Integrated Care Partnership

09.00 to 11.00, Thursday 26 January 2023

Venue: Coin Street Neighbourhood Centre

108 Stamford St, London SE1 9NH

Co-Chairs:
Cllr Kieron Williams (KW) - Leader, Southwark Council

Richard Douglas (RD) – Chair, South East London ICB

Agenda

No.	Item	Paper	Lead	Timing
	OPEN 09.00			
1.	**Welcome and introduction – opening business** *Receive apologies* **Minutes of the previous meeting and matters arising** *Minutes of the meeting on 22 November 2022 for acceptance as a record.* **Revised terms of reference** *For noting and acceptance following implementation of changes suggested by the partnership.*	**A**	RD	09.00
2.	**Response to winter and flow pressures** *An update on how the system is managing immediate operational pressures.*	**B**	SC	09.15
3.	**Integrated Care Strategy** *An update on the integrated Care strategy, including the published initial document and next steps.* *Brief presentation and initial discussion on our priority, "Ensuring that children and young people receive early and effective support for common mental health challenges."*	**C**	JH / TG RD / MW	09.30
4.	**Medium term financial strategy** *Brief presentation and discussion on the medium term financial strategy, which seeks to both support the Integrated Care Strategy and manage the financial challenges faced by the system.*	**D**	MF	10.00

5.	**Local Authority Adult Social Care - Current Position and Challenges and Forward Look** *A paper to update the Integrated Care Partnership on adult social care to secure wider understanding and discussion.*	**E**	SC SM	10.25
6.	**Questions from the public**	**-**	RD / KW	10.45
CLOSE 11.00				

Presenters

AB	Andrew Bland	ICB Chief Executive Officer
SC	Sarah Cottingham	ICB Director of Planning and Deputy Chief Executive
JH	Dr Jonty Heaversedge	ICB Joint Chief Medical Officer
TG	Dr Toby Garrood	ICB Joint Chief Medical Officer
RD	Rupinder Dev	ICB Director – Mental Health / Children and Young People / Health Inequalities
MW	Martin Wilkinson	Partnership Southwark Chief Operating Officer
MF	Mike Fox	ICB Chief Finance Officer
SM	Sarah McClinton	Royal Borough of Greenwich Director of Health and Adult Services

DRAFT

Item 1
Enclosure A1

Integrated Care Partnership

Minutes of the meeting on 22 November 2022

Online with streaming via Teams Live

Present:

Name	Title and organisation
Cllr Kieron Williams [Chair]	Leader of the Council, London Borough of Southwark
Cllr Paul Bell	Cabinet Member for Health and Adult Social Care, London Borough of Lewisham
Andrew Bland	Chief Executive Officer, NHS South East London ICB
Richard Douglas	Chair, NHS South East London ICB
Christopher Evans	Voluntary, Community and Social Enterprise sector
Stephan Kitchman	Lead Director of Children's Services
Jill Lockett	Managing Director, King's Health Partners Academic Health Science Centre
Catherine Mbema	Lead Director of Public Health
Dr Gavin McColl	GP, Clinical Director Southwark PCN, Representative of SEL primary care services and networks
Michael Nutt	Chair, Bromley Healthcare CIC
Cllr Anthony Okereke	Leader of the Council, Royal London Borough of Greenwich
David Quirke-Thornton	Lead Director of Adult Social Care
Cllr Colin Smith	Leader of the Council, London Borough of Bromley
Folake Segun	Director SEL Healthwatch, Healthwatch
Sir Hugh Taylor	Chair, Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust
Andy Trotter	Chair, Oxleas NHS Foundation Trust

In attendance:

Name	Title and organisation
Ben Collins	Director of ICS Development, NHS South East London ICB
Sarah Cottingham	Deputy Chief Executive and Executive Director of Planning, NHS South East London ICB
Tosca Fairchild	Chief of Staff, NHS South East London ICB
Mike Fox	Chief Financial Officer, NHS South East London ICB
Dr Toby Garrood	Joint Medical Director, NHS South East London ICB
Dr Jonty Heaversedge	Joint Medical Director, NHS South East London ICB

1.	**Welcome and introduction to our Integrated Care Partnership**
1.01	Cllr Kieron William welcomed members to the first Integrated Care Partnership.
1.02	Apologies were noted from Cllr Jim Dickson (Joint Cabinet Member for Healthier Communities, Lambeth Council), Cllr Teresa O'Neill (Leader of Bexley Council), Sir Norman Lamb (Chair of South London and Maudsley NHS Foundation Trust), and Mike Bell (Chair of Lewisham and Greenwich NHS Trust).
1.03	*Consideration of the Terms of Reference* Richard Douglas introduced the terms of reference for the partnership which had been developed through conversations with partners across south east London, in which it had become clear the importance of a partnership which added value and avoided becoming another discussion forum or duplicating work elsewhere. Three purposes were proposed for the partnership: to agree and oversee the integrated care strategy; to provide leadership across a set of programmes; and to oversee specific areas of performance, being careful not to conflict with other established groups. The document set out a clear oversight link between the Integrated Care
1.04	Partnership (ICP), and the Integrated Care Board (ICB). Ben Collins explained suggested amendments from Cllr Dickson to the draft terms of reference. Cllr Dickson had proposed that the Integrated Care Board (ICB) be asked to make a response to the Integrated Care Partnership's annual assessment of progress against strategic priorities. The ability of the Integrated Care Partnership to ask the board to review its approach should be expanded to
1.05	allow the Partnership to raise any performance issues on which it had concerns. Folake Segun suggested that the role of Healthwatch as a system partner and the voice of people using health and social care should be referenced explicitly in
1.06	items 2.1 and 4.11 of the terms of reference. Jill Lockett questioned whether the Terms of Reference went far enough in defining the relationship between the Integrated Care Partnership (ICP), and the Integrated Care Board (ICB), especially if difficulties arose with progress against
1.07	priorities or other challenges. Cllr Colin Smith expressed concern about the partnership having too much power
1.08	to direct the activities borough based boards. The Partnership agreed to modify its terms of reference and circulate a revised version for noting at the next meeting. • Include reference to Healthwatch in terms 2.1 and 4.1 as a key partner in the system • In 4.8, the ICB to respond to the issues raised by the Partnership in its annual assessment of progress in delivering key priorities • In 4.10, the Partnership to be able to raise concerns and ask the ICB to review progress in key areas, including areas where the Partnership does not have a specific oversight role.
2.	**'State of the Nation' - health and wellbeing and our health and care context**
2.01	Andrew Bland introduced the report as a way of providing context for the ambitions of the partnership and the challenges which would be faced as the system enacted the partnerships priorities. The detail on premature deaths

	associated with socio-economic factors was an important reminder that discussions would need to go beyond healthcare services alone. The financial situation was difficult for all partners and in addition to the facts set out in the paper there would be further challenges as a result of policy changes, such as the ending of the financial support associated with Covid-19, and potential changes to specialised commissioning.
2.02	Dr Toby Garrood drew attention to the report describing the challenges facing the south east London and highlighted some key issues: • Significant levels of deprivation in south east London were associated with poor health outcomes, risks factors for health and lower life expectancy. • There were also higher than average rates of preventable mortality, largely due to modifiable risk factors and a higher than average smoking prevalence and higher than average admissions related to alcohol. • Cancer survival rates for 1 and 5 years were lower in some areas of south east London linked with deprivation and late-stage diagnosis, and uptake of screening programmes was lower than average. • Identifying cases and screening for hypertension was also a major challenge only 50% of the expected cases were identified and 25% well controlled. • A higher than average prevalence of mental health disorders was found in south east London, with anxiety and depression among the most prevalent long term conditions, and as well as the direct effects of these conditions they had a significant impact on outcomes for most long term conditions. • Nationally, maternal mortality was four times higher in Black women compared to the average, and in south east London 60% of users of maternity services were from Black communities. • Diabetes was known to be overrepresented in more deprived population and there were significant levels of excess weight and obesity in children. • Lower than average levels of vaccine uptake highlighted a lack of trust within communities in the borough.
2.03	Acknowledging the challenges the partnership faced, Dr Toby Garrood stressed that there was an opportunity to provide seamless, joined-up care close to people's home and to build communities which helped support people's health by working with the voluntary sector and health and care services. The partnership would need to understand unmet needs and provide services to meet them and hold itself to account based on the health outcomes of residents as well as process measures.
2.04	Cllr Kieron Williams noted the report with some of the successes but also the challenges and the different outcomes for people within community, and boroughs. He noted that in south east London there was a higher than average level of mental health need but a lower than average investment in mental health services.
3.	**Development of our Integrated Care Strategy**
3.01	Dr Jonty Heaversedge outlined the development of the Integrated Care strategy. The engagement process to develop the draft had shown strong support for the strategy to be bold and ambitious, to foster a new way of working together, and to be inspiring and creative.
3.02	The vision was intended to identify the characteristics of care which would empower people providing care in south east London, to promote staying well as

	much as illness, making sure care was accessible, bring services together to support complex needs, and make sure care was equitable and accessible for all our communities. This care should be delivered in partnership with those receiving it,-and staff working across health and social care and the community and voluntary organisations should feel empowered to improve services.
3.03	Alongside the strategy an NHS system plan would also be produced to show how the ICB would deliver across the range of its responsibilities, however the strategy would focus on a small number of key priorities reflecting the particular needs of the south east London population. In order to add value and avoid duplicating strategies already developed by other organisations and places, the integrated care strategy would focus on areas where working across south east London would be of benefit, or where a south east London programme could help amplify similar programmes of work across the system.
3.04	A longlist of priority areas had been developed by review of Joint Strategic Needs Assessments and other strategies across boroughs and organisations and through engagement with partners a shortlist had been developed and narrowed to five key areas outlined in the paper. At each point the priorities had been assessed against three criteria: the size of opportunity, whether the priority would benefit from collaborative working, and the feasibility of delivery.
3.05	Some themes had been identified which cut across all the priorities, such as the need to address inequalities. The strategy also identified ways of working which would be required to deliver all the priorities. The resources required to deliver the priorities and detailed success criteria would be developed by expert groups for each priority.
3.06	Cllr Paul Bell asked how the partnership could demonstrate to residents that it would provide care over the whole life course, whether that care was from acute medical services, or support at home.
3.07	David Quirke-Thornton suggested that although references to social care were not always explicit in the strategy, where the strategy mentioned ‘care’ this should be taken to mean both health and social care across the system. The Directors of Adult Social Services welcomed closer integration and involvement in future strategic development to ensure social care outcomes were included.
3.08	Jill Lockett suggested that values-based healthcare principles needed to be more clearly emphasised. Feedback at engagement events on the strategy had highlighted the importance of patients experience and focussing on outcomes and these could be more strongly emphasised as well as the process and access measures.
3.09	Dr Gavin McColl suggested that there was a need to empower the workforce to care for people outside of traditional care settings. A bold approach was needed to quantity and motivate integrated working specifically to make sure the patient’s journey was ‘joined up’.
3.10	Christopher Evans noted that the VCSE sector had been integral to the development of the strategy thanks to the engagement of the partnership team and welcomed the principles and ambitions. It was important to continue the engagement and to think of the voluntary and community sector as an integral component, mobilising community capacity as it had been during the pandemic. It

	was important to engage smaller groups and a range of tools were available such as Bromley Connect which enabled people to access around 500 organisations.
3.11	Sir Hugh Taylor described the consultations as participative and engaging but suggested the current high level aims would need to be made concrete with a challenge to each Place: divisions between 'secondary care' and 'primary care' and 'social care' were increasingly unhelpful and an integrated approach would be required. While the measurable elements of the strategy should be clear and precise, the method of further development delivery should be deliberately generic to encourage full integration.
3.12	Richard Douglas proposed that the approach to working together and the enabling workstreams would be as important to get right as the priorities themselves. The system would need to establish what integrated working would mean in practice and what consequences it would have on funding flows.
3.13	Andrew Bland noted that the need to address inequalities and the requirement to achieve financial sustainability would require the system to do things differently than they had in the past.
3.14	Steven Kitchman welcomed the strategy priorities and suggested the need to establish shared definitions given slightly variations in terminology between sectors and boroughs. There was an opportunity to begin to move to addressing the needs of families as a whole, rather than separate silos of adult mental health and children's mental health. The Partnership members gave support to the overall approach adopted for the development of the strategy, the vision for the future of our system and the five proposed strategic priorities for cross-system action.
4.	**Approach to allocation of resources in South East London**
4.01	Mike Fox outlined the Medium-Term Financial Strategy, an approach to allocation of resources in south east London intended to enable the achievement of integrated care strategy objectives whilst also delivering financial sustainability. It was important to recognise current financial challenges for both the NHS and local authorities in south east London, which meant finance had the potential to act as a constraint as well as an enabler. There had been efforts for some time to reduce inequalities and to shift resources from treatment to prevention although this had proved difficult, and the strategy aimed to try to establish principles with the help of the partnership to ensure that allocations reflected current need rather than historical practice.
4.02	Cllr Kieron Williams welcomed the aims of the strategy, pointing out as an example of something that needed to be addressed higher than average demand for mental health services in London but lower than average investment.
4.03	Richard Douglas reflected that it may be useful to establish basic and concrete measures to reflect the ambitions of the strategy, such as investing a specified increase of the proportion of spending in prevention, or in areas of identified population need over a set time frame. There would be a need to develop a clear view of the combined spend across health and care in the future to enable further integration.

4.04	Cllr Paul Bell stated that funding distribution should be based on clinical need, using data of the unique challenges in south east London. Prevention as an invest-to-save model would improve the whole life pathway for everyone irrespective of income or background. The system would need to work together to improve the whole life course for residents.
4.05	Catherine Mbema described the investment in prevention and wellbeing as a positive step and offered the help of public health colleagues to develop stretching targets in this area and to support work to develop resources in this area.
4.06	Gavin McColl commented that financial incentivisation on specific targets tended to create silos within specific organisations, and thought should be given outcomes delivered as a partnership could be quantified and incentivised.
4.07	Andrew Bland reminded the partnership that some of the investment models historically and in the future would be driven by external factors and requirements, it would be important for partners across the system to be aware of this. Shifting investment to prevention and wellbeing would require diligence to achieve return on investment and making good judgement in this area would require more sophisticated analysis. Financial constraints meant partners would need to make difficult decisions about not investing in some areas to allow investment in others.
4.08	Sir Hugh Taylor noted that similar aims had been expressed for some time and it had not been possible to achieve them or to match the demand for services with the supply, with the result that productivity gains made were quickly absorbed by increasing demand. However, there had been some impressive work achieved with relatively marginal amounts of investment such as the virtual ward programme. It would be wise to target funding in this way and look for incremental shifts rather than commitments that could not be delivered.
4.09	Michael Nutt commented that smart financial decisions would be needed, and a clear statement of digital strategy was needed that would provide the data to enable smart, evidence-based efficiency decisions.
4.10	Cllr Kieron Williams reflected that despite the challenges including stipulation on some funding as to how it could be spent, the partnership could reflect on areas of historical underinvestment and other areas of priority and need and consider how it was possible to move funding to support this.
4.11	Mike Fox noted that in developing the medium-term financial strategy the team had also been conscious of areas of historical underinvestment, and a commitment had been made to maintain the mental health investment standard as well as sustaining investment in primary care. The system would need to be courageous to when looking for efficiencies to protect funding earmarked for prevention and reducing inequalities.
4.12	Responding to the question on digital strategy, Andrew Bland noted that a digital strategy was in place but needed further elaboration on how it would affect ways of working or provide opportunities to deliver the strategy, which it had been noted as a key enabler.
4.13	Dr Jonty Heaversedge added that the priorities of the digital strategy should be informed by the priorities developed as a group and how they could be enabled, for example; working across organisational boundaries, enabling people to care

	for themselves and monitor their long term conditions, and data to identify areas of greatest need.
5.	**Questions from the public** Questions received in advance were reviewed, there was additional question received via the Q&A function. **Question:** Have you considered interdisciplinary working to overcome knowledge silos? Overarching frameworks have developed from Marmot's work on social prescribing.
5.01	Dr Jonty Heaversedge welcomed the challenge to think across a broader range of disciplines than had previously been considered. At a recent engagement event the positive impact of care navigators had been discussed, who were able the knowledge to connect individual patients with local services which were available. A broader view needed to be taken of the entire workforce available to deliver care include a range of disciplines, and people should be supported to work together in multidisciplinary teams and understand each other's different perspectives for the benefit of residents.

Integrated Care Partnership

Item 1
Enclosure A2

Title:	**Draft Integrated Care Partnership Terms of Reference**
Meeting Date:	26 January 2023
Lead / Contact:	Andrew Bland, CEO, SEL Integrated Care Board
Authors / Contributors	Ben Collins, Director of ICS System Development

Purpose of paper:	The draft terms of reference set out the proposed purpose, operating principles, responsibilities, membership and procedures of the South East London Integrated Care Partnership.	**Update / Information**	
		Discussion	
		Approval	X
Brief summary of paper	Throughout Autumn 2021 Spring 2022, there were extensive discussions between leaders across our health and care system on the membership, responsibilities and operating model for our Integrated Care Partnership. The draft terms of reference reflect these discussions and set out three main areas of responsibility for the Partnership (setting strategic direction, overseeing system performance and overseeing key programmes) and give the Partnership specific powers to engage with the Integrated Care Board and ensure that it delivers key strategic priorities for our system. In our first Integrated Care Partnership meeting on 22 November 2022, members asked for three changes to the draft terms of reference which are included in the revised draft: references to Healthwatch in sections 2.1 and 4.11; a requirement for the Board to respond to the Partnership's annual assessment of progress in section 4.8; and the ability for the Partnership to ask the Board to review progress on a wider range of key areas in section 4.10 where there is evidence that the system is failing to deliver its strategic intentions to agreed timescales.		
Recommendation:	**The Partnership is asked to:** • Approve the terms of reference		

South East London Integrated Care System

Integrated Care Partnership

Draft Terms of Reference

January 2023

1. Introduction

1.1. These Terms of Reference set out the role, responsibilities, membership, and reporting arrangements of the South East London Integrated Care Partnership (the "Partnership). The Partnership's duties relate specifically to these terms of reference, which can only be amended by the South East London Integrated Care Board (ICB) in agreement with local authorities in South East London Integrated Care System (ICS).

2. Purpose

2.1. The Partnership will bring together leaders from across health, local authority and voluntary community and social enterprise (VCSE) sector services and Healthwatch to enable coordination and joint action to improve health and wellbeing in south east London.

2.2. In particular, the Partnership will support action to help people to stay well and live healthy lives, to help develop whole person care that reflects people's health and social needs, to join up fragmented services, to address health inequalities, to address the social factors that influence people's health and to support resilient communities.

2.3. The Partnership will deliver its purpose through its role in overseeing the development of an Integrated Care Strategy for south east London, helping to oversee system performance in clearly defined areas and supporting key programmes of work for the south east London system as described in section 4 below.

3. Core Principles

3.1. The Partnership will carry out its activities in ways that reflect the overall operating principles of the South East London Integrated Care Board, which are working in partnership, ensuring accountability and subsidiarity.

3.2. The Partnership will operate under a model of collective decision-making, seeking to find consensus between system partners and make decisions based on unanimity as the normal approach to conducting its business.

3.3. The Partnership will operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

3.4. The Partnership will ensure arrangements for transparency and local accountability, including in holding the majority of its meetings in public with all minutes and papers available online.

3.5. The Partnership will actively draw on the perspectives of residents and service users to inform its decision-making, in line with the South East London ICB Patient and Public Involvement Strategy.

3.6. The Partnership will also draw on the expertise and experience of clinical and care professionals, political leaders and community leaders to inform its decision-making.

4. Duties of the Partnership

Developing an Integrated Care Strategy

4.1. The Partnership will be responsible for agreeing with the ICB a high-level process for developing an integrated care strategy for south east London which draws on our existing understanding of health needs, inequalities and associated priorities in our boroughs whilst engaging staff and the public in effective discussion on how to address significant cross-system challenges.

4.2. The Partnership will develop its Integrated Care Strategy in discussion with the Board on emerging priorities and their implications, so the Board can reflect the strategy in its NHS five-year system plan.

4.3. Members of the Partnership will ensure that the Partnership's strategy is also reflected in their own organisations' strategies, plans and allocation of resources.

Overseeing system performance

4.4. The Partnership will play a role, alongside the Board and national oversight arrangements, in helping to hold the south east London health and care system collectively to account for performance, with regards the agreed deliverables associated with implementation of the Partnership's Integrated Care Strategy. In doing so, the Partnership will draw on the democratic mandate of local authority leaders, the understanding that different members of the partnership bring of the needs of local populations and people's experience of services.

4.5. The Partnership's role in overseeing system performance should be clearly defined and focused on specific priorities, where the Partnership is particularly well placed to oversee and support improved performance, for example areas specifically related to its purpose above and areas requiring collaboration across Partnership members' organisations.

4.6. The Partnership should identify and agree with the Board the key areas where it will play an ongoing role in overseeing and supporting system performance. These should reflect the Partnership's strategic priorities and commitments where it is agreed that Partnership members are best placed to support and oversee the delivery of outcomes and performance.

4.7. The Partnership should agree the key metrics it will use and the information it will need to assess performance in these areas, drawing on theory and evidence on the most effective measures of progress.

4.8. The Partnership should provide its assessment of progress against these key priorities on an annual basis, possibly as part of its revised integrated care strategy. The Board, and other organisations represented on the IC Partnership where appropriate, should set out how they plan to respond to the issues raised in the Partnership's assessment

4.9. In doing so, each of the members of the partnership should also set out the contributions that they have made to the delivery of these priorities including through their allocation of resources and the development of their services.

4.10. In relation to its oversight role, the Partnership will be able to ask the Board, and other organisations represented on the IC Partnership where appropriate, to review its approach to key areas, for example those identified under section 4.6, where there is evidence that the system is failing to deliver its strategic intentions to the agreed timescales.

Supporting key programmes

4.11. The Partnership will agree, with the Board, to oversee and support a small number of key programmes, where this requires the insight and sponsorship of senior leaders from across health, local authority services, and the VCSE sector and Healthwatch.

4.12. The Partnership will identify members to act as the senior responsible officers for selected programmes and, if needed, to lead sub-committees or working groups related to them.

4.13. The Partnership will agree appropriate resourcing for these programmes with the Board and report annually on progress, including what more needs to be done by the system to achieve the desired objectives.

5. Relationship between the Partnership and the Integrated Care Board

5.1. The ICB will outline how it has taken account of and ensured alignment with the Partnership's strategy in its draft NHS five-year system plan and discuss this with the Partnership before publication.

5.2. The Partnership will assess the Board's five-year system plan and make public its position on whether the plan satisfies the following four principles: (i) reflecting the integrated care strategy alongside national and local priorities; (ii) financial viability; (iii) consistency with the system's commitment to reducing health inequalities and addressing unwarranted variation in equity, experience, service offer and outcomes; and (iv) reflecting the priorities of local populations.

5.3. In doing so, members of the Partnership should articulate briefly how their organisations have reflected or will reflect the strategy in their own plans and how they will allocate resources and develop services to support it.

5.4. The Board will commit to providing the necessary resources to report to the Partnership on progress in relation to specific strategic priorities to enable the Partnership to deliver its role in overseeing system performance, including allowing the Partnership to compare progress across services and places and against baselines. It should also commit to reporting on actions following the Partnership's advice.

6. Membership and attendance

6.1. The Partnership will be constituted of the following members:

- The Chair of the Integrated Care Board (Co-Chair)
- The Chief Executive of the Integrated Care Board
- Six elected members or nominated cabinet members representing the local authorities in south east London (one of whom will be a Co-Chair)
- The Chairs of Guys and St Thomas's NHS Foundation Trust, Lewisham and Greenwich NHS Trust, King's College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and Bromley Healthcare Community Interest Company
- A lead director of Adult Social Care
- A lead director of Children's Social Services
- A lead director of Public Health
- A representative from primary care services in South East London
- A representative of the VCSE sector in South East London
- A representative of Healthwatch organisations in South East London
- A representative of King's Health Partners

6.2. Staff from across the Integrated Care System may be invited to attend Partnership meetings as required.

7. Co-chairing arrangements for the Partnership

7.1. The Partnership will be chaired by the Chair of the ICB and an elected member or nominated cabinet member of one of the six local authorities in South East London. The co-chairs will work together to set agendas and plan the work programme for the Partnership and alternate in chairing Partnership meetings.

7.2. At any meeting of the Partnership, one of the co-chairs if present shall preside.

8. Quorum and conflict of interest

8.1. The quorum of the Partnership is at least 50% of members including at least the ICB Chair or Chief Executive, at least two elected members or nominated cabinet members of local authorities and at least two chairs of NHS provider organisations.

8.2. The Partnership will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the co-chairs of the Partnership.

8.3. The Partnership agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).

8.4. Partnership members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy (included within the Standards of Business Conduct Policy). Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

9. Decision-making

9.1. Where a decision is required, it is expected that this will be reached by consensus. Where a vote is required to decide a matter, each member may cast a single vote and decisions will require a simple majority. In the event of equal votes, the chair of the meeting will have a casting vote.

10. Procedure of decisions made outside of formal meetings

10.1. The Partnership co-chairs will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a response to be sent to the Partnership co-chairs by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.

10.2. The ICB's corporate and business support team will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of that meeting.

11. Frequency

11.1. The Partnership will meet a minimum of four times over the course of a year

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

11.3. Members are not permitted to send a deputy should they be unable to attend a committee meeting except in exceptional circumstances and with agreement of the co-chairs.

11.4. Nominated deputies will count towards the meeting quorum and be able to vote in meetings if attendance has been agreed by the committee chair.

11.5. Members and staff from ICS partner organisations are expected to contribute to reasonable requests for information and input to the work undertaken by the Partnership.

12. Reporting

12.1. Papers will be made available a minimum of five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback from within their own organisations.

12.2. The Partnership will report on its activities to the ICB Board via minutes and any further agreed ICB reporting requirements.

12.3. The minutes of meetings shall be formally recorded and reported to the ICB Board for the purposes of assurance.

13. Support for the Partnership

13.1. The committee will be supported by members of the ICB's governance team and system development team.

13.2. The meeting secretariat will ensure that draft minutes are shared with the chair for approval within five working days of the meeting. Draft minutes with the chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.

14. Monitoring adherence to the Terms of Reference

14.1. The co-chairs of the Partnership will be responsible for ensuring the Partnership abides by the terms of reference.

15. Review of Arrangements

15.1. The Partnership shall undertake a self-assessment of its effectiveness on at least an annual basis.

15.2. These terms of reference shall be reviewed by the Partnership co-chairs on an annual basis, in the context of the self-assessment and any changing business requirements, with changes proposed for approval to the ICB Board.

South East London
Integrated Care System

Appendix: Discussion Paper for SEL Leaders on the Integrated Care Partnership, March 2022

Discussion Paper for South East London ICS Leaders
Role of the South East London Integrated Care Partnership

Introduction

We are developing an Integrated Care System in South East London based on the principles of partnership working and combining our resources and insights to improve care for our local communities. We need to be able to draw on the leadership and capabilities of organisations across our system – health services, local authorities, and the VCSE sector – to address major challenges which have worsened during the pandemic: helping people to stay well and live healthy lives; delivering whole person care that reflects people's needs; joining up fragmented services; and using our significant combined resources in ways that support resilient communities.

While national policy provides limited guidance on the role and operation of the Integrated Care Partnership, we have emphasised the role we want it to play in the leadership of our Integrated Care system, in particular supporting the shift to prevention, enabling closer integration of health and care services, supporting partnership working between heath and a broad range of public services, and helping to deliver our anchor mission. This paper draws on conversations with Local Authority Leaders and CEOs in February and March. It makes proposals on how we can ensure the Partnership can play an effective role in three areas: setting direction; supporting improved system performance; and supporting key programmes that will determine our system's effectiveness.

Legislation and national policy

The national NHS has not set out detailed information on the role or operation of Integrated Care Partnerships. The Health and Social Care Bill 2021 explains that each Integrated Care Board and its local authorities must establish a joint committee, known as the Partnership, for its area. The Partnership must develop an integrated care strategy setting out how the system should meet the needs of local populations, which might include proposals for closer integration of health and social care services. Both the Integrated Care Board and local authorities will be under a duty to have regard to the integrated care strategy in exercising their duties. might work in South East London.

Alongside the Bill, NHS England's guidance documents provide a little further information on how the Partnerships might operate. The national design framework of June 2021 provides guidance on their membership. It describes the role of Integrated Care Partnerships as: aligning purpose and ambitions with plans to integrate care and improve health and wellbeing; and facilitating joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. The Integrated Care Partnerships Engagement Document of September 2021 also emphasises the potential for the Partnerships to support service integration, help tackle health inequalities, help address social determinants of health, support social and economic development and support sustainability.

The policy presents both opportunities and challenges for our system. We can use the flexibility in the draft legislation and guidance to develop a model for the Partnership that works for our system, building on strong partnership working between the NHS, local authorities and the VCSE sector in

recent years, in particular during the pandemic. However, we also need to define with sufficient clarity the roles and relationship between the Partnership and the Integrated Care Board, so we avoid confusion or duplication between the two groups.

Our planned membership for the partnership

In discussions with partners in mid-2021, we agreed that the partnership should be chaired jointly by the Chair of the integrated Care Board and one of our six Local Authority Leaders. We also agreed to establish a relatively small group of 21 members, capable of playing an effective leadership role in our system, including the leadership of our Integrated Care Board, political leaders and officers from our local authorities, and representatives of primary care, the VCSE and Healthwatch. We are completing a process to agree with Primary Care partners how they will determine their representative on the Partnership and the IC Board. The Partnership will also be supported by members of the ICB's executive team including its clinical leaders. (See Annex for membership.)

Our thinking so far on the role of the Partnership

Within South East London, we envisage the Partnership playing a significant leadership and oversight role, alongside and in dialogue with the Integrated Care Board, as part of our collective model of governance for the system. In our draft constitution, we commit to ensuring that the Partnership, alongside the Board, has a key role in and responsibility for setting strategic direction for health and care services and in holding the leadership of south east London, including all health and care organisations, collectively to account for delivering the strategy and acting in a way that is consistent with it in their wider activities. We also describe an important role for the partnership facilitating action across public services to improve health and care in specific areas including addressing inequalities, influencing the wider determinants of health and supporting social and economic development. (See system architecture diagram in Annex.)

As well as describing our governance architecture, the draft constitution emphasises our commitment to the concept of subsidiarity – ensuring decision making and delivery is organised and secured at the level of our system that is best placed to meet our agreed objectives, be that our neighbourhoods, our LCPs (Places), our provider collaboratives or our system. This means that we do want to focus the attention of both the Board and the Partnership to areas where leadership at this level will deliver the greatest benefits.

Role of the partnership in setting strategic direction

The Health Bill and the national NHS's guidance describes specific roles for the Partnership and the Integrated Care Board in determining strategic priorities and translating these into plans for action within local systems. The Partnership will be responsible for developing an integrated care strategy setting out how the system should meet the needs of local populations. Meanwhile the Board will need to take account of the Partnership's strategy in developing its 'forward plan' for the system covering the next five years, which needs to be revised and published by the start of each financial year. In doing so the ICB will also need to take full account of the NHS Constitution and relevant national mandates (usually recorded in the NHS Operating guidance for any given period).
System partners have highlighted the need for this strategy and planning process to be 'bottom up' reflecting the priorities of local care partnerships for their populations driven by borough-level assessments of local people's needs. Local Authority Leaders and Chief Executives have also emphasised the need for formal mechanisms to ensure that the Board itself and sovereign health and care bodies take proper account of the Partnership's strategic priorities and that these are reflected in the Board's resource allocation decisions.

Based on our discussions so far, we would propose the following arrangements to guide the interaction between the Partnership and the Board on strategy and planning:

- The Partnership and Board agree a high-level process and timeline for developing the integrated care strategy and five-year plan from mid-2022 which draws on our existing understanding of health needs, inequalities and associated priorities in our boroughs while engaging staff and the public in effective discussion on how to address significant cross-system challenges;

- The Partnership develops its integrated care strategy by the Autumn of 2022, with time built in for discussion with the Board during the process on emerging priorities and their implications, so the Board can reflect the strategy in its five-year plan to be published by end of March 2023;

- The Board outlines how it has taken account of and ensured alignment with the Partnership's strategy in its draft five-year plan and discusses this with the Partnership before publication;

- Members of the Partnership ensure that the strategy is also reflected in their own organisations' strategies, plans and allocation of resources; and

- The Partnership assesses the Board's plan and makes public its position on whether the plan satisfies the following four principles: (i) reflecting the integrated care strategy alongside national and local priorities; (ii) financial viability; (iii) consistency with the system's commitment to reducing health inequalities and addressing unwarranted variation in equity, experience, service offer and outcomes; and (iv) reflecting the priorities of local populations.

- In doing so, members of the Partnership should articulate briefly how their organisations have reflected the strategy in their own plans and how they will allocate resources and develop services to support it.

Question 1: Do system leaders support these proposals for ensuring the Partnership has sufficient influence on strategy and planning for the ICS?

Role of the partnership in overseeing system performance

While the Integrated Care Board is formally responsible for allocating NHS funding and accountable for its use of resources, the national NHS's guidance on the Partnership recognises that members of the Partnership, like members of the Board, have a potential role to play in overseeing delivery of strategic objectives and system performance. We see an important role for the Partnership (in conjunction with other arrangements including national oversight) in helping to hold the system collectively to account for performance with regards the agreed deliverables associated with implementation of the ICP's health and care strategy. In doing so, the Partnership will be able to draw on the democratic mandate of local authority leaders, the understanding that different members of the partnership bring of the needs of local populations and people's experience of services.

In our discussions so far, local authority leaders emphasised the need for the Partnership's accountability role to be clearly defined and focused on specific priorities, to avoid the risk that it becomes a talking shop on a wide range of system performance issues. They also emphasised the need to define the information and support that the Partnership would need to play this role, and the right feedback loops to track progress and ensure that the Partnership's interventions are acted on.

We would propose the following arrangements to ensure that the Partnership can play an effective system-oversight role with the Board:

- The Partnership should identify and agree with the Board the key areas where it will play an ongoing role in overseeing and supporting system performance. These should reflect the Partnership's strategic priorities and commitments where it is agreed that Partnership members are best placed to support and oversee the delivery of outcomes and performance;

- The Partnership should agree the key metrics it will use and the information it will need to assess performance in these areas, drawing on theory and evidence on the most effective measures of progress.

- The Board will commit to providing the necessary resources to report on progress against these measures, including allowing the Partnership to compare progress across services and places and against baselines. It should also commit to reporting on actions following the Partnership's advice;

- The Partnership should provide its assessment of progress against these key priorities on an annual basis, possibly as part of its revised integrated care strategy;

- In doing so, each of the members of the partnership should also set out the contributions that they have made to the delivery of these priorities including through their allocation of resources and their development of their services.

- The Partnership should have the ability to 'stop the clock' and ask the Board to review its approach in a particular priority area where there is evidence that the system is failing to deliver its strategic intentions to the agreed timescales.

Question 2: Do system leaders support these proposals for ensuring the Partnership can play an effective role in overseeing and ensuring its own contribution to system performance?

Role of the partnership in supporting key ICS programmes

In its guidance, the national NHS recognises that Integrated Care Partnerships will be particularly well placed to support ICSs in tackling cross-cutting challenges that require collaboration across public services, the VCSE and civil society. In discussions so far, local authority leaders indicated a willingness for the Partnership to play this role in defined areas, providing that projects are focused on interventions that added value to local initiatives at Borough level and are enacted in ways that are consistent with the priorities of local populations.

We would propose the following arrangements for the Partnership to lead a small number of key ICS programmes:

- The Partnership to agree with the Board to directly oversee three to four ICS programmes which require the insight and sponsorship of senior leaders from across health, local authority services and the VCSE, for example our system-wide work to promote health and prevent illness, the implementation of strategic priorities in relation to health inequalities, and the delivery of our South East London wide anchors programme, which aims to use NHS and other resources in ways that support the economic and social resilience of our communities.

- The Partnership to identify members to act as the senior responsible officers for selected programmes and to lead sub-committees or working groups related to them;

- The Partnership to agree appropriate resourcing for these programmes with the Board and report annually on progress, including what more needs to be done by the system to achieve the desired objectives.

Question 3: Do system leaders support these proposals for the Partnership to provide active leadership and oversight to a small number of ICS programmes?

Support and advice for the Partnership

Depending on the precise role the Partnership takes on in our system, the Integrated Care Board and Local Authorities will need to ensure appropriate resourcing for it to deliver its functions effectively. This might take the form of ongoing secretariat support and programme management support and potentially, the ability to draw on external experts where needed to advise on particular priorities. The Partnership will also need to be able to draw on staff within the Integrated Care Board and its partner organisations.

Question 4: What specific support do system leaders believe the IC Board should ensure so that the Partnership can carry out its role effectively?

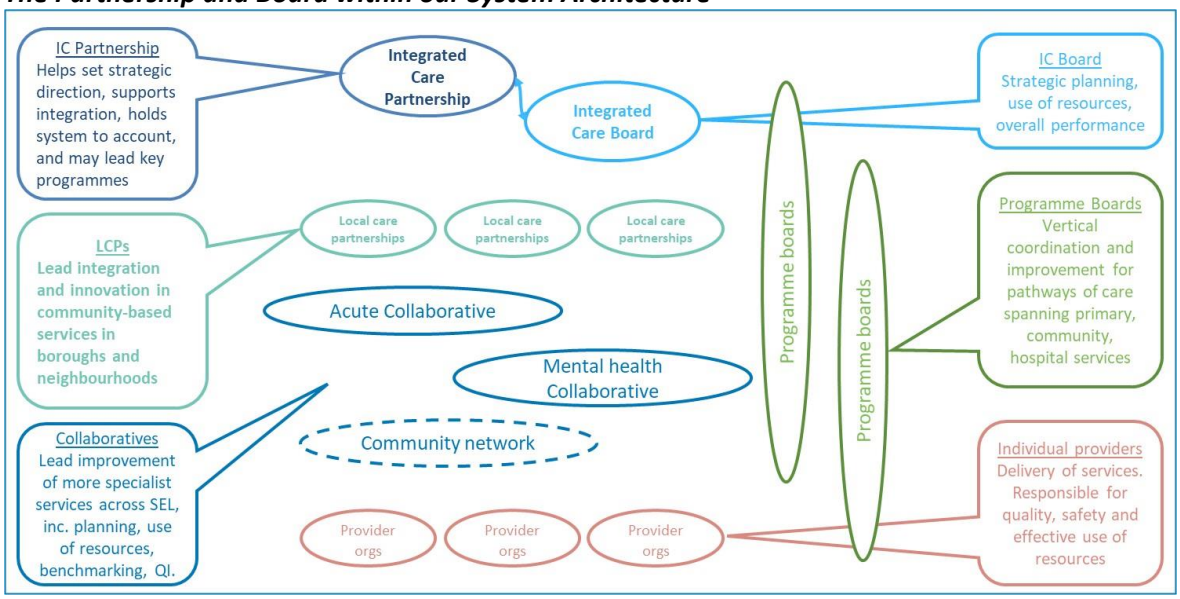
March 2022

Annex

Membership of our Integrated Care Partnership

- IC Board Chair
- IC Board Chief Executive
- Elected leaders or nominated cabinet members of our six local authorities
- Chairs of our main acute, mental health and community service providers: GSTT, LGT, KCH, Oxleas, SLAM and Bromley Healthcare
- A lead Director of Adult Social Care
- A lead Director of Children's Services
- A lead director of Public Health
- A senior representative of King's Health Partners
- A Primary Care / Primary Care Networks representative
- A representative of SEL VCSE services
- A representative of SEL Healthwatch organisations

The Partnership and Board within our System Architecture



South East London Integrated Care System

Integrated Care Partnership

Item 2
Enclosure B

Title:	**Response to winter and flow pressures**
Meeting Date:	26 January 2023
Lead / Contact:	Sarah Cottingham, Deputy CEO and Director of Planning, SEL Integrated Care Board
Authors / Contributors	Sarah Cottingham, Director of ICS System Development

Purpose of paper:	An update on how the system is managing immediate operational pressures	**Update / Information**	X
		Discussion	
		Approval	
Brief summary of paper	This paper provides a high level overview of the recent and current system pressures across south east London, focussing on urgent and emergency care and winter pressures, including paediatric demand associated with Group A strep, flu and Covid -19, plus the NHS industrial action. Our system has faced both usual seasonal pressures and a number of other issues over the recent period and we are proud of the tremendous efforts made across the system to keep our residents and patients safe throughout this challenging period. Throughout we have been proactively communicating with key stakeholders and the public through social media, Trust websites and through direct patient and carer contact to ensure advice can be readily accessed, to provide information on services available and on any that have been impacted, including alternative arrangements as appropriate.		
Recommendation:	**The Partnership is asked to:** • Note the update		

South East London Integrated Care System

South East London Integrated Care Partnership

System Pressures Update

January 2023

1. Introduction

This paper provides a high level overview of the recent and current system pressures across south east London, focussing on urgent and emergency care and winter pressures, including paediatric demand associated with Group A strep, flu and Covid -19, plus the NHS industrial action.

Our system has faced both usual seasonal pressures and a number of other issues over the recent period and we are proud of the tremendous efforts made across the system to keep our residents and patients safe throughout this challenging period. Throughout we have been proactively communicating with key stakeholders and the public through social media, Trust websites and through direct patient and carer contact to ensure advice can be readily accessed, to provide information on services available and on any that have been impacted, including alternative arrangements as appropriate.

2. Urgent and emergency care and winter pressures

The urgent and emergency care system has been under pressure for some time, with pressures felt across all areas of service provision, including 111 and 999 services, primary care and acute care emergency departments.

Pressures have further exacerbated over the recent period, driven by increased prevalence of covid, flu and respiratory infections, including increased paediatric demand driven by Group strep A, and increased overall winter pressures. These seasonal pressures, overlaid on a system already under strain in terms of demand, physical and staffing capacity in and out of hospital, have resulted in challenges in securing timely access and flow across the urgent and emergency care pathway.

There has been significant media coverage of the delays nationally for ambulance to hospital handovers and waits in emergency departments. South east London has not been immune to these challenges, and we have experienced some ambulance delays, some long waiting times in our emergency departments and for admission to and discharge from our hospital beds.

A key priority focus for our whole system is optimising flow and mitigating quality and safety risks associated with longer waits than we would ideally like.

- Our hospitals are applying and testing continuous flow models to support the movement of patients requiring admission from our emergency departments through to an inpatient bed, with a key improvement objective of decongesting our emergency departments and securing timely ambulance handover.
- System partners are also working with our acute hospitals, across both physical and mental health, to support timely discharge of patients to ensure they do not stay in hospital longer than is necessary and to support flow.

- We are also working to increase urgent access opportunities across community-based care, including increased primary care capacity, increased 111 resilience and a continued expansion of urgent community response services and virtual wards, including securing enhanced capacity for winter.

In December, the Integrated Care Board and south east London's six Local Authorities received additional funding, targeted towards social care, to help us increase our out-of-hospital discharge capacity. Investment proposals, aimed at supporting flow and increasing capacity, were submitted through the Better Care Fund and we have now had our proposals approved, with on-going work to mobilise plans as quickly as possible. In January 2023 further funding was released nationally to Integrated Care Boards to provide additional capacity for short term four week packages of care to support discharge from hospital. We are currently developing plans for the utilisation of this funding.

As a system we have robust arrangements in place to support real time management of system pressures including a System Control Centre that works with partners to help smooth and manage pressures on a daily basis.

The industrial action that has and is taking place further adds to the challenges of system management and we are ensuring we link our planning for industrial action with our overall system management to enable us to maintain access for patients needing urgent and emergency during periods of industrial action. Further detail on the industrial strike action is given in section 5.

3. Group A Strep

Group A Strep, also known as strep A, is a common type of bacterium. Most strep A infections are mild and easily treated, but some are more serious. With concerns about infections growing prior to Christmas the NHS saw a significant increase in demand particularly for children. This was experienced across 111 services, general practice and acute hospitals- with increased demand of between 35 and 45% across these services.

Demand was exacerbated by challenges with antibiotic supply which resulted in parents re-presenting at their practice, but the situation has now improved, and stock is available from community pharmacies.

In south east London the following action was taken:

- Each borough, working with their general practices (GPs), out of hours providers, primary care networks and federations, created additional clinical capacity. GPs also linked up with their local pharmacies to share information on antibiotic availability to better support patients.
- Work with the NHS 111 service to enable the urgent cases to be identified and advised quickly, with NHS 111, NHS South east London ICB and our pathology labs putting in place alternative arrangements to deliver urgent results out of hours.
- Directors of public health and local authority colleagues provided advice and guidance to Headteachers and parents with local borough response groups formed.

Since Christmas, the level of paediatric demand has reduced but it is still higher than we would normally expect to see at this time of year.

4. Flu and COVID -19

More SEL residents are experiencing symptoms of flu and COVID-19 this winter and respiratory conditions and associated hospital admissions have increased.

We have been working to ensure that we are meeting presenting demand including for patients requiring hospital admission with actions taken to stop spread through rigorous infection, prevention and control. We have also continued to pursue our vaccination programme.

As a system we have made positive progress around vaccinations this winter. For flu with 64.1% of over 65s and 68.1% of over 65s at risk having received their flu vaccination, along with 31% of those aged 50-64, including 34.1% of at risk under 65s and 31.8% of pregnant women. All care homes have been visited, with both staff and residents offered flu and covid vaccinations. We are also continuing to offer COVID-19 vaccinations to eligible population groups and our staff.

5. Industrial strike action

Industrial strike action for members of Royal College of Nursing (RCN) took place on 15 and 20 December 2022. GMB, UNISON and Unite members at qualifying ambulance trusts took strike action on 21 December 2022. For south east London (SEL) this meant that Guy's and St. Thomas' NHS Foundation Trust (GSTT) and London Ambulance Service (LAS) were impacted.

Further strike action has taken or is taking place on 11 and 23 January 2023 for qualifying ambulance Trusts, including the London Ambulance Service and RCN strikes on 18 and 19 January impacting on King's College Hospital NHS Foundation Trust (KCHFT).

The measures we put in place for the first round of industrial action worked well, with the following arrangements put in to place:

- National Incident Management Team (IMT) established with regional and ICB IMT arrangements also in place
- Regional meetings held daily, designated ICB leads, regular ICB IMT tactical and strategic meetings in place, supported by Trust IMTs.
- Underpinned by our business as usual system and pressures management arrangements
- Detailed planning including mutual aid to support LAS with clinicians, work across the system to improve ambulance handovers, ensure enhanced out of hospital care capacity and optimise discharge opportunities to support flow and pan acute mutual aid.
- Communications cell established to support joined up IB communications, regular stakeholder and public communication/messaging
- Clinical staff freed up to support LAS control centre
- System wide focus on discharge to support flow and free up capacity for strike days.

In terms of impact from the December 2022 strike action the RCN strike resulted in some cancelled outpatient and inpatient elective activity. For the Unison LAS strike whilst there was evidence of reduced overall demand across 111, 999 and Emergency Departments admission rates were broadly maintained, giving some assurance that patients needing acute care received it. Elective activity continued with some limited outpatient cancellations to free up physical capacity and clinicians adjacent to Emergency Departments to support flow.

For the January 2023 strike action our December IMT and planning arrangements have been replicated, with planning including applying learning from organisation/system debriefs from the December action. We will further review and debrief following the January 2023 industrial action.

Our approach to all industrial action is to minimise disruption to patient care and to support emergency services to operate as needed. Patient safety is always paramount in the NHS and to support this large numbers of staff will continue their work, based in the following derogation principles:

- Safety of delivery of NHS services, ensuring minimum staff levels are available to deliver emergency, immediate life, limb or organ-saving intervention.
- Safety of staff should be protected for those working during industrial action.
- Safety of the public is maintained, ensuring relevant staff levels are available to deliver care to the public in case of major incident at national or local level.
- Professional regulatory advice is provided and followed.
- Life preserving services will continue, with the necessary number of professionals.
- Other service derogations reflect local population and service needs.

Further strike action is planned across the NHS and we will continue to work collectively as a system to plan for and mitigate risks associated with these further strikes as they occur.

South East London Integrated Care System

Integrated Care Partnership

Item 3
Enclosure C1

Title:	**Development of the South East London Integrated Care Strategy**
Meeting Date:	26 January 2023
Lead / Contact:	Jonty Heaversedge, Joint medical director, South East London Integrated Care Board
Authors / Contributors	Ben Collins, Director of System Development South East London Integrated Care Board

Purpose of paper:	To seek the Partnership's approval for the publication of an initial document setting out our strategic priorities and to update on next steps.	**Update / Information**	X
		Discussion	X
		Approval	X
Brief summary of paper	Following extensive engagement with our partners and the public in the summer and autumn of 2022, we presented a proposed vision and a set of initial South East London strategic priorities at the first Partnership meeting on 22 November. Following the Partnership's agreement of these proposals, we have now completed development of an initial publication on our cross-system priorities for improving health and care. This includes the mission and vision signed off by the Partnership in November, subject to a few amendments, a description of the five strategic priorities agreed in November, including why we chose them and the opportunities we see to improve care, 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 paper 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. Our reference groups will draw in expertise from partners and service users as part of their work. 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 have shared the document in a close to final format for publication. However, we are still refining some of the visuals, for example for the vision, and improving the overall look and feel of the document. We propose to update and engage with the Partnership regularly at future meetings on the approach and implementation plans for each of the priorities in the strategy. We will be starting on 26 January with an initial		

	discussion on our priority to improve children and young people's mental health (see separate paper). We propose to publish our strategic priorities document on 31 January 2023.
Recommendation:	Partnership members are asked to: • Review our draft publication and note its publication on 31 January; • 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

DRAFT

Our cross-system priorities for improving health and care

Integrated Care Strategy for 2023/24 to 2027/28

Contents

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3. **Our mission and vision for health and care in south east London** 13
4. **Our five cross-system strategic priorities** 16
5. **Creating the conditions for change** 23
6. **Next steps** 26

1 Foreword

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

This has been a collective effort, by health, local authority, voluntary sector and other leaders who make up the Integrated Care Partnership or ICP[1]. It is based on 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 residents, service users, representative organisations, and staff from all our services. Our engagement has been extensive (see page 8) through surveys, focus groups, online discussions and face to face workshops.

This has 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 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).

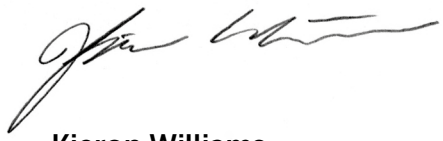
We have not sought to describe everything that we will do over the next five years as partners, individually or together, to improve health and care. We have focused on a small number of things, requiring work across our system that we believe can make a major difference. Our strategy will sit alongside a much more detailed Joint Forward View[2] for the next five years and an Operating Plan for the delivery of 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 the status quo is not an option. We can only meet local people's needs and address current challenges through transformational change, making better use of our resources, finding better ways of delivering 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 mobilise 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 ensuring that we deliver on these commitments, holding our Integrated Care Board and the partner organisations that comprise our Integrated Care System to account for doing so. We want to do this in partnership with our communities and will report on progress as we meet in public throughout each year.



Kieron Williams
Leader, Southwark Council

Richard Douglas
Chair, South East London Integrated Care Board

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 together to improve health and care for our residents.

It is the first milestone in the development and implementation of our strategy for the next five years, 2023/24 to 2027/28.

It provides a starting point for further work on how we allocate our resources, establish change programmes for specific services, and how we develop our change capabilities, workforce, and our infrastructure.

These strategic priorities have been developed by South East London's Integrated Care Partnership (ICP) (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 drawing on extensive discussions with local people, communities and our staff.

South East London is a large and complex system with many different organisations and partnerships. We haven't attempted to list in this document 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 collective action across our system could deliver significant benefits for local people.

Figure 1: An overview of our process

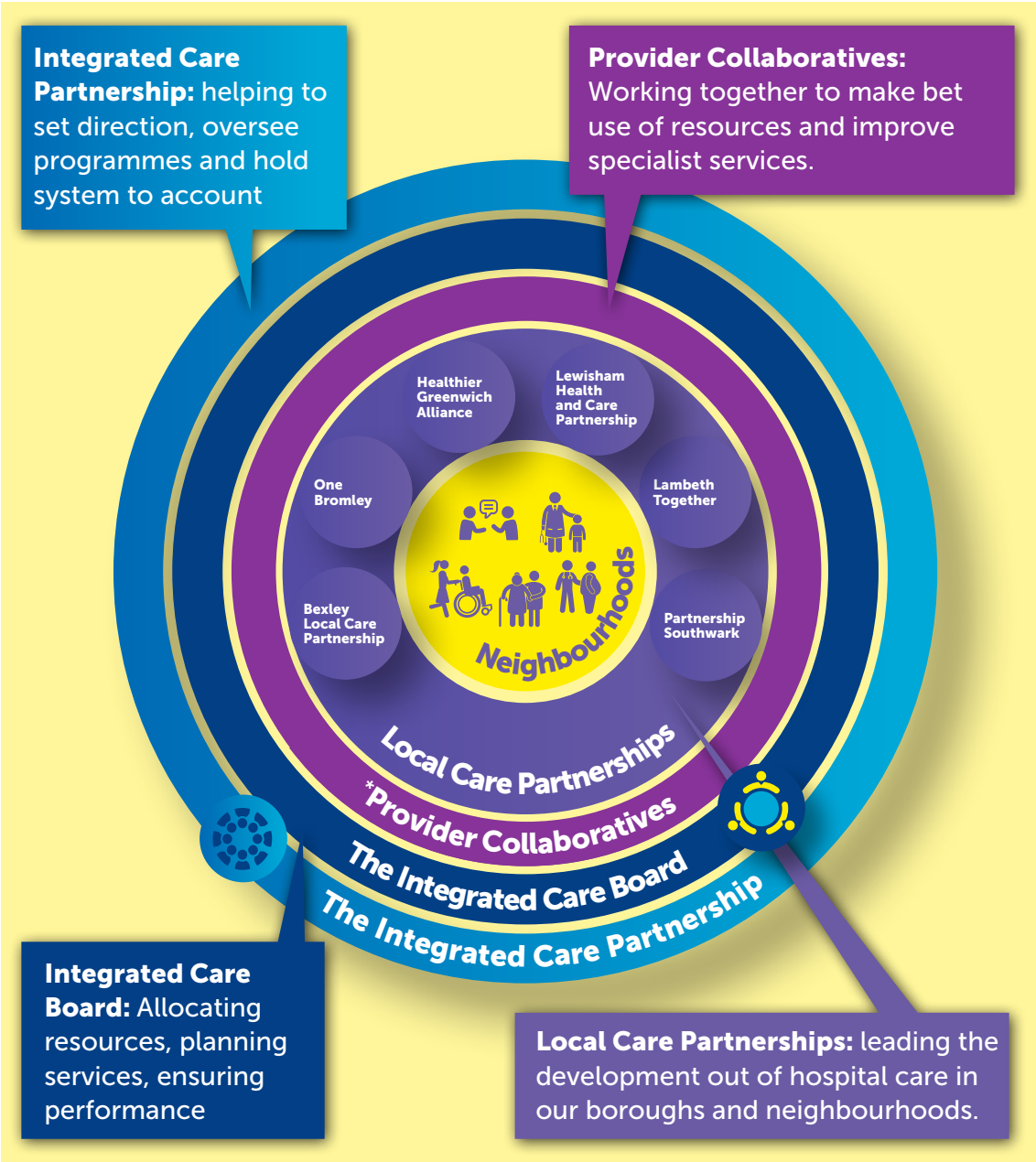
About our new Integrated Care System

On 1 July 2022 we established a new Integrated Care Board and a new Integrated Care Partnership alongside it, 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 residents.

Our new Board and Partnership are responsible for supporting the many organisations delivering health and care services in south east London, which we call our 'Integrated Care System' or ICS. We have four overarching objectives: improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and 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, empowering partnerships and organisations within our system to lead and improve their services and collaborating with our service users.

Figure 2: Our system of systems



*NHS England is expected to delegate commissioning of some specialised services to ICBs 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.[3]

Our local authorities' and partners' assessments of our populations' health and wellbeing in their health and wellbeing strategies highlight the growing challenges parents and carers face in supporting young families and 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 population groups have suffered disproportionately 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[4]. The pandemic and cost of living crisis have further exacerbated socio-economic inequalities, which are known to impact 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

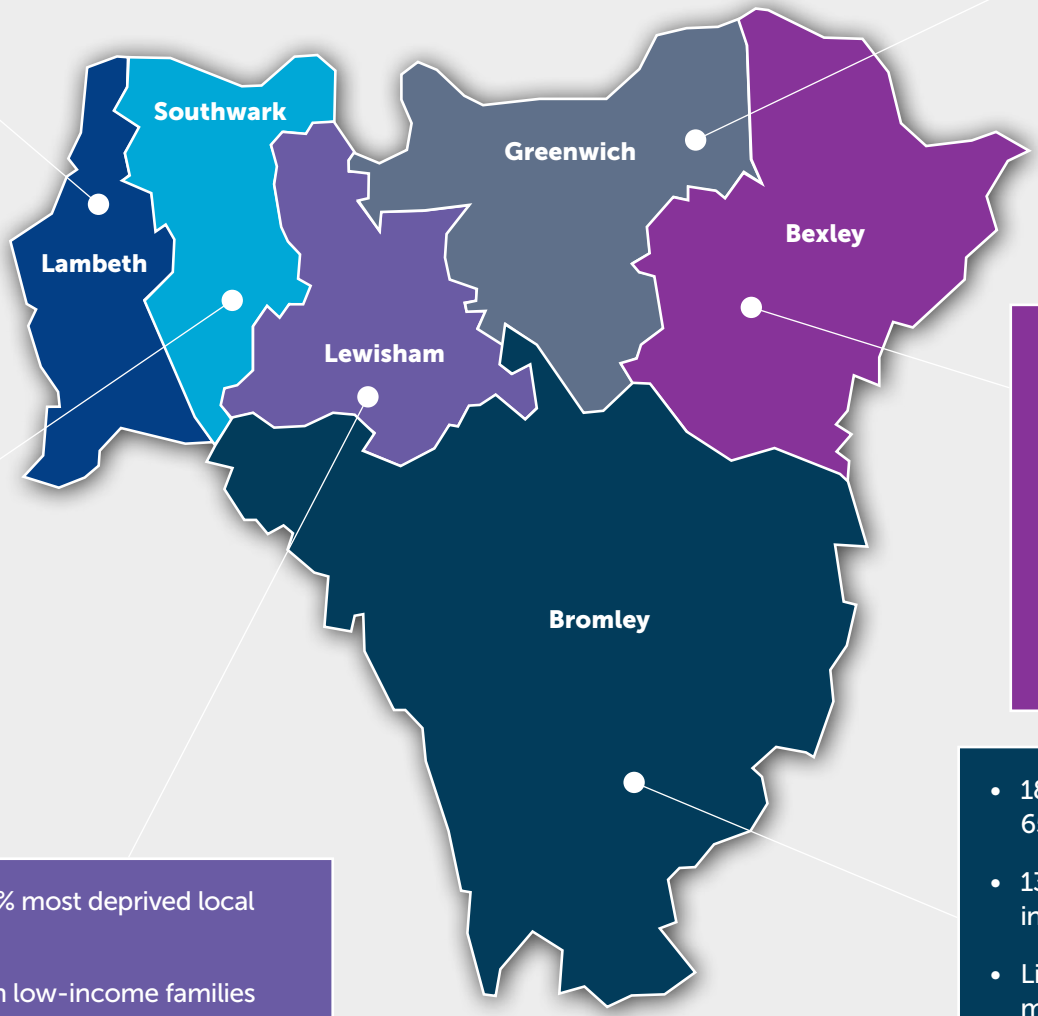
Young people aged 16-24 are twice as likely to have been employed in those industries hit hardest by the pandemic, such as hospitality and retail

Figure 3: Our people and communities

- Lambeth is ranked amongst 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 Lambeth's population are from a Black and Minority Ethnic background

- Southwark is ranked amongst 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 Southwark's population are from a Black and Minority Ethnic background

- Lewisham is ranked amongst the 15% most deprived local authority areas in the country
- 22.6% of children in Lewisham live in low-income families
- 47% of Lewisham's population are from a Black and Minority Ethnic background



- Greenwich is ranked amongst the 15% most deprived local authority areas in the country
- 21.8% of children in Greenwich live in low-income families
- 38% of Greenwich's population are from a Black and Minority Ethnic background

- 16% of Bexley's population are aged 65 and 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 to the least deprived areas

- 18% of Bromley's population are aged 65 and 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 to the least deprived areas

The performance of our services

When people turn to the health and care system for help they often encounter 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. Nevertheless, many services, including GP surgeries, Accident and Emergency (A&E) Departments and Urgent Care Centres are facing increasing pressure and 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 planned care patients 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, leading to poorer quality of life and potentially lost years 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 financial constraints.

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, as well as inviting people to share their views online. We have heard from hundreds of local people including service users and carers, from people in the VCSE who support disadvantaged communities, and from staff across our services on what they want to change. (See our background document on how we developed our strategy for an overview of our engagement process[5].)

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 to receive specialist treatment. They want to access convenient, holistic, routine care close to home where possible. They want to receive more joined-up care from staff who can access their records, know them and their conditions, and 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. We realise, though, that some people's experience of care is much worse than 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."**
>
> **– Voluntary community and social enterprise sector organisation, July 2022 public engagement sessions**

> **"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, July 2022 public engagement sessions**

A call to action

One clear message from these 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 incremental improvements in our services. Nor can we do so simply by expanding capacity. 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 addressing 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 addressing people's needs while living within our means, ensuring our financial sustainability and generating savings that can be invested in innovation and new services.

We see the establishment of our new Integrated Care Board (ICB) 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 our new institutional arrangements will create opportunities to:

- **Work together more effectively** – supporting more collaborative team working and use of resources across health and care services, so that we improve coordination and strip out inefficiency;
- **Pool our insight and expertise to develop innovative and transformational new ways of delivering care and support** – for example working more closely with our outstanding VCSE sector to combine medical 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 established during the pandemic; and
- **Allocate funding differently** – shifting resources to areas where they could deliver the greatest impact and value, where even a small amount of additional funding could deliver 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, November 2022 stakeholder sessions**

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 will need to happen across our system over the next five years. We have avoided doing this because we believe a more targeted approach would better support our system at this stage.

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

Instead, this document, as outlined in Figure 3, provides an overall vision of how we want to develop health and care services in south east London and 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. By taking this approach, we believe we will have a better chance of delivering substantial improvements. It will be easier for our Integrated Care Partnership, our Board and local people to drive change. It should also be possible to find the resources to support effective transformation programmes.

Figure 4: Document overview

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 the right treatment when people become ill, caring for people throughout their lives, taking targeted action to address 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

Ensuring that children get a good start in life and there is effective support for mothers, babies and families before birth and early in life.

Children and young people's mental health

Improving children and young people's mental health, ensuring quick access to effective support for common mental health challenges.

Adults' mental health

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

Primary care and people with long term conditions

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

Enabling change

- The role of our new Integrated Care Board
- How we plan to allocate our resources
- Enabling innovation and service transformation
- How we plan to work together as a system
- Developing our leadership and workforce
- Developing our digital capability and estates

This document will also sit alongside and an NHS operating plan and a Joint Forward plan for 2023/24 to 2027/28, to be finalised before the end of June 2023. These will take account of the strategy and explain how organisations in our system will deliver a broader range of national and local objectives for improving services and health outcomes and ensuring financial sustainability.

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 address health inequalities. We want to operate as effective 'anchor institutions', offering access to good work and supporting resilient communities. We want to ensure our financial sustainability and environmental sustainability. (See section two).

Our five cross-system strategic priorities

In light of these 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, address 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 below).

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 delivering proven prevention and early detection of health conditions as effectively as possible, with a focus on those groups that are least likely to get access to or receive appropriate care. Focusing on prevention will also be applicable across other priority workstreams.

Ensuring a good start in life

We know that ensuring children get a good start in life has a huge impact on their health and broader life chances. We plan to focus our initial action on ensuring 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 are experiencing worsening mental health in south east London following the pandemic, with high prevalence of anxiety, depression, eating disorders and self-harm, and long waiting times for mental health services. We plan to focus our initial action on ensuring that children and young people can quickly access effective timely support for common mental health challenges.

Adult 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 ensuring that adults can quickly access effective early support for common and more serious mental health problems, with the aim of preventing their conditions getting worse.

Primary care and 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 ensuring convenient access to high quality primary care and developing more proactive, holistic and joined-up care for people with long term conditions.

How we plan to support and enable 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 make the shift to better preventative health care, invest in our primary, community and mental health services and join up fragmented care. While there is substantial 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 developing our overall approach to these priorities. This will provide the starting point for transformation programmes for each of our priorities, with clear metrics to monitor progress. As we deliver our priorities, we want to develop our capabilities in partnership working and implementing cross-system improvement.

In section four, 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 enabling capabilities to deliver our vision and priorities.

As we are working with limited financial resources, we will only be able to invest in implementing our vision, our strategic priorities and 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 what we do and invest in to ensure that they all deliver value for money.

What happens next

This document marks the first stage in developing and implementing 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. We will publish a more detailed document setting out how we will translate our strategic priorities into action before the end of June 2023.

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 address health inequalities (the differences in access and quality of care, and in health and wellbeing, between population groups); and
- supporting resilient, happy 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 health. We will invest in more coherent and effective preventative health services that go out to find people and intervene earlier to avoid serious illness. We will work in partnership to create healthier environments and harness 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 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 consume people's time and impose avoidable travel or other costs. We will harness the power of technology and simplify our services so that they are easier for people to understand and navigate.

> "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

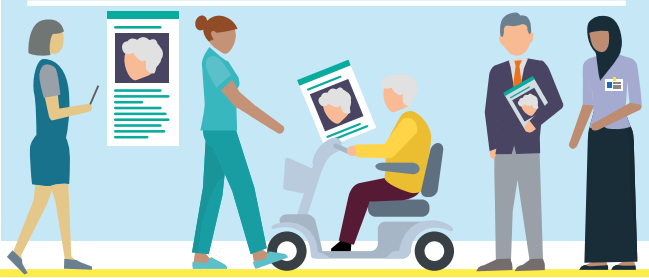
3 Whole-person care

We will bring together professions and services to deliver coherent 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 address 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 in specialist expertise from across our system including the voluntary and community sector when needed, rather than automatically asking people to go elsewhere for aspects of their care.

We will lay the foundation for stronger relationships between local people and their care givers, with more compassionate, trusting and person-centred care. We want to ensure that core teams of staff make shared decisions with people and carers and address 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."
>
> – Voluntary, community and social enterprise organisation, July 2022 public engagement sessions

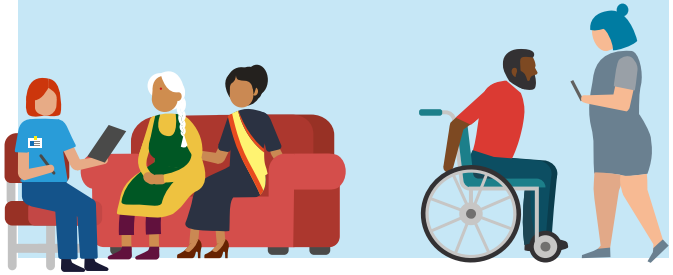


4 Tackling health inequalities

We know that people from 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 partner 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 required to deliver convenient and effective care.

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



5 Partnership with our staff and communities

We rely on the creativity and commitment of our brilliant, diverse staff. We will empower and support staff in our system to improve services, collaborate 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, harnessing the strengths of our communities to improve health and wellbeing. We will use our economic power as an employer, purchaser and 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, July 2022 system leader sessions

6 Securing our sustainability

We need to deliver effective support for the health and wellbeing of our population whilst living within our financial means and minimising our environmental impact. We need to deliver more efficient care, work together to strip out duplication, and rapidly reduce our carbon emissions in pursuit of 'net zero' by 2045.

> "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, July 2022 system leaders' sessions

4 Our five cross-system strategic priorities

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

We have focused specifically on areas where we believe we need to work together to deliver significant improvements. We have focused on 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, to improve outcomes for everyone and, in particular, for disadvantaged communities, and help us improve efficiency. (See our background document for a more detailed summary of our approach to identifying these priorities.[6]) We will now develop our overall strategic approach for the five areas and implementation plans for each of our five areas, as well as clear targets for improvement.

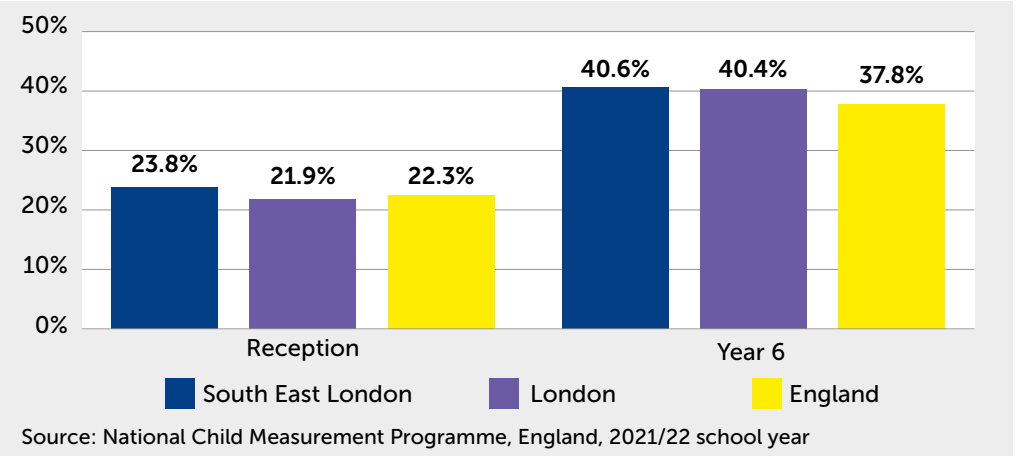
Prevention and well-being: Avoiding ill-health and helping people in south east London to live healthier lives.

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 deliver on this ambition, 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 impact in our most disadvantaged communities. We know that taking early action on things like mental health, healthy weight, use of alcohol, smoking and blood pressure can have significant impact.

Right now, we are some way from delivering these aspirations. Many people do not take sufficient 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 one in two 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 ten of our children do not receive their primary vaccinations by the age of five. During the Covid 19 pandemic, there was low uptake of Covid vaccines in some of our communities. We have low uptake of breast cancer screening, at 62% of the eligible population, across our boroughs.

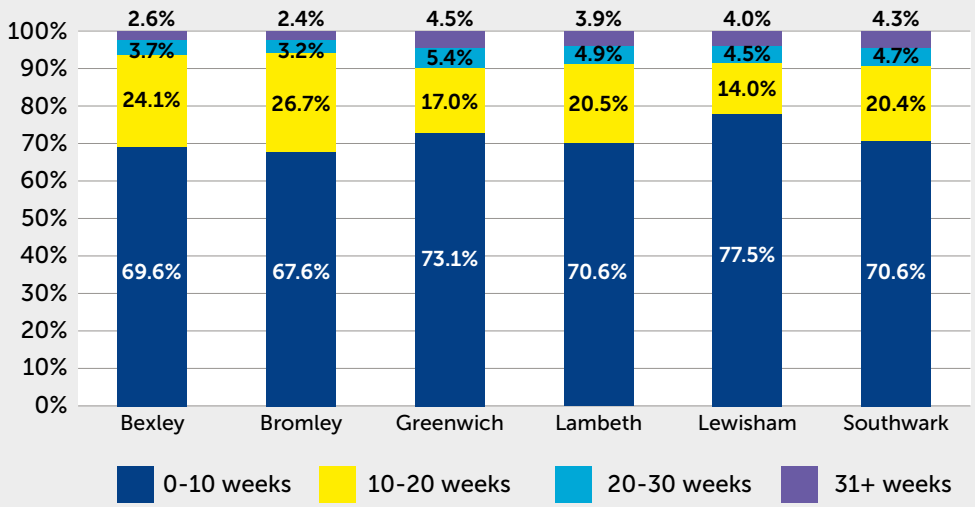
We have agreed to focus our initial cross system action at south east London level on ensuring that people receive convenient and effective care for the prevention and earlier detection of disease, including children and adults from marginalised communities. We selected this area as a priority because of the imperative to increase rates of vaccinations, health checks, screening and monitoring 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 are unable to access them effectively given the ways they are currently delivered.

Children and Young People: Ensuring that parents, children and families receive the most effective support before and during childbirth and in 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 opportunities. Before pregnancy and in these early years, there is a unique opportunity to support parents, partners and families to avoid harmful behaviours, ensure 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 cognitive and physical development.

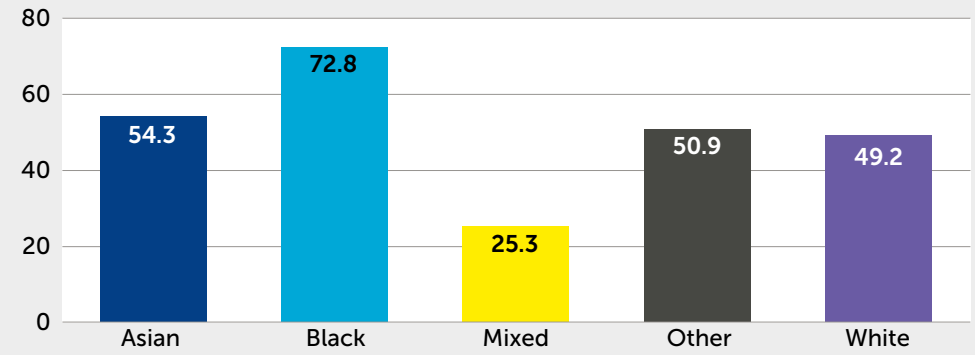
We also know that there is a vast amount we need to do to better support parents and caregivers, babies and families. Some people do not receive sufficient support for healthy living during pregnancy or more specialist support where needed. For example, an estimated 5% of mothers in south east London smoke at the time of delivery, despite well-evidenced links to harm for the baby. Nearly 40% of mothers in south east London are overweight or obese. Whilst guidance is that an initial antenatal appointment should be given within the first ten weeks of pregnancy, 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 maternal and neonatal services [7].

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 (referred to as Adverse Childhood Experiences or 'ACE's), which are linked to worse long-term mental and physical health and a range of social issues; Lambeth and Southwark are within the 21 local authorities in England with the greatest prevalence of ACEs [8].

> **"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."**
>
> **– Voluntary, community and social enterprise sector organisation, November 2022 public engagement sessions**

We selected this area as a priority in part because of the scale of the opportunity to deliver dramatic improvements in health and wellbeing for the entirety of people's lives. If we can better support children and their parents and caregivers during early years, this should translate over time into significant, measurable reductions in common physical and mental health conditions, as well as better school readiness, better outcomes at school and 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.

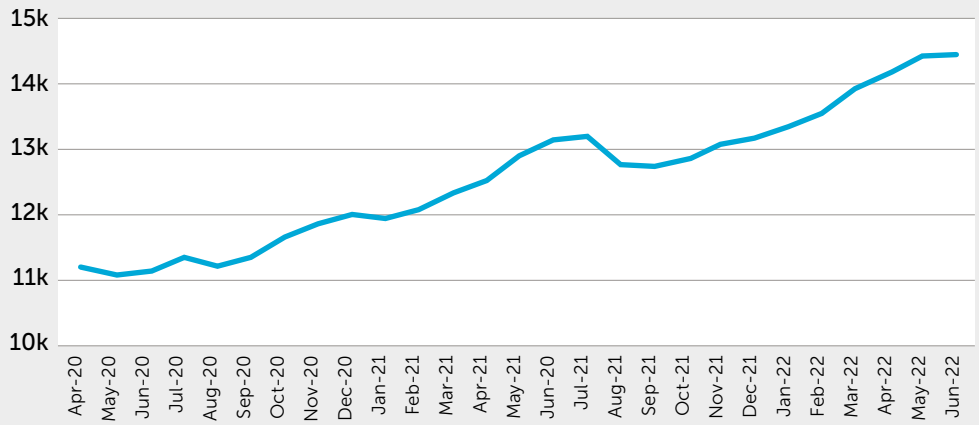
We also selected this area as a priority because of the substantial opportunity to work together across services to implement effective, well-evidenced models of care. In our conversations with local people, community members and people who work in the system, people highlighted the differences in resourcing and access to pre-natal, post-natal and early years support across south east London, as well as variation in the quality and effectiveness of health visiting and other services.

Our discussions also highlighted the fragmentation of our current 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 care workers who can build strong relationships with families and make best use of different skillsets. Serious case reviews conducted 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 tackled effectively.

Children and Young People: Ensuring 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 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 and 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 disabilities, are more likely to experience a mental health problem.

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



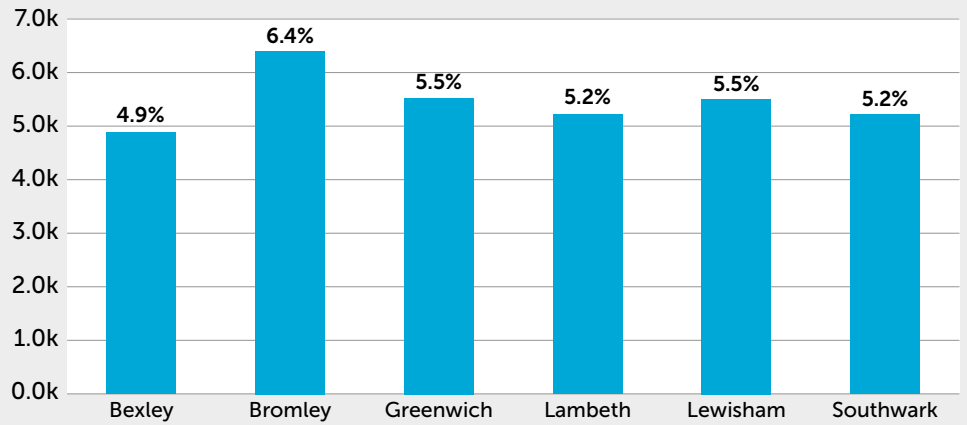
Source: NHS Digital, Mental health services monthly statistics

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 been established 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 seeking 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. 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 selected this priority because of the opportunity to help many children and young people avoid more severe mental health problems, and the significant longer-term impact 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

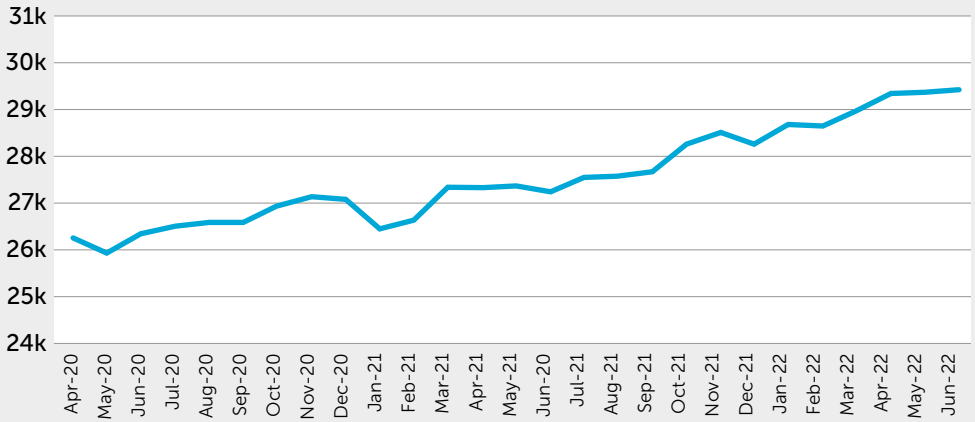
Like our other priorities, we have also selected this priority because of the potential to pool insight and share learning across south east London, as well as for partnership working across public services and the voluntary sector. There are opportunities for health, local authorities, the VCSE sector and schools to work together on alternative approaches that could help to break the cycle of high demand and waits for traditional counselling services. If we succeed, 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, November 2022 stakeholder sessions**

Adults' Mental Health: Ensuring that adults in south east London receive early and effective support for common mental health challenges.

As for children and young people, there are large and growing numbers of adults in south east London struggling with common and more serious mental health issues (see Figure 10). For 2021/22, 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, November 2022 public engagement sessions**

Unless people receive rapid and effective support, both for early mental health problems and broader social challenges, there is a greater likelihood that they develop more serious and lasting mental health problems. We also know that people struggling with more common mental health difficulties and social challenges can quickly find themselves in significant distress. This can quickly spiral into further social challenges such as relationship breakdown, job loss or homelessness.

Like children and young people, adults in some parts of south east London can face long waiting times for support, with the risk that they get worse while waiting or give up trying to access care. We have traditionally 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 is variable, 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.

As for children and young people, we have decided to focus our initial cross-system action on improving early mental health support for adults in part because of the opportunity to prevent people's problems worsening and avoid serious illness. We envisage pursuing these two priorities, for children and young people and adults, in tandem, exploring similar potential 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 potential solutions for children and young people and for adults.

Primary care and people with long term conditions: Ensuring 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 accessing convenient care through our primary care system. People in some parts of south east London are finding it particularly difficult to get timely appointments; 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 engagement and from patient survey data, about the challenges many people face in accessing effective and joined-up care for 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 c. 215,000 in April 2019. Many people are struggling to access timely support 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.

In addition, a significant group of people in south east London, in particular older people, have more complex physical health and mental health and social challenges. We have heard that people often spend a large amount 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 in daily living, but not getting the more intensive support needed from our health and social services to live well at home and prevent avoidable stays in hospital wards, intermediate or residential care.

We already have teams working to ensure better access to primary care appointments and more joined-up, team-based primary and community care for people with continuous health needs, which includes implementing the recommendations in the *Fuller Stocktake Report* on integrating 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 ensure earlier detection and better management of long term conditions.

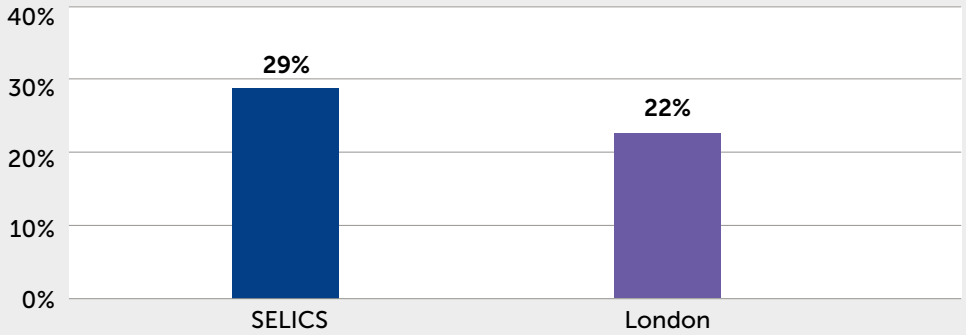
> "For many people going to hospital urgent care centres works better [for them] than going to their GP."
>
> **– Let's Talk Health and Care public chat forum participant, 2022**

> "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, November 2022 public engagement sessions**

In south east London a higher proportion of general practice patients report taking an online 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 digitally supported services (see Figure 12).

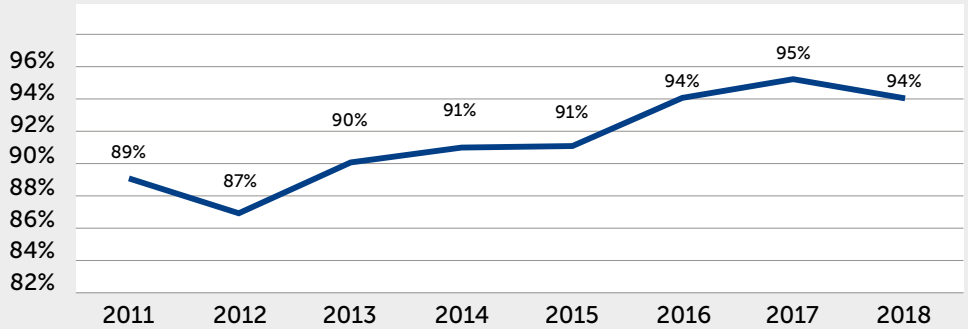
By selecting this priority, we are seeking to accelerate and develop this work, in particular by supporting sharing of learning across our system. In the next phase, we will work together to develop measurable targets for ensuring appropriate access to primary care and the quality of care for people with continuing health needs. We will work together on the design of team-based primary, community and social care services, 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. We will also work together with partners from across our system on options for addressing 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 digital exclusion.

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



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

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

Following the establishment of our ICB on 1 July 2022, we are implementing far-reaching changes to how we operate as a system.

The aim is to improve how we use our resources and to enable faster 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 ICB and ICP bring together leaders from across health services, our local authorities and the VCSE sector to oversee local services. We have the opportunity to put aside transactional approaches in favour of more effective ways of overseeing our health and care system. We envisage our ICB and its staff spending 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 operation of our 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 are also ensuring an appropriate distribution of responsibilities within our system, with activities carried out at the right level. The Local Care Partnerships in our six boroughs will play a critical 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 the improvement of our primary care services. Meanwhile, our three 'provider collaboratives' 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 Officer, NHS South East London ICB**

How we plan to allocate our resources

Under the new arrangements, our ICB will have greater flexibility to determine how it allocates 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 ensure the financial sustainability of our system and release funding to support innovation and improvement. We will explore how we can reallocate resources to deliver our vision, providing resources to areas where they are likely to deliver significant benefits, for example prevention, primary and community care, mental health and care for disadvantaged groups. We will also need to find resources to progress transformation programmes for the five cross-system strategic priorities set out above.

Developing our leadership and our workforce

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

We are committed to empowering and equipping staff across our services to deliver change, with the skills to collaborate with other services and deliver care in well-functioning multi-disciplinary teams. We also, critically, need to ensure that our staff feel fully valued and that we provide a supportive environment for people to work and progress their careers. Our People Strategy focuses on strategic workforce planning, skills development and recruitment and retention of staff so that we secure a robust workforce for the future. It also focuses on developing a culture of inclusion and wellbeing across our services. In 2023, we will be reviewing next steps in embedding partnership working and effective teamworking across boundaries.

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. As in the pandemic, we want to harness 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 the design and oversight of 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, Medical Director at NHS South East London ICB and Consultant Rheumatologist at 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**

Enabling innovation and service transformation

We also need to develop our capabilities in enabling 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 collaborative improvement, innovation and service redesign across different services and sectors. We will be using the implementation of our five strategic priorities to develop and test our overall approach to working together as a system on major projects.

As we do so, we will be considering the skills we need to lead these cross-system projects effectively, including in appraising the existing evidence, conducting rigorous redesign processes, and leading collaborative 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 estates

We will be developing our analytical capabilities and our data infrastructure 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 infrastructure to generate more granular information on the health of our population so we can target services more effectively. We are also developing our data systems so that we can benchmark performance better across services and deliver effective quality improvement programmes.

We will also be building our digital infrastructure to support the delivery of more effective services. We will invest in digital infrastructure to enable effective communication between professionals and with service users, carers and families, to enable collaborative, team-based models of care, and to support effective care planning. We will harness digital capabilities to deliver more convenient online care, while ensuring that we do not exclude people who prefer face to face appointments. We will invest in digital capabilities to enable remote monitoring for people in their homes.

At the same time, we will continue to develop our physical estate to better enable joined-up, person centred and team-based care and support collaboration across services. This will include exploiting 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 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 outcome that exist within our population by more effectively identifying and responding to the needs of individuals and specific communities in south east London, 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 and intervene earlier to keep people well and helping them stay healthy and independent in their own homes"
>
> – Jonty Heaversedge, Medical Director, NHS South East London ICB

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, our staff, partners and communities in 2022. Our objective has been to home in on a small number of areas where action across our system can deliver rapid and demonstrable improvements for local people.

We are now eager to move forward to the next phase, from the start of 2023, of defining ambitious and measurable targets for improving care, defining our overall strategic approach to tackling these priorities, and translating our strategy into rapid implementation of 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 the development and implementation of our strategy. Their mandate will be to be rigorous in appraising the evidence, ambitious and innovative in their thinking, and practical and focused, so we develop plans that lead to concrete action.

We will ensure that the vision and priorities set out in this strategy are reflected in our operational planning for 2023/24 and our joint forward plan for 2023/24 to 2027/28, to be finalised by end of June 2023. Before the end of June 2023, we will publish a more detailed strategy publication setting out our targets for improvement, our overall strategic approach to our five priorities, our high-level delivery plans, and our approach to monitoring progress with support from our people and communities. We will also update on how we are building the skills, capabilities, workforce and enabling infrastructure to deliver our vision and these priorities.

Alongside this work, our Medium Term Financial Strategy for 2023/24, 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 joint forward plan for 2023/24 to 2027/28 will set out detailed information on our approach to improving a wide range of NHS services.

Endnotes

1 For more information on our Integrated Care Partnership see: www.selondonics.org/who-we-are/senior-leadership/icp-leaders/

2 For more information, see: www.england.nhs.uk/publication/joint-forward-plan/

3 English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government

4 Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report. The Health Foundation, July 2021

5 [insert link to background document ie appendices]

6 [insert link to background document ie appendices]

7 Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race and Health Observatory

8 Adverse Childhood Experiences in London. GLA, 2019

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 concrete opportunities to improve people's care. We also agreed a set of criteria for assessing priorities.
Initial research and engagement	**June – July 2022**	We reviewed previous public engagement, population health data, system performance data, and the themes from other strategies and invited comments from the public on potential areas of action. This led to seven initial areas for engagement.
Engagement on vision and seven areas	**July – 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, outside our seven initial themes.)
A shortlist of potential priorities	**August – September 2022**	This engagement provided a longlist potential strategic priorities. We analysed each against agreed criteria for a good priority: being a large scale opportunity, requiring collaboration, feasibly delivering results within 3-5 years, and being strategically coherent.
Five priorities and enablers	**September – December 2022**	Based on this analysis, we identified a smaller list of 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 vision and seven areas

A shortlist of potential priorities

Five priorities and enablers

Insight from a variety of existing sources was gathered:

People's stories through the life course
Based on known experiences from ongoing projects and engagement.

Population health data
As available, recognising that JSNAs are in the process of being updated.

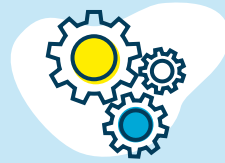
'Seldom listened to' communities
Targeted engagement work with seldom listened to communities on what is important to them and barriers, delivered by VCS organisations.

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 ICS since April 2020.

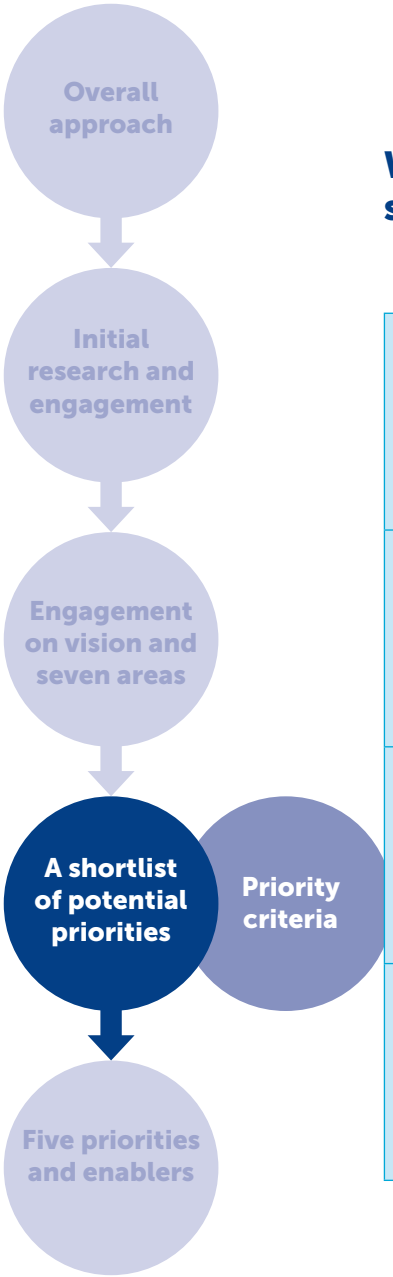
Themes from other strategies
Strategies including Health and Wellbeing and Trust strategies.

System performance data
The current system performance position as viewed by the ICB.



From our initial research we developed seven areas for discussion; in summer 2022 we undertook a series of events and other engagement activity:

Engagement activity	Target Group	Timescales	Outputs
Face to face SEL wide engagement event	100 system leaders – SEL wide health and care leaders, VCSE leaders, Healthwatch	Second half July 2022	Input into prioritisation process
Two online events for local people and VCSE organisations	Open events for all interested stakeholders	July 2022	Input into prioritisation process
Local Care Partnerships and Provider discussions	Leaders and staff in Local Care Partnerships and Providers	July – August 2022	Input into prioritisation process
First phase of discussions on the SEL 'Let's Talk Health and Care' online platform	All staff and public	July – August 2022	Input into prioritisation process
Citizens UK literature review on insights from seldom listened to communities	Specific communities we need to engage more closely with	August and Autumn 2022	Input into prioritisation and strategy development



We used four tests to assess the strengths of a longlist of potential strategic priorities for the system:

Test 1: Size of the opportunity	Would addressing this problem or pursuing this opportunity deliver substantial improvements in health and care for our communities?	For example could we significantly improve outcomes, efficiency and address inequalities?
Test 2: Need for collaboration	Is this a problem or opportunity where different parts of our system would really benefit from working together?	For example, are there substantial benefits in pooling 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: Feasibility	Is it realistic to believe we could make tangible progress on this area within the next 3 to 5 years?	For example, can we envisage a strategic approach that would allow us to make significant progress? Could we find the will, capabilities and resources to implement it?
Test 4: Strategic coherence	Put together, do our selected priorities add up to coherent consistent, and coordinated approach?	For example, does one priority support another. Do they add up to more than the sum of their parts?

From our initial research we developed seven areas for discussion; in summer 2022 we undertook a series of events and other engagement activity:

Engagement activity	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 / problem solving process
Face-to-face strategy development workshops	SEL wide health and care leaders, VCSE leaders, Healthwatch	November 2022	Input into strategy development / problem solving process
Second phase of discussions on the SEL 'Let's Talk Health and Care' online platform	All staff and public	November – December 2022	Input into strategy development / problem solving
Conversations with trusted local VCSE orgs representing seldom listened to communities	Specific communities we need to engage more closely with	October-December 2022	Input into strategy development / problem solving
Health and Wellbeing Boards	Members of the Health and Wellbeing Boards and the public	November – December 2022	Input into strategy development / problem solving process

Overall approach

Initial research and engagement

Engagement on vision and seven areas

A shortlist of potential priorities

Five priorities and enablers

Five strategic priorities have been agreed:

Prevention and wellbeing 	How can we become better at preventing ill-health and helping people to live healthy lives?	Avoiding ill-health and helping people in South East London to live healthier lives.
Children and Young People 	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that parents, children and families receive the most effective support before and during childbirth and in early years.
Children and Young People 	How can we ensure that children and young people in South East London get the best possible start in life?	Ensuring that children and young people receive early and effective support for common mental health challenges.
Adult mental health 	Ensuring that adults across South East London can access effective support to maintain good mental health and wellbeing.	Ensuring that adults in South East London receive early and effective support for common mental health challenges.
Primary care, long term conditions, complex needs 	How can we deliver convenient primary care and well-coordinated, joined up and whole person care for older people and others with long term conditions and complex needs?	Ensuring 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 thus far to develop our strategic priorities

Initial research and engagement

Insights previous engagement

- **Trust and cultural sensitivity:** Trust in statutory services is low, especially with people from Black and minoritised ethnic and other marginalised communities. Some people in south east London face stigma due to their lifestyle and culture e.g. Gypsy, 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 cultural awareness 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 report not knowing how to access services or where to go for support, and that getting a GP or Dentist appointment is particularly difficult. The move to virtual 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 being 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 hold off seeking support when they need it, thus allowing health issues to worsen. More services should be provided in the community.
- **Mental health:** People report struggling 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 e.g. not culturally aware or trauma informed, and often people become acutely unwell before being able to access services. There are pervasive 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 report not being seen as a whole person, and instead as individual conditions. We heard how important peer support 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 we need to co-produce services with local people, and we should work with local trusted voluntary and community organisations to partner with seldom listened to communities. No communities are 'hard to reach', and we need to change how we engage.
- **Wider determinants of health and social issues:** Wider determinants of health and social issues impact people's ability 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, housing and secure employment have a significant impact on people's health and wellbeing.

Engagement on vision and seven areas

Local people & 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 raised that they currently experience significant issues accessing health and care services, particularly primary care, mental health and community services.
- We heard people want to see an increased focus on prevention, the 'whole person' and outcomes that matter to local people. We heard we should also consider a person's wellbeing and other wider determinants of health.
- High quality care for all – "services should be equitable, no matter who you are or where you live".
- People also wanted to receive care and treatment in the most suitable environment, and close to where people live - "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 support carers better.
- We heard that in addition to the areas engaged upon other priorities include improving maternity and women's services, integrating health and social care, improving end-of-life care, and addressing systemic racism, racial disparities and 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 equitable, responsive and integrated - "No one gets left behind or lost in the system". We also need to focus on the whole person and family, empower local people, service users and carers, and work with them as partners. We should focus on prevention, wellbeing and the wider determinants of health, responding to issues such as poverty and deprivation.
- Across all seven themes there was an acknowledgement that access to key services needs to be addressed, including primary care and mental health, particularly for children and young people. Our system is complex and difficult to navigate.
- Local people distrust statutory organisations, and we need to work with trusted VCSE sector organisations to build trust, and address what mattes to people most.
- We need to develop a proactive, early support offer to prevent worsening of ill-health, particularly for mental health issues.
- We need to adopt an asset-based community development approach, and spread best practice across SEL. We need to develop more services in our communities that are culturally sensitive and trauma informed. Social prescribing should be built upon and improved.
- Our workforce needs to be empowered to work differently. Our workforce is currently stretched. Innovation and new workforce models etc. are key. Funding and resources need to transparent and allocated differently. We also need to improve access to and quality of data available.
- In addition to the seven areas engaged upon, other priorities include improving maternity and women's services, integrating health and social care, improving end-of-life care, addressing systemic racism, racial disparities and inequalities, and developing our ways of working.

Five priorities and enablers

Local people & VCSE – July 2022

- We heard the five strategic priorities are the correct ones for us to deliver as a system. The focus on early intervention, health and wellbeing and mental health was welcomed.
- Some raised concerns about how we will deliver these priorities given the challenging context, for example, constraints on funding. We also heard we must improve our IT systems so these are interoperable and improve visibility of people's digital records between health and care partners – "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 we need to work more closely with schools and other public services like the police, as well as local people themselves - "people in the community are looking out for each other, so let's make the most of this". We heard we need to better understand and make use of our assets in our communities and innovate to make the changes required. We also heard we need to work in partnership better with VCSE organisations, especially specialist providers who support marginalised communities to help build trust and support the take up of services - "there needs to be a 'no wrong door' approach".
- We heard the importance of understanding what matters to people, having a trauma informed approach inclusive of culture and gender issues across all partners, and the importance of peer mentors to support people from our most marginalised communities
- Our delivery plan must recognise and address the inequalities experienced by some communities living in south east London, and we must understand social issues and barriers to access such as the cost of living crisis and systemic racism.
- There are areas of good practice which could be rolled out across SEL, including Safe Surgeries, Pride in Practice and Inclusion Health tool to support some of our most marginalised communities access services.

Five priorities and enablers

System workshop – Nov 2022

- Support for the five priorities. Recognition we will need to embrace new solutions and innovate to deliver these. We need to continue to refine the scope and ambitions of these priorities so we can deliver over the short-medium term (5 years).
- Delivery of the priorities will be led by different parts of the system, and often within our places. Bureaucracy and silos are a significant barrier; system partners need to take responsibility for reducing these.
- Partnership working with local people (co-production), with other partners like education 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 enable changes required.
- We must use our assets more effectively (including our estate), adopt a strengths-based approach and facilitate sharing of learning.
- We must also improve how we use and share data and 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 the individual and not pass people around the system – "make every contact count", "we need a more responsive front door".
- Our workforce is currently stretched as it is, so we need to think about how we address this to deliver the priorities.
- We must consider the social context in which we are operating and work within a social justice framework. We should prioritise addressing health inequalities across the priorities.

South East London Integrated Care System

Integrated Care Partnership

Item 3
Enclosure C2

Title:	**Improving Children and Young People's Mental Health & Emotional Wellbeing**
Meeting Date:	26 January 2023
Lead / Contact:	Martin Wilkinson, Chief Operating Officer for Southwark/Senior Responsible Officer for Mental Health Transformation & Children and Young People's Transformation
Authors / Contributors	Rupi Dev, Director for Mental Health, Children and Young People & Health Inequalities

Purpose of paper:	This paper provides a summary of the current focus of the children and young people's mental health and emotional wellbeing transformation programme across the Integrated Care System (ICS) and poses a series of questions to support the Integrated Care Partnership in developing the priority identified through the Integrated Care Strategy focused on children and young people's mental health.	**Update / Information**	
		Discussion	X
		Approval	
Brief summary of paper	• Children and young people's mental health has emerged as one of the five key priority areas as part of the development of the Integrated Care Partnership's Integrated Care Strategy. • The ICS has a well-established children and young people's mental health and emotional wellbeing transformation programme. Over the course of the last six months, the programme has been developing a transformation plan which sets out the vision and objectives for children and young people's mental health and emotional wellbeing services from 2022/23 till 2025/26, as well as a delivery plan with clear actions focused on ten key priority areas for 2023/24. • However, the transformation plan is heavily focused on secondary and tertiary mental health services and on children and young people who have already been identified as needing mental health support and care. Furthermore, the actions in the plan are primarily centred around health-based services. • There is therefore an opportunity through the development of the strategy to consider how we: (i) increase the focus of the children and young people's mental health and emotional wellbeing transformation programme/plan on early intervention and prevention, including children and young people who may never access statutory mental health services; and (ii) expand focus of the programme and plan to develop initiatives and actions across all system partners involved in children and young people's mental health and emotional wellbeing.		

Recommendation:	**The Partnership is asked to:** • Note progress with the current children and young people's mental health and emotional wellbeing transformation programme. • Consider where partnership working could help strengthen the ICS' approach to improving children and young people's mental health and emotional wellbeing, noting the potential overlaps with the other strategic priorities identified as part of the Integrated Care Partnership's Integrated Care Strategy and opportunities to align these

South East London Integrated Care System

South East London Integrated Care Partnership

Improving Children and Young People's Mental Health & Emotional Wellbeing – A Discussion Paper

January 2023

1. Context

1.1. Children and young people's mental health has emerged as one of the five key priority areas as part of the development of the Integrated Care Partnership's Integrated Care Strategy.

1.2. Approximately 22% of the South East London population is a child or young person, and prevalence of mental health conditions is increasing. Between 1999 and 2017, the proportion of children nationally with a mental health condition rose from 9.7% to 11.2%[1]; this is likely to have been further exacerbated during the pandemic with the Centre for Mental Health suggesting that 1.5 million children and young people under the age of 18 could need new or increased mental health support due to the pandemic[2].

1.3. Research indicates that most mental health conditions in adults begin in childhood – half of mental health problems first emerge by the age of 14, and three quarters by age 24. There is therefore an opportunity to intervene early to support children and young people's mental health and emotional wellbeing which could impact on the life course of an individual and a family.

1.4. This paper provides a summary of the current focus of the children and young people's mental health and emotional wellbeing transformation programme across the Integrated Care System (ICS). The Integrated Care Partnership are asked to consider where partnership working could help strengthen the ICS' approach to improving children and young people's mental health and emotional wellbeing, noting the potential overlaps with the other strategic priorities identified as part of the Integrated Care Partnership's Integrated Care Strategy and opportunities to align these.

2. The Children and Young People's Mental Health & Emotional Wellbeing Transformation Plan

2.1. For several years, local systems have been producing annual transformation plans setting out their aims and ambitions for improving children and young people's mental health. These transformation plans provide the blueprint for service transformation.

2.2. Although these transformation plans should be inclusive of the full complement of services available for children and young people's services across health and care services, historic oversight and co-ordination from NHS England has meant that these plans have been largely focused on the provision of secondary and tertiary mental health services through the two NHS mental health trusts.

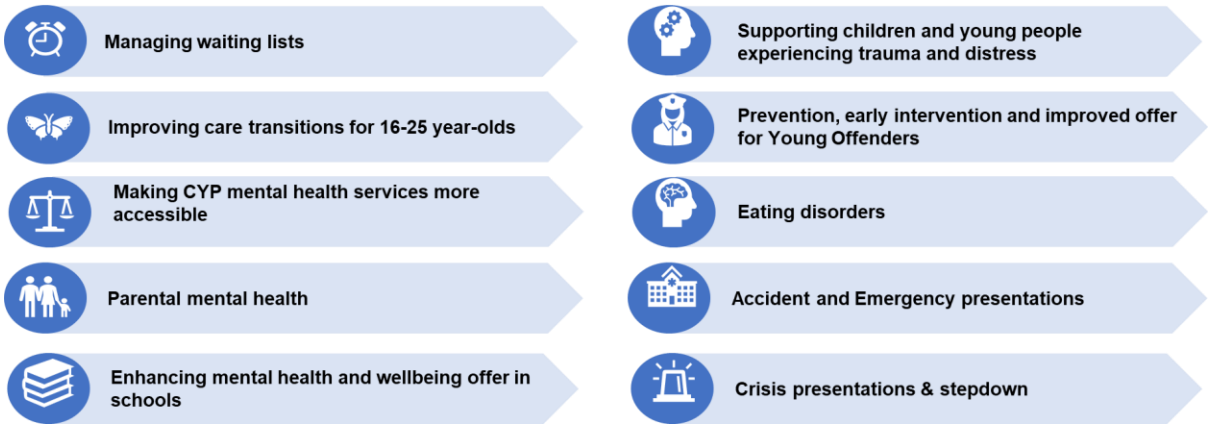
2.3. Since August 2022, system partners (including children and young people's integrated commissioners across health and social care and strategic/operational leads from the mental health service providers) have been working in collaboration to develop a new children and young people's mental health and emotional wellbeing transformation plan (the 'Transformation Plan'). The Transformation Plan currently still in draft form and subject to formal endorsement by the ICB Board (date to be confirmed), however, has been endorsed by Local Care Partnerships and the ICS Mental Health Board.

2.4. Partners have taken a different approach in developing the Transformation Plan this year, namely:

- Broadening the view of children and young people's mental health services to include emotional wellbeing, recognising 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.
- Expanding the delivery timeframe of the plan demonstrating the ICS' commitment to making sustainable, transformational change to services and continually improve outcomes for our children and young people. Partners have developed a vision and ambition for the transformation programme to take the programme up to the end of 2025/26 (see Appendix 1), supported by a delivery plan which focuses on actions and improvements over both 2022/23 and 2023/24. It is anticipated that the delivery plan would be updated on an annual basis.

2.5. The Transformation Plan, and therefore the ICS wide transformation programme, is focused on ten key priority areas for action, as identified by the health inequalities report on children and young people's mental health commissioned in 2022. A summary of these ten key priority areas can be found in Figure 1 below.

Figure 1: Ten Key Priority Areas Included in the Children and Young People's Mental Health & Emotional Wellbeing Transformation Plan. *Actions have been identified and agreed for each priority area and are included within the Transformation Plan.*



2.6. For each of the ten key areas, there are a set of agreed actions in place and included within the plan to deliver improvements in these areas. These include (but not limited to):

- Reducing waiting lists and total numbers of children and young people on secondary and tertiary care waiting lists including community child and adolescent mental health services (CAMHS) and children and young people's eating disorders.

- Ensuring that the relevant support mechanisms are in place for children, young people and their families whilst they are on the waiting list. This initiative builds on the commitments identified by the South London Listens Programme with children and young people and parental mental health being one of the four commitments of the programme.
- Expansion of the Empowering Patients and Empowering Communities parental support programme across all Places in South East London.
- Expanding the offer mental health support offer in schools through Mental Health Support Teams (MHSTs) and developing more localised and targeted pilots for additional mental health support in schools specifically for children in Key Stage 2.
- Developing roles and services within primary care. For example, development of children and young people's mental health practitioner roles working across primary care and secondary care mental health services, and development of a primary care and community-based eating disorder service (initially in Bromley Place).
- Piloting transition worker roles to support young people aged 16-25 moving out of secondary and tertiary care children and young people's mental health services and into adult services.

2.7. Although the Transformation Plan aims to promote early intervention and prevention and addresses the ten key priority areas above, the current version of the Transformation Plan is still heavily focused on access to secondary and tertiary mental health services (including reducing waiting times and waiting list for community children and adolescent mental health services [CAMHS]) and services for children and young people who are experiencing mental health conditions. These actions are well defined and there is a clear direction of travel to ensuring the longer-term sustainability of these services. However, it is worth noting that most of these actions are health focused, with limited focus on actions that other partners might take to deliver improvements in children and young people's mental health and emotional wellbeing.

2.8. Furthermore, actions and initiatives to support children and young people who are yet to access mental health services or express the need for any mental health support, and those who may never be referred into statutory services, are also not as clearly defined. These cohorts of children and young people may offer an opportunity for the Integrated Care Partnership to consider how it could work together to provide early intervention and support, develop, and build community resilience and networks to provide support and take a whole family approach.

3. Questions for Consideration by the Integrated Care Partnership

3.1. When considering the opportunity to improve children and young people's mental health through the development of the strategy, the Integrated Care Partnership are asked to consider the following questions:

- Do the proposed vision and objectives of the current draft Transformation Plan (see Appendix 1) align to the priorities of the Integrated Care Partnership?
- How does the Integrated Care Partnership build on the current draft Transformation Plan to ensure a more comprehensive approach to improving children and young people's mental health and emotional wellbeing, across

health and care services? Are there any medium-term priorities and actions partners would and could commit to?

- How does the Integrated Care Partnership support the shift from focusing on secondary and tertiary care mental health services to early intervention and prevention within the children and young people's mental health and emotional wellbeing transformation programme? What actions and commitments would partners within the Integrated Care Partnership need to make in order to facilitate this shift of focus?
- Given the impact of parental mental health on a child/young person's mental health, the impact of mental health across an individual's life course and the opportunity to strengthen the focus of the partnership on prevention, should there be a more combined approach across the different strategic priorities for the Integrated Care Partnership? (i.e. with the priorities identified for adult mental health, early years and prevention).

[1] https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/prevalence/
[2] https://www.centreformentalhealth.org.uk/publications/covid-19-and-nations-mental-health-october-2020

Appendix 1

Children and Young People's Mental Health and Emotional Wellbeing Transformation Programme – Vision and Objectives 2022/23 – 2025/26

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.

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

Objectives

The objectives of Children and Young People's Mental Health and Emotional Wellbeing Transformation Programme 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*

South East London Integrated Care System

Integrated Care Partnership

Item 4
Enclosure D

Title:	**Developing our ICB Medium Term Financial Strategy**
Meeting Date:	26 January 2023
Lead / Contact:	Mike Fox, CFO, South East London Integrated Care Board
Authors / Contributors	Mike Fox, CFO, South East London Integrated Care Board

Purpose of paper:	To update and provide the partnership an opportunity to discuss the development of the medium term financial strategy.	**Update / Information**	X
		Discussion	X
		Approval	
Brief summary of paper	The SEL ICB and ICS is required to develop its short and medium term financial plans in response to the requirements over the next six months of 2023/24 Operational Plans and the development of the Integrated Care Strategy and the NHS Forward View. The medium term financial strategy seeks to both support the Integrated Care Strategy and manage the financial challenges faced by the system. The current focus of our plans is at a SEL ICB level – so our plans for the SEL population for which the ICB holds an allocation (c £4bn a year). However, we also add in assumed income to our 5 local providers to build an ICS position (c £8bn a year). Our overarching Medium Term Financial Strategy will also need to address the totality of our expenditure, value for money, productivity and efficiency and return on investment as fundamentally these rather than marginal increases in income will be the key to financial success, stability and sustainability. At this stage, resource assumptions are uncertain as we await clarification on detailed planning guidance and NHS allocations. However, as an ICB and as a system we can make an assessment of the likely financial challenge as modelled in a 'do nothing' scenario and are able to begin to articulate and model our ambition and direction of travel based around a set of draft or potential planning approaches and assumptions. A first cut of this for the five-year period 2022/23 – 2027/28 is set out in this paper. This is intended for comment and discussion, and which will be built on over the coming weeks and months.		
Recommendation:	**The Partnership is asked to:** • Note and discuss the development of the ICB medium term financial strategy**.**		

South East London Integrated Care System

Developing our ICB Medium Term Financial Strategy (MTFS)

SUMMARY – South East London Integrated Care Partnership – 26TH January 2023

6 KEY MESSAGES

1. OUR AMBITION

Over the next 5 years we aim to secure two key objectives:

- To make a **tangible difference in reducing health inequalities and improving health outcomes by investing £135m recurrently by 2027/28** in supporting targeted prevention and inequalities focussed investment across our system.
- To **deliver sustainable financial balance across our system by the end of the planning period**, to provide a stable financial environment to support continued improvement and investment in healthcare and outcomes.

While the NHS financial framework remains uncertain, the commitment is that health inequalities and prevention investment will be at the core of our plans with a funding commitment that is considered to be ambitious, realistic, achievable and sufficient to deliver real change. The commitment to financial sustainability will also be vital to ensuring a robust and effective ICB delivering on its core responsibilities, secured through approaches that demonstrably improve productivity, efficiency and value through making the best possible use of the money we have available.

2. ADDRESSING INEQUALITIES IN INVESTMENT

After adjusting for relative need, **total healthcare spend at 5 of our 6 boroughs is over their fair shares target,** with only Lambeth under target, however the range is relatively small. At an expenditure area level, there are larger variations in spend, particularly for community and mental health services. This would suggest that **our focus on any rebalancing of investment should primarily be within boroughs rather than on redistribution of resources across boroughs.** Recognising this, the proposition is that we focus on investment approaches that address known areas of inequity e.g. inequalities, prevention and mental health, but with opportunities for Local Care Partnerships to make full use of the flexibilities they have available to them to redesign pathways with an ICB commitment to enabling allocative approaches to incentivise change and shift funding along the care pathway.

3. MAXIMISING OUR RETURN ON INVESTMENT

We will need to be more rigorous in the tests we apply to both existing and additional investment – with a specific focus on **return on investment and benefits realisation** focussing in particular on reducing health inequalities and improving health outcomes, articulation and delivery of measurable benefits and outcomes to clear delivery timelines alongside the application of value for money and reprioritisation approaches.

4. ONGOING FOCUS ON THE DELIVERY OF EFFICIENCIES ACROSS THE SYSTEM

The acute sector will continue to be under significant financial and service pressure resulting from underlying deficits, convergence requirements and demand and capacity imbalances but also with **significant opportunities** associated with the covid period productivity gap. **There will need to be collaboration across the system** to secure collective approaches, ensure the best possible use of available capacity and resource, address variation and improve productivity and efficiency. We may also need to consider more radical actions across site and service configurations.

We will need to apply an **equivalent rigour to community based care and other services**, to ensure demonstrable improvements in productivity and efficiency across all parts of the system, inclusive of am expectation that Local Care Partnerships proactively take forward integration opportunities to secure demonstrable best value and reduce duplication.

5. USING OUR MEDIUM TERM FINANCIAL STRATEGY TO FACILITATE AND INCENTIVISE DELIVERY

We need to ensure that our **MTFS facilitates the delivery of our wider population and service ambitions**, in particular to reduce health inequalities and to provide operational and financial stability. Prevention and targeted investment should reduce pressure on our acute sector and thereby aid financial recovery. We recognise however that there will be **timing issues** as it is likely that the savings/efficiency requirements will exceed a realistic pace of delivery around population and pathway improvement – we will therefore need to consider the scope for **transitional support** - the objective being to ensure we are not leaving parts of our systems exposed in terms of financial viability whilst also ensuring we are able to invest for the future, stay true to and not jeopardise our planned strategic investments.

6. INFLUENCING NATIONAL POLICY

As a system we will continue to work through national allocation approaches, question and challenge where appropriate, particularly in relation to convergence calculations, shift to population based budgets and timing of adjustments, to seek to **influence national policy and draw attention to the consequences**, in the context of the overall NHS financial framework. We will also wish to consider and adopt the same approach in relation to the taking on of budgets from NHSE associated with delegation.

A. INTRODUCTION & SUMMARY APPROACH

- The SEL ICB and ICS is required to develop its short and medium term financial plans in response to the requirements over the next six months of **2023/24 Operational Plans** and the development of the **Integrated Care Strategy** and the **NHS Forward View**.
- Our starter for ten **financial ambition over the next 5 years** is set out in **Section B** including:
  - Delivering sustainable financial balance across our system by the end of the planning period.
  - Securing strategic, rebalanced investment to address health inequalities primarily through increasing investment in prevention and mental health services, shifting care along the pathway and maximising our return on investment/the effective utilisation of our 100% investment.
  - Utilising the opportunities of our ICB, Collaboratives and Places to lever, drive and incentivise change and innovation as well as drive improved value through collaboration.
- Delivering our ambition will be a challenge in the context of new and emerging system architecture across the ICS, **delegation of further responsibilities to ICBs** from April 2023 and ongoing **financial and service challenges** as we continue to recover from the pandemic. This important financial context is set out in **Section C**.
- At this stage, **resource assumptions are uncertain** as we await clarification on detailed planning guidance and NHS allocations. However, as an ICB and as a system we can make an assessment of the **likely financial challenge as modelled in a 'do nothing' scenario** and are able to begin to articulate and model our **ambition and direction of travel** based around a set of draft or potential planning approaches and assumptions. A first cut of this for the five-year period **2022/23 – 2027/28** is set out in this paper. **This is intended for comment and discussion**, and which will be built on over the coming weeks and months.
- **The current focus of our plans is at a SEL ICB level** – so our plans for the SEL population for which the ICB holds an allocation **(c £4bn a year).** However, we also add in assumed income to our 5 local providers to **build an ICS position (c £8bn a year).** Our overarching MTFS will also need to address the totality of our expenditure, value for money, productivity and efficiency and return on investment as fundamentally these rather than marginal increases in income will be the key to financial success, stability and sustainability.
- The **'do-nothing' ICS scenario** is explained in **Section D** which models an **unmitigated system deficit of £249m (3.4%) in 2023/24, rising to £954m (11.8%) in 2027/28** resulting from required efficiencies embedded within national inflation assumptions, convergence efficiency requirements, and reductions in Covid related funding.
- Discussion of the effect of our ambition on potential **allocative approaches** over the planning period is in **Section E** .
- One of the key allocative issues in South East London is to target our changes to ensure we address inequity in investment across service areas and geography, which is the focus of our work to **improve outcome and address inequalities**, as discussed in **Section F**.
- Our success in delivering the demand agenda will also be dependant on other factors including financial stabilisation, living by a set of financial principles and taking advantage of opportunities at provider collaborative and place level, as set out in **Section G.**
- How our spend is projected to change over the next 5 years as a result of the planning assumptions in this paper is set out in **Section H**.
- **As details of national planning guidance and allocations are confirmed and local plans developed, we will review and continue to develop our emerging financial strategies accordingly.**

B. OUR AMBITION - WHERE DO WE WANT TO BE IN 5 YEARS?

The Medium Term Financial Strategy needs to be driven by and run in parallel with the ICS's and national strategic frameworks and priorities, which continue to be developed in line with our Integrated Care Strategy and the NHS Forward View. However it will be important to agree upfront a set of clear ICS wide ambitions and commitments, with a starter for ten set out below:

- **FINANCIAL BALANCE**
    - Secure a **financially balanced ICS** that has eliminated its recurrent underlying deficit and established a sustainable forward financial position that enables us to respond to the needs of our population effectively whilst also securing the financial health of the organisations that will provide care to the South East London and wider populations.
    - To live within the resources allocated to us at system level each and every year with approaches that secure a **demonstrable annual improvement to our underlying position**.
    - Aim to deliver a system financial position that is in the **top-quartile** nationally, inclusive of key productivity and efficiency metrics.
- **SECURING STRATEGIC, REBALANCED INVESTMENT**
    - To look at all of our resources, including existing spend, to ensure targeted action within core budgets that **identify and address health inequalities**.
    - Ensuring that our investment strategy moves over time to a position where we have **rebalanced spend between sectors and places** to meet the needs of our population, with a core focus on continuing to **increase our relative investment in mental health services to align investment to weighted population need.**
    - Demonstrably shifting the balance of investment across prevention, early detection and intervention and managing ill health and in particular to increase our ring fenced **investment in prevention**
    - Ensuring a minimum proportionate level of investment across services for **children and young people** and adults
    - To **shift resource and care along the care pathway** to support community based care, invested in prevention, early detection and intervention and reducing inequalities**.**
    - Targeting our investment to **maximise our return on investments.**
- **GOVERNANCE**
    - Utilising the opportunities of our ICB, Collaboratives and Places to lever, **drive and incentivise change, innovation, value, productivity and efficiency.**

C. FINANCIAL CONTEXT

- **Up to 2019/20, before the pandemic, the SEL ICS faced significant financial challenges** and the second highest (of five ICSs) deficit in London of £252m. The position by provider was differential, **with King's particularly challenged with a long standing underlying deficit** but with underlying recurrent challenges evidence and building across the system. The System was in receipt of significant levels of national support funding from the Provider Sustainability Fund (PSF) and the Financial Recovery Fund (FRF).

- Over the period **since the pandemic the NHS financial regime has changed significantly** marked by significant short term **Covid funding** support, the **near abolishing of Payment by Results** contractual and payment forms, new recovery incentive arrangements through the **Elective Recovery Fund** and the replacement of national support funding arrangements with **system top-ups**. Furthermore, **convergence savings arrangements** have been introduced, for those systems spending more than their fair shares, to reduce systems' reliance on national support. Increased **collaborative planning arrangements** have accompanied these changes, with closer working within and across systems to deliver common strategic and financial objectives.

- **In 2022/23 the SEL ICS has agreed balanced financial plans** both in total and at an individual organisational level, although there is **significant delivery risk** associated with an uncertain financial environment, particularly associated with significant planned efficiencies, income risk related to other ICBs, specialised commissioning and the Elective Recovery Fund (ERF), and inflationary pressures. Financial positions are also currently supported by use of prior year flexibilities and a high level of non recurrent cost improvement plans (CIPs) which will not be available going forward. In underlying terms therefore both our financial plan and expected actuals (currently showing an under performance against plan in overall terms and in relation to recurrent CIPs) will contain a continuing underlying start year 2023/24 deficit.

- Looking ahead, there will continue to be **significant changes to the NHS financial framework** particularly in relation to the **delegation of specialised commissioning and Pharmacy, Optometry and Dental services** (PODs) to ICBs, accompanied by a shift to **population rather than host provider based funding**. These are expected to result in an **increase to the SEL ICB allocation of £800m per annum,** a further 20% on the ICB's annual allocation. The funding outlook for specialised services is particularly risky, due to the complexities associated with disaggregating national spend to populations and the expected funding shifts away from London ICBs and providers, so the increased allocation masks carry forward uncertainty and a likely financial challenge.

- The medium term financial outlook for the NHS remains uncertain, but we can expect the **continued shift to a lower growth environment** and with **continued convergence savings** requirements and reduced levels of Covid funding support. As more information is made available, we will need to **flex our plans** accordingly to address changing assumptions, requirements and priorities.

- As a system we will continue to work through national allocation approaches, question and challenge where appropriate, particularly in relation to convergence calculations and timing of adjustments, in the context of the overall NHS financial framework.

D. WHAT HAPPENS IF WE DO NOTHING?

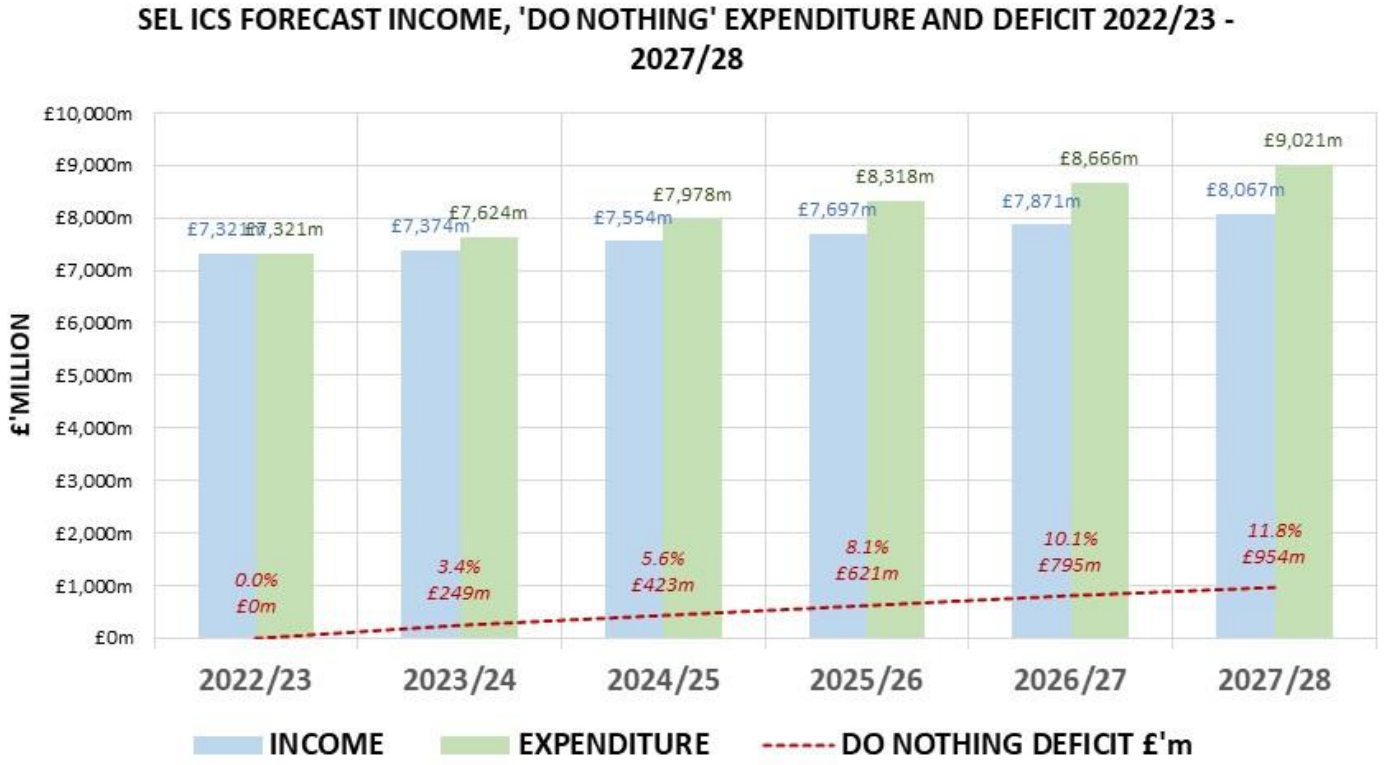
- As a system we are committed to the delivery of a sustainable recurrently balanced financial position.

- The **'do-nothing' scenario** has been modelled which shows that without the delivery of efficiencies and savings, we will have an **unmitigated syste deficit of £249m (3.4%) in 2023/24, rising to £954m (11.9%) in 2027/28** .

- The **required efficiencies** have been calculated based on the following:

    - **Carry forward recurrent efficiency requirement** from previous years
    - Efficiencies assumed within **tariff uplift** (1.1% per annum)
    - Unfunded **demographic growth** (1.0% per annum)
    - Required **convergence** savings (£45.6m per annum, £228m in total
    - Loss of **covid income** (£100m)

- We are working with our ICS partners to develop an **assessment of 2022/23 provider forecast outturn run rate and forecast provider costs in 2023/24** and we will build on these to model expenditure assumptions over the medium term to provide an updated assessment of the potential financial challenge and associated risk.



- The System has been working with PA Consulting to inform aspects of financial recovery and opportunities. The programme has identified some examples of cost variation and efficiency improvement opportunities including the **covid period productivity gap**. 7 potential system solutions were identified that could help to reduce the system underlying deficit, in the areas of: **Workforce; Urgent & Emergency Care; Clinical productivity; Estates; Procurement; Mental Health; Commercial income.** Each opportunity has an SRO and an agreed Project Initiation Document (PID) to steer the workstreams. Delivery of the workstreams is either organisational based, where organisations either individually or collectively through the provider collaboratives, will deliver and project manage the savings through identified implementation actions, or theme based, where implementation will be driven by a multi organisational group, such as a professional group (e.g. cross cutting estates actions) and savings attributed to organisations as appropriate. The likely scale of required efficiencies going forward means however that we are going to need to identify more ambitious and far reaching savings opportunities to those identified with PA Consulting. As an ICB we must give predominant focus to cost out rather than income in.

E. WHAT DOES THIS MEAN ABOUT OUR ALLOCATIVE APPROACHES?

South East London Integrated Care System

The initial financial modelling of our ICB plans has been built on a set of assumptions guided by previous national indications, where available, and local priorities and approaches. These will need to be updated as more information becomes available and as our strategic objectives are developed. In summary our allocative approach is set our below.

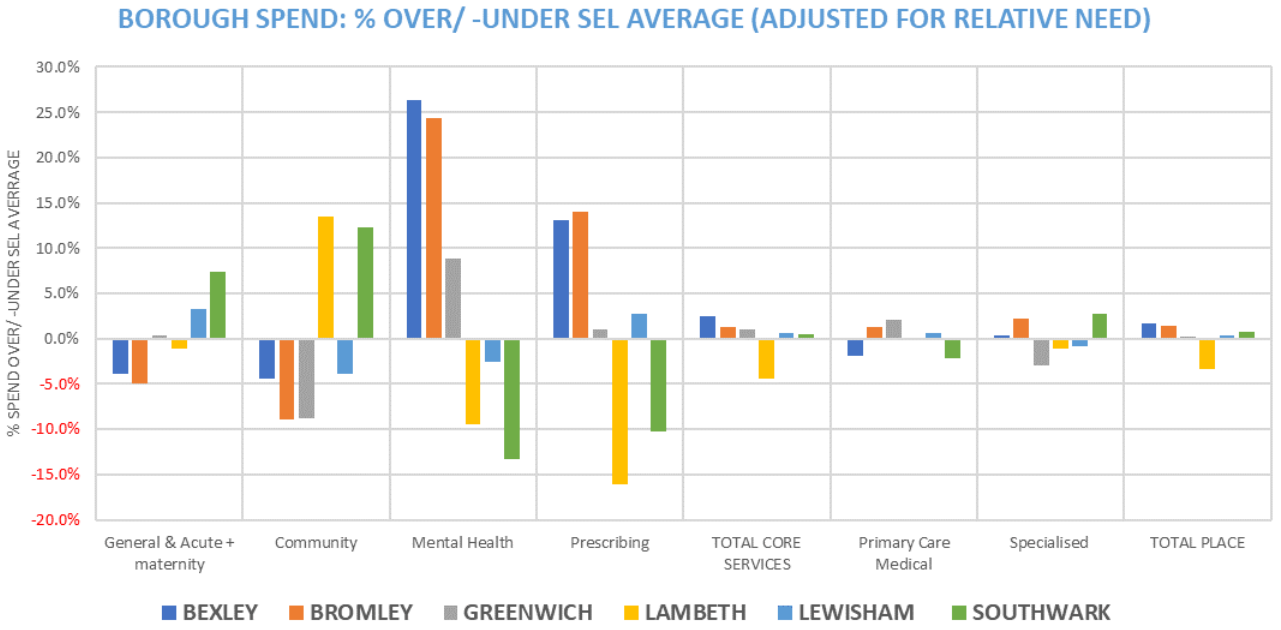
- **ICB INCOME ASSUMPIONS**:
    - **Core allocation growth** of 3.4% per annum from 2023/24 to 2027/28.
    - **Reduction in Covid income** from £100m in 2022/13 to £22m in 2023/24, £21m in 2024/55 and zero thereafter.
    - Increase in the **elective recovery fund** by £18m in 2023/24 and maintained thereafter
    - Reductions in the allocation each year recurrently associated with **convergence savings,** by £217m over the 5 years from 2023/24
- **ICB INVESTMENT ASSUMPTIONS:**
    - our assumption is that **national guidance will continue to set prescribed uplifts** linked to ICB overall allocation growth for many areas of ICB spend, including mental health, and delegated primary care.
    - We have assumed a minimum uplift of 1.7% inflation + 0.5% for community services, primary care prescribing and continuing care.
    - We have earmarked recurrent resources each year to allow further **investment in health inequalities prevention** rising from £15m in 2023/24 to £30m per annum from 2024/25 to 2027/28 – proposals therefore secure a **recurrent investment budget of £135m a year by 2027/28**. This will eventually feed through into investment across our providers and budgets.
    - We will target our investment to align with our approaches to **levelling up and addressing variation in spend when compared to weighted population need,** noting this may result in disproportionate investment in a particular area or place.
    - Existing spend and all investments will be subject to **rigorous assessments of return on investments**, highlighting in particular a **focus on reducing health inequalities, delivery of measurable benefits and delivery timelines** alongside the application of value for money and reprioritisation approaches across core budgets. **Post investment review processes** will be initiated.
    - All areas of ICB spend will be expected to contribute towards the delivery of **convergence savings** to help bring the system to financial balance on a sustainable basis.
    - **Reduction in Covid spend**, in line with falls in the allocation
    - The balance of investment is applied to acute services, after funding national prescribed uplifts and local priorities, as set out above. **Acute sector funding will fall over the period**, particularly because of reductions in Covid funding and the impact of convergence savings on acute providers.
- It should be noted that the **impact of excess inflation has deliberately been excluded** from our assessments at this stage. The assumption is that additional expenditure will be matched by ICB income increases.

F. IMPROVING OUTCOMES & ADDRESSING INEQUALITIES

- As a system we are committed to ensuring that our approaches to the allocation of resources reflects a fairer distribution of resources across sectors and geography aligned to population need.

- Initial benchmarking of spend by expenditure area (acute, mental health, community, primary care, prescribing) and by geography (for each of our 6 boroughs) has been undertaken based on pre-covid expenditure as the current best indicator of future spend and compared to national resource allocation formulae. **The analysis is complex and will need to be refined to reflect revised national allocation formulae as ICB allocations** are developed to reflect resource allocations and newly delegated services. It should be noted that these revision may change positions significantly so our modelling needs to be treated with some caution.

- However, based on the above information, at a borough level, **5 of our 6 boroughs are deemed to be over their fair shares target,** with only Lambeth under target. This would suggest that our focus on any rebalancing of investment should primarily be within boroughs rather than redistribution of resources across boroughs but with potential targeting of higher levels of growth or lower savings requirements to Lambeth than other boroughs, noting this will part be addressed through our proposed actions on mental health.



- **Our investment in mental health services is lower than the national allocation formula would suggest**, but with significant differences by borough. There is a case for increased investment in mental health services over the medium term and this has been assumed within our plans but with a need to target the investment at those boroughs for which spend is currently lower then expected. Historically we have under invested in children and young people and will be further seeking to ensure a **proportionate investment approach across children and young people and adults** for future years.

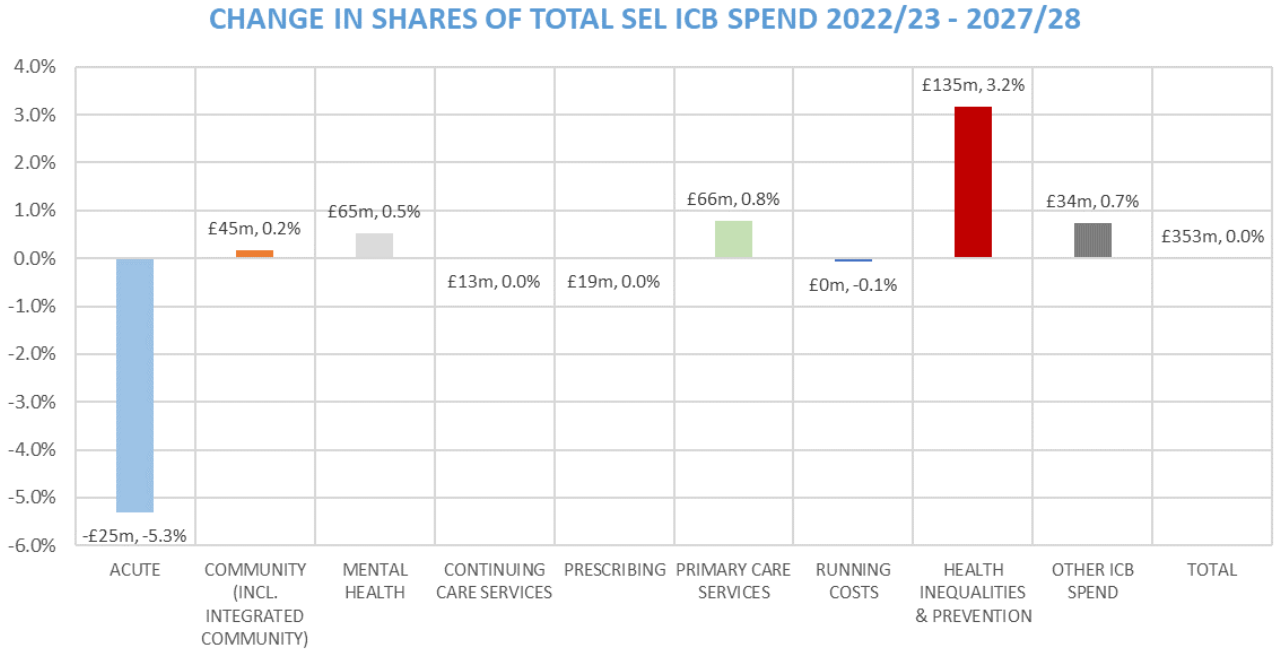
- In terms of approaches we will need to consider how much further we go on levelling up beyond addressing the mental health and Lambeth issues outlined – given delegation it will be important that Local Care Partnerships consider these issues within boroughs and linked transformation and integration opportunities.

G. WHAT ELSE WOULD NEED TO BE TRUE TO GET THERE?

- In order to secure our financial and strategic objectives, **our ambition and focus will need to evolve** over the planning period:
  - **In years 1 and 2 (2023/24 and 2024/25), we will need to focus on stabilising our financial position** as we address the expected reduction in Covid funding, ensure we secure ERF income, deliver convergence efficiencies, address our brought forward underlying deficit and a range of vital prior commitments/issues we have not addressed recurrently and live within our means on newly delegated specialised, dental, optometry and pharmacy services.
  - The focus on financial stabilisation will also be reflected in our approaches to strategic investment, with **the financial headroom to invest in strategic priorities incrementally increasing over the five year period, generated predominantly in years 3 to 5.**
- It is clear that the **acute sector will continue to be under significant financial and service pressure** resulting from underlying deficits, convergence requirements and demand & capacity imbalances but with **significant opportunities associated with the covid period productivity gap**. As a result, there will **need to be collaboration across the acute sector** most likely beyond that currently undertaken by our Acute Provider Collaborative. This could include an ability for and expectation that providers manage their capacity on a system basis to drive efficiency and best use of available capacity, address variation and improve productivity and efficiency. Delegated responsibilities may be underpinned over time by approaches that pool acute income to incentivise change and system approaches plus secure further incentives to drive change e.g. repatriation of funds spent by SEL outside of SEL acute providers which would have a material impact on income coming in to SEL's providers. We may need to further consider more radical actions across site and service configurations.
- We will need to **maximise opportunities at place level** including operating at scale, working at neighbourhood rather than practices level, refocus core spending, working at scale to deliver efficiencies and breaking down barriers between funding sources (e.g. pooled budgets).
- As a system we will need to consider whether **alternative payment mechanisms** can incentivise collaborative working.
- **It is likely that the savings/efficiency requirements will exceed a realistic pace of delivery** – we will therefore need to consider the scope for transitional support - the objective being to ensure we are not leaving parts of our systems exposed in terms of financial viability whilst also ensuring we are able to invest over the next 3-5 years for the future, recognising key to reducing demand is to improve population health and reduce inequalities.
- We will need to agree and be guided by a **set of financial principles** including:
  - Openness, transparency and peer challenge
  - Demonstrating return on investments linked to improved outcomes and linkage to our strategic priorities, in particular addressing health inequalities.
  - A minimum efficiency expectation of 3% per annum
  - Collaborative approaches to investment across the ICS
  - Sharing of financial management capacity and resources across organisations

H. HOW WILL OUR SPEND CHANGE BY 2027/28?

- Our draft investment approach results in a **changes in the balance of spend across the ICB** as set out in the table below, with a shift in total share of spend from the acute sector towards community, mental health, primary care and health inequalities & prevention.
- **We have not set out in this paper the impact of the financial modelling at an organisational level**. This will be affected by further work at a system level to agree our approaches to the allocation of resources, in particular relating to the targeting of investment and our approaches to convergence.
- **It should be noted that the significant investment in health inequalities & prevention is currently separately earmarked but will eventually feed through into investment across our providers and budgets.**
- We will need to consider the **consequences** of this including:
    - Does it match our ambition around investment approaches and priorities?
    - Does it represent a feasible proposition for the acute sector?

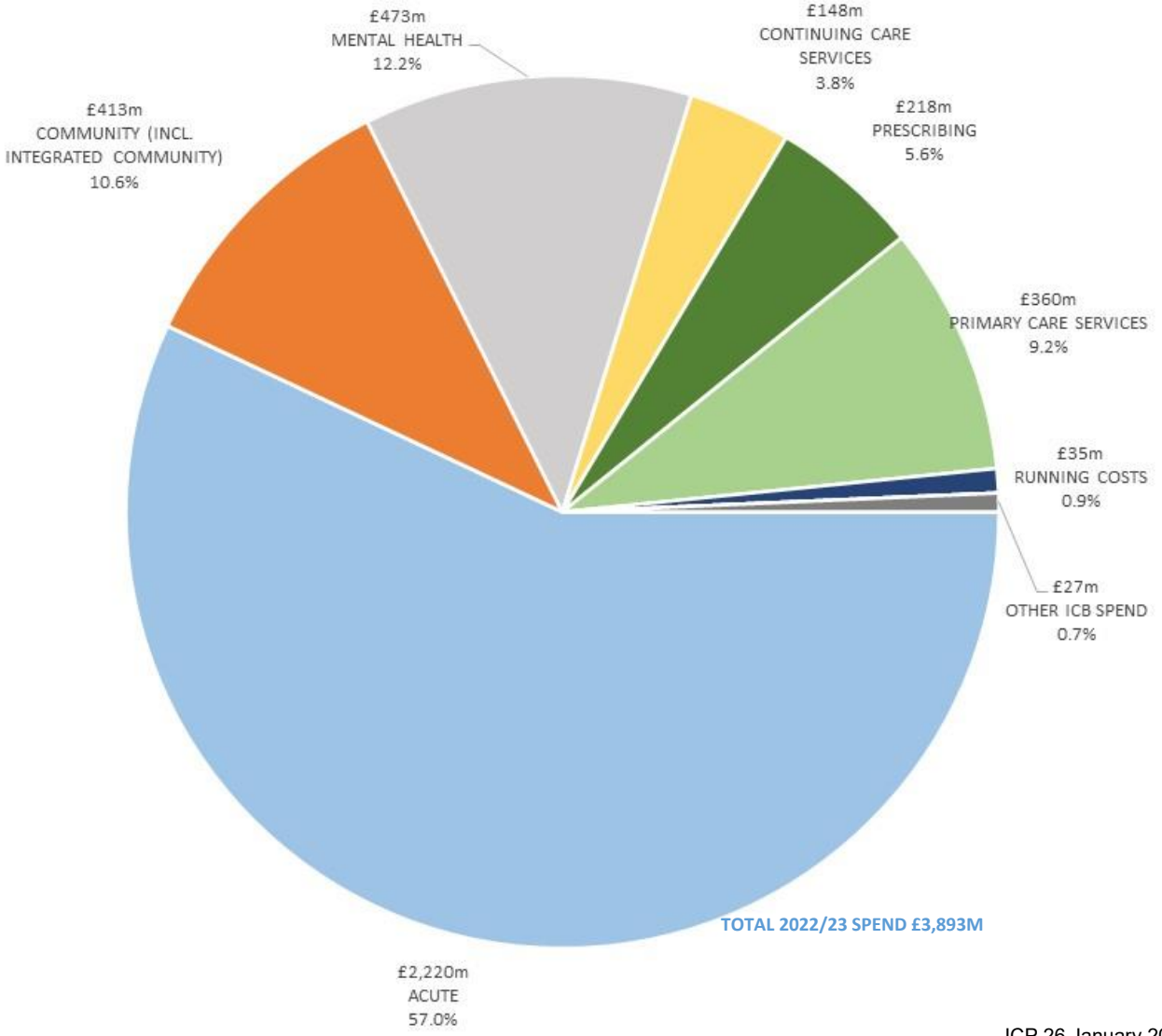


TOTAL CHANGE - 2022/23 - 2027/28

	ACUTE	COMMUNITY (INCL. OTHER)	MENTAL HEALTH	CONTINUING CARE SERVICES	PRESCRIBING	PRIMARY CARE SERVICES	RUNNING COSTS	HEALTH INEQUALITIES & PREVENTION	OTHER ICB SPEND	**TOTAL**
2022/23 BUDGET	£2,220m	£413m	£473m	£148m	£218m	£360m	£35m	£0m	£27m	£3,893m
REVERSING 2022/23 CROSS SYSTEM SUPPORT	-£16m	£0m	£13m	£0m	£0m	£0m	£0m	£0m	£3m	-£0m
INFLATIONARY UPLIFT	£249m	£60m	£66m	£21m	£32m	£6m	£0m	£0m	£5m	£439m
INFLATIONARY EFFICIENCY	-£98m	-£24m	-£26m	-£8m	-£12m	-£2m	£0m	£0m	-£2m	-£173m
COST PRESSURES	£9m	£2m	£2m	£0m	£0m	£1m	£0m	£0m	£30m	£42m
GROWTH	£86m	£11m	£40m	£4m	£6m	£62m	£0m	£135m	£0m	£343m
CONVERGENCE	-£183m	-£5m	-£20m	-£4m	-£5m	£0m	£0m	£0m	£0m	-£217m
COVID	-£90m	£0m	-£9m	£0m	£0m	£0m	£0m	£0m	-£1m	-£100m
ERF	£18m	£0m	£0m	£0m	£0m	£0m	£0m	£0m	£0m	£18m
TOTAL CHANGES	*-£25m*	*£45m*	*£65m*	*£13m*	*£19m*	*£66m*	*£0m*	*£135m*	*£34m*	*£353m*
2027/28 BUDGET	£2,195m	£458m	£539m	£161m	£238m	£426m	£35m	£135m	£61m	£4,246m

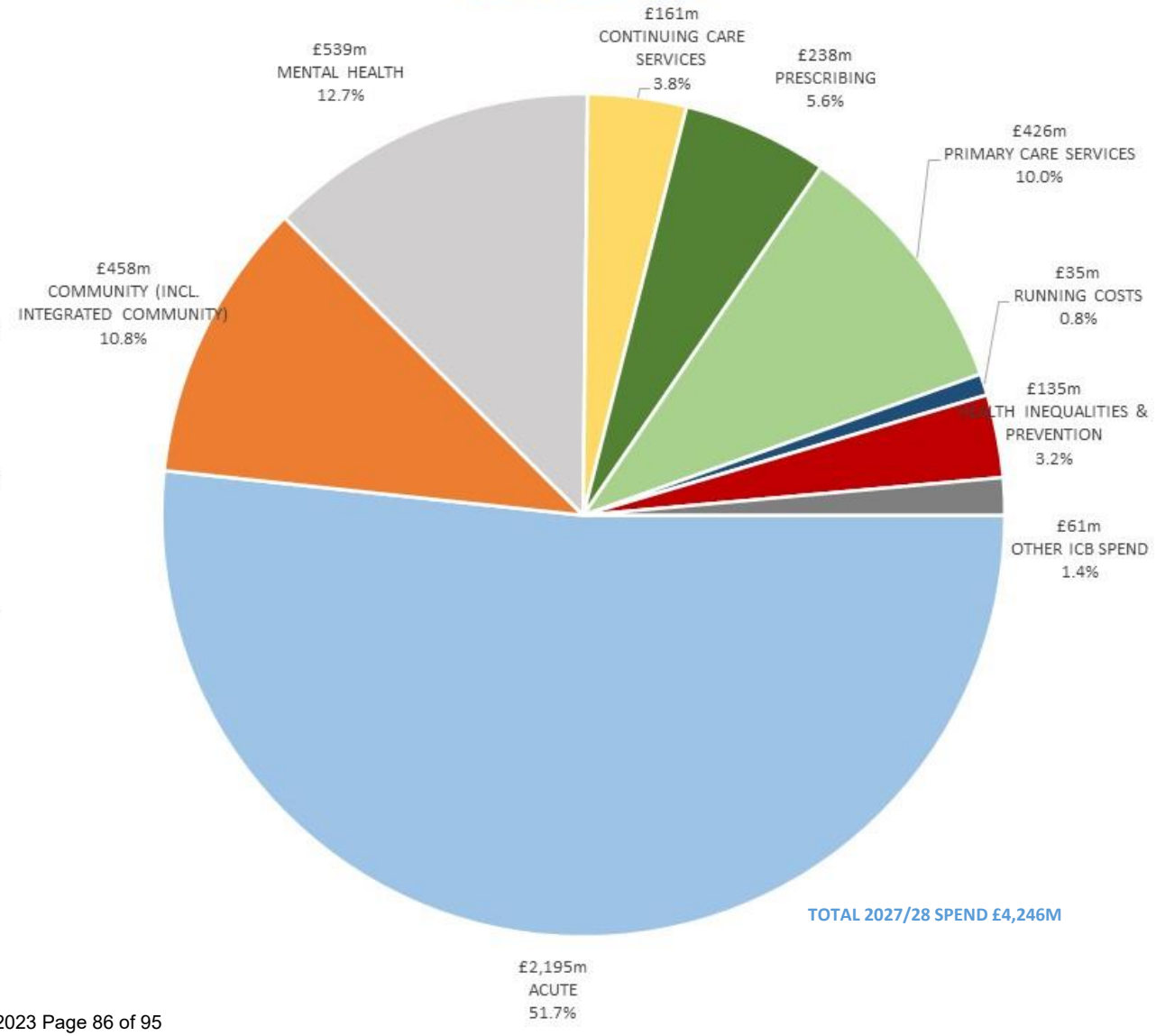
H. HOW WOULD OUR SPEND CHANGE BY 2027/28?

2022/23 ICB BUDGET



TOTAL 2022/23 SPEND £3,893M

2027/28 ICB PLAN



TOTAL 2027/28 SPEND £4,246M

South East London Integrated Care System

Integrated Care Partnership

Item 4
Enclosure D

Title:	**Adult Social Care – Context and system pressures**
Meeting Date:	26 January 2023
Lead / Contact:	Sarah McClinton, Director of Health and Adult Services, Royal Borough of Greenwich and Greenwich ICB Place Executive Director
Authors / Contributors	Ian Buchan, Programme Lead ICS DASS Group

Purpose of paper:	To broaden the understanding of the ICP of the breadth of adult social care pressures, and impact of the Autumn Statement. The ICB Executive have reviewed this paper and felt it helpful for the ICP to discuss these challenges in order to build a picture of the wider system the partnership is seeking to improve To explore these challenges as a partnership and how the partnership might respond in a collaborative way to secure solutions which support the whole system. To continue to iterate thinking through the ICP with a view future consideration of wider Local Authority services - Public Health and Children's Services.	**Update / Information**	
		Discussion	X
		Approval	
Brief summary of paper	Local adult social care departments have a significant number of pressures they are currently working with: 1. Internal workforce challenges for qualified and some unqualified staff, as well as workforce challenges within the local care market. 2. Budgetary pressures from increasing costs associated with ongoing care provision, which are likely to get more challenging given the cost of living crisis, as well as pay rates in other sectors and the expectations set up by the Cost of Care Exercise to pay significantly higher rates for care. 3. Increased acuity of residents resulting in higher cost packages, and pressures in Reablement Services. 4. Increasing waiting lists for statutory assessment and review work. 5. The introduction and preparation for of the Care Quality Commission's (CQC) new Assurance Framework for Adult Social Care and accessing data from partner organisations to support this.		

	6. An increase in demand for Reablement Home Care in most boroughs, which has affected performance and the outcomes for individuals.
Recommendation:	**The Partnership is asked to:** consider and discuss the paper in the context of its wider work as a partnership. The DASS Group equally believe there are some areas of opportunity for which further exploration is recommended: 1. Improving data - the develop of a system wide data set/ dashboard 2. Optimising service models - with the focus on reducing hospital admissions and supporting hospital discharge, that takes account of the increase in acuity of people accessing our services, it would be an opportunity to review the therapy and Reablement offer across the system to meet these new challenges. 3. Workforce - Having the right skills, in the right place, at the right time is a key challenge and the social care workforce should be considered as part of the ICS People Strategy.

South East London Integrated Care Partnership

Adult Social Care – Context and system pressures

1. Introduction

The ICB Executive considered this paper in December 2022 and felt strongly that it was useful to share beyond the ICB Executive, with the aim to further system wide understanding of the pressures experienced by adult social care and explore where there may be opportunities for working in a collaborative way to manage these whilst delivering better outcomes for our population.

A further paper exploring the broader local authority issues for Children's and Young People Social Care and Public Health will be developed in due course for the ICB and ICP.

2. National policy context

The Government's adult social care reform white paper, 'People at the Heart of Care' set out a 10-year vision for care and support in England based around three key objectives:

1. People have choice, control, and support to live happier, healthier and independent lives
2. People can access outstanding quality and tailored care and support delivered by a skilled and valued workforce in an integrated health, care, and community system
3. People find adult social care fair and accessible, where fees are more transparent, information and advice is user-friendly, and no one is subject to unpredictable and unlimited care costs.

The Care Act 2014 set the legal framework for Local Authority duties and with its focus on prevention and wellbeing, provides the right foundations to build on, however it has never been properly funded. The White Paper 'People at the Heart of Care' sets out laudable ambitions over the long term and promised £5.4bn investment from the health and care levy. Most of this funding (£3.7bn) was to support charging reform (Dilnot proposals) which would have addressed the question of who pays for care, however, would not have funded any additional care and support or addressed workforce pay, and the balance was primarily for CQC Assurance, workforce development and the technology fund which was distributed to ICBs.

Planned introduction of the charging reform and cap on care costs in October 2023 represented a significant transformation programme. DASSs have been working hard to introduce the technology required to set up care accounts for self-funders and plan for a huge number of new assessments, when recruitment and retention of social workers and care assessors is already severely stretched and most adult social care departments are running with vacancies they cannot recruit to.

The other element of charging reform that has required a huge amount of work across south east London is 'Cost of Care', which was intended to tackle the cross subsidy issue, where self-funders pay more for care home placements than local authority funded places. All Local Authorities were required to undertake a 'cost of care' exercise with all their providers to get to a median rate for different types of care. The outputs from this were shared and sense checked across the ICS. There was a degree of variation but a consistent picture in terms a significant gap between existing rates and the median, based on returns. DHSC require all authorities to publish Market Sustainability Plans in March 2023, with the details of the rates to be published in February. The Market Sustainability Plan will set out how they intended to move towards these

cost of care rates. Its clear that the expectation from providers is that we move to them faster than we are likely to be able to, despite the additional funds from government and the delay in the reforms.

Another aspect of reform is the CQC Assurance of Local Authority delivery of our Care Act Duties, which is due to start in April 2023. This is an additional burden for local authorities, most now with limited performance infrastructure following reductions in local government funding, and DASSs are working to commit resources to rebuild capacity and prepare for ratings-style judgements.

The other reform proposals in the *People at the Heart of Care* white paper were intended to promote innovation, improved use of technology and better housing models, as well as address workforce development. With changes in the Ministerial team and portfolios these priorities are now being reviewed.

In February 2022, the *Integration White Paper: joining up care for people, places and populations* was published as 'the next step in delivering the government's promise of a health and social care system that is fit for the future', building on both the Health and Social Care Bill and *People at the Heart of Care White Paper*.

3. Autumn Statement

The Autumn Statement announced some new money for social care and a delay of two years to the above charging reforms, most likely taking these beyond the next election.

The additional funding is set out below (page 25/26 - Gov.uk Autumn Statement)

Funding Type	2023/24	2024/25
Better Care Fund	£600m	£1b
Social Care Grant (for adults and Children's Services)	£1.3b	£1.9b
Adult Social Care Ringfenced Grant -	£400m	£680m
Local authorities' ability to increase the Council Tax precept by 2%	To be locally determined	To be locally determined

New funding is welcomed, however it is not clear how some funding streams will be distributed, and the announcements will need to be understood in the context of the wider Local Government Finance Settlement announced in December and currently being reviewed by local finance teams. The Autumn Statement also sets an expectation of an additional 200,000 care packages nationally which will be very difficult to achieve given the following:

- Adult social care funding has not kept pace with changing demography and NHS increases, so we are starting from a large deficit position.
- Not all the new money is for adult social care and will need to address the challenges Children's services are facing.
- The impact of the announced 9.7% increase in national living wage will disproportionately impact Councils and adult social care providers and will need to be met.
- The impact of inflation and increased needs already in the system will need to be met as well.
- DHSC have not yet said what their approach to Cost of Care will be, however providers are already requesting these higher rates in fee negotiations beyond inflationary pressures.

- Council Tax rises are subject to political decisions (the problem is delegated from national to local) and will be taken in the context of a cost of living crisis
- Social care across Children's and Adults services makes up the majority of Council budgets and will still need to find savings in order to achieve a legally balanced budget.
- Local authorities will have to balance the inflationary costs and the additional income we receive which will be a challenge and only clear after the local government finance settlement has been reviewed locally. It should be noted that local authorities are legally obliged to set a balance budget, therefore the 23/24 position on budget and savings will only be clear in early 2023 when all these factors are taken into account.
- Additional £200m NHS hospital discharge funding announced in early January 2023 will also need to be managed as a system, if not it will create difficulties within the care market and add to the challenges for social care in managing the on-going assessment of people's needs, to ensure there is flow and support for people to return home, otherwise it will increase local authority cost pressures.

4. Looking Ahead

Whilst there is more time to plan for charging reform, it is likely that CQC Assurance will go ahead and Councils will be judged on their broader Care Act duties, across all of social care including the degree to which people waiting for services in the community, prevention services, quality of learning disability and mental health services, etc. This is a much broader set of duties and services than the narrow focus on discharges from hospitals.

Capacity in the care market continues to be limited by workforce issues, quality of provision and ability to respond to the acuity of need.

- Care Homes - at least three boroughs have reported challenges in finding care at the appropriate quality and affordable price this year, higher care need is often more difficult to find and increasing in cost. There is also increasing need to provide 1:1 support given high levels of acuity, dementia, and mental health needs. The care home market shows a 10% bed vacancy rate, but this is often not in the right locations or able to meet the complex needs we are seeing. The market has high expectations following the Cost of Care exercise, which will be a challenge to manage. Skills for Care data suggest a vacancy level of 12% across all staff in homes in SEL (1,100 vacancies) and a staff churn of 25.2%.
- Home Care - Currently it is able to meet the demand for care overall, but there are many issues to address if this market is to have the skills and abilities to meet the needs of our populations. Given the increased levels of acuity it is often a challenge to source large care packages, including double handed care, at pace. Each borough is actively working with the market to design and structure the service to get the best outcomes for our residents, but staff churn is a key risk to quality of care. Skills for Care data (October 2022) suggest a vacancy level of 15.3% or 2,800 vacancies and a staff churn of 17% on average in SEL.
- Services for Working Age Adults were not included in the Cost of Care Exercise; however, they are raising issues of costs and a need to increase fees to reflect these increases and the new staffing challenges they are experiencing. It been particularly noticeable that services who have previously not experienced severe staffing challenges are now finding recruitment a challenge, with vacancies in SE London in working age adults' services running at 13.3% with an annual staff turnover of 21.9%. (Skills for Care Workforce Data, August 2022).
- Local authority teams are also under pressure due to the recruitment challenges with all qualified posts, even via agencies. Agency costs further put pressure on staffing budgets. Bexley and Southwark have 37 and 39 agency staff covering posts in their departments, which represents nearly 25% of their

workforce. Other local authorities have high agency use in hospital discharge teams, particularly where these posts are funded in the short term. This presents a particular challenge for the quality of the service as staff take time to get to know systems, services and local solutions, to be effective in their roles.

5. Meeting Statutory Duties

With a focus on supporting hospital discharge and an increase in demand from the community, we have seen an increase in the waiting lists for boroughs to meet their Care Act and Mental Capacity Act Statutory Duties.

Below is a table of the outstanding work across south east London, please note some of the delays for the completion of reviews have been identified due to the focus on follow up of hospital discharge cases where it has been identified that further improvement is likely if reviewed earlier than usual.

Outstanding Statutory Assessment and Review work (as of 31st October 2022) and referrals / contacts April 2021 compared April 2022

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Care Act Assessments	513	105	166	271	25	111
Care Act 12 month Reviews	1063	251	898	1155	773	899
Deprivation of Liberty Assessments (DOLs)	214	No significant wait	350	215	No significant wait	165
Occupational Therapy Assessments	234	247	212 – (366 in progress)	126	162	121
Community Referrals rate compared last year. (Apr-Oct 21 compared Arp-Oct 22)	6% increase in community referrals	awaiting data but received 5236 enquires	8% increase	5% reduction due to work with Customer services as previous year saw an increase. Which means they are still 20% higher than 2020	12.5% increase	2.9% reduction due to work with Customer Services

Overall Enquires for the period April-Oct 21 compare 2022.	4% increase	21% increase	30% increase	7.3% increase	4.8% increase	40% increase since April 2021

6. Service Demands

One of the key areas of financial pressure is the rising cost of care packages both in care homes and in residents own homes.

Several boroughs are seeing an increase in referrals to their Reablement Teams mainly from hospital, which has had a negative impact on outcomes for our residents and increased on going costs for Adult Social Care. For boroughs with an increase in referrals for Reablement support in the home, they saw a drop in performance of between 8% and 19%, however Greenwich saw a reduction in referrals for Reablement and an increase in performance of 22%. (From 65% to 87% of people leaving with a reduced care package or no care).

As boroughs work to improve performance and review who would most benefit from a period of Reablement, we have to acknowledge the increase in overall demand for care at home and double handed care, which is in line with the increase in acuity/complexity of need we are seeing.

<u>Increase/ decrease in demand comparing April – Oct 2012 with April- Oct 2022</u>

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Double Handed Care Packages	22% increase	5.3% increase	14% increase	17.3% increase	14.1% increase	9.7% increase
demand for home care hours, pre pandemic till now	15.4% increase	35% increase	16% increase	16.5% increase	31.2% increase	27.64% increase
Increase in Reablement Packages	49.4% increase	Slight decrease performance drop	21.7% reduction There isn't a decline in demand but has been a decline in capacity which has been resolved for the coming yearian	43% increase	No data	204% increase – due to inappropriate referrals

7. Areas of opportunity to explore

There are several areas, which merit exploration to enable partners to respond together at the ICP level to the current challenges and improve outcomes for our population, making sure people get the right care at the right time and in the right place.

- **Improving data** - the development of a system wide data set/ dashboard that supports operational teams, enables all partners to review capacity across the whole system and picks up strategic themes for improvement.
- **Optimising service models** - with the focus on hospital discharge and the clear increase in acuity of people accessing our services, it would be an opportunity to review the therapy and Reablement offer across the system and identify optimal service models that improve outcomes for the population and make the most of existing workforce and market capacity, in meeting these new challenges.
- **Workforce** - Having the right skills, in the right place, at the right time is a key challenge. Are there system wide or sub system opportunities that could help address these issues and make south east London an attractive place to work in health and social care that we would struggle to deliver as single organisations. For example
  - Rotations for qualified staff – across services/ organisations
  - Training programmes - to develop new starters and placement opportunities – to support career development and improved knowledge of all system partners
  - Apprenticeships – to develop the skill base, in hard to recruit roles
  - Development of hybrid roles to increase efficiency within the system, and reduce the impact of recruitment challenges

Appendices:

1. Financial Information

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
Recurrent budget 2022/23	£59 m	£78.9m	£96.9m	£99.9m	£63.4m	£80.1m

Projected Outturn	£60.5m	£78.4	£102.6m	£100.4m	£65.3m	£85.02m
Potential Areas of savings/ efficiencies being explored 23/24	£1.05m Subject to budget setting process and the impact of inflation etc	Savings from new Home Care contracts	£0.41 budget savings and £8m F*orward Thinking* efficiencies	£3.9m – by reducing contract values and improving performance	£2.8m Improving efficiency and reducing numbers of placements/ more enabling home care.	£5.4m
Expected 23/24 recurrent budget	£61.3m subject to budget setting processes etc	Not yet available	Not yet available	£98.4m	£64m	£84.7m
Increase costs in Care Packages projected for 22/23 compared to 21/22	£4.155m	£3.6m	£5.2m	£3.5m	£9.1m	£5.2m

2. How Boroughs used the non-recurring hospital discharge Funding

	How the money was spent
Bexley	UEC Funding used to fund remote monitoring within 12/20 of Bexley's older peoples the care homes is in place, along with Falls monitoring with further homes to join. NR Funds were used to support the expanding of the hospital discharge team, therapists, and the purchasing of care packages/ beds to support discharge. NB the demand from hospital discharge has outstripped the funds and we have spot purchased additional beds 28 (as well as used any vacant block contracted beds) in total over the year to facilitate discharges.
Bromley	£3.3m funding fully spent on care arrangements to support discharges. Seen an increase of residential and nursing home placements from hospital increase from 168 to 403 between 2021 and 2022.
Greenwich	Used to fund increases in costs of packages of care particularly homecare and residential and nursing placements, as compared to last year Greenwich experienced a significant increase in discharges leading to long/short term placements. (56% increase).
Lambeth	Additional staffing to support flow of discharges, hospital avoidance and fund the pressures in nursing placements, and home care after discharge.
Lewisham	As above – staffing and care services to support discharges
Southwark	The funding was spent by M7 as per the following: Nursing Care £1.3m, Residential Care 0.3m, Homecare £1.1m, Reablement £0.1m, Daycare £0.2m and Direct Payments £0.1m. No UEC demand and capacity funding was received by Southwark.