Integrated Care Board – Meeting in Public

12.30 to 15.30 on 17 April 2024

Main Hall, Forest Hill Methodist Church and Centre Normanton Street London SE23 2DS

Chair: Richard Douglas, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
-	**Public Open Space** *Opportunity for members of the public to meet the board ahead of the formal meeting*	-	-	12.30
	Opening Business and Introduction			
1.	**Welcome** Apologies for absence Declaration of Interest. Minutes of previous meeting actions and matters arising	 A B	 RD RD	12.45
2.	**Borough Showcase: Lewisham** *An update on work being done in Lewisham*	-	CJ	12.55
	ICB corporate business			
3.	**Proposed changes to the ICBs governance** *Proposed adjustment to the ICBs governance arrangements*	C	TF	13.25
	Report for Assurance and discussion of current issues			
4.	**Chief Executive Officer's report**	D	AB	13.35
5.	**Board Assurance Framework**	E	TF	13.40
7.	**Overall report of ICB committees and Provider Collaboratives** Update from the Quality and Performance Committee Update from the Planning and Finance Committee (Finance report)	F G	TF CK GV / MF	14.00

Delivering our Integrated Care Strategy				
6.	**Primary Care** *Update on Progress with PCARP and primary and secondary care interface* Primary Secondary Care Interface Primary Care Access Recovery Plan	 H	 HE/SH TG	14.25
Reducing Health Inequalities				
7.	**Cancer** Performance and improvement plans Tackling health inequalities	I	SC	14.50
Closing Business and Public Questions				
9.	**Any other business**	-	RD	15.15
10.	**Public questions and answers** *An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.*	-	-	15.20
CLOSE 15:30				

Presenters

Richard Douglas (RD)	Chair
Andrew Bland (AB)	Chief Executive
Tosca Fairchild (TF)	Chief of Staff
Sarah Cottingham (SC)	Deputy Chief Executive and Executive Director of Planning
Paul Larrissey (PL)	Acting Chief Nurse
George Verghese (GV)	Partner Member Primary Medical Services
Mike Fox (MF)	Chief Financial Officer
Dr Toby Garrood (TG)	Chief Medical Officer
Sam Hepplewhite (SH)	ICB Director of Partnerships & Prevention
Prof Clive Kay (CK)	Partner Member Acute Services
Holly Eden (HE)	Director of Commissioning Improvement

NHS South East London

NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 17/04/2024

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

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Andrew Eyres	Director of Place, Lambeth	1. Director of Lambeth, Southwark and Lewisham LIFTco, representing the class B shares on behalf of Community Health Partnerships Ltd for several LIFT companies in the boroughs. 2. Joint role; Corporate Director Integrated Health and Care, Lambeth Council and SEL ICB.	Non-financial professional interest Non-financial professional interest	1 April 2013 1 October 2019	Current Current Current
Tosca Fairchild	Chief of Staff	1. Partner is a Consultant in Emergency Medicine. Potential to undertake locum work. 2. Bale Crocker Associates Consultancy – Client Executive 3. Non-Executive Director, Bolton NHS Foundation Trust	Non-Financial Professional Interest Financial Interest Financial Interest	01 May 2022 03 May 2022 01 Dec 2023	Current Current
Mike Fox	Chief Finance Officer	1. Director and Shareholder of Moorside Court Management Ltd 2. Spouse is employed by London Regional team of NHS England 3. Friends of Green Lane Primary School –Treasurer of the PTA	Financial interest Indirect interest Non Financial Personal interest	May 2007 June 2014 16 Jun 2023	Current Current Current
Dr. Toby Garrood	Medical Director	1. Serac Healthare Shareholder 2. Guy's and St Thomas' NHS Foundation Trust Employed as a consultant rheumatologist 3. London Bridge Hospital Private medical practice 4. Guy's and St Thomas' NHS Foundation Trust In my role I have received research grant funding from Versus Arthritis, Pfizer, Gilead, Guy's and St Thomas' Charity and NHSx 5. British Society for Rheumatology Honorary Treasurer 6. UCB Speaking honorarium 7. Abbvie Speaking honorarium 8. Frensius-Kabi Sponsorship for educational meeting	Financial Interest Non-Financial Professional Interest Financial Interest Non-Financial Professional Interest Non-Financial Professional Interest Financial Interest Financial Interest Sponsorship	01/04/2020 07/10/2009 01/01/2012 01/01/2015 01/04/2020 01/07/2022 24/02/2023 30/03/2023	Current Current Current Current Current 01/07/2022 24/02/2023 Current
Ceri Jacob	Director of Place, Lewisham	None	n/a	n/a	n/a
Prof. Clive Kay	Partner member, Acute	1. Fellow of the Royal College of Radiologists 2. Fellow of the Royal College of Physicians (Edinburgh) 3. Chief Executive (employee) of Kings College Hospital NHS Foundation Trust	Non-financial professional interest Non-financial professional interest Financial interest	1994 2000 April 2019	Current Current Current
Martin Wilkinson	Interim Director of Place, Southwark	None	-	-	-
Sarah McClinton	Director of Place, Greenwich	1. Director, Health & Adult Services, employed by Royal Borough of Greenwich 2. Deputy Chief Executive, Royal Borough of Greenwich 3. President and Trustee of Association of Directors of Adult Social Services (ADASS) 4. Co-Chair, Research in Practice Partnership Board	Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	November 2019 May 2021 April 2022 2016	Current Current Current Current
Dr. Ify Okocha	Partner member, Community	1. Chief Executive (employee) of Oxleas NHS Foundation Trust 2. Director, Dr C I Okocha Ltd, providing specialist psychiatric consultation and care 3. Director, Sard JV Software Development 4. Director, Oxleas Prison Services Ltd, providing pharmacy services to prisons and Kent and South East London 5. Holds admitting and practicing privileges for psychiatric cases to Nightingale Hospital	Financial interest Financial interest Financial interest Financial interest	2021 1996 2011 27/09/16	Current Current Current Current

Date last saved: 10/04/2024 20:02

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		6. Fellow of the Royal College of Psychiatrists	Financial interest		Current
		7. Fellow of the Royal Society of Medicine	Non-financial professional interest	1992	Current
		8. International Fellow of the American Psychiatric Association	Non-financial professional interest		Current
		9. Member of the British Association of Psychopharmacology	Non-financial professional interest	1985	Current
		10. Member of the Faculty of Medical Leadership and Management	Non-financial professional interest		Current
		11. Advisor to several organisations including Care Quality Commission, Kings Fund, NHS Providers and NHS Confederation.	Non-financial professional interest Non-financial professional interest		Current Current
Diana Braithwaite	Director of Place, Bexley	1. A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB.	Non-Financial Personal	1 July 2022	Current
Meera Nair	Chief People Officer	1. Royal College of Psychiatrists Trustee (and Lead Trustee for safeguarding and EDI) 2. The Maya Centre, Chair since 28 November 2022, and Trustee before that. 3. Amnesty International Member Nominations Committee	Non-Financial Personal Non-Financial Personal Non-Financial Personal	2nd Aug 2021 26th Nov 2019 1st Jul 2023	Current Current Current
Debbie Warren	Partner member, local authority	1. Royal Borough of Greenwich salaried Chief Executive transacting financially with the SEL 2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Financial interest Non-financial professional interest	December 2018 (acting in role from July 2017) March 2020	Current Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre 2. Lambeth Together training and development hub director 3. Lambeth Healthcare GP Federation shareholder practice	Financial interest Non-financial professional interest Non-financial professional interest	2010 2022 2019	Current Current Current
Ranjeet Kaile	Director of Communications and Engagement	Trustee on the Board of People's Health Trust	Non-financial professional interest	April 2024	-
Paul Larrisey	Acting ICB Chief Nurse	None	-	-	-
Beverley Bryant	CDIO GSTT	None	-	-	-
Patricia Kirkpatrick	CDIO	None	-	-	-

Integrated Care Board meeting in public

Minutes of the meeting on 31 January 2024

160 Tooley Street London SE1 2HZ

Present:

Name	Title and organisation
Richard Douglas [Chair]	ICB Chair
Anu Singh	Non-Executive Member
Peter Matthews	Non-Executive Member
Prof Clive Kay	Partner Member Acute Care
Andrew Bland	ICB Chief Executive Officer
Dr Angela Bhan	Bromley Place Executive Lead
Ceri Jacob	Lewisham Place Executive Lead
Stuart Rowbotham	Bexley Place Executive Lead
Mike Fox	Chief Finance Officer
Dr Ify Okocha	Partner Member Community Services
Andrew Eyres	Lambeth Place Executive Lead
Martin Wilkinson	Interim Southwark Place Executive Lead
Beverly Byant	Chief Digital Information Officer GSTT
Dr Toby Garrood	ICB Joint Medical Director

In attendance:

Paul Larrisey	ICB Director of Quality
Sarah Cottingham	ICB Deputy CEO and Director of Planning
Tosca Fairchild	ICB Chief of Staff
Ranjeet Kaile	ICB Director of Communications and Engagement
Meera Nair	Chief People Officer Lewisham and Greenwich NHS Trust
Helen Buttivant	Senior Consultant Public Health Lewisham
Amanda Coyle	Director Southwark Partnership
Carol Yates	Project Manger partnership Southwark
Josephine Namusisi-Riley	VCS representative
Gina Brockwell	Chief Midwife Evelina London and Chair Local Neonatal and Maternity Service

1.	**Welcome and Apologies**
1.01	Apologies were noted from David Bradley, Dr George Verghese, Sarah McClinton, and Debbie Warren
1.02	The chair reduced the quorum requirement with respect to partner members to two.
1.03	The register of interests were received, there were no additional declarations in respect of items in the meeting.
1.04	The minutes of the meeting held on 15 November 2023 were **approved** as a record of the meeting.
1.05	The action log was reviewed.

2.	**Operating Plan**
2.01	Sarah Cottingham outlined the planning requirements for ICBs and the context operational delivery and financial challenges being experienced during 2023/24. The amount of growth funding for 2024/25 would be less than in previous years, but the system would nevertheless be expected to maintain operational delivery and performance improvement. Improving access and performance in services at a reduced cost would therefore require improvements in productivity and efficiency and robust plans that were also joined-up and aligned across the multiple planning domains of workforce, demand and capacity, activity and performance and finance. Performance and finance modelling as well as discussions across the system partners were underway to agree final plans that could address financial sustainability combined with operational delivery. These plans would build on existing work such as the agreed system priorities for south east London, a joint forward plan and operational plans, as well as the medium-term financial strategy setting out allocative strategies in future years. The required joint forward plan refresh would be carried out by reviewing the performance of the existing plan over the last year to inform 2024/25 and beyond. The Board would receive regular updates and were encouraged to contribute any ideas as the plans were finalised.
2.02	Anu Singh welcomed the paper noting the need for the Board to balance oversight of areas of focus and obligations set nationally with the need to devote attention to work on new operating models necessary to deliver improved performance over the longer term.
2.03	Sarah Cottingham noted that work in response recognised that new ways of working and improvements were necessary as well as immediate actions; work on outpatient redesign for example aimed to achieve transformation and redesign at the same time as addressing backlogs in the short term. Initiatives to ensure patients accessed the right service first time benefited patients as well as avoiding multiple handoffs between services. Increasingly a population health approach to problems such as waiting lists or those accessing urgent and emergency was helping to identify groups of patients overrepresented in services or requiring particular support.
2.04	Andrew Bland noted as part of reaching a balanced financial plan each programme would need to justify its impact and there would be little discretion to spend on things that did not clearly help the system deliver its plan.
2.05	The Board **noted** the update.
3.	**Chief Executive Officers Report**
3.01	Andrew Bland highlighted from report the systems successful response to maintain safe services during previously unseen levels of industrial action but noted the direct and indirect impact on costs activity and waiting lists. In the ICB a management cost reduction had been consulted upon and now would be implemented which would have an effect on many ICB staff including some redundancies.

3.02	Anu Singh asked how the welfare of ICB staff was being maintained during this difficult period of management cost reduction. Tosca Fairchild described measures such as a policy of open communication, workshops and meetings with staff, specific offers such as helplines and outplacement support as well as measures to safeguard against any bias or disadvantage for candidates based on their protected characteristics. Ceri Jacob mentioned organisational development work which would help address interfaces between teams and changes to ways of working in the restructured organisation.
3.03	Richard Douglas asked for confirmation that an equalities impact assessment had taken place in relation to the management cost reductions and how much money would be saved by the exercise. Andrew Bland noted that equalities impact assessment was ongoing with a final assessment due when data on implementation had been gathered. The MCR exercise identified as much non-pay cost savings as possible, but would also reduce staff by about a quarter and deliver around £15m savings.
3.04	Tosca Fairchild noted that following industrial action there would be a learning process for approval of derogation for patient safety. Prof Clive Kay asked if there were measures in place to measure patient harm as a result of industrial action. Dr Toby Garrood noted that there were no specific instances of patient harm identified in south east London but a suite of metrics to measure impact was used from ambulance handover and ED to impact on cancellations of surgery and waiting times, cancellations. In response to a question he clarified that there were currently no nationally agreed metrics to measure the impact.
3.05	Dr Ify Okocha noted that there was indication of further industrial action in the future.
3.06	The Board **noted** the report.
4.	**Report of Committees** **Overall report of committee and provider collaborative**
4.01	Tosca Fairchild asked the board to note and approve the recommendations from committees for board approval. **Quality and Performance committee.**
4.02	Sarah Cottingham updated on performance pointing out a context of continued operational pressures, capacity constraints and staffing gaps particularly on urgent and emergency care. Urgent and emergency care performance against the 4hr emergency standard was within range of the national target of 76% achievement, and bed occupancy was 92.5% relative to 95% in the plan. However, the number of ambulance handover delays remained high. South east London had committed to improve performance over the year and was pursuing a range of improvement actions, opening of additional capacity, improvement of interfaces with other services, actions to improve length of stay and discharge, as well as clear escalation processes.
4.03	Waiting times for elective surgery was subject to a commitment to eliminate waits of over 78 weeks. The system had been asked to submit a trajectory for improvement as part of the H2 planning process not accounting for any industrial

	action. However further action had materialised, which it was hoped could be mitigated but would involve treating a very great number of patients within the remaining months of the year. Efforts had resulted in a reduction of the backlog for cancer treatment, but there had been a deterioration in performance against the faster diagnosis standard. The system had committed to reaching targets in relation to both standards by the end of the year. In relation to non-acute performance, improving mental health performance was a priority given the number of out of area placements due to bed demand, and actions were in place to increase NHS bed capacity and improve flow. South east London was delivering on the dementia diagnosis standard, but due to an increase in new diagnoses there had been an increase in LD and Autism inpatient numbers. There had also been increases in demand affecting waiting times for autism assessment. Community services and primary care had positive performance subject to some monthly variation.
4.04	Paul Larrisey updated on quality noting that a expected decrease in Serious Incident reporting was taking place as part of the transition to the Patient Safety Incident Reporting Framework (PSIRF). There had been one 'never event' and three unexplained deaths since the last report. The theme for Serious incidents and quality alerts was attempted or actual self-harm, and a review of completed self-harm and learning from deaths had been undertaken. A task and finish group was looking at the causes following a number of instances of retained swabs. A review of harm as a result of industrial action was ongoing but there had not been an increase in serious incidents or never events linked to industrial action. The quality team were working with the national NHS on issues relating to gender services, and responding to reports of GPs being asked to support services operating outside NICE guidance. The large NHS and independent providers were implementing PSIRF and the three year national patient strategy and were on track with the expected timeline. A strategy for primary care was expected to be included the new patient safety strategy.
4.05	Mike Fox asked the board to note a system deficit at Month 8 of £52.8m. The outcomes of a reforecasting exercise for the second half of the year would be reflected in the Month 9 report, and this would show movement in relation to provider's financial positions as a result of direct and indirect costs of industrial action. A significant proportion of the savings planned for the system had been identified and delivered as at Month 8, with the biggest factor in the deficit the ongoing industrial action, as well as some impact from mental health performance. The ICB itself was forecast to break even, with support from plans developed with place executive leads.
4.06	The Board **noted** the Committees report of decisions and activities and the items recommended for approval.
4.07	The Board **approved** Terms of Reference for the ICB Digital Board
4.08	The Board **approved** a revised Schedule of Reservation and Delegation.
4.09	The Board **approved** the option within the current Living Well Network Alliance Agreement, to extend its length by three years from 1 April 2025 to 31 March 2028.

4.10	The Board **approved an** amendment to the Standing Financial Instructions of the ICB to include reference to the Provider Selection Regime
5	**Board assurance framework**
5.01	Tosca Fairchild presented the board assurance framework, asking the Board to note the four additional risks had reach the threshold to be included in the framework since the last report, as well as other changes and deescalated risks.
5.02	Andrew Bland referred to financial risks described and warned that the financial position was subject to further change not yet reflected in the risk. Mike Fox continued that the current risk rating would need to be updated to reflect a deteriorating position based on a lack of assurance that individual partners could deliver financial plans, and limited ability to compensate across the system. Richard Douglas stated that the focus of the board was to recover individual as well as the collective financial position to a position of balance through mitigations, however confidence that this would be achieved was not as high as it should be.
5.03	Richard Douglas asked about performance risks around cancer and emergency care. Sarah Cottingham noted that achieving the required elimination of 75 week waits and performance against other targets was risky but trusts had worked with each hospital site on improvements as part of their commitment to meet the target.
5.04	The Board **approved** the board assurance framework.
6	**Digital as an Enabler**
6.01	Beverley Bryant described digital and data as key to enabling the care system to be truly 'integrated'. Good progress had been made with the components of the digital strategy created in 2021 which had been developed with the care priorities of the system in mind. • The Epic system went live on 5 October 2023 and was accessed daily by 50,000 users. 200,000 patients had signed up to use MyChart to manage their care, access appointments and fill out questionnaires. • The national Federated Data Platform following successful use in south east London would be rolled out across more trusts, and used to assist with cancer and elective care recovery. • The London Care Record, pioneered in south east London, and was now in the benefits realisation phase. • a new Chief Information Security officer across the ICB would help coordinate work to address the huge risks associated with cyber security. • Digital inclusion was a key consideration, and boroughs were helping to design services that would meet the needs of those who struggled with technology. • The Digital Board had representatives across all sectors, crucially including the users of IT services as well as IT delivery teams. In the future, the drive to roll out integrated digital systems across all providers would continue with work planned at South London and Maudsley NHS FT and Greenwich, and increased focus and collaboration on data and analytics, where obtaining strong skills was difficult. The Digital and data strategy developed three years ago would be refreshed to reflect the current needs and challenges.
6.02	Anu Singh highlighted the opportunity to build on priority 6 'To empower people to

	manage their Health and Care' to go beyond the NHS app to include a range of health creation tools being used across the country with the potential for enormous dividends in the health of the population. Beverley Bryant suggested the system should learning from past initiatives by not giving apps to citizens without considering end-to-end care, or at the other extreme focussing too narrowly on digital tool for clinicians. The NHS app was therefore a key enabler, which could already link to the GP record, had potential to link with MyChart, and could provide a way of regulating the large number of tools available by providing them through a single trusted channel.
6.03	Prof Clive Kay noted that the two trusts with Epic were very supportive of an extension to Lewisham and Greenwich trust. It would also be important to measure digital inclusion and avoid duplicating conversations about use of data in different parts of the system. Beverley Bryant commented that there was work ongoing on population health which needed greater visibility.
6.04	Ranjeet Kaile described the presentation as exciting and in addition to the existing work to promote digital tools. Digital inclusion was however a key consideration and an opportunity to see how the creation of a new digital inclusion role could help. It would be useful to link in other work going on such as work to teach IT literacy being supported by the mental health trusts and redistribution of refurbished NHS kit such as laptops to families who needed it.
6.05	Dr Ify Okocha commented on the potential for effective patient records to improve productivity and asked how this would be delivered in south east London. Beverley Bryant noted that electronic patient records forced nurses and doctors to work in different ways, for example enter information directly, potentially reducing the need for administrative assistance. Efficiency could only be realised through with the benefits realisation phase identify and reduce spend that was no longer necessary because of the system.
6.06	Peter Matthew posed the question 'Who is digital was working for and how do we know?'. Evidence was needed on whether it was working for clinicians, patients, and whether for example apps helped people self-manage their condition or simply discouraged them from appropriately seeking help.
6.07	Dr Toby Garrood described Epic as an opportunity, not merely to add a digital layer but to transform the way care is delivered. Digital tools would be used by patients only if they believed it would add value to their lives, and other channels would need to be maintained to prevent digital exclusion. Beverley Bryant agreed, noting the need to avoid unrealistic rhetoric on what digital tools could achieve but to make progress on the basics of transacting, communicating with patients and integrating with other systems. **Action: the Board to take time for a further exploration on digital equality at a future seminar session.**
6.08	The Board **noted** the progress of action against the 2023/24 digital delivery plan and endorsed the development of a Digital, Data and System Intelligence Strategy 2024 – 2027 to be overseen by the Digital Board.
7	**Borough Focus - Southwark**
7.01	The Board heard a presentation from Carol Yates, Josephine Namusisi-Riley and Amanda Coyle on the Southwark '1001 days' programme, part of the

	Southwark priority action 'Start Well'. Along with other actions such as family hubs, 1001 days recognised the impact of pregnancy and the first 2 years of life in determining future outcomes, and aimed to empower women and partners to provide their children with the best start in life. Camberwell had been chosen as an geographical area for the programme, where there was significant deprivation and concerns regarding childhood obesity but also several relevant commissioned services available to residents, as well as strong community assets in the voluntary community and social enterprise sector. The work had involved a listening exercise which had been undertaken over 9 months to understand the issues, A key learning had been to allow time to develop the necessary trust to make the listening exercise genuine. Some of the emerging priorities were: *Nutrition*, identifying varying preferences regarding breast feeding and a need for more weaning support; *People, Workforce and community*, noting the key role of families and volunteers; *Mental Health and Wellbeing* noting the needs and pressures facing parents as individuals as well as carers of children; and *Access to Services* exploring barriers to access of local services. Actions to take forward in each area had been identified.
7.02	Anu Singh asked for more how the working in partnership communities had been different to other ways of working. Ranjeet Kaile welcomed the process of taking time to listen fully to views, and asked how it was balanced with the pressure for results. Professor Clive Kay welcomed the process but noting the significant effort involved asked how feasible expansion would be. Meera Nair asked if the specific characteristics of the place chosen may have any implications for how replicable the model would be across areas with different characteristics.
7.03	Martin Wilkinson noted that the spread and scale academy had offered some support to consider next steps and expansion. Carol Yates noted that it had been important to recognise that statutory services did not automatically have the trust of local people, who would have had different previous experiences of services. There was need to build this. Moving to engagement quickly, rather than after ideas had already been decided upon, had enabled scale. The voluntary sector organisations already had built the trust with communities, so partnering with the VCSE as equal partners could help but required services to be agile in modifying approaches. Josephine Namusisi-Riley emphasised the benefit for community members and voluntary sector to meet commissioners and feel heard.
7.04	Josephine Namusisi-Riley suggested there was a need for some continuity from the commissioner side to provide a more consistent link to the community organisations rather than disruption where individuals from commissioners changed role. Richard Douglas suggested that mitigating personnel changes could only be met by changing the approach so that working with the VCSE sector was the standard way the ICB conducted business.
7.05	The Board **noted** the update.
8	**Strategic Priority: Ensuring a good start in life**
8.02	Martin Wilkinson introduced the paper describing progress with the strategic priority of securing a good start in life. Local authorities played a key role.
8.03	Helen Buttivant presented some of the data about the health of very young children in the ICS. Sir Michael Marmot summed up the evidence supporting the benefit of investing in very young children that early years most effective way to invest in health and wellbeing. Outcomes were affected by both services available

and the circumstances people were born into. The data showed an upturn in rates of infant mortality, and a widening in the difference between more affluent and deprived groups. National data also showed distinct rates for different ethnic groups with Black and Asian families up to three times more likely to be affected by infant mortality. Examination of rates in south east London showed two boroughs exceeding the national average for the first time in nearly ten years. Infant mortality was at best plateauing and at worst increasing in all boroughs. In addition to income, deprivation and ethnicity there were a range of risks factors related to death in the first year of life were multiple including smoking prevalence maternal age. There were therefore clear opportunities to improve the health of children across the population.

8.04 Angela Bhan described the Bromley Hospital at Home approach which had been developed between community paediatric nurses and paediatric consultants in the local hospital to provide an step-down service, with plans to expand to step up and jaundice management. The services allowed the families of children to be supported at home without the need to attend a hospital. The majority were under five years old, and most required help for respiratory problems.

8.05 Angela Bhan suggested that in order to address the causes there may be a need to look at perinatal and neonatal death separately as well as children under the age of 1 year as the factors were different.

8.06 Andrew Eyres pointed to the apparent upturn in mortality from 2013. Anu Singh noted that families would need to be supported with a range of interventions beyond health such as education and asked where these connections were being made with other partners. Dr Toby Garrood expressed concern at the doubling of infant mortality rates. Richard Douglas noted that as well as the increasing for all groups, but a particular increase since 2020 rates for Black families.

8.07 Helen Buttivant suggested that a shifts in investment and policy may have happened earlier than 2013 however. However since evidence suggested 80% of the causes of health outcomes were due to wider determinants, it was likely that changes in the wider circumstances of families was responsible for the increasing rates.

8.08 Ceri Jacob noted that areas such as visits seemed be performing positively and so asked whether there was more that could be done to focus on areas where the system performed quite poorly such as in relation to obesity. She asked if there had been a disproportionate impact of Covid affecting the inequalities seen.

8.09 Tosca Fairchild commented that one of the ICBs core purposes was to reduce health inequalities, and the data showed a clear inequality was present, by looking at areas which had performed well and learning lesson.

8.10 Richard Douglas noted that the approach needed to deal with mortality but also wider issues such as obesity. There was a further balance to be struck on how to deliver this which was a priority across south east London, and how much was left to local determination.

8.11 Martin Wilkinson noted that the ‘think family’ approach in places, needed to be linked with the cross-cutting themes in each borough. Successful local schemes needed to be spread and scaled across south east London. Working with local authority and health on items such as health visiting and family hubs. Dr Toby Garrood added understanding the complex drivers and insight into the things that

	worked locally. Paul Larrisey suggested linking analysis work being done across directorates and places, and agreed that there was significant work to bolster health visiting.
8.12	Angela Bhan suggested learning lessons from Southwark which had mortality lower than the national average with similar levels of deprivation to neighbouring boroughs.
8.13	Helen Buttivant suggested that there was generally good uptake of maternity health visiting in the first few weeks but no borough had come close to providing the in person checks for universally, but there was so much data of the breakdown of those who were not receiving checks.
8.14	The Board **noted** the work underway.
9	**Update on Perinatal Care**
9.01	Paul Larrisey outlined national data which demonstrated the stark challenges and inequalities associated with the perinatal period, with maternal mortality increasing by 15% since 2009, and evidence that deaths during maternity were four times more likely amongst Black women and twice as likely in Asian women than their white peers. Similarly neonatal death rates were also disproportionately high.
9.02	Gina Brockwell updated work the Local Maternity and Neonatal System in recognition of these troubling statistics and also the impact of maternity on the whole family. The LMNS had a role to transform services as well as a focus on quality and safety, reporting to ICB and NHS England quality groups and worked on measures to reduce maternal and neonatal death but wherever possible through co-producing services with people who used them. Maternal mortality (currently 13.4 per 100,000 births) had multiple causes from pre-existing medical conditions, mental health and social challenges and a range of wider determinants of health. Of those giving birth 40% were overweight and 6% were smoking, known to produce poorer outcomes. Sadly many women and birthing people also experienced racism which affected their health outcomes. The LMNS was clinically led and south east London included some nationally recognised services including specialist tertiary services, which helped those most at risk such as pre-term babies and those with congenital abnormalities. Working with partners it was important to reduce the numbers of pre-term babies given the risks involved. Other schemes locally included work with health visitors, community mental health teams, and schemes support mothers with issues such as incontinence following delivery. The LMNS followed a population health approach to identify how to deliver personalised care to those who needed it most, and worked with organisations such as five times more to listen to communities and opportunities for teams delivering care to educate themselves and increase cultural awareness.
9.03	Richard Douglas asked how a reduction in inequality would be measured, and given the small numbers involved how meaningful data could be obtained to guide interventions. Gina Brockwell explained that some measurements were provided by national campaigns such as the aim to halve perinatal mortality. In addition to reporting and creating stabilised and adjusted statistical data it was important to learn from the detail of every single case.
9.05	Anu Singh welcomed the partnership with Five Times More and asked if there were specific anti-racism programmes in addition to work with affected

	communities. Gina Brockwell gave examples of training developed with anti racism implementation advisory group for obstetric staff in Guys and St Thomas NHS FT, projects with Five Times More at Kings College Hospital NHS FT and culture and community awareness training at Lewisham and Greenwich NHS Trust.
9.06	Dr Ify Okocha commented on the role of perinatal mental health and asked how the LMNS could ensure efforts were joined up. Gina Brockwell commented that building a trusting relationship with women and birthing people was essential to enable the mental health support they needed to be identified.
9.07	Dr Toby Garrood asked if there was data enabling the effectiveness of specific interventions to be measured. Gina Brockwell agreed that tracking the impact of measures to address wider determinants as well as medical interventions was key.
9.08	Dr Angela Bhan asked how easily women were able to travel to services they needed. Gina Brockwell note that women were able to chose services however there was more to do to improve access for example in relation to digital exclusion and provision of language services.
9.09	The Board **noted** the update.
10	**Any Other Business**
10.01	There was no other business.
11	**Public Questions and Answers**
11.01	Barbara Gray commented that across all the reports considered by the board there was an extra layer of information that could be added from the feedback of people with lived experience. Three south east London boroughs had large Black populations and it was shocking that black people faced health inequalities in nearly every part of the life course. Socio-economic factors needed consideration as part of health inequalities, such as gentrification. The voluntary community and social enterprise had a role to play, with great things happening in Lewisham and across south east London.
	Close

NHS South East London Integrated Care Board

ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
ICB 006	31-Jan-24	The Board to take time for a further exploration on digital equality at a future seminar session	open		17-Jul-24	to be scheduled for board seminar before next meeting

Integrated Care Board meeting

Item 3
Enclosure C

Title:	**Proposed South East London ICB Governance Changes**
Meeting Date:	17 April 2024
Author:	Theresa Osborne, Director of SEL System Reform
Executive Lead:	Tosca Fairchild, Chief of Staff and Equalities SRO

Purpose of paper:	This paper discusses proposed changed to the South East London ICB's governance taking into account what has been learned since its inception on 1 July 2022.	Update / Information	
		Discussion	**X**
		Decision	**X**

Summary of main points:

Context

The proposed governance changes cover the following

a) NEM capacity – a proposed increase from four to five.
b) NEM link to 'Place'; areas of interest and chairing of committees
c) Appointment of Senior Independent Director and Deputy Chair

In line with NHS provider organisations, it is expected that ICBs will soon be required to appoint a senior independent director (SID). However, it should be noted that national guidance is not yet finalised.

This is a key role in supporting the chair in leading the Board and acting as a sounding board and source of advice for the chair.

In addition, there is an expectation that a Deputy Chair is appointed to act for the chair in their absence. NHS England has advised that the SID may be the Deputy Chair or Audit Chair but that the Audit Chair cannot also be the Deputy Chair. In the ICB's current constitution the audit chair is named as deputy chair. To address this, it is proposed that one NEM (who cannot be the audit chair) is appointed as both the SID and Deputy Chair.

A change in the ICB's constitution is required to enact these changes which needs both Board and NHS England approval.

Potential Conflicts of Interest	**All NEDs on the South East London ICB Board are conflicted by this proposal**			
Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
Impact	Equality Impact	The ICB currently has a diverse Non-executive Member membership		
	Financial Impact	The NEM will cost an additional £15,000-£20,000 depending on the wte which will be chargeable to running costs		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	Informal board meeting on 20 March 2024.		
Recommendation:	That the Board • Approve the recommendation that the Board is increased by one additional NEM • Approve the proposed assignment of NEMs to places, their leadership of committees and their leadership on specialist areas • Approve the proposal that the chair appoints one non-executive member as the SID and Deputy Chair • Approve the proposed changes to the constitution for submission to NHS England • Note the areas of further discussion required at a later stage			

Proposed Governance Changes

NHS South East London Integrated Care Board (ICB) 17 April 2024

1 Context

1.1 This paper discusses proposed changed to the South East London ICB's governance taking into account what has been learned since its inception on 1 July 2022.

1.2 The proposed changes cover the following

a) NEM capacity – a proposed increase from four to five.
b) NEM link to 'Place'; areas of interest and chairing of committees
c) Appointment of a Senior Independent Director and Deputy Chair

2 Increased Non-Executive Members (NEMs)

2.1 The SEL ICB is proposing to increase the Board's membership by one NEM as it has become increasingly clear that there is need for more NEM capacity. This will take the NEM membership to five: one chair and four non-executives.

2.2 In order for the ICB to recruit an additional NEM, amendments to the constitution are required, as follows (shown in red):

"2.2.2 The ICB has also appointed the following additional Ordinary Members to the board:

a) 6 Place Executive directors
b) 2 non-executive members

"2.2.3 The board is therefore composed of the following members:

c) Chair
d) Chief Executive
e) 3 Partner members NHS and Foundation Trusts
f) 1 Partner member Primary medical services
g) 1 Partner member Local Authorities
h) 4 Non-executive members
i) Chief Financial Officer
j) Medical Director
k) Chief Nursing Officer
l) 6 Place Executive Directors

"3.12 Four Non-Executive Members

3.12.1 The ICB will appoint 4 Non-Executive Members"

3 Proposed assignment of Non-Executive Members (NEMs)

3.1 To be implemented immediately, noting the recruitment of the additional new NEM, the following is proposed:

3.1.1 Each NEM will be more formally linked to places with one NEM assigned to:

- Lambeth & Southwark
- Bexley & Greenwich
- Lewisham and
- Bromley.

3.1.2 Each NEM has formally been assigned an area of special interest as follows:-

- Anu Singh will take a particular interest in our community engagement and work with the voluntary sector and continue chairing the Engagement Assurance Committee.
- Paul Najsarek will take a particular lead on relationships with local government and how this can evolve.
- Peter Matthew - will continue being the Freedom to Speak Up NEM lead and take particular interest in the Estate and Housing.

3.1.3 Each NEM will chair and lead each of SEL ICB's main committees as follows.

- Audit and Risk
- Remuneration Committee
- Integrated Performance Committee
- Quality Committee

4 Appointment of Deputy Chair & Senior Independent Director (SID)

4.1 In line with NHS provider organisations, it is expected that ICBs will soon be required to appoint a senior independent director (SID). However, it should be noted that national guidance is not yet finalised.

4.2 This is a key role in supporting the chair in leading the Board and acting as a sounding board and source of advice for the chair.

4.3 In addition, there is an expectation that a Deputy Chair is appointed to act for the chair in their absence.

4.4 NHS England has advised that the SID may be the Deputy Chair or Audit Chair but that the Audit Chair cannot also be the Deputy Chair.

4.5 The current SEL ICB constitution names the audit chair as the deputy chair as follows:

"4.2.2 If the Chair is absent or is disqualified from participating by a conflict of interest, the deputy chair, who will be the ICB's audit chair, shall preside"

2

4.6 To take account of the above, it is proposed that one non-executive member (who cannot be the audit chair) is appointed as both the SID and Deputy Chair.

4.7 As such the constitution has also been amended to reflect these changes and to future proof the appointments as follows:

"3.12.5 The chair will appoint a Senior Independent Director (SID) / Deputy Chair from the Non-Executives, who will not be the audit chair."

"4.2.2 If the Chair is absent or is disqualified from participating by a conflict of interest, the deputy chair, who will be appointed from one of the ICB's non-executives, with the exception of the audit chair, shall preside."

5 Next Steps

5.1 To enact changes the following is required:

5.1.1 Board Approval to change the ICB's constitution. This is attached at Appendix 1 with track changes.

5.1.2 Once Board Approval is received the constitution can be submitted to NHS England for its approval

5.1.3 Once NHS England approval is received recruitment of the additional NEM can take place

6 Action

6.1 Board Members are asked to:

- Approve the recommendation that the Board is increased by one additional NEM
- Approve the proposed assignment of NEMs to places, their leadership of committees and their leadership on specialist areas
- Approve the proposal that the chair appoints one non-executive member as the SID and Deputy Chair
- Approve the proposed changes to the constitution for submission to NHS England
- Note the areas of further discussion required at a later stage

Integrated Care Board meeting

Item 4
Enclosure D

Title:	**Chief Executive Officer's Report**
Meeting Date:	17 April 2024
Author:	Andrew Bland, ICB Chief Executive Officer
Executive Lead:	Andrew Bland, ICB Chief Executive Officer

Purpose of paper:	**To receive the report from the Chief Executive Officer**	Update / Information	*X*
		Discussion	
		Decision	
Summary of main points:	This report updates the Board on matters of interest across NHS South East London since the last Board meeting on 31 January 2024		
Potential Conflicts of Interest	**None**		

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

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

Chief Executive Officer's Report

NHS South East London Integrated Care Board (ICB) 17 April 2024

The report that follows provides an overview of the activities of the ICB and its partners across the Integrated Care System seeking to highlight those issues that the Executive Directors and their teams have been addressing over the last period and to record those developments of note in our system.

Since the Board last met in public our system has managed significant operational pressures and made significant progress in our planning round for 2024/25, whilst seeking to progress those priorities the Board has set to improve the health and wellbeing of our population. As with each of these reports it remains clear that the challenges we face are system wide and impact all our partners. Likewise, that the solutions will only be found in our combined and co-ordinated efforts.

At our last meeting I recorded my own and the Executives' thanks to staff for delivering our day-to-day work whilst also participating in our Management Cost Reduction (MCR) programme. That remains no less challenging for our staff however we have made good progress in implementing the outcome of our consultation and with each passing week we are giving greater certainty to our teams and their operating environment.

The report sits alongside our wider Board meeting agenda that will deal with the performance of the system and the actions we are taking to improve it.

1. Management Cost Reductions (MCR) Update

1.1. Following the ICB's consultation and finalisation of new structures for 2024/25, that secures the delivery of the management cost reduction target, focus has been on implementation next steps. This includes the slotting in of staff, the holding of ringfenced interviews for posts in the new structure and the advertising of remaining vacancies.

1.2. The objective is to provide clarity for as many staff as possible as to their future and in doing so reduce, to the minimum possible, those members of staff who will remain at risk of redundancy following the completion of this three tiered process.

1.3. As the process is worked through, staff are continuing to be supported in what remains a difficult process particularly for directly affected staff. Focus is also being given to transitional arrangements recognising that it will take some time to transition to new structures and new ways of working.

1.4. The ICB's management team is grateful to staff for their on-going support and their contributions to the management cost reduction process as well as those working to support the implementation of the ICB's new structure particularly colleagues in HR.

2. Board Members Update

Place Executive Lead – Bexley

2.1. Stuart Rowbotham, Place Executive Lead for Bexley, retired on 2 April. Stuart has worked in health and care for over 43 years and has made a huge contribution to the ICB and to the Bexley system over the last three years. The ICB would like to thank Stuart for his passion, comradery and dedication to Bexley and south east London over the years.

2.2. Diana Braithwaite has been appointed as the new Place Executive Lead for Bexley. Diana brings a wealth of experience and expertise to the leadership team and to the commitment to improving the health and wellbeing outcomes for communities in Bexley. Diana's career journey demonstrates a passionate commitment to the values of the NHS, social justice and advocating for communities. She has held several senior roles in research, operational management, commissioning and strategic leadership in the NHS, public, commercial, and voluntary sectors. More recently, Diana has been supporting the Place Executive Lead for Bexley as the Chief Operating Officer, working in partnership with the London Borough of Bexley Council and the Bexley Wellbeing Partnership.

Place Executive Lead – Southwark

2.3. Following the departure of James Lowell last September, Darren Summers has been appointed as the new Place Executive Lead for Southwark. Darren will join the ICB in June.

2.4. Darren is currently Deputy CEO at Camden and Islington NHS Foundation Trust. His career journey reflects a profound commitment to serving others, starting from his early days in homeless services. Darren has held several senior roles in mental health commissioning, strategic and operational management within the NHS. Notably, as Deputy CEO and Executive Director for Partnerships in the North London Mental Health Partnership, Darren has played a pivotal role in fostering collaborative relationships with voluntary and community organisations, local authorities, and health institutions, ensuring that local people received comprehensive, high-quality care and support. His dedication to collaboration and inclusivity connects strongly with the commitment to fostering a thriving and equitable Southwark for all.

2.5. The ICB would like to formally thank Martin Wilkinson for his work and support as Acting Southwark Place Executive Lead. Martin's dedication and leadership have been crucial during this transitional period, and the ICB is immensely grateful for his contribution to the organisation.

2.6. Martin has been successful in securing the role of Director of the South London Office of Specialised Services and we will start that role at the start at the beginning of June 2024. We are delighted that Martin will perform this leadership role right across our partnership and we wish him luck in this endeavour.

3. National Prescribing Visit

3.1. NHS England's National Medical Director, Sir Stephen Powis, learned about the local NHS's approach to tackling overprescribing on a recent visit to the South East London Integrated Care Board (SEL ICB).

3.2. Joined by Chief Pharmaceutical Officer, David Webb, and National Clinical Director for Prescribing, Professor Tony Avery, the NHS Medical Director visited North Wood Group Practice in Lambeth and heard first-hand from patients about why this work is important to them. Patients also explained how the overprescribing outreach programme has helped them discover alternatives, which are not medicines, to managing their health conditions.

3.3. Overprescribing is a complex problem where people are given medicines they don't need or want, or where harm outweighs benefits. Often there is a better alternative, which is not a medicine. Overprescribing can have detrimental effects on patients. A person taking 10 or more medicines for instance is 300% more likely to be admitted to hospital because of an adverse drug reaction. Therefore, tackling overprescribing leads to a better quality of care for patients and can save money if inappropriate prescriptions are stopped.

3.4. On the day, local resident Jackie Jones, who has multiple long-term health conditions that cause her chronic pain, talked about how finding non-medical solutions to managing her pain has helped with her overall wellbeing. From massage to aromatherapy and heat pads, Jackie has been trialling suggestions from pharmacists and from her chronic pain group at the North Wood GP Surgery. She said: "I used to think I always needed pills and medication. Now, I've lessened the amount I take and I'm finding other ways. Sometimes these help with the pain and other times they don't, but all in all, [these techniques] have been helpful."

3.5. During the visit, professionals from across the NHS, including doctors, pharmacists, and engagement teams, joined to talk about the benefits of taking a multidisciplinary approach and sharing their expertise to address the challenge of overprescribing. The visit also featured a 'fishbowl' style conversation with the NHS England representatives, South East London overprescribing leads and people with lived experience, discussing various aspects of overprescribing, from personal experiences to challenges within the healthcare system and potential ways to resolve these.

3.6. NHS England colleagues commended SEL ICB for its system approach to overprescribing and engaging with communities and people using services as this work continues. More information can be found about the overprescribing programme in south east London on the SEL ICB website Overprescribing - South East London ICS (selondonics.org)

4. Paediatric Oncology

Outcome of the decision-making meeting following the public consultation on proposals for the future location of very specialist cancer treatment services for children

4.1. Evelina London Children's Hospital has been chosen as the future location for the Children's Cancer Centre for south London and much of the south east of England.

4.2. This is the decision of leaders for NHS England (London and South East regions), taken at their meeting on 14 March 2024. It comes after a rigorous process to decide the location of the future centre, including a public consultation and an options appraisal process involving clinical advisers, parents, charities, nurses and research staff.

4.3. Very specialist children's cancer services will move from The Royal Marsden to Evelina London, once everything required for the future centre is in place. This will not be before October 2026 at the earliest, and there will be no sudden changes to children's care in the meantime.

4.4. As part of this move, it was also agreed that conventional radiotherapy services will in future be provided at University College Hospital in central London. More information is available on NHS England's website.

5. Planning Update

5.1. ICB teams have been very focussed on undertaking planning for 2024/25 over the last couple of months. Final planning guidance was received from NHS England on 26 March 2024, although content had been flagged in interim planning guidance, upon which ICBs had based their planning for the year ahead.

5.2. ICBs submitted first cut operational plans for 2024/25 on 21 March 2024 and final plans will be submitted on 2 May 2024. National planning guidance sets out a number of key deliverables for 2024/25 key of which are:

- A financial plan that represents a break-even position at a system (aggregate ICB level – for SEL this covers the ICB and its five major NHS providers).
- The delivery of national performance standards, including:
  - A&E four-hour performance of 78% by March 2025
  - Cancer performance of 75% against the 28-day Faster Diagnosis Standard and 70% against the 62-day referral to treatment standard
  - Elective referral to treatment waiting times performance of no over 65-week waiters by end of September 2024
  - Delivery of nationally set targets for elective activity
  - Progress in improving access in a number of other areas including mental health Long Term Plan targets, community waits and primary care
  - Progress in taking forward the NHS People Plan, to support workforce development, recruitment and retention

5.3. ICBs have co-ordinated the submission of draft system plans setting out their progress in meeting the national expectations and planning objectives for 2024/25; these cover south east London's five major NHS providers plus the ICB, with organisation specific and aggregated system level plans for finance, activity, workforce and performance.

5.4. On finance the ICB's 21 March first cut submission showed a significant gap to break even at a system level, with organisational variation within this overall position. This is

after taking due account of the 2023/24 carry forward position, the application of 2024/25 funding growth from the SEL ICB, aligned to the Medium Term Financial Strategy, plus assumed upfits from non-local ICBs and NHS England, the application of a 4% cost improvement plan target and the use of available non recurrent flexibilities, including assumed slippage related to areas of new investment.

5.5. Many ICBs across the country have a planning gap at this point of the process but south east London (SEL) is an outlier in terms of the scale of its gap and the level of organisational variation within the aggregate position.

5.6. Significant work is taking place within SEL and with regional and national colleagues to review the financial position as work is completed towards the final planning submission. SEL has committed to doing everything it can to optimise the overall financial position to reduce the gap to break even to the minimum possible. This includes work to further improve productivity including across the workforce, drive through remaining quick win transactional savings opportunities whilst also developing plans for more fundamental system collaboration and system change as part of a multi-year financial recovery and sustainability approach. This is because the 2024/25 plans will leave SEL with a continuing underlying deficit which will need to be addressed as a system going forwards.

5.7. On performance there is a clear system ambition around meeting national performance standards by end March 2025 at a SEL level: 78% four-hour Emergency Department performance, cancer 62-day compliance for pathways internal to SEL plus overall cancer improvement and reducing elective 65-week waiters.

5.8. The first cut submission of 21 March showed the following progress in meeting these ambitions:

- On UEC a plan that secures system 4-hour performance target of 77% by March 2025 (the target has increased from 77% to 78% in the final planning guidance received). Work is currently taking place to refresh the UEC recovery plan for the year ahead with the aim of reducing performance variation across SEL sites and service offers, noting baseline positions and improvement opportunities result in a forecast differential year end performance by site/provider.
- On cancer performance has been improving and further improvement is expected over 2024/25. SEL aims to secure 70% 62-day performance for pathways that are internal to SEL, reduce the overall cancer backlog and recover Faster Diagnosis Standard performance. The impact of external referral pathways will however depress overall system performance.
- There is a clear focus on underpinning recovery actions, inclusive of demand and capacity planning and targeted action to address known pathway delays and tumour group challenges.
- For referral to treatment times the 21 March submission shows a considerable number of remaining 65-week waiters at end September of just over 1200. Further work is taking place to seek to improve this position and model the timing of the expected 65-week waiter compliance, inclusive of an objective of eliminating over 78-week waiters from the end of quarter 1. Meeting the current trajectory will require a significant increase in the level of clock stops, due to the size and shape of the

patient tracking list (PTL), noting the plans to meet SEL's nationally set activity targets.

5.9. As work to finalise plans for 2 May 2024 is progressed, SEL is therefore seeking to improve its financial position and year end forecast whilst also improving the performance position, with a specific focus on referral to treatment times and the very longest waiters. SEL is concurrently focused on ensuring year-round recovery and improvement plans are in place alongside arrangements to monitor and track progress in a timely way and on optimising the start year delivery building from the positive progress made over Quarter four in optimising and improving the performance position.

5.10. SEL will also be publishing the refreshed Joint Forward Plan at the end of Quarter 1 in line with national timescales. The Plan includes borough specific sections reflecting Health and Wellbeing plans as well as SEL priorities, which have been considered by Health & Wellbeing Boards/Local Care Partnerships and the SEL Board prior to the plan refresh being finalised.

6. Bexley Borough Update

Long COVID Course

6.1. A Long Covid course was held at Bexley Civic Offices in January 2024, delivered by the Consultant Physio Programme team at Guy's & St Thomas' NHS Foundation Trust, and was open to Bexley Community Champions and the Bexley Wellbeing Partnership groups and organisations.

6.2. The course covered signs and symptoms of Long Covid, understanding how to support and facilitate recovery and tips on how to prevent post-viral illnesses. 19 people attended the course and found it very useful – they were also given access to a suite of information resources to help support people struggling with Long Covid.

Erith Hospital Engagement

6.3. The Bexley Wellbeing Partnership commissioned Healthwatch Bexley to engage with residents in North Bexley on the possible redevelopment of the Erith Hospital site in Bexley. Around 800 residents and stakeholders were asked for their views and a report has been produced, with recommendations of further engagement with residents and partners in co-designing any future plans.

Community Champions House of Lords Event

6.4. On 6th February 2024, three representatives of Bexley's Community Champions programme were invited to a special reception at the House of Lords, to thank them for their contribution during Covid and their ongoing work to improve health and wellbeing locally. They were also given a certificate signed by the Mayor of London – another 30 of Bexley's Champions have also been sent certificates in recognition of their contributions.

Family Togetherness and Wellbeing Forum

6.5. On 26th February 2024, this quarterly forum took place in the Bexley Civic Offices Council Chamber, a jointly organised event between the London Borough of Bexley Council's Staying Together team and the Bexley Wellbeing Partnership. This forum concentrates on maintaining a network of small community and faith groups, especially amongst seldom-heard groups in communities who are disproportionately affected by health inequalities. A presentation was given to a well-attended meeting by the Inspire London project about the London Black Health Inequalities Summit.

Supporting our Community Champions

6.6. The first of three Community Champions events based on the geographical Local Care Networks (Clocktower, Frognal and North Bexley) in Bexley took place on 6th March 2024 in Bexleyheath. Around 30 Community Champions got together to mark the achievements of the programme over the past four years and gave ideas about how the programme should continue in future. Two more events are planned for the spring in other areas of the borough, as part of a co-produced forward plan for the Community Champions. There are almost 600 Champions now across Bexley.

Bexley Wellbeing Partnership Microsite

6.7. The Bexley Wellbeing Partnership Microsite was successfully launched to residents at the end of January 2024. The site provides:

- A hub of information for residents and the local care and health ecosystems on what support is available to them through partner organisations.
- Signposts users to health and social care services on their doorstep.
- Highlights partnership achievements and successes through case studies.
- Promotes the important work of the partnership to support residents of Bexley in tackling health inequalities.
- Showcases and thanks the 600 strong network of Bexley Community Champions and promotes joining the network.

7. Bromley Borough Update

Autism

7.1. Autism assessment for children and people in Bromley is currently provided by Bromley Healthcare (BHC) and Oxleas. Because of certain historical issues, there has been an increase in waiting times, and challenges with information sharing and accountability.

7.2. Bromley has committed to moving to a single-provider model for Autism spectrum disorder (ASD) assessment to improve the experience for children and their families. This approach is supported by the two existing providers, BHC and Oxleas. Average waits are currently less than two years but there are some families who are waiting a very long time. Therefore, non-recurrent initiatives with both BHC and Oxleas are being explored and implemented to reduce the backlog by using external sub-contracts as a short-term solution.

7.3. Work commenced on designing the ASD assessment service in January and a final model is expected to be completed later this year. This new model will include the south east London core offer of a two-route pathway which aims to speed up the assessment process where the clinical presentation is very clear. This and other pathway changes will contribute to a reduction in waiting times. Where implementation and recruitment allow, the new service will be live from November 2024 or earlier.

7.4. The service transformation will also consider the information available to children and young people and families as they wait for their assessment. Transparency on waiting times and clear signposting to support services will aim to support parents and carers as they wait. This information will be co-produced with people with lived experience.

Mental Health Recovery and Rehabilitation Support - Procurement and plans for the Bromley Mental Health and Wellbeing Hub

7.5. Bromley has just completed procurement of its Recovery and Rehabilitation Accommodation based support and floating support services. The new service will start on 1 October 2024 and is a joint initiative between SELICB (Bromley) and the London Borough of Bromley.

7.6. The new specification consists of one residential care home, eight supported living/shared housing services and 300 individual floating support hours per week. The service is expected to support 135-150 people per week.

7.7. In 2021, Bromley established the Bromley Mental Health and Wellbeing Hub, an innovative NHS/ voluntary sector partnership service to deliver improved outcomes for adults with mental health challenges in the borough. This new service was established as a three-year pilot and provided the opportunity to trial new ways of working.

7.8. Within the Hub, programmes were set up around drug and alcohol support, housing advice, inequalities work and benefits advice. The outcomes of this new way of working have been positive with more people able to access support in the community and a dampening of the increasing level of demand for secondary mental health care in Bromley. Given these outcomes, work is now commencing to permanently procure a Bromley Mental Health and Wellbeing Hub.

7.9. One area of immediate change will be to enhance the existing adults' mental health single point of access to include a greater range of services including Bromley Talking Therapies. The intention is to bring together existing mental health community services including employment support and help for new mums within the umbrella of the Hub. This will create a comprehensive offer in the Hub which is planned to go live by 1 April 2025.

Update on Strategy

7.10. The south east London Joint Forward Plan (JFP) incorporates the One Bromley five Year Strategy. Bromley has taken the opportunity of the annual JFP refresh to update the expected strategic change deliverables for 2024/25. These updates respond to learning from the successes and challenges experienced in delivery in 2023/24, and reflect the context of the system facing financial, population and performance challenges.

7.11. A key focus for Bromley in 2024/25 is therefore governance for delivery: supporting strategic change and the development of neighbourhood teams through aligned strategic oversight, challenge, and support as well as a shared approach to evaluation.

7.12. The borough is also working through the implications for the local integrated urgent and emergency care model to ensure it seamlessly dovetails with the 111 model procured across the ICS, as well as collaboratively refining and delivering a sustainable model for primary care. These are crucial elements in the system architecture that sit alongside the borough's other priorities of delivery of proactive and high quality care closer to home, with particular focus on the needs of Bromley's young people and frail elderly population. Across all this work the borough will be doing more 'once' for One Bromley recognising the availability of expertise and resources for business as usual and change

Enhanced Care in Care Homes

7.13. Many areas of the care home programme (underpinned by NHSE's Enhanced Health in Care Homes (EHCH) framework) are progressing well. Recent achievements include:

- Deterioration management tool (RESTORE2^{TM}) training - delivered to 97% of care settings across Older Peoples, Learning Disability and Mental Health. Over 300 staff were upskilled to recognise/manage deterioration of residents and to train peers. The tool is being firmly embedded with the ongoing system-wide support across One Bromley and London Ambulance Service. Escalation pathways have also been strengthened.

- Action Falls training - delivered to 40 care settings. Over 1,000 staff were upskilled to use the multifactorial falls risk assessment and action planning tool (Action Falls). Sixteen homes were trained as part of the University of Nottingham's Falls in Care Homes (FinCH) implementation research study which has led to the tool being recommended for national rollout in the updated Enhanced Health in Care Homes (EHCH) framework.

- Digital transformation – the digital maturity of care homes has greatly improved over the past year. All eligible homes are Data Security & Protection Toolkit (DSPT) compliant and most have adopted NHS mail and proxy access. In March 2024, 88% of care homes had Digital Social Care Record (DSCR) systems, exceeding the national target of 80% of care homes.

- Care Home Multidisciplinary Team Intervention (winter project) – over winter 11 Older People's homes in the Top 20% (based on hospital conveyances) were given extra support via a multidisciplinary (MDT) team. Alongside care home staff, the MDT meetings were attended by colleagues across Bromleag Care Practice, PRUH (Geriatrics), St Christopher's, Oxleas, LAS and the ICB. Comprehensive geriatric assessments, Advance Care Planning (via the Universal Care Plan platform) and Structured Medication Reviews were conducted for the most complex/multi-morbid patients, leading to the provision of personalised proactive care in line with the individual's wishes.

Bromley Speech and Language Therapy, Universal and Targeted Model Update

7.14. As part of an ongoing programme of work led by the ICB on developing an enhanced model of therapies in Bromley, the London Borough of Bromley has confirmed a significant additional funding allocation towards the implementation of a universal and targeted offer for children's speech and language therapy.

7.15. This initiative aims to better support children at an early stage, thereby reducing the demand for Education, Health, and Care Plans (EHCPs). The funding will be directed towards expanding access to speech and language therapy services in schools, creating communication friendly educational settings and delivering services at a universal and a targeted cohort of children and young people.

7.16. By offering timely support and interventions, the goal is to address communication challenges effectively, preventing them from escalating into more complex issues that necessitate EHCPs.

7.17. This initiative reflects a proactive approach to children's development and well-being, emphasising early intervention and prevention strategies. By investing in speech and language therapy services and training, the Bromley partnership aims to create a supportive environment where every child can reach their full potential, ultimately reducing the need for specialist services and ensuring better outcomes for children across the board.

8. Greenwich Borough Update

Healthier Greenwich Partnership – wider staff engagement

8.1. A positive system wide staff engagement event was held on Wednesday 20 March, which brought together staff from across the health and care system to share and learn from existing prevention work and discuss how, by working together across organisations, it can have more impact and help people to live longer, healthier, and happier lives.

8.2. It was great to bring progress to life, bringing together staff who were involved in part of the collaborative work, but had low understanding of other aspects. As a health and care system in Greenwich focus needs to be on keeping people healthy, not just treating them when they become unwell. This can be difficult, especially when short term pressures are faced.

HGP Public Forum – Cancer Prevention

8.3. The regular public forums have continued, where the partnership goes out to different community venues in the borough, every 2-3 months. On 25 March focus was on cancer screening, what can be done do to prevent cancer and how uptake can be improved. The public shared their ideas for ways in which work can be done with communities to enable more people to take positive action to prevent cancer through smoking less, being more active, drinking less alcohol and healthy eating.

Health Ambassador Programme

8.4. Great progress is being made, with 21 clinicians now linked to eight secondary schools in Greenwich, even more than last year.

8.5. A recent Healthcare career fair was held at Shooters Hill College with 180 year 10 and year 11 students from multiple schools, and 10 different clinical and care backgrounds presenting the opportunities of working in the Greenwich health & care system; there was also great support from Oxleas, Lewisham & Greenwich NHS Trust (LGT), and Greenwich GPs in this. This is really helpful to promote future careers locally. The next career fair is planned in Thomas Tallis in late April 24. In addition, there is going to be an event for aspirational students for Oxbridge/Russell Group University applicants for year 12, considering applying for Medicine or Dentistry in June.

System Clinicians collaborating

8.6. Dr Eugenia Lee, Workforce Clinical & Care Professional lead, has secured commitment for a shared clinical event on the evening of 6 June, to build relationships between community/primary care/ hospital clinicians. This will involve circa 120 clinicians from Oxleas, LGT and Primary Care, Dr Nav Chana will be the keynote speaker (he is a national primary care leader, as well as Non-Executive Director at LGT.

Cancer Screening campaign – It's what we do

8.7. Uptake of breast screening in Greenwich has dropped significantly in recent years and there are health inequalities with lower uptake amongst some ethnic groups and in areas of higher deprivation. A successful application was submitted to South East London Cancer Alliance and £50,000 has been allocated to run a behavioural science informed campaign to increase uptake.

8.8. The 'Breast screening – it's what we do' campaign has been developed as a partnership between the Greenwich ICB team, public health and primary care. It features Greenwich residents from a range of backgrounds. The project team have used behavioural science to better understand the diverse audiences, analyse behavioural barriers, refine decision-making journeys, and create persuasive, creative communications so residents can easily move from intent to action and access their breast screening - NHS Breast Screening in Greenwich - It's what we do (wedobreastscreening.org.uk)

8.9. The campaign has now launched and will run until the end of May 2024.Over 150,000 people have already been reached through the test digital adverts. Activity will be mainly in the form of digital adverts, although these will be supplemented by outreach in communities where uptake is lowest and testing of interventions including using personalised letters from a patient's named GP and text messages. Learnings and resources will be shared with the Cancer Alliance and other boroughs.

NHS Greenwich Charitable Funds

8.10. The Greenwich Healthier Communities Fund has been established to support organisations and communities that seek to address health inequalities in Greenwich. Funding must be spent in Greenwich to support Greenwich residents.

8.11. The grant welcomes applications from groups or individuals who can demonstrate that their proposed project prevents or responds to health inequalities in Greenwich and aligns with the Greenwich Health and Wellbeing Strategy which sets out the mental and physical health and wellbeing priorities for the next five years in the borough. https://www.groundwork.org.uk/london/greenwich-healthier-communities-fund-grants/

9. Lambeth Borough Update

Taking forward '*Our Health, Our Lambeth*'

9.1. As the 2023/24 financial year closes, Lambeth Together partners have been focusing on evaluating the progress made during the first year of delivery of *Our Health Our Lambeth,* the Lambeth Health and Care Plan, and planning for 2024/25.

9.2. This process involves reflection and learning from activities to date, response to emerging issues and challenges, and the consolidation of activities planned for next year. Lambeth Together Board Members are currently in the process of confirming proposals for 2024/25, and this will be brought to the May Board meeting for sign off.

9.3. The Lambeth Together EDI group have been working towards defining the EDI work plan for 2024/25, in particular focusing on the health and care plan aspirations through an EDI lens to ensure that every aspect of work reflects the core values.

9.4. At the end of March, Lambeth Together said goodbye to two Board members who have retired. Sue Gallagher retired after 17 years as a Lambeth Lay member in the PCT, CCG and most recently the Local Care Partnership and also Sarah Austin who joined Guy's and St Thomas' in 2020 to lead the Integrated Medicine and Specialist Directorate within the Trust.

Living Well Network Delivery Alliance

9.5. The three-year extension to the Alliance contract has now been signed off by the ICB, Lambeth Council, the Lambeth Together Care Partnership Board and The South London and Maudsley NHS Trust in their respective March meetings; having already been signed off by Certitude and Thames Reach.

9.6. The new Douglas Bennett House building, which will be the site for Lambeth mental health beds, was handed over to SLaM on 20 February, with wards expected to be operational from early Autumn. Alliance colleagues were invited to meet with Liz Kendall, Shadow Minister for Work and Pensions, to discuss how people living with mental health conditions can best be supported into work. Hosted at Mosaic Clubhouse services users from the Thamesreach employment placement support and the SLaM talking therapies teams showcased their work in Lambeth to support residents' to participate more fully in day-to-day life.

Children and Young People's Delivery Alliance

9.7. In February, in collaboration with King's College Hospital, Guy's & St Thomas' Hospital, Lambeth Early Action Partnership, and the South East London Local Maternity & Neonatal System, the Alliance presented a comprehensive report to the Lambeth Adult Social Care & Health Scrutiny Sub-Committee on Lambeth Maternity Services. This included initiatives for marginalised or under-represented women and birthing people

highlighting the equality, diversity, and inclusion initiatives aimed at refining maternity services and addressing disparities, particularly for black women and birthing people.

Neighbourhood and Wellbeing Delivery Alliance

9.8. On 15 January the Brixton Project, led by Binki Taylor the NWDA Chair, in partnership with the Multicultural Marketing Consultancy and the South East London Cancer Alliance launched a prostate and breast cancer campaign aimed at black communities in south east London.

9.9. The campaign seeks to encourage black men aged 45+ to go to their GP practice and ask for a prostate specific antigen blood test to help identify risk of prostate cancer, and black women aged 50+ to attend their breast screening appointment, when invited. It is centred around the design and development of 'The Care Card'. The Care Card serves as a vehicle for disseminating screening information and health check milestones. It is a call to action for members of Lambeth's Black communities. with collective wellbeing at its core, it encourages individuals to engage in community health together, reducing stigma and increasing motivation.

Leadership in Good Food Award

9.10. Lambeth has been ranked as the top borough in London in showing leadership relating to good sustainable food action and in addressing food poverty and insecurity. The borough was awarded the Leadership Award for its commitment to healthy and sustainable food initiatives in the latest 2024 report 'Good Food Local: The London Report' supported by the Mayor of London and published by Sustain - the alliance for better food and farming.

9.11. The report measured the borough's approach to food using criteria across multiple areas, such as response to the cost-of-living crisis, children's food, healthier food environments, and food growing. The award is a recognition of the work done as part of the Lambeth Food Poverty and Insecurity Action Plan (2021-2024).

HIV Testing week

9.12. 5 - 11 February was National HIV Testing Week and in Lambeth, Southwark and Lewisham, residents were offered HIV testing when their GP requested a blood test.

9.13. This initiative aimed to help normalise HIV testing for both residents and healthcare professionals, and to ensure testing for HIV becomes routine for those visiting GP practices and undergoing blood tests. The initiative gained media coverage from Sky News, who visited Brockwell Park on Wednesday 7 February to report the work underway in Lambeth, stressing the importance of a systemic approach to testing to achieve the ambition of eliminating HIV transmission by 2030.

Age Friendly Public Forum

9.14. Lambeth has committed to taking an 'Age Friendly' Borough approach, using the World Health Organisation's Age Friendly Cities and Communities Framework. Age Friendly Lambeth is bringing together older residents, voluntary and community sector organisations and wider partners from across the borough to inform and shape an Age Friendly Action Plan. Key themes in this action plan will include outdoor spaces and buildings, housing, social participation, community support, health services and more.

9.15. To inform the development of the Age Friendly Action Plan, an Age Friendly Forum has been established, with the first taking place on Tuesday 27 February at Brixton House Theatre, where approximately 50 attendees, including older residents and VCS organisations, participated.

International Women's Week

9.16. Lambeth hosted another visit by Miranda Brawn, just ahead of International Women's week, showcasing the work in Lambeth to address Violence Against Women and Girls including a discussion with the Gaia Centre Team, who offer excellent support to those subject to domestic violence and abuse in the borough.

Inspire Event

9.17. The London Inspire Programme, co-chaired by Lambeth's Associate Director for Community Engagement, Juliet Amoa, launched the Black Health Inequalities Summit at the Royal Society of Medicine on 25 March with a focus on community and systems collaboration and with strong representation from Lambeth colleagues.

9.18. Inspire aims to address health disparities among black Londoners. Workshops at the Summit considered issues including sickle cell disease, black maternal health, and cardiovascular disease.

10. Lewisham Borough Update

Lewisham Borough of Sanctuary

10.1. ICB partners worked with Lewisham Council to support work to become re-accredited as a Borough of Sanctuary. The assessment panel was held on Monday 25 March, show casing the Lewisham strategy and workplan in relation to supporting asylum seekers.

10.2. The Council was successful in being re-accredited. Local work has involved an enhanced primary care approach for Asylum seekers in Initial accommodation in Lewisham, the provision of a multi-agency meeting for vulnerability working with the Home Office and the commissioned Provider for Asylum accommodation and identifying and mitigating risk by encouraging a partnership approach to intervention.

10.3. Membership includes education, LA housing, adult and children's safeguarding leads from the Council and the ICB, Action for Refugees Lewisham (AFRIL), Migrant Help, Primary Care, Specialist Health Visiting, Sanctuary, Southwark Law Society, Clearsprings Ready Homes, and the Home Office.

10.4. Recently a lived experience group meeting was held with asylum seekers to better understand their experiences. The ICB safeguarding team, AFRIL and Sanctuary recently conducted a safeguarding assurance visit with recommendations fed back to the Home Office and Clear springs Ready Homes.

Personal Health Budgets and Social Prescribing - Supporting Personalised Care

10.5. The system transformation team, with the ICB central personalisation team, organised training at the end of 2023 for Social Prescribing Linkworkers and other personalised care roles working in Lewisham.

10.6. The focus of the training was how to have better conversations with people; finding out what is really important to them and supporting them to make the changes they want to live the life they want. These conversations then become a solid basis for people to plan goals and aspirations and to be better connected with opportunities in their communities. Sometimes an individual's goals are quite specific to their circumstances and a one-off personal health budget may make the valued difference, towards sustaining their wellbeing.

10.7. Lewisham has now launched phase two of the Social Prescribing and Personal Health Budget (PHB) initiative in partnership with Age UK Lewisham and Southwark and the council. The Primary Care Networks (PCNs) will be joining soon. Conversations will continue on how personalised care conversations and PHBs can impact people's lives and bring about positive change for people.

Cervical Screening promotion in Lewisham Shopping Centre

10.8. The Lewisham Practice Nurse Advisor team recently spent a Saturday afternoon in Lewisham Shopping Centre speaking to people about cervical screening and the HPV vaccination. A few men were also interested and the team gave them leaflets on bowel screening as well as discussing PSA testing.

10.9. Some great conversations with people followed including two influencers with a large following of young women who can promote health matters. Several young women hadn't had the HPV vaccination yet and received information about it. The hope is that many more people were reminded to make an appointment as the profile of cervical screening was raised.

10.10. Uptake of screening and prevention services in Lewisham has historically been low and it requires initiatives such as these, where the message is taken directly into communities, to make a difference.

11. Southwark Borough Update

Southwark Pharmacy First Plus

11.1. The Southwark Pharmacy First Plus scheme is an extension of the national Pharmacy First scheme that aims to increase choice and flexibility for patients whilst relieving pressure on primary care and urgent and emergency care services.

11.2. The scheme provides free over the counter medication to patients with a minor ailment, who are registered with a Southwark GP practice and are exempt from prescription charges. These patients would otherwise have visited a GP or A&E department. The scheme aims to promote self-care through the pharmacy, improve access and choice for people with minor ailments, without the need for a prescription from their GP practice.

11.3. The scheme operates as a referral system into pharmacy services from local medical practice or other providers (e.g.111) as well as self-referral by residents. Following the consultation, the pharmacist would offer self-care advice or may provide an over the counter (OTC) product (if appropriate) from the local pharmacy first formulary. The Medicines Optimisation Team has oversight of the pharmacy first formulary which was extended in January 2024, to include 'Over the Counter' medicines commonly used to manage winter ailments.

Mental Health Supported Accommodation Services Contact Award

11.4. In January the Southwark Place Executive Lead approved a decision to award three contracts for seven supported accommodation services following a competitive procurement process. These services are commissioned jointly by the ICB and Southwark Council and provide care with accommodation for people who have experienced inpatient mental health services to support their recovery and transition back to independent living in the community.

11.5. The awarded contracts have been designed to accommodate people with a range of needs and presentations at different locations in Southwark. The awards were as follows:

- *Medium to High Support Needs (St James and Dunton Road services):* Southside Partnership (Certitude)
- *Forensic and Complex Needs (Milestone and Peckham Rye services):* Turning Point
- *High Support through Stepdown (Landcroft Road, Kirkwood Road and Glengarry Road services):* Southside Partnership (Certitude)

11.6. The award of these contracts secures the availability of these services for the local population ensuring that those who need them can take the next step in their recovery in a familiar environment close to their friends, family and loved ones.

Bridge Clinic - National Award

11.7. Congratulations to the team at the Bridge Clinic whose fantastic achievement has been recognised by the National Advisor for LGBT Health award (2024**)** for the wonderful work at the Bridge Clinic to provide inclusive and accessible healthcare.

11.8. The award recognises outstanding work by individuals and groups across the NHS, VCSE sector and wider community to improve the experience of LGBT+ patients and workforce and shine a light on examples of best practice.

11.9. The awards recognise those individuals and projects that:

- Demonstrate a commitment to promoting LGBT inclusion and equality
- Increase awareness of LGBT inequalities
- Have a long-lasting impact on reducing LGBT health inequalities
- Projects which focus on addressing a particular group within the LGBT community, acknowledging the intersections of multiple identities

Integrated Care Board meeting

Item 5
Enclosure E

Title:	**ICB Board Assurance Framework**
Meeting Date:	**17 April 2024**
Author:	Kieran Swann (Associate Director of Assurance), Tara Patel (Head of Assurance)
Executive Lead:	Tosca Fairchild (Chief of Staff)

Purpose of paper:	This paper presents the updated Board Assurance Framework (BAF). The BAF sets out the main ICB risks and details controls and assurances which show how risks are being managed appropriately as stipulated in the ICB's Risk Management Framework 2023/24 (RMF).	Update / Information	
		Discussion	
		Decision	***x***

Summary of main points:

The ICB Board is responsible for setting the strategic direction for risk management in the organisation and for formal approval of the BAF document.

The Board agreed the scope of delegated activity to be undertaken by the Executive Committee (ExCo) and the six local care partnerships (LCPs) on its behalf in relation to risk management and has delegated the detailed oversight of risks to the ExCo. ExCo most recently met on 27 March 2024 to consider the current ICB BAF and other key risks.

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

A. Key points to note:

- BAF risks reflect the assessed position of ICB risks as recorded on the ICB's Datix risks management system on 6 March 2024.
- For this BAF, only risks above risk appetite thresholds are included for SEL, Bexley, Lambeth and Lewisham LCPs. There are no risks above threshold for Bromley, Greenwich and Southwark LCPs.
- Following the last update to the ExCo on the BAF, place executive leads (PELs) have completed a review of risks between the LCP risk registers. This work has resulted in adjustments in risk scores and additions of risks to LCP registers of common areas of risks.

- A score change was made to risk 433 (safeguarding) following discussion of the BAF at ExCo, and the controls and assurances were updated for risk 394 (system finance) after discussion of in-scope BAF risks at the Planning and Finance Committee. Both committee meetings took place on 27 March 2024.

B. System versus ICB risks

- As the ICB begins to develop its system risk approach, relevant risks in the appendices have been differentiated into two categories as below:
    - Primarily ICB risks – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk numbers have been highlighted in green.
    - Primarily system risks – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk numbers have been highlighted in blue.
- A risk heatmap showing the likelihood and impact of the BAF risks, differentiated by these areas have also been shown on slide 13.

C. Summary of key changes

There are **15 SEL risks which are above risk appetite threshold, and 4 LCP risks**.

Five new risks with scores greater than the risk appetite thresholds have been added to the BAF:

- **SEL risk 504** relates to cancer performance, which could lead to poorer clinical outcomes due to diagnosis and treatment delays.. This was added to the register following discussion at the Quality and Performance Committee in January. This risk falls under the strategic category and has a current score of 16.
- **SEL risk 512** relates to the approval process for redundancies related to the ICB's MCR, which could impact on the ICB's finances for 2024/25. This risk falls under the finance category and has a current score of 16.
- **Bexley risk 503** relates to insecure lease arrangements for primary care estates. This risk falls under the strategic category and has a current score of 16.
- **Lambeth risk 513** relates to failure to safeguard children due to staff vacancies in key roles. This risk falls under the clinical, quality and safety category and has a current score of 10.

	• **Lewisham risk 498** relates to Lewisham's financial balance for 2024/25. This risk falls under the finance category and has a current score of 15. **One risk score has changed:** • **SEL risk 433** – relates to potential failure of a provider to meet statutory requirements around safeguarding. The score for this risk has been reduced from 20 to 16, to align with the score on the provider's risk register. **Three risks have been de-escalated and consequently removed from the BAF**: • **SEL risk 365** relating to loss of discharge funding leading to loss of service provision was reduced from 15 to 12. • **SEL risk 490** relating to reinforced aerated autoclaved concrete (RAAC) within SEL Estates portfolio has been reduced from 10 to 5. • **Bromley risk 467** relating to the pan-London community equipment provider is delivering poor quality services, with a high financial risk, has been reduced from 20 to 12.
Potential Conflicts of Interest	None identified

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

	Equality Impact	Not directly applicable to the production of this paper.
	Financial Impact	Not directly applicable to the production of this paper.
Other Engagement	Public Engagement	Not directly applicable to the production of this paper.
	Other Committee Discussion/ Engagement	Planning and Finance Committee, 27 March 2024 ICB Executive Committee, 27 March 2024
Recommendation:	The Board is asked to: • Review and approve the ICB's Board Assurance Framework, following endorsement by the Executive Committee.	

SEL ICB Board Assurance Framework 2023/24
March 2024

Prepared for SEL ICB Board, 17 April 2024

Context

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

Structure of the BAF

- All risks on the SEL and LCP risk registers have been updated by designated risk owners working with their teams.
- **Appendix 1**: includes all the SEL risks which are above the tolerance levels (summarised on slides 8 - 10).
- **Appendix 2:** includes all the LCP risks which are above tolerance levels (summarised on slide 11).
- The risks include the following information:
  - risk owners and sponsors
  - the risk category that the risk falls into
  - the risk appetite for that category of risk
  - a description of the risk
  - controls that are in place to mitigate the risk
  - assurances
  - initial and residual risk scores
- **Flightpaths**
  - Residual risk score “flightpaths” show changes in risk scores over time and a short narrative providing the rationale for the score change.
  - Scores have been shown since April 2023, when the updated ICB risk management framework, with risk appetite statement has been applied.
  - Flightpaths are shown for those risks where there have been score changes since January – there are two risks (slide 12).

Role of the Board and recommendation

Role of the Board

The ICB Board

- is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across the organisation (including those exercised by joint committees or committees-in-common).
- has a role in agreeing the scope of delegated activity to be undertaken by the Executive Committee (ExCo) on its behalf in relation to risk.

- The Board has delegated the detailed oversight of risks to the ExCo and is kept appraised of risk-related activity undertaken by relevant Board committees. The ICB Board however retains overall responsibility for formal approval of the ICB's BAF.

Recommendation to the Board

- Approve the ICB BAF endorsed by the Executive Committee on 27 March 2024. Note the updates to the BAF following from Executive Committee and from Planning and Finance Committee, 27 March 2024.

Key points

Key points to note

- The risks included reflect the assessed position and risks were downloaded from Datix on 6 March 2024.
- There are **15 SEL risks** included in the current version of the BAF (i.e. risks scored in excess of agreed risk thresholds) and **4 LCP risks** (Bexley, Lambeth, Lewisham). There are no risks above threshold identified in Greenwich, Bromley and Southwark LCPs.
- LCP PELs completed their second quarterly calibration of risks between the six LCP risk registers. This was done through a summary assessment of the actual risks recorded, as well as the variance in residual risk scores for risks that are common across the LCPs collated by the assurance team. PELs agreed an approach to consider the common and differential status of risks across their risk registers, as well look at scoring of risks to ensure that a consistent scoring approach has been applied by all LCPs. This work has resulted in adjustments in risk scores and additions of risks to LCP registers of common areas of risks, which are reflected in LCP risk registers and this version of the BAF. The PELs will continue with this approach on a quarterly basis.
- Following discussion of the BAF at the Executive Committee, the current score for risk 433 (safeguarding) has been reduced. Updates were also made to the controls and assurances for risk 394 (system finance) following discussion of the risk at the Planning and Finance Committee. Both committee meetings took place on 27 March 2024.

System versus ICB risks

- As the ICB begins to develop its system risk approach, relevant risks in the appendices have been differentiated into two categories as below:
  - **Primarily ICB risks** – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk numbers have been highlighted in **green**.
  - **Primarily system risks** – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk numbers have been highlighted in **blue**.
- A risk heatmap showing the likelihood and impact of the BAF risks, differentiated by these areas have also been shown on slide 13.

The current BAF and a summary of changes (1 of 2)

Summary of changes since the last BAF was approved by the ICB Board

- **Five new risks** with scores greater than the risk appetite thresholds have been added to the BAF:
    - **SEL risk 504** relates to cancer performance, which could lead to poorer clinical outcomes due to diagnosis and treatment delays.. This was added to the register following discussion at the Quality and Performance Committee in January. This risk falls under the strategic category and has a current score of 16.
    - **SEL risk 512** relates to the approval process for redundancies related to the ICB's MCR, which could impact on the ICB's finances for 2024/25. This risk falls under the finance category and has a current score of 16.
    - **Bexley risk 503** relates to insecure lease arrangements for primary care estates. This risk falls under the strategic category and has a current score of 16.
    - **Lambeth risk 513** relates to failure to safeguard children due to staff vacancies in key roles. This risk falls under the clinical, quality and safety category and has a current score of 10.
    - **Lewisham risk 498** relates to Lewisham's financial balance for 2024/25. This risk falls under the finance category and has a current score of 15.

- **Score changes**
    - **SEL risk 433** – relates to potential failure of a provider to meet statutory requirements around safeguarding. The score for this risk has been reduced from 20 to 16, to align with the risk score on the provider's risk register.

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

Summary of changes continued…

- **Three risks have de-escalated** off the BAF:
  - **SEL risk 365** relating to loss of discharge funding leading to loss of service provision was reduced from 15 to 12, following discussion at the Quality and Performance Committee in January. There has not been funding issues constraining discharge year to date and planning over 2023/24 has effectively mitigated the start year risk.
  - **SEL risk 490** relating to reinforced aerated autoclaved concrete (RAAC) within SEL Estates portfolio has been reduced from 10 to 5. All SEL Providers and GPs have been requested to seek assurance that there is no presence of RAAC. To date, only 1 site has been confirmed. Issues have been identified and mitigation measures have been put into place. Remediation works are also being explored. In addition, NHSE holds a National RAAC database, capturing any properties identified.
  - **Bromley risk 467** relating to the pan-London community equipment provider is delivering poor quality services, with a high financial risk, has been reduced from 20 to 12. This is due to:
    - assurance from the London-wide community consortia (led by Kensington and Chelsea) that we will be repaid the c.£660K credit for equipment recycling. This was previously in doubt with a higher financial risk related to this.
    - assurances about the ability of the provider to deliver the contract and continue to operate, which were previously in doubt.
    - more responsiveness by the provider in terms of poor performance/complaints.
    - further work that has taken place across Bromley Council/the ICB on potential Option Bs, Option Cs etc should we need to move provider, which provides greater confidence in terms of our business continuity.

Summary of SEL risks exceeding tolerance levels (1 of 3)

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	394	System financial balance	12	25
	512	Financial risk related to MCR redundancies		16
Data and Information Management	279	ICB paper records left on the NHS SEL sites	9	12
	434	Variation in CHC digitalisation means that SEL will not meet the CHC mandatory patient level dataset submission		12
	435	Variation in CHC digitalisation means that SEL will not meet the all age continuing care patient level dataset submission		12
	437	Disruption to IT/Digital systems across provider settings due to external factors		10
	484	Disruption to primary care activity through the change initiatives being implemented by acute providers and/or pathology providers.		12

Key: Primarily system risk Primarily ICB risk

Summary of SEL risks exceeding tolerance levels (2 of 3)

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Governance: Adherence to legal and statutory responsibilities	**433**	Potential reputation damage to the ICB due to SLAM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	12	16
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**386**	Ongoing pressures across SEL UEC services	12	16
	504	Cancer performance targets		16

Key: Primarily system risk Primarily ICB risk

Summary of SEL risks exceeding tolerance levels (3 of 3)

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	391	Increased waiting times for autism diagnostics assessments	9	16
	404	New and emerging High Consequence Infections Diseases (HCID) & pandemics		12
	431	Harm to patients due to unprecedented operational pressures		16
	468	Risk of variation in performance across SEL with FNC (funded nursing care) reviews		12
	491	System oversight of patient quality and safety systems		16

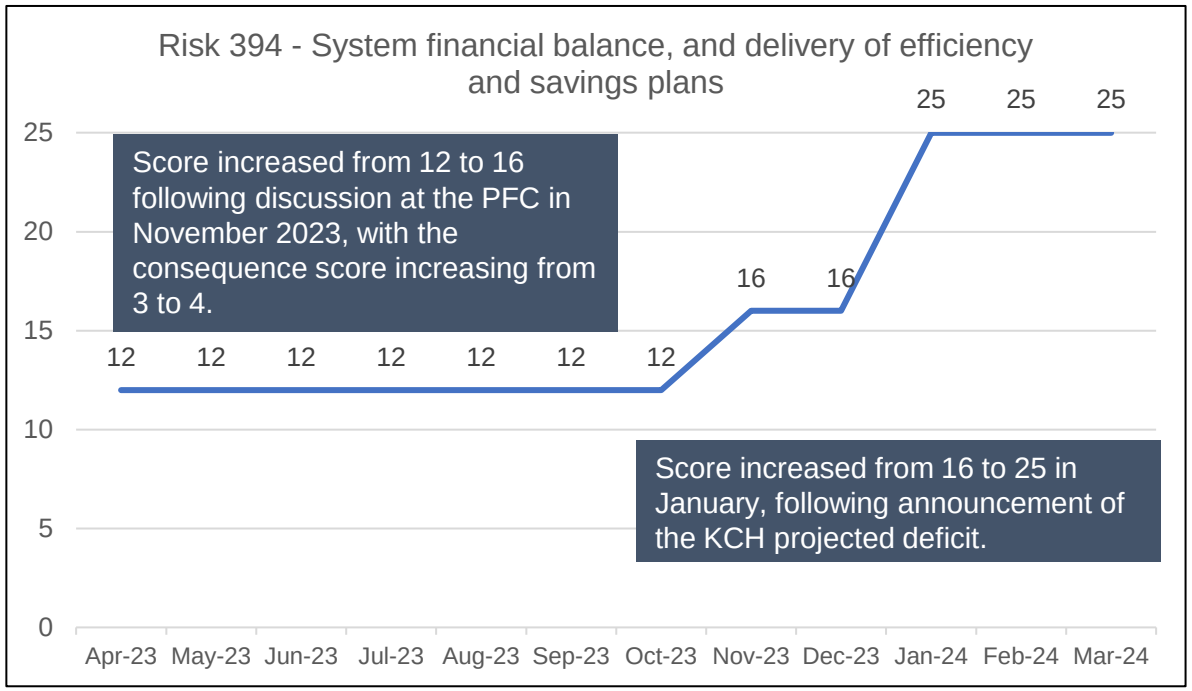
Key: Primarily system risk Primarily ICB risk

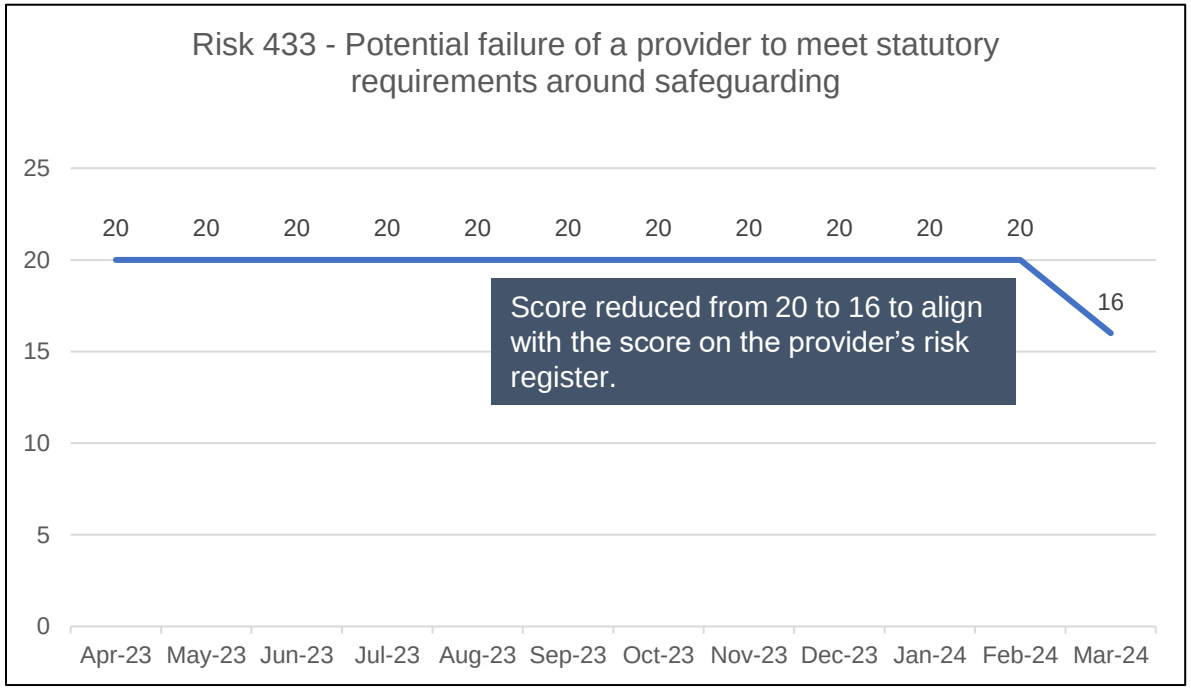
Summary of LCP risks exceeding tolerance levels

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**Bexley 450**	Planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful	12	16
	Bexley 503	Insecure lease arrangements – primary care estates		16
Clinical, quality and safety	**Lambeth 513**	Failure to safeguard children due to vacancies in key roles	9	10
Finance	**Lewisham 498**	Achievement of LCP financial balance for 2024/25	12	15

Key: Primarily system risk Primarily ICB risk

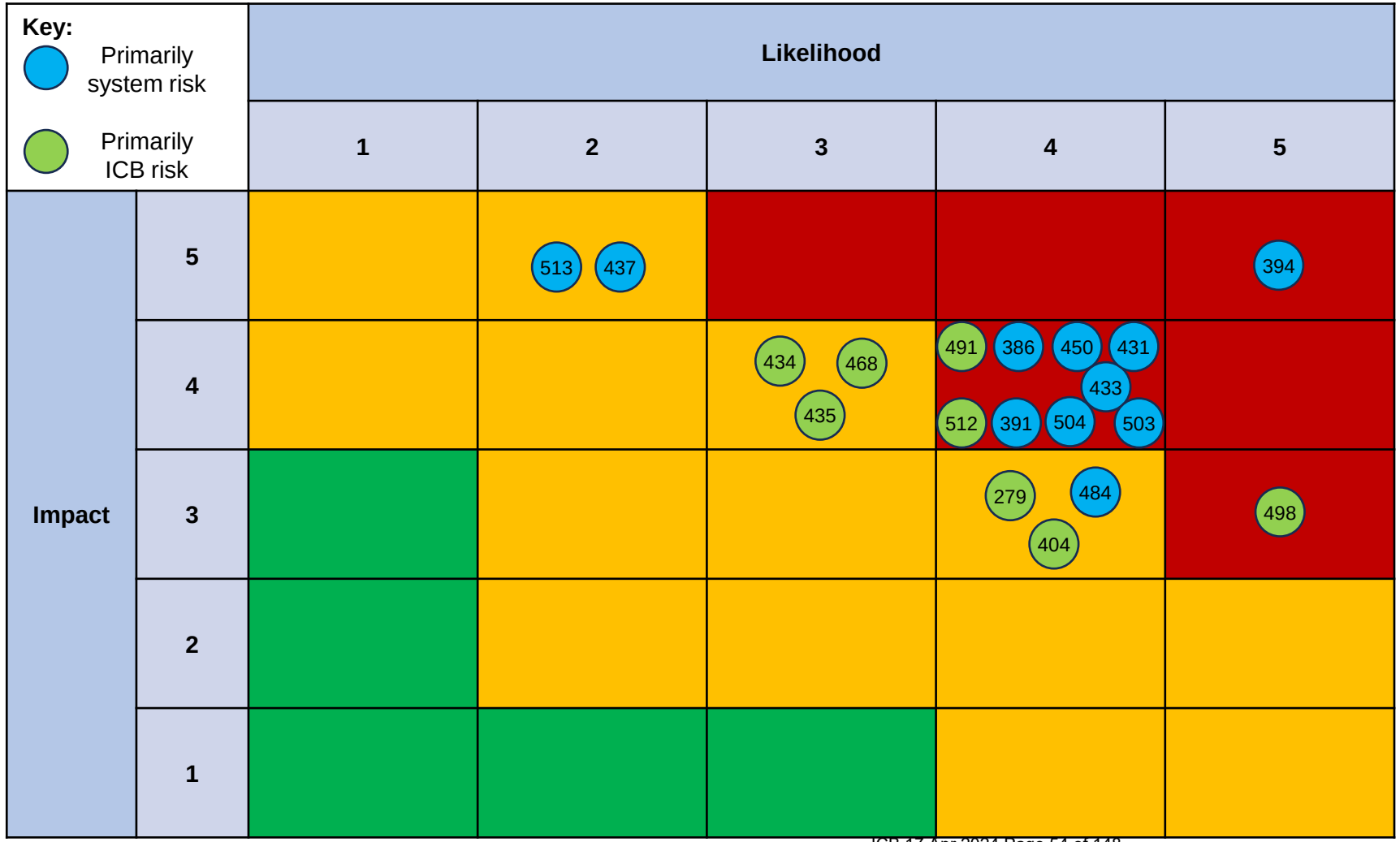
Flightpaths for risks where there have been score changes





Heatmap of BAF risks

The heatmap below shows the likelihood and impact scores of the current BAF risks. They have also been differentiated by primarily ICB risks and primarily system risks.



ID	Summary risk descriptions
279	ICB paper records left on NHS SEL sites
386	Ongoing pressures across SEL UEC services
391	Increased waiting times for autism diagnostics assessments
394	System financial balance
404	ICB oversight of new & emerging HCID & pandemics
431	Unintended harm to patients due to operational pressures
433	Potential failure of a provider to meet statutory requirements around safeguarding
434	Variation in CHC digitalisation
435	AACC patient level dataset submission
437	Disruption to IT / digital systems
468	Variation in performance with funded nursing care
484	Disruption to primary care
491	ICB oversight of quality and patient safety systems at providers
504	Cancer performance targets
512	Financial risk related to MCR redundancies
450	Support to UEC will be unsuccessful
503	Insecure lease arrangements – primary care estate
513	Failure to safeguard children
498	Achievement of LCP financial balance 2024/25

Appendices: risk scoring matrices

Risk scoring matrices (1 of 3)

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

Likelihood x Severity = Risk Score

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

Likelihood Matrix:

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

Risk scoring matrices (2 of 3)

Severity matrix

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

Risk scoring matrices (3 of 3)

Severity matrix (contd.)

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

Appendix 1. SEL risks above risk appetite thresholds

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
279	Director of IT - Nisha Wheeler	Director of Corporate Operations - Michael Boyce	Data and information management	7 - 9	IG - (ICB) Paper records left on NHS SEL sites	There is a risk that hardcopy records left on NHS SEL sites will not be appropriately managed, archived or destroyed in line with the NHS Records management code of practice retention schedule. This is caused by offices having documents on site which have been left following the Covid 19 Pandemic and where staff have left the organisation and nolonger being managed. This could lead to a potential data breach as a result of information being vulnerable to inappropriate access or theft, which could then lead to reputational and financial loss as a result of penalties/fines from the Information Commissioners office for not adhering to the NHS Code of Practice/Data Protection Act/UK GDPR.	4	3	12	4	3	12	Staff are being encouraged to review records at NHS SEL sites, when visiting the office, Staff are provided guidance through various media (Bulletins, Intranet, Staff briefings, Policies and Procedures) to support them in their roles and responsibilities.	Communications to staff regarding records management review (including hardcopy records), Inspection of Tooley street has taken place and paper records locked away and desks cleared, Staff to digitalise and save records electronically as much as possible, Communications relaunched to encourage records review on sites, Archive contract review and update completed and new Archive process established as part of new Information management policy, Staff contacted following premises review where staff/teams have been identified and asked to review and tidy the premises., Premises audit of documentation being undertaken throughout 2023 in over 120 units, Report of outcomes of audit now with Director of ICT and IG and outcomes presented to IG SC Dec 2022, Storage plan developed and registered users of storage facilities completed and maintained, Draws under desks reviewed and cleared - 25 draws removed by Southwark council to reduce storage of hardcopy information
386	Kelly Hudson and Sara White	Sarah Cottingham	Strategic commitments and delivery priorities; Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Ongoing pressures across SEL UEC services	There is a risk of not being to make improvements in waiting times, pathway flow and timely transfer of care as a result of demand and flow challenges across the system. This will impact the ICB's ability to meet operational plan commitments and impact on the service users affected by these services, affecting patient experience. Increased waits - for ambulance support, in the Emergency Department or for transfer of care (e.g. from a physical to a mental health facility) increases the risk of poorer clinical outcomes.	4	4	16	4	4	16	Robust daily intensive system support in place, led and coordinated by the SEL ICB System Control Centre, to review, manage and smooth pressures across the system, agree mutual aid and support site safety. SCC operates 24/7 providing in and out of hours system support., Operational plan for 2023/24 includes a SEL system Urgent and Emergency Care recovery narrative plus a number of performance improvement trajectories., Local system actions: each local system has an action plan to support urgent and emergency care pathway improvement including reviewing and making best use of available estate/capacity, workforce, care pathway changes (aligned to recommended best practice), protocols and escalation arrangements to support the effective management of pressures, focussed particularly on admission avoidance and supported and timely discharge. Proactive work to develop community offer including the roll out of urgent community response and development of our virtual ward offer., SEL System actions: SEL improvement work across the system to develop and implement supportive measures, for example, increasing direct access to and the further development of Same Day Emergency Care, direct booking from 111, increasing crisis support for Mental Health, SEL discharge improvement plan and actions. This work is manged via local and system groups: SEL Acute Flow Improvement Group; MH UEC Task and Finish Group; SEL Discharge Solutions and Improvement Group plus local and SEL UEC Boards. SEL actively participates in London and national learning groups and processes. From a quality and safety perspective on going quality and outcomes monitoring and surveillance plus within organisations regular safety huddles. Our MH crisis improvements have included a specific focus on quality and safety.	The daily SCC calls are providing the immediate system support to retain site safety across all SEL sites, with assurance having been completed regional and nationally of SEL's SCC arrangements., Review of revised OPEL (escalation) framework through SCC, aligned to national expectations, to ensure parity of escalation and system response., SEL operational plan for 2023/24 and supporting recovery narrative and templates - signed off post assurance process., Monthly call with UEC local system leaders to review current performance issues, challenges and successes; to understand key issues driving local performance and planned solutions; to understand key successes and opportunities for spread - plus formal local and SEL Urgent and Emergency Care Boards overseeing progress and performance with a supporting UEC performance dashboard., Further assurance through London UEC and MH UEC Boards., Winter planning process and outputs - noting assurance processes completed around plans internally, regionally and nationally.
391	Carol-Ann Murray	Sarah Cottingham	Clinical, quality and safety	7 - 9	Increased waiting times for Autism diagnostic assessments	There is a risk of increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. This is caused by increased demand for assessments combined with historical waiting lists. The impact on the ICB will be on its ability to meet statutory oblications. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	3	4	12	4	4	16	Implementation of services for backlog clearance by Oxleas and SLaM and plans to reduce the waiting time by end of March 2024 including development of services to meet the demand and maintain waiting times within 6 months., Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnose. All age autism strategy approved and launched, with non -recurrent funding (£240k) provide to each borough LA (S256) to align with strategic framework., Core offer for CYP Autism assessment developed and agreed with stakeholder. Set up of Community of practice to share best practice and find solutions to ongoing issues.	SEL LDA Strategic Executive Group Agenda and Minutes List the assurance evidence., SEL LDA Operational Board agenda and minutes., Minutes from 6-8 weekly Joint Region and System LDA heath Partnership meeting., Minutes from Monthly monitoring of ASD Support services and workforce with providers (Oxleas and SLaM).
394	Tony Read	Mike Fox	Finance	10 - 12	System financial balance, and delivery of efficiency and savings plans	There is a risk that Risk that ICS does not deliver its breakeven revenue financial plan and system capital financial plan for 2023/24, due to: Inability to deliver planned savings Under-delivery against elective recovery commitments Impact of industrial action Over commitment on capital programmes	4	4	16	5	5	25	Breakeven plan for 2023/24 agreed by ICS Executive and ICB Planning and Finance Committee., Component parts of ICS plan agreed by SEL organisation Boards. Monthly review and reporting to ICB Executive and SEL CEO group on delivery against financial plans and risk of organisational efficiency plans. Oversight of revenue and capital financial position and efficiency by SEL CFO group, meeting fortnightly, Agency limit and monitoring of spend reported routinely each month, External review of SEL performance working with NHSE, Increased organisational control mechanisms. Monitoring of financial impact of industrial action by CFO group. Monthly CEO & CFO group in place, including oversight of system financial performance. Reforecast undertaken at M8. Quarterly review and reporting to ICB Planning and Finance Committee on delivery against financial plans and risk of organisational efficiency plans, Formal review of trust year end forecasts and risks to delivery undertaken Oct/Nov, Partner has identified forecast deficit against financial plan. System partners reviewing potential mitigations to achieve break-even.	Breakeven plan in place per 4th May 2023 submission to NHSE. Breakeven reforecast months 8 - 12. Review of forecast out-turns, underlying positions and risks in progress and initial draft results reported to CEOs & CFOs., At month 6 revenue forecast out-turn reported as breakeven, assuming cost impact of industrial action is funded and risks to FOT delivery are mitigated. At month 11 capital forecast is on plan, including prioritised use of system capital reserve. At month 11, reported revenue forecass updated to include net impact of IA, ERF income risk and other variances from plan. NHSE has revised elective recovery targets for early months of year as part mitigation to impact of industrial action., SEL CFO group meeting weekly instead of fortnightly., Review via monthly Planning and Finance Committee of the ICB and via monthly System Focus Group meetings with NHSE London Region.
404	Simon Beard - Associate Director Corporate Governance	Tosca Fairchild - Chief of Staff	Clinical, quality and safety	7 - 9	New and emerging High Consequence Infections Diseases (HCID) & pandemics	There is a risk that new and emerging HCID & pandemics could occur at any time and are likely to occur in one or more waves. This could cause disruption to the operation of the ICB with staff illnesses/absence and reprioritisation of workload which could lead to a detrimental effect of communities and staff within SE London.	4	4	16	4	3	12	Staff are offered flu and covid-19 vaccines to mitigate as far as possible the impact on the workforce., HCID & pandemic plan is in place. Antiviral plan in place for SEL system., Collaboration with organisations across the system through forums such as Borough Resilience Forums enables the ICB to horizon scan for potential emerging HCID issues and put mitigating actions in place early to minimise impact to the workforce and ICB operations., Hybrid working arrangements are in place, supported by cloud-based access to IT systems, which enables the ICB to reduce face to face interactions between staff should this be necessary as a measure to reduce spread of infections., The ICB has an established process for considering staff redeployment to focus on business critical services., Employee assistance is available - e.g. mental health first aiders; occupational health and employee assistance programme., During the 2024-25 year there are plan to run tabletop and workbook exercises with the primary care teams and GPs to test and exercise the ICB plans for HCIDs	SEL ICB - System approach utilised and implemented for HCIDs, EPRR Practitioners network is in place enabling early sharing of information/ horizon scanning in relation to HCIDs, which will ensure organisations can take early mitigating actions (P)
431	Paul Larrisey	Paul Larrisey	Clinical, quality and safety	7 - 9	Risk of unintended harm to patients due to unprecedented operational pressures	There is a risk of unintended harm to patients. This is caused by operational pressures within the system exacerbated by industrial action by clinical staff. This will impact on the ICB's duty to ensure that the services it commissioned meet fundamental standards of care with particular regard to clinical effectiveness, safety and patient experience. All providers are currently experiencing longer waiting times for routine appointments which may lead to deterioration of patient conditions.	3	4	12	4	4	16	Datix is reviewed daily to spot trends from providers, Quality team attend provider committees to understand individual provider risks and mitigations, Risk of harm assessments and prioritisation and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts., Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system., Regular meetings are held with the providers to ensure delivery of agreed recovery trajectories and to review issues related to the quality of care, including notified Serious Incidents (SI's)., Regular update meetings with commissioning teams and quality teams. Robust governance for operational pressures including industrial action., UEC programme of work to improve patient flow across the system aimed at mitigating delays., Mutual aid is being provided to support provider specialties to reduce waiting lists., The ICB have convened a quarterly themes and concerns group which will review all key themes and concerns arising as an additional level of assurance	Governance: Quality and Performance Committee where risks are escalated, Governance: System Quality Group where system wide risks are explored and learning shared, Thematic analysis of SI reports, Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately., Quality Alert System provides early warnings, ICB incident command stood up for specific system wide incidents such as IT outtages in GSTT and SLaM in summer 2022 to ensure risk of harm identified and mitigated.

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
433	Paul Larrisey - Acting Chief Nursing Officer	Margaret Mansfield - Designated Nurse Safeguarding Children and Young People Interim Designated Nurse Children Looked After and Care Leavers	Governance: Adherence to legal and statutory responsibilities	10 - 12	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed.	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed. This risk has been identified through a Safeguarding Learning Event held within the provider which highlighted their lack of knowledge in discharging their statutory safeguarding functions, as well as from other Child Safeguarding Practice Reviews and the Trust external review.	5	4	20	4	4	16	Work underway within the Local Safeguarding Children Partnership (s) LSCP/ LSCPs partnerships to monitor the risks., ICB Safeguarding Designate professionals to quality assure SLaM strategic Safeguarding risk/learning action plan in relation to discharge of safeguarding arrangements via attendance at SLaM's safeguarding committees., SLaM audit plan around recommendations to ensure learning is embedded into practice, An independant scrutiner will be supporting a trust wide improvement plan with SLAM safeguarding leads, SLAM have a safeguarding improvement plan in place., Bi monthly SEL ICS & SLAM Safeguarding Monitoring Group to provide strategic oversight of the improvement plan., A SLAM & ICB Place safeguarding designates safeguarding working group to operationalise the improvement plan, track actions, escalate emerging risks and report to the Safeguarding Monitoring Group., A SEL ICB & SLAM quality safeguarding review group to to accompany the SLAM quality assurance officer completing quality assurance reviews., SLAM has developed a safeguarding operational meeting for children and adults separately	There is an experienced Trust Named Nurse for Safeguarding Adults. Newly appointed and experienced Trust Named Nurse for Safeguarding Children. There are some Safeguarding Leads in place bases. SLaM are reviewing their Safeguarding supervision arrangements, also reviewing their Safeguarding Policy. The named nurse on long term sick has fully returned to work., Workstreams and workplans are in place to look at different areas of concern., Safeguarding Business officer post appointed to. All safeguarding vacancies are filled as of June 2023 except for Lambeth. The trust have recruited a substantive Associate Director for Safeguarding who started work in August 2023., SLAM Task and finish group chaired by the Director of Therapies and consisting of Service Directors, Chief Nurse, Chief Operating Officer, Chief People officer and Medical Director meeting monthly to oversee the completion and implementation of the safeguarding action plan. All safeguarding vacant posts have interim cover and substantive recruitment is in process., SLAM shares the assurance reports for Lewisham, Southwark, Lambeth and Croydon, Safeguarding meeting held with the Director of social care for SLAM on 01 September to review SLAM safeguarding programme update, A SLAM safeguarding programme meeting was held on 08 November with the Director of Social Care (SLAM), the Associate Director (SLAM). Named Nurse (SLAM) and SEL designated nurses, including Croydon, to provide a progress update on the improvement plan., Policies are up to date. Compliance with adult safeguarding training met for Q3. A safeguarding supervision strategy is in place.Training needs analysis (children) has been carried out in some place based teams i.e. Lewisham. This has increased the number of staff requiring Level 3 thereby affecting the compliance rate,
434	Jane Waite - SEL Head of CHC/CYPCC	Lizzie Wallman - Director of Quality	Data and information management	7 - 9	There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25.	There is a risk that SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024 to coincide with month 1 of 24/25. This will result in file rejections to NHSE. This will have an adverse reputational impact on SEL ICB	5	4	20	3	4	12	Boroughs are completing monthly data quality checks as part of the PLDS data set review., Patient Level Dataset reports are being circulated to boroughs and PELS monthly, The development of a combined single database/system was agreed in principle by quality and Place executive directors on the 15th August 2023., Working group set up to consider the procurement of a single database/system with key stakeholders., The assurance team are working with the Lewisham team to address the Lewisham PLDS issue.	There is an interim plan to continue to submit data via a lower tier submission as opposed to the required singular sub-ICB location in line with CHC PLDS current guidance., Patient Level Dataset reports are being circulated to boroughs and PELs monthly
435	Jane Waite - Head of CHC/CYPCC	Paul Larrisey - Acting Chief Nursing Officer	Data and information management	7 - 9	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/2	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the provisional deadline of 1st April 2024 to coincide with month 1 of 24/25. This could lead to an adverse reputational impact on SEL ICB.	5	4	20	3	4	12	The development of a combined single database/system was agreed in principle by quality and Place executive directors on the 15th August 2023., Working group set up to consider the procurement of a single database/system with key stakeholders.	CHC have started to identify potential gaps in data collections across the CYPCC teams, There are already local CYPCC meetings at place level
437	Philippa Kirkpatrick	Andrew Bland	Data and information management	7 - 9	Disruption to IT/Digital systems	There is a risk of significant disruptions to the IT and digital systems across our provider settings due to external factors such as extreme weather conditions or cyber attacks	2	5	10	2	5	10	Individual organisations accountable to boards to demonstrate sustainability of their digital and IT infrastructure, and actions put in place to move to greater third party hosting rather than relying on on-premise data centre., GPIT services are mostly 3rd party managed cloud-based solutions. GP services are required to have business continuity, including for their IT services, built into their contracts. Paper on the 2022 cyber and resilience incidents provided to the Board in July 2023, including lessons learnt and actions taken following the incident. A Chief Information Security Officer is included in the ICB organisational structure from 2024/25. This role will take system-wide responsibility for identifying risks and will support partnership working to mitigate those risks., Cyber and resilience maturity assessment underway (supported by EY). This will inform the development of the SEL ICS cyber and resilience strategy and plan.	The Digital Board was provided with an update on the cyber and resilience assurance activities in January 2024., Board cyber training held on 26 January 2024 to support members understand risks and mitigations.
468	Jane Waite - Head of CHC/CYPCC Governance Assurance and QIPP	Paul Larrisey - Acting Chief Nursing Officer	Clinical, quality and safety	7 - 9	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews.	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews. This is due to a significant number of reviews over the required time frames (National Standard). This will impact on the service users. This is a clinical risk which will may also impact on financial control across the system.	4	4	16	3	4	12	This risk is monitored at the NHSE assurance meeting monthly, This risk is also monitored locally at CHC review meetings monthly., The SEL Head of CHC/CYPCC governance assurance and QIPP has oversight of this risk., There is a monthly assurance pack produced which goes to the CHC review meetings. The CHC monthly assurance report tracks FNC reviews., There are monthly meetings held at place level where this risk is discussed., There are individual borough plans setting out how boroughs will clear the overdue reviews., The impact of the contingency agreement will be that teams can focus on FNC reviews, Paper presented to PELs on 16/10/2023. Agreement in principle for contingency agreement to address backlog of CHC Standard and Fast Track reviews. Contingency agreement progressed and mobilisation of additional resource expected to commence mid February.	There are minimal vacancies across the place based teams., Individual borough plans in place and teams are working towards reducing the backlogs
484	Philippa Kirkpatrick	Philippa Kirkpatrick	Data and information management	7 - 9	Disruption to primary care	There is a risk that primary care activity will be significantly disrupted through the change iniatives being implemented by acute providers and/or pathology providers. There is a risk that patients may be harmed if such disruption results in delays to care.	4	3	12	4	3	12	Engagement forums with primary care have been established. Lessons learned being documented from previous projects. Primary care leaders have been identified., GPs have been advised to continue to raise clinical safety alerts if they are concerned about clinical risk associated with any disruption.	A primary care liaison group has been established by GSTT in collaboration with the ICB and includes Kings and Synnovis. The provides a forum GPs to identify the issues most affecting practices relating to digital communication and transfers of care with the Trust and Synnovis and allows for response by those responsible. It also provides a forum for identifying improvements to ways of working, as it relates to digital., Quality alert processes are available to providers if they feel there are patient safety risks associated with problems they are experiencing.
491	Fiona Leacock - Associate Director of Quality	Paul Larrisey - Acting Chief Nursing Officer	Clinical, quality and safety	7 - 9	There is a risk the ICB is unable to discharge its duty of having system oversight of quality and patient safety systems at providers	There is a risk the ICB is unable to discharge its duty of having system oversight of quality and patient safety systems due to transition to the Learning from patient safety events (LFPSE) for reporting safety events which currently does not allow the ICB access to provider data which leaves the ICB 'blind' to information on LFPSE. This could lead to reputational harm to the ICB, impact on oversight of patient safety and result in adverse publicity.	5	4	20	4	4	16	Continuation of STEIS (serious incident report database) until October 2024, Extended rollout of the ICB quality alerts reporting links, Regular touch point/update meetings with NHSE, system developers and providers	Providers are continuing to report on STeIS, Oversight provided by the ICB Themes and Concerns Group, Regular Stakeholder meetings with escalation processes embeddded., ICB Datix System updated to allow for LFPSE data to be uploaded as and when available
504	Carl Glenister	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Cancer Performance	These is a risk that the ICB does not meet the operational plan commitments it has made for 2023/24 with regards cancer access and wait times - including the Faster Diagnosis Standard, the 62 day treatment standard and the number of patients waiting more than 62 days for treatment. Failure to meet agreed access and waiting times standards exacerbates the risk of poorer clinical outcomes due to diagnosis and treatment delays.	5	4	20	4	4	16	2023/24 operational plan included agreed commitments in relation to cancer performance in relation to access and waiting time standards and the system Cancer Recovery Plan set out the planned actions that would support delivery., Cancer planning took place as part of overall operational and capacity planning to ensure cancer requirements were modelled and considered as part of overall planning and prioritisation. Plans were assured internally and externally, through regional and national processes., In year refresh of plans as part of H2 planning process - plans were further assured, in the context of a commitment to recovering to secure year end operational plan commitments., Plans regularly reviewed and monitored through the SEL ICB Cancer Executive, plus further review through regional meetings - further recovery actions developed and agreed through these processes., In January 2024 SEL entered into the system oversight framework support process (at Tier 1 - the highest level of support) in the context of a very challenged year to date position driven by overall operational pressures and the impact of Epic and industrial action., Recovery actions considered through this process to be the right actions to support recovery, with a focus on both short term recovery actions and medium term sustainability plans., On quality and safety on going quality monitoring and surveillance including identifying potential and actual harm as a result of waits.	Governance - and associated minutes, papers and reports e.g. monitoring against trajectories and recovery plan actions - at a provider and SEL system level., ICB team works alongside providers and the Cancer Alliance to support planning and delivery., Plans/delivery are further reviewed in regional and national meetings - ICB co chairs Tier 1 meetings with Regional team., Plans have been assured in terms of covering the right areas - challenge is operational delivery across a complex range of services/pathways and providers - support being given to better secure delivery.

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
512	Sarah Cottingham / Ceri Jacob	Andrew Bland	Finance	10 - 12	Slow sign-off of redundancies by NHSE	Redundancy notices cannot be sent out until the ICB's redundancy case/updated outcomes have been signed off by NHSE. The ICB has been advised that its business case will be considered on 17th March 2024 - approvals can then take in excess of three months to come through. This delay will impact upon programme savings the ICB is able to make in 2024-25, against the target.	4	4	16	4	4	16	The ICB is mitigating the number (and cost, to the MCR programme) of redundancies by: Running a robust job matching process which has already (as at January) resulted in a number of slot-ins The slot-in process being helped by natural turnover contributing to the ability to slot in people to arising opportunities â€¢ Filling posts via ring-fencing people to posts (and accompanying interview process) Natural turnover is also contributing to the ability to slot people in to new opportunities., Staff will be confirmed in their new posts as soon as possible., HR and finance are working closely to ensure the redundancy cost projections are as accurate as possible, using an assumed termination date of 31 July (as per the timeline outlined in the risk description) and by obtaining up to date information from payroll. All compulsory redundancies that the ICB will have to make at the end of the process will be in line with contractual arrangements; there will be no payment in lieu of notice or any other special payments.	MCR Programme board

Appendix 2. LCP risks above risk appetite thresholds

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
Bexley 450	Gemma O'Neil	Diana Braithwaite	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Delivery of change and increased capacity	There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to; * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting. There is a risk that planned changes, and efforts to increase capacity to support urgent and emergency care services, will not be successful due to; * Reductions in funding, such as the discharge funds, which mean that established services / pilots must be reduced or stopped * The reliance on short-term, non-recurrent funding of discharge programmes, winter schemes etc which result in a reliance on short-term contracts which are less appealing to colleagues seeking a substantive appointment. * The availability of colleagues locally across many professions and disciplines and the inequity in the London weighting when compared to inner London boroughs This would impact the ICBs ability to deliver on national performance standards and local quality improvements in service of providing Bexley residents with the satisfactory health and wellbeing outcomes.	4	4	16	4	4	16	Commencement of winter planning earlier in the year. Programme impact monitoring to understand which programme are making a difference and therefore require business cases for long-term investment. Identification of key programmes requiring long-term funding to incorporate into planning rounds. Collaboration with system partners to identify opportunities for joint appointments / joint business cases to enable risk sharing.	Programme monitoring within Home First programme ops group and boards, with escalation to Bexley Wellbeing Partnership as required.
Bexley 503	Graham Tanner	Diana Braithwaite	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Primary Care Estate - Insecure lease arrangements	A small number of practices within Bexley have insecure lease arrangements and/or unresolved issues with landlords that have the potential to lead to loss of premises within a relatively short time frame (6 months). There is the risk of a reactive and unplanned dispersal of those lists if appropriate premises cannot be secured and/or alternative arrangements (e.g. co-location or merger) cannot be agreed.	4	4	16	4	4	16	Regular liaison with the Lead Partner(s), ICB Estates Team and and LMC representative(s), Workshops and external consultancy input, facilitated through Practice Resilience funding., Some legal protection afforded to the practices where the terms of the lease are being adhered to.	
Lambeth 513	Daniel Stoten	Avis Williams-McKoy	Clinical, quality and safety	7 - 9	Failure to safeguard children and identify and respond appropriately to abuse.	There is a risk of children and families in Lambeth not receiving the community health support and assessment they require due to current staff vacancies in key safeguarding lead operational posts: Named GP safeguarding children, MARAC Liaison Nurse, health visitors and school nurses. On going vacancies affects the expected timeframes of the service and the multiagency working together across the partnership.	3	5	15	2	5	10	Lambeth HV and School Nurse Teams are on GSTT the risk register due to significant reduction of staffing levels., Active recruitment is underway for Named GP safeguarding Children., Statutory posts, Designated Drs and Nurses Safeguarding and Nurse CLA in place. (0:5 WTE vacancy designated nurse recruitment is underway), Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance Meetings with Provider Health Organisations., The annual work plan has been agreed Ensure all LSCP sub working groups have clinical representation which has been agreed across the health partnership., Getting Child Protection Right Monitoring the implementation of the Ofsted Safeguarding & Looked after Children Inspection recommendation.	Active recruitment being undertaken
Lewisham 498	Michael Cunningham	Ceri Jacob	Finance	10 - 12	Achievement of Financial Balance 2024/25	During 2023/24 Lewisham identified efficiencies of 4.5% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures incurred during the year, the identified efficiencies were not enough to achieve financial balance, and material non recurrent measures and restrictions to investment were implemented. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to identify business as usual efficiencies for 2024/25 targeted at a minimum of 4%, these are going to be ever more challenging to identify. There is a material risk the borough will not be able to achieve financial balance in 2024/25, without in addition implementing a system approach to delivery of savings.	5	3	15	5	3	15	A careful and detailed budget setting process has been conducted to identify target savings., Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage., The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target., The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals., Review at LCP meetings with members on a bi-monthly basis. 6. System approach is being followed with LCP partners to align savings opportunities., System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings., Monthly financial closedown process., Monthly financial reports for ICS and external reporting., Review financial position at CHC Executive meeting., Lewisham Senior Management Team Review.

Integrated Care Board meeting

Item: 4
Enclosure: E

Title:	**Overall Committee Report**
Meeting Date:	17 April 2024
Author:	Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Tosca Fairchild, Chief of Staff

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

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

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

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

Overall Report of the ICB Committees

ICB Board 17 April 2024

1. Introduction

1.1 The purpose of this report is to provide a summary of the activity that has taken place within the committees that report directly to the Board since the last meeting of the Board held in public which received this report, which was on 31 January 2024. In addition the ICS benefits from two provider collaboratives and one provider network and whilst no formal delegation has been made to them from the ICB the Board will receive updates upon their key activities through this report (and in anticipation of their future delegation).

1.2 The report highlights:

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

2. Summary of Meetings

2.1 ICB Committees

	Committees								
	Planning and Finance Committee	**Quality and Performance Committee**	**Audit Committee**	**Remuneration Committee**	**Greenwich Charitable Funds Committee**	**Clinical and Care Professional Committee**	**People Board**	**Digital Board**	**Executive Committee**
Meeting date	14 February 2024	-	18 January 2024	3 March 2024	19 February 2024	3 April 2024	22 January 2024	12 March 2024	17 January 2024
	27 March 2024	-	-	-	-	-	-	-	31 January 2024
	-	-	-	-	-	-	-	-	14 February 2024
	-	-	-	-	-	-	-	-	28 February 2024
	-	-	-	-	-	-	-	-	13 March 2024
	-	-	-	-	-	-	-	-	27 March 2024
	-	-	-	-	-	-	-	-	10 April 2024

	Local Care Partnerships					
	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	25 January 2024	25 January 2024	24 January 2024	18 January 2024	25 January 2024	7 March 2024
	28 March 2024	28 March 2024	-	21 March 2024	14 March 2024	-

3. Summary of the Principal Role of ICB Committees

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

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

4. Recommendations to the Board for Decision / Approval

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

1. Revised Standing Financial Instructions to incorporate PSR references following approval to recommend to the Board at the Planning and Finance Committee meeting in January 2024 (Appendix A).

2. Revised Lewisham LCP Terms of Reference, amended to include speciality VCSE representation from a black led organisation in the membership, and to formalise chair and co-chair arrangements (Appendix B).

3. Public Sector Equality Duty Report and Gender Pay Gap Report have been recommended to the Board following ICB Executive Committee approval. These documents have been published on the ICB website under the Equality, Diversity and Inclusion section in line with statutory requirements. They are available for viewing via this link: https://www.selondonics.org/icb/meetings-board-papers-reports/reports/

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

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

No.	Committee name	Meeting date	Items for Board to note
1.	Executive Committee	17 January 2024	• The Committee approved Registration Authority Policy IT05 for publication
2.	Executive Committee	31 January 2024	• The Committee approved updated guidance in relation to the ICBs fertility policy designed to align with NICE guidance.
3.	Executive Committee	14 February 2024	• The committee approved the award of a contract for provision of community ear nose and throat services. • The committee approved menopause referral guidelines. • The committee approved the ICBs response to the Equality Delivery System 2022 and agreed its publication once data was complete.
4.	Executive Committee	28 February 2024	• The committee approved the Policy and Procedures Management policy CG01 for publication.
5.	Remuneration Committee	Agreed by email 3 March 2024 (no meeting)	• The Remuneration Committee approved the change of status of the Chief Digital Information Officer from VSM to executive director.
6.	Executive Committee	10 April 2024	• The committee approved a revised Safeguarding Supervision Policy (QN07) • The committee approved a south east London Communications and Engagement Strategy

6. Agenda Items of Note

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

No.	Committee name	Meeting date	Items discussed
1.	Executive Committee	17 January 2024	• The committee noted a positive Emergency Planning Resilience and Response Annual Report for the organisation. • The committee noted and recommended the Board Assurance Framework to the Board. • The committee received an update on national NHS planning guidance and the steps the ICB was taking in response. • The committee approved a proposal to submit an expression of interest for the ICB to participate in a pilot of the Work Well programme aimed at supporting those with disability or long-term sickness to return to work. • The committee members engaged in a development session to increase their awareness and knowledge of data analytics and system intelligence.
2.	Audit Committee	18 January 2024	• The committee received a verbal update from Grant Thornton on progress made against the external audit work plan – no issues were raised of concern. • The committee received an update from the internal audit team on the outcome of recent internal audits, and considered the assurance map, and system based assurance. • The committee received a presentation from RSM and the ICBs Associate Director of Assurance on the SEL approach to system risk. • The committee received a short paper from RSM on assurance around whistleblowing. • TIAA provided their quarterly anti-crime services report for committee consideration. • The CFO provided an update on tender waivers processed in the last quarter, development of ISFE2, and the month 9 accounts process.
3.	People Board	22 January 2024	• **Health and Care Jobs Hub**: Members received an update on the Jobs Hub. The discussion focussed on its ongoing sustainability, when the Greater London Authority (GLA) funding ends in March 2025.

			• An update on the **EDI Improvement Plan** was provided. The People Board discussed leveraging existing efforts, broadening engagement, and sharing best practices to advance EDI goals across the system.
			• A **spotlight on Allied Healthcare Professionals (AHPs)** was presented. It was noted that London has the highest rate of AHPs leaving and suggestions to attract and retain these were provided by the members.
			• **Current context and looking ahead**: The Board discussed the current SEL context and priorities to focus on going forward. The following emerged as key priority areas: productivity, new roles and ways of working and Health and Care Jobs Hub sustainability.
			• **Workforce risk:** Members discussed and approved the description, controls and rating of the workforce risk. It was agreed to update the wording of the control summary to reflect the latest progress with the EDI work.
			• The **next People Board** in March will notably focus on:
			  ○ Operational Planning update
			  ○ Staff survey results
			• Staff Health and Wellbeing Strategy

4.	Executive Committee	31 January 2024	• The committee received an update on how national expectations on offering choice to patients waiting for treatment were being implemented in South East London, noting the intensive work involved. • The committee received options in relation to funds reserved to address inequality priorities and approved an approach which reduced the total to be made available for inequalities for 2024/25 in recognition of likely implementation delays, but with the intention of pursuing most the potential investments agreed in the next and subsequent years. • The committee discussed an update on the ICBs response to IMproving PAtient Care Together (IMPACT) which involved the support of Kings Health Partners on shared principles and a quality improvement collaborative.
5.	Executive Committee	14 February 2024	• The committee received updates from the CEO and executives and an overview of the system in relation to performance and quality. • The committee received an update on work to submit operational plans for 2024/25.

			• The committee were informed of an outcome of a joint area inspection of SEND services in Bexley, and the measures in place to respond, and agreed to receive further update and share learning.
6.	Planning and Finance Committee	14 February 2024	• The focus of this meeting was on the ICB and ICS financial position. The committee members received a report from the CFO on the Month 9 ICB and ICS financial position, noting key areas of overspend, underspend and risk to forecast at ICB and system level, impact of industrial action, risk against Elective Recovery Fund receipts, and future assurance/ lessons learned for the 24-25 ICS planning round.
7.	Greenwich Charitable Funds Committee	19 February 2024	• The committee received an update about Strand Development, noting there are two – Enabling Strand Outline and Delivery Strand Outline. • The committee received a Charity finance update.
8.	Executive Committee	28 February 2024	• The committee received updates from the CEO and executives and an overview of the system in relation to performance and quality. • The committee received an update on work to submit plans for 2024/25, including more detailed proposals on use of resource identified for reducing inequalities in line with a previously agreed approach. • The committee heard a summary of the steps being taken to respond to a recent increase in measles cases, which included promotion of vaccination and awareness working with stakeholders such as GP practices, community pharmacies, schools and colleges and public health. • The committee considered an update on the measures set out by the Department of Health and Social Care in relation to dentistry, aimed at improving access through various measures and incentives implemented via national contract. The committee were invited to consider use of ringfenced funding in the future year. The committee received an update on a developing strategy for ICB communications.
9.	Digital Board	12 March 2024	• The group received an update on the Primary Care digital delivery plan. • The Chief Digital Information Officer presented an item on Artificial Intelligence, aimed at encouraging system-wide thinking about use of AI and its development. • The group received a detailed report on the One London Health Data Strategy and development of a business case with NHSE London Region to support investment funding.

			• Sub-committee reports had been circulated for the awareness of members. • The need to increase GP representation across the sector wide IG groups was highlighted and an action plan agreed. • In the light of the news in the same week of this meeting around comments by Frank Hester which had been raised in the House of Commons, the Digital Board minuted their stand against racism and that any racist statements made by vendors are unacceptable.
10.	Executive Committee	13 March 2024	• The committee received updates from the CEO and executives and an overview of the system in relation to performance and quality. • The committee received an update on work to submit operating plans for 2024/25. • The committee were advised that Child Death Overview Panel leads had expressed concerns about demand and capacity, processes and governance and a short exercise was being carried out to review approaches. • The committee discussed a paper outlining the opportunities and need for appropriate governance and oversight of Artificial Intelligence, agreeing to set up a roundtable to discuss the issues, mindful of the need to build on existing assets, and clarify roles and responsibilities at each level of the system. • The committee discussed a proposal developed in response to an Audit Committee request on how the ICB could better reflect a consideration of system risks. This could include a clearer definition of 'system risk' and build on work already being done by the ICB and South East London organisations. A working group to develop the proposals was agreed.
11.	Planning and Finance Committee	27 March 2024	• The member considered and approved the BAF risks applicable to planning and finance for onward transmission to the ICB Board for approval. • The committee received Month 10 financial reports and Month 11 financial updates for both the ICB and ICS and discussed the emerging Month 11 financial position. • The committee received an update on plans for the future delegation of specialised commissioning services to ICBs.
12.	Executive Committee	27 March 2024	• The committee received updates from the CEO and executives and an overview of the system in relation to performance and quality. • The committee received an update on work to submit operating plans for 2024/25.

			• The committee received an update on the outcome of the Ofsted and Care Quality Commission SEND inspection of service for children and young people in Bexley and endorsed a local area priority action plan prepared in response. • The committee considered and recommended the Board Assurance Framework to the Board. The committee received an update of work on digital inclusion in the ICB, including a comprehensive scoping exercise to identify best practices and scalable activities and opportunities.
13.	Clinical and Care Professionals Committee	3 April 2024	• The committee reviewed its terms of reference agreeing one small amendment for accuracy. • The committee received an update on clinical and care professional leaders, noting the enthusiasm and proposed approach to developing greater links across the system, as well as discussing how to encourage applications from a diverse range of professions. • The committee received an update acute provider collaborative on work with colleagues across the system to agree guidelines for Urology and ENT and discussed lessons learned for effective work across professions and organisations.
14.	Executive Committee	10 April 2024	• The committee received updates from the CEO and executives and an overview of the system in relation to performance and quality. • The committee received an update on work to submit operating plans for 2024/25.

Appendix 1

Bexley Local Care Partnership – Bexley Health and Wellbeing Partnership

1. Recommendations to the Board for Decision / Approval

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

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

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

No.	Meeting date	Agenda item	Items discussed
1.	25 January 2024	Primary Care Business Report – Q3 2024/25	• Non-conflicted voting members of the Bexley Wellbeing Partnership Committee approved the recommendation from the Primary Care Delivery Group regarding changes to the key performance indicators in the Care Home Supplementary Network Service contract.
2.	28 March 2024	Bexley Better Care Fund Plan (BCF) Q3 2023/25	• The Bexley Wellbeing Partnership Committee considered and endorsed the proposal to update the schedules and appendices to the Section 75 Agreement between the London Borough of Bexley Council and NHS South East London Integrated Care Board.
3.	28 March 2024	Primary Care Business Report – Q4 2023/24	• Non-conflicted voting members of the Bexley Wellbeing Partnership Committee approved the recommendation from the Primary Care Delivery Group on 6th March 2024 regarding the commissioning of the Medicines Optimisation Programme.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 January 2024	Local Care Partnership Supplementary Performance Data Report	• The Bexley Wellbeing Partnership noted the report and the mitigations/actions to address RAG rated areas based on the latest reporting period.
2.	25 January 2024	Month 7 Finance Report	• The Bexley Wellbeing Partnership Committee received an update on the financial position of Bexley (Place) as well as the overall financial position of the South East London Integrated Care Board and the Integrated Care System as at Month 7 2023/24.
3.	25 January 2024	Place Risk Register	• The Bexley Wellbeing Partnership Committee received an update on the current risks on the Bexley place risk register and actions to mitigate those risks in the context of the boroughs risk appetite. The Committee noted that no new additional risks.
4.	25 January 2024	*Let's talk about* Loneliness and Isolation	• In its regular *'Let's talk'* sessions the Committee heard from Joss Duncan, Volunteering Manager, Bexley Voluntary Service Council, Sarah Batten, Strategic Director, Erith Exchange, Liz Tragheim, Lay Minster, St Johns Church Sidcup and Rachel Carder, Connecting Thamesmead Programme Manager, Peabody – about services to support those residents' experiencing loneliness and isolation.
5.	28 March 2024	*Services making a difference* – Diabetes Community Services	• The Bexley Wellbeing Partnership Committee received an update on the investments made by the Partnership to improve Community Based Diabetes Care for Bexley residents from Oxleas NHS Foundation Trust.
6.	28 March 2024	Month 11 Finance Report	• The Bexley Wellbeing Partnership Committee received an update on the financial position of Bexley (Place) as well as the overall financial position of the South East London Integrated Care Board and the Integrated Care System as at Month 11 2023/24.

7.	28 March 2024	*Let's talk about* Healthy Outdoor Spaces	• In its regular *'Let's talk'* sessions the Committee heard about healthy activities outdoors; an overview of the benefits of green social prescribing and the local offer provided by Community Connect; opportunities available to Bexley residents to partake in activities in the borough's many green and blue outdoor spaces, including walking and gardening groups organised through the boroughs libraries; Peabody Housing Association cycling hub encouraging Thamesmead residents to get out on two wheels; and the Danson Watersports showcasing services on offer at Danson Park's Lake.

Appendix 2

Bromley Local Care Partnership – One Bromley

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by One Bromley Under Delegation

2.1 No decisions were made under delegation from the Board in the current reporting period.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 January 2024	Matters arising – 'Right Care Right Person' model	• The LCP received a presentation on the Right Care, Right Person model, noting that rollout has gone relatively smoothly with a small number of escalations across London. Calls to the Metropolitan Police had reduced as had Section 136 detentions the use of ED as a health place based of safety.
2.	25 January 2024	Partnership Report	• The LCP received a report on key work undertaken by partners within the One Bromley collaborative, noting congratulations to Oxleas for their awards and to Bromley Healthcare for the achievements of their Hospital at Home Childrens Teams.

3.	25 January 2024	Winter Update	• The LCP received a report on Winter activity as a progress update against the Winter Plan, which was brought to the Board in September 2023, noting positive impacts on type 3 ED activity, reduced numbers of deaths compared to previous years, strong hospital discharge and targeted communications focusing on building confidence and keeping well.
4.	25 January 2024	Finance Month 8 Update	• The LCP received an update on the month 8 financial position of the delegated Bromley place budget, noting a forecast achievement of target by year end.
5.	25 January 2024	Primary Care Group Report	• The LCP received a report from the Primary Care Group.
6.	28 March 2024	Matters arising – 'Right Care Right Person' model	• The members received an update on process of the RCRP implementation, noting a reduction in the overall S136 conveyances and discussing inclusion of any associated risks to the SEL Risk Register.
7.	28 March 2024	Partnership Report	• The LCP received a report on key work undertaken by partners within the One Bromley collaborative, with BHC highlighting the positive results of their recent staff survey.
8.	28 March 2024	Report on Procurement: Adult Mental Health Recovery	• The LCP was asked to note the award of the adult mental health recovery contract agreed by the London Borough of Bromley's Executive committee and the competitive tender exercise that was led of the Borough and supported by the ICB.
9.	28 March 2024	End of Year Achievements 2023-2024	• The members received a presentation highlighting the achievements and improvements that have been made across Bromley services over the last few years, covering Frailty, Integrated Supported Discharge and Workforce.
10.	28 March 2024	Finance Month 10 Update	• The LCP received an update on the month 10 financial position of the delegated Bromley place budget.
11.	28 March 2024	SEL Joint Forward Plan Progress and Annual Refresh	• The members received an update on progress against the SEL Joint Forward Plan. Noting it incorporated the One Bromley 5 Year Strategy.
12.	28 March 2024	Primary Care Group Report	• The LCP received a report from the Primary Care Group.

Appendix 3

Greenwich Local Care Partnership – Healthier Greenwich Partnership (HGP)

1. Recommendations to the Board for Decision / Approval

1.1 There were no recommendations made by the Healthier Greenwich Partnership in the period that require Board approval.

2. Decisions made by the Healthier Greenwich Partnership Under Delegation

2.1 There were no decisions taken by the Healthier Greenwich Partnership under delegation from the Board in the period being reported.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	24 January 2024	Public Forum Feedback	The Board noted the public forum held on 15 January 2024 was on Neighbourhoods Development.
2.	24 January 2024	Engagement in Greenwich - the SEL LTC Framework of Care	The Board noted the SEL LTC Framework of Care update.
3.	24 January 2024	Animation and Update on Population Health Management	The Board noted the update on Population Health Management.
4.	24 January 2024	Community MSK Update	The Board noted the community MSK update.

17

5.	24 January 2024	Reprocuring APMS Thamesmead Medical Practice contract approach for 2025	The Board noted the update about reprocuring APMS Thamesmead Medical Practice contract approach for 2025.

Appendix 4

Lambeth Local Care Partnership – Lambeth Together

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by Lambeth Together Care Partnership Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	21 March 2024	Primary Care Commissioning Committee	The Partnership ratified decisions made at the Primary Care Commissioning Committee on 10 January 2024.

3. Agenda Items of Note

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

No.	Meeting dates	Agenda item	Items discussed
1.	18 January 2024	Place Executive Lead report	• The Committee noted the key developments highlighted since the last LTCP Board meeting (Pressures, Business plan, EPIC).
2.	18 January 2024	Deep Dive – Homeless Health Programme and the Homewards Project	• The Committee received updates on developments and ongoing work around Homeless Health from various partners

3.	18 January 2024	Lambeth Together Assurance Update	• The Committee noted and supported the update on plans for recommissioning home care for adults in Lambeth for the period 2024 to 2031. • The Committee noted and supported the publication of the Lambeth Market Position Statement 2023 to 2028. • The Committee received a report from the Lambeth Together Assurance Group and discussions held at the Lambeth Primary Care Commissioning Committee.
4.	18 January 2024	Clinical and Care Professional Leads	• The members considered and supported the changes to the Clinical and Care Professional Leadership framework.
5.	21 March 2024	Place Executive Lead report	• The Committee noted key developments since the last LTCP Board meeting (Pressures, Business plan, EPIC).
6.	21 March 2024	Living Well Network Alliance Contract Extension	• The Committee noted the progress to date against the original business for the Alliance and benefits as an expression of the aims of the Lambeth Together Care Partnership. • Support was given to the overall direction of travel with respect to the Alliance ambitions and the contract extension, noting the approvals from individual partner boards.
7.	21 March 2024	Lambeth Together Assurance Group	• The Committee noted the report of the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 30 January 2024.
8.	21 March 2024	Lambeth Together Health and Care Plan 2024/25	• The Committee noted the process underway to review and refine the business plan along with associated timelines, also noting the commitment from partners to collaborate effectively on executing an impactful plan taking into consideration financial and resource constraints.
9.	21 March 2024	Deep Dive: Neighbourhood and Wellbeing Alliance	• The Working with Communities programme for the Alliance was discussed and the 2022/23 progress report noted.

Appendix 5

Lewisham Local Care Partnership – Lewisham Health & Care Partnership

1. Recommendations to the Board for Decision / Approval

1.1 The LCP members recommended a revised Terms of Reference for the Lewisham Health and Care Partnership to the Board for approval, amended to include speciality VCSE representation from a black led organisation in the membership, and to formalise chair and co-chair arrangements.

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

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

No.	Meeting date	Agenda item	Items for Board to note
1.	14 March 2024	Hypertension Business Case	• The LCP Board received a business case relating to primary care enhancement and community engagement to increase awareness of hypertension and address local barriers and enablers. **The business case for £1,230k funding was approved.**
2.	14 March 2024	High Intensity User (HIU) contract modification	• The LCP members not conflicted approved a modification to the HIU contract in place.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 January 2024	Place Executive Lead report	• The members were updated on the latest position with the ICBs Management Cost Reduction programme, the impact of the new Provider Selection Regime on development of the LCPs Terms of Reference, and ongoing Systems Intentions work.
2.	25 January 2024	Neighbourhood Development Programme	• The members received a presentation on the neighbourhood development work taking place, which was informed by population health data.
3.	25 January 2024	Digital Inclusion	• The LCP Board received a presentation on the digital inclusion work taking place at a SEL level, led by the ICB, and discussed the risks and benefits from digital transformation in terms of exclusion of certain parts of the community and benefits to efficiencies.
4.	25 January 2024	Approval of contract award for anticoagulation	• The LCP Board were updated on the progress with mobilisation of this contract.
5.	25 January 2024	Primary Care Services to Care Homes Procurement	• Members were updated on the finalisation and outcome of the procurement process and the proposed approach to mobilisation.
6.	25 January 2024	Risk Register	• Committee members reviewed and noted the Lewisham borough risk register.
7.	25 January 2024	Peoples Partnership Update	• The members received an update on activity from the Peoples Partnership.
8.	25 January 2024	Finance Update	• The members received an update on the financial position of the delegated budget for Lewisham as at end of Month 8.
9.	14 March 2024	Place Executive Lead report	• The members were updated on the progress of the ICBs Management Cost Reduction programme, the proposal to increase VCSE representation in the LCP membership, a PMO joint approach with LGT, and discussion around the joint housing protocol in Lewisham.

10.	14 March 2024	System Intentions	• The members received a presentation on Lewisham's system intentions for 2024/25.
11.	14 March 2024	Risk Register	• Committee members reviewed and noted the Lewisham borough risk register.
12.	14 March 2024	Peoples Partnership Update	• The members received an update on activity from the Peoples Partnership.
13.	14 March 2024	Finance Update	• The members received an update on the financial position of the delegated budget for Lewisham as at end of Month 10.

Appendix 6

Southwark Local Care Partnership – Partnership Southwark

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by Partnership Southwark Under Delegation

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

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	7 March 2024	Community Spotlight – LinkAge Southwark	• The Board received a presentation from LinkAge Southwark, highlighting the work they are carrying out in the borough to support older people and those with dementia to thrive. This included preventative services, befriending services, support to those with complicated needs, individual support to those restricted in leaving their homes, social and activity sessions and an information support service.
2.	7 March 2024	Health & Care Plan update – Frailty priority deep dive	• The Board received a deep dive presentation on the Frailty programme including the programme aims and visions, the current picture in Southwark, how they plan to develop a system wide approach, and the delivery plan for the project.
3.	7 March 2024	Place Executive Report	• The Board noted the Place Executive Report.

Appendix 7

Acute Provider Collaborative

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

1.1 Below is a summary of decisions taken by the Acute Provider Collaborative under delegation from the Board between 17 January 2024 and 31 March 2024.

No.	Meeting date	Agenda item	Items for Board to note
1.	APC Executive 19 January	Inequalities SRO	The group approved the appointment of Neil Goulbourne, Chief Strategy, Partnerships and Transformation Officer at LGT, as Executive SRO for the new Inequalities Programme.
2.	APC Executive 19 January	Diagnostic programmes	The group approved a proposal to trial a revised approach to oversight of diagnostic programmes, strengthening integrated oversight of elective and diagnostic workstreams and performance via the Operational Delivery Group and the Operations & Strategy Group
3.	APC Executive 20 February	2024/25 Planning round	The group agreed to establish fortnightly CEO/CFO/CPO meetings to support co-ordination and alignment of activity, financial and workforce plans

2. Agenda Items of Note

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

No.	Meeting	Agenda item	Items discussed
1.	APC Executive and other APC Groups	2024/25 Planning round	Extensive discussions have taken place across a number of APC groups to support co-ordination and alignment of activity, financial and workforce plans for elective and diagnostic services. The APC delivery team also convened regular “touchpoint” meetings to support broader planning activity.

2.	APC Executive and Committee in Common	SEL Collaboration programme	Discussions have been under way over the past months to explore opportunities and approaches to extending and strengthening collaboration, with support provided by a team from NHSE London. The findings are due to be discussed in mid-April.
3.	APC Executive, February onwards	Executive Advisory Group chairs – discussion and action planning with the APC Executive	Starting in February 2024 with the Chief People Officers' Group chair, the APC's Executive Advisory Group chairs have been invited in turn to attend the APC Executive for discussion and action planning for their group. This gives the Chief Executives the opportunity to understand the opportunities and challenges for each group and provide support to the chair in addressing them.

Appendix 8

Mental Health Collaborative

1. Key decisions made by the Mental Health Collaborative

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

No.	Meeting date	Items for Board to note
1.	SLP Portfolio Board – Jan/Apr 24	In March 2024, NHS England (London Region) formally agreed the extension of the specialised mental health provider collaborative contracts for secure care, CAMHS (Tier 4) and Adult Eating Disorder - all led through the South London Partnership (SLP) - for a further two and a half years.

2. Agenda Items of Note

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

No.	Meeting date	Items discussed
1.	SLP Portfolio Board – Jan/Apr 24	SLP is engaging with and supporting the London-wide review of Provider Collaboratives led by Helen Brown, CEO, Whittington Hospital. The SLP Perinatal Provider Collaborative is the newest area of partnership working and on 1st March facilitated a south London community perinatal network event. This involved stakeholders from across statutory and voluntary sector organisations to consider opportunities for developing community services and opportunities for joint quality improvement initiatives.

		NHS111 for Mental Health has been operating since November 2023 from a central south London hub. A formal promotion campaign is due to commence over the coming months to increase awareness of the new service.
2.	March 2024	SLP Partnership Committees-in-Common held a development event in March to consider the 'provider collaborative' learnings from the independent investigation into the expose by the BBC Panorama documentary into Greater Manchester Mental Health Trust's Edenfield secure unit.

SEL ICB Board

Item: 7
Enclosure: G

Title:	**Report from the Planning and Finance Committee**
Meeting Date:	**17 April 2024**
Author:	Tony Read
Executive Lead:	Mike Fox, SEL ICB CFO

Purpose of paper:	**To update the Board on the work of the Planning and Finance Committee.**	Update / Information	*X*
		Discussion	*X*
		Decision	

Summary of main points:

- This report provides an update on the 2023/24 month 11 financial position and year end forecasts for the SEL ICB and the wider SEL system.
- The Planning and Finance Committee has met twice since the January meeting of the SEL ICB Board. These meetings have primarily focussed on the latest monthly financial performance of the ICB and the wider SEL system and respective forecast year end positions, risks and mitigations.
- The most significant risks since the reforecast at month 8 have been the net financial impact of industrial action and potential ERF income shortfalls associated with the coding and reporting of activity during the implementation of EPIC. Whilst additional funding has been received for industrial action, the assessed costs are in excess of the allocation.
- Work is underway to prepare draft financial accounts for the year. It is expected that these will match the year end forecasts contained in this report.
-

SEL ICS System Financial Position

- At month 11 SEL ICS reported a system deficit of £108.5m, £101m adverse to a planned £7.5m deficit. This compares to a £78m deficit and £68.6m adverse variance at month 10.
- The **system is reporting a £63.7m deficit forecast outturn position.** In line with NHSE direction, this forecast at M11 reports the detailed reforecasts that organisations carried out during month 8 and month 10, adjusted for the impact of industrial action and a deterioration in the forecast position at KCH.

	• At month 11 the system has delivered £201.6m of efficiencies, which is c. £61.8m behind the YTD plan. Continuous effort is required to deliver forecast savings levels, as we move into 2024/25. • The system expects to fully utilise its system capital allocation, including the uplift related to the IFRS 16. **SEL ICB Financial Position** • As at month 11, the ICB is forecasting that it will deliver a year-end position of **break-even against the RRL.** Although this represents a £16.9m adverse variance to plan, the position is net neutral across the SEL system with GSTT's forecast including the associated £16.9m benefit.			
Potential Conflicts of Interest	**N/A**			
Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
	Equality Impact	N/A		
	Financial Impact	As presented in this report		
Other Engagement	Public Engagement	None		
	Other Committee Discussion/ Engagement	Financial performance is a standing item at the ICB Executive Committee and the SEL CEOs' meetings. The most recent finance report was discussed at the Planning and Finance Committee on 27 March.		
Recommendation:	**The Board is asked to note month 11 financial performance, year-end forecast and additional governance and mitigating actions aiming to mitigate risks to the forecast.**			

South East London
Integrated Care System

South East London ICB Finance Overview – Month 11 ICB and ICS

SEL System Summary

- This report provides an update on the 2023/24 month 11 financial position and year end forecasts for the SEL ICB and the wider SEL system.
- The Planning and Finance Committee has met twice since the January meeting of the SEL ICB Board. These meetings have primarily focussed on the latest monthly financial performance of the ICB and the wider SEL system and respective forecast year end positions, risks and mitigations.
- The Committee reviews the finance risks contained in the Board Assurance Framework and has maintained the highest combined (likelihood and severity) assessment of risk of not delivering the 2023/24 finance plan across the SEL system.
- Work is underway to prepare draft financial accounts for the year. It is expected that these will match the year end forecasts contained in this report.

SEL ICS System Financial Position

- At month 11 SEL ICS reported a system deficit of £108.5m, £101m adverse to a planned £7.5m deficit. This compares to a £78m deficit and £68.6m adverse variance at month 10.
- The **system is reporting a £63.7m deficit forecast outturn position.** In line with NHSE direction, this forecast at M11 reports the detailed reforecasts that organisations carried out during month 8 and month 10, adjusted for the impact of industrial action and a deterioration in the forecast position at KCH.
- At month 11 the system has delivered £201.6m of efficiencies, which is c. £61.8m behind the YTD plan. Continuous effort is required to deliver forecast savings levels, as we move into 2024/25.
- The system expects to fully utilise its system capital allocation, including the uplift related to the IFRS 16.

SEL ICB Financial Position

- As at month 11, the ICB is forecasting that it will deliver a year-end position of **break-even against the RRL.** Although this represents a £16.9m adverse variance to plan, the position is net neutral across the SEL system with GSTT's forecast including the associated £16.9m benefit.

System I&E summary

- At month 11 **SEL ICS reported a system deficit of £108.5m, £101m adverse to a planned £7.5m deficit.** This compares to a £78m deficit and £68.6m adverse variance at month 10.
- At month 8 the system submitted a break-even reforecast for 2023/24, following confirmation of £45m non-recurrent national funding (primarily to compensate for costs of the industrial action in months 1 – 7) and adjustments to ERF targets. The funding was allocated on the assumption that there would be no further industrial action in 2023/24. Subsequently there was further IA in December, January and February and NHSE allocated additional funding to systems. The impact of the recent IA is higher than the additional funding received, creating a pressure to the M8 reforecast.
- In month 11 KCH and LGT are reporting forecasts which have deteriorated the overall system position by a further £33.8m and £1.7m respectively, compared to the month 8 reforecasts.
- The **system is reporting a £63.7m deficit forecast outturn position.** In line with NHSE direction, this forecast at M11 reports the detailed reforecasts that organisations carried out during month 8 and month 10, adjusted for the impact of industrial action and a deterioration in the forecast position at KCH.
- The main movements from the M11 deficit of £108.5m and the FOT of £63.7m related to:
  - £21.02m additional funding received for IA
  - £6m ICB stretch savings supporting the ICS FOT
  - Increased delivery of recurring and non recurring savings in month 12
- The most significant risks to delivery of the month 8 reforecast are the impact of a loss of ERF due to issues reporting coded activity from EPIC, further IA and efficiency under-delivery.

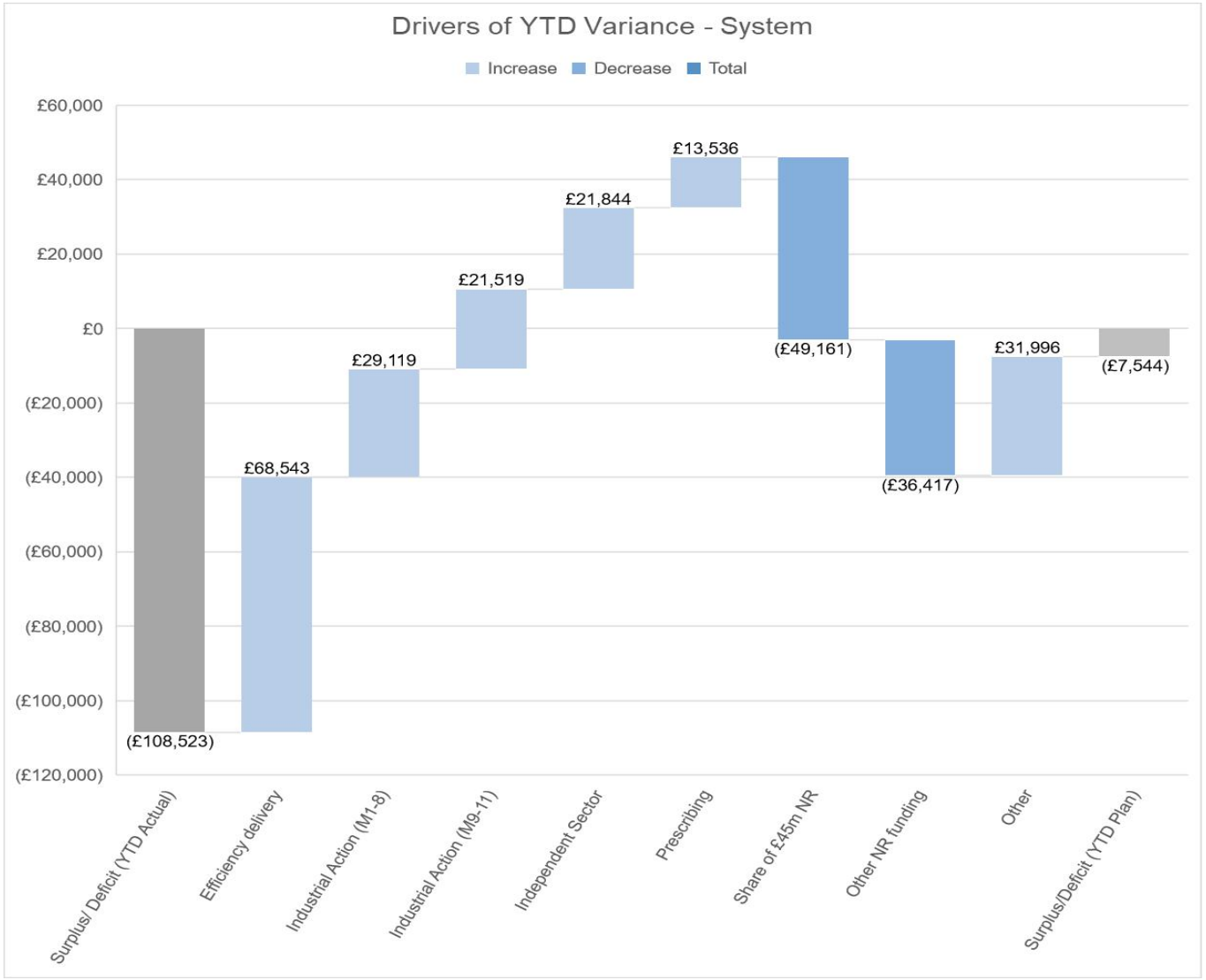
	M11 Year-to-date			Commentary	2023/24 Out-turn		
	Plan	Actual	Variance		Plan	Forecast	Variance
	£m	£m	£m		£m	£m	£m
GSTT	(0.7)	(16.7)	(15.9)	The key drivers of the in month and YTD performance are due industrial action (£18M) and non-pay mainly driven by independent sector spend (£10.5M), efficiencies not yet realised (£28.2M).	(0.0)	10.1	10.1
KCH	(22.3)	(84.8)	(62.5)	The main drive of the YTD variance is under performance of efficiencies (£26.4m), industrial action (£12.8m) and pay award funding shortfall (£8.2m).	(17.5)	(78.7)	(61.2)
LGT	0.0	(9.5)	(9.5)	£6.9m M9-11 industrial action costs including impact on IURP delivery and loss of ERF income are causing the biggest variance to plan.	0.4	(0.1)	(0.5)
Oxleas	0.1	3.5	3.3	The Trust delivered a YTD surplus (inclusive of a profit on sale of asset and B/S flex used to offset underlivery of efficiencies).	0.2	4.2	4.0
SLaM	(0.1)	(1.0)	(0.9)	Deficit driven by the cost of IA	0.0	0.7	0.7
SEL Providers	**(23.0)**	**(108.5)**	**(85.5)**		**(16.9)**	**(63.7)**	**(46.9)**
SEL ICB	**15.5**	**(0.0)**	**(15.5)**	The ICB continues to be adversely impacted by overspends in prescribing (£17.855m) and continuing healthcare (CHC) (£4.827m), which are being offset by underspends in other budgets.	**16.9**	**(0.0)**	**(16.9)**
SEL ICS total	**(7.5)**	**(108.5)**	**(101.0)**		**0.0**	**(63.7)**	**(63.7)**

Analysis of Month 11 System YTD position

- The reported YTD deficit of £108.5m is adverse to plan by £101m.

The main drivers to the variance are

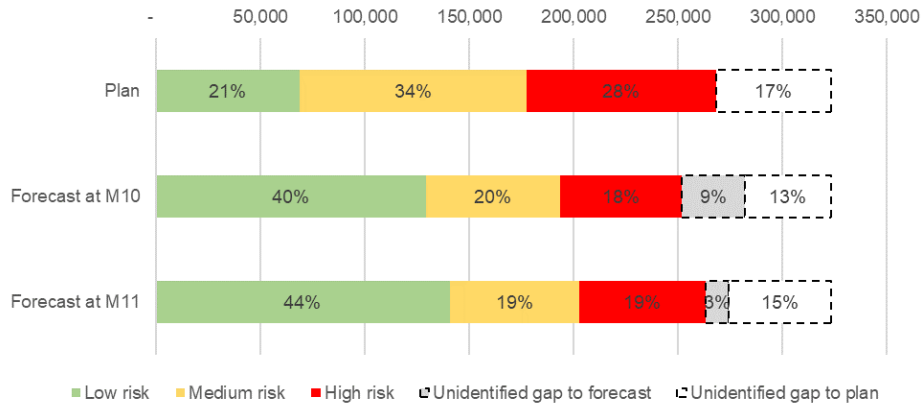
- Performance against planned and required efficiencies is c £68.5m behind plan. It is important to continue the focus to drive improvement and deliver the year end savings forecasts although this has been significantly impacted by ongoing industrial action.
- Impact of industrial action in months 1 to 8 of £26.1m. This is offset by NR funding, of which SEL received £45.0m.
- Impact of further IA in months 9 to 11 - £21.5m.
- Maintaining independent sector capacity to support elective recovery targets and mental health bed pressures - £21.8m.
- A YTD cost-pressure of £13.5m on prescribing in the ICB



SEL System - Efficiency delivery and maturity

nisation	Revised Plan	Forecast	Identified	Gap	High risk	Medium risk	Low risk	Recurrent	Non-recurrent	FYE
GSTT	105.5	75.0	75.0	30.5	6.9	30.6	37.5	54.2	20.8	91.4
King's	72.0	63.2	70.4	1.6	22.3	3.5	44.6	59.3	11.1	0.0
LGT	34.9	31.3	31.3	3.6	7.9	3.3	20.1	13.7	17.6	0.0
Oxleas	20.3	14.2	14.2	6.1	0.0	0.0	14.2	6.7	7.5	8.9
SLaM	26.1	26.1	26.1	(0.0)	5.3	14.8	6.0	8.7	17.3	26.1
SEL Providers	**258.7**	**209.7**	**216.9**	**41.8**	**42.4**	**52.2**	**122.3**	**142.7**	**74.3**	**126.3**
SEL ICB	**64.8**	**64.8**	**46.6**	**18.3**	**18.2**	**9.9**	**18.5**	**24.6**	**22.0**	**42.8**
SEL ICS	**323.6**	**274.6**	**263.5**	**60.1**	**60.6**	**62.1**	**140.8**	**167.2**	**96.2**	**169.1**

- The initial system financial plan included provider efficiencies of £290.3m (the target was a minimum of 4.5% of influenceable spend). Following internal review, GSTT increased its efficiency target at month 6 to £105.5m, giving a revised system efficiency plan of £323.6m
- At month 11, the system is forecasting to deliver £274.6m of efficiencies, of which £263.5m is identified
- At month 11 £140.8m of the identified efficiencies were rated as low risk compared to £129.3m low risk at month 10.
- At month 11 the system has delivered £224.7m of efficiencies, £68.5m behind the YTD plan of £293.3m
- £266.8m of the £323.6m efficiencies programme was planned to be recurrent. At month 11, £167.2m is forecast to be recurrent, compared to £157.1m forecast recurrent efficiencies at month 10.



South East London Integrated Care System

SEL ICB Finance Overview – Month 11

SEL ICB Overview at Month 11

NHS South East London

- As agreed with NHSE and local providers, the ICB plan for 2023/24 was revised from a surplus of £64.1m to a surplus of £16.873m. This movement of £47.227m has been represented by equal and opposite changes in the plan values for NHS providers within the South East London ICS. Therefore, no overall impact upon the overall 2023/24 plan for the ICS. A further re-forecasting exercise was undertaken in November.
- The ICB's financial allocation, as at month 11, is £4,926.056m.
- In month, the ICB has received an additional £37.571m of allocations, which included industrial action (£21.018m), primary care Additional Roles Reimbursement Scheme (ARRS) (£12.315m), primary care transformation (£0.719m), plus some smaller allocations.
- During month 11, the ICB made additional planned payments to local providers. An element of these payments deteriorated the ICB position with a corresponding improvement in provider positions. Accordingly, at month 11, the ICB reported a year to date (YTD) overspend of £15.467m against plan, which is break-even against its revenue resource limit (RRL).
- Reflected within the ICB's financial position are the favourable impacts of independent sector ERF (£7.943m) and ICB financial recovery actions. The ICB continues to be adversely impacted by overspends in prescribing (£17.855m) and continuing healthcare (CHC) (£4.827m).
- At present there are nine months prescribing data available as it is produced 2 months in arrears. Prescribing expenditure continues to be driven by national price and supply pressures with all ICBs being impacted. The overspend is also driven by new NICE recommended drugs together with local activity growth related to Long Term Conditions. Efficiency savings schemes are in place which are mitigating this overspend.
- The overspend on CHC relates partially to the impact of 2023/24 prices, which have increased significantly above the level of NHS funding growth. In addition, all boroughs have increased activity since the start of the year.
- Second Focus meetings with all 6 boroughs were held in December to review recovery actions and de-risk financial positions. Forecast year-end positions were agreed with each borough. As at month 11, all boroughs are on target to deliver these positions.
- In reporting this month 11 position, the ICB has delivered the following financial duties:
    - Underspending (£3.545m) against its management costs allocation;
    - Delivering all targets under the Better Practice Payments code;
    - Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and
    - Delivered the month-end cash position, well within the target cash balance.
    - As at month 11, the ICB is forecasting that it will deliver a year-end position of break-even against the RRL.

SEL ICB Key Financial Indicators at Month 11

NHS South East London

- The below table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. The ICB is reporting a year to date (YTD) overspend against plan of £15.467m which represents a break-even position against the revenue resource limit (RRL). This position reflects an updated ICB forecast with a corresponding improvement in the ICS provider positions. This position is consistent with the November 2023 plan re-submission for the ICS.
- All financial duties have been delivered for the year to month 11 period.
- A break-even position against the RRL is forecasted for the 2023/24 financial year.

Key Indicator Performance

	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	4,544,981	4,560,448	4,991,509	4,991,509	
Operating Under Resource Revenue Limit	4,493,700	4,509,167	4,926,056	4,926,056	
Not to exceed Running Cost Allowance	36,147	32,602	39,433	33,279	
Month End Cash Position (expected to be below target)	4,938	582			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	98.4%			
Mental Health Investment Standard (Annual)			439,075	439,934	

Integrated Care Board meeting

Item 6
Enclosure H

Title:	**Recovering Access to Primary Care**
Meeting Date:	**17 April 2024**
Author:	Holly Eden - Director of Commissioning and Improvement Angela Ezimora West - Assistant Director of Primary Care, Anticipatory Care and Health Inclusion) Toby Garrood - Chief Medical Officer (for the paper on the Primary and Secondary Care Interface)
Executive Lead:	Sarah Cottingham – Executive Director of Planning Toby Garrood – Chief Medical Officer

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

Summary of main points:

This item provides sets out the progress being made in South East London to recover access to primary care. The item consists of two parts:

- Part A: A focussed report on progress being made to improve the primary and secondary care interface
- Part B: An update on progress against the broader Primary Care Access Delivery Plan

<u>Part A: Improving the primary and secondary care interface</u>

ICB Chief Medical Officers have been asked to lead on improving the primary care/secondary care interface. This workstream is being led by Dr Toby Garrood, Joint Medical Director for SEL ICB.

The interface between primary and secondary is one of the key channels through which patients and their care flow. It needs to be patient focussed, delivering the best possible experience of care and clinical outcomes whilst ensuring that there is efficient use of resources. The interface is complex and effective coworking and pathway integration is required to ensure an improved experience for all stakeholders, particularly patients.

NHS England has asked ICBs to establish local mechanisms which allow primary and secondary care to jointly tackle high-priority issues. A project is underway in SEL to explore the key challenges at the primary/secondary care interface, to identify high priority areas and to establish approaches to facilitating closer working. The work to date has established forums which will enable rapid identification of challenges with exploration and delivery of solutions.

	The report from the Chief Medical Officer on addressing challenges at the primary/secondary care interface describes to the Board work in progress designing mechanisms for effective clinical engagement at the primary/secondary care interface. This paper outlines the process to date and preliminary outputs including for designing the process for designing a mechanism for bringing together clinicians at the interface. Part B: Primary Care Access Delivery Plan Update The Primary Care Access Delivery Plan Update describes the work being undertaken on the planning and delivery of the Plan for recovering access to primary care. NHS England require all ICBs to consider progress against the plan at regular intervals. The delivery plan for recovering access to primary care is a 2 year programme and runs alongside the elective recovery plan and urgent and emergency care recovery plan. The plan has four key areas of focus: • Empowering patients • Implementing new Modern General Practice Access • Building capacity • Reducing bureaucracy A SEL system level plan has been developed which provides a summary of all the local and ICB wide plans, identifies risks and ICB-wide actions with a monthly programme board meetings in place supporting the delivery and managing risks. A previous update was provided to this Board in November 2023. The current report provides a summary of progress since November 2023, in particular key focus areas for SEL ICB that have been identified through discussions with NHS England namely: • Implementation of the Pharmacy First scheme • Progress with Cloud Telephony • Improving uptake of the NHS App • Undertaking the "Support Level Framework" (SLF) with general practice. The SLF is a tool to support organisations in understanding their development needs and where they are on the journey to embedding modern general practice. Local Care Partnerships are accountable for a large component of the Primary Care Access Recovery Plan. A summary of progress within each Local Care Partnership has been included in this report in Appendix A
Potential Conflicts of Interest	There may be potential conflicts of interest for those GPs who are members of the ICB Board.

	Bexley	**X**	**Bromley**	**X**

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

Primary/Secondary Care Interface

NHS South East London Integrated Care Board (ICB) 17 April 2024

1 Background

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

1.2 The delivery plan for recovering access to primary care, published by NHS England in May 2023, asked ICBs to establish local mechanisms to identify and prioritise issues related to inefficiencies at the primary/secondary care interface. The report cited research suggesting that 10-20% of work in primary care was related to poor interface working.

1.3 In addition to recognising the need to identify local priorities, NHSE has also asked ICBs to specifically focus on four key areas:

- Onward referral: if a patient seen in secondary care needs an onward referral for the same or related need, this should be undertaken by the provider rather than the GP
- Complete care (fit notes and discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need with the intention of minimising short-term further intervention from primary care
- Call and recall: trusts should establish their own systems for arranging and following up appointments and test results
- Clear points of contact: single routes should be established for general practice and secondary care to communicate

1.4 In November 2024 we described work that was underway exploring local interface issues in more detail and our proposals for establishing interface groups.

2 Progress since November 2024

2.1 The discovery work outlined at the last meeting is complete. This involved wide stakeholder engagement including with patients and staff from primary and secondary care, our communities, and the ICB

2.2 A number of key challenges were identified and validated with stakeholders including the four domains outlined by NHS England. Others included:

- Communication channels for patients, in particular not always knowing who to contact when waiting for a first appointment.
- Uncertainty for patients about where they are on a waiting list and the anxiety that can be experienced when moving between services.
- Frustration expressed by patients about how information is shared between organisations and the need to repeat themselves when talking to different clinicians.
- The need to ensure that patient engagement is undertaken early and in a meaningful way when pathways or processes are redesigned.
- Inefficiencies in referral processes and the importance of proving high quality advice and guidance to referrers.
- The importance of clarity in communications such as outpatient letters and discharge summaries.
- The importance of consistency when establishing telephone advice services for primary care, and of minimising complexity of choice when making a referral.
- Clear definition of responsibilities of primary and secondary care in a patient pathway.

2.3 Alongside these issues some of the barriers to effective engagement between primary and secondary care were explored and the importance of relationship building emphasised. Creating mechanisms to facilitate cross-system working emerged as key priorities, including the value of clear communication and ensuring broad input from all key stakeholders and feedback loops. Timely and meaningful patient engagement is critical when planning and delivering process and pathway improvement.

2.4 Engagement from primary and secondary care in moving forward the establishment of interface groups has been excellent and groups are now being established at acute provider trust and/or site level. Core group membership will include clinical representation from primary and secondary care with, if appropriate, representation from patient groups such as Healthwatch. Membership has been nominated on this basis at each site. As we refresh the ICB's clinical and professional leadership structure we are

exploring how we can provide additional clinical support for these groups at borough level if required. The frequency of meetings will be determined locally.

2.5 Groups will be asked report specifically on progress with the four NHSE priorities detailed in 1.3. In addition to this groups will identify local priorities with delegation as appropriate. Groups will also report into the System Interface Group (see below) which will seek to identify more generic issues requiring a broader/system-wide response. We will ensure that each trust has a designated lead as requested in recent NHSE planning guidance.

2.6 A key enabler of these groups is reliable system intelligence about problems in interface pathways as well as the impact of any work undertaken. We are undertaking a review of our Quality Alerts system which is a tool, primarily for clinicians, for providing feedback between primary and secondary care. Visibility and usability of the system are essential to its impact, as is the feedback loop as to how information provided is used systematically. This work is ongoing.

3 Next steps

3.1 Once the groups are established we will convene a System Interface Group to share learning and discuss collective priorities which require a system-wide response including strategic opportunities in the longer-term. Meetings will be monthly in the first instance. Terms of reference have been drafted. Membership will be as follows:

- SEL clinical and care professional lead (CCPL) for Planned Care (chair)
- SEL Medical Director
- Borough or Trust-based planned care leads
- LMC representative
- SEL Healthwatch Director
- SEL CCPL for Quality
- SEL Associate Director for Planned Care and Cancer Improvement
- SEL Director of Transformation and Delivery
- SEL Associate Director of Quality
- SEL Clinical Leads Business Manager

3.2 We will seek to ensure timely communication to stakeholders across the interface about what the groups are prioritising and the impact of ongoing work.

3.3 As this work evolves we will seek to ensure that the patient voice is represented wherever appropriate and that this is extended into coproduction of any work arising from our priorities.

3.4 We will report progress back to the Board in due course.

South East London Board Report

Primary Care Access Recovery Plan (PCARP) Update Paper

April 2024

Introduction and Context

NHSE published the national Delivery Plan for Recovering Access to Primary Care in May 2023 in response to the growing demand and pressures in primary care and the impact it was having on the ability of patients to access services. The Delivery Plan sets out a programme of work to be undertaken to address these issues by enabling all practices to implement a Modern General Practice approach, supported by wider actions to reduce general practice workload by empowering patients to access care differently, expanding the role of community pharmacy, addressing capacity constraints, and reducing bureaucracy and asks from other parts of the system.

This is the second of two PCARP progress reports that ICBs are required to submit to their Board. The first report was submitted to the board in November 2023.This submission focuses on the progress and key activities that have been undertaken since the first report. Progress against ICB nationally mandated actions have been rag rated. The rag ratings have been reviewed by the relevant leads. For the Local Care Partnerships (LCP), this was the primary care leads.

National Funding to Support the Transition to Modern General Practice

SEL received £1.44m of national funding to support practices to transition to Modern General Practice in 2023/24. Table 1 indicates by borough, how this funding has been spent. More detailed place level information has been included in the LCP update. We are expecting to receive a further 1.44m in 2024/25. At the time of writing (prior to the end of the year), £1.364m in payments had been made to practices. Boroughs will need to reconcile their position prior to the end of the financial year and finance will make accruals where accruals can be made in line with NHSE guidance.

Table 1

Borough	Nominal Borough Budget	YTD Spend (Actuals)	YTD Variance (over)/Under
Bromley	£293,094	£288,022	£5,072
Bexley	£159,913	£154,913	£5,000
Greenwich	£221,497	£208,722	£12,775
Lambeth	£304,610	£304,610	£0
Lewisham	£219,390	£220,688	(£1,298)
Southwark	£241,496	£187,500	£53,996
Total	£1,440,000	£1,364,455	£75,545

Summary of progress against plan (1 of 2)

Ref	ICB Action	Timeline	Responsible Owner	Nov 2023 RAG	Apr 2024 Rag
ICB1	Establish all required community self-referral pathways	30th September 2023	LCPs, coordination from Planning	Completed	Completed
ICB2	Support expansion of community pharmacy services	Ongoing	Pharmacy	Reliant on national contract agreement	98% Coverage – 319/326 pharmacies signed up. Social media campaign underway
ICB3	Sign up practices to move from analogue to digital telephony	1st July 2023	Digital	On track	Complete
ICB4	Select digital tools from the Digital Pathway Framework lot on DCS product catalogue. Determine whether ICB wants to follow scale approach to digital products	31st August 2023	Digital	On track	Completed the procurement of remote consultation product for SEL practices. Delay in establishment of the Digital pathway framework due to litigation and other constraints faced by NHSE
ICB5	Nominate practices and PCNs for national intensive and intermediate transformation support matched to needs using the Support Level Framework. Put strategy in place to improve useability of websites	Ongoing. SLF discussions to be completed by end of 2023/24	LCPs	Take up of offers is not on track.	Boroughs have approximately 15 practices who have completed SLF/GPIP. Work underway on websites
ICB6	Fund or provide local hands-on support to 850 practices nationally. Support should be similar to national intermediate offer.	31st March 2024	LCPs	Plan in place, but risk to achieving timescales	Programme agreed and funded through Training Hub. Implementation underway
ICB7	Agree and distribute transition cover and transformation support funding	50% by 31st March 2024 50% by 31st March 2025	LCPs	Plan in place, but risk to full utilisation in year	Funding will be fully utilised by year end
ICB8	Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training	50% of nominations by 31st July 2023	LCPs and Digital	Take up of offers is not on track amber progress has been made with alternative offer for C/N	Care navigator training: 132 practices/PCNs have attended a total of 239 sessions (based on latest available data from January 2024)"
ICB9	Understand and sign off PCN/practice capacity and access IIF CAIP baseline (inc agreement of patient experience metric)	30th June 2023	LCPs	Variation in approach across IIF CAIP metrics for improvement	All LCPs have approved plans

Summary of progress against plan (2 of 2)

Ref	ICB Action	Timeline	Responsible Owner	Nov 2023 RAG	Apr 2024 RAG
ICB10	Agree with practice/PCN support needs	15th July 2023	LCPs	Plan in place	Plan in place
ICB11	Co-develop and sign off PCN/practice access improvement plans	31st July 2023	LCPs	Completed	Completed
ICB12	Assess improvement and pay 30% CAP IIF funding at the end of year	6th August 2024	LCPs / SEL	Process to begin in April	plans in development to support consistent assessment across the ICB
ICB13	Set up process for practices to inform of diversion to 111	Ongoing	LCPs / SEL	Completed	Completed
ICB14	Develop system level access improvement plans	November 2023	SEL	Plan in place, system-wide group in place	Plan in place, system-wide group in place
ICB15	Support PCNs to use their full ARRS budget	Ongoing	LCPs	Risk of overspend in some PCNs	Validation exercise undertaken to inform actual year end position and draw down of funds. PCNs clear that any overspend at their risk.
ICB16	ICB CMOs to establish the local mechanism for general practice and consultant led teams to raise local issues to: improve the primary-secondary interface; jointly prioritise working with local medical committees; tackle high priority issues including those in the AoMRC report; address the four priorities in the Recovery Plan.	November 2023	CMO	Process of design underway, but the local mechanism is not yet established.	Local leadership identified for interface groups at Trust level. Some groups now formally established. Funding for additional clinical support identified
ICB17	Report updates and plans for improving the primary-secondary care interface ensuring a system-wide approach to actions.	November 2023	CMO	Process of design underway, but detailed plan not in place	System Leadership Group being established to provide oversight. Review of feedback mechanisms underway.
ICB18	Support practices to sign-up to “Register with a GP surgery service” to support online registration	December 2023	Digital	Process underway	Process underway
ICB19	Co-ordinate system comms to support patient understanding of new ways of working in general practice including digital access, multidisciplinary teams and wider care.	Ongoing	LCPs/SEL	South East London resident? Meet your Primary Care team. (selprimarycare.co.uk)	South East London resident? Meet your Primary Care team. (selprimarycare.co.uk)
ICB20	Maintain an up-to-date DoS and deliver training to all practices/PCNs on DoS.	Ongoing	SEL/LCPs	DoS in place and maintained.	DoS in place and maintained.

South East London Integrated Care System

NHS South East London

South East London Focus Areas

With a particular focus on the following areas agreed with NHSE region

- Pharmacy First
- Digital (Cloud Telephony and NHS App)
- Support Level Framework
- Primary and Secondary Care Interface (Separate report attached)

Pharmacy First

- Pharmacy First is a national service supporting PCARP
- Pharmacy First comprises 3 elements
  - Community Pharmacy Consultation Service – Minor illness referrals from GPs, NHS 111, ED, UTC
  - Urgent supply of medicines – referrals via NHS 111
  - 7 clinical pathways for common infections – self referrals and referrals from GPs, NHS 111, ED, UTC. This new service includes provision of antibiotics and antivirals to treat these infections without needing to obtain a prescription from the GP
- Pharmacy First launched nationally on 31st January
- 318 (98%) pharmacies across South East London registered to deliver Pharmacy First

Bexley	45 /45	Lambeth	60 /61
Bromley	56 /57	Lewisham	48 /48
Greenwich	56 /58	Southwark	53 /57

- GP Connect Access Record and Update Record expected to go live from June and will improve connectivity between community pharmacies and General Practices for accessing patient records and structured data transfer for Pharmacy First consultations
- Community Pharmacy Neighbourhood Leads in place to support local implementation of Pharmacy First

Digital: Cloud Telephony (1 of 3)

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

Phase 1: Assists GP Practice's with the transition from an analogue or hybrid telephone line to a cloud-based solution

- As part of Phase 1, there are 74 GP Practices currently undergoing migration to a new cloud telephony Provider and 6 practices have gone live with advanced Cloud telephony and would get refunded from the Phase 1 funding. NHS England has granted approval and funding £2.1M to support this.
- To date, **35** GP Practices across SEL have transitioned from an analogue to a new cloud telephony solution.
- Site surveys have been conducted and go-live dates have been confirmed for most Practices, with a view to implement the new solution by 31st of March.
- There are 8 GP Practices scheduled to go live after the 31st of March. The National Procurement hub are in discussion with the relevant suppliers to bring these dates forward. No adverse consequences for the Practices have been communicated by the national team.
- We are working in conjunction with Fine Valley, to ensure all the necessary cabling work is conducted prior to implementation dates informed by each Supplier

Digital: Cloud Telephony (2 of 3)

Phase 2 Cohort A: Assists GP Practices who have been identified as being on the cloud telephony solution, but the supplier is not on the Better Purchasing Framework (Cohort A).

- All the GP Practices belonging to this cohort have received their allocated funding contributions to transitioning to their preferred cloud telephony provider
- The deadline for go live is scheduled for the end of Quarter 1 2024/25. Priority will be given to migrating these Practices to new Provider post 31st March.
- NHS England has granted approval and funding £400k to support this transition

Phase 2 Cohort B with cost: Assists GP Practices who have been identified as being on the cloud telephony solution and the Better Purchasing Framework, but practices have identified either the current solution is not suitable and/or does not align with their PCN to support integrated ways of working.

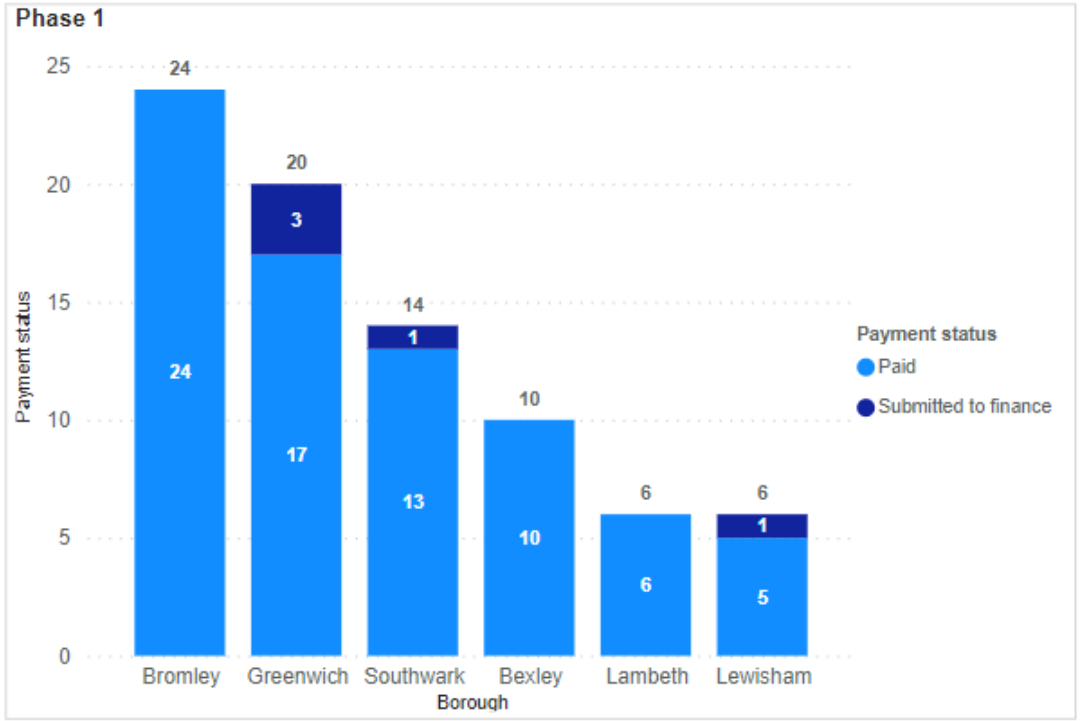
- SEL ICB is collaborating closely with the National Procurement hub to finalise the costs linked to upgrading existing contracts for Practices or facilitating their migration to a preferred approved Supplier.
- Concurrently, the hub will persist in negotiating with suppliers to secure optimal pricing and mechanisms to facilitate this transition seamlessly. The results of these negotiations will be communicated in a timely manner.
- This initiative will be financed from the remaining budget of Phase 1 and Phase 2, Cohort A.

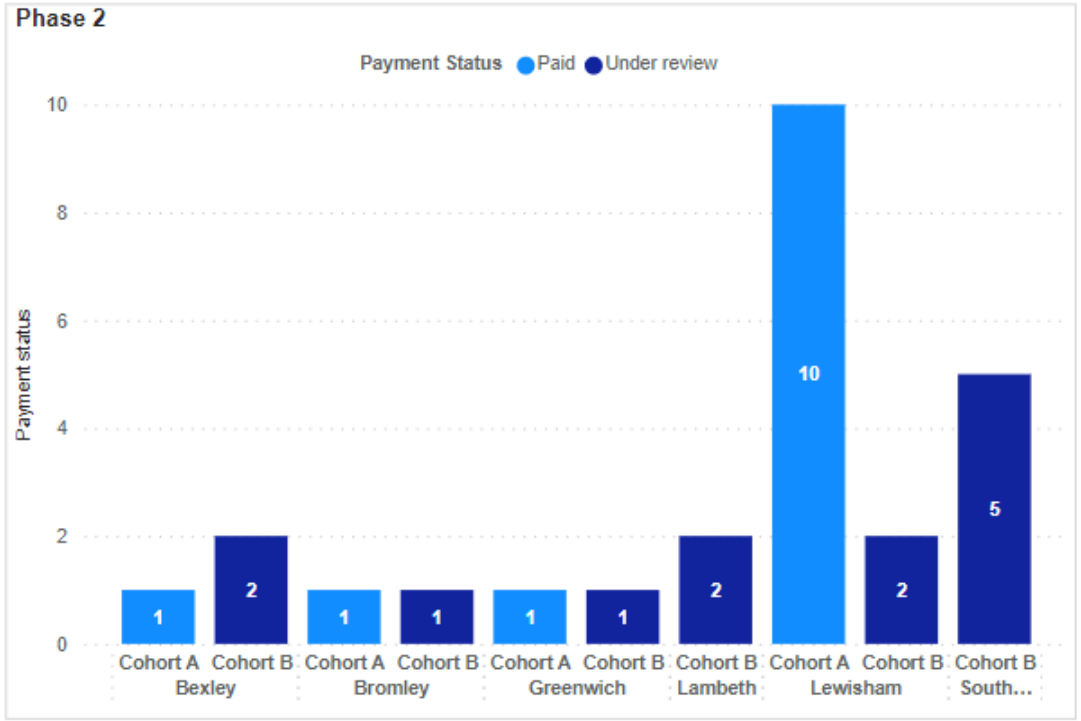
Phase 2 Cohort B FOC: Assist GP Practices who have been identified as being on the cloud telephony solution and the Better Purchasing Framework, but practices are either not optimizing the use of available features or are eligible for a free upgrade of features.

- The National Procurement hub will commence its engagement with suppliers to assess the enabled features across each practice, identifying any underutilised functionalities and obstacles.
- SEL ICB will collaborate closely with suppliers, GP Practices and the hub to orchestrate and schedule upgrade timelines, alongside ancillary activities such as comprehensive SEL-wide training sessions for Practices.

Digital: Cloud Telephony (3 of 3)

Borough	No. of practices	Phase 1 - No. of practices on Analogue telephony & low quality cloud telephony	Phase 1 practices currently signed and funding being dispursed	Phase 2 - number of practices on CT and not on BpFor are not happy with provider	Phase 2 practices in Cohort A	Phase 2 practices in Cohort B with cost	Phase 2 practices in Cohort B free of cost	No cohort
Bexley	21	10	10	3	1	2	5	3
Bromley	42	24	24	2	1	1	15	1
Greenwich	29	20	20	2	1	1	7	0
Lambeth	41	6	6	2		2	26	7
Lewisham	28	6	6	12	10	2	9	1
Southwark	32	14	14	6		6	11	1
Total	**193**	**80**	**80**	**27**	**13**	**14**	**73**	**13**





Digital: NHS App (1 of 2)

A SEL-wide patient facing campaign commenced in December 2023, partnering with a creative agency – Byte Digital.

Subsequent to this, the DHSC launched a national campaign on the NHS App in late January 2024.

Deliverables:

➢Facebook and Instagram ads focused on downloads and reach. New assets were created using the national look and feel, with budget allocated for auto translate.

➢YouTube advert focused on reach and awareness. New video created using the national look and feel with a SEL specific voiceover.
The YouTube advert can be watched here:
https://www.youtube.com/watch?v=vHk0AFXWdNA

➢Google display network focused on reach and awareness. Budget focused on keywords and health related websites. Learning from South West London ICB helped to inform keyword search.

➢Google Search based on keywords and focused on app downloads.

➢Spotify advert using the video voiceover. The spotify advert can be accessed here: http://adstudio.spotify.com/preview/49cdf1c9-1d3a-41db-b37a-0301f2edbd87

➢Leaflet drop focused on IDM3 postcodes in SEL

➢GP and Pharmacy leaflets and posters.

Results from paid for campaign:

Due to privacy concerns, no Software Development Kit (SDK) App tracking was implemented on the NHS App, making it impossible to track precise downloads through Meta/Google channels. The login metrics directly from the NHS App, is a more accurate way of measuring the impact of all marketing comms combined/over duration of campaign and remains monthly reviewed data points for the ICB.

The following changes have been noticed in the dashboard data from December 2023 to January 2024:

➢**33%** increase in monthly logins on NHS App dashboard

➢**49%** increase in appointments booked

➢**17%** increase in repeat prescriptions ordered

➢**39%** increase in records viewed

➢Within the SEL ICB, app logins have reached their highest level, with an **33% increase of 188,000 logins observed in January 2024** (758,000) compared to December 2023 (est. 570,000).

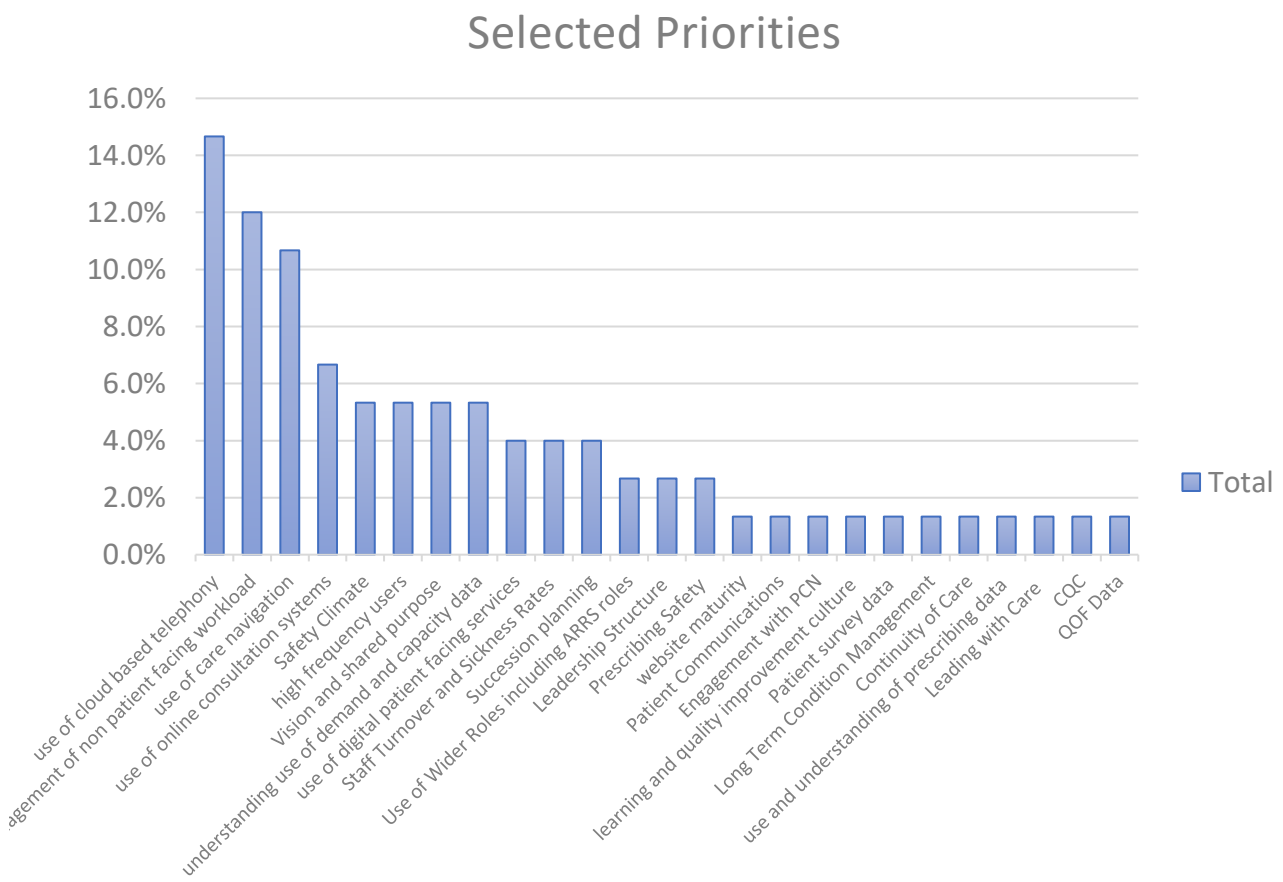
Digital: NHS App trend in SEL (2 of 2)

Key Performance Indicator	January 2024 Outcome	February 2024 Outcome	Change from last month
1. Registered Patients +13	56%	56%	⇧ 0.5%
2. No. of logins	758,317	765,769	⇧ 1.0%
3. Appointments booked	9,119	7,653	⇩ 16.1%
4. Appointments cancelled	3,385	3,177	⇩ 6.1%
5. Repeat Prescriptions	62,272	59,233	⇩ 4.9%
6. Record Views	315,340	338,866	⇧ 7.5%
7. Push Notifications turned on	376,824	408,059	⇧ 8.3%

Support Level Framework (SLF)

The SLF is a tool to support organisations in understanding their development needs and where they are on the journey to embedding modern general practice. The Practice SLF should be completed via a facilitated conversation with members of the practice team. The findings alongside available data are used to agree priorities for improvement and development of an action plan. The SEL Workforce Development Hub is providing support to Bexley, Bromley, Lambeth, Lewisham and Southwark. Visits are facilitated by teams of experienced clinicians and practice managers as well as input from locality (borough) training hubs. Greenwich will provide an update in their borough slides.

Borough	EOIs	Visits Booked	Visits Completed	Practices returned 3 Priorities	Feedback Received
Bexley	15	15	8	6	2
Bromley	19	14	10	7	4
Lambeth	18	18	10	8	4
Lewisham	16	12	6	5	4
Southwark	11	8	5	5	3
Total	79	67 (including the 39 visits completed)	39	31	17



- An improvement programme (GPIP) has been being designed around the needs identified. It is based on the national scheme but with local intelligence and longer term support being built in. As we develop the conversation during and after the SLF visit, priorities are identified and grouped into themes at practice level and at borough level. We then pull together and signpost the various offers that are in place across the system.
- There are cohorts of practices working together based on the priorities identified. They are matched with practices that were high performing in those priority areas so that there can share learning. Showcasing and buddying is integral to the localised GPIP.

Appendix A: Local Care Partnership Update

Local Care Partnership updates against LCP deliverables within the system improvement plan (ICB5, ICB6, ICB7, ICB8, ICB9, ICB10, ICB11, ICB12, ICB15) can be found via the hyperlink above, or by following the link below:

https://www.selondonics.org/wp-content/uploads/PCARP-Board-Report-Appendix-A.pdf

Integrated Care Board meeting

Item: 7
Enclosure: I

Title:	**Cancer – Performance Improvement / Tackling Health Inequalities**
Meeting Date:	17 April 2024
Author:	Sean McCloy, Managing Director, SEL Cancer Alliance / Carl Glenister, Associate Director of Cancer & Planned Care, SEL ICB
Executive Lead:	Sarah Cottingham, Executive Director of Planning

Purpose of paper:	The Cancer focussed agenda item covers two key areas, each with a separate supporting paper: • Performance - An overview of SEL's performance over 2023/24 against the key national performance metrics and next steps for 2024/25. • Tackling health inequalities – an overview of the work we are doing as a SEL system, supported by the Cancer Alliance, to improve cancer outcomes for our population, including working to reduce access, experience and outcomes that exist within the Cancer Pathway. The papers are intended to provide an update for Board members as well as providing an opportunity for questions and discussions upon them.	Update / Information	X
		Discussion	X
		Decision	

Summary of main points:	Performance: - SEL agreed a number of performance trajectories and commitments for 2023/24 as part of its annual operational plan, aligned to national planning priorities and expectations. These related to acute hospital performance targets associated with cancer referral, diagnosis and treatment. - In year we experienced a number of performance challenges, some one-offs and some reflective of longer standing challenges across our cancer pathways. These included the impact of the implementation of Epic, the new electronic patient record system at two of our three providers in October, plus the impact of Industrial Action across all providers. These factors represented short term impacts alongside some of our existing challenges around aligning demand and capacity to the requirements of our cancer timed pathways, adherence to which is required to meet overall cancer access targets. - Our challenged in year position resulted in enhanced oversight of performance and the actions being taken forward by individual providers and on a system basis to recover.

- SEL has shown strong improvement in both the backlog of patients waiting more than 62 days for treatment and the Faster Diagnosis Standard (FDS) over Q4. As a result we expect to finish the year meeting both standards, which represents a clear success in terms of our planned recovery.
- The system has also performed well on uptake of non-specific symptom (NSS) referrals and on utilisation of the Faecal Immunochemical Test (FIT) which were the other two national operating plan requirements.
- The focus on cancer performance will change in 2024/25 to 62 day waiting times performance, rather than backlog, alongside a continuing focus on FDS. We are seeking to meet the national standards for 62 day performance for those cancer pathways that are internal to SEL and for FDS, noting that doing so will require a level of increased and sustained improvement across our system. We are in the process of finalising the underpinning action plans that will support these objectives, building from the actions already in train as part of our 2023/24 recovery.

Inequalities:

- Our work on cancer as a system focusses on the whole cancer care pathway, including prevention and early detection. This wider focus is essential if we are to improve overall cancer outcomes for our population, including reducing cancer mortality and improving survival rates.
- Our Joint Forward Plan and Cancer Plan sets out the key objectives and outcomes we are seeking to achieve for cancer and includes at its heart ICB's overall objectives of improving health outcomes and reducing inequalities for our population.
- The work on inequalities in Cancer is aligned to the national and local core 20 plus 5 approach. Key is an understanding of our population and work with our population and stakeholders to understand the barriers to take up of and access to services to provide targeted support to secure improvements.
- There have been improvements in the data available to us to help us to understand the SEL population and where inequalities exist. We have seen an improvement in cancer early detection rates which is impacting on all population groups which is positive. However further work is required to improve data including staging provided by the Acute Trusts to enable us to assess the extent to which improving staging (reducing late presentations through early detection) is improving outcomes and reducing inequalities.
- The SEL Cancer Alliance has a number of programmes of work in place focussing on particular population groups: Socio economic deprivation, Black population, Under 50s, Over 70s, Patients with Serious Mental Illness, patients with learning disabilities. The paper provides information on the first two areas specifically as key in tackling inequalities, although inequalities objectives are also embedded across the programme of the Cancer Alliance with an inequalities lens put on all projects.
- Early detection is a key component of addressing inequalities and we are working to secure the national target for 75% of cancers to be diagnosed at stage 1 and 2 by 2028. SEL has shown positive improvement in this area over the last 12 months, and we will be seeking to build upon this going forwards.
- Screening is a further element of early detection and improving uptake has been recognised as a corporate objective for the ICB as a vital contributor to

	improving population health outcomes and as an area of current challenge and variation across and within boroughs. We are working with borough teams to take forward locally targeted actions to increase uptake of cancer screening programmes overall and in terms of our Core20Plus 5 population. - SEL is participating in and rolling out key national initiatives that will further support early diagnoses. These are being taken forward through an inequality lens to ensure all parts of our community are given the opportunity to attend and receive the benefits of these initiatives. In addition we have undertaken work to target specific areas where incidence is driven by population factors, with prostate cancer a key example. - The paper provides information for Board members on each of these areas, recognising they represent work in progress as part of our medium term strategic plan and objective around improving health outcomes and reducing inequalities for our population.			
Potential Conflicts of Interest	None			
Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
Impacts	Equality Impact	The paper outlines some of the key areas of work to improve inequalities in Cancer health outcomes across the cancer pathway.		
	Financial Impact	N/A. Cancer investment required to meet objectives set out in the paper is covered through our ICB allocation and through funding provided by the Cancer Alliance.		
Other Engagement	Public Engagement	Overall engagement with communities in our initiative work and more widely on our Joint Forward Plan.		
	Other Committee Discussion/ Engagement	Cancer performance is covered at a number of other for a and the overall Cancer Plan is overseen by the Cancer Alliance Board.		
Recommendation:	The Board are asked to **note** the updates provided in the two papers and provide comment and feedback.			

South East London Integrated Care System

SEL ICB
Cancer Performance Update

ICB Board meeting - April 2024

Cancer Performance 2023/24 – Context

National performance objectives

2023/24 operational delivery targets

- At the beginning of 23/24 systems were asked to develop improvement trajectories on 4 key areas for Cancer.
  - 62 Day Backlog
  - 28 Day Faster Diagnosis Standard (FDS)
  - Non-Site-specific Referrals
  - % of Lower Gastro-Intestinal referrals with an accompanying Faecal Immunochemical Test (FIT) result

- Of these Backlog and FDS received the most national focus and challenge throughout the year.

2024/25 operational delivery targets

- For 24/25 62 Day Backlog has been removed as a national trajectory requirement and has been replaced with a 62-day performance target (% of patients treated within 62 days of referral), with a national target of achieving 70% by March 2025. Prior to Covid 62-day performance was a national focus, so this is a return to previous performance approaches.

Cancer Performance 2023/24 – Context

Performance context - key challenges

- 62 Day performance has historically been a challenging metric for SEL.
  - In order to achieve the target focus is required across the entire patient pathway.
  - There are significant interdependencies which need aligning, covering all aspects of care from diagnostics to treatment access and capacity.

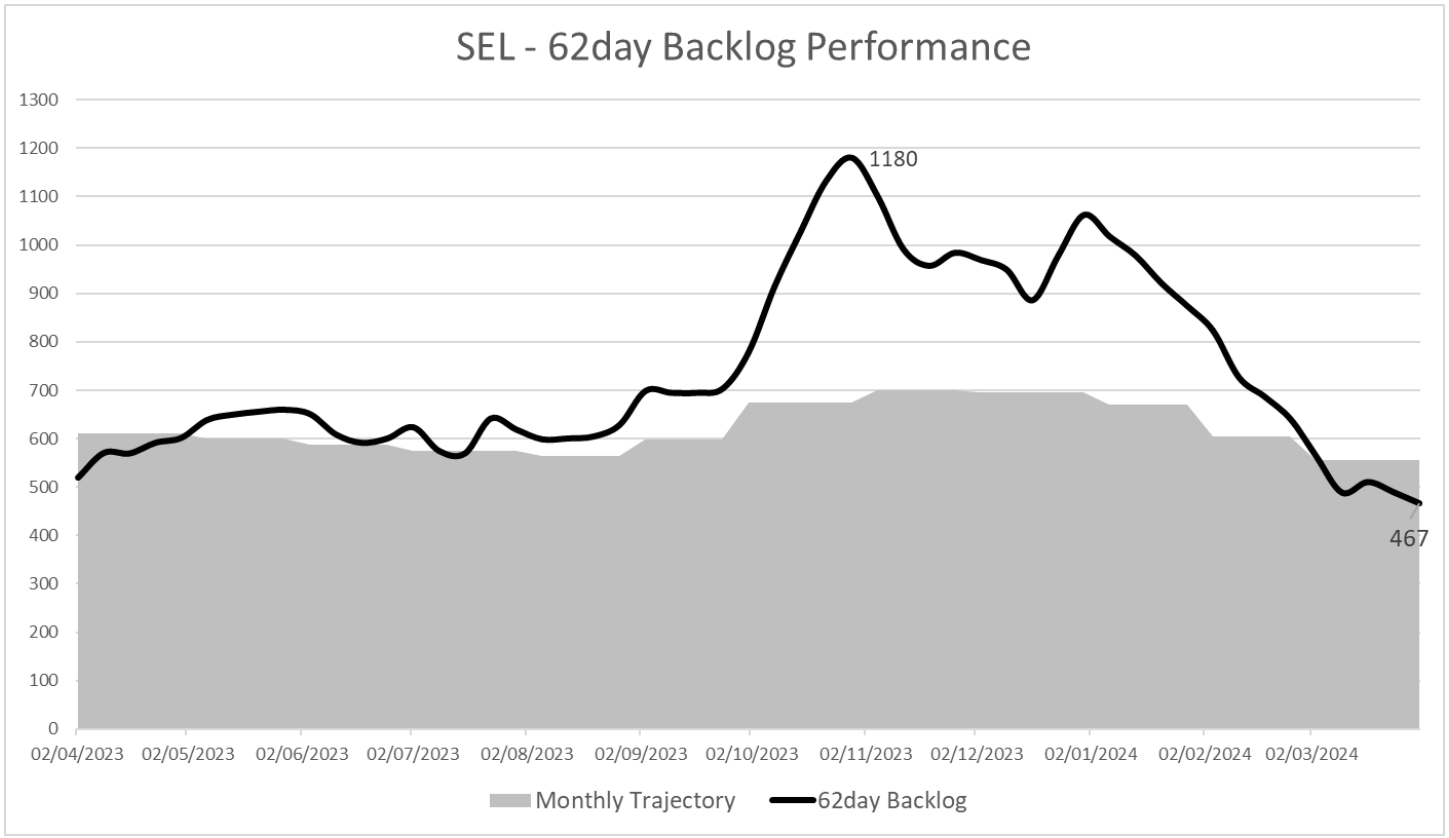
- SEL has a particularly large number (29%) of shared cancer pathways e.g. pathways that span more than one provider. These Inter Trust Transfer (ITT) pathways contribute to overall treatment volume, with ITTs made primary into Guys and St Thomas NHSFT, as SEL's Cancer Centre.
- SEL also has a relatively high volume of complex surgical pathways that come from Southeast England for Upper GI, Lung and HPB pathways which adds additional challenge to recovering 62day performance.
- Nationally, these pathways are more challenging to secure the 62-day standard, due to the split of care across providers/sites and the fact that referrals made into the Cancer Centre often leave limited time for treatment to be completed by Day 62.

- Our plans seek to improve both internal and ITT performance through work to address current pathway challenges.

Cancer Performance 2023/24 – 62 day backlog

2023/24 Plan

- 2day backlog is the number of patients referred from a GP, still awaiting a diagnosis of cancer/non-cancer and/or waiting for cancer treatment. SEL agreed provider trajectories for 23/24, as shown in the graph below.



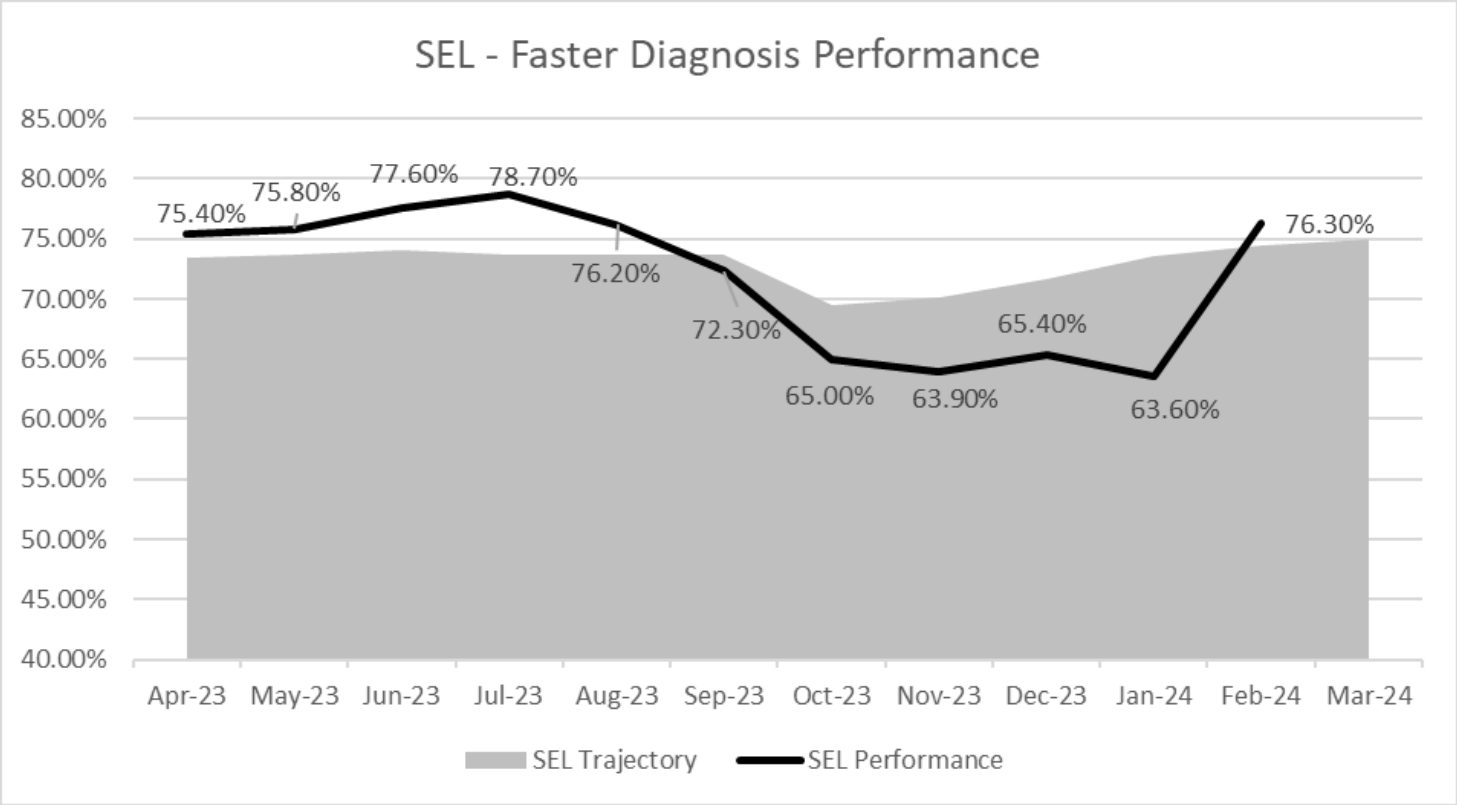
2023/24 delivery

- Two of SEL's providers implemented EPIC, a new Electronic Health Record system, in October. This created temporary challenges, in terms of the new system and its interfaces and also a planned reduction in activity over the go live period.
- In addition, all Trusts experienced challenges associated with the impact of Industrial Action – whilst cancer pathways were prioritised, activity was affected by multiple days of action by different groups of staff.
- Despite these challenges all Trusts have met their end of March 24 trajectory position - this is a significant success in the context of the in year challenges, noting our trajectory exceeded the national expectation with regards SEL's year end backlog.

Cancer Performance 2023/24 – 28day Faster Diagnosis Standard

2023/24 Plan

The Cancer Faster Diagnosis Standard (FDS) applies to all patients referred or put onto a suspected cancer pathway (the percentage of patients told their diagnosis, cancer or benign, by Day 28), with a national target of 75%. The Acute Trusts agreed at the start for 2023/24 to achieve the National Target for their patients by March 2024.

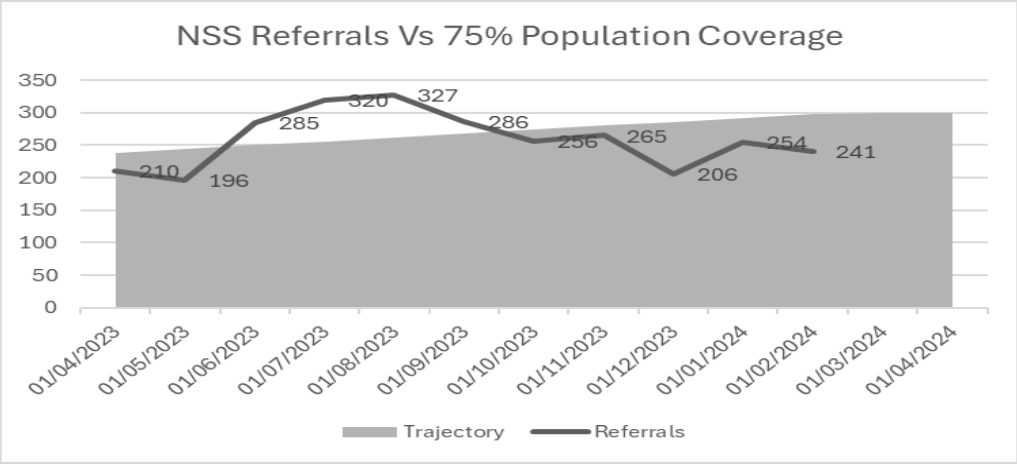


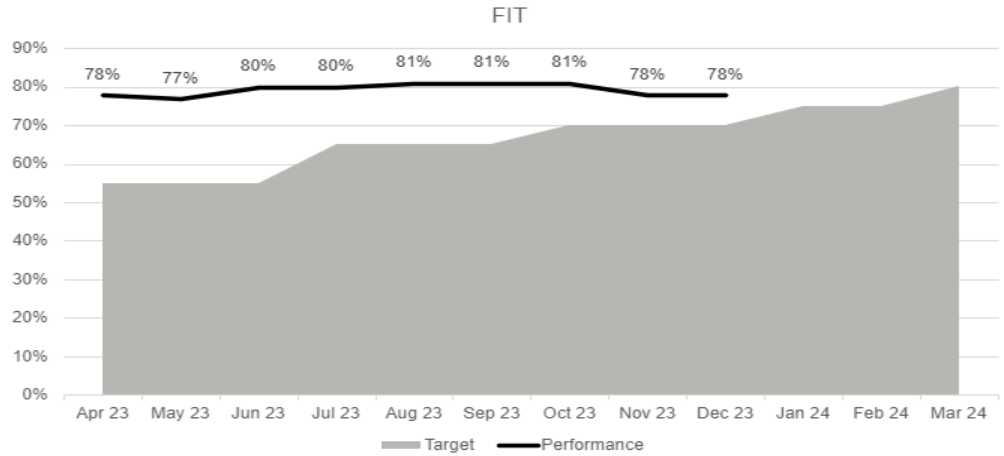
2023/24 delivery

- Trusts were performing well against this target up until September where the cumulative effects of Industrial Action and EPIC implementation added delays to our suspected cancer pathways which could not be mitigated.

- With focussed recovery through additional capacity for outpatients and diagnostics we have now recovered the position in February 2024 (which is the latest reporting month for this metric), with performance of 76.3%.

Other Cancer Trajectories





Non-Site-specific Referrals

- The ICB is proud to have one of the few commissioned Rapid Diagnostic Clinic services in the country supported by the Cancer Alliance - this service is for patients who do not have symptoms that fit neatly into one of the known cancer pathways.
- GPs can now refer into 3 sites across SEL - Guys Hospital, Queen Elizabeth Hospital and Princess Royal University Hospital.
- Our ambition has been to improve coverage and access through increasing patient referrals from all GP practices in SEL, noting we have on going work to secure this.

% Faecal Immunochemical Test (FIT) referrals for gastroenterology

- A key priority for improving early diagnosis rates is to introduce new technology that support better diagnostic decision. FIT (Faecal Immunochemical test) looks for blood in a poo sample that could be a sign of cancer.
- The ICB and Cancer Alliance have been working together to improve the uptake of patients having this test during this year through campaigns, information and working directly with GP practices. Our ambition has been to reach 80%.

Cancer Planning for 2024/25 – a forward look

The NHS planning guidance sets out the following cancer targets for 2024/25:

- Improve performance against the 28day FDS standard to 77% by March 2025.
- Improve performance against the headline 62day standard to 70% by March 2025.

The ICB has been working with Trusts and the Cancer Alliance to agree targets for 2024/25.

- All Trusts are planning to meet the target for 28 day FDS performance having now recovered performance at the end of this year.
- Trusts are currently reviewing the 62day standard target – as this represents a greater challenge for SEL. Whilst affected by Industrial Action and EPIC during 2023/24 there are a number of historic pathway challenges we will also need to address to meet the standard. Our ambition is to ensure that we are able to meet the target for referrals that are internal to our SEL system which would represent a material improvement to our current SEL Trust performance of 52.5% in February 2024.

We are working to develop an agreed improvement plan for the year including:

1. Increasing available capacity to see more patients earlier in the diagnostic pathway - improving the time to cancer diagnosis, thereby maximising the time to treatment within the 62 day pathway.
2. Embedding innovative changes like Teledermatology – to help cope with increasing referral demand.
3. A specific focus on national priority pathways (Skin, Breast, Prostate and Gynaecology) to improve the time to diagnosis and treatment.
4. Reviewing our time to treatment for patients to try to improve the time from a patient agreeing to a treatment to actual treatment.

South East London Integrated Care System

NHS South East London Cancer Alliance

SEL ICB
Cancer - Approach to reducing inequalities

ICB Board meeting - April 2024

Health inequalities in cancer - Introduction

NHS South East London Cancer Alliance

Cancer is a leading cause of mortality in SEL and nationally. Our Joint Forward Plan ambition is to improve cancer outcomes for our population – through prevention, early diagnosis and timely treatment. In doing so we are committed to reducing inequalities that exist across our population in terms of inequalities in access, experience and outcome.

SEL's population - factors that influence cancer outcomes

- SEL, compared to other parts of the UK, has areas of high deprivation, and a younger and more ethnically diverse population, which shapes priorities for cancer access and outcomes, services and transformation.
- Population factors drive differences in prevalence, for example higher incidence of prostate cancer among black men. We need to understand these differences in our service planning and our approaches to cancer awareness, prevention and early detection.
- The take up of preventive services that support early detection is differential across and within boroughs, with the need to ensure we have targeted approaches that both maximise overall take up but also seek to tackle inequalities in access and outcome.
- We have 45,000 residents living with and beyond cancer – risk stratified follow up is important in reducing future cancer risk.

Early diagnosis, 1 and 5 year survival rates

- SEL's early diagnosis rate is 58.4% (Rapid Registration data) - whilst this is in line with London and England it falls below the national Long Term Plan (LTP) ambition of 75%, the level we would wish to achieve to optimise the benefits of early detection in terms of cancer outcomes.
- Our 1 and 5 year survival rates of 75.4% and 54.7% respectively are in line with the national and London position (2021 – most recent data). However, our aspiration is to improve these survival rates, recognising early detection and treatment will be key.

Cancer demand and activity

- We receive around 89,000 suspected cancer referrals a year and conduct around 8,700 first treatments for cancer per year. Demand has been growing by between 5-10% year on year.

Health inequalities in cancer - Introduction

NHS South East London Cancer Alliance

Delivering improvement in cancer outcomes

- Cancer services are structurally complex and involve a number of providers, teams and programmes working together, with our population, supported by SEL Cancer Alliance.
- We know that cancer is a health and health outcome issue for SEL's population with inequalities in access and experience and outcome as key factors.
- The National Cancer Plan (localised in our Joint Forward Plan and Alliance Cancer Plan) looks at the whole cancer pathway from prevention, early detection to treatment and survivorship with the improving our service offer to improve outcomes, inclusive of reducing inequalities.

Targeted early diagnosis initiatives to address inequalities

- Key to securing this objective is equitable and early diagnosis. This represents a core programme within our Cancer Plan and for the Cancer Alliance.
- This paper provides an overarching overview of the work we are undertaking with a specific focus on four key initiatives which week to increase uptake of screening and early detection offers with targeted action to improve access and outcomes for our Core20Plus5 and black population. These are:
    - Breast Screening uptake.
    - Prostate Cancer awareness.
    - Targeted Lung Health Checks.
    - NHS –Galleri Trial focused on the asymptomatic population.

Health inequalities in cancer - SELCA approach

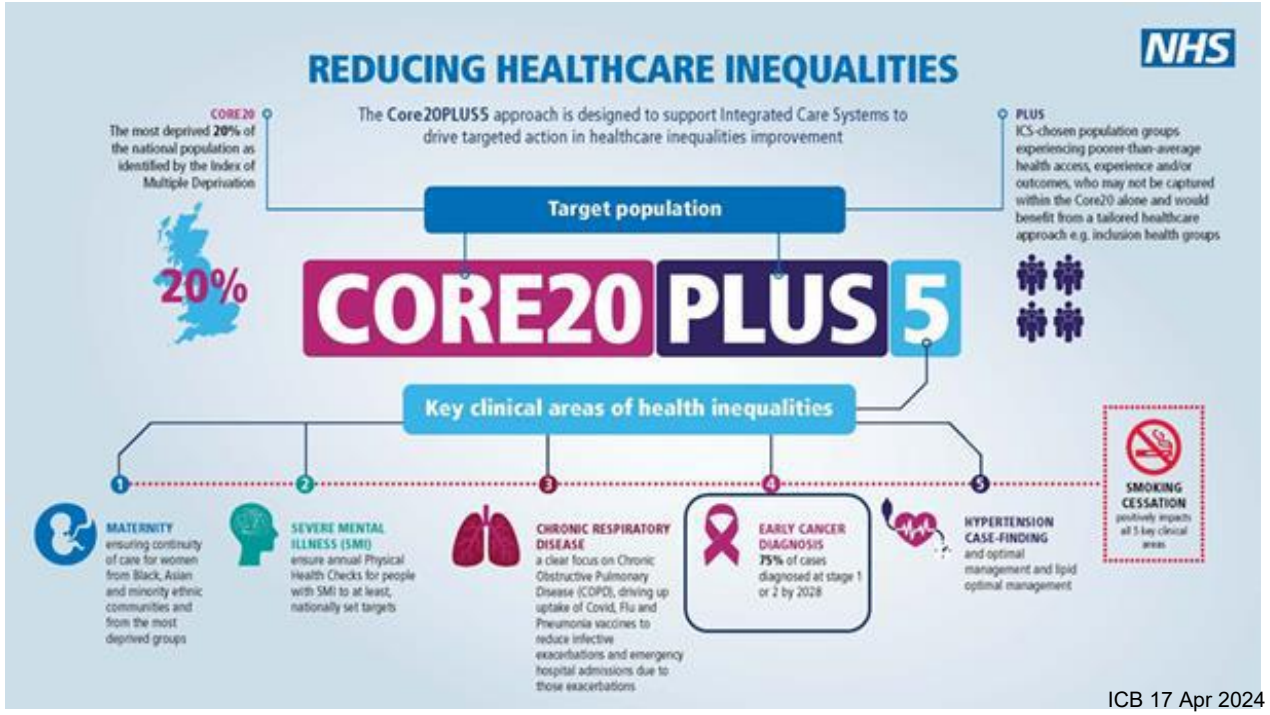
NHS South East London Cancer Alliance

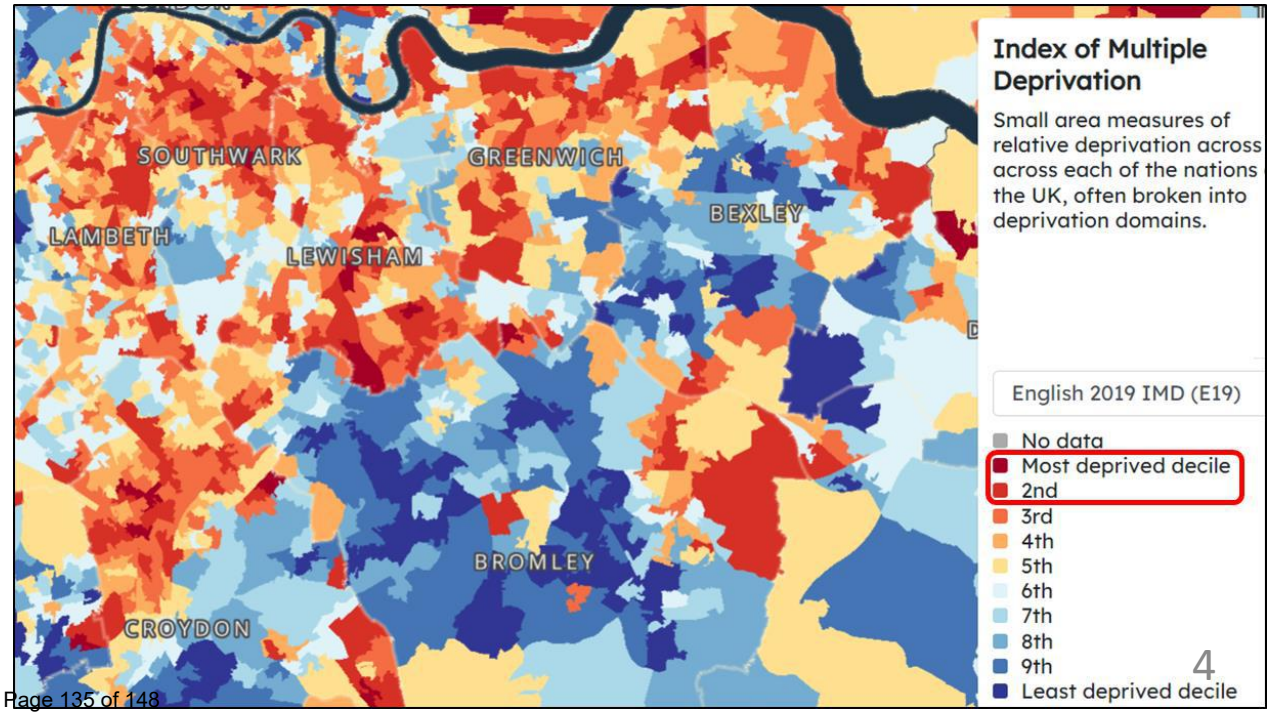
Approach and programme structure:

- Aligned to national and SEL Core20plus5 approach – targeted population approaches to reduce inequalities.
- Addressing health inequalities is embedded across the programmes of the Cancer Alliance.
- SELCA Cancer Health Equity Group shares learning across the sector.

Understanding and taking a population approach to cancer outcomes improvement:

- Higher deprivation found in inner SEL boroughs.
- Bromley and Bexley are the least deprived Boroughs within SEL overall <u>but</u> also have areas that fall within 20% most deprived in England.
- Clear link between deprivation and inequalities.





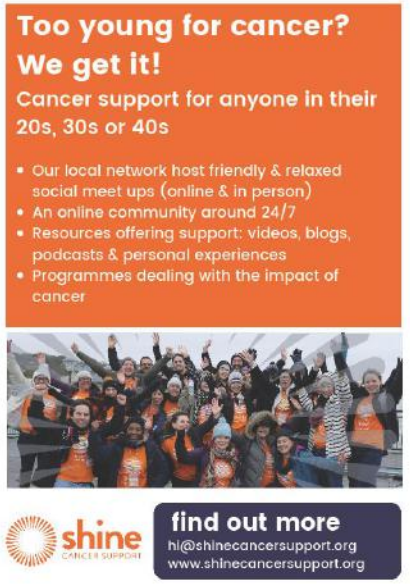
Health inequalities in cancer - SELCA priorities

NHS South East London Cancer Alliance

SELCA programme focus areas 2024/25 - Core 20 and plus groups:

Our focus today is on:

- **Black population**: community informed awareness work on early diagnosis of prostate cancer and breast screening in inner SEL boroughs.
- **Socioeconomic deprivation:** focus on 20% most deprived areas has helped us develop our roll out plan for the Targeted Lung Health check and NHS-Galleri trial programme.
- **Targeted population approaches** will help us address inequalities in access, experience and outcomes.



But we also have programmes covering:

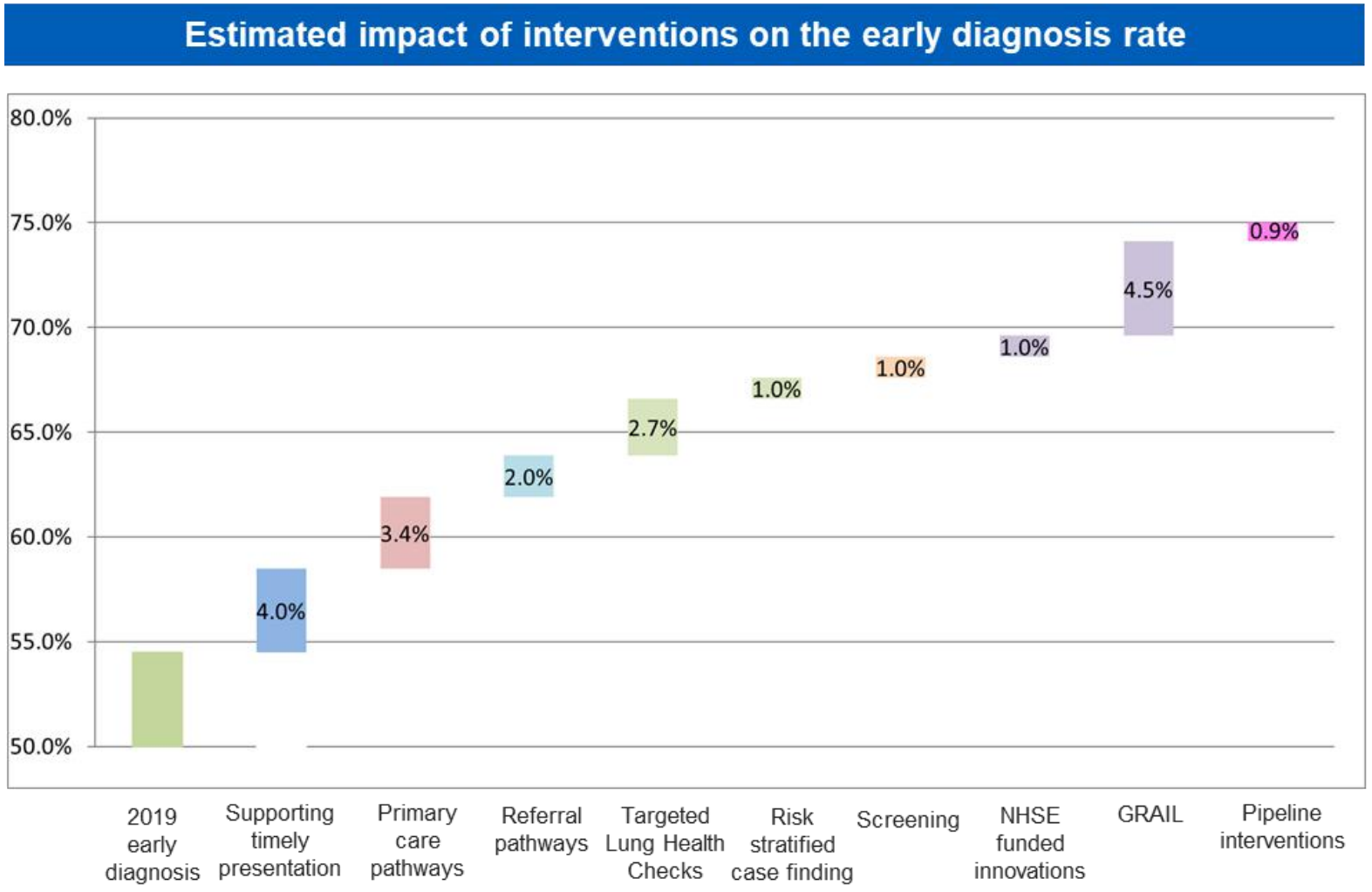
- **Under 50's**: working with Shine charity to understand holistic needs and improve experience of care.
- **Over 70's**: Optimisation of health of older people with a new cancer diagnosis to reduce variation in treatment
- **Patients with serious mental illness (SMI)**: training and education for patients, carers and mental health staff. Developing tiered model to provide support for patients with SMI to access screening, as well as cancer pathway support.
- **Patients with learning disabilities**: easy read information and staff training to improve patient experience.

Working with partners:

- We work in collaboration with partners across the system – ICB, Kings Health Partners, trusts, community groups, charities, place based teams including public health.
- SELCA has supported a range of workstreams supporting other seldom-heard/inclusion groups within our community, often delivered by our partners, including Early Diagnosis initiatives aimed at Islamic, Latin American, and LGBT+ communities.

NHS England has set out the estimated impact of planned interventions on early diagnosis – key to improving outcomes

NHS South East London Cancer Alliance



- In South East London, we have work focussed on each of these areas to support earlier diagnosis of cancer, delivered through collaborative working between SELCA, SEL ICB central and place teams, trusts, public health and charities, with London region and national NHS England teams, and through outreach into communities.
- Within these areas the Alliance helps fund and deliver work with partners on improving the awareness, uptake and participation for specific groups of our population where we know we have health inequalities. This is a combination of SEL level and borough initiatives, supported by ICB teams and public health teams.
- **Our work on improving early diagnosis is underpinned by a Core20Plus5 approach, which ensures a focus on health inequalities through all of our initiatives, to reduce late stage presentation across our population and reduce inequalities in outcome.**

Early Diagnosis – overview of key initiatives

NHS South East London Cancer Alliance

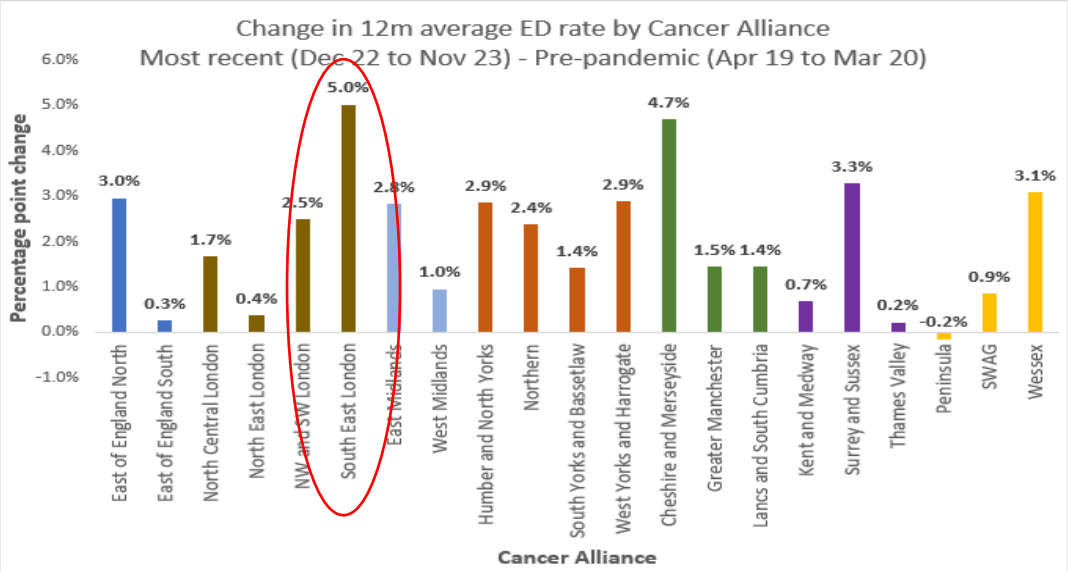
Recent/current projects and achievements are summarised below. They show that we are taking an approach that targets particular population groups and boroughs to help us address inequalities in access and outcome.

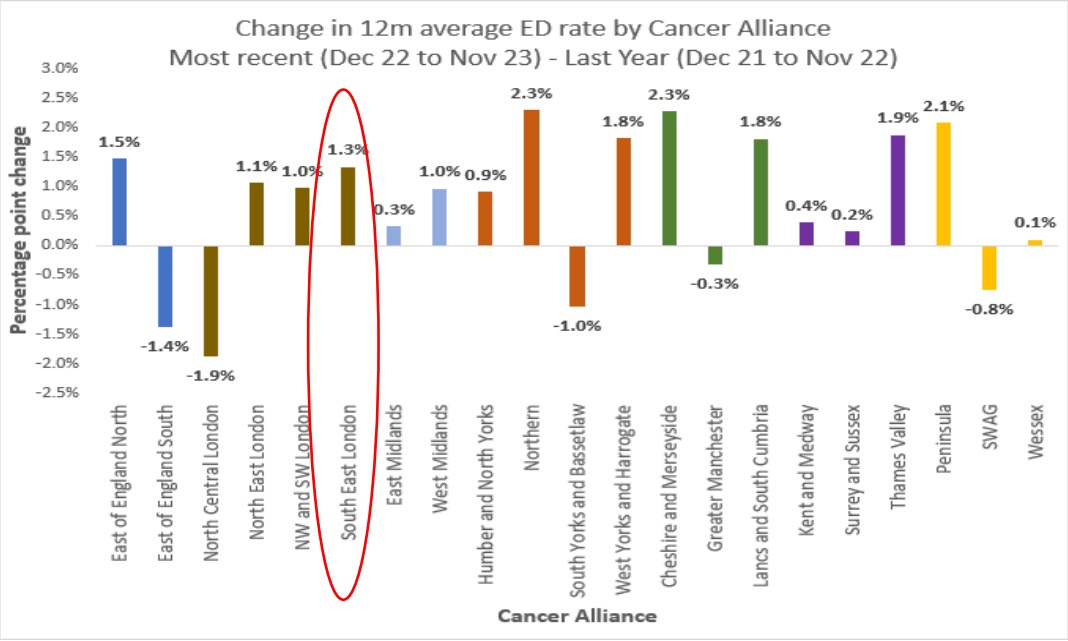
- **Cervical Screening campaign** – including innovative social marketing on dating apps to reach the younger eligible population (SELCA-led, jointly funded by London cancer alliances).
- **Breast and prostate cancer campaigns** aimed at empowering SEL's black population to access screening and PSA tests
- **Screening uptake –** calls to previous non-responders, to seek to address variation and inequalities in take up.
- **Targeted Lung Health Checks** – all Southwark and Greenwich eligible population (ever smokers aged 55-74) invited as at March 2024, expanding to Lambeth from April 2024, and Lewisham later in 2024.
- **Primary Care Education Modules** – 10 minute modules produced in range of tumour sites, 2500+ views.
- **NHS Galleri-Trial** – one of the first cancer alliances to go live with the NHS Galleri-Trial, a clinical trial of a multi-cancer blood test, due to complete Autumn 2024.
- Lambeth North Federation successfully bid for funding to undertake a **Liver case finding pilot**, currently in progress.
- **Community Pharmacy Pilot** in planning phase, due to start in SEL April 2024.
- **Community Fund** – working with public health teams (Southwark and Lewisham) to fund community-led cancer and screening awareness.
- **Innovations and national targeted areas** – ongoing work to support implementation of pilots in real-world settings including capsule sponge, colon capsule endoscopy and to support early detection of cancer through liver surveillance.

Annual plans and quarterly reports are shared with the ICB through the Cancer Alliance Board.

Early Diagnosis – an improving picture in SEL

South East London Cancer Alliance



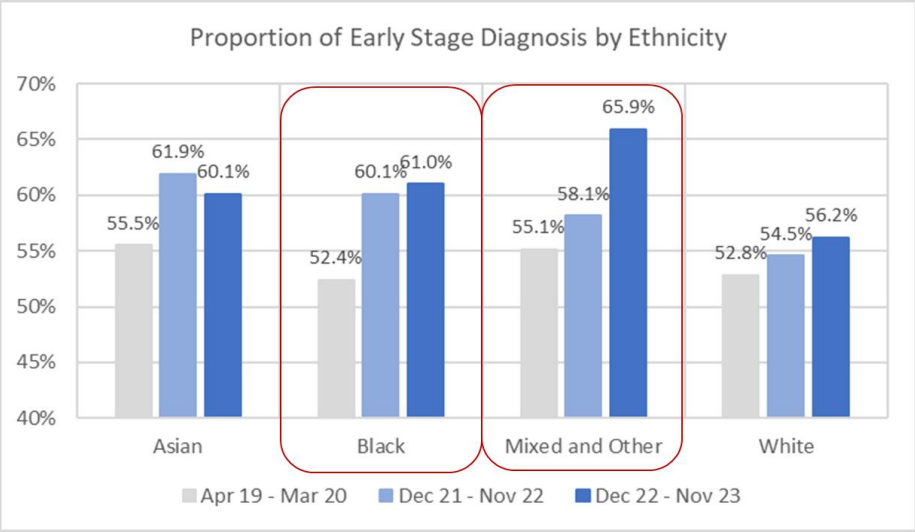


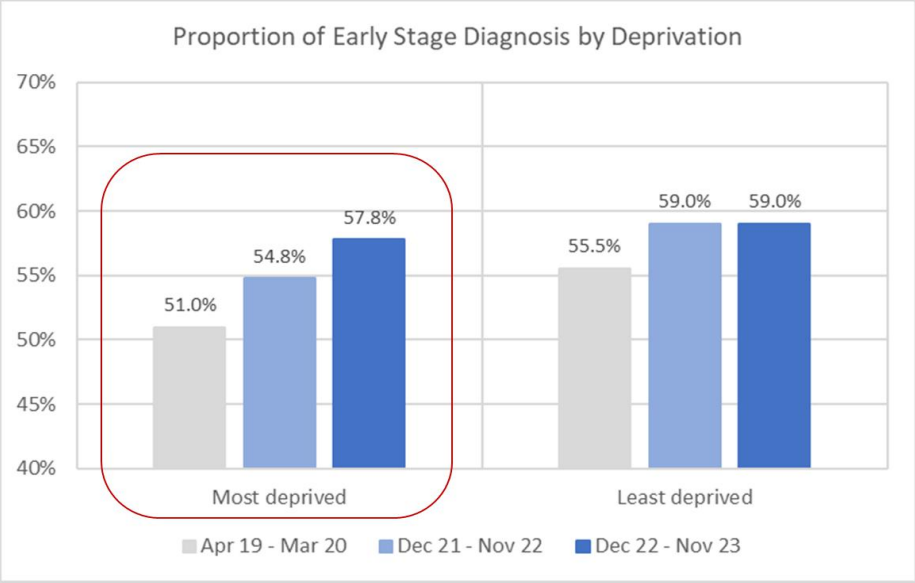
- The NHS Long Term Plan 2019 included an ambition for 75% of cancers to be diagnosed at Stage 1 and 2 by 2028.
- For South East London the rate is 58.4% (12 month rolling average rate to November 2023, Rapid Registration Data) although reporting of staging completeness may affect data quality.
- National analysis show that South East London had the highest increase (5%) in 12-month average ED rate by Cancer Alliance when comparing pre-pandemic to most recent data.
- Over the last 12 month period, the change in average ED rate was an increase of 1.3% for SEL, which was the highest in London.
- **This is positive but we will need to ensure that in improving our overall early diagnosis rates we are also improving inequalities in early diagnosis.**

Source: Rapid Registration Data, NHS England National Cancer Programme Team

Early Diagnosis – also impacting on inequalities

South East London Cancer Alliance





- As highlighted before we are conscious that the quality of this data needs to improve in order to validate these improvements. The Alliance has been working with the Acute Trusts to improve data completeness and capture in the multi-disciplinary team meetings.
- Within the Rapid Registration dataset we can see the improvement in our Black and Mixed other population as well as a larger rise in proportion of early stage for our Most Deprived population.
- The Alliance programmes are focussed on reducing the equity gap between these populations. This includes a recognition of the need to explore and understand variation within sub-groups e.g. Black British, Black African, Black Asian and to take action to address them.

Source: Rapid Registration Data, NHS England National Cancer Programme Team

National Screening programme uptake

NHS
South East London
Cancer Alliance

Inequalities in access reflective of level of deprivation and ethnicity across our boroughs, so reducing the uptake gap is important. This requires localised population specific approaches to seeking increased uptake.

To support this the ICB has made improving screening uptake a corporate objective with each Borough leading on local plans to drive improvement with support from the Cancer Alliance.

The SELCA Early Diagnosis team is working with Place (Borough) teams and Public Health to support with the development of local plans.

Source: South East London Integrated Care Board Dashboard

Population drivers - the need for action

South East London Cancer Alliance

South East London has a higher black population then the UK average (2.5%), while most boroughs are also higher than the London average (13.5%). Important in understanding prevalence differences as well as equity of access and outcomes.

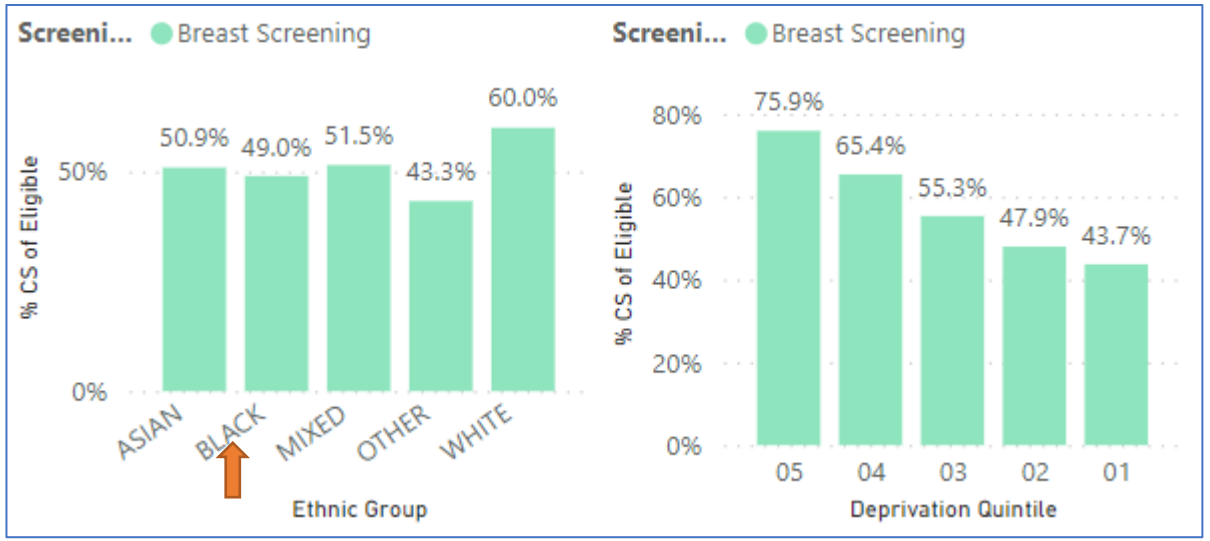
Prostate Cancer

Ethnicity	Lifetime risk of having prostate cancer	Risk of dying from prostate cancer
Black	1 in 4	1 in 12
White	1 In 8	1 in 24
Asian	1 in 13	1 in 44

BMJ - **Far higher life time risk of prostate cancer and death from prostate cancer for black men.**

No national screening programme for prostate cancer exists
National drive to increase the number of PSA tests (blood sample) carried out in primary care for black men, 45 and over is in effect

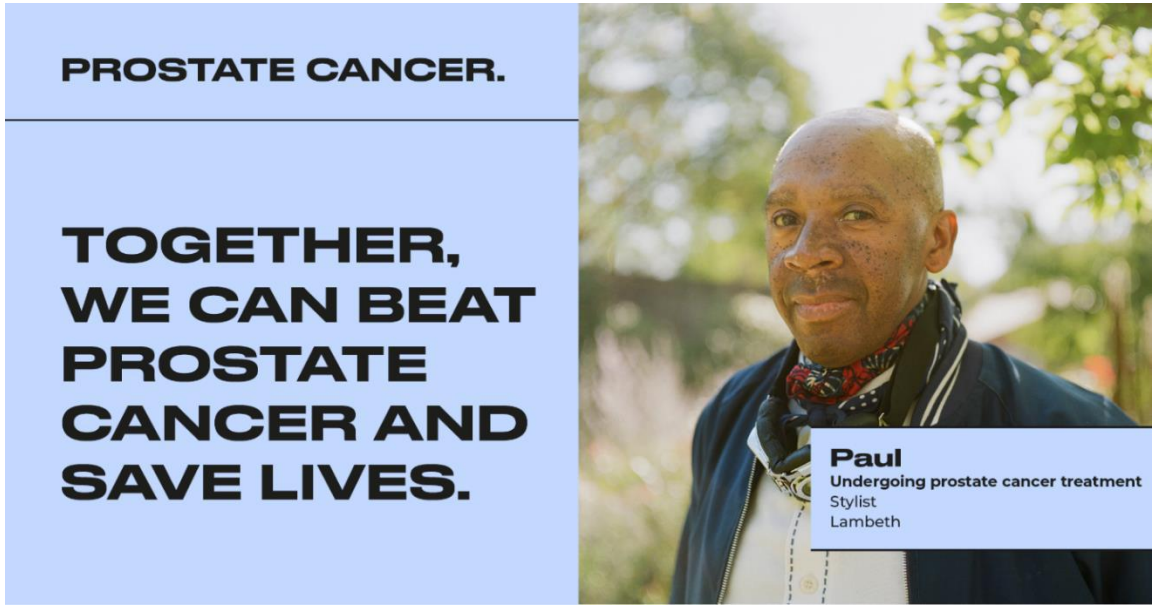
Breast Cancer Screening – SEL coverage



Source: Primary Care Discovery Data and SUS inpatients – Jan 2024

BMJ - **Black women in England are at greater risk of late cancer diagnosis than white women**

Breast screening coverage is 49% for our black women. This is 6% lower than our overall coverage (55%). The national target is 80%.



NHS
South East London
Cancer Alliance

Improving early diagnosis in breast and prostate cancer within our black communities

Campaign launched in January 2024

Campaign Objectives

NHS
South East London
Cancer Alliance

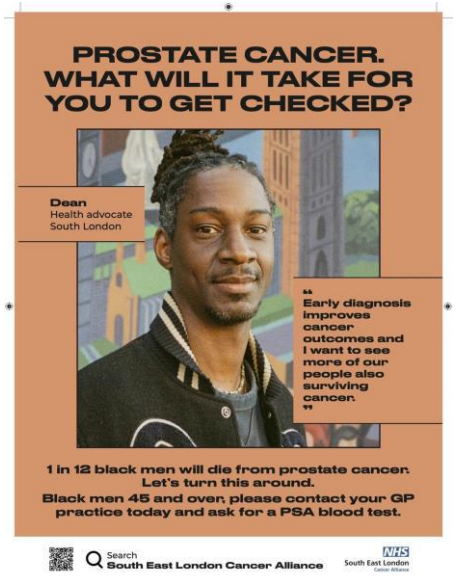
Early diagnosis of cancer is crucial in improving cancer survival rates

- A campaign that will support black communities in SE London in ensuring they receive an early diagnosis for breast and prostate cancer.
- This means ensuring more black men aged 45 plus get their PSA blood test & black women aged 50 - 71 are up to date with their breast cancer screening
- Target locations - Greenwich, Lambeth, Lewisham and Southwark

We held focus groups with black men and women affected by both prostate/breast cancer to further understand the barriers and enablers for these communities when accessing healthcare and cancer screening.

Launch of campaign 13 January 2024: Morley's Department Store, Brixton

Outdoor and digital campaign until Mid-Feb



South East London Cancer Alliance

"Care card" developed by the community

Street team in action across Lambeth

Placements (Excluding Bus routes)

Street teams

Out of home advertising

Additional interest from colleagues in South East London mean campaign assets have spread even wider!

Targeted Lung Health Checks

South East London Cancer Alliance

- National funded programme to detect lung cancers at an early stage when more treatable - 75% of lung cancers detected through programme at Stage 1 or 2. Due to become national screening programme.

- Ever smokers (current or former smokers aged 55-74 years old) are eligible. Estimated 140,000 eligible population in SEL. We know smoking is a key driver of inequalities in health outcomes in SEL.

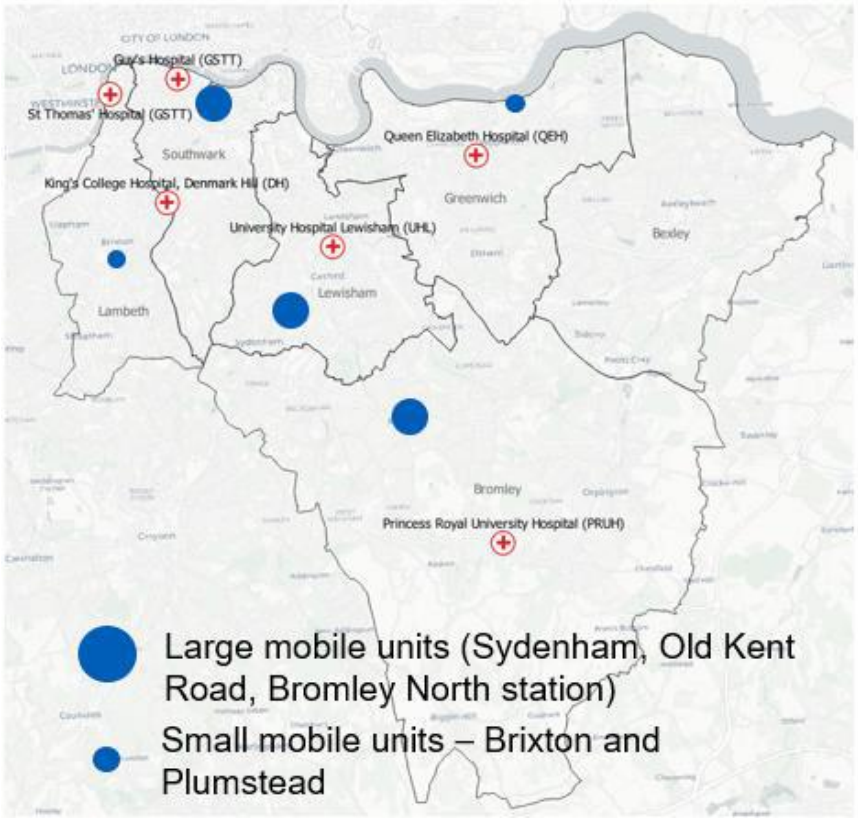
- SEL programme (hosted by Guy's and St. Thomas' Trust) started October 2022 in Southwark and expanded to Greenwich in 2023. All eligible population in these boroughs have been invited - 26% coverage of the SEL eligible population.
  - Rollout plan based on prioritising areas of highest deprivation, smoking prevalence and lung cancer mortality. Lambeth and Lewisham to start in 2024.
  - Two mobile CT scanners obtained through national funding.
  - Key partners supporting delivery include SELCA, acute provider respiratory and cancer teams, ICB central and place teams, primary care, public health, local smoking cessation teams, spirometry teams.

[Targeted Lung Health Check :: South East London Cancer Alliance (sel-lunghealthcheck.nhs.uk)]

NHS-Galleri Trial

Clinical trial partnership between NHS England and Grail Bio UK Ltd.

South East London Cancer Alliance



Please help with participant retention ahead of July by sharing communications assets for last trial appointments (Southwark, Lambeth, Lewisham). Contact: Sabrina.Palanee@gstt.nhs.uk – SELCA Communications Manager

National clinical trial in selected cancer alliance areas for a multi-cancer detection blood test, aiming to detect cancer early in asymptomatic population.

Participants signed up for annual blood tests over 3 years.

South East London was one of first areas to go live in 2021.

- **Year 0** (recruitment year): Recruitment September-December 2021 and during July 2022. c8,000 participants in South East London.
- **July 2024** – final round blood draws, at units based in Southwark and Lewisham.
- **Referral pathways – for those with positive test results,** sector oversight via GSTT Rapid Diagnostic Clinic team, onward referral to trusts (patient choice) and clinical teams to support access.
- **South East London has been important in supporting participation of people from black ethnic backgrounds, who are typically under-represented in clinical trials.**

Summary

South East London Cancer Alliance

- We have worked together as a system to improve our understanding of the available data to form programmes of work which are focussed on reducing the health inequalities for patients who have cancer whilst improving early diagnosis.

- To do this SELCA has engaged and is currently working with our patients, multiple partners across the 3rd sector, NHS organisations, industry and with the Place and Public Health teams that serve the population of SEL.

- The presentation today has only just touched on a couple of areas of our programme, which provides some insight into the work that has been developed by our system to make a difference for our local population and patients.

- We have also proactively taken forward national projects that are intended to improve the early diagnosis for cancer, including a local focus on harnessing these opportunities to target a reduction in health inequalities in our population.

- The national Rapid Registration data shows that we have made some positive progress towards the Long Term Plan ambition of 75% of cancers diagnosed at an early stage, but there is still a long way to go.

- We will continue engaging patients and partners across our system, and work to ensure that health inequality data is carefully considered and reviewed when we develop local initiatives and programmes, and that we track the outcomes we achieve, to ensure demographic differences are addressed within our cancer pathways.