill health from getting worse, particularly for mental health issues.
- We need to follow an asset-based community-development approach, and spread best practice across South East London. We need to develop more services in our communities that are culturally sensitive and informed about the trauma people may have faced. We should build on and improve social prescribing (referring people to local, non-clinical services, such as volunteering, gardening or sports activities).
- Our workforce is currently stretched, and we need to give staff the power to work differently. Innovation and new workforce models are an important part of this. We need to be clear about funding and resources, and allocate them differently. We also need to improve access to, and the quality of, information about this.
- As well as the seven areas we have discussed with local people, other priorities include improving maternity and women's services, joining up health and social care, improving end-of-life care, dealing with systemic racism and racial inequalities, and developing our ways of working.

Five priorities and conditions for change

Local people and VCSE – November 2022

- People have told us that the five strategic priorities are the correct ones for us to deliver. They welcomed our decision to focus on early action, health and wellbeing, and mental health.
- Some people raised concerns about how we will deliver these priorities given the challenges we face, such as limits on funding. We also heard that we must improve our IT systems so they can exchange and use information and make it easier for health and care partners to share people's digital records. We were told, "accurate and up-to-date information needs to be shared between services and information about service users needs to be easily accessible to services". We also need to improve communication between services and with people.
- We heard that we need to work more closely with schools and other public services (such as the police), as well as local people themselves. We were told, "people in the community are looking out for each other, so let's make the most of this". We heard that we need to better understand and make use of our assets in our communities and make the changes needed to do this. We also heard that we need to work in partnership better with VCSE organisations, especially specialist providers who support marginalised communities, to help build trust and support people to take up services. We were told, "there needs to be a 'no wrong door' approach".
- We heard the importance of understanding what matters to people, having a trauma-informed approach that takes account of culture and gender issues, and the importance of peer mentors to support people from our most marginalised communities.
- Our delivery plan must recognise and reduce the inequalities experienced by some communities living in South East London, and we must understand social issues and barriers which make it difficult for people to access services, such as the cost-of-living crisis and systemic racism.
- There are areas of good practice which could be rolled out across South East London, including safe surgeries, pride in practice and inclusion health tools to help some of our most marginalised communities to access services.

Five priorities and conditions for change

Strategy development workshops – November 2022

- We have support for the five priorities, but we need to find new solutions to deliver them. We need to continue to refine the priorities so we can achieve them over the next five years.
- Action on the priorities will be led by different parts of the system, and often within our places. Bureaucracy and services or organisations that work in isolation from others are a significant barrier to our progress, and system partners need to take responsibility for reducing these.
- We will need to work in partnership with local people, with other partners (such as education providers and the police), and with the VCSE sector, to develop effective solutions and deliver on these priorities. We know access issues aren't just due to a lack of capacity.
- We must fund the VCSE sector appropriately to work with us and review how we commission services to bring about the necessary changes.
- We must use our assets more effectively (including our facilities), adopt a strengths-based approach and make it easier to share learning.
- We must also improve how we use and share information across our system. Communication is a key issue, and we often don't know what is available for local people, service users, patients and carers.
- Partners need to take responsibility for individuals and not pass people around the system. We have been told we must "make every contact count" and "we need a more responsive front door".
- Our workforce is already stretched so we need to think about how we will deliver the priorities.
- We must consider the social context in which we work, and keep to a social justice framework. We should prioritise reducing inequalities across the priorities.

ICB Board
Cover Sheet

Item: 5
Enclosure: Ei

Title:	**SEL ICB Board Assurance Framework**
Meeting Date:	15 February 2023
Author:	Various ICB risk owners and risk sponsors as listed on pages 6-7. BAF designed, coordinated, and edited by the ICB assurance team.
Executive Lead:	Tosca Fairchild, Chief of Staff

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

	Key changes in the last BAF reported to the ICB Board are summarised within the BAF document. • Risk SELICS_ 19 (risk relating to the SEL workforce investment) has been updated following discussion at the ICB Executive meeting in January. • Risk SELICS_05 (risk relating to the development of the System Quality Group) is recommended for closure. • A new risk (SELICS_25) has been added relating to patient harm due to unprecedented operational pressures. • Risk SELICS_20 (risk relating to the implementation of the ICS Anchor system programme) has been reworded and the associated score revised to reflect current risk. • A new risk SELICS_24 (risk relating to development and delivery of equalities objectives and standards) has been added to the BAF. • A flightpath of residual risk scores has been added to show changes in risk scores over time and the reasons for changes in the scores. The Finance and Planning Committee recommends the BAF for Board approval. The committee recommends agreements of proposed risk closures, additions of the new risks highlighted above and agreement of current risk scores for all BAF risks. The Board should review the content of the BAF and consider the extent to which it is assured that all known risks to delivery of the agreed objectives have been identified; that BAF risks are suitably scored; and that the mitigating actions in place and planned are sufficient to address the risk described. The Board may wish to receive further detailed updates and assurances for areas highlighted as higher risk.
Potential Conflicts of Interest	None identified.

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

	Equality Impact	Not directly applicable to the production of this report.
	Financial Impact	Not directly applicable to the production of this report.

Other Engagement	Public Engagement	The ICB BAF is designed primarily as an organisational management tool to support the ICB Board to oversee and manage risk within the organisation. It has not been developed by direct public engagement, though is available on the ICB's website in the interests of transparency and good governance.
	Other Committee Discussion/ Engagement	Planning & Finance Committee, 1 February 2023. Quality & Performance Committee, 31 January 2023 ICB Executive, January 2023.
Recommendation:	• The Board should note risks against the delivery of its 16 corporate objectives for the financial year 22/23. It should note the mitigations already implemented and those that are proposed. • The Board should note the endorsement of the Planning & Finance committee and approve the BAF.	

SEL ICB Board Assurance Framework 2022/23
January 2023

Prepared for ICB Board, 15 February 2023

Introduction

Background and context

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

Structure of the BAF

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

Role of the ICB Finance & Planning Committee and ICB Board

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

ICB Corporate Objectives 2022/23 (1 of 2)

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

ICB Corporate Objectives 2022/23 (2 of 2)

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

Introduction

Key changes since the last version presented to the ICB Board

- The SEL ICB BAF has been updated to ensure that risk descriptions and risk scores reflect the assessed position as of January 2023.
- Updates to mitigating actions, assurances and the forward-look section have been reviewed for each risk.
- **Risk SELICS_ 19** (risk relating to the SEL workforce investment) has been updated following discussion at the ICB Executive meeting in January.
- **Risk SELICS_05** (risk relating to the development of the System Quality Group) is recommended for closure by the Planning & Finance Committee as they are satisfied that partners are fully engaged and the residual risk score was previously reduced to 4.
- In response to feedback from the ICB Executive team, a new risk **(SELICS_25)** relating to patient harm due to unprecedented operational pressures has been added.
- **Risk SELICS_20** (risk relating to the implementation of the ICS Anchor system programme) has been reworded and the associated score revised to reflect current risk. A residual risk of 9 has been proposed, which has been endorsed by the Planning & Finance Committee and is recommended for approval.
- A new risk **SELICS_24** (risk relating to development and delivery of equalities objectives and standards) has been added to the BAF. This risk is proposed with a residual risk score of 6, meaning that it is perceived as medium-risk. This risk has been endorsed by the Planning & Finance Committee and is recommended for approval.
- A flightpath of residual risk scores has been added to show changes in risk scores over time and the reasons for changes in the scores.
- The Finance and Planning Committee recommends the BAF for Board approval.

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

Headline Objective	Ref	Description of risk	Risk Sponsor	Risk Owner(s)	Current risk score
A. Improve outcomes in population health and healthcare	SELICS_01	Development of the Integrated Care Strategy is inhibited by misalignment with local strategies across the ICP as well as challenges related to the availability of pan-system data and information.	Sarah Cottingham	Ben Collins	6
	SELICS_02	Operational and performance pressures and processes mean there is limited capacity to establish population health management (PHM) as the way of working in SEL and it becomes de-prioritised impacting the pace at which it can be implemented.	Jonty Heaversedge and Toby Garrood	Shaun Danielli	12
	SELICS_03	The ICB is committed to reducing health inequalities through prevention and intervention programmes. There is a risk the programme of work is spread too thin to deliver measurable and tangible improvements in health inequalities resulting in communities continuing to experience inequalities in their outcomes and care.	Sarah Cottingham	Sam Hepplewhite and Rupi Dev	9
	SELICS_19	Failure to effectively invest in the workforce, resulting in non-achievement of workforce growth and retention targets across secondary, community, mental health and primary care.	Julie Screaton	Angela Paradise and Rebekah Middleton	12
	SELICS_22	Risks related to the impending delegation of pharmacy, optometry and dental (POD) services and specialised services	Sarah Cottingham	Annabel Appleby And Holly Eden	12
B. Tackle inequalities in outcomes, experience and access	SELICS_04	The ICB does not establish effective ways of hearing from and engaging with people from all communities across south east London to address unfair, avoidable and systematic differences in health between different groups of people.	Tosca Fairchild	Ranjeet Kaile and Rosemary Watts	12
	SELICS_05	The System Quality Group (SQG) has been established with a view to develop a single and shared understanding of quality, safety and risk across SEL. There is a risk that partners do not engage in the process in an open and transparent way, that learning is not shared effectively across all organisations and that reporting into the ICB is not sufficiently robust or equitable.	Angela Helleur	Sonia Colwill	4
	SELICS_25	There is a risk that operational pressures within the system could lead to unintended harm to patients	Angela Helleur	Sonia Colwill	12
	SELICS_06	The Safeguarding Sub-committee will be a forum for health providers and commissioners in partnership with the local authorities to collaborate and develop a shared understanding of the safeguarding themes and shared learning across South East London. There is a risk that partners will not engage sufficiently to agree a collaborative approach across the six LCPs.	Angela Helleur	Helen Edwards	12
	SELICS_07	A range of elective care transformation programmes are on-going across SEL to increase capacity and productivity, improve outcomes and responsiveness and reduce inequalities. However, the ability of these programmes to deliver could be constrained by the limited bandwidth of clinical and operational teams.	Sarah Cottingham	Annabel Appleby and David Reith	12
	SELICS_08	There is a risk that competing pressures in the system decrease capacity available for elective work, and lead to a consequent reduction in elective activity and ability to meet targets to reduce patients waiting for treatment.	Sarah Cottingham	Annabel Appleby and David Reith	12

Risk proposed for closure

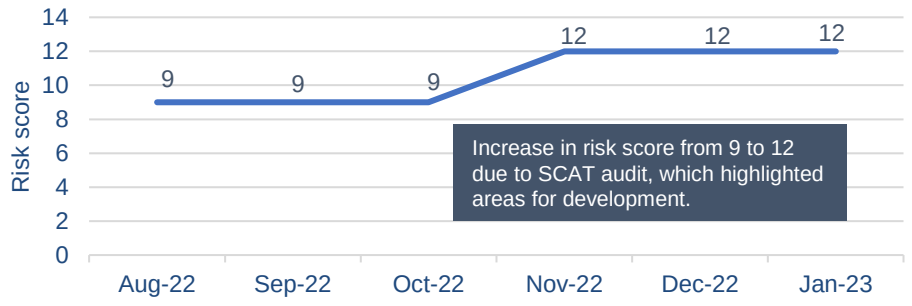
Summary of Board Assurance Risks 2022/23 (2 of 2)

Headline Objective	Ref	Description of risk	Risk Sponsor	Risk Owner(s)	Current risk score
B. Tackle inequalities in outcomes, experience and access	SELICS_09	Urgent and emergency care (UEC) waiting times do not improve because of high levels of acuity driven by the way patients access services and by challenges in accessing out of hospital care pathways.	Sarah Cottingham	Kelly Hudson and Sara White	16
	SELICS_10	Mental health access performance trajectories are not achieved due to workforce availability, capacity and competition.	Sarah Cottingham	Rupi Dev	12
	SELICS_23	Reducing waiting times for mental health services	Sarah Cottingham	Rupi Dev	12
	SELICS_11	There is a risk that we will continue to experience high demand for mental health inpatient beds and on-going crisis presentations if community-based mental health programmes are not delivered.	Sarah Cottingham	Rupi Dev	6
	SELICS_12	Risk that the learning disability and autism inpatient reduction target will not be achieved	Sarah Cottingham	Carol-Ann Murray	6
	SELICS_13	The learning disability and autism programme will not achieve the operational target of 75% for the completion of annual health checks (AHC)	Sarah Cottingham	Carol-Ann Murray	6
	SELICS_14	Risk of increased non-contracted activity costs due to patient choice referrals to private providers because of increased waiting times for a diagnostic assessment for autistic spectrum disorder (ASD) for adults and children.	Sarah Cottingham	Carol-Ann Murray	12
	SELICS_15	Risk that achieving timely access to primary care is not delivered due to constrained capacity and increased demand.	Sarah Cottingham	Sam Hepplewhite and Holly Eden	12
	SELICS_16	Insufficient proportions of the population will be vaccinated making them vulnerable to vaccine preventable diseases and increased risk of outbreaks.	Angela Bhan	Angela Bhan and Sam Hepplewhite	12
	SELICS_24	Risk of not sufficiently delivering on reduction of service and employment inequalities, resulting in the inability to comply with the Equality Act 2010 and mandatory NHS England requirements.	Tosca Fairchild	Michael Boyce	6
C. Enhance productivity and value for money	SELICS_17	Risk that the ICS does not deliver its planned breakeven position for 2022/23	Mike Fox	Tony Read	12
	SELICS_18	Risk that the absence of a joint system wide process for capital planning will lead to; an overcommitted system capital plan; a disconnect between capital spend and system strategic and quality priorities; and short term annual approaches	Mike Fox	Mike Fox and Tony Read	6
D. Help the NHS support broader social and economic development	SELICS_20	The Anchor System Programme falls behind schedule and isn't sufficiently joined up with other system programmes.	Ben Collins	Shaun Danielli and Maria Higson	9
	SELICS_21	The ICB will not be able to achieve the year 1 targets set out in the South East London ICS green plan	Tosca Fairchild	Tosca Fairchild	12

ICB Board Assurance Risks 2022/23 'flightpath'

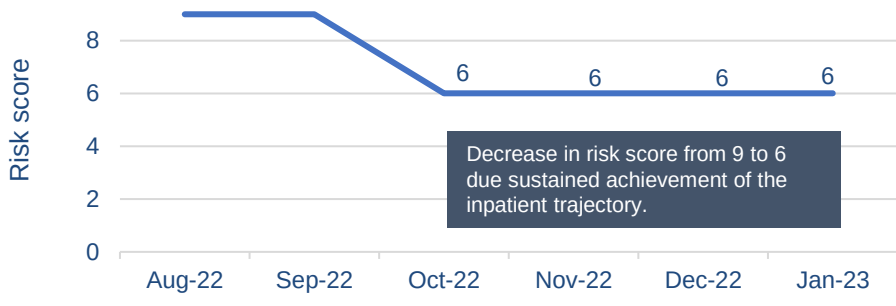
The risk flightpath below identifies BAF risks where there has been a change in the residual risk score. Flightpaths cover the period since the risk was first identified. Of the 24 risks currently included on the BAF, there are four risks where the residual risk score has changed in that time. Flightpaths for those for risks are included below together with the summary rationale for the changed risk score.

SELICS_06 - Securing a collaborative approach to safeguarding across LCPs

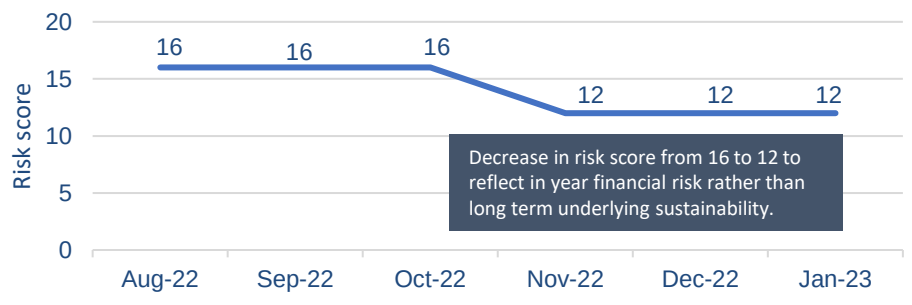


SCAT (Safeguarding Compliance Assessment Tool)

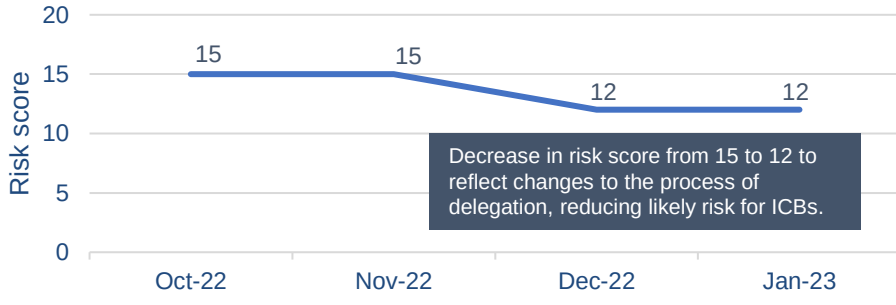
SELICS_12 - LDA inpatient bed reduction



SELICS_17 - System financial balance, and delivery of efficiency and savings plans



SELICS_22 - Delegation of new commissioning responsibilities from NHS England



SELICS_22 was added to the BAF in October 2022 and therefore the flightpath is shown from October 2022 only.

Development of ICP integrated care strategy and ICB strategic plan

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

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

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

Establishment of population health management (PHM)

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

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_02	Operational and performance pressures and processes mean there is limited capacity to establish PHM as the way of working in SEL and it becomes de-prioritised impacting the pace at which it can be implemented. There are also specific concerns around the limited understanding of PHM tools in the system, limited resources available to progress the programme and the potential lack of good quality data if the digital and data infrastructure is not developed in the required timescales.	4	4	16	• A business case has been developed which has been supported by the ICB Executive. Further discussion are ongoing to identify the source of funding (circa £6m/5 years). • Mobilisation planning is currently identifying next steps to implement the PHM Catalyst • The limited resources of the PHM Catalyst will prioritise support for programmes, places and providers in waves, to scale up PHM as a way of working. Simultaneously PHM training for the workforce will aid our objective to scale PHM. • A Clinical and Care Professional Lead Job Description has been developed and is ready for recruitment (currently paused as part of the wider recruitment pause / review) • A data strategy for SEL has been supported by both the KHP Board and SEL ICB. This is now progressing to the development of a delivery plan.	3	4	12

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

Reducing health inequalities

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

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

Risk assurances	Forward view on risk and planned further mitigating actions
• Risk assurances will be reported as the risk is further mitigated	• **Focus on prevention**: Development of proposal to explore how the system can focus resources and delivery on a few key areas such as immunisation/vaccination, physical health checks and screening (scoping work still in progress and to feed into the ICS Strategy). • **Embedding health inequalities in all programmes of work**: Development of a framework to support all ICS programmes to embed health inequalities into their work programmes (due end of September). Shared with Place Exec Leads in November 2022 and then to be reviewed by the Population Health and Equity Exec in February 2023 for roll out from 2023/24. • **CORE20PLUS: Identification of CORE20PLUS** population groups both at Place and SEL-wide to support framework referenced above. Initial draft dashboard developed, and will now be shared with Places to sense-check how it might best be used before final publication. Work underway through Public Health to agree the Plus populations for both Place and SEL-wide. • **Development of the Vital5:** For each of the vital 5, leadership teams are being assembled with expert experience in these areas to drive the overall ICS approach. A minimum asks proposal for 2023/24 is in the process of being developed and will link to the operational planning timelines and HI funds. • **Development of approach for HI funds for 2023/24:** To be determined once planning guidance has been released.

SEL workforce investment

Inherent risk score:	**3 x 4 = 12 (August 2022)**	**Last month's score**	**3 x 4 = 12**
Change in risk score:	**No change**		
Corporate objective:	**Invest in our workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_19	Failure to effectively invest in our workforce at system level, resulting in non-achievement of workforce growth and retention targets across secondary, community, mental health and primary care. The impact of workforce growth is noted to be fundamental to the achievement of multiple ICB and system objectives.	3	4	12	• ICS CPO in place to provide strategic leadership to the ICS workforce programme and oversee the transition to a substantive ICS People Function by April 2023. • Allocation of ICS resources to SEL workforce programme to enable system level programme throughout 22/23. Robust delivery and financial accountability for investments • Workforce governance well established with 22/23 programme plan and deliverables in place. Oversight of all SEL ICS workforce programme activities through the SEL People Board which in turns reports to the ICB. • The ICS workforce programme has 3 clear priorities of workforce supply, EDI and staff health and wellbeing. Each priority is supported by a committee, all with system wide membership and direct reporting line to the ICS People Board. • Well established SEL ICS HRDs network in place • System-wide commitment to collaborative approaches on pay to support retention. • ICS wide staff health and wellbeing strategy in place (to May 23) and sustained investment universal offer for all health and care staff and levelling up investments in place • One workforce ethos established across all committees & the People Board to support transformation, retention & growth. 5-year ICS workforce strategy in development due Q4 • Staff EDI committee championing innovation in approaches to diversity and enhancing inclusive cultures • Workforce analytics expertise and capacity secured to support improvements in collation of workforce data and planning. Aligned grant proposal approved by HEE to enhance Mental Health Provider workforce transformation and planning capacity.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• ICS Programme plan tracked, and RAID log maintained - latest update to People Board 28.11.22 with all risk scores 9 or below • Reporting well established through governance structures • Minutes produced for the SEL People Board, the sub-committees and HRDs network. Bi-monthly process established to deliver People Board summary report for ICS Committees overview paper. • SEL People Board is chaired by Oxleas CE & Partner ICB member for community services. • Workforce analytics activity will commence delivery of a regular, robust aggregate view on SEL NHS Acute and MH growth, vacancies, sickness, turnover and key insights aligned to this objective from the end of Q3 onwards.	• Design of ICS People Function completed and agreed, and recruitment planning now underway. Formal position on national funding for ICS staff health & wellbeing 23/24 expected M10. • Local Care Partnerships (LCP) diagnostic activity to identify common workforce priorities across LCPs to be finalised Q3 & fed into ICS Workforce Strategy • Update to MH Board leadership and LCP leads to be completed following HEE grant approval. Investment to be utilised to develop our strategic and at scale workforce planning and transformation capacity in MH. • Future implementation of the ICS retention strategy will further mitigate the risk. ICS Nurse Retention workshop held 12.12.22 to confirm priorities. • Proposal for collaboration on training and processes to reduce violence, aggression and abuse towards staff to be completed EDI committee work on creating a social movement to commence with engagement of specialist partner in Q4 • Outcome of bid to enable social care recruitment hub as part of widening participation and supply work expected Q3. • HRDs collaborating closely on preparedness for Industrial action post RCN ballot & risk of future strike action. Expanded APC HRDs work on theatres programme

Delegation of new commissioning responsibilities from NHS England

Inherent risk score:	**3 x 5 = 15 (October 2022)**	**Last month's score**	**3 x 5 = 15**
Change in risk score:	**Decrease in score from 15 to 12, following discussion at the planning and finance committee meeting (7.12.22) and review of impact score, relating to changes to the process of delegation, reducing likely risk for ICBs**		
Corporate objective:	**Relates to multiple corporate objectives including access to primary care; elective; urgent care; mental health; planning and financial objectives.**		

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

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

Working with people and communities

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

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

Risk assurances

- An evaluation of the Engagement Practitioner's Network (EPN) was carried our which has highlighted and will inform areas for development. Discussions took place at the November meeting ono ways of working to support engagement I ICS projects and programmes across multiple partners.
- Feedback from NHS England on the working with people and communities strategic was positive: "This was an excellent example of a strategy in scope, detail, expressed values and commitment to genuine engagement with communities. There is a real sense of the maturity of the system and how positive practice at place level is shared across the ICS as well as an awareness that while each place is unique it is possible to learn and share across".
- Recruitment to the public member role vacancies on the Engagement Assurance Committee has taken place with six further public members recruited. An induction meeting took place on 5 December with the first formal meeting on 24 January 2023. The EAC terms of reference were endorsed at the Clinical and Care Professional Committee in October 2022. Engagement as part of the ICS strategy development process is the main agenda item.
- The ICB expenses policy is published on the ICB website.

Forward view on risk and planned further mitigating actions

- The ICB has received funding to establish a People's Panel and has appointed Jungle Green to recruit members representative of the population across the 6 boroughs of south east London. Recruitment started 13 January 2023 following completion of DPIA and contract.
- Two public webinars to engage on the next phase of the ICS strategy development took place on 21 and 25 November with approx. 100 local people and VCSE participants. An ideas board has now been published and promoted on the let's talk platform seeking ideas about what would work for local people in the priority areas. Insight from meetings and reports from VCSE and other organisations working with more marginalised / less heard communities continues to be written up as part of the strategy development process.
- Terms of reference for a combined engagement, equalities and experience planning group are being discussed and drafted.

Development of the System Quality Group

Inherent risk score:	**3 x 3 = 9 (August 2022)**	**Last month's score**	**3 x 3 = 9**
Change in risk score:	**From 9 to 4**		
Corporate objective:	**Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_05	The System Quality Group (SQG) has been established with a view to develop a single and shared understanding of quality, safety and risk across the south east London ICS. There is a risk that partners do not engage in the process in an open and transparent way, that learning is not shared effectively across all organisations and that reporting into the ICB is not sufficiently robust or equitable.	4	3	12	• Each provider organisation has its own quality governance structure reporting to a Board. This will ensure there is direct oversight and mitigation for emerging and existing quality risks. The ICB quality team attends provider quality meetings on a regular basis. • Substantial engagement with partners including regulators over 2021 resulting in agreed principles of working. • Smaller focus group of provider Directors of Quality or equivalent to share methodologies for learning in large providers meeting on a monthly basis. • Terms of reference SQG include reporting to ICB, NHSE. • SQG Planning group established to ensure jointly owned agenda • The SQG has now been convened with 3 meetings held to date. There is active participation and engagement from Providers and the DoQ has convened stakeholder planning meetings to ensure a shared agenda.	2	2	4

Risk assurances	Forward view on risk and planned further mitigating actions
• Partners and regulators are engaging in the process and the terms of reference were agreed at the first SQG meeting.	• Working group to be established to drive forward the agenda and workplan with full SQG approval. • The SQG will develop and hold an issues log for escalation to risk registers of relevant organisations. • Active recruitment into all member spaces on the SQG including Patient Safety Partners, Local Authority and Place.

Harm to patients due to unprecedented operational pressures

Inherent risk score:	**16**	**Last month's score**	**n/a**
Change in risk score:	**Not applicable**		
Corporate objective:	**Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_25	There is a risk that operational pressures within the system could lead to unintended harm to patients	4	4	16	• Datix is reviewed daily to spot trends from providers • Quality team attend provider committees to understand individual provider risks and mitigations. • Risk of harm assessments and prioritisation and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts. • Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system. • Regular meetings are held with the providers to ensure delivery of agreed recovery trajectories and to review issues related to the quality of care, including notified Serious Incidents (SI's). • Regular update meetings with commissioning teams and quality teams	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• Governance: Quality and Performance Committee where risks are escalated • Governance: System Quality Group where system wide risks are explored and learning shared • Thematic analysis of SI reports, Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately. • Quality Alert System provides early warnings	• Continued monitoring of Quality Alerts and Serious Incidents. • Continued oversight of the actions being taken by providers and commissioners have minimised the risk of harm

Securing a collaborative approach to safeguarding across LCPs

Inherent risk score:	**3 x 3 = 9 (August 2022)**	**Last month's score**	**4 x 3 = 12**
Change in risk score:	**Increase in score from 9 to 12 in response to gaps highlighted by Safeguarding Compliance Assurance Tool**		
Corporate objective:	**Embed a safeguarding culture that ensures the identification of common themes, shared learning, and a system-wide focus on the delivery of national and local safeguarding priorities.**		

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

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

Delivering successful elective care transformation programmes

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

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

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

Competing priorities for non-admitted and admitted capacity

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

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

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

Ongoing pressures across SEL UEC services

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

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

SELICS_09	Demand and flow continue to challenge our SEL system which means we are not able to improve waiting times, or support timely discharge. If we continue to have high levels of acuity driven by both by the way patients access services and by challenges in accessing out of hospital care pathways. This will continue to put pressure on the system.	5	4	20	• **Robust daily intensive system support**: SEL surge meet daily with site DOOs to review pressures across the system, agree mutual aid and support site safety.
					• **UEC improvement plans are reviewed monthly**
					  • **Local system actions:** each local system has an action plan to support improvement including reviewing estate, workforce, pathways, protocols, and escalation. Local improvement plans report into local UEC boards or equivalent. Proactive work to develop community offer including the roll out of urgent community response and development of our virtual ward offer.
					  • **SEL System actions**: SEL improvement work across the system to develop and implement supportive measures, for example, increasing direct access to SDEC, direct booking from 111, increasing crisis support for Mental Health. This work is manged via system groups: SEL Acute Flow Improvement Group; MH UEC Task and Finish Group; SEL Discharge Solutions and Improvement Group.
					• **SEL Governance:** System groups and local UEC Boards report into the SEL UEC Board which meetings every 2 months.
						4	4	16

Risk assurances

- The daily calls are providing the immediate system support to retain site safety across all SEL sites, this now includes managing our response in light of industrial action.
- Urgent care performance dashboard
- Local winter planning arrangements in place including MADE events for discharge being managed through local UEC Boards
- Monthly call with UEC local system leaders to review current performance issues, challenges and successes; to understand key issues driving local performance and planned solutions; to understand key successes and opportunities for spread

Forward view on risk and planned further mitigating actions

- Continue to work along side national Winter Collaborative focused on risk based flow management models and use of reverse boarding/push models on sites where appropriate. Each site, in response to winter pressure and industrial action has taken steps to increase capacity in discharge lounges, transport and pre-5pm discharge.
- Additional funding has been allocated to systems to support discharge improvement over the rest 22/23 and we are now reviewing how the schemes identified during December are impacting on discharge as they come on line during January.
- Mental health discharge work has resulted in a MH discharge framework for SEL which sits alongside the MH discharge principles from NHSE launched in December. We have rag rated by system against the framework to support identifying actions which will improve MH discharge and improve flow from our acute sites into MH beds.
- Work has been done with the HIN to implement deterioration tools in care homes in Lewisham, Lambeth and Bromley to reduce likelihood of ambulance conveyance and emergency admission. Further work to be done to engage with Bexley, Greenwich and Southwark.

Delivering mental health access performance metric trajectories

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

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

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

Reducing waiting times for mental health services

Inherent risk score:	**4 x 3 = 12 (November 2022)**	**Last month's score**	**Not applicable: new risk**
Change in risk score:	**Not applicable: new risk**		
Corporate objective:	**Grow access to mental health services and services for people with a learning disability and/or autistic people.**		

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

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

Delivering community-based mental health transformation programmes

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

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

Risk assurances	Forward view on risk and planned further mitigating actions
• Papers from the community mental health transformation steering group including meeting papers, recruitment updates, delivering against core offer). • Quarterly data collection return to NHS England (capturing progress with core offer delivery for community at PCN level).	• **Development of the Children and Young People's Mental Health Transformation Plan**: this plan will capture all the actions underway through community children and young people's mental health and LDA services to provide early intervention in the community, including focusing on parental mental health. The plan is waiting formal ICB Board sign-off (though has received ICS Mental Health Board endorsement and LCP endorsement, and was presented to the ICB Executive in December 2022).

LDA inpatient bed reduction

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

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

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

LD and Autism Annual Health Checks

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

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

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

Increased waiting times for ASD diagnostic assessments

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

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_14	Increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	4	4	16	• Implementation of actions from the ASD Task and Finish group following the Neurodevelopmental Services Review that was completed in Autumn 2021. • Implementation of services for backlog clearance by Oxleas and SLaM and plans to reduce the waiting time by end of March 2023 including development of services to meet the demand and maintain waiting times within 6 months. • Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnoses. • SEL Autism Strategic Framework near completion and being socialised within SEL with stakeholders.	3	4	12

Risk assurances	Forward view on risk and planned further mitigating actions
• SEL LDA Strategic Executive Group Agenda and Minutes List the assurance evidence. • SEL LDA Operational Board agenda and minutes. • Minutes from 6-8 weekly Joint Region and System LDA heath Partnership meeting. • Minutes from Monthly monitoring of ASD Support services and workforce with providers (Oxleas and SLaM).	• The cost per case budget and funding assessments will be reviewed across all SEL boroughs for referral made under Patient Choice. • Initial steps taken to work with main providers to ensure national performance reporting is completed. • SEL Autism Strategic Framework in development to outline the strategic approach in SEL to the national strategy

Timely access to primary care appointments

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

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

Risk assurances

- Risk assurances will be reported as the risk is further mitigated. Risk assurances will be provided via Local Care Partnership governance processes.
- Approval of PCN enhanced access plans by each Local Care Partnership

Forward view on risk and planned further mitigating actions

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

Proportion of the population being vaccinated

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

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

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

Development and delivery of equalities objectives and standards

Baseline risk score:	**4 x 4 = 16 (November 2022)**	**Last month's score**	**New risk**
Change in risk score:	**New risk**		
Corporate objective:	**Links to corporate objectives 2: Population health management, 3: Health inequalities and 4: Working with people and communities.**		

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

Risk assurances

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

Forward view on risk and planned further mitigating actions

- Governance and Vision – processes for collaboration across organisations are still in formation and being embedded across the SEL Health and Social Care system. As governance arrangements develop, the organisations' equalities approach and range of interventions will evolve, taking into account resourcing considerations and overall level of maturity of approach across the system.
- Other planned mitigating actions:
- Compilation of a document to outline roles and responsibilities (including assurance) for EDI across the system. This document will include a schedule and approach to produce and analyse equality reporting. (Date TBC)
- Formal workplan to be developed to support the work of the Equalities Sub-Committee (January 2023)
- Equalities Sub-Committee workshop to clarify scope, roles and responsibilities across organisation (February 2023)
- Formalisation of the ICB Equalities Delivery Group, with terms of reference to be developed (January 2023)
- Developing clarity on linkages between the ICB Equalities Sub-Committee and ICS Staff ED&I Committee and reporting arrangements to the SEL People Board (Dates - TBC)
- Development of the ICB anti-racism strategy; part of the wider anti-discrimination strategy (December 2022)
- Development and rollout of an integrated EIA/QIA tool to embed a culture of needs assessment (March 2023)
- ICB Equality Analysis author and reviewer training at regular intervals and completion of EA assessments (Dates - TBC)

System financial balance, and delivery of efficiency and savings plans

Inherent risk score:	**4 x 4 = 16 (August 2022)**	**Last month's score**	**4 x 4 = 16**
Change in risk score:	**Decrease in score from 16 to 12 to reflect the focus on in-year risk of balance rather than longer-term financial stability.**		
Corporate objective:	**Delivery of system financial balance, efficiency and savings plans (in year)**		

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

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

System-wide capital planning

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

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

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

Implementation of the ICS Anchor System Programme

Inherent risk score:	**4 x 3 = 12 (January 2023)**	**Last month's score**	**2 x 2 =4**
Change in risk score:	**Increased likelihood and impact scores to recognise the need to increase pace during 2023 to meet the objectives of the programme.**		
Corporate objective:	**Improve social value through initiation of the ICS Anchor Programme.**		

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_20	The Anchor System Programme is part of our ICS approach to addressing health inequalities, one of our key priorities as a system. In December 2021 the process of designing and agreeing an ICS approach began, recognising work ongoing at multiple levels including at Place and organisation levels as well as across the London region. This commitment to addressing health inequalities has been reiterated since, including as a South East London Corporate Objective as set by the ICB on 1st July 2022. A fundamental aspect of our approach to the Anchor agenda is that it must be based on the needs of our communities; engaging with the public and our community and voluntary sector partners will be critical. It has therefore been agreed that the Programme will build on the success of the South London Listens (SLL) programme, including working with the same charity delivery partner, CitizensUK. In October 2022 this ambition was publicly demonstrated at the SLL Accountability Assembly. However, there is a risk that the programme falls behind schedule and isn't sufficiently joined up with other system programmes. Whilst the October 2022 inclusion in the Accountability Assembly is as planned, recruitment of a team to support the work has been delayed to February 2023. In lieu of this resource progress has been limited, with work focused on a bid for HEE funding to co-design support for access to good work.	4	3	12	• Resource has successfully been recruited to the programme; a Programme Lead and Programme Co-Ordinator will begin in February 2023. Working alongside Citizens UK this will provide the bandwidth to begin programme delivery. The two posts will be hosted by South London and Maudsley NHS FT, also ensuring a clear link to the South London Listens programme. This will be critical in ensuring that the pace of delivery can increase and the objectives of the programme – to leverage our assets to improve social value and thus improve the health and wellbeing of our people and communities – are met. • A working group comprising colleagues from the ICB, South London Listens (which was hosted by South London and Maudsley NHS FT), and Citizens UK is in place. Meetings took place regularly up to the Accountability Assembly, and will re-start in February 2023 with the new team members. • In partnership with the ICS People Strategy team and the ICS VCSE Director, we are in the process of applying for £250k of funding from Health Education England specifically for interventions to improve access to good work. An initial submission has been met positively, a further check-in with HEE occurred in early January, and a final proposal is being developed. • In partnership with the ICS People Strategy team supporting the development of the SEL ICS recruitment hub.	3	3	9

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

Implementation of the ICS Green Plan

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

Ref	Description of risk	Likelihood	Impact	Initial risk score	Ongoing controls	Likelihood	Impact	Residual risk score
SELICS_21	There is a risk that the ICB will: a) Not be able to achieve the year 1 targets set out in the South East London ICS Green Plan (which aim to reduce the carbon footprint of the organisation by 2040) in full b) Not be enabled to measure achievement of the year 1 targets set out in the South East London ICS Green Plan during year 1. This is because there is not a consistent level of measurement and reporting across SEL organisations, so an aggregated reporting position cannot be derived. This in turn means that we will not be able to accurately confirm delivery. The ICS Green plan includes targets specifically for the ICB (including Primary Care) but also the wider system. This risk affects both sets of targets.	4	3	12	• A Sustainability Oversight Board has been established, which includes in its membership the Sustainability SROs for all health organisations in SEL and is chaired by the ICB Sustainability SRO. • A Sustainability Network group has been set up within SEL to bring together operational leads on sustainability from each of the NHS Trusts, the ICB and Bromley Healthcare on a bi-monthly basis to discuss progress. • A Primary Care Sustainability Steering Group has been established to steer initiatives and take updates which have a particular focus/impact in primary care. The Group is lead by Primary Care Sustainability SROs Dr Nancy Kuchemann and Dr Andrew Parson. • Delivery updates are captured from each of the above groups, which enable creation of delivery summaries in lieu of formal reporting *(see 'Risk assurances', below left)* • A delivery plan has been produced to summarise the targets in the green plan with individuals assigned to provide oversight on delivery. • A governance structure is in place with workstreams identified. Workstream leads are in the process of being confirmed in order to move this forward. • External parties have been engaged to support particular aspects of delivery. Most notably, the Regional Greener NHS team provides support, guidance and co-ordination to all London sectors. They also signpost any emerging sustainability funding opportunities. • The ICS is represented at Regional sustainability groups and is linked into sustainability leads in the other London sectors to share best practice.	4	3	12

Risk assurances

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

Forward view on risk and planned further mitigating actions

- An AD for Sustainability has been recruited by Essentia to work initially across GSTT and KCH Trusts and a Sustainability team is being formed from staff members across GSTT/KCH in one collaborative group. There is an ambition to draw all APC members into the group.
- The Regional Greener NHS team will be establishing a bi-annual Green Plan [delivery] assurance process at the request of their national counterparts. This will support the requirement to develop formal Green Plan reporting going forward
- Discussions at local and London-wide level around how measurement and reporting of Green Plan initiatives/objectives can be initiated without creating additional data submission burdens upon contributors. Greener NHS and London Procurement Partnership teams supporting this work with development of reporting tools
- SEL ICB requires some dedicated sustainability resource to support the programme
- SEL ICB is considering additional approaches to embedding sustainability within its governance – for example, reviewing whether next version of business case and committee paper templates to specifically ask for comment on impact on sustainability
- SEL ICB is part of the LPP-led conversations and work re implementation of a London-wide walking aid re-use scheme. Scheme options are in development – the ICB and Trusts will actively take part in discussions and future implementation.
- As per Regional Greener NHS team requirements, SEL ICB is in the process of reviewing supplier contracts, to impose the new requirements for contracted suppliers of goods/services of value over £5m pa to have carbon reduction plans

Appendix A: risk scoring matrices

Risk scoring matrices (1 of 3)

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

Likelihood x Severity = Risk Score

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

Likelihood Matrix:

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

Risk scoring matrices (2 of 3)

Severity matrix

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

Risk scoring matrices (3 of 3)

Severity matrix (contd.)

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

Integrated Care Board

Item: 5
Enclosure: Eii

Title:	**Board Assessment Framework: Urgent and Emergency Care**
Meeting Date:	15 February 2023
Authors:	Sarah Cottingham, Executive Director of Planning
Executive Lead:	Sarah Cottingham, Executive Director for Planning

Purpose of paper:	The purpose of this paper is to provide an overview of the urgent and emergency care position to help inform a Board discussion around the Board Assessment Framework and the risk rating for urgent and emergency care.	Update / Information	**X**
		Discussion	**X**
		Decision	***To inform Board endorsement of the February 2023 BAF***

Summary of main points:	The paper provides an update on factors driving the UEC risk assessment plus an update on the ICB's progress against the winter objectives set nationally for urgent and emergency care			
Potential Conflicts of Interest	None			
Relevant to the following Boroughs	**Bexley**	X	**Bromley**	X
	Greenwich	X	**Lambeth**	X
	Lewisham	X	**Southwark**	X

Impact	Equality Impact	N/A – see overall BAF
	Financial Impact	N/A – see overall BAF
Other Engagement	Public Engagement	NA – see overall BAF
	Other Committee Discussion/ Engagement	• ICB Executive • Quality and Performance Committee
Recommendation:	The Board is asked to • Note the information contained in this paper	

- Consider it alongside the BAF to inform a discussion and decision upon the February Board Assessment Framework at the Board meeting

Board Assessment Framework- Urgent and Emergency Care February 2023

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

1. Context and Purpose

1.1. The Integrated Care Board's Board Assessment Framework (BAF) which is reviewed by the Board on a monthly basis, includes a risk assessment against the ICB's core delivery objectives for 2022/23, including for Urgent and Emergency Care (UEC). The BAF identifies UEC as the area of most significant pre mitigated risk for the ICB alongside a still material and our highest post mitigation risk too. We have therefore agreed that some additional contextual information will be provided for the Board to help inform its consideration of the BAF risk assessment for February 2023 and this paper seeks to do so.

1.2. In addition to the overall BAF assessment related to our 2023/24 UEC objectives Integrated Care Boards were asked, as part of national planning guidance for winter, to ensure a proactive consideration of performance across a number of nationally identified metrics as part of a winter BAF. The Board signed off the ICB's winter plan submission for 2022/23 at the end of September 2022 and this included six key areas of performance with agreed performance trajectories for the second half of the year alongside a number of other actions. This paper provides information for the Board in relation to year to date performance against these metrics to provide an understanding of performance against plan to help inform the discussion around the UEC BAF assessment.

2. Urgent and Emergency Care

2.1. Our urgent and emergency care system is and has been under immense operational pressure since the start of 2022/23. A shift to year round rather than winter pressures, the underlying outturn pressures we were experiencing at the end of 2021/22 and our assessment of the challenges ahead in the context of Quarter 1 of this year resulted in an ICB pre mitigated BAF position that accorded urgent and emergency care our highest possible risk score.

2.2. Our mitigated position shows some improvement but a residual high risk score recognising that whilst there is a significant whole system focus around real time flow and pressures management, alongside work to ensure we are optimising opportunities to improve our urgent and emergency care pathway to secure improved access, waiting times and flow, the scale of the challenges and the systemic issues we will need to address to secure a sustainable UEC pathway means UEC represents a continuing high risk care pathway. The high residual risk means a continued significant focus on urgent and emergency care across the system and as part of this an absolute drive to ensure that we are confident we are mitigating the quality and safety risk associated with our access, waiting times and flow challenges.

2.3. These UEC challenges are not unique to south east London and UEC performance is demonstrably challenged nationally and regionally as well as locally. South east London's aggregate performance is broadly in line with the average across London for key metrics, noting variation across services and providers and some areas of more marked SEL challenge such as discharge. Performance is not where we want it to be and as a system we are continuing to devote significant time and effort to UEC improvement. This will require a number of tactical solutions to be secured and sustainably so, including right sizing demand and capacity, related to both physical and workforce capacity, improving flow through ensuring effective pathway management that adopts best practice guidance around flow and discharge planning, securing the optimal use of available alternatives to admission such as same day urgent and emergency care, and further developing our admission avoidance and supported discharge capacity. Urgent and emergency care is complex and every part of our system includes elements of urgent and emergency care, including primary care, pharmacy, community services, 111 and 999 services and our hospitals, across physical and mental health, health and social care. The complexity adds to the challenge in terms of securing effective, efficient, seamless and joined up care whilst also presenting some clear opportunities for improvement. The areas we are focusing on are considered to be the right solutions but will require an on-going improvement focus rather than a quick fix approach if we are to secure sustainable improvement, noting too that managing immediate pressures in the context of capacity challenges inhibits our ability to concurrently focus on pathway improvement work as considerable operational bandwidth is taken up with daily management of flow and immediate operational pressures. Challenges have been exacerbated by the planning for and impact of industrial action in both our local hospitals and the London Ambulance Service.

2.4. As part of 2023/24 planning systems are being asked to give a clear focus to urgent and emergency care with the development of system wide improvement plans and this will give us an opportunity to review the myriad of initiatives and workstreams underway, to assess and evaluate impact and to agree a number of high impact systemic changes that we might make as a system to help improve our UEC performance and reduce our care pathway risk. In doing so we are keen to take the opportunity to combine a tactical care pathway approach with an approach that puts population need at the centre of our focus, with a specific focus on providing enhanced support to those populations experiencing higher than expected urgent and emergency care hospital attendances and admissions. This will help reduce both the care pathway risk but also the associated population risk associated with inequitable access, experience and outcomes. Our immediate focus however is securing a safe UEC service over the remainder of the year and one in which we are managing flow as effectively as possible within the constraints we are facing, whilst also challenging ourselves to drive forward agreed pathway changes and agreed flow models that will help mitigate risk.

3. Winter Board Assessment Framework metrics and performance

3.1. National planning guidance for winter and urgent and emergency care set out a number of objectives as planning requirements. Systems were asked to complete an assessment against a number of recommended national actions and good practice guidance, to commit to a number of performance improvement trajectories and to open additional needed capacity. Plans were submitted at the end of September with monthly monitoring around progress. ICBs were asked to ensure full Board understanding and oversight of the planning process alongside progress in implementation.

3.2. We currently have performance information available for December and a summary of the progress we are making against the agreed deliverables is summarised below, noting that this gives further important context to the Board in the consideration of risk over the winter period.

3.3. On the action plan our January submission showed a positive overall position with 1 red rated action, 20 amber and 29 green. 1 action relating to optimising ambulance fleets has been changed from partial implementation to planned due to operational pressures and industrial action with the LAS. 4 actions relating to acute respiratory hubs are not RAG rated as data is not yet available. We further committed to ensuring a monthly pavement in our position and have successfully demonstrated this over the last two months with the following improvements secured in December – improvement of 5 additional green rated actions, in the context of the number of actions having increased to 55 compared with 38 in the original submission.

3.4. On demand and capacity our overall commitment was to open additional acute and community based 164 beds by end December and to keep these open for Quarter 4. We have successfully met our trajectory for Quarter 3 with 164 beds opened for end December 2022, in line with our plan. The 164 beds include additional community beds and increased virtual ward capacity.

3.5. On performance systems agreed six key areas of performance improvement for the second half of the year as part of our UEC and winter plans. These covered a number of areas some of which are London focussed and some of which are locally focussed in terms of delivery. A summary of our position against the targets for October, November and December is given in the table below:

Metric	Coverage	Oct Target	Oct Actual	Nov Target	Nov Actual	Dec Target	Dec Actual
111 Call Abandonment	London Wide	15.0%	*TBC*	10.0%	*TBC*	10.0%	*TBC*
999 Call Answering	London Wide	00:01:07	*TBC*	00:01:08	*TBC*	00:01:55	*TBC*
Average Hours Lost - Ambulance Handover Delays	Site - GSTT	8	13	8	12	8	10
Average Hours Lost - Ambulance Handover Delays	Site - DH	14	17	13	18	13	22
Average Hours Lost - Ambulance Handover Delays	Site - PRUH	12	22	12	22	11	35
Average Hours Lost - Ambulance Handover Delays	Site - QEH	13	15	13	19	12	22
Average Hours Lost - Ambulance Handover Delays	Site - UHL	10	15	10	20	10	27
Category 2 Ambulance Response Times	SEL	00:34:09	*TBC*	00:34:07	*TBC*	00:36:15	*TBC*
Adult G&A Bed Occupancy	Site - GSTT	94.1%	91.9%	95.8%	93.50%	90.8%	91.7%
Adult G&A Bed Occupancy	Site - DH	97.5%	96.2%	98.6%	96.0%	94.8%	95.1%
Adult G&A Bed Occupancy	Site - PRUH	100.6%	99.0%	100.5%	96.5%	99.0%	98.6%
Adult G&A Bed Occupancy	Site - QEH	99.2%	98.9%	99.0%	93.8%	98.8%	99.4%
Adult G&A Bed Occupancy	Site - UHL	97.0%	96.8%	96.8%	92.8%	96.8%	97.0%
Patients Not Meeting the CTR Occupying a Bed	Trust - GSTT	11.5%	7.7%	10.2%	6.2%	9.7%	6.5%
Patients Not Meeting the CTR Occupying a Bed	Trust - KCH	11.2%	13.7%	10.6%	12.5%	10.1%	15.3%
Patients Not Meeting the CTR Occupying a Bed	Trust - LGT	12.8%	19.0%	12.0%	13.4%	11.2%	13.4%

3.6. Our performance has deteriorated against the key metrics in December due to significant UEC pressures. Challenges remain around Emergency Department front door

performance and specifically hospital handovers despite a significant amount of focus and effort and around 111 and 999 performance. These areas are important as they relate to the timely assessment, triaging and treatment of patients with urgent and emergency care needs although these performance challenges are indicative of the wider pathway and demand and capacity challenges we are facing.

3.7. In overall terms therefore we have made some positive progress in meeting the expectations set out nationally around urgent and emergency care for winter albeit with an on-going very pressured position and residual risk to manage.

4. Recommendations

The Board is asked to:

- Note the information provided in this paper by way of UEC context
- Consider this in the review of the Board Assessment Framework and specifically the assessment of UEC related unmitigated and mitigated risk

South East London Integrated Care Board
Cover Sheet

Item: 6
Enclosure: F

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

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

Summary of main points:

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

The Board is asked to note:

a) TWO decisions have been referred to the Board for consideration at this meeting:
1. A refreshed **Board Assurance Framework** was considered by the Planning and Finance Committee on 2 November 2022 and 7 December 2022, and is **recommended to the Board to approve.**
2. Noting that the **ICBs EPRR preparations** against NHS England Core Standards were assessed as providing **"significant assurance"** by NHS England, the Board is asked to **confirm acceptance and acknowledgement** of this rating.

b) That a **further decision was made remotely** by the Board, which was to approve some minor changes to the ICB Constitution, principally references to legislation which do not affect any of the Boards powers or responsibilities.

c) The decisions made under delegation by Committees in the period since last reported.

d) Activities and areas of discussion considered by the Committees, including the Local Care Partnerships, Acute Provider Collaborative and the Mental Health Collaborative, since the last report to the Board.

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

Overall Report of the ICB Committees

ICB Board 15 February 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 12 October 2022. 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	2 November 2022	25 October 2022	20 October 2022	13 December 2022	19 October 2022	28 November 2022	
	7 December 2022	22 November 2022	12 January 2023	-	16 November 2022	23 January 2023	
	3 January 2023	31 January 2023	-	-	18 January 2023	-	
	1 February 2023	-	-	-	-	-	

	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	20 October 2022	17 November 2022	23 November 2022	2 November 2022	24 November 2022	3 November 2022
	24 November 2022	26 January 2023	25 January 2023	11 January 2023	26 January 2023	12 January 2023
	26 January 2023	-	-	-	-	-

It should be noted that the Quality and Performance Committee and Clinical and Care Professional Committee meetings scheduled for December 2022 were cancelled due to operational pressures.

3. Summary of the Principal Role of ICB Committees

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

People Board	Responsible for; the design, development and delivery of plans related to the health and care workforce in South East London. This includes meeting any national targets and ensuring sufficient and consistent strategies across the ICS for equality, diversity and inclusion and staff health and wellbeing.	Dr Ify Okocha, Partner Member
Local Care Partnerships	Responsible for convening local system partners to develop plans to meet the needs of the local population, reduce inequalities and optimise integration opportunities. The ICB will delegate responsibility for the delivery of specified out of hospital care objectives and outcomes, including the management of the associated budget. A representative from each LCP will be a member of the ICB.	Iain Dimond (acting chair, Bexley) Dr Andrew Parson & Cllr Colin Smith (co-chairs, Bromley) Dr Nayan Patel (Greenwich) Dr Di Aitken (Lambeth) Dr Jacqui McLeod (Lewisham) Dr Nancy Kuchemann & Cllr Evelyn Akoto (co-chairs, Southwark)

4. Recommendations to the Board for Decision / Approval

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

No.	Committee name	Meeting date	Agenda item	Items for Board decision / approval
1.	Planning & Finance Committee	2 November 2022 and 7 December 2022	Board Assurance Framework	• The Planning & Finance committee recommended the Board Assurance Framework (BAF) presented to the committee at these meetings for approval by the Board, noting the BAF presented at the 7 December 2022 meeting has primacy as the most recently discussed version.
2.	Planning & Finance Committee	3 January 2023	Annual report on ICB EPRR activity in 2022	• The Board is asked to note that the ICB was assessed as providing "significant assurance" against NHSE core standards in EPRR as part of the 2022 annual assurance review by NHSE.

4.2 Decision made remotely by the Board during the period

On 22 September 2022, NHS South East London ICB received a request from NHS England (NHSE) to amend a number of small technical areas within its Constitution following commencement of the Health and Care Act. This followed a review of the model Constitution by NHSE's legal team.

The changes requested were as follows:

- Section 1.4.7 (f) – Health and Care Act reference 'section 14Z44' corrected to read 'section 14Z45'
- Section 3.2.4 – Reference to the 'sections 56A to 56K of the Scottish Bankruptcy Act 1985' replaced with 'Part 13 of the Bankruptcy (Scotland) Act 2016'.
- Section 3.2.7 – 'A health care professional (within the meaning of section 14N of the 2006 Act)….'. First line updated to remove reference to section 14N of the 2006 Act and capital letters for 'Health Care Professional'. Line to read as follows 'A Health and Care Professional or other professional……..'.
- Section 7.1 – Reference to 'paragraph 11(2)' amended to 'paragraph 12(2)'.
- Appendix 1 – Definition of 'Health Care Professional' added to the table: 'An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.'

Considering the urgency of the request, Board members were alerted to this request on 11 October 2022 and asked to approve the changes virtually by email. No other changes were requested. Board members, including the chair and chief executive, supported the changes by 13 October 2022.

NHSE were informed on 14 October 2022 and approved the amended version on 2 November 2022. The new version was published on 7 November 2022.

To ensure transparency, the decision is being reported via this summary to the next Board meeting held in public since the decision was confirmed and the amended version approved by NHS England.

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.	Clinical and Care Professional Committee	19 October 2022	EAC Committee ToR	• The committee endorsed the proposed EAC terms of reference it received

2.	Planning & Finance Committee	2 November 2022	EPRR preparations for the NHSE Assurance Process	• The committee approved refreshed or new versions of EPRR policies:
				  • ICB incident response and business continuity plan
				  • Emergency planning and business continuity policy
				  • Highly contagious and infectious diseases (HCID) pandemic plan

3.	Planning & Finance Committee	7 December 2022	EPRR preparations for the NHSE Assurance Process	• The committee approved the implementation of the proposed ICB Business Continuity Management System (BCMS) Strategy.
4.	Planning & Finance Committee	7 December 2022	Information Governance	• The committee approved implementation of the ICT Network Security Policy and ICT Change Management Policy.
5.	Charitable Funds Committee	13 December 2022	Charity Finance update	• The committee agreed to invest £2.5m for two years with HSBC and £1m for one year. • Mike Fox was given delegated authority to sign off future investment based on the interest rate at the time and for this to be communicated to the committee once completed.
6.	Charitable Funds Committee	13 December 2022	Staff related expenditure	• The Committee had agreed via email to fund staff-related costs regarding a “Celebration of Life” event for a colleague who had passed away (£250) and funding for a staff Christmas event (£500).

7.	Planning and Finance Committee	3 January 2023	Medicines Optimisation	• The committee approved recommendations from the medicines value group concerning rebate schemes for Ranexa and Stocare, and approved an updated Rebate Policy.
8.	Quality and Performance Committee	31 January 2023	Safeguarding guidance	• The committee considered and approved the publication of the GP Practice Adult Safeguarding Competency Guide 2022 and Best Practice Guidance for Assessing Mental Capacity and Conducting Best Interest Meetings in General Practice.
9.	Planning and Finance Committee	1 February 2023	Information governance policy and procedure documents	• The committee approved a number of Information Governance policies, a revised DPIA procedure and template, and refreshed job descriptions for the ICB SIRO and Caldicott Guardian.

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.	Clinical & Care Professional Committee	19 October 2022	• Output from externally facilitated discussions around purpose and ways of working. • Review of Patient and Public Involvement process, and Engagement Assurance Committee Terms of Reference. • Received an update on clinical and care professional leadership recruitment. • Received a presentation on the success of a personalised care project run by Macmillan and the potential for expansion into other areas. • Received an overview of the virtual wards work such as Hospital and Tome and home oximetry. • Priorities and future ways of working for the committee, including making space to connect the group with the most pressing current issues in the system to enable clinical input as well as transformational work.
2.	Audit Committee	20 October 2022	• Update on an informal meeting of the audit committee members, to discuss how to balance system oversight with ICB focus, the committees role in assurance over commissioning expenditure, and how to add value as a committee. Discussions also considered how to shape the committee work programme and using internal and external audit to support risk deep dives. • Received the report from the external auditors, covering work plans, a technical update, and discussion around the challenges of a Q1 CCG audit and 9 month ICB audit both falling in 2022/23. • Received a report from internal audit, confirming 2 audit reports had been submitted since the last meeting, highlighting a management issue on voids management, advising that SEL was in a favourable position when benchmarked against similar ICBs from an internal audit recommendations point of view, and confirming no overdue management actions existed. • Received an update from the Local Counter Fraud Service, including a summary of annual compliance and internal ICB counter fraud work being undertaken, work associated with the

			National Fraud Initiative, and a summary report from security management, noting the security management contract with the ICB ended on 30 September. Discussions included how to manage counter fraud risk across the ICS, the audit committees limit of responsibilities from an ICS perspective, and management of cyber security risk. • Submission of the Q1 (CCG) draft annual report. • Confirmation that no special payments, write offs or tender waivers had been approved since the last audit committee meeting.
3.	Quality & Performance Committee	25 October 2022	• Received the monthly quality and performance report, noting the increased pressures in urgent and emergency care and the plans in place to attempt to address these such as implementation of a “Bristol model” at Princess Royal University Hospital and Queen Elizabeth Hospital, review of discharge models, use of a task and finish group to address increased in mental health service demand, and maximising the good performance in urgent community response. On quality the group noted three never events had occurred in the reporting period, a review of serious incidents between April and September had taken place, and the System Quality Group had met. • The committee discussed preparations for the first winter since the ICB had formed, levels of risk and actions to respond. Discharge and the balance between planned and unplanned activity was noted, the need to consider health inequalities and its impact, and the benefits to discharge pathways form local UEC Boards was highlighted. • Received an update on work underway to review the Board Assurance Framework and a discussion on the importance of the committee having sight of quality and performance risks. • Received a deep dive presentation on maternity services, with particular reference to the recent Ockendon report. • Received a report on activities of sub-committees since the last committee meeting. • Noted the plan for future deep dive subjects.
4.	Planning & Finance Committee	2 November 2022	• Received a paper on medicines optimisation and pharmacy leadership across the SEL ICS, noting the benefits of a collaborative approach across the sector, supported by a new leadership model focussed on a “one team” culture built on mutual trust. • Received an update on ICB preparations for delegation of specialised services.

			• Received an update on delegation of pharmacy, optometry and dentistry services to the ICB from 1 April 2023. • Reviewed the Board Assurance Framework and recommended its approval to the Board. • Considered and approved three emergency planning related policies • Received a report on the month 6 financial position of the ICB, noting an overall overspend against budget of £48k, fully attributable to the Covid vaccination programme, and the key risk to the financial position relating to the prescribing budget. • Received an update on the overall ICS month 6 financial position, noting a year-to-date deficit of £49.9m, which was £40.9m adverse to plan. Key factors were higher than planned Covid activity, increased pressures from higher activity across the system, and use of private beds and overspill for mental health services. System Chief Finance Officers were meeting regularly to develop a response. • Received an update on the development of the 2022/23 operational plan, noting an aspiration to manage non-elective flow and increase elective activity to reduce backlog. It was highlighted that within London, SEL ICS was the best performer for planned care and an above average performer in emergency care.
5.	Clinical & Care Professional Committee	16 November 2022	• The committee received a presentation on the ICS-wide system leadership development programme that is under development, comprising three modules: Collaborate, a seven month programme of intensive support for future leaders; Create, a three day immersive programme to support teams to spread and scale up successful ideas; Connect, creation of a community of clinical and care professionals. • Shared the learning from a pilot on multiple long term conditions, noting significant learning for a population health approach. • Considered a business case presented on Rapid Access Acute Rehabilitation.
6.	Quality & Performance Committee	22 November 2022	• Received the monthly quality and performance report which included information on themes and trends from Serious Incidents, the outcome of a CQC community mental health survey, the carrying out of a CQC inspection at Oxleas, primary care work to improve CQC ratings, and completion of a Safeguarding accountability and assurance framework. The performance section of the report covered urgent and emergency care, including a note that south east London was recently the best performing collaborative nationally and that elective activity

			performance included successful management of 104 week waits and improved faster diagnosis of cancer, and non-acute performance, particularly noting a high volume of out of area placements, improvements in the eating disorder service, and an improvement in IAPT treatment and access target performance. • It was noted that there would be an increased focus on the four hour wait in ED and ambulance handovers, virtual staff utilisation and staff vaccinations, with a request for the committee to see data to oversee these metrics. • Received a deep dive presentation on urgent and emergency care, followed by committee discussion. • Received a report on sub-committee activity. • Considered and approved a revised terms of reference for the SEL Integrated Medicines Optimisation Committee and noted its quarter 2 workplan. • Received an update report on the after action review into the GSTT IT incident. • Noted the publication of a joint adult safeguarding review and mental health independent investigation report into an incident involving Oxleas NHS FT. • Discussed how the committee could obtain assurance over the mitigations being put in place in the system for the impact of the pending health industrial actions.
7.	People Board	28 November 2022	• The ICS Workforce Programme Director joined the People Board, having started in post in September. • The key priorities of the November meeting were workforce strategy and programme transition, with the People Board discussing and agreeing the following: **Workforce Strategy:** • Five themes and strategic priorities proposed for the strategy were discussed and approved. The themes are shown below: 

			• The Board endorsed the structure and layout of the strategy as presented. **Programme Transition:** • The substantive structure of the People Function was considered, noting that: - The structure had been informed by a baseline exercise to review local and national priorities, recent work with the SEL Local Care Partnerships and the experience / reflections of the current programme team. - The emergent five themes are core to both the strategy and the structure, and portfolios in the new structure are aligned to the five themes (per the above diagram) - The new themes build on supply, ED&I and SHWB which were the foundations of the interim structure. It was felt that whilst these themes remain important the new themes better represent the breadth of the programme and will facilitate longer term responsiveness to national and local drivers. - Recruitment to the People Function will commence in January 2023. In addition, the Board noted that: • The programme RAID Log and the total risk scores across all open risks are 9 or lower • The RCN strike will take place at KCH and GSTT and that more information was expected on derogations (legal exemptions) in the coming days.
8.	Planning & Finance Committee	7 December 2022	• Received an update on the progress made on delegation of pharmacy, optometry and dentistry to the ICB from 1 April 2023. It was also noted that delegation of specialised services had been delayed nationally until 1 April 2024 but transition arrangements were being proposed and in recognition of the work already undertaken, South London would be a pathfinder pilot. • Review of a refreshed Board Assurance Framework document, which was endorsed by the Committee. • Review and approval of the ICB Business Continuity Management System Strategy. • Review and approval of two information governance policies and noting of the contents of a recently completed information governance training needs analysis. • Received a report on the month 7 financial position of the ICB, noting an overall overspend against budget of £48k, fully attributable to the Covid vaccination programme, and the key risk to the financial position relating to the prescribing budget.

			• Received an update on the overall ICS month 7 financial position, noting a year-to-date deficit of £54.5m, which was £46.9m adverse to plan. Key factors were higher than planned Covid activity, increased pressures from higher activity across the system, and use of private beds and overspill for mental health services. The ICB had undertaken to close the gap to support SEL Trusts in exiting current System Oversight Framework gradings. • The committee noted the progress made in developing the Medium Term Financial Strategy, including its two key objectives in reducing health inequalities and improving health outcomes, and delivering sustainable financial balance across the system. • Received a verbal update on the Integrated Care Strategy Five Year View.
9.	Charitable Funds committee	13 December 2022	• The committee received an update on the Giving Strategy and agreed the development of next steps for procuring partner support.
10.	Planning & Finance Committee	3 January 2023	• Received recommendations from the medicines optimisation group and discussed cost pressures • Received an update on the month 8 finance position for the ICB and ICS • Noted an update report on EPRR activity, including the outcome of the 2022 annual assurance process • Received an update on delegation of services to the ICB from NHSE • Received an update on the ICB five year view and 2023/24 operational planning
11.	Audit Committee	12 January 2023	• Presented with the external audit plan for Q1, noting a materiality limit of £19.5m and that fieldwork had commenced. Focus to be on audit risks, an opinion on regularity, and a review of disclosures. External audit also highlighted a piece of non-audit work being completed on the Mental Health Investment Standard. • Received a report on two internal audits completed since the last meeting, on financial sustainability and financial performance and management, confirmation from RSM that 23/24 internal audit planning had commenced, and discussed follow up on responses from previous audits. • Received a report from the Local Counter Fraud Specialist, focussed on the fraud risk assessment carried out in the last quarter and a good success story of a fraud picked up early by the finance team, for which they were commended.

			• Received confirmation that no special payments or debt write offs had been approved in the quarter, and notification of two tender waivers approved in the same period. • Confirmation that Grant Thornton had been appointed as the ICBs external auditors from 1 April 2023, noting thanks to KPMG for their work as the current incumbent of the contract. • In a "members only" part 2 of the committee, the members discussed the appointment of the ICBs internal auditors for 2023/24 onwards.
12.	Clinical & Care Professional Committee	18 January 2023	• Received an update on the recruitment of clinical and care professional leads in south east London. • Received an overview of the National Overprescribing Review report and how the ICS planned to implement its recommendations. • Received an update on the work to develop and embed population health management tools and approaches. • Received an update on work to transform health outcomes through data.
13.	People Board	23 January 2023	• The People Board welcomed new members, being Ruth Hutt, Lambeth Director of Public Health, and Sue Smith, Chief People Officer, SLaM, representing mental health. • The People Board discussed workforce supply, noting that £500k of funding from the Greater London Authority had been confirmed in December 2022 to implement a SEL ICS Health and Care Hub to support Londoners into good jobs in Health and aid staff retention with a focus on unemployed and underrepresented groups. The Board noted the target requirements, discussed governance and next steps towards go live in April 2023. • The Board reviewed and comments on the refreshed workforce section of the Board Assurance Framework, recommending an increase in the total score and acknowledging there will be unintended consequences from any pay settlement reached from industrial action. The People Board recommended further discussion at the ICB regarding financial and shared ownership of elements of workforce risks. • It was noted that national funding for staff mental health hubs is under review in the context of the Autumn Budget and this represented a key risk as there was no certainty for 2023/24 at the present time, with NHS England advising alternatives should be explored by ICBs. The scale of investment in 2022/23 was £1.625 million.

			• The People Board noted that the plan to recruit to a new substantive ICS People Function structure is on track. • The People Board received a report on an interactive engagement session to explore how staff EDI is being driven within members' organisations, perceptions on impact, where others could benefit and strategic areas needing more join up and shared learning. The information would support the 2023/24 staff EDI committee plans. • The People Board were engaged on the draft ICS workforce strategy vision statements, received a summary of the case for change, and discussed the strategy structure in detail.
14.	Quality & Performance Committee	31 January 2023	• Received the latest Quality and Performance report, which included a refreshed narrative overview report in response to previous feedback from the Committee, and quality and performance data. • Discussed the Board Assurance Framework • Received a report on sub-committee activity since the last committee meeting • Approved safeguarding guidance documents presented • Received a subject matter deep dive presentation on the national Learning Disability and Autism programme, and how this is being applied locally in south east London • Discussed the risks presented in the urgent and emergency care system in south east London from high activity and the impact of industrial action currently taking place
15.	Planning & Finance Committee	1 February 2023	• Received an update on the month 9 finance position for the ICB and ICS • Reviewed and discussed a recommendation on a refreshed Board Assurance Framework for submission to the February Board meeting to be held in public • Received an update on delegation arrangements for PODs for 2022/23 and specialised services for 2023/24 • Received an update on the arrangements for taking forward the Joint Forward View and 2023/24 Operational Plan, and an assessment of the 2023/24 allocations received by the ICB.

Appendix 1

Bexley Local 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 Bexley LCP Under Delegation

2.1 Below is a summary of decisions taken by the Bexley LCP under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	20 October 2022	Bexley Primary Care Delivery Group – Terms of Reference	• Terms of Reference for the Primary Care Delivery Group were agreed by the Bexley Wellbeing Partnership Committee. • The Terms of Reference for the Primary Care Delivery Group will support the Bexley Wellbeing Partnership Committee and the Executive Lead for Place in enacting the delegation of primary care to place. • The Primary Care Delivery Group will provide regular reporting and recommendations for decisions to the Committee at its meetings held in public on; national contracts for Personal Medical Services (PMS), General Medical Services (GMS), any local incentive schemes or Premiums, the quality of primary care services, changes to services and access in public. • To ensure additional public scrutiny, transparency, challenge and sufficiently manage any conflicts of interest, pecuniary or otherwise – the Primary Care Delivery Group will be Co-Chaired by the Clinical Lead for Primary Care & Community and the Lay Member for Primary Care.

2.	20 October 2022	Urgent Care Procurement – Recommendations	• The Bexley Wellbeing Partnership Committee agreed the recommendations for procurement of Urgent Care Services for Bexley to commence on 31.10.2022.
3.	24 November 2022	Children and Young People's Emotional Health and Wellbeing Plan	• The Bexley Wellbeing Partnership Committee endorsement of the proposed Bexley Children and Young People's Emotional Wellbeing and Child & Adolescent Mental Health Services Transformation Plan pending final confirmation of the financial envelope.
4.	26 January 2023	Primary Care Delivery Group report	• The Bexley Wellbeing Partnership Committee endorsed the reallocation of the Childhood Immunisation PMS KPI, to support a 4th/ additional contact via telephone by clinician to the parents/ carers of childing who have been invited 3 times for vaccination but have not responded, attended a booked appointment, or have declined.

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.	20 October 2022	Bexley Primary Care Networks Enhanced Access Services	• Bexley Wellbeing Partnership Committee was provided with an update of the implementation on the National Enhanced Access to Primary Care Specification and the extensive public engagement programme.
2.	24 November 2022	System Winter Plan	• The Bexley Wellbeing Partnership Committee received information and assurance on system wide preparations for winter 2022/23.
3.	26 January 2023	Lets talk about Improving Accessibility to Services	• The Committee received a joint presentation from the Bexley Deaf Centre and Bexley Mencap on improving accessibility to services in the borough
4.	26 January 2023	Primary Care Delivery Group Report	• The Committee received the first report from the Primary Care Delivery Group, detailing the delegation of primary care to place, reviewing the last six months, taking a forward look at

			2023/24, and recommending reallocation of the Childhood Immunisation Personal Medical Services Premium KPI.
	26 January 2023	Better Care Fund Report	• The Committee were presented with a proposal to update schedules in the S.75 agreement between the ICB and London Borough of Bexley, to enable inclusion of the Health Inequalities Funding within the Better Care Fund, and take into account the funding from the Adult Social Care Discharge Fund.

Appendix 2

Bromley Local 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 the Bromley LCP Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	17 November 2022	Primary Care Group Terms of Reference	The committee approved the Bromley Primary Care Group terms of reference.
2.	26 January 2023	Updates to the Bromley NHS Act 2006 s.75 agreement for 2023/24	The committee approved an update to s.75 funding, noting that this would also need to go to the Council Executive meeting for approval as part of London Borough of Bromley governance processes.

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.	17 November 2022	Partnership Report	• The committee received the latest Partnership Report, which included details of the opening of the One Bromley Health hub, vaccine update, a new mental health hub, and partner updates from local NHS organisations, the third sector, and primary care.
2.	17 November 2022	Bromley Hospital at Home Update	• The committee received a report on the Bromley Hospital @ Home project, which supported delivery of the increased remote monitoring national planning guidance requirements.
3.	17 November 2022	Winter plan communications	• The committee received a presentation on the communications plan within Bromley to support delivery of the winter plan.
4.	17 November 2022	Finance month 6 update	• The committee received a report on the financial position of SEL ICB and the delegated budgets for the borough, including QIPP targets and the action plan to address variances.
5.	17 November 2022	Assurance Report	• The committee noted the assurance report highlighting key actions and achievements of the borough teams.
6.	17 November 2022	Primary Care Group report and Contracts and procurement group report	• The committee received updates on the activities of its key sub-committees.
7.	26 January 2023	Partnership Report	• The committee received the latest Partnership Report, which included updates from all system partners in the borough, for information.
8.	26 January 2023	Transforming and integrating childrens health	• The committee received a presentation on the programme to integrate children health services, focussing on the first phase of the approach being the implementation of Childrens Integrated Health Teams.
9.	26 January 2023	Finance month 8 update	• The committee received a report on the financial position of SEL ICB and the delegated budgets for the borough, including QIPP targets and the action plan to address variances, together with an update on progress with 2023/24 budget setting.

10.	26 January 2023	Assurance report	• The committee received a report on Januarys performance of local indicators included in the national performance frameworks, within Bromley.
11.	26 January 2023	Bromley Safeguarding Children Partnerships Annual Report	• The committee received the 2021/22 annual report of the Bromley Safeguarding Children Partnership, for information.
12.	26 January 2023	Primary Care Group report and Contracts and procurement group report	• The committee received updates on the activities of its key sub-committees.

Appendix 3

Greenwich Local 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 Greenwich LCP Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	23 November 2022	Chief Operating Officers Report	The Healthier Greenwich Partnership Board approved the medicines management optimisation committee terms of reference.
2.	23 November 2022	Chief Operating Officers Report	The Healthier Greenwich Partnership Board endorsed the Winter Plan as approved by the Joint Commissioning Board.
3.	25 January 2023	South London Partnership Complex Care Programme Phase 2	The Healthier Greenwich Partnership Board agreed they could not make a decision now to progress to Phase 2 delegation for April 2023.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	23 November 2022	Healthier Greenwich Partnership Development & SEL Strategy / Greenwich Corporate Plan	• The LCP members took part in a facilitated workshop to develop the partnerships approach.
2.	23 November 2022	Home care: New integrated model	• The Committee received a report on the new Homecare model and were asked to propose further ways in which delivery of the new model could be aligned and integrated alongside other local services.
3.	23 November 2022	System development update	• The Committee received an update from the system development team.
4.	25 January 2023	Public engagement and involvement	• The Committee received a presentation from external consultants on next steps for increasing collaboration across the Partnership
5.	25 January 2023	Updates	• The committee received updates from the Chief Operating Officer, on system development, and from the communications and engagement lead on the development of the HGP public forum.

Appendix 4

Lambeth Local 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 Lambeth LCP Under Delegation

2.1 Below is a summary of decisions taken by the Lambeth LCP under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	2 November 2022	Decisions for ratification	Ratification of decision made by chairs action - Board members were asked to review the Lambeth Place SEL ICS CAMHS Transformation Plan. Proposals were reviewed and supported by board members at the Lambeth Together Care Partnership Seminar on the 5th October and it was agreed that the final version would be signed off by 'Chairs Action' with ratification taking place at the LTCP Board MiP on the 2nd November.

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.	2 November 2022	Lambeth HEART	• Board members received an update on the successful Lambeth HEART funding bid.
2.	2 November 2022	Living Well Network Alliance	• Board members received an overview of the Lambeth Living Well Alliance Business Plan, the Patient and Carer Race Equality Framework (PCREF), Lambeth Talking Therapies, Culturally Appropriate Peer Support and Advocacy (CAPSA) and Emotional Emancipation Circles EECs).

3.	2 November 2022	Cost of Living Crisis programme	• Board members were asked to give their support to Lambeth Councils cost of living crisis programme
4.	11 January 2023	Lambeth Together, a year in review	• Cllr Jim Dickson and Dr Di Aitken shared a presentation of the Lambeth Together Care Partnership over the 2022 year, highlighting the achievements and collaborative working across the partnership.
5.	11 January 2023	Lambeth Community Diabetes Service Commissioning Proposals	• Vanessa Burgess updated the Board on the diabetes commissioning proposal and asked Board members to comment on the service.
6.	11 January 2023	Neighbourhood Wellbeing Delivery Alliance Update	• Amanda Coyle presented on the progress of the Alliance during the 2021-2022 period and the priorities for 2023-2025.
7.	11 January 2023	Grassroots Programme	• Juliet Amoa, along with a number of different presenters, gave an update on the Grassroots Programme.

Appendix 5

Lewisham Local 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 LCP Under Delegation

2.1 Below is a summary of decisions taken by the Lewisham LCP under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	24 November 2022	Lewisham Plan & LCP Priority Setting report	• The Lewisham LCP Board approved the proposed approach to finalising the plan.
2.	24 November 2022	Integrated Primary Community Care	• The direction of planning was approved by the LCP Board.
3.	26 January 2023	PMS premium commissioning intentions	• The LCP Board formally endorsed the option to review the current commissioning intentions, retire some and redistribute funding across the remaining areas.
4.	26 January 2023	Injectable Therapy Initiative Service	• The LCP Board endorsed the commissioning of this service.
5.	26 January 2023	Diabetes outcome improvement scheme	• The LCP Board approved the decision to launch the NHS England funded Outcome Improvement Programme with PCNs in Lewisham.
6.	26 January 2023	Terms of reference for LCP Board	• The LCP Board approved continuation of the terms of reference at its six month review.

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.	24 November 2022	Health Inequalities update	• The Lewisham LCP Board were updated on health inequalities work by Public Health.
2.	26 January 2023	Winter pressures and discharge work programme	• The LCP Board received a presentation on the borough winter pressures and discharge work programme
3.	26 January 2023	Updates	• The LCP Board discussed the borough risk register, quarter 3 safeguarding report, and received a finance update

Appendix 6

Southwark Local 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 Southwark LCP Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	3 November 2022	Place Executive Lead report	The Partnership Southwark Strategic Board approved appointment of Self-Management UK to provide peer led structured education following a re-procurement exercise.
2.	3 November 2022	Place Executive Lead report	The Partnership Southwark Strategic Board agreed an extension to the short term caretaking contract for New Mill Street GP Practice until 30 September 2023.
3.	12 January 2023	Place Executive Lead report	The Partnership Southwark Strategic Board approved the issuing of second contractual remedial notices for DMC Crystal Palace Road and DMC Chadwick Road Practices.
4.	12 January 2023	Schools Inclusion Charter	The Partnership Southwark Strategic Board supported and agreed to sign up to the Schools Inclusion Charter.
5.	12 January 2023	Green Agenda	The Partnership Southwark Strategic Board support the Partnership Southwark Environmental Sustainability Policy statement and approach.

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.	3 November 2022	Place Executive Lead Report	The Partnership Southwark Strategic Board noted the delegation agreement memorandum of understanding
2.	12 January 2023	New VCSE representatives	A warm welcome was extended to the two new VCSE representatives; Winnie Baffoe, Director of Influence and Engagement at South London Mission and Cedric Whilby who is a Southwark resident and involved with many organisations in the borough.

Appendix 7

Acute Provider Collaborative

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

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

No.	Meeting type and date	Agenda item	Items for Board to note
1.	APC Executive 18 November 2022	Principles for Operational Planning 2023/24	Agreed four key principles to underpin Operational Planning for 2023/24 in order to accelerate recovery and reduction of long waits in key specialties
2.	APC Steering Group meetings 26 October 2022 & 25 January 2023	National intensive support team – "SOF4" KCH and SEL system funding	Approved quarterly reports for Q2 and Q3 to the NHSE Intensive Support team, reporting progress against KPIs and expenditure to date on this programme.
3.	APC Executive 18 November 2022	Expression of Interest for national Provider Collaborative Innovators programme	Agreed to submit an EOI from SEL for this programme, which would see 7-9 collaboratives nationally provided with support and expertise to accelerate their development, and to share their learning with other systems. The EOI was submitted on 9 December 2022 and we are currently awaiting the outcome

2. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	APC Steering Group monthly	Overall elective and diagnostic performance	Overall elective and diagnostic performance is discussed at the APC Steering Group every month including issues escalated from the fortnightly Operational Delivery Group. Overall programme progress is also discussed at this meeting, including escalations from all of the Executive Advisory Groups. This ensures that there is appropriate visibility of the position on elective and diagnostic position within the APC and tactical/operational decisions are being made to deliver against the agreed targets and priorities
2.	APC Steering Group 11 January 2023	UHL Surgical Hub	Significant work is underway across the APC to undertake integrated planning work to support the Lewisham High Volume Surgical Hub development – covering workforce, activity and finance planning. We are exploring securing external support to provide additional expertise and capacity to accelerate this process, funded via the HEE Integrated Planning Pilot, and therefore with no further cost implication for the APC or ICB.
3.	APC Steering Group 11 January 2023	Digital Pre-Op Assessment project	The APC received funding from NHSX in 2021 to deliver an innovative digital project focused on early pre-operative assessment. The project has been run by a GSTT team on behalf of the APC. It has been agreed that this has reached a point where there would be benefit in closer alignment with primary care and the wider SEL system. It has therefore been agreed that the project will move into the ICB, under the oversight of the Medical Directors

Appendix 8

Mental Health Collaborative

1. Key decisions made by the Mental Health Collaborative

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

No.	Meeting date	Agenda item	Items for Board to note
1.	SLP Portfolio Board Nov / Dec		• SLP agreed to develop business cases, and put forward proposals for discussion with ICB colleagues, for moving ahead with delegations in Perinatal (as part of the NHSE programme) and Complex Care phase 2 (for the majority of south London boroughs) in 2023/24, and with some additional specialist services to be consolidated with the existing specialist PCs. • The Portfolio Board supported further investment in the Acute and Urgent Care Programme, strengthening governance and clinical leadership. • SLP is leading on the NHS111 press 2 Programme, and there was agreement that SLAM will act as lead provider for this work. In parallel, SLP is partnering with North Central East London to mobilise a Section 136 pilot with the Metropolitan Police Service.

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.	December 2022		• SLP has taken a leadership role for London in managing independent sector Winter Pressure Beds, and this centralised management continues to be well received. The Fair Usage policy (which determines access to beds) is being reviewed to improve the balance between prioritising access for London Trusts with the highest Opel rating, whilst ensuring beds are filled. • SLP has a commissioning role for the specialist provider collaboratives, and therefore has a formal quality assurance role. On October 20th 2022 all providers (including independent sector) attended the SLP post Edenfield Quality Assurance Meeting. Each provider gave feedback on actions taken and proposed actions. The event included all three programmes (CAMHS tier 4, Adult ED, Adult Secure) and was an opportunity to share learning. Feedback from attendees was positive. All Providers have agreed to share their actions plans, once agreed by individual Boards. Case Managers will be reviewing the proposed changes during their visits and quality reviews.

Integrated Care Board

Item 6
Enclosure G

Title:	**Quality and Performance Committee**
Meeting Date:	15 February 2023
Authors:	Angela Helleur, Chief Nurse, SEL ICB Sarah Cottingham, Director of Planning, SEL ICB Sonia Colwill, Director of Quality, SEL ICB
Executive Lead:	Angela Helleur. Chief Nurse, SEL ICB

Purpose of paper:	To update the Board on the Quality and Performance Committees from October, November 2022, and January 2023.	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	This paper provides a summary of discussions held at the Quality and Performance Committees including: system pressures and performance against constitutional standards, key messages on quality oversight, updates on the Board Assurance Framework (BAF) and sub-committees. Highlights from the deep dives on maternity, urgent and emergency care and learning disability and autism are also included.		
Potential Conflicts of Interest	None		

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

	Equality Impact	No formal equalities impact assessment is required for this paper
	Financial Impact	None
Other Engagement	Public Engagement	**Elements of the work undertaken by this committee is subject to public engagement**
	Other Committee Discussion/ Engagement	Quality and Performance Committee

Recommendation:	The Board is asked to note the contents of the paper.

Quality and Performance Committee Report

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

1. Introduction

1.1. This paper provides the Integrated Care Board with a report from meetings of the Quality and Performance Committee of October and November 2022 and January 2023.

1.2. The committee continues to develop its approach considering both quality and performance aspects at a high overview level across the system but also considers a more detailed analysis of specific areas which it has indicated merit further scrutiny.

2. October 2022 meeting

Quality and Performance Report

The Committee received papers providing an overview of system quality and performance including a narrative overview of setting out system issues alongside a data pack with key metrics showing monthly performance against plan and over the previous year.

The committee heard that challenges remained in urgent and emergency care with both national and regional focus on the issues causing pressure in Emergency Departments and delays in ambulance handovers. The committee also heard that challenges remain in south east London on length of stay and discharge.

The committee received assurance about plans to mitigate these risks including plans to improve flow to support pressured emergency departments, although the committee was asked to note that some of these mitigation actions would increase risks for providers. Plans to prevent hospital admissions or emergency department visit were also discussed and included improving the Urgent Community Response (UCR) to support patients being able to stay at home. The committee heard that there is an interplay between the staff and resources needed to keep the Emergency Departments and Urgent Care Centres open and the desire to also keep a focus on planned activity such as operations. The inability of the system to keep both or either of these functions at planned levels would impact on quality because of longer waits for a necessary procedure or a long wait in an ambulance.

The committee suggested that reviewing data on a more local basis might support local decision making about mitigation actions over the winter. For example, in poor housing or overcrowding, the use of virtual wards might not be appropriate if patients did not have somewhere suitable to stay. The committee was assured that the ICB's Urgent Care Boards were able to scrutinise data and actions at a more local level.

The committee heard that mental health patients remained a challenge for many if not all emergency departments and that a system summit with the five provider chief executives had been agreed for 8 November.

The committee was advised that metrics for both Referral to Treatment pathways, cancer and diagnostic performance has not changed significantly since the previous month. It was noted however that a challenging winter might impact on this progress, particularly on waiting times for procedures or operations.

2.1. ICB Board Assessment Framework (BAF)

The Chief of Staff advised the committee that the BAF was under review as planned, linking the BAF to the wider risk register. The committee was keen to be able to review all risks relating to quality and performance as soon as possible.

2.2. Deep Dive presentation into Maternity in South East London

The committee received a presentation from one of the joint chairs and the Head of Maternity for the SEL Local Maternity and Neonatal System (LMNS). They explained that the LMNS had been set following a national recommendation to bring services and stakeholders together in a location (in this case south east London) to work together as a system. Leadership and governance has been strengthened in the LMNS following national recommendations in the Ockenden report (Ockenden Maternity Review | Independent review of maternity care at Shrewsbury and Telford Hospitals NHS Trust). The committee was assured that there was a direct line of sight to the Integrated Care Board on maternity through the ICB Chief Nurse.

The presentation outlined the areas which the LMNS is particularly focussing on, and which include.

- A focus reducing inequalities including a focus on the increased number of women or birthing people living in deprivation in south east London, cultural sensitivity training for staff, working with Maternity Voice Partnerships in each borough and reaching out to those for whom English was not a first language.
- Reviewing programmes aimed at reducing still birth, neonatal death, brain injury and maternal death. The committee was advised that reports such as Ockenden and Kirkup (The Report of the Morecambe Bay Investigation (publishing.service.gov.uk)) had shown the importance of these as markers of wider problems in any maternity and neonatal services. The committee was advised that the LMNS has a Quality Surveillance Group reporting to it which scrutinises data and intelligence.
- Reviewing continuity of carer following the removal of national targets in this area in recognition of challenging workforce issues in the field of maternity care. The committee recognised that recruiting and keeping the workforce in south east London is a major concern of all the SEL maternity providers.
- The committee was informed that there is ongoing work to include the voices of women and families into the work of the LMNS including working with Maternity Voice Partnerships.

In response to a question about the quality of services and confidence in the available data and information, the committee was advised that this is an area the LMNS wants to improve and is working locally with providers but also with NHS England to ensure transparency of data and information flows.

2.3 Sub Committees reports

The committee noted the reports of the sub committee which had met in September/October 2022. SEL Infection, Prevention and Control Committee and the SEL System Quality Group.

The committee noted that the **System Quality Group** had met for the second time in October and that the group consists of representatives from providers in south east London as well as regulators, safeguarding, place leads and Healthwatch. A patient story shared in the Group highlighted that there are gaps in the translation services in some parts of the system. The Group has also begun to share risks and highlight shared risks across the system to allow a more in depth discussion in future meetings. These included vacancy and recruitment challenges, demand and capacity issues, regulatory challenge, elective backlog and estates.

The committee also heard that an initial response had been heard by the Group from providers in response to the letter from the National Director for Mental Health regarding the quality and safety of mental health, learning disability and autism services. All providers were asked to report back from their boards at the December meeting.

3. November 2022 Meeting

Quality and Performance Report

The committee heard that the ICB was beginning to undertake its oversight role in relation to the Patient Safety Incident Response Framework (PSIRF) and is working with all providers in the system. As well as the hospital providers, the committee heard that work is underway with smaller providers such as care homes.

Activity across the system by the Care Quality Commission (CQC) was reported on to the committee and included an inspection in Oxleas Foundation Trust for community based mental health services for adults of working age. In addition, the committee heard that work was underway to support a practice in south east London which had been inspected and found to be inadequate by CQC.

The committee heard that a Safeguarding Accountability and Assurance Framework has been completed and that the safeguarding sub-committee would be meeting early in the New Year.

The committee asked that some high-level metrics be developed from safeguarding reviews and also serious incidents to identify themes and trends and ensure lessons are learnt across the whole system.

The committee was advised that ongoing urgent and emergency care challenges remained across all services in south east London for both physical and mental health. The committee heard that a number of national guidance letters had been issued and that the ICB had met the appropriate deadlines in returning plans or updates of plans. The committee also heard that while there was an increased focus on the 4-hour emergency department target, many departments were in fact experiencing a larger number of 12 hour waits. The committee was advised that a number of actions are being put into place including implementation of a version

of the North Bristol model in Queen Elizabeth Hospital, increased performance by community services while the elective target was still on track for 104 week waits albeit a concerning growth of the overall waiting list. The committee also heard that south east London had improved on the faster diagnosis of cancer target to become the best performing collaborative nationally.

The committee asked whether increasing volume of attendance at Emergency Departments was an issue and was advised that while numbers seem similar to previous years, acuity appears to have increased with increasing support needed for patients on discharge, although this is not seen nationally.

The committee also received an update on non-acute performance which indicated that there remain issues with Out of Area Placements and also the Eating Disorder service although the latter was improving. The committee heard that primary care access has improved over August resulting in 60% of appointments being in person.

3.1. Deep Dive Presentation into Urgent and Emergency Care

The committee received a presentation from colleagues working on Urgent and Emergency Care in the ICB. Key work over recent times had included understanding variation across south east London and standardising processes where appropriate. The presentation outlined short term actions being taken but highlighted the need to shift to a medium-term outlook concentrating more on why people attend Emergency Departments or Urgent Care Centres in the first place and what more can be done to support them before they get to that needing urgent care.

The committee understood that Urgent Care covers a broad spectrum of activity from 111 calls to discharge from hospital and acknowledged that there is a wide improvement programme underway across these broad pathways.

The ICB team also described to the committee the missed opportunity audits building on work at borough level to ensure an appropriate local response based on local populations and systems. The committee was advised that a major challenge is ensuring the public understand the best place for them to attend when they need urgent care and how we can best work with our local population to support this.

3.2. Sub-Committees report

Two meetings have taken place in November; the SEL Infection, Prevention and Control sub-committee and the SEL Integrated Medicines Optimisation Committee. The committee received information on the key issues discussed and decisions made under delegation. The committee approved both the revised Terms of Reference for the SEL Integrated Medicines Optimisation Committee and the quarter 2 workplan for the committee.

3.3 Guy's and St Thomas' Trust (GSTT) IT incident After Action Review update

The committee received a report from the ICB outlining the actions taken, lessons learnt and recommendations from the IT incident at GSTT over the summer. The committee noted that a review of clinical harm which could be attributed to the incident would be available in the New Year.

3.4 Publication of a joint safeguarding adult review/mental health independent investigation report

The committee received a briefing on a homicide where both the perpetrator and victim were under the care of Oxleas NHS FT; *The Care and Treatment of Ms G and Mr Q.* The committee noted the report had been published nationally and that assurance of actions resulting from the report would be held jointly by the Greenwich Adult Safeguarding Board and the ICB. The committee asked that any lessons for the system not dealt with locally should be brought to the committee.

3.5 Planning for Industrial action

The Royal College of Nursing (RCN) balloted members and met the threshold for strike action. Notice was given for two dates in December 15th and 20th. For SEL two organisations were due to strike: Guys and St Thomas (GSTT) and Kings College Hospital (KCHT). In the first round of strike days the RCN made the decision that only GSTT members would be asked to take action, further dates are planned for January but formal notice has not been given.

GMB, Unison and Unite also balloted and met the threshold for strike action. In England, all but the East of England Ambulance Service are affected. For GMB members two strike dates were notified, 21st and 28th December, for Unison just one date, 21st December. The LAS is largely made up of Unison members so strike action will take place on 21st December only. A further four dates for January and February 2023 are planned but have not been announced.

The ICB is managing the industrial action in line with the principles of emergency planning. The ICB Chief Nurse is the incident lead, supported by the ICB Chief of Staff. A national and regional Incident Management Team has been set up- to enable regular communication.

4. January 2023

Quality and Performance Report

The committee heard an update on the ongoing system pressures in Urgent and Emergency Care services, noting that key drivers, challenges and issues had not changed, but with exacerbated pressures during December due to Group step A and paediatric demand, increased Covid and flu prevalence and usual winter pressures. In terms of key changes or areas of development the following were highlighted and noted:

On-going work to mobilise the mid December 2022 national allocation of additional funding to support social care discharge, with work now taking place to agree and implement further initiatives on the back of a second tranche of additional funding being made available in January 2023.

A new hospital handover protocol being applied across London with the objective of following agreed steps to support maximum handover delays of 45 minutes.
Additional assessment capacity away from Emergency Departments for mental health crisis patients located at the Lambeth Hospital site, pending the opening of new permanent capacity at the Denmark Hill site.

A discussion was held in relation to potential harm caused by long waits in the system. A meeting is planned with providers in February to ensure that harm is monitored and risks are captured and mitigated as much as possible.

The committee further noted the continued progress in bringing down backlogs across elective and cancer services but also the risks associated with both meeting year end targets and sustainability thereafter.

A summary on the industrial action taken so far was presented along with planned future dates. The committee was informed that there is significant planning is in place for all strike days and safety appears to have been maintained thus far by the proactive agreement of derogations for the RCN strike days. For the LAS all acute providers managed immediate ambulance handover and there has been a robust approach to (safe) discharge. All affected providers have cancelled elective activity which includes outpatient and elective surgical activity, this increases the risk of harm if delays to treatment are experienced. The committee requested that an update on the impact of industrial action to be given at a future meeting.

The CQC had published reports of inspections conducted at Kings College Hospital Foundation Trust, which was rated Requires Improvement and from Guys and St Thomas NHS Foundation Trust which was rated Good.

Three Never Events were reported in December 2022: wrong site surgery in dermatology at LGT; the incorrect insertion procedure for colonoscopy on SEL patient at Darent Valley; and a misplaced NGT tube at GSTT. The committee requested that the learning from Never Events and Serious Incidents was presented and not just for numbers to be reported.

The SEND inspection framework is now live and there is a focus on strategic leadership and actions that ICB forward plan needs to deliver.

4.1. Board Assurance Framework

The Chief of Staff presented the revised BAF risks relating to the Quality and Performance Committee. A new risk (SELICS_25) has been added following discussion at the ICB executive team meeting in January, relating to unprecedented operational pressures within the system which could lead to harm to patients. This risk has a proposed residual risk score of 12, therefore perceived as medium risk. The committee discussed the score of 12 and considered if this was appropriate, noting some provider risk registers had a similar risk but had scored it higher. It was noted that variation across providers and the fact that the SEL BAF represents a system view means that differentiated risk scoring by provider and across the system is likely but it was agreed to review this particular risk in view of the discussion at the committee.

4.2. Sub-committees report

Summary reports were presented from the SEL Infection, Prevention and Control sub-committee from 29 November 2022 and the SEL System Quality Group from 5 December 2022. The November IMOC Due to the timing of this report, the contents discussed at the November SEL Integrated Medicines Committee was included within this month's report to the committee. No escalations to the Board were highlighted.

4.3 Safeguarding Policies

Two Safeguarding Policies were presented to the committee for approval –

- GP Practice Adult Safeguarding Competency Guide 2022
- Best Practice Guidance for Assessing Mental Capacity and Conducting Best Interest Meetings in General Practice

The Chief Nurse informed the committee that the policies had been updated to include a Inequalities Impact Assessment (EIA).

4.4 Learning Disability and Autism Deep Dive

A presentation from the Learning Disability and Autism Programme was given. An overview of the programme priorities, governance arrangements, quality highlights and successes so far. This main aims of this programme are:

- Improving quality of care for people in hospital settings
- Improving provision of community services
- Improving health outcomes and access to healthcare
- Reducing the number of people in hospital
- Improving outcomes for autistic people
- Building a capable workforce

The committee heard about the positive work that has taken place in South East London and the particular success in reducing the number of people in hospital, some of whom had been inpatients for many years.

The committee commended the work so far.

Integrated Care Board

Item 6
Enclosure H

Title:	**Planning and Finance Committee**
Meeting Date:	15 February 2023
Authors:	Mike Fox, CFO
Executive Lead:	Mike Fox, CFO

Purpose of paper:	To update the Board on the December 2022 and January 2023 meetings of the planning and finance committee	Update / Information	x
		Discussion	
		Decision	
Summary of main points:	This paper provides a summary of discussions held at the Planning and Finance Committee		
Potential Conflicts of Interest	None		

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

	Equality Impact	N/A
	Financial Impact	As per paper
Other Engagement	Public Engagement	N/A
	Other Committee Discussion/ Engagement	Planning and Finance Committee
Recommendation:	The Board is asked to note the contents of the report.	

South East London ICB Planning & Finance Committee

Committee Report – February 2023 Integrated Care Board meeting

This report covers the Committee's December 2022 and January 2023 meeting.

January 2023 meeting

1. ICB and ICS finance position

The Committee received the ICB month 8 position and forecast outturn plus the wider ICS position (ICB and its major five providers).

The ICB at month 9 was reporting a very small underspend of £6,749k. It was noted that within this position the key risks relate to prescribing, which was overspent year to date driven by activity and price pressures, including the impact of the short supply of specific drugs and the price of Category M drugs which are nationally set. The ICB had identified mitigations against these risks and was therefore forecasting a break even year-end position for 2022/23 against ICB held budgets.

The Committee discussed the by borough position and the differential variances against plan shown particularly related to prescribing and Continuing Healthcare. Approaches for future years were discussed including the scope for establishing pan borough risk share approaches. These would be considered further as part of the 2023/24 planning round.

The Committee also considered the wider ICS financial position which showed a year to date deficit of £60.3m, driven by higher than planned levels of covid activity and spend, increased utilisation of private sector overspill capacity for mental health, the impact of urgent and emergency care pathway pressures, pressures associated with elective recovery, inflationary pressures and efficiency delivery being behind plan. Further mitigations were planned over Quarter 4 meaning the ICS was forecasting a breakeven position for year end, albeit with a recurrent carry forward pressure to address in 2023/24 and significant risks to be managed over the remainder of the year.

2. SEL Board Assessment Framework (BAF)

The Committee received the BAF, which sets out and assesses the key risks associated with the successfully delivery of the ICB's objectives for the year, alongside mitigating actions and residual risk.

Some changes had been made to the December 20222 to reflect discussion and review at the ICB Executive, including reworking risks in some areas, the splitting of the inequalities risk to differentiate prevention and inequalities as separate risks, the adding of new risks associated with potential patient harm due to the significant operational pressures being experienced across the system, equalities objectives and standards and significant disruptions to IT and digital systems. It was noted that the Quality and Performance Committee had considered risks related to its areas of responsibility, including the balance of system and by provider risks.

3. Information Governance

The Committee received and approved the ICB's Data Protection and Impact Assessment, Procedure, Template, Senior Information Risk Owner job description, Caldicott Guardian job description, Confidentiality Policy, Information Governance Framework and Subject Access Request Policy.

4. Planning update

The Committee received and discussed an update on planning, covering both the Joint Forward View medium term plan the ICB was developing for an end March 2023 draft, to be finalised in July 2023, plus the shorter term 2023/24 operational plan.

The Committee received details of the further supplementary guidance that had been received since the last meeting, including ICB allocations, Elective Recovery Fund guidance, Urgent and Emergency Care guidance and details of the planning templates and associated narratives to be submitted by the ICB to NHS England. The first draft submission was due on 23 February 2023.

Key areas discussed were:

- The ICB allocations – the detail of the allocations was shared. The Committee welcomed the fact that the ICB's draft Medium Term Financial Strategy still worked in terms of Year 1 application in the light of actual allocations received. It was however noted that the financial position for 2023/24 remains very challenging and would require the delivery of significant savings and efficiencies over the year.
- Elective recovery – ICB activity targets were due on 3 February 2023 and it was expected that these would represent a significant stretch from 2022/23. This would be challenging for SEL to achieve and would require an increase in activity and improved productivity and efficiency. Financial risks associated with elective activity also material with the move to tariff and fee for item based funding approaches for 2023/24.
- Urgent and Emergency Care – detailed national guidance had been received setting out the priorities for improvement and improvement over 2023/24 across the care pathway and all services. The Committee recognised that most of the guidance represented a continuation or codifying of the initiatives and approaches that had been tested over 2022/23 but equally the challenge of doing everything over the year, in the context of available bandwidth and capacity particularly given current pressures.

Work was underway with contributions from across the whole system to develop the first draft Joint Forward View. Further work and contributions were being provided to support the ICB's first draft operational return, noting that as in previous years this was very acute focussed, with workforce, activity, performance and finance templates and an overarching narrative focussed on elective recovery (across planned care, cancer and diagnostics).

It was recognised that the Joint Forward View and underpinning integrated care strategy would provide the wider set of priorities and ambitions for the ICS and ICB and that the Committee and Board would wish to secure oversight of these and progress against them over 2023/24, alongside delivery of the key 2023/24 national operating plan targets.

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

The Committee received a brief update on PODs delegation, noting that the London steering group was meeting fortnightly, along with a finance sub group, to oversee the preparatory work for the planned April 2023 delegation to ICBs, inclusive of the development of agreed Memorandum of Understanding between the ICB and NHS England and between the London ICBs.

On specialised services it was noted that arrangements and the terms of reference for the Joint Committees to be established between ICBs and NHS England for 2023/24 (pre delegation) were currently under discussion. In addition for South London final details of the pathfinder pilot were being discussed, noting the scope was as previously considered by the Committee with the on-going discussions related to the resourcing to support the pathfinder. Current focus was on 23/24 planning with greater collaborative work across ICB and NHSE specialised services commissioners planned.

December 2022 meeting

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

6.1. PODs

The Committee received the full papers and an update on the outcome of the November ICB Board meeting at which the Board had made the decision to take the PODs delegation from April 2023, subject to NHS England also agreeing to delegate these functions to the ICB.

The Committee noted the work now taking place to take forward the agreed transition plan to support a safe and robust delegation on 1 April 2023, plus the development of agreed ways of working and associated Memorandum of Understandings between the London ICBs and North Est London ICB, who will host the contracting team, and London ICBs and London Region.

6.2. Specialised services

The Committee received an update on and discussed the implications of the national decision that had been made to delay delegation of specialised services until 1 April 2024. The delay had been driven by the overall complexity of securing delegation and the assessed readiness of ICBs and the wider system to enact delegation for 1 April 2023.

There would still be changes for 2023/24 as part of the preparatory work for delegation the following year. All ICBs would form Joint Committees with NHS England to jointly oversee the delivery of specialised services in 2023/24 and work was taking place to develop proposed terms of reference for these Joint Committees.

In addition, in recognition of the work already undertaken to prepare for delegation in South London, discussions were taking place across the two ICBs and with London Region about a potential South London pathfinder pilot (known as a Joint Working Arrangement Plus) for 2023/24. Scoping work was taking place to consider options and approaches for doing so, including looking at the more transactional aspects of the forthcoming delegation across finance, contracting, business intelligence, programme management and communications to test, learn and make recommendations for April 2024. In addition it was hoped to test governance further and how under delegation the main partners (South London ICBs, NHSE London Region, NHSE National Specialised Commissioning Team) and associate partners (Surrey Heartlands ICB, NHSE South East Region, other London ICBs) will work together and with the London Joint Committee. It was hoped to undertake a simulation event as part of this process, through a tabletop exercise that models the new system in 2023/24 and helps proactively identify and manage risks.

The Committee were supportive of the development of the pilot which would offer an opportunity for SEL to shape eventual national guidance on specialised services delegation. The Committee further recognised that the ICB, together with its clinical networks, would be continuing with its four current clinical transformation pilots, which would assist in identifying the opportunities to improve specialised services for patients once delegation did take place.

7. Board Assurance Framework

The Committee received and considered the Board Assurance Framework (BAF). It was noted that a number of changes to the BAF approach had now been made, including greater oversight by the Executive Team as a whole and wider scrutiny of risks, within their span of responsibility, by relevant committees, for example the Quality and Performance Committee. A risk forum, comprising risk leads, had also been established to standardise the approach to risk identification and management across the ICB.

The Committee specifically reviewed the risk rating for the delegation of POD and specialised services in the context of the delay to specialised services delegation.

8. ICB policies

The Committee received, reviewed and endorsed a number of ICB policies. These were as follows:

- The ICB Business Continuity Management System (BCMS) Strategy - a response to a requirement in the new NHS England EPRR (emergency planning) core standards for organisations to have a strategy in place to implement a BCMS, with the objective of ensuring that critical business processes keep running in the event of damage or emergencies and continuously develops and improves them.

- The ICB ICT Network Security Policy and ICB ICT Change Management Policy, in support of information governance requirements. The Committee further received and noted the Information Governance Training Needs Analysis

9. ICB and ICS Finances

The Committee considered a number of key finance related agenda items - the month 7 report focussed on ICB held budgets, the wider SEL system month 7 finance report and a paper setting out initial thinking around the ICB's medium term financial strategy.

9.1. ICB Month 7 Financial Report

The ICB was reporting an overall £48k overspend to Month 7, comprising a break-even position against the ICB's recurrent (BAU) allocation, and a (£48k) overspend on the Covid vaccination programme. The vaccination costs were expected to be reimbursed in full by NHSE, thereby generating an overall break-even position.

The key risk within the ICB position related to the prescribing budget, noting that latest available information covered the period April to August only. This shows a 4.5% increase in spend compared to the previous year. A key driver was the lack of availability of generic drugs, resulting in the prescribing of more expensive branded alternatives. The ICB had made provision for this overspend and was forecasting a break-even position for the 2022/23 financial year.

9.2. ICS Month 7 Financial Report

At month 7 the ICS, comprising the expenditure position for the ICB and SEL's major five NHS providers, was reporting a YTD deficit of £54.5m (£49.9m deficit at M6), £46.9m adverse to plan. Key issues faced by the system included higher than planned levels of COVID related activity and spend, mental health bed demand and private sector overspill pressures, higher than planned levels of non-elective activity combined with pressure associated with maintaining increased activity levels to aid elective recovery and delivery against targeted savings being behind plan.

The ICS was reporting break-even by the end of the financial year with an assumed catch up of savings programmes, plus the playing in of some non-recurrent flexibilities. The Committee

discussed and noted the significant risk associated with this forecast in the context of potential operational and inflationary pressures over the rest of the year but noted the commitment made by all organisations to do everything possible to ensure across the ICS a break even year-end position.

9.3. Medium Term Financial Strategy (MTFS)

The Committee received a paper setting out some early thinking in relation to the ICB's Medium Term Financial Strategy (MTFS) for 2023/24 onwards, building from discussions that had taken place within the ICB and across the Integrated Care Partnership.

The early thinking sets out two key objectives for the ICB:

- To make a tangible difference in reducing health inequalities and improving health outcomes through identifying and investing designated ring-fenced recurrent funding through to 2027/28 to secure targeted prevention and inequalities focused investment across the ICS.
- To deliver sustainable financial balance across the SEL system by the end of 2027/28, to provide a stable financial environment to support continued improvement and investment in healthcare and outcomes.

The aim was to demonstrably secure a strategy driven approach to investment and the allocation of the ICB's funding in the future, to include both specific funding to reduce heath inequalities and improve patient outcomes but also increased relative investment in the out of hospital system, mental health and Children and Young People services.

The Committee supported the principles outlined and further noted the need, alongside investment, to secure value for money, return investment and improved efficiency. The ICB would need an equal focus on driving forward opportunities to improve value for money and reduce cost across the totality of the cost base as on ensuring the effective utilisation of additional funding.

The MTFS would be subject to further development, including translating the high level approach in to proposed budgets by area e.g. for primary care, community, acute and mental health services extrapolated to provide brough based budgets too. The next iteration of the proposals would be provided after the receipt of national planning guidance, recognising the intention will be to maintain the principles and approaches set out but with the numbers refined to take due account of national allocations and planning requirements.

10. Planning update

The Committee received an update on progress across the Integrated Care Partnership Integrated Care Strategy and the Integrated Care Board Five Year View, recognising that expected guidance from NHSE on the Five Year View for the ICB had not yet been released.

Work had however commenced on the Five Year View and the document would set out the NHS responses to the ICP strategy, plus the ICB's response to national planning guidance and wider local priorities over and above the five priorities set out in the ICS strategy. It will be built bottom up including Place sections, built from HWBB strategies and care pathway sections e.g. for UEC and cancer, plus include the MTFS and enabler plans.

The Committee noted that operational planning guidance for 23/24 with guidance was expected pre-Christmas and would be considered in detail at the Committee's January meeting.

ICS Board Meeting

Item 6
Enclosure I

Title:	**ICS Month 9 Finance Reports**
Meeting Date:	**15th February 2023**
Author:	Kris Stewart, Associate Director of Financial Strategy
Executive Lead:	Mike Fox, Chief Financial Officer

Purpose of paper:	The purpose of the paper is to update the Board as to the system financial position of the ICS at Month 9.	Update / Information	*X*
		Discussion	*X*
		Decision	

Summary of main points:

- This report sets out the Month 9 financial position of the SEL system.
- At month 9 the ICS is reporting a YTD deficit of £60.3m (£59.3m deficit at M8), £56.3m adverse to plan.
- Key issues faced by the system include:
  - Higher than planned levels of COVID related activity and spend.
  - MH private beds/overspill pressures
  - Higher than planned levels of ED activity.
  - Pressure associated with maintaining increased activity levels to aid elective recovery.
  - Delivery against targeted savings is behind plan at month 9.
  - Inflationary pressure
- Month 9 position is being supported by the use of £57.5m non-recurrent flexibilities, with higher releases in the current forecast than originally planned (£85m planned, £106.7m forecast)
- If the full year level of non-recurrent flexibilities assumed in forecasts had been released proportionately YTD at month 9, the reported deficit would reduce by c.£23m YTD, compared to the reported £60.3m.
- Total forecast savings are £202.8m for 2022/23, indicating a significant improvement to be reported for the remaining 3 months of the year, which will include significant use of non-recurrent measures.
- The reported forecast for the ICS is breakeven.

	• There is significant risk to the breakeven forecast. Current assessment of risks and mitigations indicates a net unmitigated year end challenge to our breakeven plan of circa £16m, after factoring in potential mitigations of £19m. • CFOs are reviewing positions and seeking to identify further mitigation to the net risk in early 2023, this has resulted in an agreed approach to closing the residual gap which is being agreed through individual provider governance routes for Mth11. • Capital plans exceeded available funding at the start of the year. The system is anticipating some additional capital to be allocated in Q4. Trusts are co-operating to manage potential over- and underspends with the intention of keeping within the overall system CDEL.			
Potential Conflicts of Interest	Not applicable			
Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
	Equality Impact	Not applicable		
	Financial Impact	The paper sets out the SEL system's financial position as at Month 9. Current year financial performance may potentially negatively impact the 2023/24 position		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	The ICS Finance Report is a standing item at the Planning and Finance Committee		
Recommendation:	The Board is asked to **note** the financial position of the ICS as at Month 9.			

South East London Integrated Care System

NHS South East London

South East London ICS Finance Report – Month 9

24 January 2023

Executive summary

I&E position

Note that the publication date of this report is before the extended deadlines for month 9 provider reporting. This report only includes high-level values that were submitted as part of the system working day 11 return.

- At month 9 the ICS is reporting a YTD deficit of (£60.3m); £56.3m adverse to plan (M8 was £53.6m adverse to plan).
- 4 out of 5 providers are reporting an adverse variance against plan YTD. The ICB is reporting a YTD underspend of £6.75m.
- The system, and each organisation, is reporting a breakeven forecast: It is anticipated that the YTD underspend in the ICB will be utilised to support providers to deliver breakeven.
- The main drivers to the position are under-delivery of planned efficiencies, higher than planned levels of expenditure due to COVID, unfunded inflation (including the full impact of the pay award), and the profiling of planned non-recurrent flexibilities.
- The system has delivered £103.8m of efficiency YTD against a plan of £153.7m. Despite the adverse YTD position, the system is forecasting to broadly recover and deliver £202.8m of efficiencies (against a plan of £207.2m), with 63% of the forecast expected to be delivered non-recurrently.
- The system is forecasting to breach the agency expenditure limit for the year.
- The main risks to the forecast are ESRF clawback / underachievement in H2, continued under-delivery against planned efficiencies, potential use of agency / bank, inflation and winter pressures.

Capital

- Spend against the system capital resource limit (CRL) is £54.1m less than plan YTD. FOT is £1.5m less than the CRL, but it is anticipated that this will be fully committed as plans are implemented.

Month 9 I&E summary

- At month 9 the ICS is reporting a **YTD deficit of (£60.3m),** £56.3m adverse to plan.
- Providers have **assumed full receipt of ESRF income** in positions. Assurance has been received that there will be no ESRF clawback for H1. NHSE is clarifying the position for H2.
- The **main drivers to the adverse YTD position are the under-delivery of efficiencies,** the impact of **higher than planned levels of COVID patients** and **unfunded inflation.**
- Despite being behind plan at month 9, **organisations are forecasting to deliver a breakeven outturn.**
- An **unmitigated risk of £16m** to the breakeven forecast has been reported.

	M9 Year-to-date	
	Actual	Variance
	£m	£m
GSTT	(24.6)	(19.4)
KCH	(32.2)	(32.2)
LGT	(7.8)	(7.9)
Oxleas	2.2	2.2
SLaM	(4.6)	(5.8)
SEL Providers	**(67.0)**	**(63.0)**
SEL ICB	**6.7**	**6.7**
SEL ICS total	**(60.3)**	**(56.3)**

	M09 Year-to-date			Commentary	2022/23 Out-turn			
	Plan	Actual	Variance		Plan	Forecast	Variance	Turnover
	£m	£m	£m		£m	£m	£m	£m
GSTT	(£5.2)	(£24.6)	(£19.4)	In-month breakeven contingent on NR flex & contract offers.	£0.0	£0.0	£0.0	£2,593.8
KCH	£0.0	(£32.2)	(£32.2)	In-month deficit of £7.2m. YTD deficit driven by £35m of unmitigated risks resulting from excess inflation and efficiency under-delivery.	(£0.0)	(£0.3)	(£0.3)	£1,563.0
LGT	£0.1	(£7.8)	(£7.9)	Several risks to FOT have been identified, including unfunded excess inflation and issues delivering on planned efficiencies.	£0.1	£0.1	£0.0	£734.8
Oxleas	£0.0	£2.2	£2.2	Forecasting breakeven but habe identified opportunity to report a small surplus	(£0.0)	£0.0	£0.0	£421.4
SLaM	£1.2	(£4.6)	(£5.8)	Several risks to FOT have been identified, including staffing/ agency pressures, private beds, & CIPs	£0.0	£0.0	£0.0	£564.4
SEL Providers	**(£4.0)**	**(£67.0)**	**(£63.0)**	ICB YTD surplus anticipated to be used to support provider forecast breakeven positions	**£0.1**	**(£0.3)**	**(£0.3)**	**£5,877.4**
SEL ICB	**£0.0**	**£6.7**	**£6.7**		**£0.0**	**£0.0**	**£0.0**	**£2,141.3**
SEL ICS total	(£4.0)	(£60.3)	(£56.3)		£0.1	(£0.3)	(£0.3)	£8,018.7

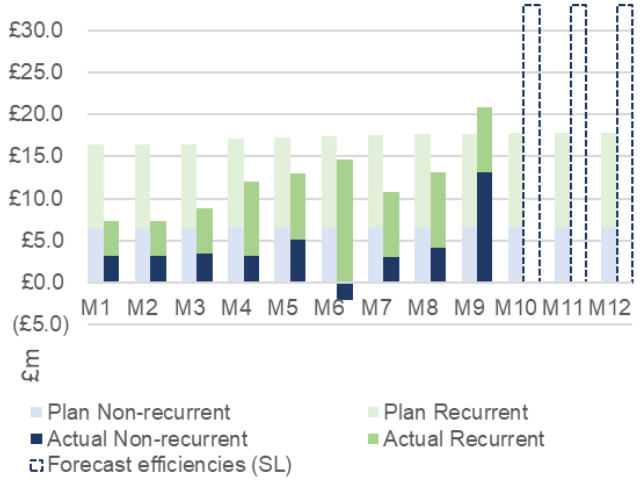
Efficiencies

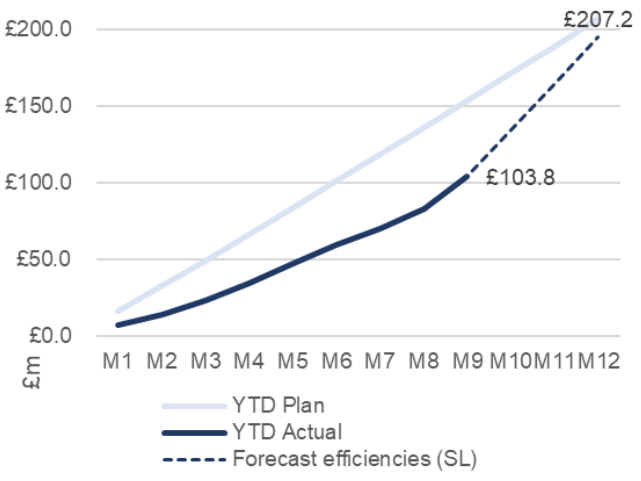
- The SEL ICS breakeven plan included an efficiency savings plan of £207.2m. At month 9 the **ICS is forecasting to deliver £202.8m of efficiencies.**
- **Year-to-date the system has delivered £103.8m of efficiencies against a plan of £153.7m;** 32.5% (£50m) behind the YTD plan. At month 8 system efficiencies were (£53.1m) behind plan.
- In order to deliver the forecasted £202.8m of efficiencies, the **system will have to deliver, on average, £33m of efficiencies per month**. In month 9 the system delivered £21.5m of efficiencies and the average delivery per month is £12.4m.
- **£73.2m of the efficiencies are forecast to be delivered non-recurrently**, which has consequences to the exit run-rate and the challenge for 2023/24.
- The **estimated FYE of efficiencies delivered this year is currently £154.2m; 4.6**% of the system turnover. It is expected that the FYE of efficiencies will increase by year-end.

Efficiencies by organisation

	Year-to-date			Full-year			Recurrent FYE
	Plan	Actual	Variance	Plan	Forecast	Variance	
	£m	£m	£m	£m	£m	£m	£m
GSTT	59.5	39.7	(19.9)	80.1	80.7	0.6	29.0
KCH	41.3	20.8	(20.5)	55.0	55.0	0.0	50.0
LGT	16.2	11.1	(5.1)	21.6	21.6	0.0	21.6
Oxleas	10.1	10.1	0.0	13.5	13.5	0.0	6.3
SLaM	10.5	7.5	(3.1)	15.0	11.8	(3.2)	25.3
SEL Providers	**137.7**	**89.2**	**(48.5)**	**185.2**	**182.6**	**(2.6)**	**132.2**
SEL ICB	**16.1**	**14.6**	**(1.5)**	**22.0**	**20.2**	**(1.9)**	**22.0**
SEL ICS	**153.7**	**103.8**	**(50.0)**	**207.2**	**202.8**	**(4.5)**	**154.2**

Phasing of efficiency delivery





Risks and mitigations

Key Risks

- Less than full recovery of planned ESRF income
- Inability to deliver efficiency plans in full
- Continued waves of COVID patients above planned levels, incurring cost and leading to operational inefficiency and negatively impacting on delivery of planned savings
- Future inflation
- The full-year net impact of the pay-award
- Use of bank and agency
- Use of private MH capacity

Mitigations

- Full receipt of ESRF income assumed
- Maximise elective activity
- Deploy additional capability and capacity to identify improvement opportunities and increase delivery of current efficiency plans.
- Apply more non-recurrent flexibilities than planned.
- More stringent operational and management controls on recruitment and spending.

Reported risks to forecast at M9

SEL system is reporting an **unmitigated net risk to the system forecast of £16m**. It is important to note that the system is assuming full receipt of planned levels of ESRF in H2 and that there are no further inflationary pressures in addition to those already included in the forecast position.

System Capital Resource Limit (CRL)

- SEL ICS system Capital Resource Limit (CRL) for 2022/23 has been revised to £231.3m from £229m.
- The change in the CRL is additional funding allocated to KCH for neonatal project (£2.2m) and the GFFW (Going Forward For Winter) project (£0.36m).
- The reported FOT is £230m, £1.5m below the system CRL. It is anticipated that the CRL of £231.3m will be spent in full by year end.
- The FOT includes £10m relating to QEH essential infrastructure works, with a further £18m expected to be spent in 2023/24. It is unlikely that SEL will receive any additional funding for this in 2022/23.
- 65% of the system's FOT spend is classified as transformational with 35% on operational priorities, such as maintenance. See table 2 for details.
- At M9, spend against the system capital plan is under plan by £54.1m YTD. This is mainly driven by the plan being higher than CRL and differences in profiling of plans against schemes.
- In addition to the system CRL, SEL has received confirmation of £80.3m and we are anticipating a further £14.1m in additional capital resources (PDC) for the year. This PDC falls outside system CRL but counts against the NHS Capital Departmental Expenditure Limit (CDEL).
- Trusts are co-operating to manage potential over- and underspends with the intention of keeping within the overall system CDEL.

Capital spend against CRL (table 1)

	Year to date (YTD)			Full-year (FY)		
	Plan	Exp	Variance	Plan	FOT	Variance
	£m	£m	£m	£m	£m	£m
GSTT	86.7	75.1	11.6	111.0	111.0	-
KCH	33.5	15.5	18.0	50.0	49.8	0.2
LGT	23.6	26.6	(2.9)	38.5	30.6	7.9
Oxleas	11.1	4.5	6.6	16.0	15.0	0.9
SLAM	36.8	16.0	20.8	24.6	23.4	1.2
Total	**191.7**	**137.6**	**54.1**	**240.1**	**229.8**	**10.3**
System Allocation				**231.3**	**229.8**	**1.5**

Capital spend split - transformation and maintenance (table 2)

		Year to date (YTD)			Full-year (FY)		
Provider	Type	Plan	Exp	Variance	Plan	FOT	Variance
		£m	£m	£m	£m	£m	£m
SEL Total	Transformation	140.4	82.4	58.0	164.5	151.5	13.1
	Maintenance	51.3	55.2	(3.9)	75.6	78.4	(2.8)
Total		**191.7**	**137.6**	**54.1**	**240.1**	**229.8**	**10.3**
GSTT	Transformation	69.0	45.9	23.1	87.1	77.0	10.1
	Maintenance	17.8	29.2	(11.4)	23.9	34.0	(10.1)
Total		86.7	75.1	11.6	111.0	111.0	0.0
KCH	Transformation	28.1	11.1	17.0	41.5	34.6	6.9
	Maintenance	5.4	4.4	1.0	8.5	15.2	(6.7)
Total		33.5	15.5	18.0	50.0	49.8	0.2
LGT	Transformation	9.0	9.0	0.0	14.3	12.4	1.9
	Maintenance	14.6	17.6	(3.0)	24.2	18.2	6.0
Total		23.6	26.6	(2.9)	38.5	30.6	7.9
Oxleas	Transformation	4.4	2.1	2.2	5.9	8.2	(2.3)
	Maintenance	6.7	2.4	4.3	10.1	6.9	3.2
Total		11.1	4.5	6.6	16.0	15.0	0.9
SLaM	Transformation	30.0	14.3	15.6	15.7	19.4	(3.7)
	Maintenance	6.8	1.6	5.2	8.9	4.1	4.8
Total		36.8	16.0	20.8	24.6	23.4	1.2

Integrated Care Board

Item: 7
Enclosure: J

Title:	**Working in Partnership to Support Children and Young People's Mental Health and Wellbeing**
Meeting Date:	Wednesday 15th February 2023
Authors:	Martin Wilkinson, Chief Operating Officer for Southwark/Commissioning SRO for Mental Health and CYP transformation Rupi Dev, Director for Mental Health, CYP and Health Inequalities
Executive Lead:	Sarah Cottingham, Executive Director for Planning

Purpose of paper:	The purpose of this paper is to provide an update on: 1. Progress of the two key actions endorsed by the Integrated Care Board (ICB) in July 2022 focusing on supporting children and young people from black and mixed heritage backgrounds. 2. The development of the Integrated Care System's (ICS) children and young people (CYP) mental health and wellbeing transformation plan, including a proposed delivery plan for 2023-24.	Update / Information	X
		Discussion	X
		Decision	

Summary of main points:	• In July 2022, the ICB Board supported swift progression of two key actions from the Health Inequalities Report on CYP Mental Health, focusing specifically on support for children and young people from Black and mixed heritage backgrounds. This included:
	  ○ Expansion of the Empowering Parents, Empowering Communities (EPEC) parenting programme across the remaining boroughs in South East London.
	  ○ Further developing the proposals to expand mental health support in schools, including both primary and secondary schools.
	• EPEC roll-out has progressed across the four Local Care Partnerships (our 'Places') identified with each borough designating an EPEC hub and commencement of initial training of the staff within the EPEC hub. Each Place is now in the process of identifying parent group leaders and it is anticipated parent group training will start towards the end of Quarter 4 of 2022/23, and into 2023/24.
	• Further work is required in developing the proposals to expand mental health support in schools. Each Place has undertaken preparatory work to co-produce and co-design an additive offer for mental health support in schools. This will result in a range of initiatives being piloted in 2023/24 across multiple schools in South East London.		

	• Both these initiatives will be included in the ICS' CYP mental health and emotional wellbeing transformation plan (the 'Plan') which is currently in development across system partners. The Plan has been developed at Place and builds initiatives centred around the ten priority areas identified in the original Health Inequalities Report on CYP Mental Health. • The Plan sets out the vision and ambitions for CYP mental health over the next 3 years and includes a detailed delivery plan for the remainder of this financial year and 2023/24 in the first instance. This includes delivery of a core offer which defines common standards, outcomes and characteristics of care that we will secure consistently for our residents through locally based service offers and solutions, and inclusive of equity of access. Reducing waiting lists and waiting times for secondary and tertiary services over the course of 2023/24 is part of this core offer. • It is expected the Plan would be updated on annual basis and in-year updates are expected in 2023/24 linked to the development of the Integrated Care Partnership Strategy which includes children and young people's mental health as one of the five key priority areas.			
Potential Conflicts of Interest	None advised			
Relevant to the following Boroughs	**Bexley**	X	**Bromley**	X
	Greenwich	X	**Lambeth**	X
	Lewisham	X	**Southwark**	X
Impact	Equality Impact	This works builds on the Health Inequalities Report on CYP Mental Health from earlier in 2022. An Equality Impact assessment has been completed (see Appendix 2).		
	Financial Impact	Funding for initiatives and schemes this financial year has already been committed through the Mental Health Investment Standard and Service Development Funds. The Transformation Plan provides a blueprint to guide investments for 2023/24, and funding envelopes are in the process of being finalised as part of the 2023/24 operational planning cycle.		
Other Engagement	Public Engagement	No specific public engagement has taken place to date, however, the Plan has been built based on pre-existing engagement and feedback from other sources (e.g. provider lived experience and parent/carer groups, South London Listens). Co-design is planned with schools (including staff and families) to develop the mental health support in schools over the next 6 months. Early intervention and prevention for CYP mental health is one of the emerging priority areas for the forthcoming ICP strategy.		

	Other Committee Discussion/ Engagement	• CYP Mental Health Network – formal sub-group of the ICS Mental Health Board • ICS Mental Health Board • Relevant CYP Mental Health Groups and Alliances within Local Care Partnerships/at Place • ICB Executive
Recommendation:	The Board is asked to • Note progress with implementation of the two key actions endorsed by the ICB Board in July 2022, focusing on supporting children and young people from black and mixed heritage backgrounds. • Endorse and provide feedback on the proposed children and young people's mental health and emotional wellbeing plan, noting: (a) the focus on securing a set of core offers to drive improvements in access, experience and outcomes across South East London for 2023/24 and (b) the requirement to update the plan on an annual basis with deliverables for upcoming years. In 2023/24, this will be linked to the development of our partnership strategy.	

Working in Partnership to Support Children and Young People's Mental Health and Wellbeing
January 2023

1. Background

1.1. Improving the health and wellbeing of children and young people is a core focus of the South East London Integrated Care System (ICS), inclusive of having been identified as a proposed priority in our forthcoming integrated care strategy. In July 2022, the ICS' Mental Health Programme provided an overview of the work that had been carried out to date to identify and understand the underlying inequalities that are impacting children and young people's mental health and wellbeing to the Integrated Care Board (ICB).

1.2. Although this engagement and development work (led by social enterprise, PPL) identified 10 priority areas, the Board supported swift progression of two key actions, focusing specifically on support for children and young people from Black and mixed heritage backgrounds. This included:

- Expansion of the Empowering Parents, Empowering Communities (EPEC) parenting programme across the remaining boroughs in South East London.
- Further developing the proposals to expand mental health support in schools, including both primary and secondary schools.

1.3. This paper provides an update on the progress of the two specific actions above, whilst also providing an overview of the development of an ICS-wide children and young people's mental health and emotional wellbeing plan, identifying actions and areas for improvement for the remainder of this financial year and for 2023/24. This plan will contribute to our medium term integrated care strategy, recognising the need to further consider and develop medium term (five year) outcomes and priorities as part of the strategy planning process.

2. Progress with EPEC & Mental Health Support in Schools

2.1. EPEC is a community and evidence-based, effective and low-cost parenting support programme. The programme trains local parents to deliver parenting groups in their own communities to provide destigmatised and accessible help for families. The provision of parenting courses is provided by an EPEC hub which is embedded in local services.

2.2. The programme has operated in Lambeth and Southwark for the last few years, and therefore expansion has been focused on the remaining four South East London Local Care Partnerships (our 'Places'), specifically Bexley, Bromley, Greenwich and Lewisham.

2.3. Since July 2022, these four Places have:

- Identified and designated an EPEC hub, working with a well-established provider within their borough, building on local community assets.
- Begun initial training of the staff within the EPEC hub.

2.4. Each Place is now in the process of identifying parent group leaders. it is anticipated parent group training will start in Bexley, Greenwich and Lewisham Place towards the end of Quarter 4 of 2022/23 and Bromley roll-out will take place in 2023/24.

2.5. It is worth noting that in Bromley parents are being identified from wider than Black and mixed heritage populations due to their population and demographics; however, there is still a strong focus

on supporting people who experience most health inequalities through targeting deprivation.

2.6. The mental health support offer in schools has also progressed, however, it is unlikely any initiatives will take place before the end of this financial year. This project aims to test and evaluate new or tailored ways of working that help support children experiencing trauma and distress who may also be demonstrating behaviour that challenges or poor attendance. Any mental health support or intervention would be in addition to all the other support currently provided (including Mental Health Support Teams in schools and voluntary and community sector organisations such as Place2Be).

2.7. Over the course of the last six months, the six Places across South East London have been undertaking preparatory work, focusing on identifying schools (primarily primary schools) to work with to co-produce and co-design an additive support offer for mental health support in schools. This will result in a range of initiatives being piloted in 2023/24 across multiple schools in South East London.

2.8. Each Place has taken a different approach in identifying schools from formal expressions of interest to direct approaches to appropriate schools, however, the focus on children and young people from Black and mixed heritage backgrounds remains (for noting, Bromley's proposal is for children and young people that are vulnerable, living in areas of high deprivation and with low levels of school attendance).

2.9. By mid-January, it is anticipated that each Place will have identified and confirmed the schools they will be working with (1-2 schools per Place). Co-design work with these schools will then take place to identify the need that exists for staff and families and develop potential solutions to address this need, centred around local communities and local offers. A workshop will then be held later in Quarter 4 of 2022/23 to bring together leads from each of the Places to develop and agree the overall ICS approach (in terms of various interventions, approach to evaluation) for testing in 2023/24, with a view to rolling out interventions more widely.

3. Developing the ICS' Children and Young People Mental Health and Emotional Wellbeing Transformation Plan

3.1. The term 'transformation plan' is historic and stems back to 2015 when nationally each local system was asked to set out how they would use their resources and investment to improve children and young people's mental health across the "whole system". Although national co-ordination of these plans is no longer required, children and young people's mental health remains a high priority for our ICS (part of our forthcoming strategy) and therefore it is important that we continue to develop a local plan which demonstrates service improvements for children and young people's mental health services across system partners in a transparent and effective manner.

3.2. The children and young people's mental health and emotional wellbeing plan (the 'Plan', currently in draft [see Annex 1]) can be read in two sections. The first section of the Plan sets out the vision, objectives and priorities from across system partners in South East London for the next three years for children and young people's mental health. The focus here is wider than just mental health interventions, recognising the importance of early intervention and prevention, alongside wider emotional wellbeing, delivered locally through Places, and delivered in an integrated way across NHS and Local Authority funded services. This approach aligns to the feedback we have received as part of the development of the Integrated Care Partnership's strategy.

3.3. The second section of the Plan focuses on the key actions that we will take across the ICS specifically for the remainder of this financial year and in 2023/24; this can be referred to as our immediate to medium term delivery plan for the children and young people's mental health and emotional wellbeing services and will guide investment into services over the next 12-14 months. The actions included within the Plan align to and ensure delivery against the ten priority areas that were identified part of the health inequalities work earlier this year.

3.4. Development of overall Plan has been led at Place and the actions identified for 2023/24 have been brought together to secure a minimum core offer for service delivery across the system (i.e. common standards, outcomes and characteristics of care that we will secure consistently for our residents through locally based service offers and solutions, and inclusive of equity of access).

3.5. The Plan recognises that the current biggest challenge for children and young people's mental health services is access to and waiting times for secondary care and specialist mental health services. This is therefore a key focus within the delivery plan and the core offer for 2023/24.

3.6. All system partners are committed to making a demonstrable reduction in waiting lists and waiting times, however, this needs to be in a sustainable way (considering workforce availability and the need to provide quality interventions which support recovery and discharge from services) and in a way which also ensures we continue to invest in prevention and early intervention, maximising opportunities for delivering efficiencies across the system and secure equity of access.

3.7. As a result, the Plan proposes a phased approach to reducing the overall waiting list and waiting times with a view to securing assessment and treatment for all children and young people on community CAMHS waiting lists (including for autism spectrum disorder [ASD] and attention deficit hyperactivity disorder [ADHD]) within 18 weeks over a three-year period (by the end of 25/26) as part of its overall aims and ambitions. This phased approach has been developed in line with detailed demand and capacity modelling which will enable targeted investment into secondary and tertiary care services.

3.8. We recognise that this approach means that there will be children, young people and their families waiting for support for longer than acceptable and therefore, as well as investing in actions to reduce the waiting list and waiting times, the core offer included in the Plan for 2023/24 also identifies several initiatives which all Places will take aimed at supporting children, young people and their families, and managing demand into secondary care services whilst providing alternatives to care. This includes:

- Developing an integrated single point of access by the end of March 2024. This will ensure referrals for support for children and young people's mental health are directed to the appropriate service within a borough, with the option of broadening the support offer across different partners so it can be delivered as quickly as possible.
- Ensuring that providers and any single points of access have a support offer in place for children, young people and families waiting for assessment and treatment by a community CAMHS team (i.e. support whilst they wait). This initiative is already underway through the South London Listens Programme and the virtual waiting room is being developed in conjunction with our communities to ensure any support whilst on a waiting list meets the needs of our children, young people, their families and those working with them such as schools.
- Providing ongoing support for parental mental health, including the EPEC programme.

- Continuing to invest into Mental Health Support Teams (MHSTs) in schools as part of the national roll-out and build into local plans the pilots referenced in sections 2.6 and 2.9 above; this again will ensure we develop tailored alternative options for support for children and young people, providing intervention at the earliest opportunity.

3.9. A summary of where each Place is with the core offer can be found in Appendix 3 (at the end of this document).

3.10. In addition to the priorities above, each Place has identified additional local priorities and associated actions which will be taken forward in 2023/24. However, it is worth noting that at the time of this paper, the operational planning round for 2023/24 has only just begun and allocations are still indicative. Therefore, there may be a need to review the full list of priorities across Places once this information has been received.

3.11. The Plan has been reviewed by Places and support for the proposals outlined above have been received from all Places except for Bexley where further stakeholder engagement continues to take place. The Plan received support from the ICB Executive in December 2022.

3.12. It is expected that the Plan would be updated on annual basis (in terms of the delivery plan component of the Plan), however, in 2023/24 in-year updates are expected linked to the development of the Integrated Care Partnership Strategy which includes children and young people's mental health as one of the five key priority areas.

3.13. An initial discussion on this priority area took place at the January Integrated Care Partnership meeting (papers can be found here) and it was recognised that the current delivery plan for children and young people's mental health focuses heavily on health based actions in secondary and tertiary services. The development of the Integrated Care Partnership Strategy therefore provides an opportunity for the ICS to consider opportunities to develop wider partner actions and initiatives which may better support children and young people not currently accessing or being referred to statutory mental health services, as part of a prevention and early intervention agenda.

3.14. Further work is also required over the course of 2023/24 to define the outcomes we want to achieve for children and young people's mental health and emotional wellbeing, wider than just waiting times and access over the coming years.

4. Recommendations

4.1. The Board are asked to:

- Note progress with implementation of the two key actions endorsed by the ICB Board in July 2022, focusing on supporting children and young people from black and mixed heritage backgrounds.
- Endorse and provide feedback on the proposed children and young people's mental health and emotional wellbeing plan, noting: (a) the focus on securing a core offer to drive improvements in access, experience and outcomes across South East London for 2023/24 and (b) the requirement to update the Plan on an annual basis with deliverables for upcoming years. In 2023/24, this will be linked to the development of our partnership strategy.

Appendix 3

SEL Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan
Baseline assessment for core delivery objectives

CYPMH WAIT LIST METRICS						
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Number of children waiting 52 weeks or more for all CAMHS community services	156	163	17	82	91	202
Number of children currently waiting 44-51 weeks for all CAMHS community services	31	63	37	53	37	63
Average waiting time across all CAMHS community services in weeks	41	47	24	13	13	12
Number of children within the CAMHS lists waiting more than 52 weeks for an ADHD assessment*	**	**	**	59	81	146
Number of children within the CAMHS lists waiting 44-51 weeks for an ADHD assessment*	**	**	**	20	7	41
Current average waiting time in weeks for ADHD assessment for those in CAMHS*	**	**	**	26	24	28

Data from providers are from end of Nov '22/beginning of December '22

*ADHD assessment data is for patients on the CAMHS caseload although some caseloads sit within community paeds services and these waits are being addressed separately

**Oxleas do not hold data for those on the CAMHS caseload who are awaiting assessment for ADHD as assessments are completed by Oxleas Children's Specialist Services in Bexley and Greenwich and by Bromley Healthcare in Bromley. These waits are being addressed separately.

CORE OFFER ASSESSMENT						
SEL Core Offer Activity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Delivery of an integrated single point of access for each Place	R	A/G	R/A	R	R/A	R
Waitlist support management approach for children and families	A/G	A/G	A/G	TBC	A/G	TBC
CAMHS has transition support workers	A/G	A/G	A/G	A	A	A
Parental mental health offer, such as roll out of EPEC	R/A	R	R/A	G	R/A	G
Continued investment into Mental Health Support Teams (MHSTs) in schools as part of the national roll-out.	A/G	A/G	A/G	A/G	A/G	A

Key:

R	No current offer/provision
R/A	No current offer/provision but development works underway
A	Some provision but substantially further scaling expected
A/G	Provision in place but the offer may be refined further or advanced with further transformation or alignment to SEL core offers yet to be defined
G	Provision in place at scale and quality of SEL's ICB ambition

South East London Integrated Care System

NHS South East London

Children and Young People Mental Health and Emotional Wellbeing Plan

DRAFT

Version 0.6

January 2023

Contents

Abbreviations Used In This Document

Abbreviation	Explanation
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
CYP	Children and Young People. Note throughout this plan we have tried to write Children and Young People in full.
CAMHS	Child and adolescent mental health services
ICB	Integrated Care Board
ICS	Integrated Care System
LGBT	Lesbian, Gay, Bisexual and Transgender
Local Care Partnerships (our Places)	Local care partnerships including NHS providers, voluntary and community sector partners, and local authority partners in Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark
MHST	Mental health support teams
SEL	South East London. Covering boroughs Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark.
SLAM	South London and Maudsley NHS Foundation Trust
THRIVE	The THRIVE Framework for System Change.
VCSE	Voluntary, community and social enterprise organisations

Development of the Plan

PLEASE NOTE THIS IS A DRAFT PLAN FOR SIGN OFF AND REVIEW

- This high-level Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan brings together the intentions from the six Places across the South East London (SEL) Integrated Care System (ICS) focused on improving the mental health and emotional wellbeing for children and young people.

- The term 'transformation plan' is historic and stems back to 2015 when nationally each local system was asked to set out how they would use their resources and investment to improve children and young people's mental health across the "whole system". Although national co-ordination of these plans is no longer required, children and young people's mental health remains a high priority for our ICS and therefore it is important that we continue to develop a local plan which demonstrates service improvements for children and young people's mental health services across system partners in a transparent and effective manner.

- The current version of the plan includes the necessary relevant content to enable endorsement of the priorities for investment and service improvement for 2022/23 and 2023/24 by the following groups and committees within the ICS:

    - Local Care Partnerships – endorsement from all LCPs received in November and December 2022.
    - ICS Mental Health Board – endorsement received ON 16th December 2022.
    - ICB Executive – endorsement received on 7th December 2022.

- It is intended for this plan to be published on the South East London ICS website in plain English. Once the intentions of the CYP mental health and emotional wellbeing plan have been agreed and signed off, the content will be revised to ensure it is in plain English for publishing on the public facing website.

PLEASE NOTE THIS SLIDE IS FOR INTERNAL USE ONLY AND WILL BE REMOVED PRIOR TO PUBLICATION

South East London Integrated Care System

NHS South East London

Introduction

Introduction (1/2)

What is this document about?

This document describes how as a local system we plan to improve the emotional wellbeing and mental health of all children and young people (CYP) across South East London Integrated Care System (ICS).

This document is split into three key sections:

- The first section sets out our position as an ICS in developing and delivering children and young people's mental health and emotional wellbeing services as of September 2022. This section provides a summary of our local need and demographics, our current service offer, and any challenges we are experiencing in providing the best care possible to our children and young people.

- The second section sets out our transformation and service improvement ambitions for children and young people's mental health and emotional wellbeing services for a four-year period (till the end of 2025/26). It is important to note that we are in the process of developing our Integrated Care Partnership strategy and children and young people's mental health will be a key priority area within this document; this may mean that our vision, ambitions and objectives may be subject to amendment in 2023/24.

- The third section sets out our delivery plan for 2022/23 and 2023/24, outlining the specific actions we will undertake across the ICS and through our Local Care Partnerships to deliver improvements for children and young people's mental health and emotional wellbeing services. It is anticipated that this component of the our plan will be updated on at least an annual basis.

This plan was ratified at the public board meeting of the South East London Integrated Care Board on DD-MM-YY.

Introduction (2/2)

How have we developed this document?

Since 2015, each local system has been expected to set out how they would use their resources and investment to improve children and young people's mental health across the 'whole system'. Our previous plans, referred to as our CAMHS Transformation Plans, have historically been heavily focused on mental health services.

In developing our plan this year, we have taken a different approach as an ICS in order to meet the needs of our population and our system:

1. **Broadening our view of children and young people's mental health services**: As an ICS we work in partnership with health, local authority and other organisations (such as the voluntary sector) in South East London. This plan, therefore, reflects our intentions as a system, acknowledging that children and young people's mental health needs may best be served by different therapeutic offers in and outside of statutory services and that the needs of children and young people may first be identified by professionals across health, social care and educational settings. For this reason, our plan considers provision across a range of services including Children and Adolescent Mental Health Services (CAMHS), voluntary, community and social enterprise organisations (VCSEs) and local authority partners.

2. **Expanding the delivery timeframe of our plan**: We recognise that in order to make sustainable, transformational change to services and continually improve outcomes for our Children and Young People, our transformation plan needs to focus on a longer time frame. Therefore, we have developed a vision and ambition for the transformation programme to take us up to the end of 2025/26 and the delivery plan focuses on actions and improvements over both 2022/23 and 2023/24.

The plan has been produced based on locally coproduced plans developed by Local Care Partnerships and provides a high-level summary across the ICS. Each of our Local Care Partnerships holds an action plan for their local partners.

Please note that in developing our ICS plan we have taken into consideration national policy objectives and expectations including the ambitions for children and young people's mental health services within the NHS Long Term Plan, as relevant to our ICS.

South East London Integrated Care System

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Understanding Our System

Our Demographics

South East London has a population of 1.9 million people who live across six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) and children and young people under 25 comprise approximately 30% of this population (range: 32% in Greenwich - 28% in Lambeth) i.e. 570,000 children and young people.

- South East London is home to an ethnically diverse population with significant variation between boroughs. **The proportion of people who are Black or multi-ethnic ranges from 19% in Bromley to 46% in Lewisham.**
- South East London has a higher-than-average proportion of residents who identify as lesbian, gay, bisexual, and transgender (LGBTQ). **Lambeth and Southwark have the second and third largest LGBT population in England.**
- Poverty and deprivation are key determinants in poor mental and physical health outcomes. One in five children live in low-income homes. **Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank among the 15% most deprived local authority areas in the country.**
- **All South East London boroughs are above the estimated national modelled level of children in households with all 3 of so called 'toxic trio'.** The national estimated rate is 8.7 per 1000 0–17-year-olds versus 12.9 in Southwark (highest number of ACE-related indicators above national average in London), 12.2 in Greenwich, 12 in Lambeth, 11.9 in Lewisham, 10 in Bexley, and 9.5 in Bromley (accounting for an estimated 4,500+ children in South East Lodon)

Our Current Mental Health and Emotional Wellbeing Offer

Children and Young People's Mental Health services in South East London are provided by two NHS trusts (Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust) and a number of voluntary sector and independent providers.

There are a range of mental health and emotional wellbeing services delivering evidence-based care to children and young people from universal services focused on early identification and prevention through to specialist inpatient services.

However, there is not always parity in provision of services across boroughs in South East London. While some variation in services is warranted based on local need, there are some services we would like to scale up or improve the offer of for all children and young people in South East London. In addition, not every borough has a single point of access for children and young people's mental health services. This results in confusion for referrers, young people and families finding the right service creating delays in access and high volume of referrals for CAMHs services as referrers are not sure of alternate therapy options in the system.

We are working on developing clear end-to-end pathways of care from mental health promotion and early intervention (including improving integration with primary care) through to specialist inpatient care.

As part of this work, services in our system are working towards implementing the THRIVE Framework for System Change. That means that our pathways and care offer is being organised to follow the THRIVE framework: Getting Advice, Getting Help, Getting More Help, Getting Risk Support.

e.g. universal provision, early intervention, mental health promotion

e.g. targeted low intensity provision

e.g. interagency collaboration (e.g. AMBIT)

e.g. specialist CAMHS and inpatient services

Demand for Our Services

We continue to increase access to and use of children and young people's mental health services across South East London; however, during the pandemic and in the year post, demand for services has significantly increased and there has been a rise in the complexity of those presenting. Rising demand has exacerbated existing pressures on mental health services creating delays in access to care and challenges for children, young people families who may need interim support.

- The Covid-19 pandemic caused increased demand for our children and young people's mental health services. **Many teams experienced significant increases in referrals throughout the pandemic, and some (such as community CAMHS) have observed a steady increase in referrals since. For many services, levels of demand continue to well exceed pre-pandemic levels.**
- While services are working to increase access, the significantly increased demand for services and complexity of individuals presenting means that many children across South East London are now waiting to access mental health services, such as community CAMHS.
- Some initiatives that we have implemented have helped to alleviate the burden on services. For example, the expansion of the CAMHS Crisis Line has been shown to reduce the need for A&E attendances. The latest data shows 71% of calls in August 2022, were diverted from A&E by interventions provided by the Crisis Line.

There is emerging evidence that the number of referrals to some children and young people's services is beginning to plateau.

Key changes in demand:

- Community child and adolescent mental health services (CAMHS) experienced **an estimated 30% increase in referrals between 21/22 and 22/23**
- Average wait times for access to CAMHS across the boroughs of Bexley, Bromley and Greenwich increased from 5 weeks in March '21 to 27.8 weeks in April '22. Average wait times in Lewisham and Southwark increased to 18 weeks in April '22.
- Our children and young people's eating disorder services experienced a four-fold increase in urgent referrals between 20/21 and 21/22.
- Increased complexity of mental health presentation at A&E departments

Our Workforce

We have invested significant resource into the expansion of the mental health workforce in South East London over recent years and are listening to feedback to children, young people and their families about the types of professionals they find it helpful to engage with and we are trialling and developing new models of care. Nationwide there are challenges in recruiting and retaining staff for certain roles and South East London is also experiencing these pressures.

- Across South East London there has been an increase in the number of professionals invested in to provide mental health and emotional wellbeing support to children, young people and their families both in NHS and voluntary sector services. New key areas of expansion include the establishment of Mental Health Support Teams across each of the six boroughs.

- However, the NHS is facing significant workforce challenges and staffing for children and young people's mental health services in South East London are no exception. Retention of the mental health workforce has experienced challenges over the past years but this has been exacerbated following the Covid-19 pandemic and is expected to worsen through the cost of living crisis.

- General staff vacancy rates are substantial across both providers:
  - At the end of 21/22 the estimated vacancy rate children and young people's services at SLAM was ~25%
  - As of October '22 the estimated vacancy rate children and young people's services at Oxleas was ~28%

- Vacancy rates vary by staff group with some staff groups experiencing large vacancy rates.
  - Greatest vacancy rates tend to be for nursing posts
    - SLAM's children and young people's mental health services experience at 40% vacancy rate in nursing at end of 21/22, and Oxleas has a 30% nursing vacancy rate as of October '22

Inequalities in Access, Experience and Outcomes

South East London has a highly diverse population and we are aware that not all children and young people and their families have equal access to, outcomes and experiences of mental health care across the ICS, often on the basis of ethnicity. This plan aims to deliver care improvements to benefit any child and young person aged 0-25 across South East London accessing mental health and emotional wellbeing services. As a system, we aim to commission services that are anti-discriminatory and inclusive to the diverse needs of our communities. Our services should pay due regard to the needs of individuals with respect to their identity (protected characteristics as outlined in the Equality Act) and make efforts to support to the most vulnerable (such as those often socially excluded) and those at greater risk of developing mental health problems to support their engagement and experience of care.

- At the end of 22/23, 18,775 children and young people accessed treatment for their mental health in South East London.
  - The rate of children and young people accessing mental health services **is even between young males (30 per 1,000) and young females (30 per 1,000**); *although there are fairly significant differences between access rates in males and females in some boroughs, namely, in Bexley (37 and 30 per 1,000 respectively) and Bromley (20 and 31 per 1,000 respectively).*
  - Whereas the rate of children and young people accessing mental health services **tends to differ by ethnicity. Our access data indicate that:**
    - **Children and young people from black and mixed heritage backgrounds are underrepresented in use of children and young people's mental health services; however, we are acutely aware that black and mixed heritage people (men, specifically) are overrepresented in our adult mental health services.**
    - There are marked differences in presentations and diagnoses by ethnicity **This highlights the need for us as a system to focus more on reducing barriers to accessing mental health and emotional wellbeing services for black and mixed heritage children and young people and strengthening our approaches to prevention and early intervention.**
  - Data availability on access by other protected characteristics is limited. For example, not all services capture data on sexual orientation of those accessing services.

Delivery of the Long Term Plan Ambitions for our ICS

The NHS Long Term Plan deliverable for children and young people accessing NHS funded services for our ICS was met in 21/22 and is on track in 22/23. Further work needs to be done to improve routine and urgent waiting times for children and young people's eating disorder services and meet coverage expectations for MHSTs and 24/7 crisis care.

	Ambition for our ICS 21/22*	Ambition for our ICS 22/23*	Performance in 2021/22	Performance as of Q1 2022/23
CYP access*	35%	18,354 CYP (0-18) access (1 contacts, rolling 12 months)	35.4%, *(18,775)*	19,135 (rolling 12 months
CYP ED waits urgent (quarterly)*	>95% receive NICE concordant tx in 4 wks of 1st contact		27.3%	64.3%
CYP ED waits routine (quarterly)*	>95% receive NICE concordant tx in 1 wk of 1st contact		41.2%	34.7%
Mental health support teams (MHSTs)	-	20-25% of pupil population across SEL	TBC	TBC
24/7 crisis – Single Point of Access (SPA) through 111, support includes assessment, brief response and home treatment.	- (n.b national standard 57% coverage of providers)	- (n.b. national standard 79% coverage of providers)	100% SPA coverage via 111, 50% other functions	100% SPA coverage via 111, 50% other functions

*** Ambition for our ICS is in line with the national standard, as per the NHS Long Term Plan**

Our System Investment To Date

CAMHS Transformation Plan - Summary

South East London ICS

	South East London ICS				
	2018/19 £	2019/20 £	2020/21 £	2021/22 £	2022/23 £
NHS Provider contracts					
CAMHS	£9,239,748	£10,397,298	£16,149,866	£17,302,651	£18,785,158
CAMHS Eating Disorder	£2,098,994	£2,178,094	£1,908,561	£1,972,019	£2,946,126
CAMHS Mental Health block contract baseline - SLaM	**£11,338,742**	**£12,575,392**	**£18,058,427**	**£19,274,670**	**£21,731,284**
CAMHS	£9,805,154	£10,634,724	£12,437,146	£13,126,465	£14,404,494
CAMHS Mental Health block contract baseline - Oxleas	**£9,805,154**	**£10,634,724**	**£12,437,146**	**£13,126,465**	**£14,404,494**
Contract Budgets Sub Total	**£21,143,897**	**£23,210,116**	**£30,495,573**	**£32,401,134**	**£36,135,778**
Other CCG Spend					
Borough Based Budgets	£1,017,100	£1,961,927	£1,090,260	£1,399,196	£1,822,064
CAMHS Transformation Funding	£2,441,152	£2,545,842	£766,367	£1,021,870	£1,023,915
Kooth	£20,000	£140,000	£482,400	£482,400	£486,653
CCG Contribution to LA	£435,000	£435,000	£1,172,400	£1,172,400	£1,177,031
Health & Justice Liaison & Diversion	£352,000	£505,000	£508,000	£511,000	£511,000
Borough Budgets Sub Total	**£4,265,252**	**£5,587,769**	**£4,019,427**	**£4,586,866**	**£5,020,663**
CCG Recurrent Baseline Funding	**£25,409,148**	**£28,797,885**	**£34,515,000**	**£36,988,000**	**£41,156,442**
Early Intervention and access	£360,249	£893,589	£714,696	£386,000	£0
Service Development Fund (including Spending Review 21/22)	£0	£0	£0	£6,742,400	£4,512,000
Mental Health Support Teams	£126,500	£958,384	£1,944,721	£3,848,702	£5,397,122
Health and Justice (CSA)	£0	£0	£0	£160,000	£160,000
Other Non Recurrent Funding	£0	£169,151	£112,000	£0	£0
CCG Non Recurrent Funding	**£486,749**	**£2,021,124**	**£2,771,417**	**£11,137,102**	**£10,069,122**
CCG Sub Total	**£25,895,897**	**£30,819,009**	**£37,286,417**	**£48,125,102**	**£51,225,563**
Council - NHS and Other providers	£3,000,699	£3,873,699	£3,882,699	£3,650,864	£3,340,299
Council - Grants	£2,592,601	£2,441,940	£2,831,516	£4,428,134	£1,998,944
Council Sub Total	**£5,593,300**	**£6,315,639**	**£6,714,215**	**£8,078,998**	**£5,339,243**
TOTAL	**£31,489,197**	**£37,134,648**	**£44,000,632**	**£56,204,100**	**£56,564,806**

- The South East London ICS has continued to invest in children and young people's mental health services in line with the expectations of the NHS England Analytical Toolkit as needed to deliver the NHS Long Term Plan (LTP).
- For 2023/24, we will continue to receive Service Development Funds and to invest as a minimum at the level of system growth We are expecting to receive 2 year allocations in December 2022 which will inform our planning going forward. This plan provides a blueprint for how this investment will be used in coming years.

South East London Integrated Care System

NHS South East London

Our Ambitions & Priorities

2022/23 – 2025/26

Our Vision

Our vision

Children and young people in South East London access high quality mental health and emotional wellbeing support when they need it. We will work to continually improve outcomes and supress the impact of health inequalities, giving every child the opportunity to go onto become a happy, healthy adult.

- We recognise that our mental health services are facing challenges in responding to the significant increases in demand for children and young people's mental health services, and the complexity and diversity of needs of those presenting, that has occurred since the Covid-19 pandemic.
- As an ICS we are committed to working in partnership with health, local authority and other organisations to create improvements for our children and young people in each service or organisation that they interact with across South East London.
- Our Local Care Partnerships, which bring together health and local authority services in our boroughs, have worked together to develop initiatives that are intended to be relevant to their diverse communities and current system offer with a view to bringing about more meaningful change.

Underlying Principles

1. Reducing inequalities and improving equity in access, outcomes and experience of care
2. Working together in partnership
3. Collaborating with people and communities
4. Focusing on learning, improvement and innovation

Our Objectives

The objectives of Children and Young People's Mental Health transformation are aligned with the delivery objectives of South East London ICS. The ICS aims to improve outcomes, tackle inequalities, enhance productivity and support social and economic development through partnership working, underpinned by principles of engagement, participation, subsidiarity and delegation.

South East London ICS Objectives (4/6)	South East London Children and Young People Mental Health and Wellbeing Plan Objectives
 *Improving care for disadvantaged groups*	*Actions that focus on addressing inequalities, building on the ICS' Health Inequalities Report on children and young people's mental health*
 *Ensuring rapid access to high quality specialist services when people need them*	*Reducing waiting times for community CAMHS and specialist services (e.g. children and young people's eating disorder services)*
 *Joining up care across health and other services*	*Enhancing prevention through developing new models of care centred re: primary care and service integration including VCSE integration*
 *Preventing illness and helping people to live healthier, happier lives)*	*Strengthening partnerships across health and social care through Place for our most complex pathways and supporting those in crisis*

What will success look like?

- A cohesive system of emotional and mental health support for those between 0-25 is developed, ensuring that services are joined up and can be easily accessed across South East London through the implementation of single point of access and no wrong front door, with services offered according to need as defined in the THRIVE framework
- Improvements in waiting times for accessing children and young people's mental health services
- More equal access, experiences and outcomes of mental health care across all our population groups through the ensuring all our offers pay due regard to the needs of children and young people for each of the protected characteristics outlined in the Equality Act, and of groups/communities relevant to the local community, including those that often experience health inequalities such as those in or transitioning from care, living in deprivation, with autism or ADHD, and those who do not speak English as a first language.
- Fewer children and young people escalate into crisis and require inpatient admission, but for those that do; good quality care will be available quickly and will be delivered in a safe place, as close to home as possible.
- Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.
- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible.

Developing Our Transformation Priorities

Addressing inequalities in children and young people's mental health services is key priority for our ICS. In support of this, an ICS-wide consultation and quality improvement process has been completed to identify priority areas of focus for addressing inequalities in mental healthcare for children and young people and their families in South East London.

- Through 2021/22, a structured consultation process took place with over 50 organisations across our Local Authorities, Trusts, Primary and Community Services, Voluntary & Community Sector, and Schools to identify priority areas for improving inequalities in mental healthcare for children and young people in South East London.
- Key areas that were raised by the system regarding our population were:
  - Differences in how children and young people of different ethnicities access services in South East London
  - Fewer black and mixed heritage children accessing services than likely need them
  - Differences in how children and young people of different ethnicities with behaviour that challenges are supported
  - Differences in when individuals of different ethnicities present to mental health services
  - Risks to Black and mixed heritage children of parents with poor mental health through failures to support them and their families effectively
- We understand that inequalities are often multi-faceted and deeply rooted, and that robust partnership working across multiple organisations is needed to understand issues and advance health equalities for children, young people and their families across South East London. This supports our rationale for developing a system wide transformation and delivery plan for children and young people that encompasses NHS, local authority and voluntary sector partners.

While stakeholders participating in the consultation identified areas of need predominantly relating to service access and offers for different ethnicities, through delivering our transformation programme, and working with system partners, we are embedding thinking about how to consider the needs of children and young people for any relevant protected characteristics outlined in the Equality Act, and other groups that often experience health inequalities.

Transformation areas to advance mental health equality

To demonstrate South East London ICS's commitment to advancing mental healthcare equality for children and young people and their families across London our transformation plan is organised into the 10 priority areas identified through our consultation. Our delivery plan for 2022/23 and 2023/24 focuses on these 10 areas.

- **Managing waiting lists**
- **Improving care transitions for 16-25 year-olds**
- **Making CYP mental health services more accessible**
- **Parental mental health**
- **Enhancing mental health and wellbeing offer in schools**
- **Supporting children and young people experiencing trauma and distress**
- **Prevention, early intervention and improved offer for Young Offenders**
- **Eating disorders**
- **Accident and Emergency presentations**
- **Crisis presentations & stepdown**

South East London Integrated Care System

NHS South East London

Our Delivery Plan for 2022/23 and 2023/24

Children and Young People's Mental Health Core Offer for 2022/23 & 2023/24

- Further to our 10 priority areas of transformation to support advancing mental health equality for children and young people, in 2021/22 and 2022/23 we are working to deliver a core offer of interventions across all boroughs in South East London.

- A core offer defines common standards, outcomes and characteristics of care that we will secure consistently for our residents through locally based service offers and solutions, and inclusive of equity of access.

- As an ICS, our top priority is delivering on initiatives that:
  - Make notable reductions to our waiting times for access to children and young people's mental health services
  - Help minimise demand for CAMHS through prevention and early intervention.

- The core offer for 2022/23 and 2023/24 has been developed to ensure that as a system we observe clear reductions in our waiting lists and waiting times for secondary and tertiary care services, and ensure that we are supporting children, young people and their families who are waiting a long time for a mental health assessment.

Transformation Priority (1/10): Managing Waiting Lists (1/2)

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

We observe a clear reduction in waiting times and those experiencing long waits to access services are offered interim support. Specifically:

- We deliver the ambitions set out in the NHS Long Term Plan for access to NHS funded children and young people's mental health services.
- We will aim to provide assessment for those children and young people currently experiencing the longest waits. We will work towards the following waiting time improvements for eliminating longest waits (note that the *average* waiting time for assessment is substantially shorter across South East London):
  - By October 2023 – no child or young person waits longer than 52 weeks for an assessment
  - By April 2024 – no child or young person waits longer than 44 weeks for an assessment

Progress in delivering transformation over 22/23

- Further to identification of need from the community listening programme, South London Listens, a waitlist support management approach was piloted in Lewisham ('Keeping in Touch') in which volunteers offer befriending and peer support to families. Bromley Y have also implemented a check in and safety call approach to those on wait list in Bromley.
- Additional investment through the Mental Health Investment Standard made for 22/23 both into community CAMHS and eating disorder services.

Transformation Priority:
Managing Waiting Lists (2/2)

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Providers to complete demand and capacity modelling analysis for community CAMHS to understand provision and plan for delivery of reduced waiting times. This involves agreeing a plan for eliminating our longest waits (which may include use of external providers to support delivery in some Places) and building capacity for meeting South East London ICS waiting time ambitions for 23/24.

Q4 22/23

- Develop a core offer for ASD/ADHD assessment with wider ICS partners.
- Ensure our longest waiters for community CAMHS services have received an assessment.
- Delivery of the national eating disorder waiting times standard for both urgent and routine referrals.

Q1 23/24

- Additional recurrent investment into community CAMHS as required as per the demand and capacity model.
- Keeping in Touch programme to be rolled out to Lambeth and Southwark. All boroughs to have in place a waitlist support management approach.
- Trusts to publicly release their waiting times data (as per South London Listens commitment).

Q4 23/24

- Capacity in place to support meeting 44 week waiting time for community CAMHS.

Transformation Priority (2/10): Improving care transitions for those aged 16-25

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Young people receive age appropriate care that is tailored to their needs
- Young people have better experiences transition out of CAMHS either to adult mental health services or other community assets.

Progress in delivering transformation over 22/23

- Kooth commissioned to deliver service across South East London to children and young people up to the age of 24
- Transition pathways for Early Intervention in Psychosis services, with transition worker embedded in CAMHS/AMS teams in Oxleas
- Oxleas transition audit and needs analysis conducted in 21/22. Transition policy developed, based on service user experience measures, which include transition planning arrangements between children and young people's and adult's mental health

Transformation Priority (2/10): Improving care transitions for those aged 16-25

SEL ICS delivery plan 22/23 and 23/24

Q4 22/23

- Review provider transition policies and convene providers to share learning from service development approaches to improve the transition experience.

Q1 23/24

- All Places to have invested in transition support leads to support with discharges and access to other services.
- Invest in community assets supporting 18+ (e.g. MIND, Bromley Well), including social prescribing to support those transitioning out of CAMHS and not eligible for adult mental health services

Q2 23/24

- Begin piloting specialist offers or pathways determined by need. For example, this may include a perinatal offer for those 16-25 years of age in Bexley, Bromley and Greenwich or young people with diagnosis of personality disorder in Lambeth, Lewisham and Southwark.

Transformation Priority (3/10): Making Services More Accessible

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- There is more equal access to mental health and emotional wellbeing services for children and young people across South East London. Service access is needs led and children's health outcomes are as good as those for the most socially advantaged group. Specifically:
  - All Places have a digital Single Point of Access / integrated front door, which enables needs led access to the right services without referrals and arbitrary thresholds (i.e. no wrong door approach)
  - iThrive framework embedded as a way of working across all system partners and across all six Places.

Progress in delivering transformation over 22/23

- An ICS wide review of our mental health inequalities data was conducted in 21/22 and consultation with system partners undertaken to develop a priority action plan for how to address inequalities in mental healthcare for children and young people and their families in South East London developed. The 10 priority areas for action have formed the basis of this Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan as we want addressing inequality to be central to all of our activities.
- Development work for Single Point of Access underway for Lewisham's model linked with Family Hubs and Bromley's co-hosted by Bromley Y and Oxleas underway.

Transformation Priority (3/10): Making Services More Accessible

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Each Place to complete an initial self-assessment against the iThrive framework

Q4 22/23

- Development of a core offer for a Single Point of Access for boroughs to ensure consistency in the offer across South East London
- Places to develop implementation plans for iTHRIVE framework.

Q1 23/24

- Implementation plans to be taken forward following iTHRIVE framework self-assessment to ensure widespread adoption of framework to ensure service offer is needs led.

Q4 23/24

- Implementation of integrated front door aligned to core offer and iTHRIVE framework across all Places.

Transformation Priority (4/10): Parental Mental Health

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.

Progress in delivering transformation over 22/23

- ICS “Empowering Parents, Empowering Communities” training programme already well established and delivering outcomes in Southwark and Lambeth
- South East London wide perinatal mental health services stocktake completed and planning underway to discuss how to enhance and align the offer with NHS expectations for services by 24/25
- New service model for maternal mental health services agreed by both mental health trusts; awaiting full implementation.
- Assessment and treatment service for under 5s in Lambeth
- The South London Listens community listening programme identified a need for co-produced resources and support, such as peer to peer groups, for parents. Over 22/23 a pilot programme was rolled out across Lambeth, Southwark and Lewisham called ‘Be A Dad’, which aimed to empower and support father’s of children aged 2-11. Lambeth and Southwark also piloted co-production and peer groups for mothers, working with Parents and Communities Together (PACT). The Southwark a programme included sessions for Spanish and Latin American speaking parents to meet the need of local communities (Mamas Empoderadas programme). Evaluation of these pilots is now underway.

Transformation Priority (4/10): Parental Mental Health

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Scaling “Empowering Parents, Empowering Communities” across Bexley, Bromley, Greenwich and Lewisham to form part of each Place’s “Think Family” integrated offer to black and mixed heritage communities
- Implementation of the Maternal Mental Health Service across all six Places (recruitment dependent).

Q4 22/23

- Evaluation of the father’s mental health offer (piloted via South London Listens) for consideration as part of routine commissioning for 2023/24.

Q1 23/24

- Pilot expansion of Under 5 assessment and treatment offer targeting those with Adverse Childhood Experiences in Southwark
- Agreed expansion of the perinatal mental health service and maternal mental health service in line with the ICS’ operating plan for 2023/24.

Q4 23/24

- System wide adoption of ‘think family’ and THRIVE approaches to deliver better outcomes for families.

Transformation Priority (5/10): Mental Health and Emotional Wellbeing Support in Schools

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- The mental health and emotional wellbeing support offer available in schools across SEL is expanded to new areas and enhanced to support the promotion of good mental health and wellbeing and provide early intervention where needed.
  - Waves 1-7 of Mental Health Support Teams (MHSTs) are fully operational, recruited to and engaging with schools with greatest need.
  - Further waves of MHSTs are rolled out on time, with fidelity to the model to enable 20-25% of the South East London pupil population to access support and onward referral as per the Long Term Plan ambitions.
- Families are supported in their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.

Progress in delivering transformation over 22/23

- Further to the appointment of Bromley as a trailblazer for MHSTs in schools, a total of 14 MHSTs have now been established across boroughs of South East London (2 in Bexley, 3 in Bromley, 3 in Greenwich, 2 in Lambeth, 3 in Lewisham, 1 in Southwark)

Transformation Priority (5/10): Mental Health and Emotional Wellbeing Support in Schools

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Enhancement of MHST offer in existing MHSTs
- Engagement and coproduction with primary schools to undertake a needs analysis and options appraisal to explore additional/different models of mental health support in schools to supplement the MHST offer with a specific focus on the needs of key stage 2 children from Black and mixed heritage backgrounds and/or those with low rates of attendance
- Deliver Fantastic Fred pilot across 52 primary schools

Q4 22/23

- Evaluation of the Fantastic Fred pilot and consideration given to potential extension or routine commissioning for 23/24

Q3 23/24

- Expand the number of MHSTs in South East London through delivery of further waves as part of the national programme (i.e. Bexley, Lambeth and Southwark to gain one hub in wave 8 in 2023), enabling a much higher proportion of school age children to be reached.

Transformation Priority (6/10): Supporting CYP Experiencing Trauma and Distress

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- The children and young people's mental health offer and ethos across settings is adapted to cater to the needs of children experiencing trauma and distress (Adverse Childhood Experiences, racism and discrimination). Service offers will become more trauma-informed and culturally competent and new care models will be trialled to improve rates of engagement in services and eventual outcomes for children and young people – specifically, those from black and mixed heritage families and marginalised communities.
- There is improved understanding of the context of children and young people presenting with challenging behaviour across settings and more access to appropriate support offers

Progress in delivering transformation over 22/23

- Novel therapeutic approaches to engagement trialled through initiatives with football clubs (e.g. Charlton Athletic) and the Community Multi-systems Violence Reduction Programme with focus on trauma informed care and cultural competence with novel intervention programmes
- Emotional wellbeing support service for children who have experienced sexual assault, originally available only in Lambeth, Lewisham and Southwark, expanded to cover all Places in South East London.
- Award winning trauma informed care approach implemented in Lewisham Youth Offending Service

Transformation Priority (6/10): Supporting CYP Experiencing Trauma and Distress

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Engagement and coproduction with schools to undertake a needs analysis and options appraisal to explore additional/different models of mental health support in schools to supplement the MHST offer with a specific focus on the needs of children from Black and mixed heritage backgrounds to support their access to a mental health offer that meets their needs
- Launch and opening of the community multi-systems violence reduction programme for the next two years. Increasing access to mental health services for those affected by or at risk of serious violence.
- Launch of a formally commissioned review to develop a new care model for children and young people who experience sexual abuse across South London.

Q4 22/23

- Clarification of current referral pathways for child sexual abuse services at each Place, with an overarching South East London wide Steering Group established.

Q2 23/24

- Interventions identified through coproduction exercise with schools to support Black and mixed heritage children or those exhibiting poor attendance and engagement in schools to be rolled out across boroughs.

Q4 23/24

- Develop, agree and deliver a new care pathway for children and young people who experience sexual abuse (in line with the recommendations of the commissioned review).

Transformation Priority (7/10): Prevention, Early Intervention & Improved Offer for Young Offenders

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Across each Local Care Partnership, there will be clear pathways and support mechanisms in place that promote prevention, early risk management and access to appropriate mental health interventions for young offenders/those in contact with the criminal justice system

Progress in delivering transformation over 22/23

- South East London ICS was 1 of 3 ICS's awarded transformation funding following a competitive bidding process to establish a three year Community Multi-systems Violence Reduction Programme (CMSVRP). The SEL Vanguard is comprised of a clinical hub based at SLAM with case managers embedded in the community who work with those experiencing or at risk of experiencing serious violence focus to support them in accessing mental health services. The programme draws on local community assets to ensure cultural competence and trauma informed care are at the core of the offer. In the first year of the programme, pump priming was provided to Red Thread to support those presenting at A&E following serious incidents.
- Award winning trauma informed care approach implemented in Lewisham Youth Offending Service. It was intended through the Vanguard programme that learning from this service may be rolled out to other areas.

Transformation Priority (7/10): Prevention, Early Intervention & Improved Offer for Young Offenders

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Launch and opening of the community multi-systems violence reduction programme for the next two years.

Q1 23/24

- Undertake work with place to review the pathways and intervention offer available at place and review the structures in place for multi-agency work

Transformation Priority (8/10): Eating Disorders

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Children and young people experiencing disordered eating are identified early and able to access specialist services in timely manner and closer to home when they need it, specifically:
  - National waiting time standards for routine and urgent cases are met consistently, reducing the number of children and young people in crisis due to their eating disorder.
  - Eating Disorder services have sufficient capacity in order to be able to accept referrals from range of referral sources including self-referral.
- Activities to support early intervention such as training to staff on disordered eating for early intervention and bolstering community assets.

Progress in delivering transformation over 22/23

- Significant expansion of service undertaken in 2021/22 and 2022/23; however, recruitment to posts has been slow, which is resulting in challenges in reducing the waiting times for accessing the service.
- SLAM have developed and begun implementing an enhanced clinical triage model to ensure referrals accepted are appropriate and that individuals can be otherwise redirected with adequate support to manage demand for the service. It is hoped this will also support improved referrals in future managing overall demand for the service.

Transformation Priority (8/10): Eating Disorders

SEL ICS delivery plan 22/23 and 23/24

Q4 22/23

- Development of a proposal to pilot a stepped care service at a local partnership level building on community CAMHS, and primary care services for eating disorders. Pilot to start in Bromley.

Q1 23/24

- Training to be delivered to staff in other services on disordered eating to support early intervention.
- Delivery of the national waiting times standards for routine and urgent appointments as per the 22/23 operating plan.

Q2 23/24

- Evaluation of Bromley stepped care pilot and expansion as required.

Transformation Priority (9/10): Accident & Emergency Department Presentations

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Children and young people who present in crisis to A&E receive timely and age-appropriate care and wait no longer than is necessary in A&E, specifically:
  - Timely access to a bed where required
  - Timely discharge and onward referral to appropriate support where required

Progress in delivering transformation over 22/23

- Work has been undertaken to demonstrate that while bed occupancy and acuity fluctuates generally we hold sufficient inpatient bed capacity for those deemed appropriate for admission to General Adolescent Units and Psychiatric Intensive Care Unit; however, additional support may be warranted for those presenting in crisis further to their experience of wider family or social breakdown and availability of a place of safety for them.
- Development and implementation of a discharge/escalation protocol for system partners in Greenwich Place, which has been rolled out also to Bexley Place following success in Greenwich.
- Paediatric A&E liaison offer in place in Kings and Guys and St Thomas'

Transformation Priority (9/10): Accident & Emergency Department Presentations

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Roll out of mental health nurses in children's acute wards to support overall system demand. This initiative is supported by Service Development Funds in 22/23.
- Following approval of the ICS' crisis liaison and alternatives fund, increase training for A&E mental health liaison teams to ensure that staff are appropriately trained to meet the needs of children and young people

Q4 22/23

- Each borough/place to have developed clear discharge and escalation protocols so that staff are aware of pathways, roles and responsibilities, enabling no child to wait longer in A&E than is necessary. This will be supported by the Pan-London agreement between local authorities and the provider collaboratives, signed by the end of 2022/23.

Q4 23/24

- Crisis House for young people serving population of Lambeth, Lewisham and Southwark to provide an alternative place of safety to open.

Transformation Priority (10/10): Crisis Presentations & Step Down

SEL ICS transformation objectives and progress to date

Intended outcomes and benefits of transformation

- Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible i.e. across South East London we will observe a reduction in
  - The number of children and young people presenting in crisis to A&E
  - Need for psychiatric inpatient units
  - Delayed discharges in emergency departments
- Delivery of the Long Term Plan ambition to ensure comprehensive coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment team functions.

Progress in delivering transformation over 22/23

- Comprehensive coverage of 24/7 crisis provision in place in Lambeth, Lewisham and Southwark.
- All ages crisis lines in place across all six boroughs in South East London, with a dedicated crisis line in place for CYP at key times during the day,
- Positive behaviour support offer in place (in pilot phase) for children and young people (up to 25 years) with concomitant mental health and learning disabilities to support discharge from hospital and prevent crisis/readmission.

Transformation Priority (10/10): Crisis Presentations & Step Down

SEL ICS delivery plan 22/23 and 23/24

Q3 22/23

- Sustain the 24/7 all-ages crisis line and the children and young people's mental health crisis line, including additional staffing to bolster service provision over winter.
- Following a successful procurement round, contract for a Positive Behaviour Support service for the next two years to be issued to continue to support children and young people with learning disabilities/autism and concomitant mental health needs.

Q4 22/23

- Development of a core offer for 24/7 crisis provision for children and young people (specifically Home Treatment Team function), in line with the Long Term Plan ambitions.

Q1 23/24

- Begin recruitment of staff in support of delivery of our crisis core offer. In Bexley, Bromley and Greenwich this will include the development of a Home Treatment Team.

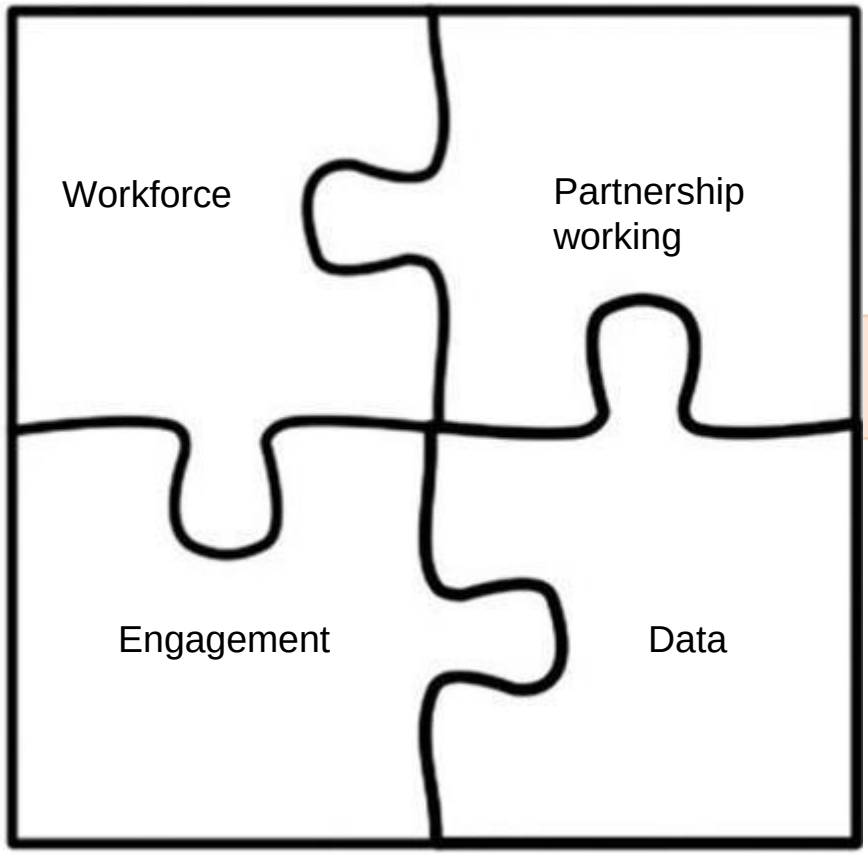
Q3 23/24

- Implementation of an all ages 111 service for mental health across the South London footprint, including service provision for children and young people.

Delivery Plan: Cross Cutting Activities

Delivery of our Children and Young People's Transformation Plan is underpinned by a number of cross-cutting activities. Advancing mental health equality (as outlined through our 10 delivery priorities) and enhancing prevention (through developing new models of care, linked to primary care and improved VCSE integration) are the golden threads running through.

Advancing Equality



Mental Health Prevention

Delivery Plan: Cross Cutting Activities
Workforce

In delivering our transformation plan we aim to improve the capacity and capability of both clinical and non-clinical roles provided by a mixture of NHS, local authority and voluntary and community sector providers through 2022/23 and 2023/24.

Staffing expansion for 2022/23 is outlined in the South East London mental health submission of our Operating Plan. The final number and complement of staff to be recruited in 2023/24 is yet to be finalised and will be agreed upon by Local Care Partnerships (comprised of key organisations across health and social care) following the completion of our demand and capacity modelling exercise for all of our community CAMHS services.

We anticipate there will be an expansion in 24/7 crisis care staffing (notably through development of a Home Treatment Team function in Bexley, Bromley and Greenwich boroughs), Mental Health Support Teams (with further roll out of waves), and staff to support with transitions between children and young people's mental health services and adult mental health services.

In alignment with our wider ICS workforce plans, our providers are planning and delivering initiatives to:

Delivering initiatives to boost retention:
- Creating opportunities for career progression
- Providing staff wellbeing offers
- Promote the South London Partnership Passport, which enables staff to work flexibly across the three NHS Trusts across South London

- Improve workforce diversity so staff reflect local communities (e.g. holding local recruitment fairs)
- Building cultural competency (SLAM is a PCREF site and drawing on culturally competent community assets such as through our NHSE 3-year funded community multi-systems violence reduction Vanguard)

- Improve workforce capability and competence. Providers will increase access to training where needs are identified (for example workforce support and training to increase the reporting of clinician and patient reported outcomes in Southwark)

Delivery Plan: Cross Cutting Activities
Partnership Working

Our transformation plan aims to bring together partners to deliver better outcomes for children and young people across South East London. There are numerous ways we propose to do this.

Leveraging Opportunities for System-Wide Working

- As an ICS, we will bring together partners from across our Places to develop and monitor delivery of the plan, and identifying opportunities for working at scale across the ICS ('once' for our population).
- We will work together with partners to agree common standards and outcomes for services across South East London, supported by local delivery.

Enabling Local Delivery through Local Care Partnerships

- Our borough based Local Care Partnerships (including health and care services) will be responsible for agreeing on transformation activities and delivering these as per our ICS commitment to delegation and subsidiarity. This should mean that delivery best reflects the need of local populations.

Mental Health Provider Collaboration

- Our Provider Collaborative (South London Mental Health and Community Partnership, which brings together Oxleas NHS Foundation Trust, SLAM NHS Foundation Trust, and St George's Mental Health NHS Trust) will continue to deliver a transformation programme for its services used by children and young people.

Adopting the i-THRIVE Framework for System Change

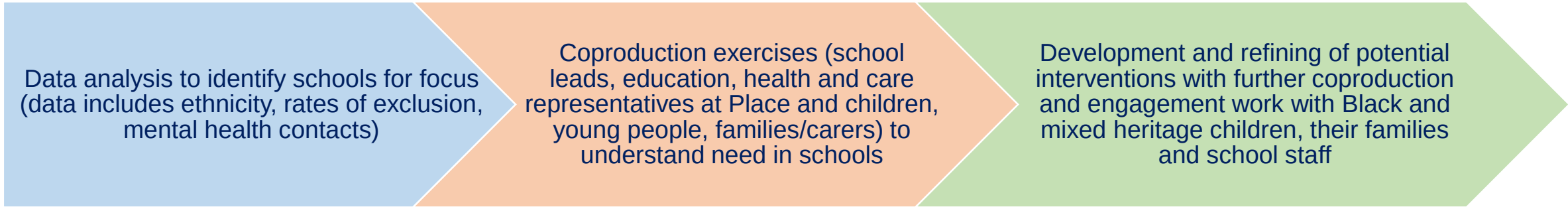
- We will work to develop integrated approaches across health, social care, education and the voluntary sector, such as the evidenced- based 'I Thrive'
- All Places will develop local i-THRIVE implementation plans in 2022/23 for action in 2023/24, incorporating the Framework into our ways of working.

Delivery Plan: Cross Cutting Activities
Engagement

- As an ICS we are working to develop our approach to engaging with patients, communities, and voluntary sector partners. We have implemented a number of large engagement activities open to the public across South London – this includes online community engagement in support the development our ICS Five Year Strategy and the South London Listens programme. Both initiatives have helped to identify community priorities for service change and activities to support Children and Young People's Mental Health were a key theme that arose.

- We continue to develop our approach to engaging with service users (children, young people and their families), communities, and voluntary sector partners through specific programme activities to ensure engagement is meaningful and relevant to services in that community. We are committed to improving transparency and engagement with our communities this is demonstrated by:
  - Publishing our Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan on our ICS website
  - Publishing waiting times for Children and Young People's Mental Health Services provided by Oxleas and SLAM through the South London Listens Programme.

Example project in 2021/22: Coproduction exercise to identify a school based intervention to support Black and mixed heritage children experiencing trauma and distress with a view to supporting access to mental health support, improving wellbeing and minimising unnecessary exclusions.



Delivery Plan: Cross Cutting Activities
Data

We recognise that:

- Our Local Care Partnerships need to have ready access to data to support them in making decisions about services to best support their local populations.
- To make real change in advancing mental health equality we need to improve our data quality on protected characteristics and mental health outcomes so that we can better measure the impact of our services and our transformation activities

Over 2022/23 and 2023/24 we will:

Continue to work with all NHS funded service providers to submit data to the Mental Health Minimum Dataset (MHMDS). We recognise that some of voluntary sector providers have limited capacity to report data into the national database and we will explore opportunities to support them directly in 2023/24.

Work with our providers to improve data quality, reporting on each of the protected characteristics as outlined in the Equality Act so that we can improve our monitoring and evaluation of service access.
Improve use of paired outcome measures to enable us to monitor the impact of our approaches and consider this by protected characteristic.

Work to develop a children and young people's mental health data dashboard with consistent metrics across providers that is aimed at our Local Care Partnerships to enhance conversations on local delivery and understand impact and system needs. This includes outcome reporting support the transformation programme moving forwards.

Next steps for delivery

Over the next few months, our priority actions as an ICS are:

October 2022
Undertake demand and capacity modelling to develop realistic and sustainable ambitions for waiting time reductions across South East London

November 2022
Agree a core offer of initiatives to ensure no child or young person waits longer than 52 weeks for an assessment

December 2022
Finalise funding commitments for Core Offer and local initiatives for delivery and implementation in 23/24

January 2022
Begin recruitment and delivery planning.

Develop and implement our approach to monitoring impact of our transformation plan

February and March 2022
Monitor and oversee delivery of 22/23 initiatives and prepare for 23/24 delivery so transformation activities can begin at pace

South East London Integrated Care System

NHS South East London

Key Programme Risk for 2022/23 and 2023/24

Key delivery risks and mitigations (1/4)

Key risk	Due to	Mitigations	RAG
WORKFORCE			
There is a risk that services are not staffed with the right number and mix of professionals who have the right skills and competencies to deliver high-quality, evidence-based and age-appropriate care resulting in the transformation objectives of this plan not being met, specifically: • Waiting time standards are not met for community CAMHS and Eating Disorder services • Children and young people do not receive the specialist support they need e.g. young adults cannot access specialist support with transitions	• National mental health workforce shortage and challenges with recruitment and retention • Lateness of agreeing funding to enable timely recruitment. • Challenges in recruiting to clinical staff across Bexley, Bromley and Greenwich boroughs due to internal competition within SEL ICS over London weighted roles. • Inequitable funding for VCSE partner jobs for matched NHS posts. • Lack of access to supervision capacity, workforce training, staff engagement.	• Demand and capacity modelling to be completed in November 22 so that funding for 23/24 can be agreed at the earliest point to enable time for model development and recruitment. • New models of care to be piloted to diversify workforce (e.g. voluntary sector partners delivering care, supervised by NHS services) • Initiatives to support workforce retention (1) career progression e.g. preceptorship programmes (2) continue to promote access via existing forums to the staff wellbeing offers • Oxleas accredited as a Living Wage Employer • Local transformation and delivery plans to understand workforce requirements developed and progress monitored. • Dedicated transformation workforce capacity to be invested in 2023/24 to support services in developing new and alternative models of care. • Development of integrated single points of access included in this plan to make best use of all available resource.	

Key delivery risks and mitigations (2/4)

Key risk	Due to	Mitigations	RAG
IMPROVING ACCESS AND ADDRESSING INEQUALITIES			
There is a risk our transformation plan (which has identified priority areas to address inequalities) fails to achieve impacts in addressing inequalities in access, experience and outcomes for children and young people and their families across South East London	• Incorrect identification of priority areas of focus as a result of lack of data on which populations and communities to support. • Wrong models developed in response to the priority areas identified meaning programmes are not impactful. • Offers developed are not culturally sensitive and do not meet the needs of the local population or those who experience the biggest inequalities in access, experience and outcome of care.	• Plan has been developed in line with the findings of a 12 month ICS wide engagement and health inequalities exercise, with system engagement from all partners. • Development of data dashboard including inequalities metrics to monitor and track investment. • Programme to develop links with the development of the ICS' Core20Plus and population health management approaches. • Local care partnerships to take an active leadership role in developing and tailoring approaches that are most relevant to inequalities experienced to their specific locality. For example, local coproduction exercises to be undertaken to scope proposals for schools mental health programme. • Learning from the South London Listens Programme to be built into the programme and included within the transformation plan.	

Key delivery risks and mitigations (3/4)

Key risk	Due to	Mitigations	RAG
PARTNERSHIP WORKING			
There is a risk that partnership working at Place (i.e. between providers, NHS and Local Authority) and across the system is not sufficiently mature to support the development, delivery and oversight of the range of transformation activities outlined in this plan.	• No agreed focus on CYP across different system partners and as a result, conflicting priorities across system partners. • Different stages of maturation in partnership working and inability to move resources across the system.	• Plan development led through local care partnerships and the CYP mental health network, ensuring consistency in priorities across South East London and across health and care. Plan to also be endorsed by relevant system transformation boards and the ICB Executive to ensure support from senior leads across the system. • Each Place to develop and agree their local delivery vehicle for monitoring the plan, supported by a South East London wide Steering Group. • Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the ICS' governance arrangements. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners. • Development of integrated single points of access across all Places included as a key priority within this Plan to support partnership working.	

Key delivery risks and mitigations (4/4)

Key risk	Due to	Mitigations	RAG
INVESTMENT			
There is a risk that investment available for CYP mental health transformation programmes in South East London is not sufficient to cover the breadth of the activities proposed in the plan and/or not sustained	• Funds available for transformation activities are limited following clearance of backlogs. • Due to reductions in local authority budgets, NHS investment results in LA or other partners disinvesting so investment is not additive. • Wider financial pressures of the ICS.	• ICS commitment to delivery and investment of the Mental Health Investment Standard and Service Development Funds. • Agreement of a phased approach to waiting list and backlog clearance which enables more sustainable prevention and early intervention initiatives to also be implemented in parallel to support overall demand management across the system. • Development of demand and capacity models to enable resources to be effectively targeted over the next year and into further years, building a more sustainable and long-term approach to CYP mental health funding. • Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the ICS' governance arrangements. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners.	

South East London Integrated Care System

NHS South East London

Appendices

Appendix 1: South East London Inequalities Analysis – pre and post pandemic referrals

Table one: pre-pandemic under-25 under/over representation of referrals

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Grand Total
Asian/ Asian British	-3%	-2%	-2%	-2%	-4%	-7%	-3%
Black/ African/ Caribbean/ black British	-4%	1%	-8%	1%	0%	-3%	-4%
Mixed: white and black Caribbean/ white and black African	0%	0%	-1%	-2%	-3%	-2%	-1%
Mixed: white and Asian/ other mixed	1%	2%	3%	5%	1%	1%	2%
Other ethnic group	2%	2%	3%	5%	2%	6%	3%
White	3%	-3%	4%	-7%	3%	5%	3%

Table two: post-pandemic onset: Under-25 under/over representation of referrals

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Grand Total
Asian/ Asian British	-3%	-2%	-3%	-1%	-4%	-6%	-3%
Black/ African/ Caribbean/ black British	-2%	-1%	-4%	0%	-4%	2%	-2%
Mixed: white and black Caribbean/ white and black African	1%	0%	0%	-3%	-1%	-2%	-1%
Mixed: white and Asian/ other mixed	3%	3%	4%	4%	4%	2%	3%
Other ethnic group	1%	3%	2%	5%	1%	6%	3%
White	1%	-2%	1%	-5%	4%	-3%	1%

Table three: post-pandemic onset: Under-25 and over-25 referrals

Ethnicity	Under 25s Total	Over 25s Total	Under 25s % of all referrals	Over 25s % of all referrals	% increase under 25s to over 25s
Asian/ Asian British	1,408	2,215	39%	61%	57%
Black/ African/ Caribbean/ black British	7,556	11,883	39%	61%	57%
Mixed: white and black Caribbean/ white and black African	1,854	901	67%	33%	-51%
Mixed: white and Asian/ other mixed	1,814	878	67%	33%	-52%
Other ethnic group	1,848	4,123	31%	69%	123%
White	20,113	33,770	37%	63%	68%
All	**34,593**	**53,770**	**39%**	**61%**	**55%**

Data sources: "Source of Referral" from MHSDS Data Set; 2011 Census ethnicity data set
'Source of Referral' count used due to having the highest total number for Under 25s data

Total across all ages **88,363**

Appendix 1: Inequalities Analysis - System Impact

Table five: pre-pandemic: Under 25 prime reason for referral, % of referrals

Ethnicity	In crisis	Conduct disorders	Neurodevelopmental Conditions, exc Autism Spectrum Disorder	Suspected Autism Spectrum Disorder	Diagnosed Autism Spectrum Disorder
Asian/ Asian British	3%	4%	3%	0%	3%
Black/ African/ Caribbean/ black British	32%	24%	21%	27%	27%
Other ethnic group	7%	0%	5%	6%	3%
White	45%	63%	61%	55%	54%
Mixed: white and black Caribbean/ white and black African	6%	6%	6%	8%	8%
Mixed: white and Asian/ other mixed	5%	4%	4%	4%	5%
	100%	100%	100%	100%	100%

Table six: 2019/20 South East London rates for school exclusions and suspensions, compared with London data for cautions and sentences

Ethnicity	Permanent Exclusion Rate	Suspension Rate	Number of children cautioned or sentenced	Proportion of all cautions and sentences
Asian/ Asian British	0.03%	1.34%	13	2%
Black/ African/ Caribbean/ black British	0.06%	3.80%	314	41%
Mixed: white and black Caribbean/ white and black African	0.12%	6.28%		
Mixed: white and Asian/ other mixed	0.06%	3.01%		
Mixed: all			146	19%
Other ethnic group	0.05%	3.43%	33	4%
White	0.06%	4.04%	241	32%
Unknown			11	1%
All	**0.06%**	**3.71%**	758	100%

Data sources: "Primary Reason for Referral" from MHSDS Data Set, under 25s
Pre-pandemic data; February 2019 – February 2020
Exclusion data from Gov.uk (2019/2020 timeframe)
Cautions and sentences data from the Youth Justice Board (2019/2020 timeframe); London data

Appendix 2: ICS meetings in which delivery of transformation plan will be monitored

Group/meeting	Attendees	Frequency
Children and Young People's Mental Health Network	• Place based commissioning leads for each of the six boroughs. • Provider representatives from SLAM, Oxleas and Bromley Y • ICS-wide planning, commissioning and transformation support. • South London Partnership (for Tier 3 and Tier 4 services).	Monthly
Provider performance meetings	• Separate meetings for the two Mental Health Trusts in SEL: Oxleas and SLAM. Each attended by relevant representatives and South East London ICB performance team.	Monthly
SEL ICS Mental Health Board	• Place representatives from each borough in South East London, representing the views of all members of their place via their local Mental Health Alliance or Delivery Group. • Provider representatives from the two Mental Health Trusts in SEL: SLAM and Oxleas NHS Foundation Trusts. This includes clinical and non-clinical representation. • ICS-wide planning, commissioning and transformation support. • South London Partnership, the Mental Health Provider Collaborative in South East London. • A Director of Adult Social Services, representing the perspective of adult social care. • A Director of Children's Services, representing the perspective of children's services. • A Director of Public Health, representing the perspective of public health. • Voluntary and community sector representatives (2 representatives, selected from the VCSE Engagement Group). • Participation group champion [further to ICS approach to participation].	Quarterly

Equality Analysis - Full Assessment Tool

Date	Organisation
December 2022	SEL ICB

Project Lead Name	Project Lead Title
Rupinder Dev	Director for Mental Health, Children and Young People, and Inequalities

Name of Project/Decision
Development of a South East London ICB Children and Young People's Mental Health and Emotional Wellbeing Transformation and Delivery Plan for 22/23 and 23/24

Aim of Project/Decision
What is the purpose pf the policy/paper? In what context will it operate? The document describes our system intentions with respect to service transformation for children and young people's mental health. It outlines our transformation and service improvement ambitions for children and young people's mental health and emotional wellbeing services across South East London Integrated Care System (ICS) over the course of 2022/23 and 2023/24. **It is important to note that the transformation plan does not reflect all initiatives currently underway across South East London to support children and young people's mental health and emotional wellbeing - nor is it meant to**. In 2015, and the following years, there was an expectation that local 'transformation plans' were developed to set out how systems would use their resources and investment to improve children and young people's mental health across the "whole system". Although national co-ordination of these plans is no longer required, children and young people's mental health remains a high priority for our ICS (part of our forthcoming strategy) and therefore it is important that we continue to develop a local plan which demonstrates service improvements for children and young people's mental health services across system partners in a transparent and effective manner

The plan has been produced to demonstrate our response as a system to these ambitions; however, it also takes into consideration our own local intentions derived through local assessment of need:

1. Ambitions derived by our Local Care Partnerships who locally coproduced plans for system change relevant to their local system and population needs. The transformation plan is **a high-level summary of agreed activities that we will deliver consistently across the ICS**. Each Local Care Partnership across South East London holds their own action plan with local partners, which includes activities in addition to those listed in this summary document.
2. Priority areas for transformation that were identified through an ICS-wide consultation exercise exploring how addressing inequalities in mental healthcare for children and young people and their families in South East London. This consultation exercise identified 10 priority areas for transformation and these are clearly outlined in the plan.

Who is it intended to benefit?

The transformation plan outlines our intentions and ambitions as a system to improve equality of access and promotion inclusivity for all. The plan explicitly states:

"This plan aims to deliver care improvements to benefit any child and young person aged 0-25 across South East London accessing mental health and emotional wellbeing services. As a system, we aim to commission services that are anti-discriminatory and inclusive to the diverse needs of our communities. Our services should pay due regard to the needs of individuals with respect to their identity (protected characteristics as outlined in the Equality Act) and make efforts to support to the most vulnerable (such as those often socially excluded) and those at greater risk of developing mental health problems to support their engagement and experience of care."

The transformation plan outlines our intentions to deliver care improvements to a number of pre-existing services across South East London, and it is our hope that through explicitly stating our SEL ICS ambition to ensure commissioned mental health services work toward being anti-discriminatory, anti-racist, and trauma-informed in practice, that this will drive change across services to the benefit of all children and young people. All existing and new commissioned services that are mentioned within the transformation plan will be encouraged to pay due regard to the needs of individual as per their protected characteristics and complete or update EIAs as appropriate. We intend to improve our monitoring and evaluation approach with respect to all protected characteristics to ascertain if there has been benefit/improvements in care.

What results are intended?

The intended outcomes and benefits of the activities outlined in our transformation plan are many and are detailed in full throughout for each transformation priority.

Why is this plan needed?

This plan is needed as it clearly sets out our ambitions as a system for transformation of children and young people's mental health services and provides clarity to our system partners on our expected deliverables over 22/23 and 23/24.

1. Full Equality Analysis: How does this policy/decision impact protected patient and staff groups?

Guidance note: Please consider the impacts of the policy/service on protected groups to reduce the risk of disproportionate impact and the likelihood of bias in policy, process and systems.

Protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation *(click the hyperlinks for further information)*

Health Inclusion groups include, but are not limited to, people who are: carers, homeless, living in poverty, asylum seekers/refugees, in stigmatised occupations (e.g. sex workers), use substances, geographically isolated (e.g. rural

Overview:

Do we understand local demographics, likely health inequalities[1] and potential barriers to engagement like language or access to services? What patient involvement has been considered or what engagement gaps need to be addressed? Consider intersectional issues where patients or staff may be affected by disadvantage for more than one protected characteristic e.g. ethnic minority women.

Have we engaged with staff to gain an understanding of staff needs and concerns and any increased risks, and in implementing this policy or commissioning this service will a risk assessment need to be completed[2]? When workforce planning, will requirements to increase representation[3] or occupational requirement exceptions[4] need to be considered?

Please briefly describe any potential impacts on the protected groups below:

Protected demographic group	Summarise likely impacts	Disproportionate impact (Y/N)

[1] https://www.england.nhs.uk/about/equality/equality-hub/resources/summary-data/
[2] https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff
[3] https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/
[4] Occupational requirement exceptions

Protected demographic group	Summarise likely impacts	Disproportionate impact (Y/N)
Age Think about different age groups and the way the user would access the policy/service: • Is it user friendly for that age group whether older, younger or working age? • What is the age breakdown in the community/workforce? Will the policy/service have significant impact on certain age groups? • How will you ensure a digitally inclusive approach particularly for older users?	First, it is important to note that the initiatives within the plan encompass service transformation intentions for some services that do have restrictions in eligibility on the basis of age. For example, child and adolescent mental health services provided by both SLAM and Oxleas typically see patients up to their 18th birthday and adult mental health services from 18 years +. This is to ensure that the services are specifically tailored to meet the needs of different age categories. Our transformation plan refers to services that may be utilised by children and young people up to the age of 25. 1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Yes. The plan considers different age categories with a view to reducing disproportionate negative care impacts (access, experience, outcomes) for certain age groups. We have identified the needs of 16–25-year-olds as a priority area for transformation focus, acknowledging that the needs of individuals at this age are unique. Through consultation and engagement with staff in providers our transformation plan outlines our intentions to explore the need for a SEL coordinated activity to improve the offer to 16-25 through developing a set of standards, principles or a framework for care or transitions. We have already explored how we may support particular inclusion groups such as care leavers and through this transformation plan timeframe we will continue to explore how we may be able to support certain cohorts with additional needs or vulnerabilities. The transformation plan outlines the following initiatives for 16-25s, which we anticipate having a positive impact on engagement with services: • Appointment of new transition worker roles in NHS services to ensure services better meet the needs of this age cohort. We may convene shared learning events with providers to understand, monitor and evaluate the impact of these roles. • Training to staff to ensure they deliver age-appropriate care There are other areas of transformation plan the benefit of tailored service offers by age to better meet the needs and advance equality. For example: 1. The provision of a crisis line and offer that is for children and young people, which is distinct to the adult offer	

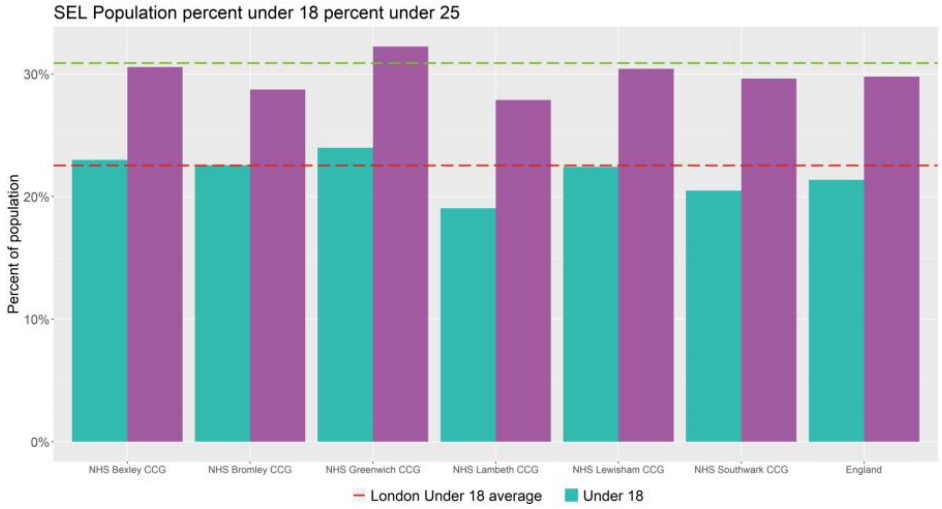
In addition to the SEL wide plan, Local Place Based Plans have also considered how they may enhance their offer to certain age categories. For example, the offer to those aged 0-5 has been considered.

2. **Has our plan reviewed data on this cohort to inform decisions:**

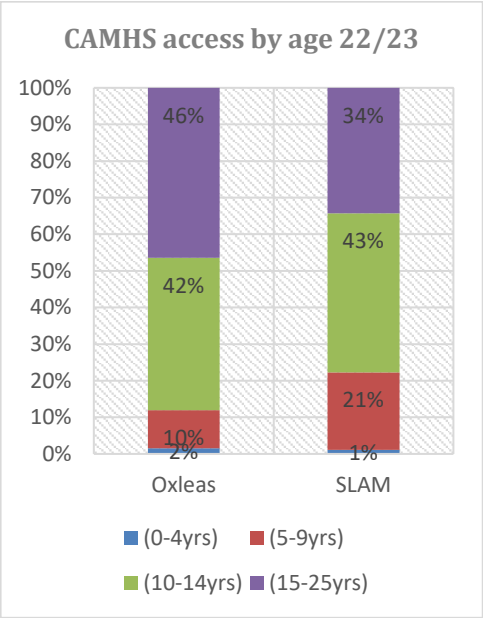
Yes.

We have reviewed quantitative data on the number of children living in each borough and also considered this by age.

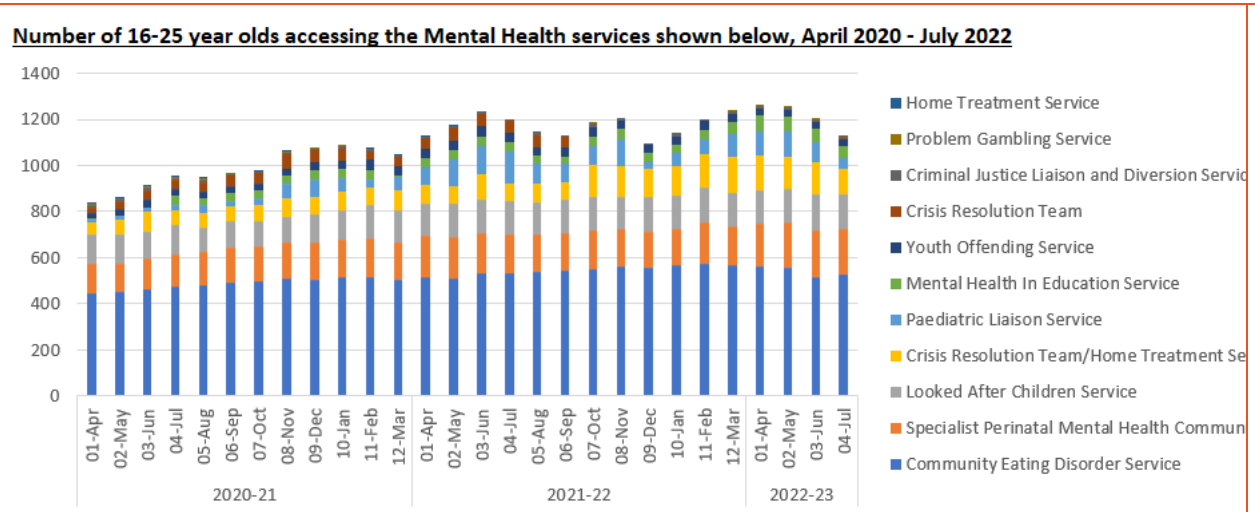
In SEL, Greenwich's population has the highest percentage of CYP for both under 18s (**24%**) and under 25s (**32%**). Lambeth has the lowest percentage of under 18s (**19%**) and the lowest percentage of under 25s (**28%**) in SEL.



We have also looked at service access data by age. Please see below community CAMHS access by age in 22/23:



We have worked with the SEL ICB BI team to analyse data on access to a wide range of mental health services in each borough by age. For example, below shows the use of some MH service lines by those aged 16-25:

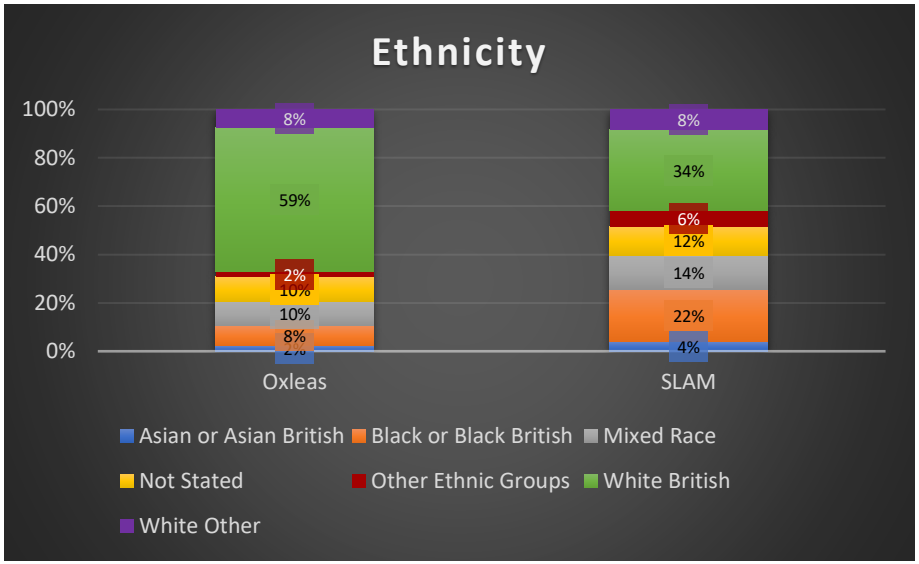
	 Providers have also reviewed qualitative data or feedback from service users in informing their 16-25s work. **3. What are our expected impacts?** We hope our initiatives will have a positive impact in alleviating and existing disproportionate negative impacts on the mental health care offer with respect to age. We aim to do this by delivering a range of service transformation activities to increase the number of children and young people across SEL who are receiving age-appropriate care.	
Disability Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Yes. Specifically, children and young people experiencing certain types of disability, such as learning disability, ASD and other mental health challenges. The transformation plan outlines our intentions to work with staff in our provider organisations to develop our core offer for those with a diagnosis of ASD or ADHD. In addition, it includes intentions to roll out a Positive Behaviour Support service offer as part of the Learning Disability and Autism proposal.	

• Accessibility – venue, location, signage, furniture, getting around and digital inclusion • Disability awareness training for staff • Actively involve the service user and talk it through with them • Mental health – does this affect significant communities in the local population?	In addition to the SEL wide plan, Local Place Based Plans have also considered how they may enhance their offer relevant to those living with disabilities. 2. **Has our plan reviewed data on this cohort to inform decisions:** To some extent. For example, across SEL we have reviewed data on the number of children with ADHD and ASD that are waiting for assessments with providers. For example, across Lewisham, Lambeth and Southwark we have an estimated 82, 59, and 146 people expecting to wait more than 52 weeks for an ADHD assessment. For ASD and ADHD we have considered intersectionality with respect to ethnicity: **Table five: pre-pandemic: Under 25 prime reason for referral, % of referrals** | Ethnicity	In crisis	Conduct disorders	Neurodevelopmental Conditions, exc Autism Spectrum Disorder	Suspected Autism Spectrum Disorder	Diagnosed Autism Spectrun Disorder
---	---	---	---	---	---
Asian/ Asian British	3%	4%	3%	0%	3%
Black/ African/ Caribbean/ black British	32%	24%	21%	27%	27%
Other ethnic group	7%	0%	5%	6%	3%
White	45%	63%	61%	55%	54%
Mixed: white and black Caribbean/ white and black African	6%	6%	6%	8%	8%
Mixed: white and Asian/ other mixed	5%	4%	4%	4%	5%
	100%	100%	100%	100%	100% | **Table six: 2019/20 South East London rates for school exclusions and suspensions, compared with London data for cautions and sentences** Otherwise across SEL we have not analysed service data with respect to all disabilities. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. We are aware of this as a gap and a key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning and this has considered local data on disability. For example, Lambeth's 2022 JSNA states that Lambeth ranks 25th among 343 local authorities in England for percentage of residents aged up to 25 years with an Education, Health, and Care Plan (EHCP). **3. What are our expected impacts?** We hope our initiatives will have a positive impact in alleviating and existing disproportionate negative impacts on the mental health care offer for those with ADHD and ASD; however, we are aware that for other disabilities not explicitly with transformation initiatives the impact may be neutral. We will be sure to consider the needs of those with disability when we are scoping 'core offers' throughout the course of the programme. For example, when we develop our 'core offer' for wait list management approaches, we will ensure the commissioned services are considering how they meet the	

	needs of people with disability if they are to be engaged with by virtual means as this approach could result in different experiences for those with disabilities.	
Race You need to think about the local demographics of the population and who will be accessing the service. Talk to public health. Consider for example: 1. Cultural issues (gender, clothing etc.) 2. Languages 3. Support to access 4. Staff training on cultural awareness, interpreting etc. 5. Tackling health inequalities	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Yes. Our transformation plan explicitly considers the need for service transformation to ensure that our services are relevant to different ethnicities within our local boroughs. Specific activities include: a. Through coproduction (with school staff, children, their families and carers), to agree upon an intervention that can be piloted in the school to: i. Support staff in how they best understand and meet the needs of children, particularly those from Black and mixed heritage backgrounds, experiencing trauma and distress who may also be demonstrating behaviour that challenges and poor attendance. ii. Support improved outcomes for Black and mixed heritage children (i.e. responds to data indicating unmet mental health support needs (such as through lower rates of access to mental health services in childhood), higher rates of detention and incarceration) This project has been developed in response to our understanding of the mental health needs for intersecting identities of race and gender. That is, across South East London, Black adult men are over represented in mental health inpatient units and so this initiative hopes to support with early intervention and prevention to respond to this disproportionality. b. We are rolling out a community multisystem violence reduction programme to support people at risk of or affected by serious violence. We are bolstering support to community assets that represent our local communities to support people to engage with mental health services. This work has a focus on cultural competency. c. Our transformation plan includes details of wider provider workforce ambitions for ensuring their workforce better reflects local demographics, such as by holding local recruitment fairs 2. **Has our plan reviewed data on this cohort to inform decisions:** Yes.	

We have considered the local demographics in each of our 6 boroughs and are aware that SEL has an ethnically diverse population but there is significant variation between boroughs. For example, the proportion of people who are Black or multi-ethnic ranges from 19% in Bromley to 46% in Lewisham.

We have also reviewed service access data by ethnicity. Please see below CAMHS service access by ethnicity in 22/23.



We have looked to explore who is considered under or over represented in referrals relevant to their local population and we looked pre and post pandemic onset:

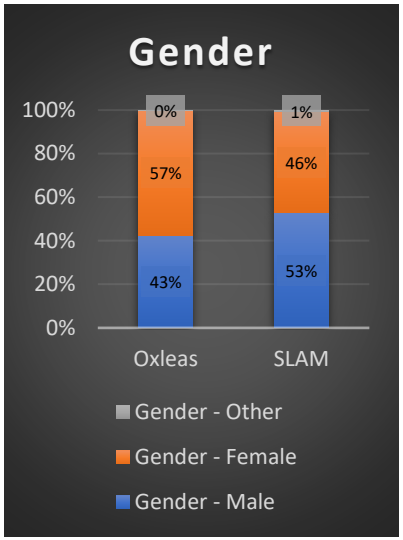
Table one: pre-pandemic under-25 under/over representation of referrals

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Gra
Asian/ Asian British	-3%	-2%	-2%	-2%	-4%	-7%	
Black/ African/ Caribbean/ black British	-4%	1%	-8%	1%	0%	-3%	
Mixed: white and black Caribbean/ white and black African	0%	0%	-1%	-2%	-3%	-2%	
Mixed: white and Asian/ other mixed	1%	2%	3%	5%	1%	1%	
Other ethnic group	2%	2%	3%	5%	2%	6%	
White	3%	-3%	4%	-7%	3%	5%	

Table two: post-pandemic onset: Under-25 under/over representation of referrals

Ethnicity	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Gra
Asian/ Asian British	-3%	-2%	-3%	-1%	-4%	-6%	
Black/ African/ Caribbean/ black British	-2%	-1%	-4%	0%	-4%	2%	
Mixed: white and black Caribbean/ white and black African	1%	0%	0%	-3%	-1%	-2%	
Mixed: white and Asian/ other mixed	3%	3%	4%	4%	4%	2%	
Other ethnic group	1%	3%	2%	5%	1%	6%	
White	1%	-2%	1%	-5%	4%	-3%	

	We have also considered intersectionality with other protected characteristics or other vulnerabilities. For example, Children from Black backgrounds and children with mixed ethnicity are disproportionately over-represented within the looked after children population both nationally and locally. **1. Our intended impacts:** We are aware that our transformation plan takes a particular focus on looking at addressing inequalities with respect to ethnicity compared to some of the other protected characteristics. There are many reasons for this. One being around data availability and our ability to be evidence informed in developing our proposals and being able to identify issues. Another is that we are aware through census data that our population demographics are forecast to significantly change. Given the concerted efforts around addressing any negative disproportionate negative impacts on the mental health care offer with respect to ethnicity, we are optimistic that our plan will have a positive impact in this regard.	
Sex Understanding the impact on males and females. For example: • Same sex accommodation - are there areas for privacy and dignity? • Would it be a venue they would go to? • Are there occupational requirement exceptions to support patients from a particular sex? • What does research show regarding the incidence of for example:	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Broadly, no; however, some initiatives have considered intersectionality and consider tailoring approaches with respect to sex in response to data of increased mental health burden for particular intersecting identifies. Overall, the initiatives in the transformation plan are intended to benefit children and young people regardless of their sex or gender. However, through the SEL wide consultation to identify priority areas for transformation that would advance mental healthcare equality, it was raised that across SEL ICS, adult inpatient mental health facilities are disproportionately occupied by men of Black and mixed heritage backgrounds and that Black and mixed heritage boys and young men are often under represented in mental health services. As such, an initiative was devised to coproduce an intervention for school age children of Black and mixed heritage background in response to this, however, this initiative is not targeted just at boys but is mindful of this. 2. **Has our plan reviewed data on this cohort to inform decisions:** Yes, to some extent, as noted in regard to the over/under representation in services of Black and mixed heritage males. However, otherwise we have reviewed the data on service access by sex to understand the use of services but it was not decided that action was otherwise warranted.	

mental health, cancers, early or late diagnoses for males or females?	 **3. Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts with respect to sex; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral.	

Pregnancy & Maternity Consider whether the project/decision will have a significant impact on this protected characteristic: • Ensuring accessibility for all e.g. opening hours • Is there a private area for breastfeeding? Are the chairs appropriate? Are there baby changing facilities and is there space for buggies? • What are the future projections for birth rates and/or statistics regarding mortality outcomes? • Have pregnant employees needs been taken into account and supported in accordance with the law?	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Yes. Our transformation plan includes our intentions to deliver on our national service transformation commitments for expanding our specialist community perinatal mental health offer, which is a service aimed at providing pre-conception care and advice to women with pre-existing serious mental health challenges and support through pregnancy and up to two years post-partum for any arising mental health challenges. The plan also includes our intentions to establish Maternal Mental Health services across South East London, which aim to support women who experience trauma or mental health difficulties associated with their maternity experience, such as PTSD following perinatal loss or birth trauma. Both services have paid due consideration to the specific and unique needs of this cohort to ensure their service offer is inclusive and present minimal barriers to access with respect to the pregnancy or maternity experience. For example, MMHS has been working with representatives with lived experience to develop the service offer and ensure that the space is welcoming to parents, particularly those who may no longer be with their child and ensure this is distinct to the offer of the perinatal mental health team, which would ensure space for breastfeeding, children to play etc. The MMHS is also mindful of the needs of those with intersecting identities of pregnancy and maternity and race and gender as it is known that maternal health outcomes are worst for Black women and, therefore, there may be a greater need for improving the mental health offer to this cohort. 1. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. A key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning, and this should consider local data on religion and belief. 2. **Our intended impacts:** We anticipate the impact of our transformation objectives to enhance or establish our specialist community perinatal mental health services and Maternal Mental Health Services to have a positive impact. In regard to those who are pregnant accessing other services, such as CAMHS, our transformation plan does not explicitly include transformation objectives that attend to any potential disproportionate negative	

	care impacts with respect to pregnancy and maternity; however, we do outline our intentions as SEL ICB to: • Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. • Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral in other commissioned services.	
Religion or Belief Think about the local population and what religion or beliefs they may have. Consider for example: 3. Staff training on respecting differences and religious beliefs 4. Inconvenient timings to implement a change/activity e.g. during a time of religious holiday such as Ramadan? 5. Is there an area for prayer times, religious rituals e.g. washing area?	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** No. Our transformation plan, which reflects ***SEL coordinated service transformation ambitions and initiatives,*** does not outline any interventions targeted specifically at overcoming any potential disproportionate negative health impacts relevant to people of particular religions or beliefs. However, it is important to note that the transformation plan does not reflect all initiatives currently underway across South East London for children and young people's mental health (nor is it meant to); the plan is developed in part in response to a national request to demonstrate our intentions for transforming services in line with National Long Term Plan expectations, in addition to local priorities, and there are no national expectations for transformation for this cohort. While the plan itself does not explicitly outline funded initiatives for these groups of individuals, we are aware that providers and boroughs have a number of initiatives already in place that tailor services offers with respect to religion and belief. Furthermore, we are clear within the transformation plan that all of our transformation activities need to be developed in such a manner that means they are inclusive to all individuals, in particular with respect to their needs as per protected characteristics. 2. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. A key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the	

	equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning, and this should consider local data on religion and belief. 3. **Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts with respect to religion or belief; however, we do outline our intentions as SEL ICB to: • Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. • Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral.	
Sexual Orientation Don't make assumptions as this protected characteristic may not be visibly obvious. 1. Providing an environment that is welcoming - for example diverse posters, leaflets and literature. 2. Using language that respects people who are LGBTQ+	2. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** No. Our transformation plan does not currently include any SEL coordinated service transformation initiatives targeted specifically at overcoming any potential disproportionate negative health impacts for the LGBTQ+ community. However, it is important to note that the transformation plan does not reflect all initiatives currently underway across South East London (nor is it meant to); the plan is developed in response to a national request to demonstrate our intentions for transforming services in line with National Long Term Plan expectations, in addition to local priorities, and there are no national expectations for transformation for this cohort. While the plan itself does not explicitly outline funded initiatives for these groups of individuals, we are aware that providers and boroughs have a number of initiatives already in place or underway to support LGBTQ+ individuals. We are clear within the transformation plan, however, that all of our transformation activities need to be developed in such a manner that means they are inclusive to all individuals, in particular with respect to their needs as per protected characteristics.	

3. Staff training on how to ask people who are LGBTQ+ to disclose their sexual orientation without fear or prejudice.	Further, in addition to the SEL wide plan, Local Place Based Plans have also been developed and we are aware that Lambeth, which has a high proportion of the population who identify as LGBTQ+, have considered initiatives to support this cohort. 3. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. A key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning, and this should consider local data on religion and belief. 4. **Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts with respect to sexual orientation; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral.	
Gender Reassignment Think about creating an environment within the policy/service that is inclusive and non-judgemental.	2. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** No. Our transformation plan does not currently include any SEL coordinated service transformation initiatives targeted specifically at overcoming any potential disproportionate negative health impacts relevant to	

1. Does the organisation need to raise awareness and/or offer training? 2. If the policy/service is specifically targeting this protected characteristic, think carefully about confidentiality, training and communication skills.	people who may be living with a different gender to that which was assigned at birth. However, it is important to note that the transformation plan does not reflect all initiatives currently underway across South East London. The transformation plan does acknowledge we will further scope and discuss the needs of our 16-25 offer with the Mental Health Board and the potential for a SEL-wide coordinated activity to support this cohort, recognising the potential benefits of an initiative at scale were discussed. Therefore, an initiative may yet be developed within the scope of the transformation plan, but one is not currently planned. As noted above, the plan is developed in part in response to a national request to demonstrate our intentions for transforming services in line with National Long Term Plan expectations, in addition to local priorities, and there are no national expectations for transformation for this cohort. While the plan itself does not explicitly outline funded initiatives for this groups, we are aware that some providers and boroughs have initiatives in development or in place that tailor services offers with respect to gender identity and gender reassignment. Furthermore, we are clear within the transformation plan that all of our transformation activities need to be developed in such a manner that means they are inclusive to all individuals, in particular with respect to their needs as per protected characteristics. 3. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. A key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning, and this should consider local data on religion and belief. 4. **Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts with respect to gender reassignment; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any ‘core offers’ developed as an ICB reflect this thinking.	

	b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral. If an initiative is taken forward following steer from the Mental Health Board then we anticipate a more positive impact would be likely.	
Marriage and Civil Partnership 1. Think about access and confidentiality, the partner may not be aware of involvement or access to the service. 2. Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** Our transformation plan does not currently include any SEL coordinated service transformation initiatives targeted specifically at overcoming any potential disproportionate negative health impacts relevant to an individual's marital or civil partner status. However, it is important to note that the transformation plan does not reflect all initiatives currently underway across South East London (nor is it meant to); the plan is developed in response to a national request to demonstrate our intentions for transforming services in line with National Long Term Plan expectations, in addition to local priorities, and there are no national expectations for transformation for this cohort. We are clear within the transformation plan that all of our transformation activities need to be developed in such a manner that means they are inclusive to all individuals, in particular with respect to their needs as per protected characteristics. Where we have initiatives that are targeted at parents and carers, these are to ensure they are inclusive of all family models and structures. 2. **Has our plan reviewed data on this cohort to inform decisions:** No. As our primary cohort is children arguably this protected characteristic may be of slightly less relevance than to an older adult population and so that may be one reason why data on this would be absent. Our knowledge is currently limited about disproportionate impacts by all protected characteristics listed in the equality act either due to lack of provider enquiry, data quality or ready access to latest data. A key area of development outlined in the transformation plan is our intention to develop a CYPMH data dashboard which will include reporting on service access data by protected characteristics as per the equality act. In future, this will enable us to better understand any disproportionate impacts and develop relevant service transformation initiatives in response. Each Place, however, will have a JSNA that they have used to inform their local planning, and this should consider local data on marriage and civil partnership. 3. **Our intended impacts:**	

	Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts with respect to marriage and civil partnership; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes by protected characteristics, we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral.	
Carers • Does your policy/service impact on carers? Ensure carers' voices are heard. • Do you need to think about venue or timing? • What support will you be offering?	1. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for this cohort:** No. Our transformation plan does not currently include any SEL coordinated service transformation initiatives targeted specifically at overcoming any potential disproportionate negative health impacts relevant to carers. However, it is important to note that the transformation plan does not reflect all initiatives currently underway across South East London (nor is it meant to); the plan is developed in response to a national request to demonstrate our intentions for transforming services in line with National Long Term Plan expectations, in addition to local priorities, and there are no national expectations for transformation for this cohort. While the plan itself does not explicitly outline funded initiatives for these groups of individuals, we are aware that providers and boroughs have a number of initiatives already in place that tailor services offers with respect to young carers. Furthermore, we are clear within the transformation plan that all of our transformation activities need to be developed in such a manner that means they are inclusive to all individuals, in particular with respect to their needs as per protected characteristics. 2. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts by those who identify as young carers due to lack of provider enquiry, data quality or ready access to latest data. Each Place, however, will have a JSNA that they have used to inform their local planning, and this may have considered data on young carers.	

	3. **Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts for those who are young carers; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes for certain cohorts so we can ensure modifications to service offers are delivered in future • Given this, we anticipate the impact to be neutral.	
Health Inclusion These groups are often most impacted by serious health inequalities. Please consider: 1. How does your project/decision impact those on low incomes, who are homeless, use substances etc.?	2. **Does our plan explicitly describe service transformation initiatives intended to reduce any disproportionate negative care impacts (access, experience, outcomes) for those often socially excluded groups:** Yes. Our plan does not outline explicit plans for all health inclusion groups; however, some do have specific projects defined. For example, a key transformation area outlined in our plan to advance mental health equality is to support those people who are in contact with the youth justice system. We have several initiatives developed to support their needs, and we are launching a Community Multisystem Violence Reduction Vanguard to support children and young people at risk of or affected by serious violence through case management and support with community assets that represent local communities. Furthermore, our plan does outline intentions to support children and young people experiencing trauma and distress, and rates of trauma and adversity are particularly high in health inclusion groups such as looked after children and those at the edge of care, refugees and young people in insecure housing or experiencing homelessness, and those with co-existing drug use. Our plan does not outline specific activities for each of these health inclusion groups, however, we are aware that providers and places do have initiatives in place to meet the needs of some of these groups. 4. **Has our plan reviewed data on this cohort to inform decisions:** No. Our knowledge is currently limited about disproportionate impacts for all health inclusion groups due to lack of provider enquiry, data quality or ready access to latest data.	

	Each Place, however, will have a JSNA that they have used to inform their local planning, and data on the needs of health inclusion groups should be included within these. 5. **Our intended impacts:** Our transformation plan does not explicitly include transformation objectives that attend to any *potential* disproportionate negative care impacts for all health inclusion; however, we do outline our intentions as SEL ICB to: a. Ensure that any commissioned service that is referenced within our transformation plan provide services that pay due regard to the needs of protected characteristics as per the Equality Act and are anti-discriminatory and inclusive; we will ensure that any 'core offers' developed as an ICB reflect this thinking. b. Be data driven so that in future as we build our CYPMH dashboard and our learning of care access, experiences and outcomes for certain cohorts so we can ensure modifications to service offers are delivered in future Given this, we anticipate the impact to be neutral for most health inclusion groups. For young offenders / those in contact with the criminal justice system, we anticipate that the plan will have a positive impact.	

2. Does this project/decision adhere to the three aims of the General Duty of the Equality Act 2010?

The General Duty:

- Eliminate unlawful discrimination, harassment, and victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.

Use this section to briefly summarise how the policy/proposed project will action any of the three aims of the General Duty:

Yes. Our transformation plan sets out our intentions as a system to advance equality and commission services that are anti-discriminatory are inclusive. As a system we will work with system partners to deliver on the transformation plan in a manner that:

- encourages participation and consults with people from different groups
- takes steps to meet difference needs, and understand that achieving equality does not mean treating all people exactly the same but being responsive to their needs
- ensure no one experiences less favourable treatment or discrimination

3. Does this project/decision adhere to the relevant articles of the Human Rights Act 1998?

Selection of relevant articles from the Human Rights Act 1998 using the framework of the FREDA values:

Value	Human Right	Example policy or practise change
Fairness	Right to a fair trial	Ensuring that there is a robust and fair process for dealing with concerns about the professional conduct or performance of a healthcare professional
Respect	**Right to respect for family and private life, home and correspondence**	Respecting all diverse families, e.g. same-sex couples with children. Avoid denying those detained or in residential care access to family without good reason.
Equality	**Right not to be discriminated against in the enjoyment of other human rights**	Commitment to improving mental health services for people from black and minority ethnic groups. Ensuring that people are not denied treatment solely on the basis of their age.
Dignity	**Right not be tortured or treated in an inhuman or degrading way**	Ensuring that there are sufficient staff to promptly change wet sheets to reduce the risk of people suffering degrading treatment
Autonomy	**Right to respect for private life**	Involving people in decisions made about their treatment and care

Use this section to briefly summarise how the policy/service will uphold the relevant articles of the HRA 1998:

Yes, as a system we would support all our commissioned services mentioned within the transformation plan adopting a human rights-based approach to care and support.
A human rights-based approach to care is of importance to the provision of mental health services, specifically in regard to the care and treatment of children and young people for whom there are additional statutory duties for protection.
Our transformation plan includes system intentions with regard to equality of access, experience and outcomes. Further, we hope that through effective delivery of our care services, we enable more children and young people and their families to live more independent and autonomous lives. All commissioned services should ensure that those accessing care are treated with fairness and ensure individual's dignity – examples of this could be through the gaining consent for treatment protocols and minimising use of restraint wherever possible, for example.

4. Mitigating disproportionate negative impacts

If the answers/evidence above reveal any disproportionate negative impact these should be mitigated. Please use the action plan embedded below to record how they will be addressed:

The NHS South East London Integrated Care Board (SELICB) EDI team are available to provide advice and support at any stage.

Please contact the EDI Team if you have any questions or would like any advice on SELCCG.equality@nhs.net

Equality Analysis – Mitigation Action Plan

Organisation	Project Lead Name	Project Lead Title

Name of Project / Service	Date of Completion

Action Plan – where outcomes or issues arising from the assessment have identified unintended negative impacts they should be mitigated. Please complete the action plan below, using additional rows where necessary, to highlight mitigating actions and how they will be implemented.

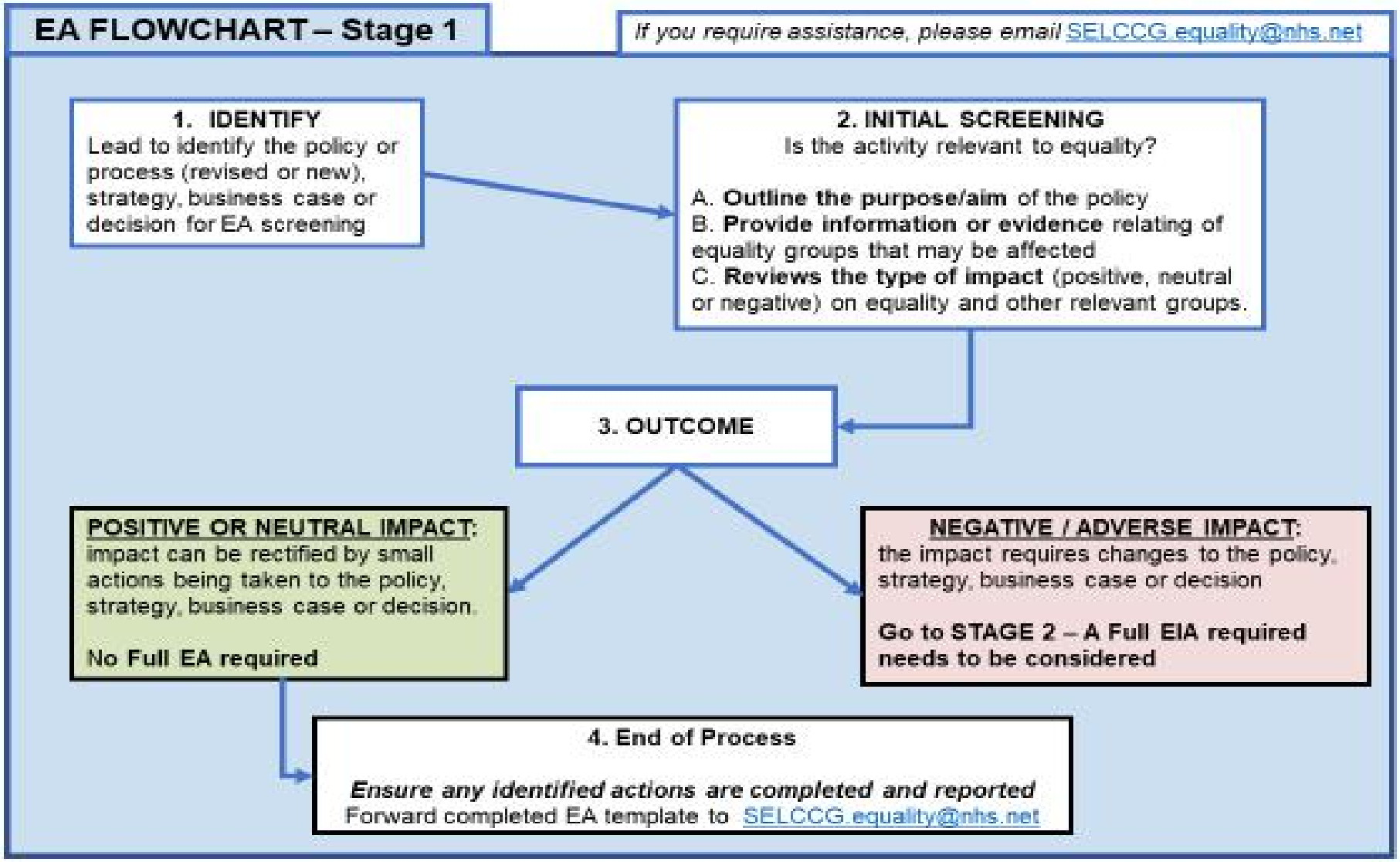
KEY:
R– Race, R&B – Religion or Belief, D – Disability, S – Sex, GR – Gender Reassignment, SO – Sexual Orientation, A – Age, PM – Pregnancy & Maternity, M&CP – Marriage or Civil Partnership, SE – Socio-economic, C - Carers

R	R&B	D	S	GR	SO	A	PM	M& CP	SE	C	Mitigating action	Outcome	Named Lead	Completion by
✓	✓	✓	✓	✓	✓	✓	✓	✓			*e.g. further data or engagement; specific actions to address negative impacts from a commissioning or workforce perspective*			

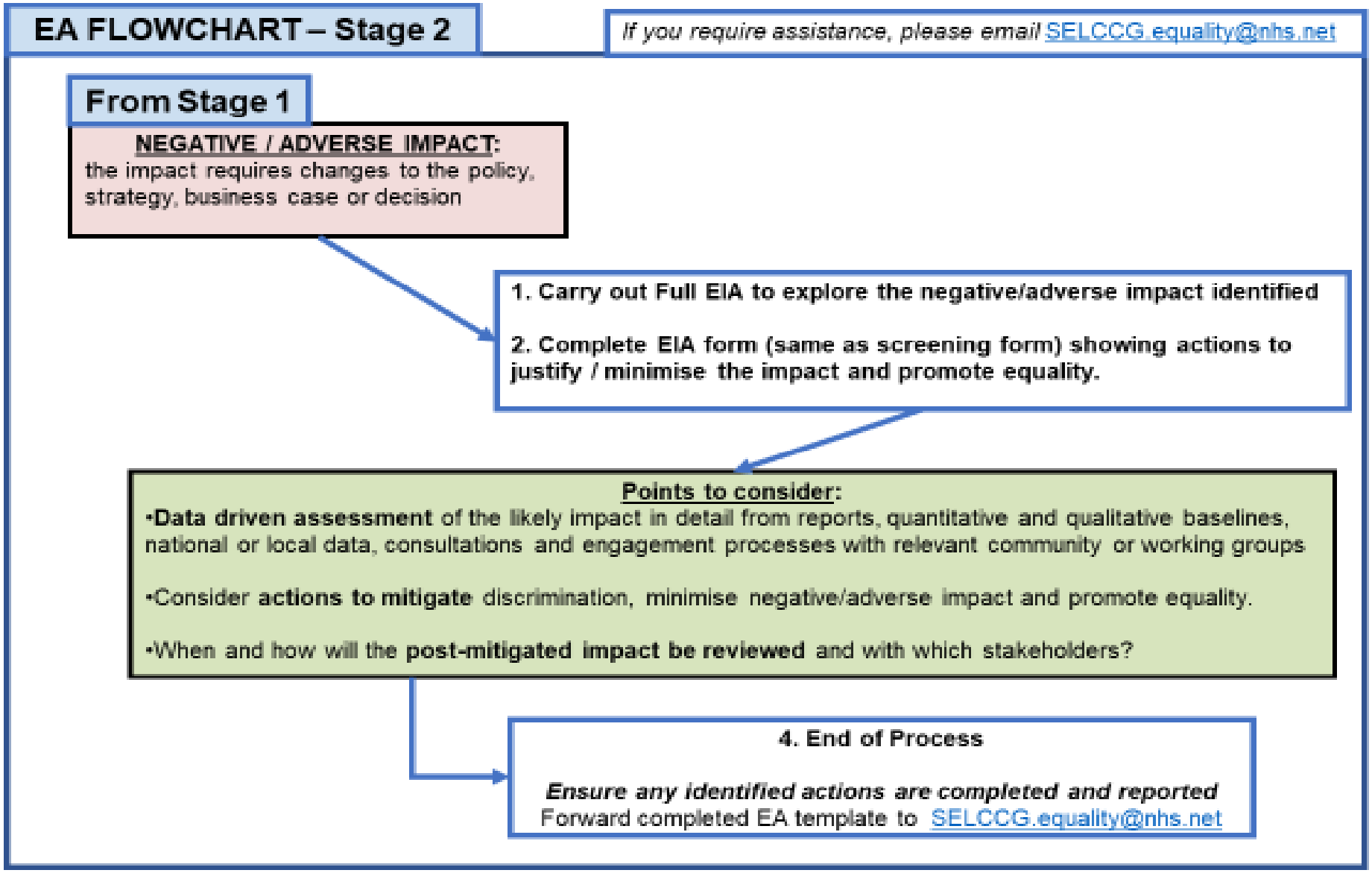
Action plan reviewed by: *Equality Lead* **Signed-off by:** *Equality Committee* **Date of next review:**

Appendix (4): EQUALITY IMPACT ASSESSMENT FLOWCHART

EQUALITY IMPACT ASSESSMENT: Stage 1 - Initial Screening



EQUALITY IMPACT ASSESSMENT: Stage 2 - Full EIA



Integrated Care Board

Item 8
Enclosure K

Title:	**Maternity and neonatal services in East Kent: 'Reading the signals' report. Response from South East London ICB**
Meeting Date:	15 February 2023
Authors:	Angela Helleur, SEL ICB Chief Nurse
Executive Lead:	Angela Helleur, SEL ICB Chief Nurse

Purpose of paper:	Dr Bill Kirkup's report on the East Kent NHS Foundation Trust was published in October 2022. This report sets out a summary of findings and recommendations, our governance structure and our plan of action.	Update / Information	
		Discussion	X
		Decision	

Summary of main points:	In response to the Kirkup report, the South East London Local Maternity and Neonatal System (LMNS) is working together to respond to the areas for action identified: • identifying poorly performing units • giving care with compassion and kindness • teamworking with a common purpose • responding to challenge with honesty This paper aims to give the Board an update on how the LMNS is set up, how we are doing in terms of quality outcomes and identify inequalities and how we listen to our communities. It also sets out the challenges from a workforce perspective and areas of focus.
Potential Conflicts of Interest	None

Relevant to the following Boroughs	**Bexley**	x	**Bromley**	x
	Greenwich	x	**Lambeth**	x

	Lewisham	x	**Southwark**	x
	Equality Impact	There is national evidence of inequality in outcomes within maternity and neonatal services.		
	Financial Impact			
Other Engagement	Public Engagement			
	Other Committee Discussion/ Engagement			
Recommendation:	The Board is asked to consider the findings and recommendations of the Kirkup report and how this applies to maternity services in South East London.			

Maternity and neonatal services in East Kent: 'Reading the signals' report and Maternity Services in South East London ICB

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

1. Summary

1.1 National inquiries into maternity services have shown repeated themes and trends. Additional national funding and resource has been invested into maternity services, alongside additional reporting and inspection. In line with NHS England expectations, South East London has set up a Local Maternity and Neonatal System that supports greater collaboration and sharing of information. There is an ambitious programme of work that aims to improve the quality of maternity services overall and to reduce inequalities.

2. The Kirkup Report

2.1 Over the last ten years reports on independent reviews of maternity services have been published; all have highlighted failures in identification of poor practice, failures in being open and honest and that warnings signs have been ignored by all including regulators. The latest report of an independent review led by Dr Bill Kirkup "Reading the signals, review of maternity and neonatal services in East Kent" was published in October 2022.

2.2 The investigation involved maternity services at two Trust sites: the Queen Elizabeth, The Queen Mother Hospital, Margate and the William Harvey Hospital, Ashford, between 2009 and 2020. A *'clear pattern'* was found of suboptimal clinical care leading to significant harm; failure to listen to families; and acting in ways which made families' experiences *'unacceptably and distressingly poor'*. At any time between 2009 and 2020 problems with the service *'could and should'* have been acknowledged and tackled effectively. Eight *'clear separate opportunities'* were missed between 2010 and 2018. Had care been given to the nationally recognised standards, the outcome could have been different in 48% of cases assessed and in 69% of cases involving the death of a

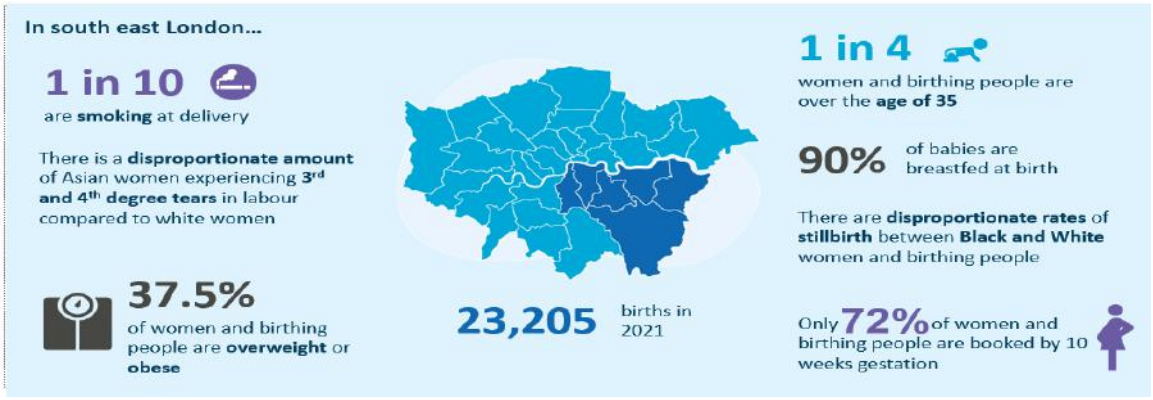
baby. In approximately 75% of all cases considered there was some degree of suboptimal care. No discernible improvement in outcomes or suboptimal care was observed during the period in the scope of the review.

2.3 Dr Kirkup identified four key areas of action and associated recommendations:

KEY ACTION AREA 1 **MONITORING SAFE PERFORMANCE – FINDING SIGNALS AMONG NOISE**	**Recommendation 1**: • The prompt establishment of a task force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, or mandatory national use
KEY ACTION AREA 2 **STANDARDS OF CLINICAL BEHAVIOUR – TECHNICAL CARE IS NOT ENOUGH**	**Recommendation 2:** • Those responsible for the undergraduate, postgraduate, and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practise and sustained through lifelong learning. • Relevant bodies, including royal colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with national agreed standards of professional behaviour and appropriate sanctions for noncompliance.
KEY ACTION AREA 3 **FLAWED TEAMWORKING – PULLING IN DIFFERENT DIRECTIONS**	**Recommendation 3:** • Relevant bodies including RCOG, RCM and RCPCH, be charged with reporting on how teamworking in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset. • Relevant bodies including HEE, royal colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development.
KEY ACTION AREA 4 **ORGNISATIONAL BEHAVIOUR – LOOKING GOOD WHILE DOING BADLY**	**Recommendation 4:** • The government consider bringing forward a Bill placing a duty on public bodies not to deny, and defect and conceal information from families and other bodies. • Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their board • NHS England consider its approach to poorly performing trusts with particular reference to leadership

3. Maternity and Neonatal Services in South East London and the Local Maternity and Neonatal System – how we are set up

3.1 Maternity and neonatal services are provided across all boroughs in south east London. The three acute providers; Kings College Hospital NHS Foundation Trust, Guys and St Thomas NHS Foundation Trust and Lewisham and Greenwich NHS Trust all provide antenatal, intrapartum and postnatal care within hospitals, in primary care and in the community. General practice, mental health services and health visiting form a key role in the care pathways and there are well established relationships across the providers. In 2021, there were 23,205 births.



3.2 Local Maternity and Neonatal Systems (LMNS) are partnerships between providers, commissioners, user representatives, and other stakeholders working together to improve and transform maternity and neonatal services. In south east London, the LMNS has set itself up as a shared resource for the whole system, with midwives from local Trusts seconded as dedicated project managers to help drive and support improvement. Following the interim report of the Ockenden maternity review into failings at Shrewsbury and Telford NHS Trust in December 2020, the remit of the LMNS was broadened significantly from being primarily responsible for transformation, to having greater oversight of quality and safety.

4. Governance Arrangements

4.1 The revised guidance prompted a full review of governance in south east London, and new structures have subsequently been put in place. However, we recognise that introducing new meetings is not enough; we must also focus on culture and ways of working and learning together to ensure that all maternity and neonatal units are honest, open and forthcoming about risks and issues, and that we address them together.
As part of the review into our governance arrangements, we have sought to significantly strengthen leadership arrangements. This includes:

- Angela Helleur, Chief Nurse for the ICB becoming SRO for Maternity. This appointment helps ensure Board level oversight, and offers a clear strategic fit with Angela also leading on Quality for the ICB and being an experienced midwife by background
- Gina Brockwell, Chief Midwife at GSTT (and an experienced LMNS Chair in south west London) and Devi Subramanian, Consultant Obstetrician at KCH appointed as

LMNS Co-Chairs, and Tim Watts, Consultant Neonatologist appointed as neonatal lead

4.2 Our LMNS Quality and Surveillance Group actively monitors a range of key metrics to track performance and identify any trends in performance improvement or deterioration. At the meetings, Trust leads present on any recent Serious Incidents, and talk through any themes. Representatives from other Trusts, MVPs, LMNS leads, HSIB and quality leads then have the opportunity to explore the issue in greater depth to provide peer challenge and support, as well as considering the implications for the system as a whole. Where issues are complex or where themes are emerging, Task and Finish groups of the Quality and Surveillance Group are established chaired by a representative of a neighbouring provider. The group considers any new letters of concern, CQC reports, Ockenden visit reports, and HSIB notifications. Whilst we continue to encourage providers to share concerns proactively, we are also keen to close feedback loops with NHS England, CQC and HSIB so that LMNS leads are made aware of any concerns or emerging issues at the earliest opportunity. The LMNS Quality and Surveillance Group seeks to triangulate outcomes data with WRES and staff survey results and patient and MVP surveys, recognising the critical interplay between outcomes and experience.

5. Key Achievements and Workplan

5.1 A key achievement from work across the LMNS last year was:

- **SEL Maternal Medicine Network** - This clinical and educational network is now operational ensuring that women and birthing people with medical complexities are provided with the right care in the right place by the right people. The MMN centre is based at GSTT with dedicated staff to provide support across the system, including MDT clinical discussions and care planning, educational sessions and 24/7 on-call support for acute cases. SEL MMN is also supporting Kent & Medway and Sussex MMN sub-hubs.

  An extensive programme of work is ongoing through the LMNS. Many of these areas of priority are longstanding, but have been adapted in light of changes in national guidance, reports, and in the role and remit of the LMNS

- **Perinatal Optimisation** - This workstream is currently transitioning from a workstream that has implemented certain safety and transformation initiatives including the improvement of pre-term birth pathways, management of in-utero transfers, and system-wide collaboration on pre-term guidance standardisation, to a workstream that will lead on quality improvement projects around perinatal optimisation and transitional care collaborating with LMNS neonatal colleagues and the London Operational Delivery Network

- **Continuity of Carer** - Targets for the rollout of the continuity of carer have been removed, but the emphasis on the positive outcomes that this model of care has especially for those who experience poorer outcomes remains. In SEL we will be reviewing our current position in regard to the next steps.

- **Equality and Equity** - The LMNS has an inequalities working group with a focus on increasing equity for women and birthing people and staff within maternity services.

The LMNS has just submitted an Equality & Equity action plan that will be carried through over the next two to three years.

- **Public Health** - In response to a recent LMNS health needs analysis, the public health workstream will be stepped back up to work on key public health priorities including but not limited to infant feeding, obesity, screening, immunisations, smoking cessation and postnatal care

- **Digital** - Working as a system to implement the Better Births and Long-term Plan objectives of transforming maternity care through the use of digital tools and enabling women and birthing people to take control of their maternity documentation

- **Maternity Voice Partnership (MVP) development** - Significant focus has been placed on developing our MVPs and to ensure they are reflective of our diverse communities. We have engaged National Maternity Voices to offer mentoring and coaching support to our MVP chairs and to support MVPs in developing workplans and engaging their communities. We have also commissioned community outreach organisations to help us engage effectively with seldom heard groups as we look to actively address inequalities and make sure that our services reflect the needs of the population we serve

6. Monitoring Safe Performance

6.1 Each acute Trust Board has the responsibility of monitoring the quality and safety of maternity services. The LMNS as part of the surveillance group adds another layer in assurance in respect of reviewing data and outcomes. There is close working with regulators and other stakeholders to share intelligence and learning.

In 2020 the CQC set out a programme of inspection with an objective to inspect all acute maternity services not visited since April 2021. The aims were to:

- show how services are responding to current challenges and what extra help they may need.
- give women and their families an up-to-date view of the quality of maternity care at their local hospital trust.
- give hospitals an objective assessment of what they are doing well and how they can improve
- help the CQC understand what is working well so we can share good practice nationally to help services learn and improve.

6.2 Ratings for our acute maternity services in South East London are shown below:

Trust	Previous CQC ratings	Most recent CQC ratings
LGT	Good	Inspected in 2018
Kings	Good	August 2022 – Requires Improvement
GSTT	Good	September 2022 - Good

6.3 Themes emerging from the first twenty inspections conducted:

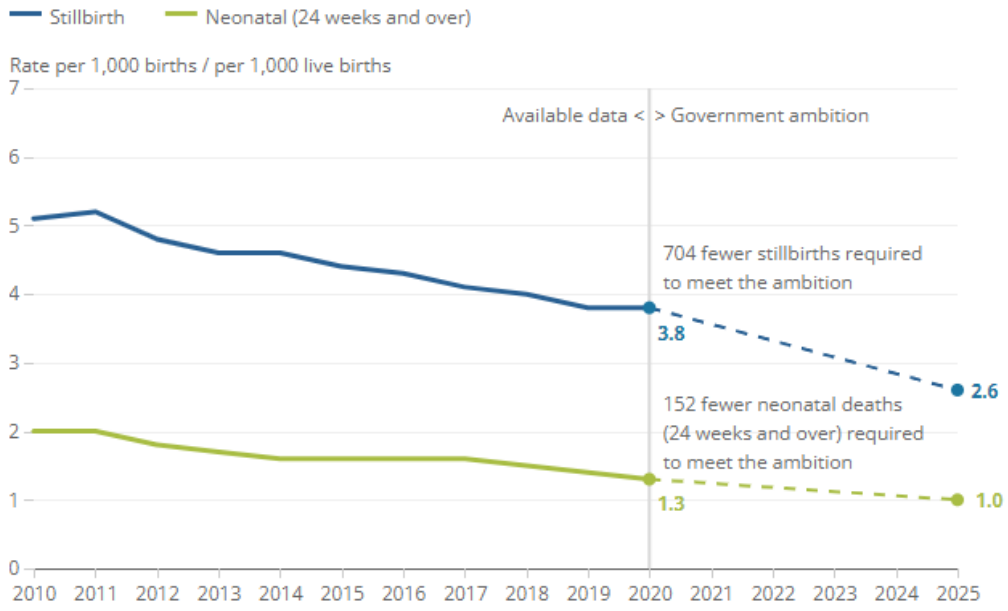
- Difficult working relationships between obstetrics and midwifery
- Lack of robust risk assessment and management
- Variable quality of staff training
- Unclear pathways for escalation
- Closed cultures and limited learning.
- Limited voices of women and frontline workforce

6.4 Each of our South East London acute providers of maternity services has an action plan to meet full compliance against the CQC ratings.

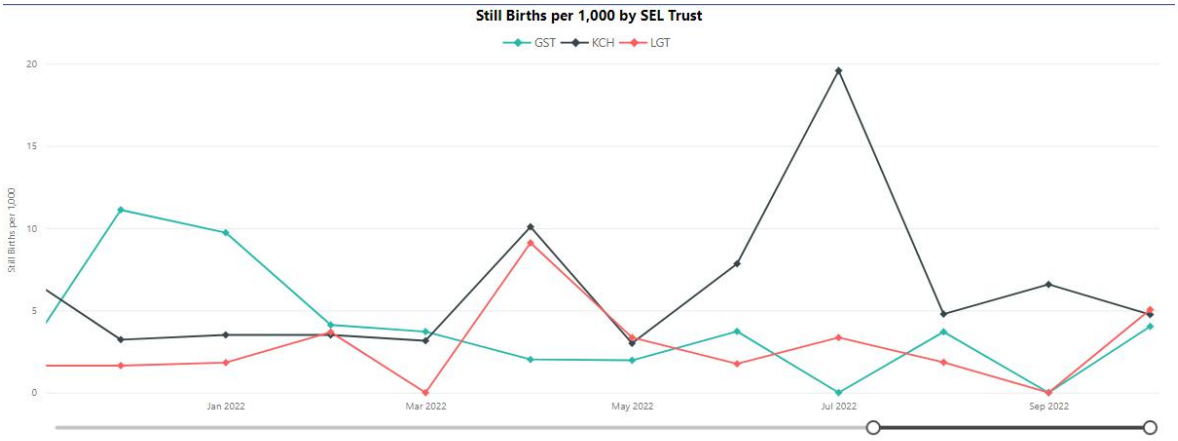
7. Clinical Outcomes

7.1 Data on outcomes is collected by all providers and this is reviewed as part of our LMNS surveillance group. In response to the issues highlighted by the Kirkup report the South East London Stillbirth and Neonatal death rates are shown below compared to the national rates:

Stillbirths and neonatal mortality rates, England, 2010 to 2020

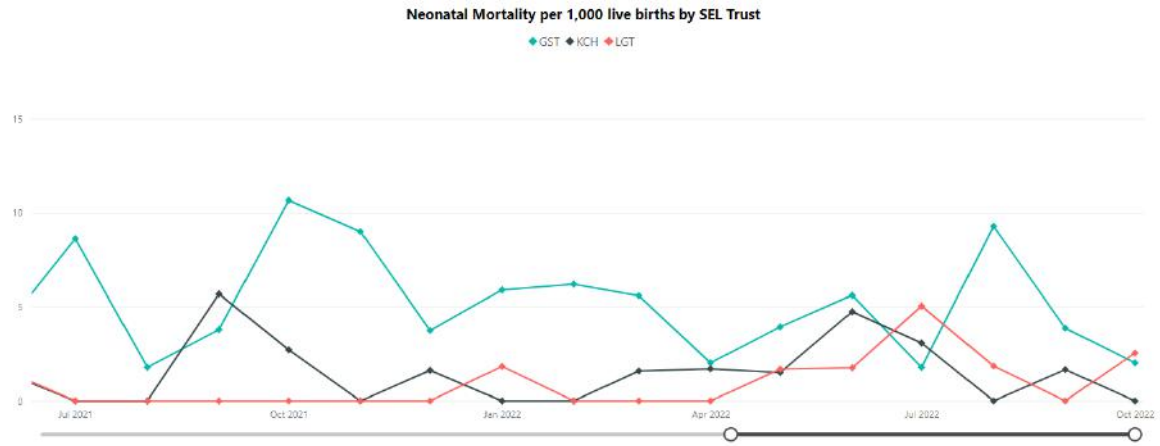


Source ONS



Trust	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2
GST	5.7	1.8	1.8	3.6	3.6	3.5	3.5	0.0	7.8	3.4	4.0	5.5	2.0	6.2	4.0
KCH	5.6	9.4	7.7	3.8	4.0	12.1	9.9	11.0	5.3	5.6	7.4	0.0	3.1	5.6	4.6
LGT	5.0	4.5	1.5	5.6	4.7	4.5	4.7	3.2	1.6	1.5	10.0	3.1	3.4	7.6	9.6
Total	**5.4**	**5.5**	**4.0**	**4.3**	**4.1**	**7.1**	**6.5**	**5.3**	**4.8**	**3.6**	**7.3**	**2.7**	**2.9**	**6.5**	**6.2**

South east London is above the England stillbirth rate of 3.8 but in line with the London stillbirth rate of 3.76.



Trust	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020	April 2020	May 2020	June 2020	J
GST	5.75	7.05	5.42	9.01	8.94	5.28	5.30	9.63	13.75	10.17	8.06	16.70	0.00	4.16	4.03	
KCH	0.00	4.07	0.00	3.76	4.06	4.09	1.25	5.57	0.00	2.82	4.50	1.43	0.00	1.41	0.00	
LGT	0.00	1.50	0.00	1.40	4.70	2.99	0.00	1.61	1.61	7.66	3.36	1.56	0.00	1.54	0.00	
Total	**1.64**	**4.06**	**1.52**	**4.36**	**5.68**	**4.06**	**2.00**	**5.38**	**4.26**	**6.66**	**5.12**	**5.86**	**0.00**	**2.17**	**1.13**	

South east London is above the England neonatal mortality rate of 1.3 overall, however, both GST and KCH are regional (tertiary) neonatal units so this reflects complexity of case mix.
All stillbirths and neonatal deaths are reviewed and reported to MBRRACE, the national Maternal, Newborn and Infant Clinical Outcome Review Programme.

8. Listening to Communities

8.1 Each acute maternity and neonatal service provider has taken part in the CQC maternity survey. South East London providers did not outlie from the 2022 survey, either from a better than expected or a worse than expected perspective. The collective views of people who responded to the survey were:

Improvements seen since last survey	Areas for improvement
Hospital Discharge	Staff availability
Mental Health support	Confidence and Trust
	Communications and interactions with staff

8.2 Local surveys are also undertaken by each acute provider and this is triangulated alongside conversations with service users and their families, complaints and serious incidents with action taken in response.

8.3 Each acute provider has a team of Maternity Voices Partnership membership (MVP). MVPs are working groups: teams of women and their families, commissioners, maternity staff working together to review and contribute to the development of their local maternity care.

8.4 The role of a Maternity Safety Board champion has also been developed; this is generally a non – executive director who will **work at every level - Trust, regional and national - as ambassadors for safety**. They develop strong partnerships, promote the professional cultures needed to deliver better care, and play a central role in ensuring that mothers and babies continue to receive the safest care possible by adopting best practice.

8.5 Women and other pregnant people report some differences in their experiences of maternity care according to certain demographic characteristics. Some of the more consistent differences include women are more likely to report positive experiences of maternity care if they have continuity of carer or have an unassisted vaginal delivery. Women are more likely to report poorer experiences across the maternity care pathway if they have had an emergency caesarean birth, do not have continuity of carer (no named midwife) or have not had a previous pregnancy.

9. Team Working and Maternity and Neonatal Services

9.1 Each acute provider has a programme of work to improve multi professional relationships, provide staff wellbeing and to monitor feedback from staff. Workforce availability is a key risk to the delivery of high-quality maternity and neonatal services. Vacancy rates across South East London in relation to midwives is shown below:

Organisation	Vacancy rate (December 2022)
Kings College Hospital NHS Foundation Trust	9.8%
Guys and St Thomas's Hospital NHS Foundation Trust	8.8%
Lewisham and Greenwich NHS Trust	21.68%

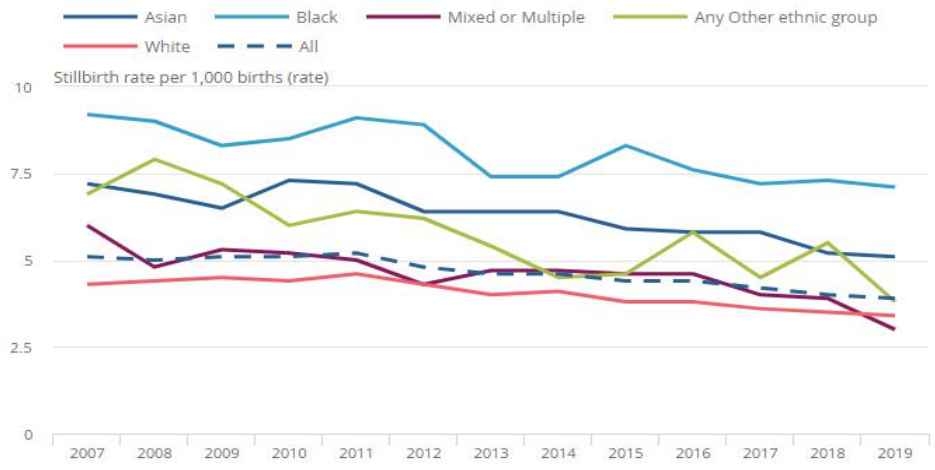
9.2 There are a number of initiatives, led by the South East London People Board to improve recruitment and retention rates of midwives.

10. Reducing Inequalities

10.1 In England, black women and birthing people are four to five times more likely to die during childbirth. This has reduced from ten times more likely over the last fifteen years, this is due to national programmes of work and investment in maternity services with a particular focus on staff training. However, more work needs to be done to reduce this further and on reducing stillbirth, neonatal death and premature labour:

Figure 1: Stillbirth rates were highest for babies from the Black ethnic group

Stillbirth rate by ethnicity of the baby, England and Wales, 2007 to 2019



Source ONS

10.2 South east London LMNS has worked closely with our Maternity Voice Partnerships and other local groups to actively address variation in clinical outcomes. As an example, cultural sensitivity training for maternity staff has been rolled out, and the LMNS has funded and adopted the use of colourful wallets for Black and Brown women and birthing people with empowering messaging that has been designed and produced by FiveXMore. To reflect the diverse nature of our population, we are also broadening the reach of our services by offering antenatal and pelvic health classes in Spanish and Portuguese with plans to expand this offer yet further over the coming months. Further work on data collection and quality must be undertaken if we are to understand the drivers of inequalities.

11. Conclusion

11.1 The progress we have made in reshaping our LMNS and fostering greater collaboration, challenge and support across maternity services in south east London puts us in a strong position to meet future challenges. However, we recognise there is significant work that needs to be done. We have made good progress in establishing appropriate forums to monitor and address quality issues but need to make sure that these are optimised. We will work closely with the ICB Quality and Performance Committee to ensure that reporting and escalation routes are clear and understood.

11.2 Equally importantly, we will continue to promote a culture of transparency and openness where staff and patients are encouraged to speak up should they have any concerns over the care they give or receive. We firmly believe that having a positive and psychologically safe environment is critical to improving outcomes. Through our Quality Surveillance Group we are already witnessing leads being more open and honest about the challenges that they face within their own units and where things have gone wrong. This is encouraging, but we must continue to support colleagues in sharing and learning.

Integrated Care Board

Item: 9
Enclosure: L

Title:	**2023/24 Planning**
Meeting Date:	15 February 2023
Authors:	Sarah Cottingham, Executive Director of Planning
Executive Lead:	Sarah Cottingham, Executive Director for Planning

Purpose of paper:	The purpose of this paper is to provide an overview of the national planning guidance for 2023/24 received in December 2022 and to provide the Board with an overview of planned next steps.	Update / Information	**X**
		Discussion	
		Decision	
Summary of main points:	The paper provides a summary of the national planning guidance for 2023/24. In doing so it highlights key areas of note or change. If further outlines the approach to planning and next steps for the ICB in progressing its plans for next year.		
Potential Conflicts of Interest	None		

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

Impact	Equality Impact	Ensuring our plans encompass approaches to reduce inequalities is both a local and a national objective.
	Financial Impact	Our plans will include the agreed application of the ICB's financial allocation alongside an overall financial plan for the year.
Other Engagement	Public Engagement	Local elements of the plan driven by our integrated care strategy and the engagement feedback received as part of that process. Further engagement will take place over Quarter 1 including the sharing of the ICB's Joint Forward View.

	Other Committee Discussion/ Engagement	• ICB Executive • Planning and Finance and Quality and Performance Committee
Recommendation:	The Board is asked to: • Note the information and update contained in this paper.	

2023/24 Operational Planning

1. Background

NHS England (NHSE) published the 2023/24 Priorities and Operational Planning Guidance on 23 December 2022. This is the second year of full planning guidance following three years during which business as usual planning approaches were suspended as the NHS worked to manage the Covid-19 pandemic and immediate recovery.

The guidance builds on and is very much a continuation of last year's priorities, emphasising the on-going short term priorities of recovering core services and productivity; making progress in delivering the key ambitions the NHS Long Term Plan; and continuing to transform the NHS for the future.

The guidance restates the expectation that ICBs should be leading the process on local decision making to address the needs of their local population and to support this there will be fewer, more focused national objectives set for 2023/24.

System plans for next year, setting out the planned actions and deliverables associated with the objectives set nationally, are expected by end March 2023. These will include triangulated plans across activity, workforce and finance, signed off by ICB and partner trust/foundation trust boards. Separate guidance setting out more detail on the expected plans and submission deadlines is yet to be published but we expect to make a series of draft planning submissions from February onwards.

Alongside the overarching planning to support the delivery of national and local priorities the ICB will also need to agree contracts with providers for 2023/24, inclusive of the application of the new NHS payment scheme (the funding arrangements and tariffs that will apply). Two consultation documents were also published alongside the Priorities and Operational Planning Guidance to support the contracting process – the 2023/24 Draft NHS Standard Contract Consultation and the 2023/25 NHS Payment Scheme Consultation

Finally guidance on the more strategic Joint Forward View to be produced by ICBs setting out the medium term objectives, priorities, and outcomes within which 2023/24 plans will be framed was also released on 23 December 2022.

This paper provides a brief overview of the key requirements set out in the planning guidance, considers key implications, and sets out next steps.

2. Funding and Planning Assumptions

ICB's have received details of their planned financial allocation for 2023/24 inclusive of growth funding, with additional revenue and capital funding also being made available to support the NHS in expanding capacity and to support specific associated improvement and delivery objectives. Growth funding includes an inflationary uplift, plus an embedded efficiency target and allocations further make provision

for covid funding, noting covid funding reduces from 2022/23 to 2023/24 and a convergence adjustment (a downwards adjustment to bring the NHS back to expected levels of spend).

The planning guidance sets out changes to the way providers will be funded through contracts for activity, with a combined approach that sets an agreed block value for non-elective activity and an activity based approach for elective activity. The default position to be reflected in plans and contracts between ICBs and NHS providers for planned elective care will be cost per case (e.g. payment based on unit prices for activity delivered). This represents a change to historic contractual approaches in SEL and are working through the implications of these changes in terms of financial stability, risk and incentives.

3. National NHS Objectives 2023/24

The planning guidance sets out a more limited number of national objectives and targets than in previous years, with targets set reflecting am ambition around improvement but also the reality of current baseline positions across the NHS. The guidance differentiates actions and objectives around recovering core services and productivity, making progress in delivering the ambitions set out in the Long Term Plan and continuing to transform the NHS for the future.

Many of these targets represent a continuation of 2022/23 approaches, inclusive of further incremental improvement. They will however represent a challenging overall delivery expectation recognising that even with a more limited number of targets the breadth and scope remains significant.

We are working through the new targets for 2023/24 with a specific emphasis on understanding what we will need to put in to pace for example the level activity, workforce, enabling infrastructure and care pathway improvement that will be required to secure them, with an emphasis on the consideration of collaborative approaches and end to end pathway improvement. This work includes an assessment of where we expect to be at the end of 2022/23 against each of the objectives set. We are also working to ensure that planning for the national objectives is set in the wider context of our local plans and priorities.

Area	Objective
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024

Recovering our core services and improving productivity		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

To support delivery the guidance includes a focus on increasing capacity across the NHS including for beds, intermediate care, diagnostics, ambulance services and permanent workforce, with funding to be

made available to support capacity increases. The need to ensure actions are inclusive of approaches that seek to narrow inequalities in access, experience and outcomes for adults and children and young people is stressed alongside the need to maintain quality and safety, with a specific emphasis on maternity services.

The planning guidance further emphasises the need for systems to focus on the wider ambitions set out in the NHS Long Term Plan, describing the Plan's objectives as a 'north star'. This includes prevention and the effective management of long term conditions, including the delivery of primary and secondary prevention approaches. The need to improve and make more consistent the digital infrastructure and the importance of a clear digital first offer and population health management data infrastructure is also emphasised.

Finally the guidance draws out the need for the NHS to adopt an approach that focusses on care pathway and service transformation with a continuous improvement approach as part of a wider integrated care system development approach. The importance of the development of the Integrated Care Partnership's integrated care strategy and Joint Forward View are recognised and the opportunities these give for systems to develop plans that are driven by local population need and priorities.

Whilst the planning guidance represents a welcome narrowing of focus in terms of core objectives for the NHS the scope remains significant and the outcomes expected challenging in the context of current demand, capacity, flow and staffing pressures alongside the challenge of securing sustainable cost base reduction, productivity improvement and care pathway transformation. However the objectives set out are very much aligned to areas we want to progress and take forward locally and meeting them will help us improve equity in terms of access, experience and outcomes for our population.

4. Joint Forward View (JFV)

The national planning guidance includes guidance to Integrated Care Boards in relation to the development of the Joint Forward View (JFV) that systems are being asked to develop. The guidance is intended to provide a flexible framework for systems to use and sets out the following:

- A requirement for the JFV to be refreshed annually following the development of a first JFV for 30 June 2023. Systems are asked to provide a draft by 31 March 2023 upon which they will consult. This does not mean formal consultation but rather engagement with residents and Healthwatch, the Integrated Care Partnership, Health and Well-being Boards and NHSE Regional teams. Once developed ICBs will be held accountable for delivering the commitments they have made in the JFV.
- The utilisation of the JFV for the ICB to describe how it will deliver the system's integrated care strategy alongside a number of requirements: how the ICB will arrange services to meet the needs of its population building on Joint Strategic Needs Assessments, the delivery of the national Long Term Plan and other priorities and addressing the core purpose of integrated care systems and the statutory requirements of ICBs.

Three principles are set out in the guidance, namely that the JFV should be aligned to the wider partnership ambition in terms of both the integrated care strategy plus borough based Heath and Well Being Plans, it should support sustainability by building on local strategies and plans plus NHS

commitments and should be delivery focused, including where appropriate specific objectives, trajectories and milestones.

We have already started work on our JFV and the timetable now set nationally will help ensure join up across the Integrated Care Partnerships integrated care strategy, the ICB JFV and our 2023/24 operational plans, albeit with a significant amount of work to do to prepare these planning outputs and more crucially ensure we have confidence in the delivery plans that will underpin them.

5. Next steps

The 2023/24 national planning guidance contains a lot of information, noting that we have since end December received a number of more detailed and technical guidance documents with others still awaited. We have been systematically working through the guidance to take stock of and ensure a collective understanding and interpretation of requirements and crucially their fit to and the overlay of our own priorities in the context of population need, current operational and sustainability challenges and care pathway improvement opportunities.

We had already started work on our medium term financial strategy and are now assessing the allocations and financial planning guidance received to secure a set of allocative principles and approaches for the ICB as quickly as possible to support and give some financial certainty to our planning.

We are working through the detail of the national delivery expectations and targets to ensure we develop plans that are aligned to the ask with a focus both on ensuring a robust planning process but also ensuring we undertake work to assess what will be needed in terms of resourcing, be it physical capacity, workforce, wider infrastructure or agreed pathways to secure delivery.

We are ensuring we put these national requirements in the context of and alongside our local priorities and objectives, noting these will align in many areas to the national ambition but with a clear need to ensure that we are focussed on targeting our work and actions to meet the needs of the south east London population specifically.

We also need to agree contracts between the ICB and providers for 2023/24 which will require rapid and pragmatic work to agree baselines, associated activity plans and delivery objectives.

We have established clear planning and coordinating processes recognising that inputs will be required from across our system, including our Local Care Partnerships, providers and Provider Collaboratives. As we progress our planning we will be working to ensure we are able to give regular updates and seek the views and inputs of the Integrated Care Board and that we are able to produce the draft planning submissions that will be required as we make progress in finalising our Joint Forward view and 2023/24 operational plan, with the first key milestone the first draft 2023/24 operational plan submission.