South East London

NHS South East London Integrated Care Board

Annual Report and Annual Accounts 2022/23

(01 July 2022 - 31 March 2023)

This page is intentionally kept blank

Contents

1. Welcome and Introduction 5
2. Who we are 9
3. SEL's performance 17
   3.1. Performance Overview 17
   3.2. Performance analysis 19
4 Accountability Report 99
   4.1 Corporate Governance Report 99
   4.1.1 Members Report 99
   4.1.2 Statement of Accountable Officer's Responsibilities 102
   4.1.3 Governance Statement 104
   4.2 Remuneration and Staff Report 122
   4.2.1 Remuneration Report 122
   4.2.2 Staff Report 126
   4.3 Parliamentary Accountability and Audit Report 136
5. Annual accounts 137

This page is intentionally kept blank

1. Welcome and Introduction

Welcome to the first annual report and accounts of the NHS South East London Integrated Care Board, which covers the period 1 July 2022 to 31 March 2023.

NHS South East London Integrated Care Board (SEL ICB) was established on 1 July 2022, under regulations within the Health and Social Care Act 2022. We are proud of the achievements we have already delivered.

In the spirit of co-production and public involvement in our key commissioning decision-making, our board approved our strategic engagement framework at its first meeting on the day it formally came into existence. We outline in section 3.2.6 our work flowing from that framework and public and patient involvement.

With our ageing population living longer and, in many cases, with complex health and care needs, the NHS and our partners face real challenges that means we need to change how we work. We must work more closely with a range of other public and voluntary services.

In February we published our five strategic priorities, developed in partnership with hundreds of local people and partners. Those focussed priorities are:

- Prevention and wellbeing: preventing ill health and helping people in South East London to live healthier lives
- Ensuring a good start in life: ensuring parents, children and families receive the most effective support before and during childbirth and in their early years
- Children and young people's mental health: ensuring that children and young people receive early and effective support for common mental health challenges
- Adults' mental health: ensuring that adults in South East London receive early and effective support for common mental health challenges
- Primary care and people with long term conditions: making sure people with long term conditions have convenient access to high quality primary care.

They reflect issues where we can improve health outcomes and reduce health inequalities by working together as a system. Section 3.2.8 sets out how we are meeting our legal obligations around the latter and our additional local ambitions for reducing health inequalities. We have also taken account of the need to build inclusivity into our services recovery planning (sections 3.2.6 and 3.2.8).

Prevention programmes must be shaped by local demographics. In section 3.2.8 we outline the role of our prevention and equalities working group to tackle our 'Vital 5' leading causes of poor health. It also sets out our approach to population health.

We have promoted partnership working at borough level through Local Care Partnerships, which deliver population focussed healthcare plans at a local level (sections 2.1, 2.4 and 3.2.12). They are an example of our effective decision-making (section 3.2.13) and system leadership (sections 2.4 and 3.2.12). The reports from our six boroughs (in section 3.2.12) each evidence improved local outcomes.

The ICB has also worked collaboratively with partners on meeting local and national standards and delivery objectives for 2023/24. This includes the development of detailed delivery plans that set out agreed measures to improve productivity and efficiency – along with care pathway improvements.

SEL ICB's safeguarding team continued to promote compliance with national responsibilities and respond to national and local developments and priorities at both borough and system level. Both safeguarding and support for children and young people with special educational needs and disabilities are covered in section 3.2.4. That section also sets out how we are working with partners to manage increased thresholds for intervention.

Healthcare staff worked with a range of partners and community groups to deliver another successful COVID-19 vaccination booster campaign in the autumn.

Their work during the pandemic underlined the need for systematic engagement with our clinical professionals. The Clinical and Care Professionals Committee is a core part of our governance structure (section 4.1.3.2).

Many of our staff are – or will be – working in new integrated teams or settings as we strive to join up healthcare, social care and a range of preventive services. Over the second half of 2022/23, the ICB led the work within our partnership to develop the 2023/24 South East London Operating Plan to support our integrated working.

As Chief Executive and Chair of a new board, we want to work transparently and with an open door for our staff. We know that the impact of the pandemic and cost of living pressures has affected our staff. Against such a backdrop, further change is not easy. Our executive team has sought to establish a respectful culture within the ICB itself while displaying effective leadership (see section 3.2.9). We have put an emphasis on staff engagement and organisational development activities which meet and go beyond our duty of care – as set out in sections 3.2.9 and 4.2.4.7.

As outlined in sections 3.1 and 3.2, we rigorously assessed the quality and effectiveness of our services while, as detailed in section 3.2.10, ensuring we did not lose sight of the need for financial efficiency – maximising the outcomes generated by investment.

These are outlined in some depths in the ‘borough reports’ (section 3.2.12) and section 4.1.3.2’s discussion of our governance arrangements. The ICB is pleased to report it achieved all its statutory financial targets this year.

The ICB has implemented robust policies around the use of agency staff and at the end of Q3 was on track to cut agency spend by around two-thirds, compared to the final year of the predecessor CCG (section 3.2.10). We have also continued to build on the development and adoption of technology and digital innovation hastened by the pandemic. See individual borough reports (section 3.2.12) and section 3.1.

We have worked with partners such as Health Education England and our providers to promote new ways of working and delivering care. We need to reduce vacancy numbers and make the most efficient use of our dedicated workforce (section 3.2.9). Meanwhile, we have engaged with ICB staff on the efficiencies required over the next two years.

This report also includes some stark performance data that underlines the challenges arising from the pandemic. We outline these challenges around elective care, cancer services, urgent and emergency care and mental health/learning disabilities and autism in section 3.2.1 – along with our innovations to boost performance.

We have also tackled the issue of primary care access, adopting digital transformation and primary care outreach (borough reports and section 3.1), which were key planks of the NHS England recovery plan published in April. Readers can find more about our embrace of those tools in section 3.1 and in the borough reports.

One in five children in South East London live in low-income homes, with four of our boroughs ranking amongst the 15% most deprived local authority areas in the country. Section 3.2.8 details how mental health services have responded to both the impact of the pandemic and health inequalities amongst children and young people. The borough-based response to the needs of children and young people is set out in section 3.2.12.

The ICB has strengthened SEL-wide and quality arrangements, drawing in a range of partners. These will be boosted further in the current year with patient safety partners participating in our new quality and performance committee and the nationally mandated system quality group (see section 3.2.2.)

In our second year, we want to work as one system; one with prevention, early detection and intervention at its heart. Our approach to population health is based on feedback from our communities and service users and designs services through co-production.

The combined budgets, talents and commitment of the health and social care system can also have a direct impact on the economic and social wellbeing of our communities. We set out our role as an ‘anchor’ in the diverse six boroughs we serve in section 3.2.8.

We hope you enjoy NHS South East London ICB’s first annual report.

2. Who we are

2.1. Introduction to NHS South East London ICB and our role within the wider health system in South East London

NHS South East London Integrated Care Board is the statutory body which is responsible for the provision of healthcare for the 1.9m residents of South East London, comprising the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The ICB is led by the ICB Chair, Richard Douglas, and Chief Executive, Andrew Bland, supported by a Board of executive and non-executive directors, together with partner members, to support collaborative and collective system wide decision making.

SEL ICB is part of the South East London Integrated Care System (ICS), which has been in existence since 2019 and is a collection of health and social care providers within the six South East London boroughs who work in partnership to drive the four purposes of the ICS, being to:

- improve outcomes in South East London population health and health and care services
- tackle inequalities in outcomes, experience and access experienced by the residents of South East London
- enhance productivity and value for money in the use of health and care resources in South East London
- support broader social and economic development

The ICB will oversee the work of the ICS and make decisions on allocating NHS resources and planning services. Ultimately, the ICB engages, convenes, understands, delegates and enables improvement.

To facilitate cross-organisational working across the ICS, partnership working is promoted at borough level through Local Care Partnerships, which operate to deliver population focussed healthcare plans at a local level. Local Care Partnerships have been formed in each borough comprising NHS organisations, the local authority, statutory services, the voluntary sector and other partners to deliver integrated care for local people, seeking to address the health needs of the population that are identified in each boroughs Joint Strategic Needs Assessment and ensure parity of services.

2.2. Our duties

The ICB is established under the Integrated Care Boards (Establishment) Order 2022, made by NHS England under powers in the National Health Service Act 2006.

The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

The main powers and duties of the ICB to arrange certain health services for the population within its organisational boundaries are set out in sections 3 and 3A of the 2006 Act, as amended under the Health & Care Act 2022. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

In this annual report, we describe how we have fulfilled these duties to secure improvement in the physical and mental health of our population, and in the prevention, diagnosis and treatment of illness for those people, seeking to reduce health inequalities, promote involvement of each patient in their own care, offer patient choice, support the integration of services, work together with the public and patients and ensure that we have plans in place to deal with surges in demand for services and major incidents.

2.3. Our population

South East London has a highly diverse population, and the health and care needs of its 1.9 million people are complex. That population is predicted to increase by nearly 10% by 2029. An additional challenge is that the rate of growth is particularly high in the older population: the increase in numbers is three times faster for both those aged 65-79 and 80+.

We expect this to lead to increasing demand for care across the system overall.

There is significant health inequality, both within and across our six boroughs. Life expectancy at birth can vary by up to nine years between the most and least deprived areas of an individual borough.

This is the population whose physical and mental healthcare needs are met by our staff and our partners.

The wider determinants of people's health – such as deprivation, the local environment, housing, crime, education, employment and social isolation – have a significant impact, as do individual lifestyle choices. One in five children in South East London live in low-income homes, with most of our boroughs, Greenwich, Lambeth, Lewisham and Southwark, ranking amongst the 15% most deprived local authority areas in the country. While Bexley and Bromley are comparatively less deprived, they both still have pockets of significant deprivation.

The proportion of people from black and minority ethnic backgrounds also differs across our boroughs, from 60% in Lambeth to 19% in Bromley. We also have a higher-than-average proportion of local people identifying as LGBTQI+. For example, Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in the country.

Finally, there is a large prison population of over 3,500 adult men and young adults across four prisons situated in Greenwich and Lambeth.

2.4. Working at borough and system levels

Our Integrated Care Board – its contribution to the development of our system strategic priorities

The ICB has provided system leadership to support the development of two key strategic outputs over 2022/23:

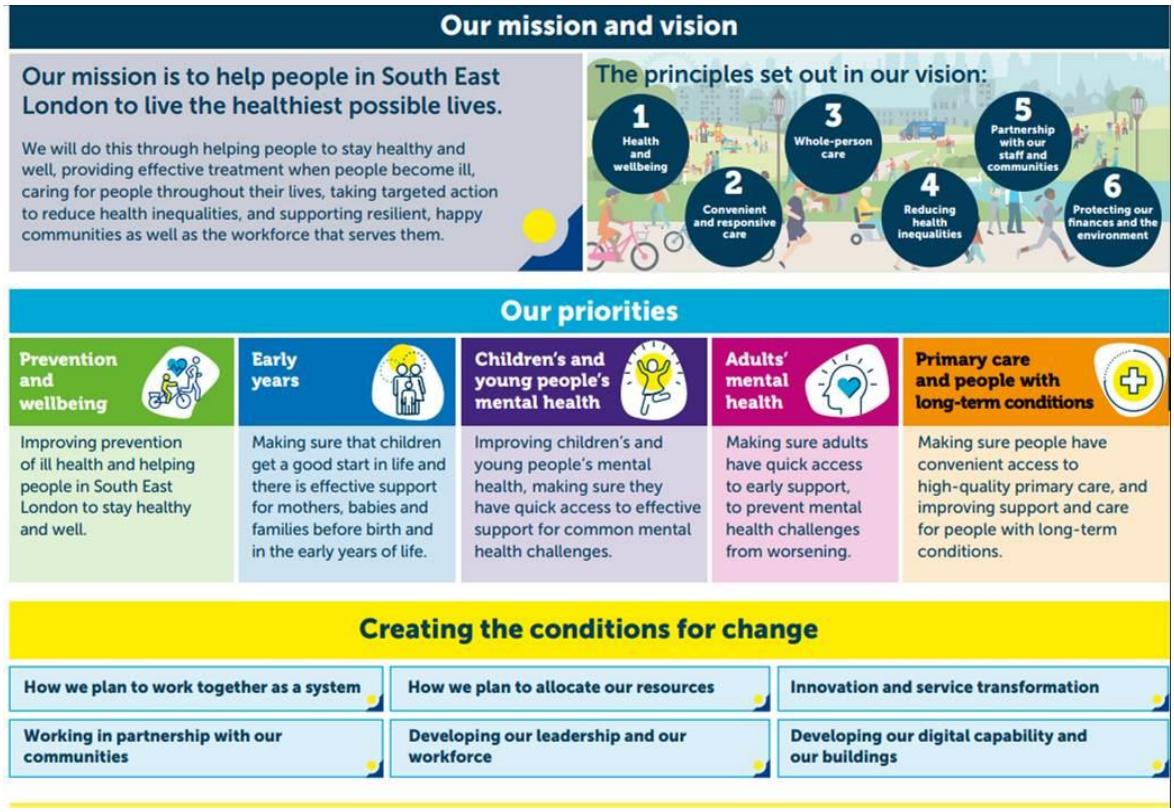
1. The development of the **Integrated Care Partnership strategy**, focussed for 2022/23 on the development of an agreed mission and vision and the identification of five strategic priorities that will be taken forward over the new five years across our partnership. These have been agreed by our full integrated care partnership on the basis that we can make a material difference in these areas by working together as a system, bringing our partnership together with a collective commitment and endeavour to taking forward new ways of working and new service models to make a demonstrable difference to improving health outcomes and reducing inequalities.

   The process of engagement to develop these priorities included online surveys, discussions with community members, engagement with each of our Local Authorities and NHS providers, and workshops across our Integrated Care System. As part of this process, we sought to identify areas where working together across our system could accelerate progress in improving health and care. We identified major opportunities for improvement which are priorities for our communities and for organisations across our system. We assessed which of these areas would most benefit from joint working across South East London.

   From this process, we identified five cross-system strategic priorities to improve delivery of primary medical prevention including health checks and vaccinations, support for babies and families in early years, early intervention for mental health problems for children and adults, and access to high quality primary care and support for long term conditions.

Staff from the ICB are now leading the next phase of delivering these five strategic priorities, working closely with partners across our system, and reporting back to our Integrated Care Partnership. They are working with partners to identify a preferred approach to addressing the issues identified for each of the priorities in the strategy. Once this is done, we will work together as a system to implement the preferred approach, with action at different levels. The work will help organisations across our system deliver their own strategic priorities in relation to prevention, early intervention, joining up care and improving care for disadvantaged groups.

Our collectively agreed priorities are summarised below:



2. The development of our **Integrated Care Board Joint Forward Plan**, which sets out a clear NHS commitment to taking forward the Integrated Care Partnership's strategic priorities, plus setting out our wider objectives for the next five years. These are aligned to local Health and Well Being Board plans and focussed on securing the four key purposes of Integrated Care Boards through action around the development of integrated community based care in our boroughs, end to end care pathway improvement and redesign and the proactive development of supporting infrastructure and enablers. In each area the Joint Forward Plan sets out a vision for that area, key objectives and priorities and the actions that we will take forward as a system to secure them, in terms of short term (2023/24 and 2024/25) milestones.

The Integrated Care Board has further convened the system to support the associated development of operational plans for the NHS for 2023/24, focussed on the identification and agreement of key actions that will support delivery of both our integrated care strategic priorities and Joint Forward Plan, plus the performance standards and delivery objectives set nationally for the NHS for the year ahead. This work has included the development of detailed underpinning delivery plans, including demand and capacity, activity, workforce and financial planning alongside the agreement of productivity and efficiency and care pathway improvements.

In all of these areas of strategic and operational planning the Integrated Care Board has played a key leadership role, founded upon collaborative approaches and endeavour, convening the system and its partners, supporting a robust engagement process and securing the collective agreement of and commitment to system wide and underpinning borough, provider and system deliverables.

Our engagement processes have sought to ensure the proactive engagement of partner members across our integrated care system, plus meaningful engagement with our communities, service users and staff. The ICB ran wide a set of ranging engagement events during the summer and autumn of 2022 and the feedback from these events was key, alongside an understanding of population health and inequalities, in driving the identification of our strategic priorities for the medium term, across both the integrated care strategy and the Joint Forward Plan. Having developed our Joint Forward Plan in Quarter 4 of 2022/23 we are now engaging upon it to enable the plan, which will be refreshed annually, to be finalised for 1 July 2023.

Facilitating change – our ICB led ‘system of systems’ operating model.

The South East London system is a complex one and our ambition is around building from our positive start point to secure a demonstrably mature Integrated Care System that is able to make a difference in improving health and reducing inequalities require us to work differently. Specifically we need to work in partnership and in collaboration, to take collective responsibility around decision making and delivery, across the NHS and Local Authorities and with our communities, service users and staff. We also need do things differently, to use our understanding of population health and inequalities to enhance our focus on prevention, early detection and intervention and to start to collectively tackle some of the systemic challenges we have as a system around demand and capacity, estates, workforce, productivity and efficiency and finance to secure a sustainable, high performing and high quality service offer for residents.

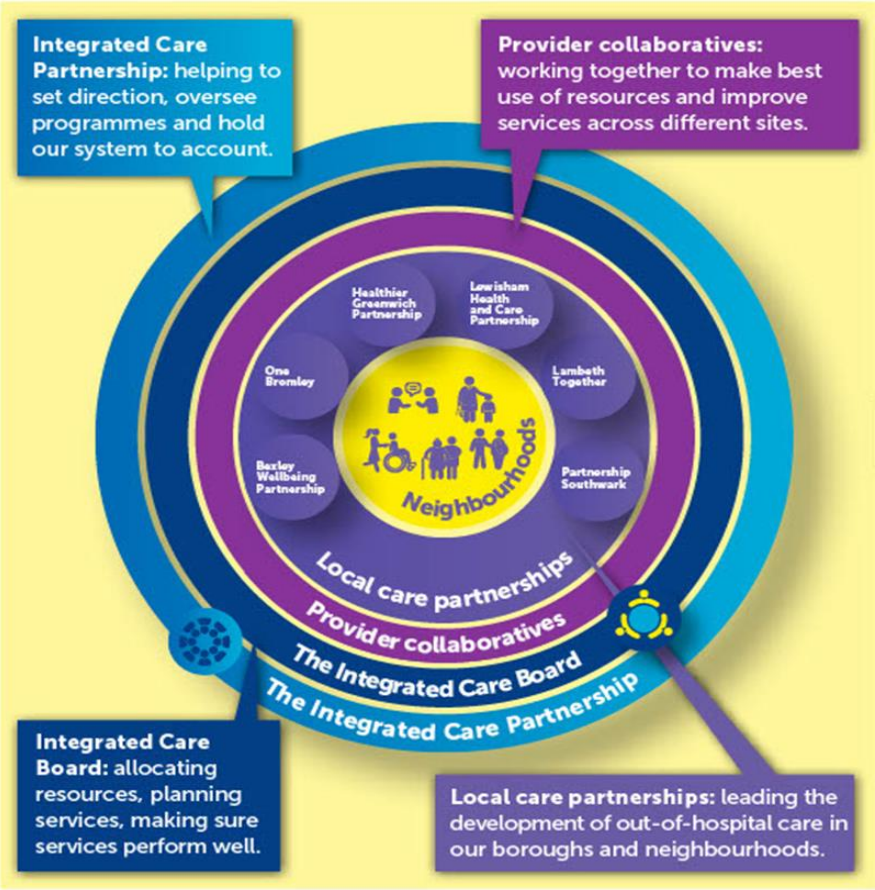
Our operating model is founded on the principles of partnership, collaboration, subsidiary and delegation, as essential ingredients to success, recognising that for the vast majority of areas a collective and collaborative approach will secure optimal outcomes. Our agreed operating model is based upon the following key building blocks that support effective, joined up planning and delivery across our system:

Borough based **Local Care Partnerships** that bring together NHS, Local Authority, other statutory and voluntary sector partners, to plan and deliver population focussed healthcare at a local level, driven by the local Joint Strategic Needs Assessment and associated Health and Well Being Plans. Our Local Care Partnerships focus particularly on further development of integrated community based services designed to meet the needs of the population in a way that is demonstrably responsive to the feedback around access, experience and outcomes and the need to enhance our focus on systematic prevention, early detection, intervention and support.

Provider Collaboratives and Networks, across each of acute care, mental health services and community services, bringing together similar providers to jointly plan and deliver key aspects of care. The objective is to drive the standardisation of care pathways and outcomes, secure the best use of available capacity through taking a system rather than an organisational approach and enable best practice. In embedding the work of our Provider Collaboratives in our system of systems we are able to further secure effective join up across our vertically and horizontally focussed integrated care approaches and to ensure plans and outcomes are driven by both operational delivery imperatives but also health needs and inequalities.

Our **Integrated Care Board**, which works to secure overall join up across our system of systems, within a collectively agreed strategic framework and set of common objectives that are then secured locally. Our Integrated Care Board convenes and coordinates the NHS system, ensuring the NHS is collaborating effectively with wider partners and our communities, including through our Integrated Care Partnership, takes a key role in ensuring the supporting infrastructure and enablers are developed and oversees delivery through its oversight of and delivery support.

The Integrated Care Board supports join up across its NHS focussed activities and the broader **Integrated Care Partnership**, both contributing to the work of the partnership but also ensuring that outputs from the partnership are then embedded with our NHS strategic and operational plans.



The Integrated Care Partnership (ICP) comprises representatives from the six South East London local authorities, the Chairs of our biggest health provider organisations, Directors of Public Health, Adult Social Care and Childrens Services, a representative from Kings Health Partners, Primary Care, the Voluntary Community and Social Enterprise sector, and Healthwatch. The ICP is a broad alliance of leaders who set strategic direction, provide leadership and support of key South East London-wide programmes, and holds system partners to account for delivery of the priorities in the ICS strategy.

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

2.5. Key risks and influences on South East London

South East London has a diverse population and a diverse geography. The desire to address health inequalities is high on the ICBs agenda, forming one of the four purposes of the ICS. We know as a system that we need to deliver healthcare at the

right time, in the right place, and in the most efficient, effective and sustainable way that we can.

These ambitions for the organisation are set against a backdrop of increased demand on our services, high levels of acuity, an ageing and expanding population that has increasingly complex health needs, and risks around workforce growth and retention.

As an ICB the organisation is working hard to address these issues, as this annual report seeks to demonstrate. Central to our plans are our desire to co-produce and co-design our services with the communities that we serve, ensure we understand and address the priorities of our local communities as well as the national expectations of the National Health Service.

Operationally, we face risks to delivery through physical and workforce capacity challenges, the need to manage the impact of backlog and pent up demand from our services, and a material underlying deficit within the system. Equal focus will be given to delivering incremental improvements in access to services, the performance and quality standards we achieve, and the efficiency improvements we need to make, driven by best practice and care pathway redesign.

Through a regular review of our Board Assurance Framework (BAF), the Board members ensure that they are monitoring and mitigating the risks that have been identified to delivery of our corporate objectives and our duties described above. The BAF is presented at each Board meeting held in public and can be viewed via the Board meeting papers on the ICB website. More information on how the ICB manages and monitors its risks is included in the Governance section of this annual report, with risk management integral to the daily activities discussed in the following performance sections of this annual report.

3. SEL's performance

3.1. Performance Overview

This section of the annual report provides information on the ICB's performance – for its population and across its key NHS providers – against the national performance standards for 2023/24, focussing on the period July 2022 (when the Integrated Care Board was established) to March 2023 (referred to as 2022/23 for this ICB report). It considers how the operational plans for 2023/24 agreed by the ICB's predecessor CCG and the wider NHS system have been secured over the year, with a specific focus on the ICB period.

Our plans for 2023/24 focussed on continuing to respond to the on-going demand associated with Covid-19, meeting overall non Covid-19 related demand for NHS advice, support and care across all services and continuing to recover from the impact of the Covid-19 pandemic, with a particular focus on improving access and reducing the diagnosis and treatment backlogs that built up during the pandemic. In addition we have been working to get delivery back on track and recovering the ground lost due to the pandemic in relation to the NHS Long Term Plan health improvement objectives in key areas such as mental health.

Our 2022/23 plans therefore sought to continue the positive progress made over the previous year, with targets again recognising the legacy of the pandemic and the need to recover before we could get back to the delivery of pre pandemic constitutional and performance targets.

As we have progressed the implementation of our operational plan commitments over 2022/23, we have sought to ensure that we have built on the collaboration and innovation established during the pandemic, translating our in extremis measures into business as usual approaches. These include:

- Embedding population health management approaches into our planning and delivery of services, to ensure that we understand and more effectively respond to population needs and focus on reducing inequalities in access, responsiveness and outcomes as well as securing overall performance targets.
- Fostering and embedding collaborative approaches to service delivery and improvement through increased utilisation of capacity on a system rather than a provider basis and through enhanced mutual aid approaches.
- Digital transformation across NHS services including the enhanced development of virtual appointments for primary care and outpatient care, the use of tele health and remote monitoring, thereby enabling the most effective use of NHS physical and workforce. In addition, SMS messaging has been increasingly utilised to communicate with patients about their appointment.

Alongside the above we have also been working to ensure we are securing care pathway improvements to underpin and sustain the improvements in access and wider outcomes we are seeking to achieve. This includes:

- Enhancing our community based care offer, to avoid unnecessary hospital attendances and admissions and provide care closer to home, with the continued development of our urgent community response and reablement services and the development of virtual wards.
- Action to improve capacity through a combination of capacity expansion and improved productivity and efficiency to meet presenting demand, including for diagnostics and elective services, urgent and emergency care and mental health community teams and crisis services.
- Working to ensure we are demonstrably meeting best practice and the use of evidence based guidelines across our services. For example, our Clinical Effectiveness South East London (CESEL) team has been wrong with general practice to deliver resources and supportive interventions such as clinical guides, clinical templates, education events and facilitation visits, focussing on long-term conditions (e.g. Diabetes and Hypertension) and childhood immunisation projects. CESEL's evidence-based approach to quality improvement has brought welcome funding for improving outcomes and reducing inequalities. In urgent and emergency care system partners have worked together to embed the SEL 111 service within a wider integrated urgent care offer, roll out of Same Day Emergency Care and improve our discharge planning processes in line with best practice.

However, despite huge efforts we have struggled as a system to secure the full breadth of operational delivery standards and targets set for the year, with our challenges driven by a number of linked factors including demand and capacity imbalances, workforce constraints, the impact of incidents that we had not planned for such as IT outages and industrial action and the overall bandwidth to secure the breadth of pathway improvement and productivity and efficiency gains required. Our urgent and emergency care pathway has been subject to particular challenge, with year round rather than the usual winter system pressures.

Summary position for South East London ICB

For more detail on our work with partners to support performance delivery in these areas, please refer to the performance analysis section below.

3.2. Performance analysis

This section outlines the ICB's role in respect of the following:

- The performance of commissioned providers against national standards
- Assurance and improvement of quality and safety of care
- Infection prevention and control and safeguarding activities
- Engagement with people and communities
- Addressing health inequalities, diversity and inclusion
- Patient experience and liaison
- Supporting and developing our staff
- Our financial performance
- Highlights from our borough teams
- Sustainable development
- A forward view into 2023/24

3.2.1. Provider performance

2022/23 acute performance

The following table provides information on SEL's performance against the national performance standards set for 2023/24, with the performance shown as aggregate position across the three acute Trusts in South East London (Guy's & St Thomas' NHS Foundation Trust, Kings College Hospital NHS Foundation Trust and Lewisham & Greenwich NHS Trust).

Metric	Standard	Period	Latest Position	June 2022
RTT 18 week wait performance	92%	Mar 2023	**65.3%**	68.5%
RTT 52 week wait performance	0	Mar 2023	**6,890**	4,951
RTT 78 week wait performance	0	Mar 2023	**221**	440
RTT 104 week wait performance	0	Mar 2023	**8**	6
Diagnostics 6 week waits	1%	Mar 2023	**8.1%**	7.6%
A&E 4-hour performance	95%	Mar 2023	**66.5%**	70.5%
A&E 12-hour waits	0	Mar 2023	**2,053**	760
Cancer 2 week waits	93%	Mar 2023	**90.9%**	87.2%
Cancer 62 day waits	85%	Mar 2023	**62.7%**	67.5%
Cancer 28 day waits	75%	Mar 2023	**77.0%**	72.9%

Definitions
Elective care - Referral to Treatment (RTT) 104 week waits: The number of pathways for which patients have been waiting more than 104 weeks from referral. Elective care - Referral to Treatment (RTT) 78 week waits: The number of pathways for which patients have been waiting more than 78 weeks from referral. Diagnostic waits: The percentage of patients waiting six weeks or more for a diagnostic test. A&E 4-hour waits: Percentage of A&E attendances where the patient spent four hours or less in A&E from arrival to transfer, admission or discharge as measured against the pre pandemic NHS constitutional standard of 95% of patients being seen and discharged or admitted within 4 hours of arrival. A&E 12-hour waits: Total number of patients who have waited over 12 hours in A&E from decision to admit to discharge or admission. Cancer two week waits: Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer. Cancer 62 day waits: Percentage of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer.

Elective care

The national and local expectations for elective care for the 2022/23 financial year were based on the need to increase elective activity to above pre-pandemic levels and reduce maximum waits. The targets set for the year were:

- 104% business as usual activity against 19/20 baseline.
- Eliminating 104+ week waiters from July 2022.
- Eliminating 78+ week waiters by March 2023.

In South East London positive progress was made in reducing maximum waits despite challenges in meeting the national activity targets. The ICB has broadly met and maintained the 104-week waiter target with only a very small number of 104 week waits having occurred since July 2022, and narrowly missed the end March 78 week waiter target, with our positive progress having been impacted by quarter 4 industrial action.

In terms of activity elective activity levels were below the 104% target, with challenges associated with managing overall demand within available capacity, noting our urgent and emergency care and other pressures but also challenges in securing the bandwidth to optimise the opportunities round productivity improvement, particularly in relation to theatre productivity and outpatient redesign.

Diagnostics

Whilst performance across SE London trusts showed 9.3% of routine patients waiting more than 6 weeks for their diagnostic test, compared to the national standard of 1%, the ICB's relative performance was positive, within London and nationally.

Access to diagnostics is a key part of cancer and elective pathways, with timely access to cancer diagnostics of particularly importance. As a system we have been working to improve overall access whilst also ensuring increased and prioritised ring fenced capacity to support a 7-day turnaround time from request to report for cancer diagnostics.

SEL has further benefitted from new diagnostic equipment being provided and Community Diagnostic Hubs will further increase available capacity and support improved access and waiting times.

Urgent and emergency care (UEC)

Urgent and emergency flow and associated performance remained very challenged during 2022/23, with the year seeing an overall deterioration in the % of patients seen and discharged within 4 and 12 hours in our Emergency Departments. Delays were evident across the pathway with long waits in emergency departments and urgent treatment centres (UTCs), ambulance handover and mental health waits, and bed flow challenges resulting in long waits for patients requiring admission along with discharge delays for patients who were medically fit.

Demand, capacity and flow issues were exacerbated by staffing challenges driven by high vacancy and staff sickness rates. In addition, further challenges were experienced across SEL during the later part of the year due to industrial action.

System partners have worked collaboratively over the year on a range of UEC related improvement initiatives, focussed on improving flow within UEC pathways. This has included a focus on optimising front door redirection, improving ambulance to hospital handover times, increasing the scope of and opening hours for same day emergency care facilities within our emergency departments, increasing mental health crisis capacity and improving internal discharge planning processes and expediting timely transfer of care from hospital to the community.

During the year and in the light of national guidance requesting that systems enhance their ability to manage system pressures on a real time basis, we have developed our surge/system pressures management function which has transitioned to a System Control Centre.

Cancer

The primary focus for the ICB during 2022/23 was reducing the backlog of patients awaiting cancer treatment and increasing treatment activity to pre-pandemic levels, whilst still improving early diagnosis by informing patients of their cancer diagnosis status within 28 days of referral for 75% of patients.

As a system we struggled to meet the targets set for 2 week wait referrals, 62 day treatment and the 28 day Faster Diagnosis Standard, but the overall backlog did improve. There has been a significant focus on implementing underlying care pathway improvements which will help with sustainable delivery of cancer standards going forward, including a focus on diagnostic capacity and turnaround times, targeted action for specific tumour groups such as the expansion and optimisation of Telephone

Assessment Clinics (TAC) for colorectal pathways, a Dermatology Transformation and Skin Matters improvement programme and work to increase treatment capacity.

Mental health performance

Metric	2022/23 Target	Period	Latest position	June 2022
IAPT access	20,147	Q3 2022/23	**10,340**	**10,240**
IAPT recovery rate	50%	Feb 2023	**50%**	**51%**
Dementia diagnosis	66.7%	Mar 2023	**68.4%**	**66.8%**
SMI physical health checks	13,755	Q4 2022/23	**11,521**	**7,667**
CYP access	18,354	Feb 23	**19,165**	**19,135**
CYP eating disorder wait times – routine	95%	Q4 2022/23	**66.4%**	**34.7%**
CYP eating disorder wait times – urgent	95%	Q4 2022/23	**96.3%**	**64.3%**
OAP bed days	0	Feb 2023	**1,720**	**1,820**
EIP waiting times	60%	Feb 2023	**63.7%**	**65.6%**

Definitions

Improving Access to Psychological Therapies (IAPT) access rate: This is the number of people entering treatment as a percentage of the estimated prevalence of people with common mental health disorders.
IAPT recovery rate: The percentage of people who have completed treatment and are moving to recovery.
Dementia diagnosis: Diagnosis rate for people with dementia, expressed as a percentage of the estimated prevalence.
SMI physical health checks: The proportion of people on the GP serious mental illness (SMI) registers who have received a comprehensive physical health assessment in the 12 months to the end of the reporting period.
Children & Young People under the age of 18 who have had at least two contacts from NHS funded mental health services as a proportion of those estimated to have mental health needs.
The proportion of Children and Young People (CYP) with eating disorders (routine cases) that wait four weeks or less from referral to start of NICE-approved treatment.
The proportion of Children and Young People (CYP) with eating disorders (urgent cases) that wait one week or less from referral to start of NICE-approved treatment.
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days: The number of bed days for inappropriate Out of Area Placements (OAPs) in mental health services for adults in non-specialist acute inpatient care.
Early Intervention in Psychosis (EIP) waiting times: First episode psychosis treatment with NICE recommended package of care within two weeks of referral.

Our plans included the delivery of a range of performance targets associated with mental health targets, with a mixed picture in terms of delivery against them, from areas of compliance to areas of non-compliance but with an underlying improvement , to areas where we have not managed to secure an in year improvement due primarily to demand, capacity and staffing pressures.

On talking therapies (IAPT) SEL performed well and met the national IAPT recovery standard and the 6 and 18 week targets too, however less people access services than we had planned, with a key on going focus on seeking to improve our access rates. Key challenges have been staffing and securing the right level of referrals into

each service, noting external support was secured to carry out assessments and treatments which helped to manage the waiting list position.

SEL's performance on Dementia Diagnosis Rates has been consistent and positive in overall terms but with an on-going challenge in terms of addressing variation across our six boroughs, a key area of current focus.

The position has been more challenging in relation to Physical Health Checks for people with a serious mental illness, noting this is an area of long standing challenge. All local systems have put in place improvement plans, which are managed at borough level, including using dashboards to identify issues and provide targeted support to individual practices to ensure all six elements of the health check are completed.

The picture for Children and Young People's mental health is more mixed, with positive overall access rates having been achieved, but with very challenging waiting times for eating disorder services. Although improvements in waiting times, particularly for urgent eating disorder services, have been made the position remains challenged and we will be continuing to focus on aligning demand and capacity for this service.

A further area of significant challenge is out of area placements for patients requiring inpatient admission, with SEL seeing an increase in the number of out of area placements due to emergency and crisis pressures, with high numbers of mental health presentations in emergency departments requiring admission to a mental health bed alongside wider bed demand. Additional bed capacity was put in place through private providers, a new ward opened at Oxleas, additional beds for London and a new SLaM assessment unit on the Lambeth hospital site. This additional capacity has helped to alleviate pressures on out of area placements and on emergency departments. Providers and system partners continue to work on internal flow improvement, with a focus on discharge processes and ensuring patients that are clinically ready for discharge are supported to leave hospital.

SEL has routinely delivered the Early Intervention In Psychosis (EIP) waiting times target overall although the target has been missed in individual months, driven by low numbers of referrals into EIP services and small numbers of patients not being able to attend their appointments due to external factors beyond the control of the services. Providers work to identify common themes in waiting times breaches so they can mitigate where possible.

Learning Disability and autism

During 2022/23, The Learning Disability and Autism (LDA) programme continued to focus on Long Term Plan (LTP) commitments and priority actions, working to achieve

operational planning priorities such as reducing reliance on inpatient care and annual health checks (AHCs).

The reliance on inpatient beds for adults and children continued to reduce during 2022/23. This is evidenced by a lower rate of admission than initially modelled and it remains lower than the average rate achieved during 2021/22. Factors that support discharge and prevent admissions include: the completion of inpatient and community Care Education Treatment Reviews (CETRs), the impact of commissioned autism support services and intensive/enhanced support teams, and the work in boroughs to secure community placements and homes.

In South East London, 5,950 Annual Health Checks (AHCs) for people with Learning Disability were completed between April 2022 and March 2023. This was ahead of the year end target of 5,815. This target was not achieved in the previous year.

To support achievement of this target, the LDA Clinical and Care Professional lead supported Local Care Partnerships (LCPs) to implement borough plans for annual health checks. This followed work led by the LDA team to support PCNs (Primary Care Networks) to contact and offer AHCs and included the developing of plans to increase capacity and resources in primary to deliver AHCs.

The Annual Big Health week in November 2022 saw good participation and engagement with a programme of events during the week to encourage take up of AHCs. It highlighted the work in SEL to implement flags in patient health records to show when reasonable adjustments might need making.

The SELECT (South East London Education Care and Treatment) keyworking service was operational for a year in November 2022 and supported over 60 children and young people. The service has received good feedback from children, young people, families and colleagues and will continue to ensure that services can meet identified needs as well as develop the relevant policies and procedures to deliver effective and safe support.

A Positive Behaviour Service (PBS) for children and young people was procured for children and young people up to 25 and commenced in November 2020. This followed the piloting of a PBS service from 2020.

3.2.2. Quality Assurance of commissioned care

During 2022-23, the Quality team continued to work collaboratively with commissioned providers, to ensure a focus on quality improvement. In addition two new South East London wide quality groups were established with the Quality and Performance Committee as well as the nationally mandated System Quality Group. The System

Quality Group comprises representatives from across the South East London system including providers, safeguarding chairs, Healthwatch, Care Quality Commission, Health Education England and NHS England (NHSE). Next year will see our Patient Safety Partners attending who will be able to bring the patient voice directly into the meeting.

The team has also continued to attend provider led Quality Committees triangulated with informal meetings to discuss areas of concern and risk and regular touchpoints with the relevant Care Quality Commission Inspectors.

The ICB reviews serious incidents (SIs) and quality alerts (QAs), which are mechanisms used when the quality of services falls below acceptable standards and patients may suffer from harm or not have the expected quality of service. Serious Incident and Quality Alert reporting supports our local services to investigate and identify how services can be improved on and mitigate against recurrence.

QAs numbers reported according to grading by quarter:

Quality Alert	Q2	Q3	Q4	TOTAL
Total	333	366	358	1,057

When the ICB was formed, two new elements to quality alert reporting and analysis were embedded in Q2: firstly, standardised wording to support providers responding to QAs according to grading supporting a reduction in email flow and secondly an additional free text box on the Datix form to highlight 'Impact to patient safety'.

The ICB has received a total of 1,057 Quality Alerts from providers, mainly GPs across our six boroughs. Many Quality Alerts can easily be resolved by the providers. Others show consistent themes such as communication and transfer of care from one part of the health care system to another. Local solutions are often found as a result of quality alerts. Examples of South East London wide actions include quality alerts received about two of our providers where GPs found they were missing letters following an admission or outpatient appointment. Work was undertaken by both Trusts to review their IT systems including connectivity with primary care as well as improvement of communication pathways.

Serious Incidents	Q2	Q3	Q4	Total
2020/2021	129	143	148	420
2021/2022	162	159	138	459
2022/2023	123	136	140	399

Never Events	Q2	Q3	Q4	Total
2020/2021	2	3	5	10
2021/2022	4	4	7	15
2022/2023	1	7	2	10

Key themes arising from SIs within hospital, homes and community settings were pressure ulcers and falls. Review of pressure ulcers across South East London has led the development of tools and increased education on the development of pressure ulcers to ensure early identification of damage in darker skins, which has a high prevalence within South East London.

Of note, in response to the Guy's and St. Thomas' NHS Foundation Trust (GSTT) IT failure level 3 critical incident, the ICB completed an After Action Review (AAR) to reflect on what went well, what could have been improved upon and to learn and share lessons, including to inform the way in which incidents at that level are both responded to and managed in the future across the sector.

Incident reporting relating to self-harm had seen a rise during the pandemic and SEL had received targeted resource for a three-year transformation programme starting in 2021/22. This has enabled work with Oxleas NHS Foundation Trust and South London & Maudsley NHS Foundation Trust (SLaM) to pilot support for people who present to emergency departments (EDs) having self-harmed. A suicide bereavement support service pilot, a partnership between SLaM and MIND (mental health charity) is available to SEL residents. The service has been opened for over a year and is almost at capacity. The project is being independently evaluated for future planning.

The quality team have implemented monthly SI reconciliation meetings with our provider Trusts, which assist in identifying key themes, hotspots and trends leading to effective actions being developed to address the underlying causes. The Quality team works proactively with providers to support the identification of themes and sharing of learning.

The ICB's internal Serious Incident Panel reviews all complex and SIs with repetitive themes, providing feedback to providers to include and review via their Harm Free Action plans were applicable. Never Events - so called because they are defined as wholly preventable, are included within SI reporting. Never Event themes are consistently related to wrong site surgery, retained foreign objects and medication. A deep dive into South East London Never Events is underway for wider discussion in the System Quality Group.

The NHS Patient Safety Incident Response Framework (PSIRF) was published in August 2022 and will replace the current Serious Incident Framework (2015) by the

autumn of 2023. The ICB Quality team and Patient Safety Specialist are working closely with providers to support their transition as major changes will occur in how patient safety events (not called SIs anymore) will be reported and investigated. The focus has moved from reviewing individual incidents to system wide learning, human factors that come into play in patient safety and having a proportionate response to such incidents.

When the quality of healthcare within a service in South East London raises concerns, there is an escalation process in place to NHS England for support. The forum where this occurs is the Joint Strategic Oversight Group. This London-wide group triangulates known concerns in healthcare providers and members of the Group can co-ordinate support to drive forward improvements.

The Local Maternity and Neonatal System (LMNS) Surveillance Group was established in November 2021 and convenes every six weeks. The agenda of the group continues to evolve but the primary objective is to enable a peer led review of quality and safety of maternity and some aspects of neonatal services through the analysis of key intelligence, sharing and learning of events and oversight of the implementation of recommendations from national reports and programmes. Membership includes maternity and neonatal senior managers, clinicians, commissioners, and external organisations.

A new single delivery plan will be published by the national maternity programme in March 2023 at which point the terms of reference of the SEL LMNS surveillance group will be reviewed to ensure we are meeting the necessary standards and responding effectively to SEL requirements.

3.2.3. Infection Prevention and Control

The South East London Integrated Care System Infection Prevention and Control (SEL ICS IPC) group meets monthly to provide a platform for organisations to share learning, identify risks and implement guidance in a consistent way across the sector in all care settings. Its membership includes health and social care partners from acute, mental health, primary, community and social care.

The COVID pandemic continued to create challenges across healthcare settings, including the emergence of a number of COVID variants. The Infection Prevention and Control (IPC) team supported health and social care organisations in their response to outbreaks of Covid-19 and other infection control issues. The SEL ICS IPC group continued to monitor and support the identification of learning from all outbreaks including COVID-19 and non-COVID 19.

The NHS standard contracts for the thresholds of healthcare associated infections (HCAI) includes – Clostridioides *difficile*, Gram-negative bloodstream infections (BSIs) Escherichia coli, Klebsiella spp and Pseudomonas aeruginosa.

As of February 2023, SEL ICS HCAI counts were broadly above the threshold for: Clostridioides *difficile,* blood stream infections, Klebsiella spp, E coli and MRSA bacteraemia. Pseudomonas aeruginosa was below set thresholds.
The SEL ICS IPC group has reviewed compliance with the aim to devise HCAIs surveillance pathways. This will facilitate a SEL wide agreed and coordinated approach of managing HCAIs and action plans to bring about reduction where thresholds are exceeded.

During 2022/23, visits to primary care sites were resumed and GP audits completed with advice and support for continued IPC improvements. The IPC team worked with services in non-healthcare settings, such as schools, hostels, hotels and refugee and asylum seekers accommodation, to develop safe ways of working and support the management of outbreaks of infection.

The management of potential outbreaks of Hepatitus C, Polio, scabies and diphtheria were identified as a regional risk and colleagues from the IPC team have participated in regionally-led mitigation activities, together with primary care teams, the UKHSA and local public health teams. They have also completed a number of supported visits as a proactive risk mitigation.

As part of the South East London ICS strategy for antimicrobial stewardship and the reduction of Gram-negative blood stream infections, the Microguide app continues to be rolled out across SEL. Microguide is helping to distribute antimicrobial guidelines, provide a decision support tool for prescribing/treatment choices and enable the capturing and monitoring of data to support compliance monitoring. This will help to standardise and benchmark best practice across SEL.

The IPC Champions programme, launched in 2021 to provide ongoing IPC support for health and social care staff with an interest in developing a broader IPC knowledge base, continues on a quarterly basis.

3.2.4. Safeguarding activities

The corporate responsibilities for safeguarding children and adults at risk are explicit and are informed by legislation and national directives. Essential to corporate business are the requirements defined in the statutory guidance on safeguarding and promoting the welfare of adults and children under The Care Act 2014 and Section 11 of the Children Act 2004. NHSE also requires the completion of a Safeguarding Commissioning Assurance Toolkit each quarter which is linked directly to the NHS

Safeguarding Accountability and Assurance Framework. Over this first year, SEL has continued the transition from CCG to ICB in developing systems that provide oversight and learning both at Place and centrally. The safeguarding development plan includes activity to build robust and efficient systems, which reflects a “Think Family” ethos, meets strategic priorities, and delivers evidence based outcomes.

SEL is statutorily responsible for ensuring that the organisations from which we commission services provide a safe system that safeguards vulnerable adults and children at risk of abuse or neglect. This includes specific responsibilities for Looked After Children and the Child Death Overview process which incorporates sudden unexpected death in childhood. These duties are as follows but not limited to:

- A clear line of accountability for safeguarding properly reflected in our governance arrangements (i.e., having a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements)
- Ensuring that all health providers from which services are commissioned (both public and independent sector) have comprehensive and effective single and multi-agency safeguarding arrangements in place.
- Clear policies in place setting out our commitment, and approach, to safeguarding including domestic abuse, workforce policy, supervision policy, safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Ensuring staff attain safeguarding competence commensurate to their role, in accordance with the respective Child and/or Adult Intercollegiate Document’s.

SEL have completed the National Safeguarding Steering Group (NSSG) ICB Safeguarding Accountability and Assurance framework (SAAF) implementation audits which are reported on to the NSSG quarterly. Each Place has systems to deliver and manage local statutory duties. SEL are further developing governance frameworks to ensure there is robust oversight of child death overview, Section 47, unaccompanied asylum-seeking children, Female Genital Mutilation (FGM), Child Protection Information Sharing (CPIS) and children as victims of domestic abuse.

During 2022/23, SEL’s safeguarding team continued to promote compliance with these responsibilities and are responsive to national and local developments and priorities. Key achievements and developments during 2022/23 include:

- The continued development of the ICB Safeguarding Governance Framework.
- Working towards the delivery of a Safeguarding sub-committee that meets the needs and demands of SEL.
- Oversight and contributing to Learning Disability Mortality Review (LeDeR) case reviews.
- Learning events for clinicians regarding: Special Guardianship families; Foetal Alcohol Spectrum Disorder; Fire Safety in the home.
- An Asylum Seeker and Refugee programme which has delivered tailored safeguarding training for clinicians; strengthening safeguarding processes for this

vulnerable population and recommending a health core offer which includes prevention of harm and trauma-based approach.
- Implementation of a local incentive scheme for GPs to contribute to assessing risk and safety plans.
- Involvement with local authorities reviews of children and young people with complex needs in residential settings as directed by the National Safeguarding Panel.

Pandemic recovery demand for safeguarding services has increased across the system. Partner statutory agencies are managing increased thresholds for intervention alongside reduced staffing capacity which means universal health services are having to manage patients with increased risks. SEL are aware of this pressure and are supporting clinicians to continue to safely care for patients.
Regional and national priorities have been identified and safeguarding designates are developing ways to take lead responsibility for exploring learning and improvement within:

- Domestic Abuse
- Modern Slavery
- Safeguarding Adult Reviews (SAR)/Child Safeguarding Practice Review (CSPR)/ Domestic Homicide Reviews (DHR) themes and learning
- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Sexual abuse and Child Sexual Exploitation
- Serious Youth Violence and Multi-agency Child Exploitation (MACE) panels
- Think Family approach
- Female Genital Mutilation
- Information Sharing
- Liberty Protection Safeguards

As set out in Working Together to Safeguard Children 2018[1], SEL ICB are responsible for the provision of effective clinical, professional and strategic leadership in child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.

Learning from Safeguarding Statutory Reviews
SEL recognises the importance of obtaining thematic learning from statutory reviews and is committed to embedding that learning throughout its safeguarding strategy and workplan. Statutory Reviews, such as Safeguarding Adult Reviews (SAR's), Child Safeguarding Practice Reviews (CSPR's) and Domestic Homicide Reviews (DHR's) are generally arranged at local, borough level.
During 2022/23, the ICB took steps in devising an approach which would enable themes and issues to be captured across the SEL boroughs. These steps included completing the NHSE Safeguarding Case Review Tracker (S-CRT). The S-CRT enables the identification of themes and trends, as well as providing the opportunity to compare regional and national data.

An analysis into recent safeguarding statutory reviews, highlights the following key priority areas:

Adults	Overlapping Themes	Children and Young People
Mental Capacity Act	Think Family	Serious Youth Violence
Self-Neglect	Professional Curiosity	Child Criminal Exploitation
Transitional Safeguarding	Domestic Abuse	SEND
Alcohol and substance misuse	Lived experience of looked after care system	Sexual Abuse
	Special Education Needs and Disability	

As set out in Working Together to Safeguard Children 2018[1], our SEL safeguarding partners reports, set out what they have done as a result of the arrangements, these include child safeguarding practice reviews, and how effective these arrangements have been in practice. Links to the individual place reports are as below.

- Bexley-SHIELD-Annual-Report-2020-21-Final.pdf (bexleysafeguardingpartnership.co.uk)
- Bromley_SCP_Annual_Report_2022 v1.0.3 FINAL.pdf (inzu.net)
- GSCP MEETING TITLE (greenwichsafeguardingchildren.org.uk)
- PowerPoint Presentation (greenwichsafeguardingchildren.org.uk)
- Lewisham Safeguarding Children Partnership Annual Report 2021-22 (Final) (safeguardinglewisham.org.uk)
- 3a6854_48ed0bded94a4472906c130d39fe989c.pdf (lambethsaferchildren.org.uk)
- Safeguarding The London Borough of Southwark • Southwark Safeguarding Children Partnership

Children Looked After

Children Looked After have often been exposed to trauma before entering care that is associated with high Adverse Childhood Experiences (ACE) scores. Developmental issues from an early age because of lack of stimulation often leads to poor education attainment. It is therefore important to recognise and support the additional vulnerabilities for this group of young people. Across SEL, the main objective for children placed in care is to provide them with a safe environment, with the aim of improving long term outcomes. This has been done by ensuring:

- That services are child-centred, based on individual needs and views.
- Service provision is monitored and benchmarked against local and national standards, including statutory requirements and NICE (National Institute for Health and Care Excellence) quality standards.
- Restoration of access to dental care for children and young people; as well as access to routine services disrupted by the pandemic.

- The needs of children placed out of borough or SEL are recognised and prioritised given their additional vulnerability

- An increasing number of Separated/Unaccompanied Asylum-Seeking Children are included within SEL's Children Looked After numbers each year.

  Every Child Looked After is required to have statutory health assessments which consist of an Initial Health Assessment completed within 20 days of coming into care and further Review Health Assessments completed within a year for children over 5 and six months for children under 5 each year. SEL recognise the need to improve system processes with children's social care, police and education partnerships to consistently meet these standards to enable looked after children to be kept safe and reach their developmental potential.

  The main themes identified from the health assessments are:

  - Neglect
  - Physical and emotional abuse
  - Parental illness
  - Emotional well being
  - Poor immunisations uptake
  - Poor user engagement
  - Poor uptake of dental appointments
  - Increase in demand for Child and Adolescent Mental Health Services
  - Challenging Behaviour
  - Speech and Language difficulties
  - Developmental delay
  - Learning difficulties including Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD)

  SEL has implemented a free prescription service for care leavers who are on low income. As part of the corporate parenting role, SEL wants to support young people so they do not have to choose between paying for prescribed medication against other day to day cost of living expenses such as energy bills or food.

Liberty Protection Safeguards (LPS)

The Liberty Protection Safeguards (LPS) will provide protection for people aged 16 and above who lack mental capacity to consent to their care arrangements, where those care arrangements constitute a deprivation of the persons liberty.
The LPS scheme was introduced in the Mental Capacity (Amendment) Act 2019 and will replace the current Deprivation of Liberty Safeguards (DoLS) system. The draft MCA Code of Practice (including LPS) was consulted upon by the Department of Health and Social (DHSC) during 2022. There is currently no confirmed implementation date for LPS.

During 2022, SEL continued, in advance, to prepare for the implementation of LPS as well as contributing to the DHSC MCA Code of Practice consultation. The ICB further developed the work of its LPS Steering Group, comprising members from across the SEL ICS footprint. SEL has arranged training opportunities for health staff to become 'Best Interests Assessors' under the current DoLS system, thereby promoting competence and expertise in this field of practice throughout a variety of SEL health organisations.

Special Education Needs and Disabled people (0 – 25 years) SEND

It is nationally recognised that disabled children and families may experience inadequate and poorly coordinated services and are more than 3.7 times more likely to experience abuse. SEL wants to understand our families' experiences and learn how to improve outcomes for children and young people with SEND.

The duties for SEL fall under the Children and Families Act 2014, Equality Act 2010, NHS Act 2006, Health and Social Care Act 2012, Care Act 2014. These duties are to:

- commission services jointly for children and young people (up to age 25) with SEND, including those with Education Health and Care (EHC) plans.
- work with the Local Authorities to contribute to the local offer of services available.
- ensure that health providers inform parents and the appropriate local authority where they think that a young child under compulsory school age has, or probably has, special educational needs and/or a disability.
- have mechanisms in place to ensure practitioners and clinicians support the integrated EHC needs assessment process.
- agree personal budgets, where they are provided for those with EHC plans.

The NHSEI maturity matrix is used to evaluate the SEL SEND landscape and we have identified areas for development. These include: stronger links with community providers, consistent and meaningful data collection to inform commissioning decisions, implementing new statutory requirements for co-production, SEND training for all health professionals.

There is a mixed picture across the six boroughs with developing collaboration and sharing of best practice. Strong links have been established between the SEND Teams to ensure the South East London Learning Disability and Autism programme is joined up.

In 2023 – 2024 we plan to

- Understand more fully the pressure to deliver the increased requests for assessments for Education, Health and Care Plans and how cross borough working could improve the SEL system. Additionally, how we can project and meet demand for therapy services.
- Lead the SEL Integrated Care Partnership with Directors of Children's Social Care to deliver a multi-agency learning event about the new SEND statutory requirements, to plan how we can work together to deliver these and do our best within the new

Inspection framework to improve outcomes. This is part of the London Council Innovation and Improvement Alliance.

- Share local and national learning from the national safeguarding review of children with complex disabilities in residential settings. This is significant for ICB commissioners, looked after children professionals, and is essential for multi-agency working across the system.
- As set out in Working Together to Safeguard Children 2018[1], the three safeguarding partners (Local Authority, ICBs and Chief Officer of police) must set out how they will work together with other agencies to safeguard and promote the welfare of children in their local area. SEL are working to continue to develop Our Healthier South East London web site to publish the local safeguarding arrangements for each of the Place based areas.
- The ICB's Child Voice strategy will also be developed in 2023 – 2024.

Other priorities include:

- Disabled children missing from education
- GP management of disabled children registers
- Transition from child to adult health services
- Carer stress

3.2.5. Health and Wellbeing Strategy

Supporting Health and Well Being Plans through our Integrated Care Board

The ICB's operating model reflects the key role that integrated working at a borough level will have in terms of driving forward the objectives of our integrated care partnership and its strategy, alongside ensuring an effective and robust Integrated Care Board input, through its Local Care Partnerships and Place Executive Leads, to our borough based work and integration.

Key to this is the work undertaken through borough based Health and Well Being Boards to develop their Health and Well Being Plans. The Integrated Care Board and its NHS partners are part of Health and Well Being Boards and fully committed to contributing to and then enacting jointly agreed priorities. Joined up and integrated working at borough levels ensures a seamless approach across the Health and Well Being Plans and our Joint Forward Plan, with a direct read across from the former into the latter, which specifically articulates the commitments the Integrated Care Board and Local Care Partnership is making to further the priorities set out in the Health and Well Being Plans.

As part of our ongoing engagement with partners on our draft Joint Forward Plan the Integrated Care Board is working with local Health and Well Being Boards to secure

their endorsement of and feedback on our draft Plan, noting the proactive involvement of borough teams in developing our draft plan.

Examples of work targeted at supporting the delivery of local Health and Well Being Plans and our communities is reflected in the individual borough highlights later in this report.

3.2.6. Engagement with people and communities

Working with people and communities is an important priority for the ICS and we have committed to putting patients and the public at the heart of everything we do. During the first year the ICB has developed a range of processes and tools to support this ambition. The South East London Integrated Care Board approved the Working with People and Communities Strategic Framework at its first meeting on 1 July 2022. This first board meeting was preceded by a dynamic public open space session with the meeting opened by a Citizens UK community led ring of ribbon gesture symbolising unity and the need to keep people at the heart of what we do.

The framework sets out the ambition of the ICS for working with people and communities and addresses the issues that we heard from local people and communities as part of the development process including the need to build trust and relationships, the need to go to out to communities and make engagement accessible and inviting. The framework includes our vision, mission and operating principles for working with people and communities.

"Working with local people to build a healthier future for all communities across South East London."

"[The ICS] works in partnership with local people and communities. This improves health and wellbeing and supports people to thrive and live healthier lives. We will prioritise working in partnership to address health inequalities; these are unfair and systematic differences in health between different groups of people."

The framework development process was overseen by an external independent chair who has since been appointed as a Non-Executive Director of the ICB who currently chairs the ICB's Engagement Assurance Committee (EAC). The EAC is an ICB committee which provides assurance on our approach to working with people and communities and which has been established as part of the development of the ICS's

governance around engagement. The EAC public membership has been extended following a robust and transparent recruitment process in autumn 2022 with public members forming the majority of the committee. Membership also includes the Medical Director and the Chief of Staff who are both board members along with the Director of Communications and Engagement, ensuring that the importance of working in partnership with people and communities is championed at a senior level in the organisation. Key reports that the committee has received and discussed as part of its agenda have included engagement in the ICS strategy development process, the draft of this annual report section and a progress report on the implementation of the working with people and communities strategic framework with the committee noting that the ICB has developed a number of processes and systems in its first nine months for working with people and communities and that there is further work to be done to achieve the ambitions set out in the strategic framework.

The ICB is committed to working in partnership in developing its approach to working with people and communities. The ICS has funded two key roles: a Director of South East London Healthwatch and a Director of Voluntary Sector Collaboration and Partnerships. Both postholders are members of the Integrated Care Partnership and the Engagement Assurance Committee. We work closely with both Directors who have key roles in supporting the system in working collaboratively with local people and communities to realise our ambition of putting people at the heart of what we do and to support the culture change required to do this. The Assistant Director of Engagement is an ICS member of the Voluntary Sector Strategic Alliance and has regular meetings with the Healthwatch Director and managers and also attends the Healthwatch South East London Reference Group.

The South East London ICB engagement team is made up of an Assistant Director of Engagement reporting directly to the Director of Communications and Engagement who is a Board member, a Head of Engagement and an Engagement Manager. In addition there is an ICB Assistant Director or Head of Communications and Engagement in each borough who is supported by a Communications and Engagement Manager. The borough teams carry out engagement to support the work of the local care partnerships which is set out on pages 67 to 96 of this report. The South East London team support engagement at system level and have developed processes and systems which support engagement at both system and place such as developing an engagement framework to support Primary Care Networks (PCNs) in carrying out their engagement on extended access in 2022.

The South East London engagement team organises and facilitates the ICS Engagement Practitioners' Network (EPN) which continues to develop and meets on a bi-monthly basis to strengthen our efforts to put people's and community voices at the centre of our work. The network brings together engagements leads and practitioners from across health and care partner organisations including at place in South East London, and including Healthwatch, to work in a more aligned way, share insight and learning. The EPN played an essential role in developing the working with people and communities strategic framework and the ICS Engagement Toolkit, which includes a series of how to guides, tops tips and templates to support best practice in working with people and communities at all levels across the system. To facilitate sharing learning, good practice, discuss challenge and provide peer support in between its members the network has developed an EPN online hub hosted on the Let's talk health and care engagement platform.

"I enjoy and appreciate the opportunity to network with engagement leads across SEL".

"The range of organisations covering a number of sectors involved, and the opportunities to build collaborative working and add new dimensions to engagement practice is very good."

NHS South East London continued to develop its online engagement platform Let's Talk Health and Care South East London which enables us to broaden our reach and help make it easier for people to give their views and share their experiences. Since it was launched the platform has enabled greater engagement with people and communities and provided access to information about engagement work and involvement opportunities. Nearly 280 people from across South East London have signed up to be part of the Let's talk health and care online community and are participating in health and care projects that are most interesting and relevant to them. The platform has enabled the ICB to develop interactive ways to gather views including open and closed chat forums, quick polls, surveys, ideas boards. The platform also enables us to use multimedia creative tools so our projects can be more visual, accessible and engaging. The platform has enabled the ICB to not only seek views through chat forums and online surveys but to recruit in an open and transparent way people with lived experience to take part in programmes of work including the recruitment of Patient Safety Partners, people to take part in the shared care programme of work and the procurement of a new ENT community service. The platform also hosts hubs for each for the local care partnerships in South East London as an additional tool for engagement work in the boroughs. We use ReachDeck accessibility tool on Let's talk as well as the ICS website which provides written translation and read aloud options in English and other languages.

A key focus of work in the first year was the development of the ICS strategy. To develop a baseline understanding of the challenges and opportunities in SEL, the ICS reviewed engagement insights from across partner organisations since April 2020 including insights from engagement with seldom listened to communities commissioned as part of the working with people and communities strategic framework (see details in table overleaf). Alongside other key insights such as from local authority health and wellbeing board strategies and Joint Strategic Needs Assessments (JSNAs), partner organisation strategies, these insights informed the initial five topic areas for discussion to develop the strategy:

Organisation	Community	Boroughs
Act for Change	Young people / mental health	Bexley / Greenwich

Creating Ground	Migrant women	Greenwich / Lewisham
Lambeth Links	LBGTQ+	Lambeth, Southwark & SEL
Panjshir Aid	Afghan community	Southwark
East Africa Association	Somali women	Lambeth, Southwark
South East Greenwich Islamic Centre	Bengali community	Greenwich

Discussions initially took the form of two webinars held in July 2022 for local people and colleagues from the voluntary, community and social enterprise (VCSE) sector. These webinars were held to develop a vision and to discuss opportunities and challenges for each of the five initial topic areas. A chat forum was also published on the Let's talk health online engagement platform over the summer. VCSE colleagues and Healthwatch also took part in the system leaders event that took place in July 2022.

In the autumn we engaged with groups and VCSE organisations working with and advocating for people from marginalised communities such as refugees and asylum seekers, people who are homeless, people who use drugs and alcohol, Gypsy, Roma and Travellers, people with learning disabilities and autism, young people and people from the LGBTQ+ community. This insight was augmented by Citizens UK reviewing insights from the community engagement they have carried as part of the South London Listens programme. This insight plus insight from conversations across local care partnerships in each borough and across providers informed the five strategic priorities that were agreed by the Integrated Care Partnership in November 2022.

Two more webinars for local people and VCSE colleagues were held in November to help further develop the five strategic priority areas and two face to face events with system leaders including VCSE also took place. An ideas board to understand what is important to local people and what works for them is currently live on the Let's Talk platform to inform further work as the approaches of the strategic priorities are further developed.

The engagement process and the insight gained from the process was discussed at the Engagement Assurance Committee in January 2023 for assurance prior to the strategic priorities being agreed at the Integrated Care Partnership and published.

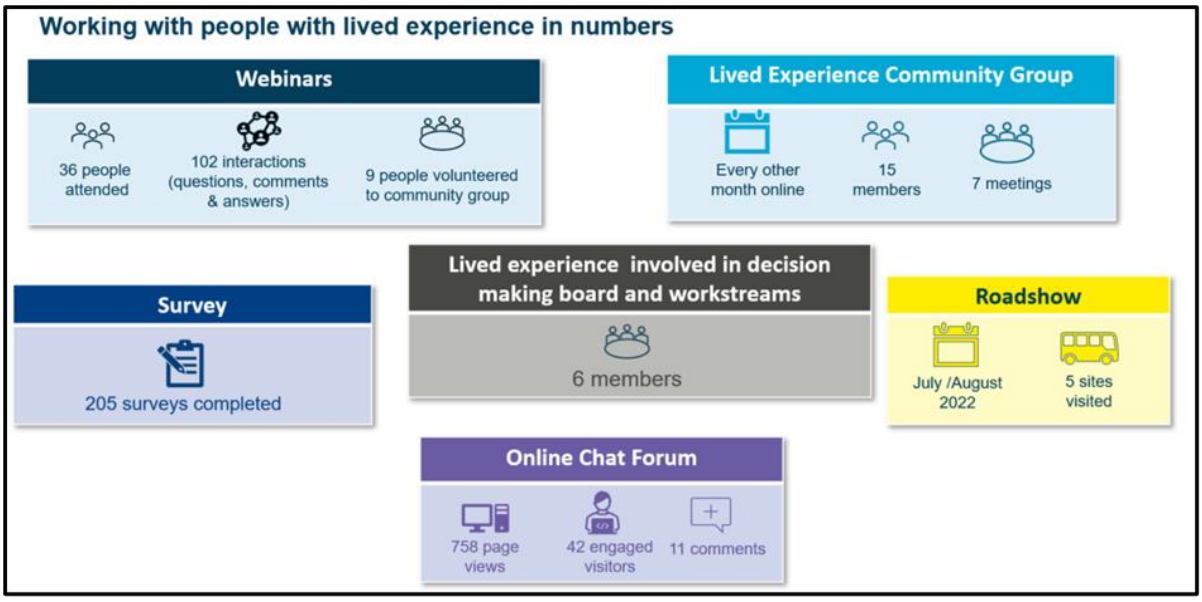
The ICB has published the insight we have gained through both the ICS strategy development process and the community engagement we commissioned as part of the development of the working with people and communities strategic framework on our what we have heard from local people and communities web page. We will further develop this page as a source of insight to inform local people and communities and also programmes of work across South East London to help align work, avoid duplication of engagement activity and creating engagement fatigue with local people and communities.

Other examples of how we are working with people and implementing our strategic framework including working with people with lived experience are outlined below and include the work around muscular skeletal conditions (MSK) and personalised care.

NHS organisations across South East London have been working together with people with lived experience of MSK to review and improve MSK services, their experience and their patient journey. People with lived experience and their voice are central to this work. The programme has worked with people with lived experience in a number of different ways to hear from diverse voices including:

- hosted two webinars to better understand people's views of current services (read summary)
- visited MSK outpatients' departments across South East London as part of MSK roadshow to have face to face conversations with patients and carers
- shared information about the programme and engagement opportunities via Let's Talk health and care online platform
- collected people's views via an online chat forum discussion and an online surveys (read survey finding summary)
- recruited lived experience board members for the MSK programme board and two other task and finish working groups
- set up a community MSK lived experience group which meets every two months and provide ongoing lived experience voice to this work. Topics that the group discussed and co-designed include: best practice guidance for clinic letters – writing to patients, exploring support to waiting well, etc.
- lived experience public members were invited to co-design the shared decision-making training

All insights gathered were shared and used by the ICS MSK programme team to inform developing services and to shape the design of new pathways to improve health outcomes for people with MSK conditions in South East London.



Another example is the work the personalised care team did over autumn and winter 2022/2023 with people with lived experience to co-produce information and content about personalised care for the SEL ICS website with the aim of explaining what personalised care is, in a way that it is clear, helpful and understandable to local people. The role of this website design group was to:

- to create the information about personalised care for the SEL ICS website and to decide how the information is shared to be interesting for everyone.
- to explain what people are entitled to – this will help people to 'speak up'.
- to tell people about the personalised care framework and 'enablers'
- to cover specific areas such as social prescribing and personal health budgets

Five sessions were held exploring what makes good website content, what is personalised care and why is it important, support planning and personal health budgets. Discussions continued between meetings and were complemented by the chat forum on the get involved in personalised care project on let's talk South East London. This work has resulted in a newly developed page on the website, Me, my health, my choice, including what personalised care means to people in their own words.

Feedback as part of the evaluation was positive:

"Being involved makes me feel as if I am being listened to as a patient and my thoughts and experiences taken into consideration".

"I think this was a fantastic way to do it. Service users, carers etc are the people using it so we will know the difficulties more than anyone".
"It meant that my views, experience and views were all taken into consideration and made the process seem more personal too".

The ICS continues to develop its approach to community engagement and outreach to understand the views, experiences and aspirations of people from across the diverse communities in South East London. In recognition of the fact that many people and communities do not trust health or care services we have commissioned trusted voice organisations such as Mabadiliko CIC to work on programmes around hypertension and diabetes. They have worked with people from Black African, Black Caribbean and South Asian heritage, as type 2 diabetes is up to six times more likely in people of South Asian descent and three times more likely in Black African and Caribbean people. They engaged with local people to develop a series of 'I' and 'we' statements as part of the outcomes framework which is being developed by the Diabetes and

Obesity Delivery Board. You can read the full report of this work and the I statements on the let's talk diabetes project page.

Mabadiliko continue to work with the ICS / King's Health Partners Project who are coordinating a SEL Vital 5 Equity Health Check feasibility project across a number of partners including Guy's and St Thomas' NHS Foundation Trust and community pharmacy. Mabadiliko are engaging with Black African, Black Caribbean and people living in socio-economic deprived circumstances and people who have received the Vital 5 Equity Health Check during routine care to explore attitudes and effectiveness of the Vital 5 approach to inform the development of a revised screening tool, the nature of the intervention, how it is delivered and the development of resources to support local people in self-managing.

The South East London Maternity and Neonatal System (SELMNS) has recently commissioned five trusted voice community organisations to carry out community engagement with women and birthing people from communities who are less heard to inform service development and improvement across maternity services including with women who are refugees or asylum seekers, from migrant communities and people from the LGBTQ+ community. Maternity Voice Partnership chairs took part in the procurement process.

The ICS uses a range of ways to promote opportunities for engagement. We have developed an engagement newsletter which is circulated monthly to over 1,000 local people, community champions, faith leaders, voluntary and community sector and social enterprise and partners organisations. Via this #Get Involved newsletter we share engagement opportunities and sent information on progresses made and how the views, feedback and people's experience were used to inform improvement, as well as the planning and commissioning of health and care services across South East London. The newsletter is further shared with members of the Engagement Practitioners Network to cascade out to their networks. We also use social media such as Twitter and Facebook to promote engagement including promoting chat forums, promoting surveys, webinars and also to feedback the outcomes of work and thank people for taking part. The engagement team also coordinate regular meetings with the coordinators of the community champion / ambassadors schemes in the borough and promote engagement opportunities via this as well as

cascading information around health and wellbeing initiatives such as vaccination and mental health and wellbeing campaigns.

Key areas of focus over the next year include the development of the South East London People's Panel. We have currently recruited over 500 local people and are in the process of recruiting another 500 people who do not usually give their views to health and care services to be part of the panel and help us understand what people and communities need, identify priorities for the local area and help shape health and care services. We have worked with an independent external specialist organisation to recruit members through face to face street recruitment and hosting community days to enable the recruitment of people who would not normally become engaged in having a say around health and care. The membership is representative of the population of South East London according to age, gender, ethnicity and borough based on the 2021 census data.

Other key areas of focus include developing a shared understanding of co-production working with the lived experience group who helped develop the personalisation working with members of the Engagement Practitioners' Network building on local best practice. The progress report on the implementation of the working with people and communities strategic framework that was discussed at the Engagement Assurance Committee in March 2023 will be updated and further discussed across the organisation and will inform the development of the engagement team workplan for 2023/24 to support the wider culture change around how we work differently with people and communities across the system.

3.2.7 Patient experience and liaison

The Patient Experience Team manages complaints, Patient Advice and Liaison (PALs) queries and compliments from service users, MPs, and members of the community. The team also responds to requests from the Parliamentary and Health Service Ombudsman (PHSO) relating to complaints where the ICB has been the lead.

As part of our commitment to continually improve the quality of local health services we value all feedback we receive, either as a compliment or a complaint. This information is used to help us manage our performance and highlight any areas where we could make improvements. All complaints received are responded to individually via our complaints process.

Our complaints policy and procedure has adopted the principles outlined in the Parliamentary and Health Service Ombudsman's principles of good complaints handling, principles of good administration and principles of remedy.

We work closely with local health service providers, monitoring the standard of complaints handling, ensuring all complainants are informed of their statutory rights under the NHS Constitution. This includes being given the information about the NHS complaints service provided by a local advocacy team and the option to take their complaint to the Parliamentary and Health Ombudsman if they are not satisfied with the way the complaint has been dealt with.

The complaints we receive and manage are about the services we commission locally, whilst complaints about Primary Care services (GP, Dental, Pharmacy and Optical) are currently handled by NHS England.

Between 1 July 2022 to 31 March 2023, we received **174 formal complaints**. Of these, **49** related to issues the ICB is responsible for investigating and responding to. We also received **125** complaints relating to issues which we are not directly responsible for, which were forwarded to the appropriate organisation for investigation and response. These included complaints for NHS provider Trusts, GPs, dentists and community pharmacies.

For those complaints that were within the ICB's remit, the most commonly complained about areas were:

- Continuing healthcare (assessment for eligibility process, payment),
- Mental health commissioning (access to services, availability and funding)
- Prescribing (changes to Over The Counter prescribing)
- Individual Funding Requests (fertility and access to assisted conception)

The ICB recognises the importance of complaints and aspires to resolve all complaints at a local level. However, there are occasions when complainants remain unhappy with the outcome of their concern and approach the Health Service Ombudsman for a review of their concerns. Within the time period specified **5 complaints** have been referred to the Parliamentary and Health Service Ombudsman.

We very much value the views of patients and other people who experience the services we commission. We consider any complaint or enquiry about these services

as a vital part of reviewing and, where necessary, improving them. Our Patient Experience service (including complaints and PALS) provides valuable insight into the day to day experiences of patients accessing and using the services we commission.

This intelligence is used throughout the ICB in planning future services, quality monitoring and service improvement. Softer intelligence is discussed on a weekly basis at Senior Team meetings and escalated which helps identify issues early and minimise any adverse impact for patients and the public.

Patient Advice and Liaison Services (PALS)

Our Patient Experience team always listen carefully to the concerns raised by patients and provide advice where possible, as to the best way forward for the patient or member of the public. Whilst it is not always possible to resolve a concern to the service user's satisfaction, the Patient Experience team can give information about support services and voluntary organisations that may be able to help. We believe that a successful PALS service helps reduce anxiety for those who use our services and helps people navigate the health and care system, whilst also reducing the number of issues that go on to become formal complaints.

The Complaints and PALS service also deal with a significant number of enquiries and informal concerns from members of the public and MPs.

Between 1 July 2022 to 31 March 2023 113 MP enquiries were received. The areas giving rise to most contacts were:

- Primary care - access
- Continuing healthcare – funding decisions
- Adult mental health – access & funding

Within the same reporting period a total of **1,717** PALS enquiries were recorded from members of the public. Key themes of enquiry were:

- Primary care access
- Communication/ information and signposting support
- Audiological medicine – change in service provision
- Covid & Prescribing queries
- Prescribing

Further detailed analysis about complaints and patient experience data will be available in SEL ICB Annual Complaints Report 2022/23.

In the coming year our focus will be on ensuring our policies and processes are aligned with implementation of the Complaints Standard Framework as well as ensuring appropriate collection of demographic data from complainants and patients as part of wider health inequalities work.

3.2.8 Addressing health inequalities, diversity and inclusion

SEL ICB is responsible for developing a plan for meeting the health needs of the population within its borough's, and funding and planning services for the diverse population it serves.

The purpose of the ICB, and wider Integrated Care System, is to bring partner organisations together to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

Three of these purposes have a link to equalities.

Equality Act 2010:

The Equality Act 2010 came into force on 1 October 2010. It combined over 116 separate pieces of legislation into one act, providing a legal framework to protect the rights of individuals and advance equality of opportunity for all. It helps to protect individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act 2010 states that public authorities such as SEL ICB, must comply with the public sector equality duty. The duty aims to make sure public authorities consider issues such as, discrimination and the needs of people who are disadvantaged or face inequality, when making decisions about how they provide their services and implement policies.

Public Sector Equality Duty:

The Public Sector Equality Duty is part of the Equality Act 2010 and there is a requirement for public authorities (such as the ICB) to show 'due regard' in the way they operate. They need to take into consideration the following points for their workforce and the community:

1. Eliminate unlawful discrimination, harassment, and victimisation.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The ICB has a requirement to develop equality objectives, which are measurable commitments made by the Board. These should be monitored and reviewed regularly and updated at least once every four years.

Equality Objectives 2020-24:

SEL ICB's equality objectives include:

- **Equality Objective 1:** Embed Equality Analysis across all functions and demonstrate accountability with the Equality Act 2010.
- **Equality Objective 2:** Cultivate an organisation that is inclusive; free from discrimination, with all able to fulfil their potential.
- **Equality Objective 3:** Board members and senior leaders demonstrate commitment to equality, diversity and inclusion in the development of SEL ICB vision, values, strategies and culture. Building assurance and accountability for progress.
- **Equality Objective 4:** Build strong relationships with our diverse communities, better understand the needs and experiences of the population across SEL and adjust our approaches accordingly.

Health Inequalities Duties:

The Health and Care Act 2022 helps to improve quality and choice for patients and increases transparency. The ICB's have an important part to play by working with partner organisations to ensure care is integrated and planned correctly. Also, by working to overcome the barriers we will be able to provide our patients in South East London with seamless care.

ICB's are required to:

- Have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.
- Exercise their functions in an integrated way.
- Integrate with health-related and social care services, where they consider that this would improve quality and reduce inequalities in access to those services or the outcomes achieved.

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society and arise from socio-economic status and deprivation, geography, protected characteristics or 'inclusion health' groups. Action on health inequalities requires prioritising and improving the lives of those with the worst health outcomes.

The ICB is required to publish an annual EDI report known as the Public Sector Equality Duty Report, which details the way the ICB is considering equalities and health inequalities. The PSED 2022/23 report can be found here.

Equalities Governance:

Equality, Diversity, and Inclusion (EDI) is everyone's responsibility enabled by a robust governance structure. The key mechanism for oversight and assurance at the ICB is the Equalities Sub-Committee (ESC), chaired by the ICB Chief of Staff and Equalities Senior Responsible Officer (SRO).

The ESC has been established to support SEL ICB in making demonstrable improvements in EDI for staff, people and communities.

In December 2022 a review was undertaken to improve the effectiveness of the committee. Membership was refreshed to include representatives from Local Care Partnerships, Quality and Safety and chairs of all staff networks who agreed to meet bi-monthly to support delivery of the work programme.

Demonstrating equalities progress:

The ICB's Equality Delivery Plan (EDP) underpins the work of the equalities programme to support monitoring of actions. A series of commitments has been made by the ICB, as a result of findings from the Workforce Race Equality Standard, Workforce Disability Equality Standard and Gender Pay Gap. The EDP is reported to the Board periodically to share progress of EDI work.

Equality Objectives:

- **Equality Objective 1:** Embed Equality Analysis across all functions and demonstrate accountability with the Equality Act 2010.

Equality Analyses (EA) supports SEL ICB to embed equalities in decision-making and planning processes and within all functions. There continues to be a strong uptake of EAs being completed in 2022/23, with reviews undertaken on the children and young people's mental health transformation and delivery plan, safeguarding policies, and peer-led structured education.

- **Equality Objective 2:** Cultivate an organisation that is inclusive; free from discrimination with all able to fulfil their potential.

Following the transition from SEL CCG to SEL ICB in July, and TUPE (transfer of undertakings protection of employment) of staff from London Shared Services our

workforce has expanded. This year there has been placed on improving equalities for our staff including recruitment and retention.

Staff networks

The ICB has four active staff networks covering Embracing Race and Diversity, LGBTQ+, Age and Ability, and Women and Parent Leaders. A review has been undertaken to further strengthen the ICB's approach to staff network engagement. The networks act as a vital link ensuring that staff voice is a core aspect of our workforce activities. Highlights for 2022/23 include:

LGBTQ+ staff network:

- Commissioned LGBTQ+ and gender identity training, launched the progressive Pride flag lanyard, facilitation with external speakers, celebrated Pride in the NHS.

Women and parent leaders' staff network:

- Implemented a 'menopause in the workplace' policy, engaged in plans for flexible working arrangements, celebrated International Women's Day and intersectionality.

Embracing race and diversity staff network:

- Trained a range of Black, Asian and Minority Ethnic staff to become level 7 qualified coaches, used survey data to explain the need for a mediation service, raised awareness of Black History Month.

Age and ability staff network:

- Supported EDI engagement events, which focused on WDES plan for 2023 onwards, promoted Disability History Month, secured funding for the Sunflower Project Hidden Disabilities.

Recruitment processes

We continue to improve our recruitment processes, ensuring shortlisting and interview panels are as diverse as possible and advertising most of our vacancies internally. Our workforce demographic has seen an improved position related to some under-represented areas.

The dedicated Equalities in Recruitment Working Group continues to take forward specific initiatives; this has included signing up to Evenbreak, a company that provides accessible careers support for disabled candidates. We have implemented a new role within the HR function with a specific focus on just culture and are currently training staff to become mediators.

- **Equality Objective 3:** Board and senior leaders demonstrate commitment to equality, diversity and inclusion in the development of SEL ICB vision, values, strategies and culture. Building assurance and accountability for progress.

- The ESC, chaired by the ICB's Chief of Staff and EDI Senior Responsible Officer, provides leadership and oversight of the ICB's EDI programme and reports to the Board. Through the Board and this sub-committee, ICS members new and established are brought together to discuss the direction, priorities, ways of working and the interface for equality, diversity and inclusion across SEL ICB, and where appropriate to the wider ICS.
- The ICB's HR team works closely with managers to ensure employee relations cases are kept at the informal stages wherever possible.
- An Anti-racism strategy has been developed, which will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics. This will be developed in 2023 and overseen by the SEL ICB Board.

- **Equality Objective 4:** Build strong relationships with our diverse communities, better understand the needs and experiences of the population across SEL and adjust our approaches accordingly.

The ICB has developed an ICS Working with people and communities strategic framework, which was agreed at the Board on 1 July 2022. This sets out our ambition for how we work with local people and what we need to put in place to do this. As part of the framework development exercise, we commissioned engagement with marginalised communities to inform our approach. The insight gained from this work has also informed the development of the ICS strategic priorities.

Patient experience:
Listening to our residents helps us to understand more about our patients' experiences when they use the services we plan and provide. The feedback we gather also helps us to understand the perspectives of people from different backgrounds and protected characteristics, which enables us to look at the experiences of different patient groups. These insights help to shape our decision-making and improve local healthcare services for everyone. We gather feedback and insights about patient experience in many ways such as complaints, PALS feedback, surveys, Friends and Family Test, MP enquiries, Healthwatch and advocacy feedback and NHS opinion.

Mental Health:
Mental health continues to be a key focus within the South East London Integrated Care System, and both children and young people's mental health and adult mental health have been identified as priorities for inclusion in the Integrated Care Partnership's forthcoming Integrated Care Strategy. The ICB has continued with its commitment to invest in mental health services both through the Mental Health Investment Standards and national Service Development Funds.

Existing pressures affecting children and young people's mental health services have been exacerbated by the impact of the pandemic, both on children and young people. In response, SEL ICB planned a social enterprise to explore the ways in which the ICS

and local partners could enhance relationships and work with children and young people, their families and communities.

The evidence showed differences in how children and young people of different ethnicities access services in South East London. It also showed that that there were risks to Black and mixed ethnicity children of parents with poor mental health through failures to support them and their families effectively.
A plan has been developed for 2022/2023 and 2023/24, which provides a blueprint for future investment to transform the programme.

Another example of the ICB's focus has been through the Greenwich Mental Health Alliance. From October to December 2022, a number of people were invited to come and share their experiences over three successive workshops. The aim of these events was to explore ways in which to move towards more considerate, more meaningful, more effective, and more sustainable ways of learning about people's experiences and working in co-production with them.

It was agreed that regular meetings would be held with the same participants and others to continue understanding their experiences and to develop a network.
In support of this ambition, The Greenwich Mental Health Oversight Board has commissioned a training programme.

Population Health Management:
Population Health Management (PHM) is aligned with the 'quintuple aim' to enhance experience of care; improve the health and wellbeing of the population; address health and care inequalities; reduce per capita cost of health and social care; and improve productivity and increase the wellbeing and engagement of the workforce.

Joining up data and information is central to PHM and integrating services. Unlocking the power of data across local authorities and the NHS will provide PCN's, place-based leaders, provider collaboratives and the ICS with the information to co-design new and innovative services with communities to address issues facing our communities. Most of the activity and resources of this approach will sit at local, organisational and borough level. Having a more joined up approach will bring public health and NHS services much closer together to maximise the chances for health improvement at every opportunity.

Our approach in SEL reflects the fact that PHM is a fundamental change to the way that we work. By using evidence, data and insights our teams will be enabled to design better and more targeted interventions for people and communities, provide a platform for integration of care and reduce health inequalities. This will require culture change and new capabilities to be developed. We will develop a comprehensive communications strategy coupled with educational tools and trainings to support our workforce to transition to this new way of working. We will recruit a catalyst team to

work within and across the system to embed transformation programmes and within place across SEL.

Vital 5:
There are a small number of risk factors which significantly impact our population's health; tackling these issues can reduce inequalities by preventing the onset of ill-health. In South East London, these risk factors are called the 'Vital 5', or the five leading causes of poor health in our communities:

- High blood pressure
- Obesity
- Smoking
- Alcohol
- Common mental health conditions.

By systematically tackling the Vital 5 across our population we will be able to prevent, detect, manage and treat these health issues. Through a greater focus on the Core20Plus5 population, addressing the Vital 5 will significantly reduce the burden of disease in our population.

A range of targeted and co-designed Vital 5 initiatives are underway, which aim to improve SEL's Vital 5 by 2030. Some initiatives span all five risk factors while some target one or two specific areas. These initiatives are designed, developed and delivered through consultation and collaboration from across the health and care sector, including residents. We have ring fenced multi-million funding to support these Vital 5 initiatives across South East London.

Anchor Programme:
While the main function of the NHS is to provide health services, we can also play an active role in supporting partner organisations and communities to address the physical, social, and environmental factors, which can cause ill health; sometimes called the wider determinants of health. In South East London we have committed to the development of an Anchor System Programme.

The Anchor System Programme comprises three pillars:

- Defining the **SEL ICS 'Anchor System'**, including metrics by which success will be measured. This pillar includes learning from, and sharing learning with, other systems across the NHS.
- The creation of the **'SEL Anchors Alliance'** to enable partners from across the ICS to share best practice and coordinate action.
- Setting up a **specific programme of work** based on engagement with the SEL people and communities; this will build on the success of South London Listens and of partners across the system.

Freedom to Speak Up Guardians:
The Chief of Staff is the ICB's Freedom To Speak Up (FTSU) Guardian and is supported by a Non Executive Director and Freedom to Speak Up champions. Freedom to Speak Up is for anyone who works in health who wishes to raise concerns relating to patient safety.

1. As the successor organisation the ICB remains committed to supporting a culture of learning, openness, and transparency throughout the whole organisation. We want to ensure that our staff feel empowered to speak up.
2. The ICB has a diverse group of FTSU champions, who represent staff in our boroughs and are supported in these roles by the ICB's FTSU Guardian.
3. Our FTSU Guardians act as an independent and impartial outlet for ICB staff to raise issues or concerns confidentially.

Workforce Race Equality Standard (WRES):
The Workforce Race Equality Standard (WRES) was devised to ensure employees from an ethnic background have equal access to career opportunities and receive fair treatment in the workplace. The WRES was mandated in 2015, with a requirement of workforce data to be submitted and published. Due to the CCG's being disestablished on 1 July 2022 and transitioning to the new statutory body ICB's, requirements to provide this data has been paused. SEL ICB will be reporting on WRES data in 2023/24.

Workforce Disability Equality Standard (WDES):
As an organisation we are committed to championing disability equality and improving the experience and everyday lives of our staff with disabilities or those seeking employment in the NHS. The WDES is a set of ten specific measures (metrics) enabling NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. On 1 July 2022, NHS South East London Clinical Commissioning Group (SEL CCG) transitioned to the new statutory body, NHS SEL ICB. At the same time, the organisation saw the transfer of 108 staff from London Shared Services. These organisational changes mean that our workforce data has significantly changed in this period.

Based on the 2022 data, engagement with staff was carried out and an action plan developed , which will be monitored through the Equality Delivery Plan. The Workforce Disability Equality Standard 2022/23 report can be found here.

Gender Pay Gap:
All organisations within the United Kingdom with more than 250 employees are required to publish details of their gender pay gap. Due to the disestablishment of SEL CCG in June 2022, SEL ICB prepared a legacy report. This Gender Pay Gap report is a snapshot from 31 March 2022. As a new legal entity, the SEL ICB will be producing

its first Gender Pay Gap Report on 30 March 2024 with a snapshot date of 31 March 2023. The SEL CCG Gender Pay Gap 2022/23 legacy report can be found here.

Digital Inclusion

Digital inclusion is an area of transformational and continuous development. Most, if not all, boroughs/places are undertaking work on digital inclusion, reflecting the needs of their individual populations, and some individual providers are undertaking work on digital inclusion – e.g. SLAM whose work helps to develop a deeper understanding of the communities that are most impacted by digital exclusion. There is a continued need from adults for these services, who are often looking for ways to increase opportunities to better their circumstance, from online classes to further education opportunities. We also know that additional barriers are often exacerbated by digital exclusion, with nearly every one of the beneficiaries from the digital inclusion work at SLAM experiencing financial hardship.

SEL ICB has a digital delivery plan with specific targets and programme delivery to drive digital inclusion being shifted to be led by service commissioners and place leads rather than digital leads. Digital leads should ensure that services commissioned or built are as accessible as possible, by meeting national digital accessibility standards, and designing for inclusion, ensuring that service users of all types are involved in specifying and/or designing services. Service commissioners and place leads should ensure that services are available to everyone, should be accountable for measuring and driving up uptake, working with support of digital colleagues as appropriate. The workforce strategy should include digital skills for workforce to ensure that our people are confident in using digital services for their own health and care, to help support digital uptake and inclusion.

3.2.9 Supporting and developing our staff

Since the creation of NHS South East London Integrated Care Board (NHS SEL ICB), the continued focus of Organisational Development (OD) has been on supporting the workforce transition into the new ways of working of the ICB. Along with this, NHS SEL ICB has on-boarded more than 100 staff that TUPE transferred from NHS London Shared Service.

The following OD activity has taken place since 1 July 2022:

Development of values and ways of working

As a new organisation, staff have had the opportunity to learn more about, and engage with, the creation of the South East London ICS mission, vision, cross-system strategic priorities and change enablers, which were approved by the Integrated Care Partnership (ICP) in January 2023.

The OD team has been working with ICB leaders, staff and the board to develop a set of values for the new organisation; these values will support the ICS mission and vision. Importantly, a set of ways of working aligned to the enablers for change were also being established at the time of writing.

A priority for the organisation in 2023/24 is to embed these values and ways of working into all organisational processes, which help staff to work differently to enable and respond positively to change, and support delivery of the five cross-system strategic priorities.

Talent management – diagnostic piece

The OD team undertook a talent management review, which contained information such as the need for change, information about the organisation and a talent profile, supporting analysis, an organisation-level-structure (OLS) as part of organisational design, overview of the talent landscape (talent breakdown by organisation, directorate, band, ethnicity, gender and RAG rating) and high-level advantages, outputs and potential metrics. The paper was shared with the senior management team and will be fully explored in 2023/24.

One area of development identified through the talent management review was the need to implement an in-house coaching and mentoring programme to support career development conversations and succession planning. Two helpful guides explaining the process and highlighting the profiles of the coaches and mentors has been made available to all staff via the intranet and will continue to be promoted. Staff are starting to take advantage of these programmes and they will be further publicised and encouraged in 2023/24.

Training and development

Training Needs Analysis (TNA) - an organisation-wide training needs analysis was undertaken where all personal development plan (PDP) objectives on Workforce (the in-house recording tool for appraisals) were reviewed. These were themed to help the OD team understand what training and development requirements would be needed in 2023 and beyond.

In September, the OD team launched an in-house support package for the workforce. This was based on the training needs analysis, as well as feedback obtained from the 2021 staff survey, team development sessions and feedback from HR colleagues which was gathered from the learning opportunities presented through employee relations cases.

More than 350 staff attended the support package's launch event, to learn more about the internal courses available to them, which included:

- Personal development webinars – boost your confidence, understanding emotional intelligence, building your personal resilience
- Management support webinars – compassionate leadership, leading through change, difficult conversation planning
- Improving personal health and wellbeing – 'let it out' service, REACT mental health conversation training, become mental health aware workshop, become mental health aware workshop for managers
- The 'Big Conversation' – space for staff to engage on the NHS People Promise themes
- OD events (in partnership with our staff networks and linked to EDI reporting) – Black History Month and Menopause awareness (to launch a menopause in the workplace policy)

In addition to the in-house OD support package, a series of external training was provided for staff based on diagnostic work undertaken. This included courses such as introduction to project management, introduction to first line management, professional business writing skills, managing yourself and your time, effective teamwork skills, strategic thinking, menopause in the workplace and thinking about retirement workshop. All staff also have access to the NHS Elect platform.

The OD team also supported the implementation of Office 365, working with an external supplier to deliver 25 online courses accessible to all staff. These courses supported staff to use the functionality within Office 365, which is preventing the organisation from having to purchase licences for other software. For example, courses included: making surveys simple in Forms, organising a project in Planner, organising your survey in ToDo, collaborating and co-authoring in OneDrive, mastering meetings and working together in Teams.

In 2022/23, more than eight members of staff trained to become accredited mediators. Working in partnership with HR, the OD team has developed an in-house mediation service, which supports the ongoing work in relation to just culture. At the time of writing the service was due to go-live in March 2023. There is potential and a desire to offer the service to partners across the ICS. This will further be explored in the year to come.

Health and wellbeing

OD interventions were also put in place to support staff wellbeing. For example, continuation of the organisation's 'keeping you healthy, safe and well' newsletter, reminding the workforce of services available to them e.g. employee assistance programme, occupational health, the Keeping Well in South East London (SEL),

financial wellbeing, physical activity and more. The OD team has continued to promote health and wellbeing conversation guidance.

OD supporting equality, diversity and inclusion (EDI)

The OD team has continued to support its staff networks. Some of the highlights from the groups include:

- **Embracing race and diversity staff network** – supporting Black History Month with events and newsletters, launching staff podcasts, shaping the organisation-wide Race Equality Forum agendas, supporting more inclusive training e.g. coaching and mentoring training opportunities, recommendation to embed an in-house mediation service and investigation service.

- **LGBTQ+ staff network** – supported LGBT History Month (events and engagement opportunities), developing a guide for staff and managers who may be transitioning, supported the equalities in recruitment group.

- **Age and ability staff network** – subscribed the organisation to the Sunflower Scheme supporting disabled staff and those with hidden disabilities, supported with the analysis and data for the Workforce Disability Equality Standard (WDES), supported and co-facilitated the improving disability equality staff engagement workshop.

- **Women and parent leaders' staff network** – designed and launched a menopause in the workplace policy and training/awareness events to help embed it amongst staff and managers.

In late 2022, the staff networks were reviewed to ensure they were compatible with national guidance and equalities frameworks. Staff were engaged to help understand if the staff networks were useful/relevant to them and what might be missing. In 2023, the results of this review will be further explored to help expand the staff networks.

In addition to staff networks, the OD team has supported a number of critical EDI objectives e.g. supporting the reporting for WDES, Workforce Race Equality Standard, Public Sector Equality Duty and gender pay gap. The team also established the Race Equality Forums which now operates an intersectional approach offering support to staff with any protected characteristic. NHS SEL ICB has also supported the national NHS Muslim Network with their Eid Al Adha celebration and learning event with guest speaker.

All work undertaken in the OD/EDI space links to ensuring a just culture within the organisation.

Team development

Throughout the year, the OD team has supported a number of development sessions to help improve team communication, planning skills, employee motivation, and employee collaboration. These sessions are evaluated to help shape future offers and feedback has been positive.

Leadership development

In 2022/23 the OD team implemented a leadership forum. The forum takes place quarterly and enables leaders to learn more about strategies, plans, the future direction of travel and the development of the ICB.

Two leadership forums had taken place in 2022/23 and these focused on: creating a set of organisational values and a set of ways of working and understanding the impact of the operational plan, Joint Forward View and cross-system strategic priorities.

The OD team has also supported the progression of the South East London ICS leadership programmes including Collaborate, Create and Connect. Learning from these programmes is helping to encourage new ways of working across the system and is highlighted as best practice as part of team development sessions.

Staff engagement

The OD team has successfully organised and executed staff briefings, taking place every other month. More than 360 staff attend each briefing, where they were able to learn more about the development of the organisation and important updates.

The OD team has also organised and executed all-staff away days (virtual and in-person) and these are set to continue in 2023/24.

National staff survey

The results of the 2021 staff survey have informed OD interventions for the financial year 2023. The ICB shared the results with employees at an all-staff briefing and further explored areas of opportunities at the Big Conversations with staff and leaders. The results are further analysed and shared with Directorates and Places in the ICB, to help teams understand strengths and development areas. By looking after our SEL ICB people, the OD team continues to optimise productivity and value for money through organisational efficiency gains.

In the 2022/2023 NHS Staff Survey results for the ICB, 72% of staff completed the survey which was just below the national ICB average (73%). The high rate of

engagement can be linked to a range of attributing factors, particularly, ownership by leaders, strong staff engagement and effective communication in the organisation, Overall, NHS South East London ICB results were just below the national ICB average across all people promise themes.

3.2.10 Our ICB financial performance

The purpose of this section is to summarise the financial performance of the ICB for the nine months ending 31 March 2023.

The ICB is required to achieve specific financial targets and duties each year. The performance against each of these targets is summarised in the table below:

		Target July 22 to March 23 (£'000's)	Actual July 22 to March 23 (£000's)	
Delivery of statutory financial duties	Agreed Surplus	-	16	Achieved
	Expenditure not to exceed income	3,157,551	3,157,535	Achieved
	Operate Under Resource Revenue Limit	3,121,225	3,121,209	Achieved
	Not to exceed Running Cost Allowance	30,569	29,821	Achieved
	Operate under Capital Resource Limit	-	-	Not applicable
Deliver administrative duty under the better payments practice	95% of NHS creditor payments within 30 days	95.00%	99.99%	Achieved
	95% of non-NHS creditor payments within 30 days	95.00%	98.08%	Achieved

As reported above, we are pleased to confirm that the ICB has achieved all of its financial performance targets for 2022/23.

Key points to note are:

- The overall financial allocation for the ICB was £3,121.22m. Against this allocation, the ICB achieved an overall surplus of £16,000;
- The ICB's Running Cost allocation was £30.57m. The ICB has been able to underspend its allocation by £0.75m.
- All targets under the Better Payment Practice code (this is to ensure that the ICB pays its invoices in a timely manner) were achieved.

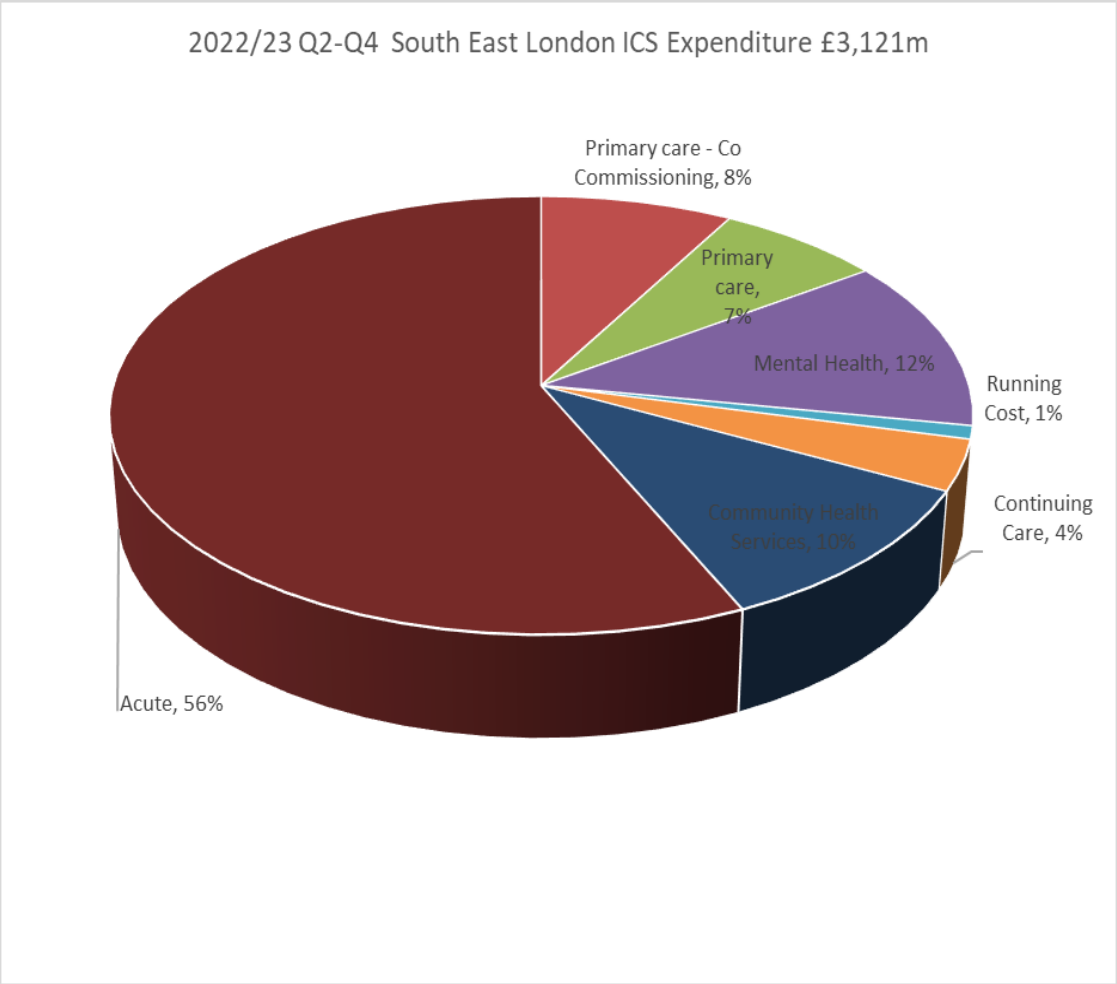
The ICB has in place appropriate controls for both limiting the use of agency staff and where agency staff are used, that rates do not exceed the agreed NHS capped rates. All agency staff are subject to approval by both the ICB's Vacancy Review Panel (the documentation for which references the NHS capped rates) and the ICB's Chief Executive. Only agency staff that are both business critical and where the rates are within the capped rates are approved. The ICB draft statutory accounts for the nine months ending 31 March 2023, report that expenditure on agency staff was £0.862m. The equivalent value for the last full year of South East London CCG (2021/22) was £4.123m.

The ICB has received during 2022/23 a number of largely non-recurrent ringfenced allocations. Material examples include cancer alliance funding (£4.9m), funding for adults community mental health services (£10.3m), virtual wards (£5.9m), demand and capacity funding (£7.6m), discharge funding (£12.1m) and elective recovery funding (£12.1m). Each of these allocations are separately accounted for by the ICB and specific financial reports are produced. Expenditure against these allocations has been incurred on the purposes specified.

How the ICB spent its 2022/23 Financial Allocation

The ICB commissions healthcare services to meet the needs and improve the health of the population of South East London. The main NHS providers are Lewisham and Greenwich NHS Trust, Guy's and St.Thomas' NHS Foundation Trust, Kings College NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust. In addition, the ICB funds the prescribing costs of South East London GP practices and holds delegated responsibility, from NHS England, for commissioning primary care services within South East London.

The total financial allocation available to the ICB was £3,121.2m. The following pie chart summarises, how the ICB spent its budget in 2022/23:



Financial Performance Against the Mental Health Investment Standard (MHIS)

This is summarised in the table below:

Financial Years	2021/22 CCG £000s	2022/23 CCG/ICB £000s
Mental Health Spend	378,440	405,460
ICB Programme Allocation	3,104,734	3,672,238
Mental Health Spend as a proportion of ICB Programme Allocation	12.2%	11.0%

The Mental Health Investment Standard (MHIS) for 2021/22 was achieved by SEL CCG and this has been confirmed by independent review. For 2022/23 the CCG/ICB

is demonstrating achievement of the MHIS with an increase in spend over 2021/22 of 7.14% compared to the target increase of 6.94%.

The proportion of mental health spend has decreased as a percentage of the overall programme allocation because this has increased by 18.3% since 2021/22.

Disclosure of External Audit Remuneration

Remuneration paid to external auditors in relation to ICB audit work for 2022/23 was £205,350 (excluding non-recoverable VAT). There was no remuneration for non-audit work. The ICB has complied with HM Treasury's guidance on setting charges for release of information.

2022/23 Annual Accounts

The full annual accounts for 2022/23 together with the Statement of Accountable Officer's responsibilities and Independent Auditors Report are included in Sections **4** and **5**.

Financial Outlook for Future Years

2023/24 will be the ICB's first full financial year and budget setting has been completed. Financially this is likely to be a challenging year. There will be a renewed focus on ICS strategic priorities including sustained recovery in health services, the efficient use of our resources, financial balance and additional investment in primary care, community and mental health services. This will include movement towards the strategic direction as set out in the South East London Long Term Plan.

3.2.11 Sustainable development

In late January 2020, NHS England launched the campaign *For a Greener NHS*, which was followed by the publication of the NHS England plan "Delivering a 'Net Zero' National Health Service" in October 2020. The focus of this plan is for the NHS to deliver environmental sustainability by reducing its carbon emissions, based on recognition that as the country's biggest employer, the NHS contributes 4% of the total carbon footprint for England. The plan sets out two clear targets in terms of the NHS net zero commitment:

- **For emissions the NHS can control directly** (the NHS Carbon Footprint): **net zero by 2040**, with an ambition to reach an **80% reduction by 2028-2032**
- **For emissions the NHS can influence** (the NHS Carbon Footprint Plus): **net zero by 2045**, with an ambition to reach an **80% reduction by 2036-2039**

To consider how to achieve this at a South East London level, an ICS Green Plan has been produced which lays out how the health partners will work together to achieve these NHS targets. The ICS Green Plan describes the commitments against 11 areas of focus, being:

- **Workforce and System Leadership** – *we will make carbon reduction and sustainability part of our core business.*
- **Air Quality** – *we will work collaboratively across the ICS to improve air quality in South East London.*
- **Travel and Transport** – *we will reduce and decarbonise our travel and transport while supporting sage and active travel of staff, patients and visitors.*
- **Estates and Facilities** – *we will optimise our resource use and reduce emissions from our estate in line with the national target of 80% reduction by 2032.*
- **Sustainable Models of Care** – *we will review our existing and develop new models of care to reduce their environmental impact and improve social value.*
- **Digital Transformation** – *we will use digital transformation to improve the sustainability of healthcare without compromising the quality of our care and exacerbating inequalities in access to care.*
- **Medicines** – *we will reduce the environmental impact of our medicines through optimisation of prescribing, use of low-carbon alternatives, and appropriate disposal.*
- **Supply Chain and Procurement** – *we will use our supplies more efficiently, consider low-carbon alternatives, and collaborate on the decarbonisation of our suppliers*
- **Food and Nutrition** – *we will ensure all our inpatients have access to sustainable healthy food, and for food waste to landfill to be eradicated.*
- **Adaptation** – *we will mitigate the risks of climate change and ensure climate change does not impact on the ICS's ability to deliver core services and manage population health.*
- **Green/blue space and biodiversity** – *we will contribute to the improvement of and equal access to South East London's green and blue spaces.*

2022/23 was Year One of the ICS plan, although the Trusts within the ICS already had in place established sustainability plans and had made significant progress towards their targets. Year One has seen a consolidation of ideas across the system and the development of a governance structure to enable good cross-system information sharing and collaboration.

For Year One, the ICS Green Plan set 65 objectives for delivery, with an 80% achievement rate being delivered. Implementation plans for the remaining 13 objectives which are partially delivered continue to be developed around the following areas:

- Improving communications around the sector
- Ongoing recruitment of primary care clinical climate champions
- Primary care outreach to recruit clinical climate champions, promote active travel with service users, and increase the promotion of sustainable medicines options
- Identification of sustainability criteria for refurbishment of estate
- Developing sustainable models of care
- Increasing a sustainability focus in procurement policies and guidance
- Exploring the expansion of nature-based prescribing opportunities to maximise the use of green and blue space available in South East London

3.2.12 Highlights from our borough teams

Bexley Borough – The Wellbeing Partnership (BWP)

We have worked with the voluntary and community sector and stakeholder groups to promote public health messages, engage with local communities and promote health and wellbeing services and support for residents. In collaboration with public health and council colleagues, we have also established a set of key priorities as part of our vision to ensure residents can access the right support in the right place and at the right time.

We have continued to support residents with an emphasis on the need to address health inequalities including providing mental health and wellbeing support to our most vulnerable communities. Highlights of successful joint initiatives and activities we have delivered include:

Vaccination support for residents

Polio vaccination: **Bexley had the highest take-up of polio vaccination across all six boroughs** with 12,059 children receiving the vaccine. Vaccination clinics were held across GP surgeries and select pharmacies. Bexley ICB also produced a myth busting video for parents in collaboration with **the British Society for Immunology (BSI)**. The ICB has continued to work with the BSI, creating a companion to the polio video on the Measles, Mumps and Rubella (MMR) vaccination. A third video in the series has since been produced: it answers general questions parents have about childhood immunisations.

COVID-19 vaccination: Communications around COVID-19 encouraging take up amongst immunocompromised people, pregnant people and over 50s has continued with targeted marketing aimed at underserved communities. **60,101** residents who were eligible for the Autumn Booster took up the offer.

Flu vaccination: The flu vaccination was also successfully rolled out, with over 73% of over 65s taking up the offer to be vaccinated before the end of January 2023.

Working with our partners: Creating an inclusive partnership

Recruitment of a Learning Disability Nurse: A Learning Disability nurse has been recruited to improve the number and quality of Annual Health Checks amongst residents with a learning disability. In partnership with Oxleas NHS Foundation Trust, the Learning Disability nurse will work with GP practices over a 12-month period, with an aim to support practices in improving the service and sharing best practice across Bexley. MENCAP is also continuing to support practices by providing awareness training to encourage the take up of annual health checks amongst this group.

Our work with Children and Young People

Bexley Special Educations Needs Support for under 5s: Bexley health and education colleagues further developed support for children under 5 with special needs, by ensuring they had access to early help. We have worked alongside Bexley Wellbeing Partners and stakeholders to identify children who will require special needs and disability support when they start school. This will ensure that any child in need of such support will be able to access it before they start school and a tailored learning plan will be in place, from their very first day of school.

Diabetes support for residents

Expansion of Diabetes Services across Bexley: Thanks to Diabetes Transformation programme funding, additional staff have been recruited into the community diabetes team. This includes diabetes specialist nurses, a dietitian, podiatrists and a nursing associate. This has meant that patients can be seen more quickly through the Community Diabetes Team, which also now includes a dietitian who is new to the diabetes service. A new team has also been commissioned through Bexley Health Neighbourhood Care (BHNC), the local GP federation, to visit housebound patients with long term conditions and carry out their annual health review. This information is then shared with the patient's GP practice, ensuring joined up care for residents across Bexley.

Mental health support for residents

Mental Health Services across Bexley: We appointed the CEO of Mind in Bexley as the Clinical and Care Lead for mental health services across the borough. They will oversee a borough wide stakeholder group, with clear and agreed objectives. This group will ensure full stakeholder participation in decision making and commissioning/service development plans and will report into the BWP in line with future governance arrangements. The role will also oversee the development and expansion of participation of people with lived experience of mental health services in Bexley.

Mental Health First Aider Training was successfully rolled out across the borough having been developed for voluntary groups and primary care staff across Bexley. Two individual week-long courses run by Mind in Bexley helped participants identify signs of mental distress in themselves and others and provided tools to deal with such issues as well as signposting to a range of support services available through the partnership. Another course took place in spring 2023.

Recognition of the work our partners do

Sun Awards Recognition: Mel Hudson, who runs Slade Green Foodbank in Bexley, was nominated for a Sun 'Who Cares Wins' Award in the category of Unsung Hero, for her support to the local community. Mel also organises mental health first aid courses, provides debt advice and hosts health and wellbeing days for residents. The awards were shown on Channel 4 and featured in the Sun.

BWP Partnership Events

Thamesmead Festival and outreach: At the 2022 Thamesmead Festival the ICB teamed up with colleagues from the Greenwich Public Health team to share essential health and wellbeing messaging. Over 200 festival goers engaged with the stall. This work is part of a broader piece of partnership work under the 'Healthier Thamesmead' umbrella – ICB partners working together with colleagues in public health (Bexley and Greenwich), social housing providers and voluntary organisations to improve access to services and health outcomes in the Thamesmead area.

Black History Month Outreach: We funded a special Black History Month event organised in collaboration with Bexley BAME Forum and Active Horizons, a youth-led charity set up to support young Black and Minority Ethnic people and their families in the borough. The theme of the event was health and wellbeing and there were information stalls and representation from partners. Experts were on hand from various community groups including Jesse's Place Community Interest Company who work with young people with disabilities and especially young Black people living with autism. **Over 1000 people attended.**

Support for Bexley Carers

Carer's Week event: In July, our comms and engagement team organised an event for Carer's Week 2022 in collaboration with the Carer's Partnership. The National Carers Week theme was *'Making caring visible, valued and supported*', with the aim of highlighting the work done every year by unpaid carers. The design of the event reflected feedback from members of Carers Partnership about what would be valuable and what they have appreciated in the past.

Bexley Carers Support: This year we have embedded our Carers Partnership. This is jointly chaired with a voluntary sector carers' lead and we are working to deliver our joint Carers Action Plan. Key highlights have included the launch of the new carers' website under our own Carers Partnership brand, carers drop-ins at Bexley Central Library and the delivery of a wide range of carers well-being events and counselling services across the borough.

Bromley Borough

One Bromley partners have continued to work collaboratively to deliver proactive and personalised integrated services to meet needs, help reduce health inequalities and provide the right care in the right place for Bromley residents.

The One Bromley local care partnership is made up of nine Bromley health, care and voluntary care organisations who have worked together for many years. The partnership has well developed priorities and programmes to deliver integrated service developments and improvements. These aim to empower people to take better care of their own health, improve performance and outcomes, reduce hospital stays and enable more people to be cared for at home or in community settings.

With the formal creation of the South East London Integrated Care System in July 2022, local governance structures were reviewed and the new One Bromley Local Care Partnership Board was established and meets in public every two months. More information about One Bromley is available at: www.selondonics.org/OneBromley

Highlights from 2022/23 include:

Winter pressures

The 2022/23 One Bromley Winter Plan built on what worked well the previous year, whilst strengthening the offer to meet new emergency needs and system changes. The plan covers:

- Increasing system capacity (Primary care, Admission Avoidance, and Discharge)
- Meeting seasonal demands (Respiratory pathways, Adults and Children, Christmas and New Year additional capacity, COVID-19, and Flu vaccination planning)
- Information sharing and escalation (Winter intelligence hub, system escalation, Winter communications and engagement).

The Keeping Well this winter guide was sent out to all Bromley households

The collaborative approach to managing winter pressures enabled the Bromley system to better monitor and respond to surges in demand and support appropriate and timely escalations. Cohesive and timely public and system communication was put in place, including the promotion of various winter resilience schemes and additional capacity, winter service directories and videos for health professionals, and clear public information on how to stay well and use the right services over winter. This included a 16-page guide to keeping well over winter which was distributed to all Bromley households.

To ensure people are seen in the right place, a more robust approach to [patient redirection in Bromley urgent treatment centres (UTC)] commenced in December 2022. The scheme redirects those attending UTCs with conditions that are better managed and treated by primary care services and enables our urgent and emergency services to focus on caring for those with more serious conditions. Communications explaining the arrangements were shared across print and online media.

Vaccinations

Bromley was one of the best-performing South East London boroughs for delivering COVID-19 autumn booster, flu, and polio booster vaccinations. Organisations and teams worked collaboratively and tirelessly together to offer vaccinations at a range of accessible locations including additional pop-up clinics and weekend clinics. There was extensive promotion using a range of different media to encourage uptake, with a particular focus on those most at risk and in areas and population groups where there was lower uptake.

The new One Bromley Health Hub in the Glades Shopping Centre was widely promoted as a centre where people could also walk in for a vaccination. A two-day community event was held in the shopping centre in January 2023 to share information and answer questions about vaccinations. Four bespoke flu videos were created that covered pregnancy, those with long-term conditions, children, and general information on the importance of being vaccinated.

11,860 children received polio boosters.

197,670 people received a third COVID-19 vaccination or booster

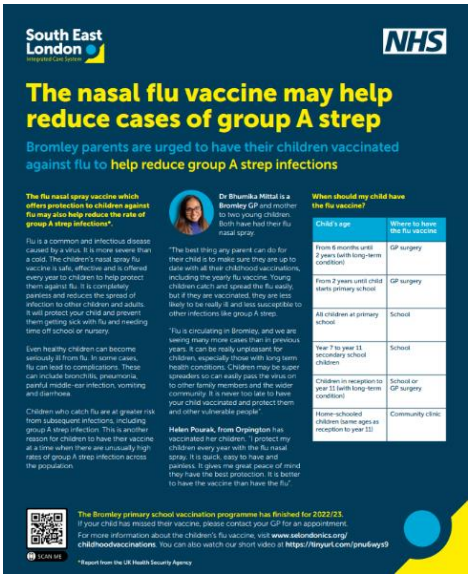
78.3% of those over 65 had a flu vaccine (highest in London)

47.5% under 65s had a flu vaccine (second highest in London)

37.6% of those aged 50 – 64 not at risk (highest in London)

50% of 2 to 3-year-olds

Bromley once again was one of the best performing London boroughs for flu vaccine uptake.



With rising concern over cases of Group Strep A over the winter, further promotion was done to encourage parents to have their children vaccinated against the flu and be up to date with all their vaccinations.

New One Bromley Health Hub in the Glades Shopping Centre

Officially opened in October 2022, the One Bromley Health hub is the first of its kind in the borough and over time will offer a range of health and care services. The Hub currently houses the King's College Hospital NHS Trust vaccination service. It is in an accessible and visible location in the heart of the town centre.

Integrated services for children

A new integrated therapies model of care is being implemented, providing universal, targeted, and specialist therapy services for children. Developed in partnership with parents and carers, a new local website (B-Hive) was established providing information on available therapy support and resources.

An integrated health hub model of care for children is being developed and implemented, which provides children's health care closer to home, working with local GPs, Paediatrics, and Children's Community Nursing, and will be rolled out to all primary care network areas during 2023/24.

Mental Health Services

The new community wellbeing hub for adult mental health services established in 2022, provides early intervention and prevention, working closely with the voluntary sector. It aims to link with current mental health care provision, reduce the need for hospital services and reduce the complexity of using services. It follows a similar model to the successful Bromley NHS and Voluntary Sector partnership single point of access for children's emotional and mental wellbeing.

As part of the Bromley Mental Health transformation plan, a peer-led engagement exercise was undertaken to capture views from current and former mental health service users on the support provided by adult mental health recovery and rehabilitation services. Over 200 individuals were invited to share their views to inform improvements, and seven of these have now been involved in the co-design of a service specification for the new Bromley Support@Home service, which will support individuals wherever they live and have performance indicators, developed with service users, to measure successful delivery.

GP services

Demand for GP services is at an all-time high and each day Bromley practices are helping many hundreds of people. To meet this demand, services have changed to enable GPs to focus on the most complex patients and offer more appointment slots. Practice teams now include other healthcare professionals who can, together, meet the varied needs of patients.

Headline achievements include:

- Investments in digital technology to support and improve telephone systems, websites, and IT solutions to improve population health, access, efficiency and workforce planning.

- Investments in premises.
- Increased workforce and training.
- Rolled out a programme of workflow optimisation with interested GP practices, supporting efficient use of GP and practice time, and improving patient safety through an audit.
- More appointments with virtual flexible access.
- Enhanced access services, providing a range of appointments in the evening and on Saturdays.
- A Public information campaign was undertaken to improve understanding of GP services and pharmacies, the new wider practice team and to manage expectations. Videos, posters, online information, newspaper articles, and more were produced to share the campaign messages which included the role of social prescribers and how to self-refer to a range of different community services.

Bromley Hospital at Home

- Following on from the successful Children's hospital at home service, which is making a real difference to young people and their families, the adult model has been developed to help keep people out of the hospital and care for them at home. Also known as the 'virtual ward,' Bromley Hospital at Home helps to prevent avoidable hospital admissions and supports early discharge. The adult service is a collaboration of One Bromley partners, hosted by Bromley Healthcare working closely with the Princess Royal University Hospital, Bromley GP Alliance, and St Christopher's Hospice as well as other partners who have been instrumental in developing the service. An enthusiastic group of service users is helping us to refine how we deliver the service well, and we are working with South East London colleges to develop an innovative course for staff and for informal carers of people using this and similar services.

- The adult Bromley Hospital at Home commenced in earnest in December 2022, focusing initially on patients with respiratory and frailty issues, and those needing intravenous antibiotics. During winter 2022/23 the service saw over 250 patients with over 2,500 patient contacts. This includes patients referred by community services such as Rapid Response for acute monitoring in the community. Through this monitoring, Bromley Hospital at Home is often able to identify deteriorating

conditions earlier and coproduce a plan with the patients and families which avoids an emergency trip to hospital. The service has received outstanding patient feedback, including enabling patients to be discharged early from hospital to be at home with their loved ones when that was needed most. Our aim is to further develop this as a sustainable model of care built across One Bromley partners, learning from our colleagues across South East London to meet local needs and treat more people at home.

Building the Bromley Workforce

One Bromley partners continue to work together to encourage people to come to Bromley for a rewarding career in health and care. This includes career fairs, Springpod Health and Care Careers Week, and the Cadets programme, which works with young people in the borough to inform them about various health and care careers and lets them experience first-hand what it is like to work in our services. A new *One Bromley Careers* campaign will launch in Spring 2023.

A One Bromley celebration event took place in May 2022 to recognise the commitment, resilience, and collaborative way Bromley services are working together to provide proactive integrated care for Bromley people and communities. Over 200 staff came together to celebrate the finalists for a range of awards including Integrated care for vulnerable people, Improving care and experiences of children and young people, Integrated response to the COVID Pandemic, Reducing health inequalities, and Keeping people well and cared for in their communities.

Other highlights:

- The One Bromley Winter Homeless Healthcare Clinics won the Innovation Helping Address Health Inequalities Award at the 2022 National Innovate Awards in September. The clinics offer a range of treatments provided by One Bromley partners to help manage common health issues including vaccinations, mental health, drug and alcohol service, and podiatry.
- NHS South East London was recognised for the Community Pharmacy Vaccine Champion Scheme at the NHS PrescQipp awards. Led by our Bromley medicines management team, the scheme aims to improve vaccine uptake and reduce inequalities. Twelve Bromley community pharmacies were involved, with over 700 clinical interventions. Of these, 310 individuals who were initially reluctant to have the COVID vaccination went on to be vaccinated, mostly in community pharmacies. Six of the pharmacies involved with the scheme were in the Crays and Penge area, both locations where uptake of the vaccination has been lower.
- In response to **delays in discharges** to care homes due to limited beds over winter; Home First was put in place for those needing long-term 24-hour care in a bedded setting for a period of recovery and rehabilitation with wrap-around community health and care support. This approach saw an 85% reduction in patients waiting for a care home discharge over a three-week period. Those who

still want or need to be cared for in a care home could arrange this once discharged without occupying a hospital bed. As well as improving discharge performance, most importantly Home First has shown excellent outcomes for patients who are better settling at home, and often remain there long term.

- Following a full tender process, Greenbrook Healthcare Ltd was awarded the new five-year contract to provide **urgent treatment services** at the Princess Royal University Hospital and Beckenham Beacon from April 2023. People with lived experience were involved in the process including being part of the procurement panel.
- A dedicated **falls prevention** post was set up to work with care homes to review their arrangements for reducing and managing falls. Falls are three times more common in care homes.
- The **RESTORE2** deterioration management tool was rolled out across care homes, extra care housing, and supported living. It helps staff to recognise early signs of physical deterioration in residents.
- There is a continued commitment to ensuring Bromley people and communities are directly influencing the development and delivery of services. A patient forum, active community champion programme, and targeted work with people with lived experience support this work with individuals joining focus groups, completing surveys, and being part of our decision-making processes. A comprehensive public engagement report was published in May 2023 covering work undertaken by the local care partnership and its sovereign organisations on ensuring the public voice is at the centre of all we do.

Safeguarding for adults and children is embedded through all planning and delivery of services across Bromley. Collaborative work continues with the London Borough of Bromley and Local Safeguarding Adult and Children Partnership Boards

Greenwich Borough

Strengthening the Healthier Greenwich Partnership

During the year we developed and agreed our shared purpose, our shared values and behaviours, and new structures for the governance of the HGP (including strengthening our clinical leadership by recruiting to several new roles). We also agreed to focus collective actions on reducing cardiovascular disease as a priority area where we feel working together with partners and residents can have the greatest impact on local health and wellbeing. We have developed new ways of engaging with residents in collaboration. To oversee this, we have established a HGP Public Engagement Group and a quarterly HGP Public Forum which formally reports in to the HGP.

Consolidating intermediate care beds and securing a new Community Diagnostic Centre

We developed proposals for changes to the services delivered at Eltham Community Hospital and engaged widely with residents. Following the engagement intermediate care beds have been successfully consolidated with those provided for Bexley residents and we are developing a Community Diagnostic Centre (CDC). We are delighted to have secured this investment and the CDC will open in April 2023 and be fully operational by April 2024. It will provide up to 64,339 additional scans and 27,418 blood -tests per year by increasing existing capacity for ultrasound scans, blood tests and X-rays and creating new capacity for CT scans, MRI scans, respiratory and cardiac diagnostics. It will help to reduce waiting times to meet current demand and provide an opportunity for further expansion to meet future demand.

One of our pop-up polio clinics at Morrisons in Thamesmead

Vaccination and wellbeing support for residents
HGP partners in Greenwich demonstrated strong partnership working to keep our residents safe and well, delivering vaccination programmes and wellbeing initiatives from a range of sites including Queen Elizabeth Hospital, GP surgeries, Primary Care Network clinics, pharmacies, schools and events in the community.

Partners have worked to communicate positive vaccination messages, engage with our local communities and overcome misinformation. Communications and engagement activities were targeted to areas where we know uptake was lowest to help reduce inequalities. We have widely promoted where to get polio, Covid-19 and influenza Vaccinations. We have also run several popup vaccination and wellbeing events in the community.

We held a successful vaccination and wellbeing event at WSUP shelter for homeless and vulnerable people

We also held a vaccination and wellbeing event at Greenwich Islamic Centre.

Our work with Children and Young People
HGP partners have overseen a number of initiatives to improve the mental and physical wellbeing of children and young people in the borough. These include:

Commissioned the Whatever Makes You Happy programme provided by the Tramshed who supported the mental health and wellbeing of 40 young people through the use of drama and creative arts.

- Funded and coordinated a grants programme for every school in Greenwich to deliver mental health and wellbeing support for their children during 2023. This includes art therapy, mental health first aid training, counselling, Place2Be support, learning mentor training and therapeutic drama sessions

- Mobilised the new Vanguard Project supporting young people at risk of serious youth violence. As part of the project Charlton Athletic Community Trust are providing direct support to children and young people, through mentoring and enrichment programs, whilst also proactively identifying children and young people affected by violence for further specialist services. These specialist services are delivered through a clinical multi-disciplinary hub provided by SLaM who link in with local teams.

- Commissioned and mobilised a new Tier 3 Weight Management Service providing holistic support for children and young people with a Body Mass Index (BMI) above the 98 centile.

Working to improve access to primary care services

GP and other primary care services in Greenwich, as in the rest of the country, have seen a significant increase in demand for their services. We have supported our GP surgeries and primary care networks to put in place a number of initiatives to make it easier for residents to access GP services and to help the health and care system deal with the pressure it faces. These include:

- Supported our GP surgeries to deliver approximately 10% more appointments than prior to the Covid-19 pandemic
- Introduced enhanced access service across all surgeries, Monday to Friday 6.30pm to 8pm and on Saturdays 9am to 5pm
- Established Sunday appointments, which can be booked through NHS111, from 8am to 8pm
- Worked with our GP Federation, Greenwich Health Ltd to increase capacity over the winter period
- Introduced an Acute Respiratory Hub from January to March 23
- Increased GP capacity at the front door of the Emergency Department at Queen Elizabeth Hospital

We also had a rich discussion with residents at a well-attended HGP Public Forum where the main topic was Access to Primary Care which provided additional insight to feed in to future plans.

Mental health support for residents

We launched a new Mental Health Hub in Greenwich. The aim is to ensure people are supported earlier and prevented from going into crisis through a range of joined up interventions being available closer to people in communities. Through this new approach we also aim to tackle inequalities and reduce the stigma some people feel in accessing support for their mental health.

We are designing a new model for our accommodation with support pathways in Greenwich through our Mental Health Alliance. This has included work to understand peoples' lived experiences of current offers and what matters to them for the future. This rich range of insight will inform our future commissioning approach and has provided a wide network of people with lived experience of mental ill-health and carers to work alongside us in future.

In June 2022, partners held a mental health workshop which focused on work to support people to live as independently as possible. We agreed three collective key priorities and have made good progress on each of them:

1) co-producing a collective vision for mental health in Greenwich
2) carrying out a refreshed needs analysis of mental health for our local population, taking a life course approach
3) building on the mapping of local support and services and improving awareness of the offer to with local people and staff.

We have continued to work with Oxleas to formalise arrangements for integrated social care for working age adults and potentially older adults with mental ill-health. We have restarted Partnership forums, which were paused during the pandemic, to oversee these arrangements and ensure partners collectively reflect on the quality and sustainability of the current approach and work towards more formal arrangements for the future.

Developing a new model for urgent treatment

During the year we completed a comprehensive reprocurement process for the Urgent Treatment Centre at Queen Elizabeth Hospital and the Out of Hours Home Visiting Service. We are excited to be working with Greenwich Health, our local GP Federation, as they develop a new, integrated model during 2023/24. This will help improve the experience for patients and improve access to urgent treatment.

Support for Greenwich Carers

We completed and launched our **Royal Greenwich Joint Adult Carers Strategy 2022-2027.** The strategy was based on a review of our progress to date and sets out actions to improve support to carers so that the impact of their caring role is minimised, that their own health and wellbeing is maintained and that they can enjoy a life outside of caring.

Re-opening The Source in Horn Park

We worked together with local people, Oxleas and Charlton Athletic Community Trust to reopen The Source in September. The pilot service is providing Nurse-led minor illness sessions, sexual health and contraception and Live Well social-prescribing advice from Charlton Athletic Community Trust. The service is currently being evaluated to determine what is provided in the future at The Source.

The reopening event at The Source in September 2022

Lambeth Borough

2022/23 has been an exciting and rewarding year for the Lambeth Together partnership. From July our Lambeth Together Care Partnership Board transitioned from a shadow arrangement to a formalised part of the new South East London Integrated Care System marked by our first face-to-face public Partnership Board meeting since before the pandemic. The Partnership Board has continued to meet in public every two months with representation from all key local health and care partners and preceded by our Public Forum, which provides an open space for Lambeth residents and groups to start conversations on matters that are important to them regarding health and care in our borough. Our Board meetings have focused on the work of our Delivery Alliances and the development of our key strategic priorities, including the development of Lambeth's refreshed Health and Wellbeing Strategy and our Health and Care Plan, 'Our Health, Our Lambeth', our Carers' Strategy, and the implications of the Fuller Review for primary and community-based care.

To strengthen our commitment to involving people at all levels of our work we have appointed to two new Patient and Public Voice Member Board roles, following open recruitment. We have also appointed 23 new Clinical and Care Professionals (CCPLs) and established a dynamic CCPL Network to provide leadership to improvement across our Lambeth work programmes.
Our Delivery Alliances and programmes have continued to progress their priorities. Our Children and Young People's Alliance has refreshed its priorities through excellent engagement in its Early Years and Emotional Health and Wellbeing workstreams. A wide range of community sector organisations are engaged in delivering emotional health and wellbeing services, with 54 young people completing BigKid's 'Breaking Barriers' leadership programme, a short breaks pilot launched for up to 75 young carers through Carer's Hub Lambeth, and a new primary care mental wellbeing pilot established with The Well Centre.

The Living Well Network Alliance's 'Staying Well' offer for adults living with serious mental illness is bridging the gap between general practice and secondary mental health services to support more people to thrive within their homes and communities. The Culturally Appropriate Peer Support Advocacy Service, run in partnership with Black Thrive, is not only now fully operational following its launch in April 2022, but also in March 2023 was the winner of the Health Service Journal's 'Best Not for Profit Working in Partnership with the NHS' award.We have additionally funded new 'emotional emancipation circles' as part of our EDI work to address health inequalities among black people experiencing mental distress. An increased focus on supporting mental health service users into work is beginning to show results.

Within our Neighbourhood and Wellbeing Alliance insights from black communities have supported the introduction of a new ‘pathway’ for chronic pain sufferers including non-clinical community-based support options. A patient advisory group ensures that the user voice remains central to this work. Our ‘Thriving Communities’ work has connected people at neighbourhood level with primary care networks and hyper-local support and healthy living opportunities, for example bringing together CAB, Dementia Research, Age UK Lambeth, South London Cares, Healthwatch, primary care staff and others on ‘Social Prescribing Day’ in Streatham.

With Lambeth general practices, we have introduced more flexible access options for residents, including virtual and face-to-face consultations, to ensure patients can access care at times and in ways that are convenient for them. We have more consultations taking place and more appointment slots available in the evenings and on Saturdays including through our enhanced access hubs. At the same time, we have invested in more diverse skillsets within our primary care teams, recruiting to new roles including pharmacists, physiotherapists, and social prescribers. We have run an extensive public information campaign to improve understanding of the wider offer within primary care, to support people to navigate the healthcare system most effectively, and to help our services to stay resilient.

Just some of the notable achievements for the Lambeth team from this period included:

- Working with partners to address inequalities in Black communities, with an event in Kennington in October offering around 470 people diabetes, blood pressure and eye checks, and advice on prostate cancer, kidney health, weight management, mental health, maternal health and chronic pain, with a range of GPs, pharmacists and specialist nurses on hand to discuss any specific health issues arising.

Black communities Health and Wellbeing event, Kennington, October 2022

- Facilitating creative and successful delivery of multiple cross partner vaccination programmes including Covid-19, flu, MPox and polio. Pop-up clinics, Lambeth's Health and Wellbeing Bus, black health events and extensive online, on street and partnership-wide promotion activities were instrumental in reaching out and building trust. Our Community Champions programme which established vaccine champions in community pharmacies to address Covid-19 vaccine hesitancy, held nearly 9,000 opportunistic conversations with people attending pharmacies for medicines or advice, and achieved a 20% conversion rate from hesitation to vaccination. Pharmacy staff also took part in outreach opportunities with faith groups and African TV, also explaining the services available to the public from pharmacy. This initiative was recognised nationally with a PrescQIPP integrated working award in October.

Community outreach with Lambeth Together Health and Wellbeing Bus

- Chronic pain long term condition registrations in primary care increasing by 20,000 between June and November as a result of our work to design and promote a new pain pathway; a 39% increase in clinical reviews for this group means these patients can benefit from personalised pain management plans, medicines reviews and referrals to community support options or 'social prescriptions'; this work has been supported by Lambeth Together's Neighbourhood and Wellbeing Alliance

- The successful redesign of Lambeth's Family Nurse Partnership programme and launch of the Bright Beginnings pathway, a new model of care for vulnerable families with young children.

- Average waiting times for the first CAMHS appointment reducing from 13.5 weeks to 11 weeks from 2021/22 to 2022/23; additionally, we established a new primary

care based pilot project for young people's mental wellbeing with The Well Centre, offering holistic assessment and support options from GPs, a specialist mental health nurse and Health and Wellbeing Coordinators who additionally offer social prescriptions, linking to other services and sources of support for young people in the community.

- Over 100 people being referred to the Living Well Network's new Individual Placement and Support employment service between its launch in July and January 2023, with 11 people supported to find new employment in the same period. The service helps anyone receiving support for their mental health with getting or staying in a job.

- Reducing repeat attendances at A&E by homeless people, with 84% not attending again within a three month period following post-discharge support from Lambeth Homeless Health Team.

- Once again Lambeth is on a trajectory to exceed the national target of 75% for health checks for people with a learning disability within GP practices; by the end of March 2023 our practices had carried out annual health checks with 86% of their registered learning disabled patients, compared with a figure of 80% last year.

- Re-opening of Crown Dale Medical Centre in January 2023 after an extensive refurbishment and modernisation programme, providing expanded consulting and group session rooms, improved access and services from a wider range of clinical and non-clinical teams.

Re-opening of Crown Dale Medical Centre with lead GP Dr Nico Scaravilli and Helen Hayes MP

- More Lambeth GP practices have taken part in 'Pride in Practice', an LGBTQ+-friendly accreditation programme for primary care. By the end of February 2023, already 61% of Lambeth practices have participated in this training, with 15

receiving full accreditation, a further ten trained and assessed, and four more in the process of registering for training.

- Working across partners to implement multi-agency arrangements for responding to the health needs of people fleeing conflict in Afghanistan and Ukraine, including the permanent registration of these residents at local GP practices, commissioning of wider community health provisions from GSTT, and linking people to voluntary support services. In December 2022 Lambeth In December 2022 Lambeth celebrated becoming formally recognised as a Borough of Sanctuary for its work to welcome and support sanctuary seekers from across the world.

CAPSA HSJ award

/

Further information on Lambeth work throughout the year:
www.lambethtogether.net / Lambeth Together Year in Review

Lewisham Borough

Lewisham Health and Care Partnership

Lewisham Health and Care Partnership (LHCP) aims to achieve a substantial improvement in health and care outcomes and to address inequalities across the local system. Four priority areas have been identified, on which the partners will focus over the next three to five years.

Aligning with the high level priorities set out in the Integrated Care Strategy for South East London and those of the Lewisham Health and Wellbeing Strategy, LHCP's focus will be on **building stronger, healthier families**, by establishing Family Hubs; **being compassionate employers and building a happier, healthier workforce,** starting by co-ordinating work around apprenticeships and entry level roles to take advantage of the "anchor role" Lewisham LCP Partners have in the local community; **working together and in collaboration as organisations and with the communities we serve;** with a particular focus in years 1 and 2 on strengthening our offer to older and frail people and those with long term conditions; and finally, **by reducing inequalities,** initially focusing on increasing uptake of screening and vaccination across the whole of our population and on further developing cultural competence across our local workforce utilising the tool developed by the Lewisham Health Inequalities Programme.

The detail actions underpinning these priorities will be set out in the LHCP's 2023/24 operational plan.

Community Engagement in Lewisham

In order to deliver its commitment to citizen and community engagement, Lewisham LCP has established a People's Partnership Group to provide a forum for connecting with local communities and voluntary and community sector organisations and facilitating co-ordination between statutory health and care organisation. This group reports directly into the LCP Strategic Board.

Between January and March 2023, the LPC has run three 'simulation' meetings of the group to help develop and test how the group can work in practice. With involvement from local community groups and voluntary sector representatives, the meetings have explored different ways in which the group might influence decisions at a partnership and borough level.

The group launched formally in April 2023 and will partner with the providers and commissioners of health and care services to shape how these services are delivered for residents.

Quality Improvement in Lewisham

Lewisham LCP partners have worked together to agree an approach to addressing quality concerns and improvement that maximises the opportunities of working as a local care partnership. The focus is on identifying areas for quality improvement that

require a partnership approach to resolve issues and improve outcomes and experience for our population.

An Integrated Quality and Assurance Group has been established to bring Lewisham LCP partners together to provide a forum for agreeing joint plans and securing mutual commitment and accountability. It is chaired by the Chief Nurse of Lewisham and Greenwich Trust.

Vaccination programmes

LHCP, alongside the voluntary and community sector, Healthwatch Lewisham and other stakeholder groups such as our Primary Care Networks have worked to convey positive public health messages, engage with our local communities and tackle misinformation about the COVID-19 vaccine.

The local COVID vaccination programme has continued with eligible patients able to access the vaccine through PCN sites, pharmacies, Lewisham Hospital and a range of outreach clinics.

The partnership approach has been utilised to support the Polio and flu vaccination programmes.

A group, led by Lewisham Public Health, has been established to support work with the local population to address the underlying factors driving vaccine hesitancy.

Neighbourhood Network Alliance

The newly constituted Integrated Neighbourhood Network Alliance will support the development, delivery and implementation of integrated community-based health and care, working with all local partners (including residents) to shape how our community based services integrate and change to meet the needs of our population. A series of workshops took place between January and March 2023 for key stakeholders to identify practical and tangible agreements across the borough.

Crisis Café

The Bridge Café is a community based crisis diversion and resolution service in Lewisham provided by the 999 Club. It opened in Deptford on 1 November 2022. The service supports adults in Lewisham who are experiencing a crisis to help resolve matters of crisis before further deterioration and to help reduce presentations at Emergency Department. Access to the Café is through 111, who will connect the caller to South London and Maudsley NHS Foundation Trust Crisis line or through the Lewisham Hospital Liaison Team.

Mulberry Hub GP-led Youth Clinic

Lewisham Children and Young People (CYP) Joint Commissioning Team has worked with North Lewisham PCN, South London and Maudsley NHS Foundation Trust and

METRO Charity to establish the Mulberry Hub, which is an integrated primary care and mental health service for young people aged 13-25 in the north of Lewisham. The overall objective of the Mulberry Hub is to increase access to high quality primary care and mental health services for young people, by providing these in a young person-friendly and non-clinical setting. The Mulberry Hub opened in September 2022 and as of February 2023, 65 young people have received support from the clinic. The clinic is being run on a pilot basis for one year, during which time it is being evaluated for future sustainability.

Family Hubs

A Family Hubs Integrated Leadership Alliance has been established including partners from the local authority, health and voluntary/community sectors. Building works have been completed on the first Family Hub in the north of the borough (Clyde Nursery in Evelyn Ward) and recruitment is underway for staff to meet with families to capture their needs and ensure services are in place to support them, including midwifery, health visiting, perinatal mental health and speech and language therapy.

Lewisham Asthma Service

The Lewisham Community Nursing Asthma Team started in 2017 with two nurses providing community support for children and young people with asthma. Their main role is to support young people and families to better understand and manage asthma, review children and young people when they are discharged from hospital and help ensure schools and Special Educational Needs Coordinators have the best information to support children with asthma. The service has recently taken on an additional nurse to help support schools across Lewisham to meet the Asthma Friendly School programme developed by the Healthy London Partnership.

Quality Standard for Cultural Humility in Maternity Care

Lewisham CYP Joint Commissioning Team has worked with Lewisham Maternity Voices Partnership and Lewisham and Greenwich NHS Trust to develop the Cultural Humility Quality Standard. This sets out six principles for good and safe maternity care from the perspectives of Lewisham women and birthing people of diverse cultural backgrounds. It was designed to act as guidelines for professionals providing care for people throughout their maternity journey, and aims to increase the involvement of Black, Asian and minority ethnic service users in quality assuring the maternity service. A short film was created to explain the Quality Standard, which is now used in mandatory training for all midwives across Lewisham and Greenwich NHS Trust.

Specialist Nurse for Leaving Care

Lewisham CYP Joint Commissioning Team worked with Lewisham and Greenwich NHS Trust to develop a new Specialist Nurse to provide young people leaving care

with the skills, motivation and support to access health and wellbeing services as they make the transition to adulthood. The post also provides consultation to Leaving Care Personal Advisors to help them to support young people on their caseloads. The project started in May 2022 and as of December 2022, 58 care leavers had received direct support, and 241 consultation sessions with Personal Advisors had been delivered. The post is currently commissioned on a pilot basis for one year, during which time it is being evaluated for future sustainability.

Complex Needs Community Dietetic Service

The CYP Team have worked with Lewisham and Greenwich NHS Trust to develop and implement a Community Dietetic Service for children and young people with complex needs aged 5-18. The service aims to support children and families with SEND, learning disability and Autism who have specific weight management issues and concerns regarding eating which impact on their overall health and wellbeing. The Trust has recruited two dieticians who will support the service and will be supported by the Acute Dietetic Service in University Hospital Lewisham.

Empowering Communities, Empowering Parents (EPEC) Local Hub: Mobilising Strengths and Assets of Local Communities

In October, Lewisham began to set up its local EPEC HUB with funding from the ICB and Start for Life. EPEC is an internationally recognised evidence-based, peer-led parenting programme. Currently, Lewisham's EPEC Hub is training up to 11 parent group leaders which will go on to support a further 120 parents.

The Lewisham 's EPEC HUB aims to reach and engage families who experience social and economic disadvantage and excluded communities in ways that other parenting programmes may struggle and to be a catalyst that creates highly successful partnerships between services and communities.

Southwark Borough

Partnership Southwark was officially formed on 1 July 2022. This has been the next step, with extra commissioning responsibility, after building a way of partnership working over the last few years. After the transition from shadow form, we saw our first face-to-face Strategic Board meeting held in public since before the coronavirus pandemic. The Strategic Board has continued to meet every two months in public, with representation from all key local health and care partners.

The development of relationships and the collaborative discussions at these meetings have enabled progress on key strategic priorities, including the development of Southwark's Health and Wellbeing Strategy, our contribution to the forward view, the development of our joint borough health and care plan and the implications of the Fuller Review for primary care.

To involve people at all levels of our work, we have appointed two roles of Voluntary Community Sector representatives on the Board, following an open recruitment process. We have also appointed an independent lay member who Chairs the Primary Care Group and Integrated Assurance Committee as well as being a member of the Partnership's Strategic Board. We have also appointed 26 new Clinical and Care Professionals to provide leadership and support improvement in priority programmes of work across Southwark. Southwark has the most varied team of Clinical & Care Professional Leads compared to other South East London boroughs, including GPs, social workers, social prescribers, community provider leads, mental health leads and diagnostic specialists. This means we can draw on a range of expertise when we are working with communities to improve outcomes.

Mental health

We have been working as part of South London Listens to develop services in response to community needs in the borough. At the annual celebration event in October 2022, Southwark highlights included:

- Community Embedded Worker pilot based at Surrey Square Primary and Spring Community Hub
- Parental support (notably Mindful Mamas run by Parent and Communities Together - PACT)
- Safe Surgeries (all Southwark GP surgeries are now safe surgeries).

Since, we have developed further and worked with our VCS provider, Together for Mental Wellbeing, to recruit nine additional 'mental health support worker' roles. The Neighbourhood Mental Health Support Workers will:

- work in the community with local GPs and pharmacies, each aligned to a different area in Southwark to work with Social Prescribing Link Workers to support them.

- work with other health and care staff including specialists, GPs, Practice Nurses, Allied Health Professionals, and the other new personalised care roles (Care Coordinators and Health and Wellbeing Coaches) based in primary care.
- work with hospitals, Southwark Council Adult Social Care, and voluntary and community sector services supporting mental health in Southwark.
- provide outreach work into community spaces like the Walworth Living Room and Pecan Women's Hub, as well as meeting residents in coffee shops and libraries, faith centres, and in line with the Hub's safeguarding and lone working protocols will also see clients in their homes.

These roles meet our South London Listen's pledge to provide a London Living Wage and to provide fair employment opportunities for residents, therefore we specifically designed the roles so there are no set entry requirements. What is important is an individual's life experience, personal qualities and values. Those with lived experience of mental health issues were encouraged to apply.

Tackling health inequalities

Partnership Southwark bid for and received funding from NHS South East London, to support local partnership initiatives to reduce health inequalities. The areas being funded, which were decided on using feedback from the community and with the input of all partners, include:

- developing a type 2 diabetes management course for 18-30 year olds, co-designing with a cohort of service users.
- supporting warm hubs within the borough, to provide space to residents over winter
- developing our community health ambassadors, building on the base established during the COVID-19 response.
- providing health and wellbeing support for unaccompanied asylum seeking children and school nurse support for children educated outside of schools.
- expanding our Healthy Start programme, providing support for young families to access healthy food.
- support for our local social prescribing organisations, recognising the essential work they do in the community.

An inequalities oversight group started in October. This will meet quarterly to oversee use of the funding and develop future proposals to tackle inequalities. The group includes representatives from Public Health, NHS South East London finance team and the Partnership Southwark programme team.

We have also sought to support particular community organisations who have historically been affected by health inequalities in the borough. One of the communities who have been under-served in Southwark is the Latin American community. To tackle this inequality, we are working closely with Community

Southwark and voluntary and community sector organisations who support Latin American people and communities in Southwark.

Together, we have developed the REACH and Latin American Network provider-led network grant programme, a panel combining the REACH network (Race, Ethnicity and Cultural Heritage Alliance) and the Latin American network through Community Southwark to tackle health inequalities that affect these communities in the borough, with a portion of the funding earmarked for mental health support. This panel is community led; the panel members are representatives of community and voluntary organisations in Southwark, they make their own decisions on funding and were nominated by the networks. We are looking forward to working closely with all involved to make a difference to the Latin American and BAME communities.

Medicines Optimisation

Southwark team highly commended as Atrial Fibrillation pioneers

A joint Southwark team has been highly commended by an international award ceremony last month for their work to improve patient safety and outcomes for those affected by atrial fibrillation in the borough. Working jointly with Southwark practices and SEL Anticoagulation Team, Rachel Howatson, Helen Williams, Sadhna Murphy and the medicines optimisation team developed a new system for monitoring prescribed direct oral anticoagulants and their effects on patients. Through this new monitoring system they were able to improve safety and optimise the doses given to individual patients; meaning patients received the best dosage for them according to how they reacted to the medicine. This reduced the risk of several conditions including strokes and bleeding.

Community Pharmacy Health and Wellbeing Scheme

Following the success of the SEL Covid Vaccination Champions Scheme, pharmacies in Southwark are now opportunistically identifying patients who are vaccine hesitant and having discussions to increase vaccine confidence and uptake. This service will incorporate the KCH developed “Vital 5” in addition to encouraging Covid-19, polio, and flu vaccination uptake by utilising the principles of making every contact count (MECC). The Vital 5 aims to adopt key health measurements to help patients stay healthier for longer & manage any risk factors earlier. The 5 key areas focus on blood pressure, smoking, alcohol, healthy weight and mental wellbeing.

Reducing unnecessary prescribing for patients with dementia

The Southwark team has identified 63 patients across the borough who have been prescribed anti-psychotic medicine, with no history of psychosis. NICE has recommended that antipsychotics should only be used in people with dementia if they are at risk of harming themselves or others, or if they are severely distressed. The MHRA has also advised that when antipsychotics are used in elderly people with dementia, they are associated with increased risks of stroke and death. By identifying these patients, we are able to work with practices and consultants to better tailor the

medicines prescribed to these patients to their needs.

Better Care Fund (BCF) and the Adult Social Care Discharge Fund 2022/23

The ICB and Southwark Council agreed a pooled budget of £48.7m for the BCF for 2022/23, funding a range of social care and community health services focussed on supporting people in the community, avoiding preventable hospital admissions, and supporting safe and effective discharge. The total budget included additional contributions of £2.3m above the minimum required level of the BCF set by NHSE, reflecting our shared commitment to the alignment of resources to support integration. In addition, partners responded quickly in November to the newly announced Adult Social Care Discharge Fund opportunity, identifying schemes to the value of £2.56m to be added to the BCF. The schemes are aimed at facilitating discharge for people in hospital who are medically fit for discharge.

A key national performance measure of the BCF is the number of admissions to hospital relating to ambulatory care sensitive conditions ("avoidable admissions"). In the current year there have been 1598 such admissions to month 10 – compared to 2205 in 2021/22 which suggests the 5% reduction target is on course to be met and exceeded. Southwark also continues to be a very strong performer on the key discharge measure, with 97% of patients discharged to their normal place of residence. Local data is also showing a significant reduction in total bed days lost due to long stays in hospital by patients medically fit for discharge since November when the discharge fund was established.

Safeguarding

The Local Authority (LA) children's services were visited by Ofsted. Feedback was positive with inspectors reporting that in all areas the LA and partners were strong. Inspectors also heard from children and young people who made positive comments about the support they get from Southwark services.

This year has also seen a strengthening of the Safeguarding Partnership Executive and chairing of safeguarding subgroups to a sharper focus on evidence, impact and learning to better improve outcomes for children, young people and their families across the partnership.

Within Southwark there is a strong commitment to deliver consistently high-quality support for care leavers. To support this, we are developing a process to enable free prescriptions for those Care Leavers in circumstances where they would not be entitled to free prescriptions through the national criteria.

Joint Health & Wellbeing Strategy

The joint Health & Wellbeing Strategy sets out our aims for the health and wellbeing of people in Southwark; the focus is on tackling health inequalities. The priorities within it have been shaped through engagement with local communities and we will now work

with our communities and partners to develop a Health & Care Plan that will set out how we will deliver the priorities within this strategy.

The five priority areas are:

- A whole-family approach to giving children the best start in life;
- Healthy employment and good health for working age adults;
- Early identification and support to stay well;
- Strong and connected communities;
- Integration of health and social care.

The Partnership Southwark Executive will lead the development and implementation of the Health and Care Plan, which will set the blueprint for integration.

Live Well

Free health kiosks – information to keep people well

From 9 November 2022 until 31 March 2023 there was a pilot programme using six free health kiosks for people in Southwark to see how healthy they are and to track changes in their health.

The aim was to make it easier for everyone in the borough to easily access information about their health and seek lifestyle advice to reduce their chance of developing long term conditions.

We have health inequalities across the borough which affect the quality of life and health of people and communities. Whilst we have made progress to tackle this in recent years, it is important that people are aware of their Vital 5 health indicators which include BMI, blood pressure, mental health/stress levels, alcohol status and smoking status. Improving your vital 5 can have a positive impact on your health.

The health kiosks gave residents the chance to measure these, and keep track of any changes for free through an online login. We saw hundreds of people in the borough use the kiosks in the first few months and are looking to extend the pilot to benefit more communities in the borough. Over 4,000 residents had used the kiosks by the end of January, and over 900 have taken up advice received where it was felt they would benefit from a GP appointment to discuss the results.

Free self-care courses to help manage long-term conditions

Free self-care courses are available to Southwark people living with long term health conditions. Courses are available online or in small face to face groups and will help participants feel more in control of their health, share their challenges and find solutions to common problems. Following a competitive procurement process, Self-Management UK were commissioned to provide the courses. 300 people in the borough have completed courses with over 85% having a positive experience of the course and the impact it has had on their health and wellbeing.

These free vital courses provide lots of tips on how to better manage their health conditions, get the most of out of their GP appointments and how to talk to their friends and family about how they are feeling. This helps to support people to stay well and to help to identify any issues early.

Involving people

To involve more people and communities in our work, we have also been working to develop our engagement strategy. A part of this has been the start of thinking about what co-designing means in practice and we have explored one possibility around a working title of a Lived Experience Assembly. With support from Social Finance and Centric, and in conjunction with Southwark Council, there have been a total of four discussion events to hear about what would most benefit people and communities in the borough and how they can be meaningfully involved in taking an active role in improving what we do. We fed back what we heard to the community in late December and were encouraged that we have accurately interpreted the views and ideas expressed at these events.

In parallel with this, Partnership Southwark has agreed a different approach to the work on all priorities within our Health & Care Plan. We want to build better relationships and more trust with people and communities throughout the borough. To support this, things must be community-led and we will learn and improve by testing things out together, through cycles of insight, given the complexity of the system that we are within. In addition to this new approach, we will continue to talk about what makes sense in terms of actively bringing in intelligence and issues from our communities to help influence decisions; particularly about future priorities and how we research things with our local community.

3.2.13 Forward View for 2023-24

As we approach the end of 2022/2023, work is almost complete on the contracts and operational plans for 2023/2024. This sets out the commitments we are making as a system with regards to service delivery, performance, activity and finance. Our improvement commitments have been made against a challenging backdrop of capacity constraints, long waiting lists, workforce and recruitment challenges and urgent and emergency care pressures, combined with finite financial and staff resources.

A key focus for SEL ICB in 2023/2024 will be working with our system partners to deliver on the commitments we have made in our operational plan, so that we can continue to improve the services available to our population. During 2023/2024 we will continue to recover core services and productivity; we have made progress as a system in recovering from the impact of the COVID-19 pandemic but we remain on a recovery journey and the full restoration of pre COVID-19 access, waiting times and backlogs will take some time to secure. We will also retain a key focus on improving patient safety, outcomes and experience through improving ambulance response and A&E waiting times, and making it easier for people to access primary care services, particularly general practice. As we deliver on these objectives, we will continue to focus on narrowing health inequalities in access, outcomes, and experience, including across services for children and young people, that we know were exacerbated through the pandemic.

SEL ICB works as part of the SEL Integrated Care Partnership. The ICP published an initial strategy document in Jan 2023, setting out five strategic priorities requiring focussed effort across the partnership to achieve change over the next year years. The objectives cover prevention, early years, children's mental health, adults mental health and primary care and the ICB is committed to playing a key role, alongside partners, in delivering the ambition set out in the strategy.

SEL has been working as an integrated care system for many years, so we have great foundations from which to build as we continue to develop our partnership working. These include our vibrant borough based Local Care Partnerships, which are a formal part of our system architecture. Our Local Care Partnerships have specific responsibility for developing out community based care services, secure local solutions to meet population need, reduce inequalities and secure an integrated and responsive community based care offer for local residents. Our Provider Collaboratives and Networks, covering acute, mental health and community services, are continuing to focus on optimising our recovery and capacity through system approaches and solutions and for improving the consistency of our offer, response and outcomes across the system.

During 2023/2024, we will also continue to deliver the key ambitions set out in the NHS Long Term Plan; SEL remains committed to the goals set out in the Long Term Plan and delivering on these to create stronger foundations for the future. At the end of June 2023, SEL ICB will publish our Joint Forward Plan, which will set out our 5 year plan. This will cover our contribution to the wider system strategy, as well as objectives and key priorities across the totality of services we are responsible for delivering, including key milestones for Long Term Plan delivery. This plan will ensure that the NHS is able to implement the key actions required of it to deliver the integrated care strategy, alongside ensuring an ability to respond effectively to wider NHS priorities.

Financially, 2023/24 will be a challenging year for all organisations in the ICP. There are significant productivity and efficiency plans that will need to be delivered, requiring all parts of the ICP to work together.

2023/2024 will therefore be a year of continued focus on delivery of high quality and accessible core services for our population, alongside a focus on the medium and longer term work needed to ensure the sustainability of our system. We will remain steadfastly focussed on ensuring we are working collectively to meet the needs of our population, as well as looking after our own staff, as part of a collaborative endeavour to improve health and health outcomes in South East London.

Andrew Bland
Chief Executive & Accountable Officer
June 2023

4 Accountability Report

4.1 Corporate Governance Report

4.1.1 Members Report

4.1.1.1 Composition of the ICB Board

The ICB Board comprises the following members:

- **Richard Douglas**, ICB Chair
- **Andrew Bland,** ICB Chief Executive
- **Anu Singh,** non executive director
- **Paul Najsarek,** non executive director
- **Peter Matthew,** non executive director
- **Mike Fox,** Chief Finance Officer
- **Angela Helleur,** Chief Nurse
- **Dr Jonty Heaversedge,** joint Medical Director
- **Dr Toby Garrood,** joint Medical Director
- **Professor Clive Kay,** partner member, acute services
- **David Bradley,** partner member, mental health services
- **Dr Ify Okocha,** partner member, community services
- **Dr George Verghese,** partner member, primary care services
- **Debbie Warren,** partner member, local government
- **Stuart Rowbotham,** Place Executive Lead, Bexley
- **Dr Angela Bhan,** Place Executive Lead, Bromley
- **Sarah McClinton,** Place Executive Lead, Greenwich
- **Andrew Eyres,** Place Executive Lead, Lambeth
- **Ceri Jacob,** Place Executive Lead, Lewisham
- **James Lowell,** Place Executive Lead, Southwark

4.1.1.2 Committees of the Board

The Board is supported in delivering its obligations through a number of committees, as detailed below.

Committee	Chair
Audit Committee	Paul Najsarek
Planning & Finance Committee	Dr George Verghese
Quality & Performance Committee	Professor Clive Kay
Remuneration Committee	Anu Singh
People Board	Dr Ify Okocha

Local Care Partnerships	
Bexley Wellbeing Partnership Board	Dr Siddarth Deshmukh

One Bromley LCP	Cllr Colin Smith and Dr Andrew Parson (joint chairs)
Healthier Greenwich Partnership	Dr Nayan Patel
Lambeth Together Care Partnership Board	Cllr Jim Dickson & Dr Di Aitken (Joint chairs)
Lewisham LCP	Dr Pinaki Ghoshal
Partnership Southwark	Cllr Evelyn Akoto and Dr Nancy Kuchemann (joint chairs)

The Charitable Funds Committee also reports directly into the Board, and is a committee set up to specifically manage legacy charitable funds available for Greenwich borough specific projects.

The Audit Committee comprises four members, being:

Paul Najsarek	Non-executive director and Chair of the committee
Peter Matthew	Non-executive director and vice-Chair of the committee
Debbie Warren	ICB partner member
Dr Ify Okocha	ICB partner member

Further information on the membership of the other ICB committees is provided in the Governance Statement section of this report.

4.1.1.3 Register of Interests

The register of interests for our Board is available on the ICB's website here. A register of interests for all staff is maintained by the governance team and is available on request.

4.1.1.4 Personal data related incidents

There have been no ICB data incidents this year that have met the threshold of being reportable to the to the Information Commissioner's Office (ICO).

4.1.1.5 Modern Slavery Act

NHS South East London ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

Andrew Bland
Chief Executive & ICB Accountable Officer
June 2023

4.1.2 Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NHS South East London ICB and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Andrew Bland to be the Accountable Officer of NHS South East London ICB. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding NHS South East London ICB's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS South East London ICB's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Andrew Bland
Chief Executive & ICB Accountable Officer
June 2023

4.1.3 Governance Statement

4.1.3.1 Introduction and context

NHS South East London ICB is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended).

NHS South East London ICB's statutory functions are set out under the National Health Service Act 2006 (as amended). The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of NHS South East London ICB's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS South East London ICB's Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS South East London ICB is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the clinical commissioning group as set out in this governance statement.

4.1.3.2 Governance arrangements and effectiveness

Governance Framework

The governance arrangements for the ICB are set out in line with the ICB Constitution, which details how the ICB will exercise its statutory functions, and the ICB Governance Handbook, which is available on the ICB website.

Board meetings

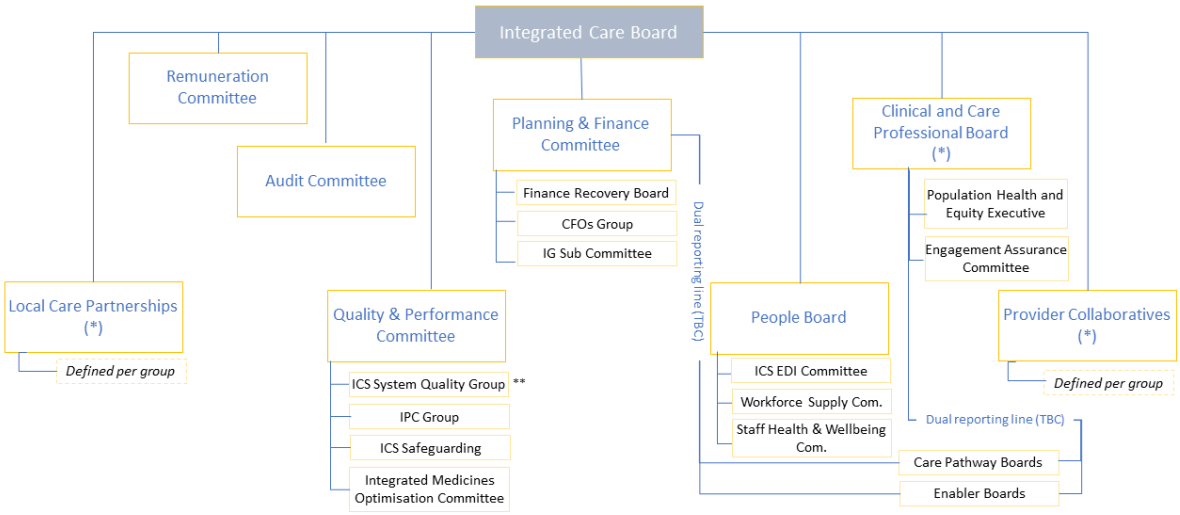
The ICB Board is comprises of ICB non-executive directors, executive directors and partner members, to ensure all parts of the Integrated Care System are represented. The Board meets on a monthly basis, with every other meeting held in public, with meeting dates and venues openly published on the ICB website and members of the public welcomed to attend to observe the meetings either in person or virtually.

Four Board meetings have been held in public between 1 July 2022 and 31 March 2023, with attendance as follows:

Member	Role in ICB	No of meetings attended
Richard Douglas	ICB Chair	4
Paul Najsarek	Non-Executive Director	4
Peter Matthew	Non-Executive Director	4
Anu Singh	Non-Executive Director	4
Andrew Bland	Chief Executive Officer	4
Mike Fox	Chief Finance Officer	4
Dr Toby Garrood	Joint Medical Director	3
Dr Jonty Heaversedge	Joint Medical Director	3
Angela Helleur	Chief Nurse	3
Stuart Rowbotham	Place Executive Lead (Bexley)	3
Dr Angela Bhan	Place Executive Lead (Bromley)	4
Sarah McClinton	Place Executive Lead (Greenwich)	3
Andrew Eyres	Place Executive Lead (Lambeth)	2
Ceri Jacob	Place Executive Lead (Lewisham)	4
James Lowell	Place Executive Lead (Southwark)	3
Professor Clive Kay	Partner Member, Acute Services	4
David Bradley	Partner Member, Mental Health Services	2
Dr Ify Okocha	Partner Member, Community Health Services	4
Dr George Verghese	Partner Member, Primary Care Services	4
Debbie Warren	Partner Member, Local Authority	3

Committees of the ICB

The Board is supported in ensuring delivery of the ICB objectives by the following committees, who have delegated authority from the Board as specified in their Terms of Reference.



The principle purpose of the committees, and membership attendance from members of the ICB Board is detailed below.

Quality & Performance Committee – meeting monthly (8 meetings since 1 July 2022)

Member	Role in ICB	No of meetings attended
Professor Clive Kay	Partner Member and Committee Chair	8
Richard Douglas	ICB Chair	6
Paul Najsarek	Non-Executive Director	6
Andrew Bland	Chief Executive Officer	4
Dr Toby Garrood	Joint Medical Director	6
Dr Jonty Heaversedge	Joint Medical Director	1
Angela Helleur	Chief Nurse	7
Sarah Cottingham	Executive Director of Planning	8
Tosca Fairchild	Chief of Staff	7
Dr Angela Bhan	Place Executive Lead (Bromley)	7
Ceri Jacob	Place Executive Lead (Lewisham)	7

Planning & Finance Committee – meeting monthly (7 meetings since 1 July 2022)

Member	Role in ICB	No of meetings attended
Dr George Verghese	Partner Member and Committee Chair	7
Richard Douglas	ICB Chair	7
Anu Singh	Non-Executive Director	7
Andrew Bland	Chief Executive Officer	4
Mike Fox	Chief Finance Officer	4 (2)
Dr Toby Garrood	Joint Medical Director	6
Dr Jonty Heaversedge	Joint Medical Director	2
Angela Helleur	Chief Nurse	1
Sarah Cottingham	Executive Director of Planning	7
Tosca Fairchild	Chief of Staff	5 (2)
Stuart Rowbotham	Place Executive Lead (Bexley)	4 (2)
Dr Angela Bhan	Place Executive Lead (Bromley)	5 (1)
Sarah McClinton	Place Executive Lead (Greenwich)	1 (6)
Andrew Eyres	Place Executive Lead (Lambeth)	1 (2)
Ceri Jacob	Place Executive Lead (Lewisham)	6
James Lowell	Place Executive Lead (Southwark)	3 (4)

For several of the above members, representatives attended on their behalf where they were unable to attend in person – the number of attendance of representatives is noted in brackets above.

In addition, the Committee has finance and strategic lead representatives for the Acute Provider and Mental Health sectors.

Audit Committee – meeting quarterly (3 meetings since 1 July 2022)

Member	Role in ICB	No of meetings attended
Paul Najsarek	Non-Executive Director and Committee Chair	3
Peter Matthew	Non-Executive Director	1
Debbie Warren	Partner Member	2
Dr Ify Okocha	Partner Member	2

Remuneration Committee – meeting quarterly (3 meetings since 1 July 2022)

Member	Role in ICB	No of meetings attended
Anu Singh	Chair of committee	3
Richard Douglas	ICB Chair	3
David Bradley	Partner Member	2
Dr George Verghese	Partner Member	3

Clinical & Care Professional Committee – meeting every other month (3 meetings since 1 July 2022)

Member	Role	No of meetings attended
Dr Toby Garrood	Joint Medical Director and Committee Chair	1
Dr Jonty Heaversedge	Joint Medical Director and Committee Chair	3
Angela Helleur	Chief Nurse	2
Sarah Cottingham	Executive Director of Planning	0
Dr George Verghese	Partner Member	2

In addition, the Committee has membership representation for the medical directors and chief nurses of each of the South East London Trusts and Bromley Healthcare, primary care and borough clinical leads, Public Health, local authorities, and allied healthcare professionals.

People Board – meeting every other month (5 meetings since July 2022)

Member	Role	No of meetings attended
Dr Ify Okocha	Chair of committee	3
Angela Helleur	Chief Nurse, SEL ICB	4
Tosca Fairchild	Chief of Staff, SEL ICB	3

The committee membership also includes Trust and other ICS partner representatives from across providers, local authorities and the voluntary and third sector.

Local Care Partnerships meet every other month in public and are attended by partners from across the borough.

4.1.3.3 UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our Corporate Governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code that we consider to be relevant to the ICB and best practice.

This Governance Statement is intended to demonstrate how the ICB has regard for the principles set out in the code as considered appropriate for ICB's for the financial year ended 31 March 2023.

4.1.3.4 Discharge of Statutory Functions

NHS South East London ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the Integrated Care Board is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

4.1.3.5 Risk management arrangements and effectiveness

NHS South East London ICB's approach to risk management and board assurance is completed in accordance with legislation, national and local guidance. It seeks to embed recognised and developed best practice through a process of on-going review and improvement and underpins the production of the Annual Governance Statement.

The Risk Management Framework for the ICB has been established to ensure that the principles, processes and procedures for best practice in risk management are enacted in a consistent way across the organisation and enable the Board to be effectively appraised on key risks and the actions taken to mitigate them.

The framework describes the ICB's risk management duties and responsibilities for staff at different levels in the organisation. Its aim is to support proactive and reactive risk management in support of the ICB achieving its agreed objectives and other responsibilities.

The ICB seeks to embed risk management at all levels within the organisation, empowering and encouraging all staff to identify risks and take action to mitigate them. In addition to identifying South East London-wide risks, risk registers are maintained at borough and directorate level, each with assigned risk sponsors and risk owners who account for monitoring and managing those risks as far as possible. These risk registers are reviewed at appropriate ICB committees on a regular basis, with the Board Assurance Framework reported to each Board meeting.

Counter fraud arrangements
NHS South East London ICB has a nominated Local Counter Fraud Specialist and has a risk-based work plan in place to identify and respond to fraud risk.

The Chief Financial Officer is the Executive Lead for counter fraud and the organisations Counter Fraud Champion.

NHS South East London ICB has an Anti-Bribery, Fraud and Corruption Policy in place to support the ICB's stance of zero tolerance to fraud and corruption. The ICB's counter fraud activities are informed by best practice guidance provided by the NHS Counter Fraud Authority. NHS South East London ICB is compliant with the Bribery Act 2010.

4.1.3.6 Identification and evaluation of risk

The risks to which the ICB is exposed are identified by:

- internal methods – such as audits, evaluating the ICB's operational and strategic plans, productivity and efficiency plans, programme plans and related documents, patient satisfaction surveys, whistle-blowing, complaints, engagement with primary care, and monitoring the quality of commissioned services
- external methods - such as CQC inspections, media, national reports, new legislation, reports from assessments/inspections by external bodies, reviews of partnership working

For the year 2022/23 NHS South East London ICB has followed the Australia/New Zealand (AS/NZS 4360/1999) standard, which grades risks using a 5 x 5 scoring matrix of likelihood of occurrence against impact. Extreme risks are those that attract the highest scores and therefore warrant immediate attention by relevant personnel.

			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

As at 31 March 2023, the highest scored risks on the ICB Board Assurance Framework were:

Failure to effectively invest in the workforce, resulting in non-achievement of workforce growth and retention targets across secondary, community, mental health and primary care.	16
There is a risk that operational pressures within the system could lead to unintended harm to patients	16
Urgent and emergency care (UEC) waiting times do not improve because of high levels of acuity driven by the way patients access services and by challenges in accessing out of hospital care pathways.	16
Risk of increased non-contracted activity costs due to patient choice referrals to private providers because of increased waiting times for a diagnostic assessment for autistic spectrum disorder (ASD) for adults and children.	16

Prevention of risk is viewed as a key element of risk management and is embedded within ICB through:

- **Key policies** to support risk management, such as Information Governance, Anti-Bribery and Counter Fraud, Standards of Business Conduct, Safeguarding, and Incident Reporting policies
- **Robust plans** to manage risk areas around emergency planning and incident response
- **Mandatory training** for all staff, which includes areas such as conflicts of interest, anti-bribery and counter fraud, equality and diversity in the workplace, health and safety, information governance, safeguarding and PREVENT.
- Completion of **Equality Impact Assessments** for all policies and service design
- **Stakeholder engagement** to promote the patient and public voice in our decision-making and service development.

Emergency Planning and Business Continuity

The Health and Social Care Act 2022 has designated Integrated Care Boards as Category 1 responders under the definitions within the Civil Contingencies Act 2004. This means that the ICB is considered to be an organisation at the core of emergency response and subject to the full set of civil protection duties.

The ICB is required to identify an Accountable Emergency Officer to assume executive responsibility for Emergency Preparedness, Resilience and Response (EPRR) matters, and this role is held by the Chief of Staff. The ICB has robust response plans in place for a range of incidents, and regularly tests these plans both internally and by participation in local and regional exercises. The ICB is an active member of all six South East London Borough Resilience Forums and liaises regularly with the regional NHS England EPRR team.

The risk that the ICB is not prepared to respond to any incidents is mitigated through the appointment of experienced EPRR practitioners in the organisation, regular testing and exercising of plans and processes, and annual assurance review by NHS England. In 2022, the ICB was assessed as providing a “substantial” level of assurance against NHS England core standards for emergency planning.

Conflicts of Interest

The ICB has put in place numerous controls to manage the conflicts of interest risks involved in the course of its commissioning duties. In addition to reviewing its policies, it has a Conflicts of Interest (CoI) panel and is guided by the Conflicts of Interest Guardian, the non-executive director for audit.

Conflicts of interest Module 1 is part of mandatory training for all staff, Board members and relevant individuals participating in ICB committees and sub-committees.

An online system for declaration of interests has been implemented across the ICB to make it easier for staff to declare and review their declarations of interests, gifts and

hospitality. Registers of interests, gifts and hospitality and procurement decisions is published on the ICB website, as required by NHSE.

PREVENT Awareness
The ICB has a PREVENT programme lead who is also the Head of Safeguarding Adults and Children. All ICB staff are required to complete the PREVENT training as part of annual mandatory training.

Whistleblowing arrangements/ Freedom to Speak Up
The ICB has appointed a Freedom to Speak Up (FTSU) Guardian – Tosca Fairchild, ICB Chief of Staff - and has borough Freedom to Speak Up (FTSU) Champions.

Our team of FTSU Guardians and Champions comprises of individuals from diverse backgrounds in terms of sex, age, ethnicity and professional experience both at work and in their personal lives. The aim of having diversity in the team is to ensure that staff have choice in the guardian they approach for any concerns they might have.

The ICB also has Freedom to Speak Up/ Whistleblowing Policy to comply with national guidance and requirements.

The ICB has not received any whistleblowing concerns raised by members of its own staff, however a concern has been raised by a former member of staff from a commissioned service, which was investigated by the ICB under its own whistleblowing policy as this was considered the most appropriate approach.

4.1.3.7 Capacity to Handle Risk

Leadership of the risk management process is provided by the Board, its various committees and the directors managing teams and departments.

The Board is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across their organisation. It regularly reviews and challenges the contents of the Board Assurance Framework, and, recognising the benefits of using the subject matter expertise within its committees and sub-committees, obtains assurance from these fora on the operational risks associated to their areas through a regular committees report.

Borough risks registers are considered by the Local Care Partnerships in their meetings held in public, to ensure partnership contributions to the recognition, prioritisation and mitigation of local risks is encouraged.

An annual audit of the ICBs risk management processes is carried out with any management actions identified assigned to individuals within the organisation who are held to account for their completion.

A risk management framework document is available to all staff to explain the process and governance of our risk management approaches, and all staff are provided with training in risk management and incident reporting. The Chief of Staff chairs a monthly risk forum comprising senior governance staff and executives from across the organisation to provide a forum for cross-departmental and borough challenge, standardisation of risk assessment and scoring, sharing of information on potential risks, and consideration of best practice.

4.1.3.8 Other sources of assurance

Internal control framework

A system of internal control is the set of processes and procedures in place in the ICB to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Board is supported in maintaining oversight of the ICBs control environment through the implementation of a suite of policies, processes and reporting procedures, such as the Scheme of Reservation and Delegation and the ICBs Standing Financial Instructions, together with a robust set of governance principles to support the operation of various committees and sub-committees.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support ICBs to undertake this task, NHS England has published a template audit framework.

The ICB's internal auditors conducted an annual internal audit of conflicts of interest management within the first six months of the ICB being in operation, to assess and provide assurance on the ICBs processes in this area. The audit considered the ICBs methods of recording declarations of interest, its policies around managing interests and gifts and hospitality, understanding of roles and responsibilities of staff, staff training, and alignment to guidance. The audit received "Reasonable Assurance", with one medium and two low priority actions raised as recommendations.

Data Quality
The data provided to the Board and its committees is generated from a variety of sources and is reported internally and externally through monthly reports and a summary of the year end performance data is included in this report.

There are processes in place to ensure that all data provided to the Board has been sourced from credible sources, considered as fit for purpose, discussed, analysed and minuted at committee meetings prior to being submitted for discussion or noting or for a formal decision at the Board.

Board papers are made publicly available through the ICB website.

Information Governance
The NHS Information Governance (IG) Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

There is a complex legal framework governing the way in which the NHS handles information about patients and employees, including personal confidential data. This includes the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018, UK General Data Protection Regulation, and the Human Rights Act. The DSPT allows organisations to measure their performance against the National Data Guardian's ten data security standards. For the 2022-23 period the ICB is required to submit their DSPT by 30th June 2023. The IG team are continuing to work through the organisation's DSPT workplan that has been developed to gather the required evidence for submission.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and continuously update staff information governance guidance on the staff intranet to ensure staff are aware of their information governance roles, responsibilities, and best practice.

We have assigned the roles of Senior Information Risk Owner, Caldicott Guardian, and Data Protection Officer to staff members who attend all the monthly Information Governance Sub Committee (IGSC) meetings to monitor IG compliance within the ICB.

There are processes and polices in place for incident reporting and investigation of serious incidents within the ICB. Information governance risks are recorded on the corporate risk register, which are reviewed and updated monthly at the IGSC meetings to ensure appropriate mitigation plans are in place for each risk. We have established a framework and policies for information governance, and for the security, management and quality of information. Information Governance and Cyber Security training is mandatory for all ICB staff, whether permanent or temporary.

Business Critical Models
NHS England recognises the importance of quality assurance across the full range of its analytical work. In partnership with analysts in the Department of Health we have developed an approach that is fully consistent with the recommendations in Sir Nicholas Macpherson's review of quality assurance of government models. The framework includes a programme of mandatory workshops for NHS England analysts, which highlights the importance of quality assurance across the full range of analytical work.

The Macpherson Report on the review of quality assurance (QA) of Government Analytical Models set out the components of best practice in QA making eight key recommendations.

Third party assurances
Where the ICB obtains services via a service organisation, assurance on the effectiveness and adequacy of the third party control environment is sought from Service Auditor Reports. The outcomes of these reports are considered by the ICB Audit Committee as part of its year end audit assurance process.

4.1.3.9 Control Issues

The main risks currently facing the ICB are captured in the Board Assurance Framework which is updated every month.
A principal issue for the ICB is related to the ongoing recovery across the NHS from the impact of the COVID-19 pandemic.

Whilst the NHS constitution remains in place, national planning guidance for 2022/23 recognised this impact and the fact that baseline performance has deteriorated as a result. Consequently, recovery targets related to national access and performance standards have been specified for the year, with the expectations set representing a departure from NHS constitutional standards.

It is the ICBs view that the impact of the COVID-19 pandemic and ongoing recovery has been to "prejudice achievement of our priorities" in respect of the following performance standards for the population of South East London:

- A&E 4 hours standard,

- ambulance response and handover standards,
- RTT waiting times, diagnostic waiting time standards;
- cancer 62 day waiting time standards.

The ICB has worked with its acute providers to develop and implement agreed recovery plans which are focussed on securing enhanced capacity, pathway and productivity improvement to optimise waiting times, improve access and reduce the waiting list backlogs that have built up during the pandemic.

There is a strong emphasis on partnership working at both system and borough level to respond to these issues and a high level of scrutiny is placed on the systems performance, both in terms of quality of service, patient experience and financial performance. The development of ICBs recognises that these issues need to be addressed at a system level, with partners working together to challenge and take collective responsibility. Regular review of progress is undertaken at ICB committees, which include membership from across South East London partnership organisations, and public engagement on development of solutions and strategy is encouraged and promoted

4.1.3.10 Review of economy, efficiency & effectiveness of the use of resources

The ICB ensures that resources are used economically, efficiently and effectively, through:

- a clear governance framework which is set out in the Scheme of Delegation,
- a strong focus on effective use of resources from ICB committees
- a clearly defined strategic planning process where jointly agreed commissioning intentions underpin strategic programmes which determine investment and implementation plans.
- a system approach through the Integrated Care Partnership Board, to adopt collective responsibility for achieving financial targets and ensuring the delivery of plans at scale and at borough level, transforming services and achieving the benefits of collaborative projects
- an annual mandated external auditors assessment of achievement of value for money

4.1.3.11 Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the South East London Integrated Care Board, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

HEAD OF INTERNAL AUDIT OPINION

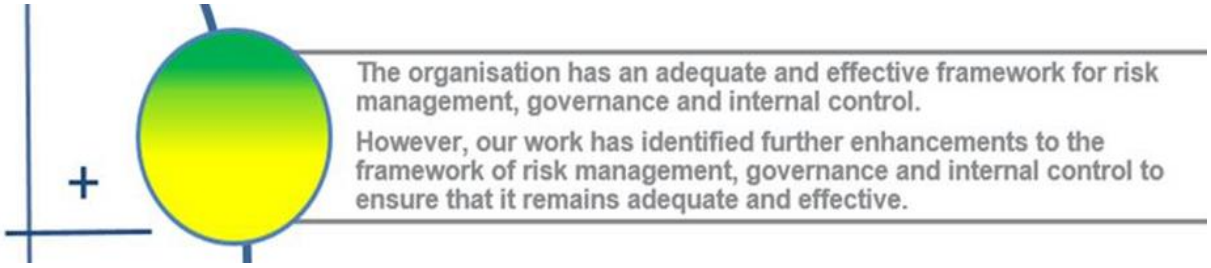
In accordance with Public Sector Internal Audit Standards, the head of internal audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance statement.

This document provides our final annual internal audit opinion for 2022/23 up to 31 March 2023.

- ***The head of internal audit opinion***

For the nine months from 1 July 2022 to 31 March 2023, our head of internal audit opinion for South East London ICB is as follows:

Head of internal audit opinion 2022/23



Please see appendix A for the full range of annual opinions available to us in preparing this report and final opinion.

- ***Scope and limitations of our work***

The formation of our opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee. Our opinion is subject to inherent limitations, as detailed below:

- *The opinion does not imply that internal audit has reviewed all risks and assurances relating to the organisation;*

- *The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. As such, the assurance framework is one component that the Governing Body takes into account in making its annual governance statement (AGS);*

- *The opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management / lead individual*

- *The opinion is based on the testing we have undertaken, which was limited to the area being audited, as detailed in the agreed audit scope;*

- *Where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;*

- *Due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention;*

- *It remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be seen as a substitute for management's responsibilities around the design and effective operation of these systems; and*

o ***Factors and findings which have informed our draft opinion***

Our opinion covers the nine months since the formation of the ICB on 1 July 2022. It does not cover the work we completed in quarter one 2022/23 under the legacy CCG – a separate opinion was previously issued covering this three month period.

We have issued the following positive assurance opinions:

- *Financial Performance and Management (Reasonable Assurance)*
- *Conflicts of Interest (Reasonable Assurance)*
- *Risk Management – (Reasonable Assurance)*
- *Governance - (Reasonable Assurance)*
- *Digital – (Reasonable Assurance)*
- *Primary Care - draft (Reasonable Assurance)*
- *Key Financial Controls – draft (Substantial Assurance)*

In the audits shown as providing Substantial and Reasonable assurance we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment.

We have also issued one Advisory review in relation to Financial Sustainability, with no significant issues identified.

We completed an advisory review on the HFMA Financial Sustainability checklist that the ICB completed at the request of NHSE. The ICB scored itself 4 or 5 on 70 out of 72 questions within the self-assessment (97%) and identified themselves as a 3 on two questions, one relating to the absence of a medium term financial plan for the SEL ICS including the ICB and further opportunities required for training for non-financial staff over financial management areas. From our review, we are satisfied that the checklist has been largely completed appropriately and that an action plan was in place for the ICB in relation to the identified gaps.

We issued one Partial assurance opinion in relation to ***Continuing Healthcare****. Our review identified the following control weaknesses:*

- *Lack of consistent and aligned policies and procedures for continuing healthcare across the six Boroughs;*
- *Missing information on some National Decision Support Tool;*
- *Instances where the panel decision was not made within the nationally mandated 28 days;*
- *Individual Placement Agreements which were not always signed by both parties;*
- *Three month and annual reviews completed late or not completed at the time of the audit;*
- *Payments/invoices which did not reconcile to the amount on the system;*
- *Fast Track Tool form was not always fully signed and approved;*
- *The six Boroughs were utilising four different systems between them as their patient management systems for CHC data, which poses a risk that productivity and value for money was not being obtained by the ICB; and*
- *Lack of data quality checks undertaken on the information captured within the system*

There is a risk to patient safety and quality if clinical assessments and decisions are not made in a timely manner and in line with mandated timescales or there is missing information within these documents. There are also potential financial or legal risks if Individual Placement Agreements are not fully agreed and invoices do not reconcile. We raised one High and eight Medium priority management actions, all of which were not due at the time of this opinion.

We have not issued any 'no assurance' opinion reports in 2022/23.

Follow Up

During 2022/23, there were 36 open management actions (three high, 20 medium, eight low and five advisory), which includes those management actions raised during

2021/22, as well as those carried forward from previous years/legacy CCG. 14 management actions (two high, seven medium, four low and one advisory) have been implemented, three management actions (all advisory) have been superseded, 19 management actions (one high, 13 medium four low and one advisory) are not yet due as they had not yet reached the original or revised implementation dates.

Service Auditor Reports (SAR)

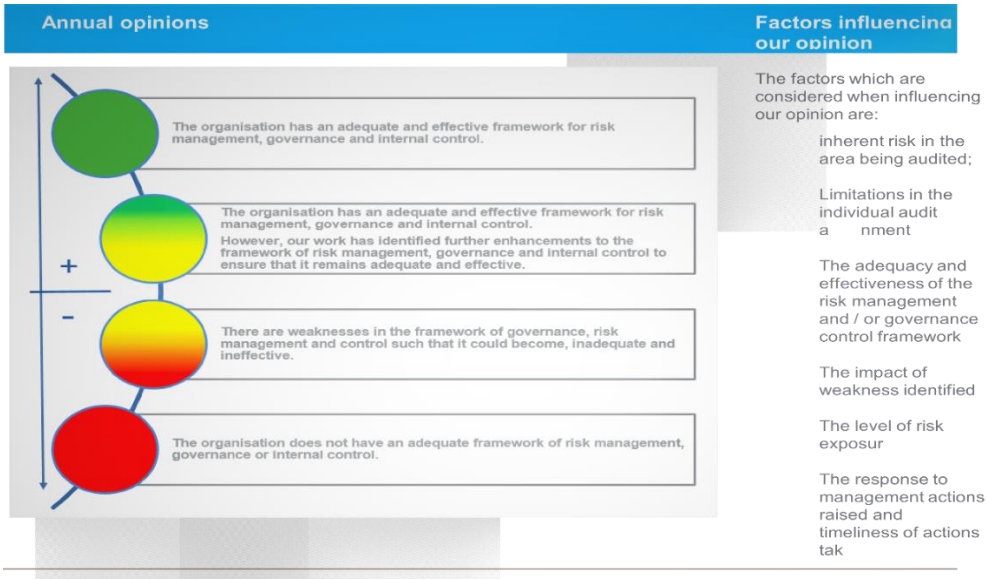
We reviewed the SAR reports for North of England CSU (payroll services) and Shared Business Service (SBS), both of which were unqualified opinions and therefore there were no issues that would impact our opinion.

Topics judged relevant for consideration as part of the annual governance statement

Based on the work we have undertaken on the ICB's system of internal control, the ICB may want to consider our findings from our Continuing Healthcare report, in which we raised a 'partial' assurance opinion, when developing its Annual Governance Statement. The ICB should consider whether any other issues raised based upon external reviews or other known control issues should be incorporated within the Annual Governance Statement. At the time of drafting this opinion, we had only received the service auditor reports for North of England CSU and SBS. We have therefore not considered the service auditor reports for other providers.

ANNUAL OPINIONS [APPENDIX A]

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.



4.1.3.12 Review of the effectiveness of governance, risk management and internal control

"My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principle objectives have been reviewed.

I have been advised on the implications of the result of this review by the Board, the audit committee, Board committees, and internal audit outcomes, and a plan to address weaknesses and ensure continuous improvement of the system is in place."

4.1.3.13 Conclusion

There were no significant internal control issues identified.

Andrew Bland
Chief Executive & ICB Accountable Officer
June 2023

4.2 Remuneration and Staff Report

4.2.1 Remuneration Report

4.2.1.1 Remuneration Committee

The Remuneration Committee comprises of four members and has met three times during the past year. Committee members are listed below, with further details of attendance included in section 4.1.3.2.

Name	Role
Anu Singh	Non-Executive Director and chair of committee
Richard Douglas	ICB Chair
David Bradley	Partner Member, Mental Health Services
George Verghese	Partner Member, Primary Care Services

4.2.1.2 Policy on the remuneration of senior managers

The Committee's deliberations are carried out within the context of national pay and remuneration guidelines, local comparability and taking account of independent advice regarding pay structures. There are no arrangements in place for additional payments or allowances to staff, at any level, outside of national regulations. The future remuneration policy is not expected to change.

4.2.1.3 Remuneration of Very Senior Managers

4.2.1.3.1 Senior manager remuneration (including salary and pension entitlements)

All ICB staff members of the Board, plus those "in attendance", are deemed to be individuals with significant financial responsibility during the financial year and are therefore regarded as 'senior managers'.

Senior Manager Remuneration, including salary and pension entitlements (audited)

Financial Year 2022-23

Name	Title	Salary	Taxable Benefits	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits	Total
		bands of £5,000	Disclosed in £ to the nearest £100	bands of £5,000	bands of £5,000	bands of £1,000	bands of £5,000
Andrew Bland	Chief Executive	170-175	0	0	0	200-202.5	370-375
Richard Douglas	Chair	45-50	0	0	0	0	45-50
Mike Fox	Chief Finance Officer	115-120	0	0	0	110–112.5	225-230
Dr Jonty Heaversedge	Joint Medical Director	75-80	0	0	0	45-47.5	125-130
Angela Helleur	Chief Nursing Officer	125-130	0	0	0	0	125-130
Stuart Rowbotham	Bexley Place Executive Lead	50-55	0	0	0	0	50-55
Angela Bhan	Bromley Place Executive Lead	80-85	0	0	0	0	80-85
Sarah McClinton	Greenwich Place Executive Lead	65-70	0	0	0	0	65-70
Andrew Eyres	Lambeth Place Executive Lead	55-60	0	0	0	5-7.5	60-65
Ceri Jacob	Lewisham Place Executive Lead	50-55	0	0	0	0	50-55
James Lowell	Southwark Place Executive Lead	50-55	0	0	0	0	50-55
Sarah Cottingham	Executive Director of Planning	120-125	0	0	0	160-162.5	280-285
Tosca Fairchild	Chief of Staff	110-115	0	0	0	0	110-115
Anu Singh	Non-executive director	10-15	0	0	0	0	10-15
Paul Najsarek	Non-executive director	10-15	0	0	0	0	10-15
Peter Matthew	Non-executive director	5-10	0	0	0	0	5-10
Dr George Verghese	Partner member (primary care)	10-15	0	0	0	0	10-15

Notes

1. The following members of the Board are employees of other NHS organisations and therefore did not receive any salary payments from the ICB:
   Dr Toby Garrood – joint medical director
   Ranjeet Kaile – director of communications and engagement
   Julie Screaton – Chief People Officer
   Beverley Bryant – Chief Digital Officer
   Professor Clive Kay – partner member (acute services)

David Bradley – partner member (mental health services)
Dr Ify Okocha – partner member (community services)
Debbie Warren – partner member (local authority)

2. The ICB incurred nine months' worth of salary for the senior managers who are on payroll. This includes the July 2022 to March 2023 salaries.
3. The ICB shares the cost of the senior managers salary with other Government bodies and only the cost incurred by the ICB is recognised within the ICB's report.
4. These GPs have a contact for service and the above "salary" figure includes employer pension contribution.
5. Salary includes remuneration for non Board services.
6. All members were in post from 1 July 2022 to 31 March 2023

Pension Benefits 2022-23

Name	Real Increase in pension at pension age (bands of £2,500)	Real Increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump Sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash equivalent Transfer Value at 1 April 2022 (to nearest £1,000)	Real increase in cash equivalent transfer value (to nearest £1,000)	Cash equivalent transfer value at 31 March 2023 (to nearest £1,000)	Employer contribution to stakeholder pension
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Andrew Bland – Chief Executive	7.5-10	17.5-20	60-65	110-115	699	139	878	0
Mike Fox – Chief Finance Officer	5-7.5	10-12.5	45-50	85-90	627	84	745	0
Dr Jonty Heaversedge – joint Medical Director	5-7.5	2.5-5	15-20	30-35	243	38	298	0
Andrew Eyres – Lambeth Place Executive Lead	0-2.5	0	70-75	180-185	1,571	31	1,666	0
Sarah Cottingham – Executive Director of Planning	7.5-10	17.5-20	60-65	135-140	1,129	165	1,356	0

4.2.1.4 Cash equivalent transfer values

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023 to 20234 CETV figures.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

4.2.1.5 Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

4.2.1.6 Pay multiples (audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded (annualised) remuneration of the highest paid member of the Board in NHS South East London ICB in financial year 2022/23 was £225k-£230k.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th Percentile Total remuneration ratio	25th Percentile Salary	Median Total remuneration ratio	Median salary	75th Percentile Total Remuneration ratio	75th Percentile Salary
2022-23 (ICB)	4.77	47,681	3.80	59,796	2.88	79,078

During the reporting period 2022/23, no employees received remuneration in excess of the highest-paid director/ member. Remuneration ranged from £23,179 to £226,600 (annualised estimated earnings of highest paid director).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments, employer pension contributions and the cash equivalent transfer value of pensions. In calculating the relationship between the highest paid person in the organisation and the median remuneration, the ICB has to remove VAT and an estimate of agency premiums from the payments for all contractors and treat all appointments and employments as if they were full-time and for twelve months.

Additional guidance for this disclosure requirement is available at Section 2 of the ARM which cites the Hutton review of Fair Pay – Implementation Guidance. This guidance has been revised in 2022/23 to reflect updates to fair pay disclosures.

4.2.2 Staff Report

4.2.2.1 Number of senior managers

Taking this to be Very Senior Managers (VSM) this is a total of 18 individuals of which 11 are female and 7 are male. See tables at 4.2.4.2. and 4.2.4.3.

4.2.2.2 Staff numbers and costs

The table below shows the composition of the ICBs workforce together with their annualised pay costs.

Gender	Pay Band	Headcount	FTE	Basic Annual Pay
Female	Band 3	6	5.00	£110,676
	Band 4	17	15.10	£384,960
	Band 5	43	39.93	£1,210,457
	Band 6	60	54.68	£1,987,619
	Band 7	64	58.66	£2,608,612
	Band 8A	92	84.81	£4,308,801
	Band 8B	70	60.85	£3,645,873
	Band 8C	50	45.52	£3,211,961
	Band 8D	40	36.52	£3,166,697
	Band 9	16	15.40	£1,559,723
	VSM	11	10.85	£1,502,725
Female Total		**469**	**427.32**	**£23,698,104**
Male	Band 3	2	2.00	£43,460
	Band 4	5	5.00	£124,411
	Band 5	22	22.00	£649,113
	Band 6	22	21.60	£764,021
	Band 7	35	32.70	£1,456,307
	Band 8A	25	24.56	£1,239,324
	Band 8B	32	32.00	£1,860,934

	Band 8C	16	15.50	£1,126,277
	Band 8D	26	25.90	£2,244,358
	Band 9	8	8.00	£861,460
	VSM	7	6.60	£1,039,191
Male Total		**200**	**195.86**	**£11,408,855**
Grand Total		**669**	**623.18**	**£35,106,959**

4.2.2.3 Staff composition

The ICB's workforce as of 31 March 2023 is set out below by overall employee group and then broken down by male and female, of which the split is 30.86%/69.14% respectively.

	Female	Male	Grand Total
Clinical Lead	**97**	**48**	**145**
Board	**3**	**4**	**7**
Board non-executives (inc Chair)	**1**	**3**	**4**
Borough Lay members	**2**	**3**	**5**
Very Senior Managers (VSM grade)	**11**	**7**	**18**
Employee	**455**	**189**	**644**
Grand Total	**569**	**254**	**823**

Approximately 18.7% of the ICB's workforce are on part-time contracts, broken down as below.

Employee Category	Headcount	FTE
Full Time	544	544
Part Time	125	79.18
Grand Total	**669**	**623.18**

The tables below show the ICB's workforce broken down by other protected characteristics.

Disability

Disability	Headcount	%	FTE
No	601	89.84	561.50
Not Declared	10	1.49	8.40
Prefer Not To Answer	10	1.49	9.50
Unspecified	1	0.15	0.60
Yes	47	7.03	43.18
Grand Total	**669**	**100.00**	**623.18**

Gender

Gender	Headcount	%	FTE
Female	469	70.10	427.32
Male	200	29.90	195.86
Grand Total	**669**	**100.00**	**623.18**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	4	0.60	4.00
Gay or Lesbian	22	3.29	21.18
Heterosexual or Straight	585	87.44	544.80
Not Disclosed	57	8.52	52.20
Other sexual orientation not listed	1	0.15	1.00
Grand Total	**669**	**100.00**	**623.18**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	329	49.18	301.61
B White - Irish	11	1.64	10.60
C White - Any other White background	33	4.93	31.50
CA White English	2	0.30	2.00
CB White Scottish	1	0.15	1.00
CC White Welsh	1	0.15	0.60
CJ White Turkish Cypriot	1	0.15	1.00
CK White Italian	1	0.15	1.00
CP White Polish	1	0.15	1.00
CU White Croatian	1	0.15	1.00
CY White Other European	4	0.60	4.00
D Mixed – White & Black Caribbean	3	0.45	3.00
E Mixed - White & Black African	3	0.45	3.00
F Mixed - White & Asian	5	0.75	4.71
G Mixed - Any other mixed background	9	1.35	8.51
GC Mixed - Black & White	1	0.15	1.00
H Asian or Asian British - Indian	40	5.98	37.59
J Asian or Asian British - Pakistani	9	1.35	8.20
K Asian or Asian British - Bangladeshi	15	2.24	14.10
L Asian or Asian British - Any other Asian background	16	2.39	14.37
LA Asian Mixed	1	0.15	0.80
LE Asian Sri Lankan	1	0.15	1.00
LH Asian British	1	0.15	1.00
M Black or Black British - Caribbean	36	5.38	33.79
N Black or Black British - African	96	14.35	92.94

P Black or Black British - Any other Black background	5	0.75	5.00
PC Black Nigerian	2	0.30	2.00
PD Black British	6	0.90	5.50
R Chinese	13	1.94	11.14
S Any Other Ethnic Group	7	1.05	5.92
SA Vietnamese	1	0.15	1.00
SD Malaysian	1	0.15	1.00
SE Other Specified	2	0.30	2.00
Z Not Stated	11	1.64	10.30
Grand Total	**669**	**100.00**	**623.18**

Religion

Religious Belief	Headcount	%	FTE
Atheism	106	15.84	103.10
Buddhism	6	0.90	5.32
Christianity	297	44.39	276.02
Hinduism	27	4.04	23.16
Islam	39	20.03	37.90
Judaism	4	5.83	4.00
Not Disclosed	134	0.60	124.16
Other	43	6.43	37.22
Sikhism	13	1.94	12.30
Grand Total	**669**	**100.00**	**623.18**

Age Band

Age Band	Headcount	%	FTE
<=20 Years	0	0.00	0.00
21-25	21	3.14	21.00
26-30	45	6.73	44.30
31-35	82	12.26	78.19
36-40	81	12.11	77.86
41-45	102	15.25	95.51
46-50	86	12.86	79.69
51-55	102	15.25	93.02
56-60	99	14.80	91.97
61-65	44	6.58	35.54
66-70	6	0.90	5.60
>=71 Years	1	0.15	0.50
Grand Total	**669**	**100.00**	**623.18**

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	10	1.49	9.31
Divorced	40	5.98	37.13
Legally Separated	8	1.20	8.00
Married	314	46.94	284.21
Single	237	35.43	226.03
Unknown	56	8.37	54.50
Widowed	4	0.60	4.00
Grand Total	**669**	**100.00**	**623.18**

4.2.2.4 Sickness absence data

NHS sickness absence and the absence cost is always calculated on a rolling 12-month basis and is for substantive staff only. The table below shows the sickness absence rates and cost for July 2022 to March 2023.

Absence FTE %	Absence FTE	Available FTE
2.50%	**4,805.80**	**192,468.80**

4.2.2.5 Staff turnover percentages

Based on Fixed Term Temp, Non-Exec Director/Chair, Permanent

The monthly turnover for those in substantive posts, those on fixed term contracts, non-executive directors and clinical leads is shown below.

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Headcount	665	669	667	667	667	669	667	659	669
FTE	626.5	630.9	628.0	627.1	627.6	629.0	628.3	619.6	623.2
Leavers Headcount	14	10	18	16	6	4	15	8	3
Leavers FTE	14.0	8.6	17.4	15.2	5.6	4.0	14.9	7.6	3.0
Starters Headcount	122	16	13	17	9	7	12	3	13
Starters FTE	119.6	14.1	12.0	15.1	7.5	6.2	11.6	2.8	7.0
Turnover Rate (Headcount)	2.1%	1.5%	2.7%	2.4%	0.9%	0.6%	2.3%	1.2%	0.5%
Turnover Rate (FTE)	2.2%	1.4%	2.8%	2.4%	0.9%	0.6%	2.4%	1.2%	0.5%
Leavers (12m)	111	117	126	136	137	135	137	134	126
Leavers FTE (12m)	103.7	108.2	117.5	127.1	127.8	127.2	129.7	126.5	119.9
Turnover Rate (12m)	18.4%	19.3%	20.7%	22.2%	22.4%	22.1%	22.5%	22.1%	20.8%
Turnover Rate FTE (12m)	18.3%	19.0%	20.5%	22.1%	22.3%	22.2%	22.7%	22.3%	21.1%

4.2.2.6 Staff engagement percentages

The ICB participates in the annual national NHS staff survey. For this year's survey the ICB obtained an engagement rate of 72%.

4.2.2.7 Staff policies

The former CCG's HR policies, having been developed in 2021/22, were carried forward into the new ICB. Staff joining the ICB under TUPE from London Shared Service brought with them seven contractual policies (Attendance Management, Annual Leave, Change Management, Disciplinary, Grievance, Salary Advances and Recovery of Overpayments, and Travel and Expenses). As the ICB starts to plan for a further restructure to meet its running cost reduction target in 2023/24, the contractual LSS and current ICB HR policies will be harmonised, with input from staff networks and trade union colleagues.

We have sustained the previous year's improvements in relation to recruitment practices and continue to advertise all approved roles internally first unless there an exceptionally urgent need for a post and/or it requires specialist skills or qualifies as a hard to fill role. This has contributed to improvements in the demographic representation of staff at different levels of the organisation, with more work to do in some areas. The ICBs dedicated equalities in recruitment group continues to meet and identify further improvements, building on the output of the equalities in recruitment advisory audit for which an action plan is now complete; the group recommended and oversaw the ICB's commitment to a disability jobs board (Evenbreak) from which monitoring data is currently being analysed. The ICB's approach to all OD interventions continues to be anchored in the pillars of the NHS People Plan, and will be tailored appropriately to support the organisation through change, using outputs from the most recent staff survey.

4.2.2.8 Trade Union Facility Time Reporting Requirements

The ICB's Staff Partnership Forum continues to meet regularly and at each meeting there is an update from the Chief of Staff (or deputy) and the Director of HR and OD. There are no full-time officers within the ICB.

4.2.2.9 Other employee matters

The ICB has continued to provide regular health and wellbeing support and guidance to staff, which also includes signposting to financial health and wellbeing advice in light of the cost of living crisis. Regular written communications, updates and staff briefings also continue, with briefings and events taking place either virtually or in person.

The ICB has built on the former CCG's progress against its equality delivery plan objectives. Details of this can be found in our public sector equality duty (PSED) report for this year.

The ICB's staff networks remain in place, with work underway to ensure each group has a formalised chair arrangement and support to those chairs in this important work. The networks continue to be a safe space for staff to share lived experience, as well as contributing to the wider equalities agenda. A key piece of work has been the development of an anti-racism strategy, which will form part of a wider anti-

discrimination strategy and work on intersectionality going forward. Staff continue to access training and development opportunities and the demographic split of these is monitored and reported to the Equalities Sub-Committee. The 2022/23 Staff Survey results show the ICB as being the top ranking of all five London ICBs for staff saying they would recommend it as a place to work.

4.2.2.10 Expenditure on consultancy

A total of £1,089k was spent on consultancy between 1 July 2022 and 31 March 2023. This relates to services commissioned around the development of STP programmes for London (£990k) and a further £99k was spent on supporting various adhoc projects.

4.2.2.11 Off-payroll engagements

For all off-payroll engagements as at 31 March 2023 for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2023	13
Of which, the number that have existed:	
for less than one year at the time of reporting	13
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

All existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 July 2022 and 31 March 2023, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 July 2022 and 31 March 2023	47
Of which:	
No. not subject to off-payroll legislation[(2)]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	47

No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	0
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[(2)] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 July 2022 and 31 March 2023:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[(1)]	12
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. [(2)]	25

4.2.2.12 Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000	0	0	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 – £200,000	0	0	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Redundancy and other departure cost have been paid in accordance with the provisions of Agenda for Change Terms and Conditions. Exit costs in this note are accounted for in full in the year of departure. Where NHS SEL ICB has agreed early retirements, the additional costs are met by NHS SEL ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of Other Departures

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval**	0	0
TOTAL	0	0

Zero (0) non-contractual payments were made to individuals where the payment value was more than 12 months of their annual salary.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

I hereby sign off the Remuneration Report element of the NHS South East London ICB Annual Report 2022/23.

Andrew Bland

Chief Executive & ICB Accountable Officer

June 2023

4.3 Parliamentary Accountability and Audit Report

NHS South East London Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements in Section 3 of this report.

A summary of the Head of Internal Audit Opinion is included in this Annual Report on Page 116.

Andrew Bland

Chief Executive & ICB Accountable Officer

June 2023

Annual accounts

CONTENTS **Page Number**

Independent Auditor's Report 139

The Primary Statements:

Statement of Comprehensive Net Expenditure for the period ended 31st March 2023 144
Statement of Financial Position as at 31st March 2023 145
Statement of Changes in Taxpayers' Equity for the period ended 31st March 2023 146
Statement of Cash Flows for the period ended 31st March 2023 147

Notes to the Accounts
Notes to Financial Statements (Note 1) 148
Other operating revenue (Note 2) 155
Disaggregation of Income (Note 3) 156
Employee benefits and staff numbers (Note 4) 157
Operating expenses (Note 5) 160
Better payment practice code (Note 6) 161
Finance Costs (Note 7) 162
Net gain/(loss) on transfer by absorption (Note 8) 163
Property, plant and equipment (Note 9) 164
Leases (Note 10) 165
Trade and other receivables (Note 11) 168
Cash and cash equivalents (Note 12) 169
Trade and other payables (Note 13) 170
Provisions (Note 14) 171
Financial instruments (Note 15) 172
Operating segments (Note 16) 173
Joint arrangements - interests in joint operations (Note 17) 174
Related party transactions (Note 18) 175
Events after the end of the reporting period (Note 19) 176
Financial performance targets (Note 20) 176

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS SOUTH EAST LONDON INTEGRATED CARE BOARD

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS South East London Integrated Care Board ("the ICB") for the nine month period ended 31 March 2023 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows], and the related notes, including the [accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the ICB's affairs as at 31 March 2023 and of its income and expenditure for the nine month period then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 26 April 2023 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the ICB in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the ICB's high-level policies and procedures to prevent and detect fraud , including the ICB's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the ICB's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries and the risk of bias in accounting estimates and judgements such as accruals.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to year end accrued expenditure recognition.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual account code combinations and unexpected journal entries.
- Evaluating the business purpose of significant unusual transactions.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and from inspection of the ICB's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of

compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the ICB is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, employment law, recognising the regulated nature of the ICB's activities and its legal form. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial period is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 102, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due

to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 102, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body

incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Board of NHS South East London Integrated Care Board, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS South East London ICB for the nine month period ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Fleur Nieboer
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

29 June 2023

Statement of Comprehensive Net Expenditure for the period ended 31 March 2023

	Note	2022-23 £'000
Income from sale of goods and services	2	(36,326)
Other operating income		-
Total operating income		**(36,326)**
Staff costs	4	39,165
Purchase of goods and services	5	3,114,289
Depreciation and impairment charges	5	402
Provision expense	5	2,438
Other Operating Expenditure	5	1,206
Total operating expenditure		**3,157,500**
Net Operating Expenditure		**3,121,174**
Finance income		-
Finance expense	7	35
Net expenditure for the Period		**3,121,209**
Net (Gain)/Loss on Transfer by Absorption		-
Total Net Expenditure for the Period		**3,121,209**
Comprehensive Expenditure for the period		**3,121,209**

The notes on pages 148 to 176 form part of this statement

Statement of Financial Position as at 31 March 2023

	Note	2022-23 £'000	As at 01/07/2022 £'000
Non-current assets:			
Property, plant and equipment	9	-	-
Right-of-use assets	10	936	1,339
Total non-current assets		**936**	**1,339**
Current assets:			
Trade and other receivables	11	10,458	6,092
Cash and cash equivalents	12	269	815
Total current assets		**10,728**	**6,907**
Total assets		**11,664**	**8,246**
Current liabilities			
Trade and other payables	13	(214,053)	(187,579)
Lease liabilities	10.2	(955)	(1,345)
Borrowings		-	(23,864)
Provisions	14	(7,611)	(6,613)
Total current liabilities		**(222,619)**	**(219,402)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(210,955)**	**(211,156)**
Non-current liabilities			
Provisions	14	(1,787)	-
Total non-current liabilities		**(1,787)**	**-**
Assets less Liabilities		**(212,741)**	**(211,156)**
Financed by Taxpayers' Equity			
General fund		(212,741)	(211,156)
Total taxpayers' equity:		**(212,741)**	**(211,156)**

The notes on pages 148 to 176 form part of this statement

The financial statements on pages 144 to 147 were approved by the Audit Committee on behalf of the Governing Body on 15 June 2023 and signed on its behalf by:

Andrew Bland
Chief Executive Officer
27 June 2023

Statement of Changes In Taxpayers Equity for the period ended 31 March 2023

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23				
Balance at 01 July 2022	-	-	-	-
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Adjusted NHS ICB balance at 1 July 2022	**-**	**-**	**-**	**-**
Changes in NHS ICB taxpayers' equity for 2022/23				
Total transition adjustment for initial application of IFRS 16	-			**-**
Net operating expenditure for the financial year	(3,121,209)			**(3,121,209)**
Transfers by absorption to (from) other bodies	(211,551)	-	-	(211,551)
Net Recognised NHS ICB Expenditure for the Period	**(3,332,760)**	**-**	**-**	**(3,332,760)**
Net funding	3,120,019	-	-	**3,120,019**
Balance at 31 March 2023	**(212,741)**	**-**	**-**	**(212,741)**

The notes on pages 148 to 176 form part of this statement

Statement of Cash Flows for the period ended 31 March 2023

	Note	2022-23 £'000
Cash Flows from Operating Activities		
Net operating expenditure for the period		(3,121,209)
Depreciation and amortisation	5	402
Movement due to transfer by Modified Absorption		(204,584)
Interest paid		35
(Increase)/decrease in trade & other receivables	11	(10,458)
Increase/(decrease) in trade & other payables	13	214,053
Increase/(decrease) in provisions	5	2,438
Net Cash Inflow (Outflow) from Operating Activities		**(3,119,324)**
Cash Flows from Investing Activities		
(Payments) for property, plant and equipment		-
Net Cash Inflow (Outflow) from Investing Activities		**-**
Net Cash Inflow (Outflow) before Financing		**(3,119,324)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		3,120,019
Repayment of lease liabilities	10.5	(425)
Net Cash Inflow (Outflow) from Financing Activities		**3,119,594**
Net Increase (Decrease) in Cash & Cash Equivalents		**269**
Cash & Cash Equivalents at the Beginning of the Period		**-**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Period		**269**

The notes on pages 148 to 176 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.
The Health and Social Care Act was introduced into the House of Commons on 6 July 2021. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
When clinical commissioning groups ceased to exist on 1 July 2022, the services continued to be provided by ICBs (using the same assets, by another public sector entity). The financial statements for ICBs are prepared on a Going Concern basis as they will continue to provide the services in the future.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The ICB has entered into a pooled budget arrangement with each of the 6 local boroughs, namely Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark in accordance with section 75 of the NHS Act 2006. Under the arrangements, funds are pooled for Better Care Funds for each borough plus some smaller arrangements and Note 17 provides details of the income and expenditure.

Some of the pools are hosted by NHS SEL ICB and some by the individual Local Authorities, the details are provided in Note 17. The ICB accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the ICB. NHS SEL ICB only has one reporting segment, namely, Commissioning of Healthcare Services.

Notes to the financial statements

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard, the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

The majority of the ICB's other income relates to transactions with the six London Boroughs in respect of Better Care Fund and other Section 75 arrangements.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Local Government Pensions

Some employees within the ICB's Borough Integrated Commissioning teams work across NHS SEL ICB and the relevant London Borough. Some of these employees are also members of the Local Government Pension Scheme which is a defined benefit pension scheme and have a contract of employment with relevant London Borough. The scheme assets and liabilities attributable to those employees cannot be identified and are not recognised in the ICB accounts, however they form part of the disclosure within the accounts of the relevant London Boroughs.

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

Notes to the financial statements

1.10 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.10.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Notes to the financial statements

1.11 **Intangible Assets**

1.11.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.11.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.12 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Notes to the financial statements

1.13 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.13.1 **NHS SE London ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year and 0.95% for leases commencing prior to 2023 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.14 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

Notes to the financial statements

1.15 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 3.27% (2021-22: -0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.16 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.17 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.18 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.19 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.19.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.19.2 **Financial assets at fair value through other comprehensive income**

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.19.3 **Financial assets at fair value through profit and loss**

Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

Notes to the financial statements

1.19.4 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.20 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.20.1 **Other Financial Liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.21 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.22 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.23 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.23.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

The Governing Body does not consider the activity of the Charitable Funds pertaining to Greenwich to be material to NHS SELICB. The charitable funds represent approximately 0.2% of the revenues outturn position of NHS SEL ICB. Accordingly the ICB has decided not to consolidate the Charitable accounts with that of the ICB.

1.23.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

The largest estimated cost in the ICB's accounts relates to the February and March 2023 prescribing accrual totalling £41,874k; however this is not deemed to have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.24 **Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.25 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Other Operating Revenue

	2022-23 Total £'000
Income from sale of goods and services (contracts)	
Education, training and research	**2,975**
Non-patient care services to other bodies	**26,332**
Other Contract income	**7,018**
Total Income from sale of goods and services	**36,326**
Other operating income	
Other non contract revenue	**-**
Total Other operating income	**-**
Total Operating Income	**36,326**

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Source of Revenue			
NHS	-	558	2,898
Non NHS	2,975	25,774	4,120
Total	**2,975**	**26,332**	**7,018**

	Education, training and research	Non-patient care services to other bodies	Other Contract income
	£'000	£'000	£'000
Timing of Revenue			
Point in time	2,975	7,768	3,457
Over time	-	18,564	3,561
Total	**2,975**	**26,332**	**7,018**

4. Employee benefits and staff numbers

4.1.1 Employee benefits	**Total**		**2022-23**
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	28,933	862	**29,795**
Social security costs	3,867	-	**3,867**
Employer Contributions to NHS Pension scheme	5,352	-	**5,352**
Apprenticeship Levy	151	-	**151**
Gross employee benefits expenditure	**38,303**	**862**	**39,165**
Less recoveries in respect of employee benefits	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**38,303**	**862**	**39,165**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**38,303**	**862**	**39,165**

4.2 Average number of people employed

	2022-23		
	Permanently employed Number	Other Number	Total Number
Total	**621.56**	**14.71**	**636.27**
Of the above:			
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**

4.3 Exit packages agreed in the period

There were no exit packages for the period 1st July 2022 to 31st March 2023.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

	2022-23 Total £'000
Purchase of goods and services	
Services from other ICBs and NHS England	917
Services from foundation trusts	1,618,892
Services from other NHS trusts	630,248
Purchase of healthcare from non-NHS bodies	400,837
Purchase of social care	3,283
Prescribing costs	171,640
Pharmaceutical services	828
General Ophthalmic services	1,400
GPMS/APMS and PCTMS	253,725
Supplies and services – clinical	6,079
Supplies and services – general	10,083
Consultancy services	1,089
Establishment	4,774
Transport	1
Premises	3,809
Audit fees	205
Other non statutory audit expenditure	
· Internal audit services	210
· Other services	-
Other professional fees	5,508
Legal fees	358
Education, training and conferences	403
Total Purchase of goods and services	**3,114,289**
Depreciation and impairment charges	
Depreciation	402
Total Depreciation and impairment charges	**402**
Provision expense	
Provisions	2,438
Total Provision expense	**2,438**
Other Operating Expenditure	
Chair and Non Executive Members	184
Clinical negligence	45
Expected credit loss on receivables	(3)
Other expenditure	981
Total Other Operating Expenditure	**1,206**
Total operating expenditure	**3,118,336**

6.1 Better Payment Practice Code

Measure of compliance	2022-23 Number	2022-23 £'000
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Period	39,648	666,316
Total Non-NHS Trade Invoices paid within target	38,930	653,515
Percentage of Non-NHS Trade invoices paid within target	**98.19%**	**98.08%**
NHS Payables		
Total NHS Trade Invoices Paid in the Period	820	2,284,050
Total NHS Trade Invoices Paid within target	803	2,283,822
Percentage of NHS Trade Invoices paid within target	**97.93%**	**99.99%**

7. Finance costs

	2022-23 £'000
Interest	
Interest on lease liabilities	35
Total interest	**35**
Other finance costs	-
Provisions: unwinding of discount	-
Total finance costs	**35**

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

	2022-23			
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)	Non NHSE Group
	£'000	**£'000**	**£'000**	**£'000**
Transfer of property plant and equipment	-	-	-	-
Transfer of Right of Use assets	1,339	-	1,339	-
Transfer of intangibles	-	-	-	-
Transfer of inventories	-	-	-	-
Transfer of cash and cash equivalents	815	-	815	-
Transfer of receivables	6,093	-	6,093	-
Transfer of payables	(187,579)	-	(187,579)	-
Transfer of provisions	(6,663)	-	(6,663)	-
Transfer of Right Of Use liabilities	(1,345)	-	(1,345)	-
Transfer of borrowings	(23,864)	-	(23,864)	-
Transfer of PUPOC provision	(346)	(346)	-	-
Transfer of PUPOC liability	-	-	-	-
Net loss on transfers by absorption	**(211,551)**	**(346)**	**(211,205)**	**-**

9 Property, plant and equipment

2022-23	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 July 2022	-	-	-
Transfer (to)/from other public sector body	13	517	530
Cost/Valuation at 31 March 2023	**13**	**517**	**530**
Depreciation 01 July 2022	-	-	-
Transfer (to)/from other public sector body	13	517	530
Depreciation at 31 March 2023	**13**	**517**	**530**
Net Book Value at 31 March 2023	**-**	**-**	**-**

10 Leases

10.1 Right-of-use assets

2022-23	Buildings excluding dwellings £'000	Furniture & fittings £'000	Total £'000	Of which: leased from DHSC group bodies £000
Cost or valuation at 01 July 2022	-	-	-	
Transfer (to) from other public sector body	1,409	64	1,473	146
Cost/Valuation at 31 March 2023	**1,409**	**64**	**1,473**	**146**
Depreciation 01 July 2022	-	-	-	
Charged during the year	387	16	402	110
Transfer (to) from other public sector body	129	5	134	37
Depreciation at 31 March 2023	**515**	**21**	**536**	**146**
Net Book Value at 31 March 2023	**893**	**43**	**936**	**-**

NBV by counterparty	
Leased from DHSC	
Leased from the NHS England Group	
Leased from NHS Providers	37
Leased from Executive Agencies	
Leased from Non-Departmental Public Bodies	
Leased from other group bodies	
Net Book Value at 31 March 2023	**37**

10.2 Leases cont'd

10.2 Lease liabilities

2022-23	**2022-23 £'000**
Lease liabilities at 01 July 2022	-
Repayment of lease liabilities (including interest)	(35)
Lease remeasurement	425
Modifications	-
Disposals on expiry of lease term	-
Derecognition for early terminations	-
Transfer (to) from other public sector body	(1,345)
Other	-
Lease liabilities at 31 March 2023	**(955)**

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2022-23 £'000	**Of which: leased from DHSC group bodies £000**
Within one year	(456)	(37)
Between one and five years	(566)	
After five years	-	
Balance at 31 March 2023	**(1,022)**	**(37)**

Balance by counterparty	
Leased from NHS Providers	(37)
Balance as at 31 March 2023	**(37)**

Note: The undiscounted future lease payments include an implicit borrowing rate of 0.95% (£67k), which is excluded from the lease liability recognised in the SOFP.

10.4 Leases cont'd

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2022-23	**2022-23 £'000**
Depreciation expense on right-of-use assets	402
Interest expense on lease liabilities	35

10.5 Amounts recognised in Statement of Cash Flows

	2022-23 £'000
Total cash outflow on leases under IFRS 16	(425)

11.1 Trade and other receivables

	Current 2022-23 £'000	Non-current 2022-23 £'000
NHS receivables: Revenue	4,785	-
NHS accrued income	49	-
Non-NHS and Other WGA receivables: Revenue	5,048	-
Expected credit loss allowance-receivables	(23)	-
VAT	599	-
Other receivables and accruals	1	-
Total Trade & other receivables	**10,458**	**-**
Total current and non current	**10,458**	

11.2 Receivables past their due date but not impaired

	2022-23 DHSC Group Bodies £'000	2022-23 Non DHSC Group Bodies £'000
By up to three months	148	318
By three to six months	42	100
By more than six months	1	22
Total	**191**	**440**

11.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000
Balance at 01 April 2022	**-**	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	3	-
Transfer by Absorption from other entity	(26)	-
Total	**(23)**	**-**

12 Cash and cash equivalents

	2022-23 £'000	N/A £'000
Balance at 01 July 2022	-	-
Net change in period	269	-
Balance at 31 March 2023	**269**	**-**
Made up of:		
Cash with the Government Banking Service	269	-
Cash and cash equivalents as in statement of financial position	**269**	**-**
Bank overdraft: Government Banking Service	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2023	**269**	**-**

13 Trade and other payables	Current 2022-23 £'000
NHS payables: Revenue	6,532
NHS accruals	2,808
Non-NHS and Other WGA payables: Revenue	41,161
Non-NHS and Other WGA accruals	101,969
Social security costs	658
Tax	653
Other payables and accruals	60,271
Total Trade & Other Payables	**214,053**
Total current and non-current	**214,053**

Other payables include £2,660k of outstanding pension contributions at 31 March 2023.

14 Provisions

	Current 2022-23 £'000	Non-current 2022-23 £'000
Redundancy	-	1,787
Continuing care	7,611	-
Total	**7,611**	**1,787**
Total current and non-current	**9,398**	

	Redundancy £'000	Continuing Care £'000	Total £'000
Balance at 01 July 2022	**-**	**-**	**-**
Arising during the year	1,787	652	**2,438**
Transfer (to) from other public sector body under absorption	-	6,960	**6,960**
Balance at 31 March 2023	**1,787**	**7,611**	**9,398**
Expected timing of cash flows:			
Within one year	-	7,611	**7,611**
Between one and five years	1,787	-	**1,787**
After five years	-	-	**-**
Balance at 31 March 2023	**1,787**	**7,611**	**9,398**

Current Provisions - £4,451k of the provision for continuing care relates to the impact of pausing assessments in relation to the Hospital Discharge scheme. A further £3,160k has been provided relating to retrospective continuing care claims received outside of the previous period. These are expected to be validated within 1 year.

Non-current Provisions - the full amount (£1,787k) relates to potential redundancies as a result of the management cost reductions required to be delivered by ICBs.

15 Financial instruments

15.1 Financial assets

	Financial Assets measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other receivables with NHSE bodies	4,245	4,245
Trade and other receivables with other DHSC group bodies	606	606
Trade and other receivables with external bodies	5,032	5,032
Cash and cash equivalents	269	269
Total at 31 March 2023	**10,152**	**10,152**

15.2 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 £'000	Total 2022-23 £'000
Trade and other payables with NHSE bodies	2,291	**2,291**
Trade and other payables with other DHSC group bodies	7,726	**7,726**
Trade and other payables with external bodies	203,680	**203,680**
Total at 31 March 2023	**213,697**	**213,697**

16 Operating segments

The ICB has one operating segment, the commissioning of healthcare services.

17 Joint arrangements - interests in joint operations

ICBs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

17.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2022-23			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Better Care Fund	South East London ICB & London Borough of Bexley	Provision of Integrated Health & Social Care Services in Bexley	-	279	-	37,771
Better Care Fund	South East London ICB & London Borough of Bromley	Health and Social Care	-	-	-	20,476
Pooled Budget	South East London ICB & Royal Borough of Greenwich	Better Care Fund	-	288	9,672	19,329
Better Care Fund	South East London ICB & London Borough of Lambeth	Better Care Fund	-	118	-	23,629
Living Well Network Alliance	South East London ICB & London Borough of Lambeth, South London and Maudsley NHS FT, Certitude, Thamesreach	Provision of Adult Mental Health Services	-	-	-	56,545
Better Care Fund	South East London ICB & London Borough of Lewisham	Pooled Budgets	-	308	-	20,754
Better Care Fund	South East London ICB & London Borough of Southwark	Health and Social Care	-	844	-	21,069

18 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Relating to interests declared by the Governing Body members				
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST (David Bradley, Ranjeet Kaile & James Lowell)	440,780	(254)	1,302	-
GUYS & ST THOMAS HOSPITAL NHS FOUNDATION TRUST (Dr. Toby Garrood)	1,143,246	(552)	2,624	-
KING`S COLLEGE HOSPITAL NHS FOUNDATION TRUST (Prof. Clive Kay)	1,187,117	(104)	90	-
ROYAL BOROUGH OF GREENWICH (Sarah McClinton and Debbie Warren)	29,386	(1,435)	1,890	-
OXLEAS NHS FOUNDATION TRUST (Dr. Ify Okocha)	327,347	(229)	694	-
LONDON BOROUGH OF BEXLEY (Stuart Rowbotham)	15,778	(1,468)	3,690	-
WATERLOO HEALTH CENTRE (Dr. George Verghese)	1,375	-	-	-
Total	**3,145,029**	**(4,042)**	**10,290**	**-**

The Department of Health is regarded as a related party. During the year the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

- NHS England
- NHS ICBs
- NHS Trusts and NHS Foundation Trusts
- NHS Property Services
- NHS Community Health Partnership

The NHS organisations listed below are those where transactions over the year 2022-23 have exceeded £2m:

BARTS HEALTH NHS TRUST
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST
CROYDON HEALTH SERVICES NHS TRUST
DARTFORD AND GRAVESHAM NHS TRUST
EPSOM AND ST HELIER NHS TRUST
GUYS & ST THOMAS HOSPITAL NHS FOUNDATION TRUST
IMPERIAL COLLEGE HEALTHCARE NHS TRUST
KING`S COLLEGE HOSPITAL NHS FOUNDATION TRUST
LEWISHAM & GREENWICH NHS TRUST
LONDON AMBULANCE SERVICE NHS TRUST
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
OXLEAS NHS FOUNDATION TRUST
ROYAL FREE LONDON NHS FOUNDATION TRUST
ROYAL HOSPITAL FOR NEURO DISABILITY
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
SOUTH LONDON AND MAUDSLEY NHS FOUNDATION TRUST
ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
THE ROYAL MARSDEN NHS FOUNDATION TRUST
UNIVERSITY COLLEGE LONDON NHS FOUNDATION TRUST

19 Events after the end of the reporting period

There were no events after the end of the reporting period.

20 Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).
NHS Integrated Care Board performance against those duties was as follows:

	2022-23 Target	2022-23 Performance	2022-23 Under/ (Over) spend
	£'000	£'000	£'000
Expenditure not to exceed income	3,157,551	3,157,535	16
Capital resource use does not exceed the amount specified in Directions	-	-	-
Revenue resource use does not exceed the amount specified in Directions	3,121,225	3,121,209	16
Revenue administration resource use does not exceed the amount specified in Directions	30,569	29,821	748

The target allocations exclude the £8,933k brought forward surplus from South East London CCG.