South East London

NHS South East London Integrated Care Board

Annual Report and Annual Accounts 2023/24

(01 April 2023 - 31 March 2024)

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1. Welcome and Introduction

Welcome to the NHS South East London Integrated Care Board annual report and accounts, covering the period 1 April 2023 to 31 March 2024.

The core purpose of this report is to show how the Integrated Care Board (ICB) has discharged its functions and statutory duties over the previous year. But it is also an opportunity to reflect on the year more broadly.

In June 2023, we celebrated the 75th anniversary of the arrival of the Empire Windrush, and the huge contribution and achievements of that generation and their descendants (not least their contribution to the NHS), often in the face of significant difficulty. In July, we celebrated the 75th birthday of the NHS, a huge milestone for this extraordinary organisation. And also in July, we celebrated (although with less fanfare) the first anniversary of the establishment of the ICB itself.

But 2023-24 has also been a year of continued pressure and change within our organisation and the broader NHS. We continue to feel the lasting effects of the pandemic, both on our staff and our population, and the more recent effects of nearly 18 months' of industrial action. Covid has not gone away, and flu remains a threat, particularly in winter (we continue to be active in promoting vaccinations across South East London).

We, and all ICBs, have also been through the painful process of having to implement a government-mandated Management Cost Reduction, through which we have been required to deliver cost savings in excess of 30%, and which has required significant restructuring with an unavoidable impact on our staff. We have made every effort to ensure that this process has been carried out in line with our recently developed organisational values, whilst maintaining open communications and providing support (both practical and emotional) to employees throughout.

Against that context, we have seen the publication of several key elements of our future planning, each of which represents a significant amount of work with partners across our integrated system (and beyond), and has benefited from engagement with multiple stakeholders:

- Our *Joint Forward Plan* (published in June) sets out our medium-term objectives and plans, at both a borough level and from the perspective of our key care pathways and enablers, to ensure that we are developing a service offer to residents that: meets the needs of our population; demonstrates and makes tangible progress in addressing the core purpose of our wider integrated care system; delivers national Long Term Plan and wider priorities, and; meets the statutory requirements of our Integrated Care Board.
- Our *Transformation plan for children and young people's mental health and emotional wellbeing services in South East London* (May) covers what we aim to achieve overall in this key area, and the actions we will take in 2022/23 and

2023/24. Our aim is to support service improvements that will benefit children and young people, their parents and carers across our six boroughs.

- Our *Anti-Racism Strategy* (October) seeks to embed anti-racism into our culture, policies and processes, throughout the employee lifecycle. As an ICB with a more than 40% global majority workforce, this mission is especially important.
- Our *Estates and Infrastructure Strategy* (February) lays out our plans for a modern, adaptable estate, underpinned by three key ambitions: stronger, safer, and greener buildings; better and smarter infrastructure, and fairer allocation of investment and more efficient use of resources.
- Our *VCSE Charter* (October) recognises the fundamental importance of the voluntary, community and social enterprise sector as a source of knowledge and expertise. we can only achieve our shared goals through more effective collaboration and power sharing with the VCSE sector, and this charter commits us to that.
- Our *Quality & Safety Governance* has continued to develop in line with the National Quality Board's shared commitments and the continued implementation of the National Patient Safety Strategy. This year we have worked to further strengthen our governance of oversight and collaboration with our partners. Our System Quality Group led by our Acting Chief Nurse is well attended and is a key component of our quality improvement approach.

System-wide strategies must translate into local action, and our work at borough level continues to show improvements in local outcomes. The reports from each of our six boroughs demonstrate the breadth and depth of our work at place, and how local work is delivering system-wide priorities.

First among these priorities is our ongoing commitment to tackling inequalities. In November we were proud to join hundreds of people including local politicians, anchor institution partners and community groups at the South East London Citizens Community Health Assembly, hosted by Citizens UK. This event was a key moment in the continuing South London Listens programme, where we are working together to create positive change, tackling issues that have a direct impact on health and wellbeing, such as work and wages, mental health and social isolation, early years, race and migration, and housing.

This work is closely connected with our Population Health and Equity programme, whose remit is to improve population health and equity whilst reducing health inequalities. One part of this is our increasing use of data in a wide range of planning and delivery. Our digital strategy has benefited this year from the appointment of a new director, and we are continuing to invest in improving our digital infrastructure and use of technology.

Our work is entirely dependent on our people, of course. This year we have reviewed how we recruit, develop and retain Clinical and Care professionals who bring immense knowledge and experience to the roles they occupy in the integrated

care system. Our System Leadership Academy has continued to innovate in how we can nurture leaders across our many organisations, and our Workforce programme is making progress in delivering against the ICS People Strategy. We welcome the launch of the Health and Care Jobs Hub, for example, aiming to bring more people into work in health and care.

We assess our performance as a system against a number of key measures, including waiting times for diagnostic procedures and treatment, A&E wait times, access to mental health services, completion of severe mental illness health checks, and treatment accessibility. Delivery of objectives in key areas such as safeguarding, infection prevention and control, continuing healthcare and learning from patient incidents are also closely monitored. This is all within the context of an unprecedented period of industrial action within the health service, severe winter pressures and the ongoing recovery from the Covid-19 pandemic. In terms of financial performance, the ICB has delivered against all its financial duties and is able to report a surplus of £46,000 year-end financial position. The ICS year end financial position is a deficit of £63.737m. More detail on the ICB's performance is provided in the following sections of this report.

We were very pleased to announce in November that we have secured a second year of funding for our Research and Network Development Programme, which aims to build rapport with community-based organisations by establishing models for equitable partnership and collaborative prioritisation of the National Institute for Health and Care research.

In November, we welcomed NHS England giving formal approval and funding of £9.6m for a second new Community Diagnostic Centre in South East London. Located at Queen Mary's Hospital, Sidcup, in Bexley, the new facility will vastly enhance the diagnostic capability across this area of South East London where patients currently experience some of the lowest imaging rates in the country.

We were also very pleased to see the official opening in July of the Tessa Jowell Health Centre in Dulwich, offering a wide range of services in the heart of the community.

Dame Tessa's daughter, Jess Mills, was at the opening, as was local MP Helen Hayes, and we have been pleased to host a number of high-profile visitors to our system this year, including the Prince of Wales, the Secretary of State for Health and Care, the Chief Executive and the Medical Director of the NHS.

We are proud that our system has won several awards, not least Oxleas NHS Trust being named as Trust of the Year in the HSJ Awards. Many congratulations to them and all our other award-winners.

These awards recognise just some of the exceptional work and commitment of our colleagues and partners across our integrated care system. We would like to take

this opportunity to thank all of them for everything they do, every day, for the population of South East London.

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 (SEL ICB) is the statutory body which is responsible for the provision of healthcare for the residents of South East London, comprising the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. SEL ICB is led by the ICB Chair, Sir 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

SEL ICB oversees 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 borough's Joint Strategic Needs Assessment and ensure parity of services.

2.2. Our duties

SEL 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 two 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. Whilst 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 and operational priorities

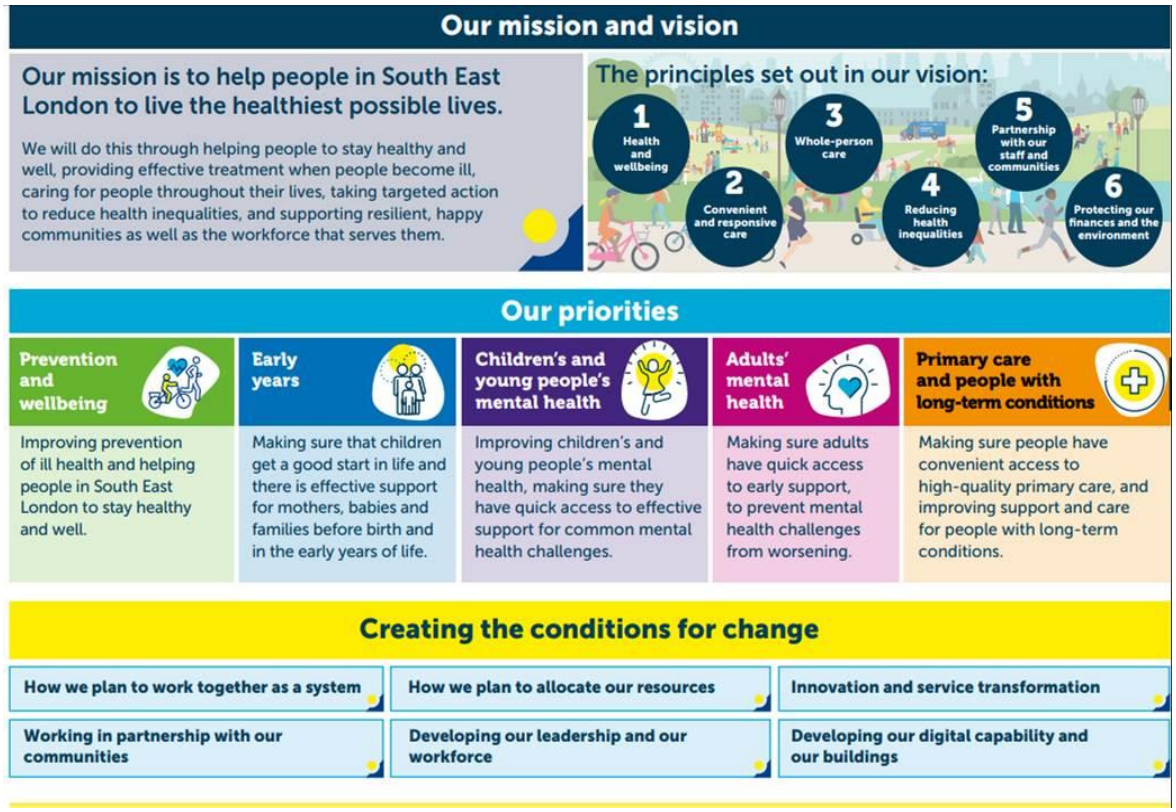
SEL ICB has provided leadership in facilitating and driving the development of our system strategic priorities, building from our positive engagement and development work over 2022/23.

1. The agreement of the **Integrated Care Partnership's integrated care strategy**. In 2023/24 the Partnership agreed its strategic mission, vision and objectives alongside the identification of five major strategic priorities that will be taken forward over the next 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.

   Significant engagement was undertaken to support the development of the strategy, and this has continued over 2023/24 as we have worked to identify the detail of our strategic priority proposals, underpinned by our system approach to reducing inequalities and securing equity with regards population health outcomes, experience and access. Our strategic priorities are underpinned by work to identify major opportunities for improvement which are priorities for our communities and for organisations across our system. They seek to improve delivery of and outcomes around primary 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.

We are now in a position to implement pilot interventions on a test and learn basis with the objective of sharing learning, assessing and understanding impact and determining agreed methods to spread and scale including means whereby new models of care and approaches are adopted as part of business as usual service planning and delivery. Each of our six borough-based Local Care Partnerships will be taking forward a range of pilot initiatives across our agreed strategic priority areas, alongside work to develop our Voluntary and Community Sector Enterprise Charter to ensure we are providing a plurality of service offers that meet population need and preferences whilst also building trust and confidence in our communities.

Our collectively agreed priorities are summarised below:



2. Our first **Integrated Care Board Joint Forward Plan** was published in July 2023. It set out a clear NHS commitment to taking forward the Integrated Care Partnership's strategic priorities, plus it set out our wider objectives for the next five years. Our Joint Forward Plan was built bottom up, informed by the extensive engagement, undertaken as part of the integrated care strategy development, plus a consideration of population health needs, inequalities, NHS priorities and standards and the core and statutory requirements of the Integrated Care Board.

   Our Plan is built up on the basis of an overarching context, mission and vision, Local Care Partnership strategic plans, ICB care pathway and population group plans and key enabler plans. Our borough based Local Care Partnership plans

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, inclusive of targeted action to improve population health and reduce inequalities. These dovetail and interface with our end-to-end care pathway and population focussed plans which focus on improving our service offer to improve population health, reduce inequalities, secure sustainable services and deliver quality and performance improvements. The Joint Forward Plan further sets out our cross-cutting enabler plans aimed at supporting the delivery of our wider plans through ensuring the underpinning infrastructure is developed and enhanced across key areas such as workforce, digital, sustainability, research and innovation. We have also agreed an underpinning Medium Term Financial Strategy as a system, which sets out an ICB allocative strategy that supports the delivery of our strategic priorities through targeted investment including in prevention and inequalities, mental health, children and young people and community based care.

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 milestones. During Quarter 4 of 2023/24 we have undertaken a comprehensive review and refresh of our Joint Forward Plan and this will be published in June 2024. We have focused our refresh on taking stock of our context and the impact in terms of our medium-term plans and priorities, reviewing the actions we had planned to undertake in 2023/24 and their expected impact and restating or amending our planned short-term actions (for 2024/25) that will support us in demonstrating incremental delivery and improvement across our strategic objectives.

3. The development and agreement of our **SEL ICB annual operational plans** for 2023/24 and 2024/25. The Integrated Care Board has convened the system to support the development of operational plans for the NHS for 2023/24 and 2024/25. These plans focus on the identification and agreement of key actions that will support delivery of both our integrated care strategic priorities and Joint Forward Plan, plus a key focus on the financial and 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. The development and agreement of operational plans for 2023/24 and 2024/25 has been incredibly challenging, in the context of SEL's underlying challenges in relation to sustainable financial and operational performance and has required some tough decisions to ensure a balance across investment, financial recovery, workforce and performance optimisation.

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.

Our ICB led 'system of systems' operating model.

The South East London system ambition is to develop and secure a demonstrably mature Integrated Care System that is able to be effective in improving health and reducing inequalities whilst also improving quality, performance and financial sustainability. Optimising our assets to do so will require us to keep developing our ways of working and our underpinning system architecture - 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 to shift our approach so that our actions are founded upon our understanding of population health and inequalities to enhance our focus on prevention, early detection and intervention and the need to collectively tackle the systemic challenges and opportunities we have as a system around demand and capacity, estates, workforce, productivity, efficiency, and finance. All will be required if we are to meet our ambition and objective of securing 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.

Over 2023/24 we have reviewed our operating model, with the objective of determining agreed next steps in relation to system architecture and enablers that will support further development and improvement, looking at both vertical and horizontal approaches. Our key integrated and collaborative planning and delivery vehicles are summarised below.

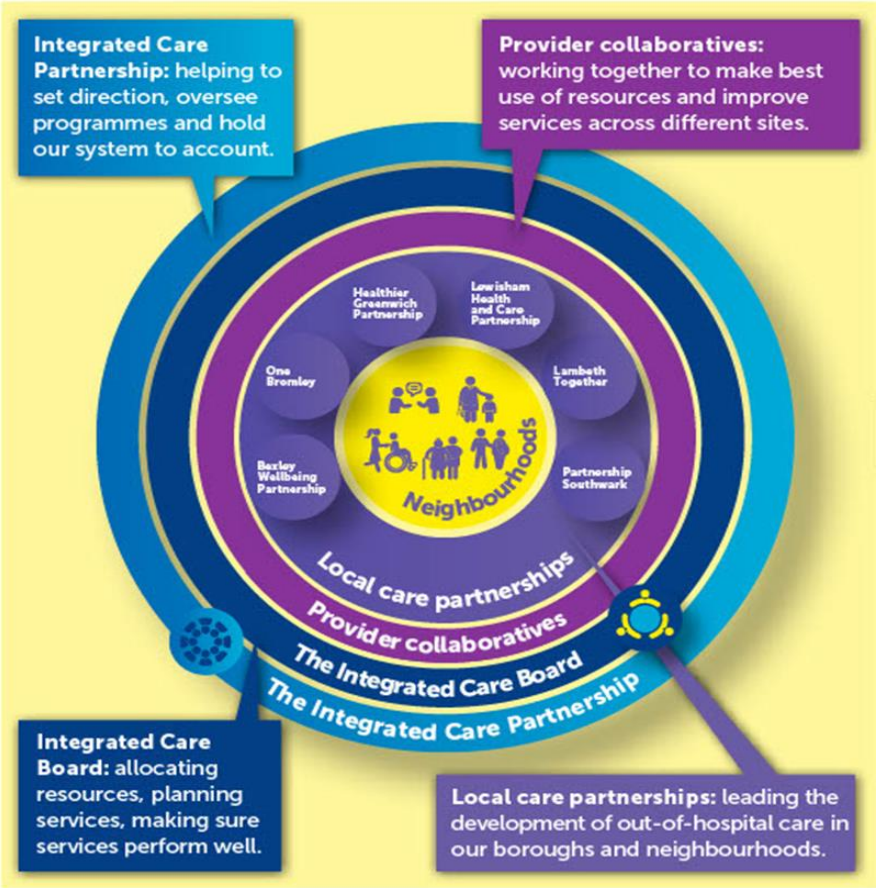
Borough based **Local Care Partnerships** that bring together NHS, Local Authority, other statutory and voluntary sector partners, to plan and deliver population focussed healthcare at a local level, driven by the local Joint Strategic Needs Assessment and associated Health and Wellbeing Plans. Our Local 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. We are seeking a focus on delivery with associated benefits realisation, inclusive of testing and optimising the scope for integrated, collaborative, innovative and locally responsive solutions.

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. In 2023/24 we agreed specific areas of focus and responsibilities for our Provider Collaboratives and Networks, in broad terms a continuation of our 2022/23 operating model. We have also started to review our future ambition and next steps with regards the development and scope of our Provider Collaboratives and Networks.

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 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 Children's 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, as well as ensuring governance is in place to enable us to hold each other to account for the delivery of the ICB's priorities, as articulated in our strategic and operational plans.

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 ICB's 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 recruitment and retention, demand, access, capacity and flow challenges and finance constraints.

The ICB and its system partners continue to work together 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, improve underlying health, health outcomes and inequalities as well as the national expectations of the National Health Service. These are broad and complex areas and we have sought to mitigate the risk of non-delivery by ensuring we are clear about our planned actions and their expected impact with an ability to track delivery whilst also ensuring we have prioritised our work to ensure an ambitious but doable set of delivery expectations are in place.

Our operational delivery challenges also mean we need a concrete focus on getting the basics right, with concerted action to address physical and workforce capacity constraints, reduce diagnosis and treatment backlogs, ensure we are transforming and improving the productivity and efficiency of services and increasing value to reduce our financial deficit whilst retaining and improving performance and quality outcomes.

We have been working to refine our approach to risk identification and management, differentiating between those risks that sit with the ICB as an organisation and wider system risks, both those sitting in partner organisations and those that apply across system partners and need to be managed and mitigated on a wider system basis. Our Board receives and reviews our Board Assurance Framework (BAF), thereby ensuring a proactive approach to understanding, mentoring, managing and mitigating the risks that have been identified to delivery of our corporate objectives, wider delivery 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 oversight, monitoring and management activities discussed more widely in our annual report.

3. Performance Summary

This section of the annual report provides summary information on the ICB's performance – for its population and across its key NHS providers – against the national performance standards for 2023/24. It considers how the operational plans for 2023/24 agreed by the ICB and the wider NHS system have been secured over the year.

Our plans for 2023/24 continued to focus on recovery from the impact of the Covid-19 pandemic, with a particular focus on improving access and reducing the diagnosis and treatment backlogs for diagnostic, elective and cancer services care, as well as securing improvement in performance across our urgent and emergency care pathway. In addition, work is ongoing 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 2023/24 plans therefore sought to build on the progress made over the previous year, with targets again recognising the ongoing legacy of the pandemic, on-going demand and capacity constraints and a realistic pace of improvement including care pathway transformation and improved productivity and efficiency.

The positive collaboration and innovative approach established in recent years has continued and is now firmly embedded in the way we work with all system partners, including:

- Embedding population health management approaches into our planning and delivery of services, to ensure that we understand and more effectively respond to population needs, with a 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 telehealth and remote monitoring, thereby enabling the most effective use of NHS physical assets and workforce.

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:

- Continuing to enhance 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 roll out and embedding of virtual wards and remote monitoring and the ongoing development of community services transformation for mental health services.

- 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, crisis services and bedded capacity. Over 2023/24 Community Diagnostic Centre capacity has opened, together with additional theatre and elective hub capacity, plus additional acute bedded capacity in two of our most capacity constrained sites.
- 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 working 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). CESEL's evidence-based approach to quality improvement has brought welcome funding for improving outcomes and reducing inequalities. Our 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. On elective care we have commissioned and expanded new community based alternatives to support patients being seen in the right place first time and optimise our community based care offer, alongside the agreement of system referral guidelines for key conditions to enable us to optimally manage demand.

2023/24 was however a challenging year for the ICB and the whole of the NHS due to ongoing industrial action across multiple clinical disciplines throughout the year. Alongside industrial action, our local challenges were driven by multiple linked factors including demand and capacity imbalances, workforce constraints and the overall bandwidth to secure the breadth of pathway improvement and productivity and efficiency gains required. In addition, two of our acute providers implemented a new Electronic Patient Record (EPR) system, called Epic, in October 2023 and whilst this was a planned event, the impact it had on activity, productivity and performance in some areas was significant.

Our urgent and emergency care pathway continues to be subject to particular challenge, with year-round pressures and the impact of Epic and industrial action also impacting our diagnostic elective and cancer recovery and performance.

As a result and despite huge efforts we have continued to struggle as a system to deliver against the full breadth of operational delivery standards and targets set for

the year and we ended the year with levels of performance that fell below national standards for key performance domains - access and waiting times for Accident and Emergency departments, elective and cancer waits.

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.

4. Performance Analysis

This section outlines the work ongoing in the ICB to discharge its duties under the National Health Service 2006 Act (as amended).

The section is divided into three areas of work, looking at our progress against our strategic plans, operational delivery, and organisational development, both in terms of the ICB as a statutory organisation and in the way the ICB supports partners in the wider ICS system.

Specifically, this section will consider the ICB's progress in relation to:

- Health and wellbeing plans
- Engagement with people and communities
- Addressing health inequalities, diversity and inclusion
- Sustainable development
- Digital developments and innovation
- Our financial performance
- The performance of commissioned providers against national standards
- Assurance and improvement of quality and safety of care
- Infection prevention and control and safeguarding activities
- Patient experience and liaison
- Highlights from our borough teams
- A forward view into 2024/25
- Supporting and developing our staff

More detail can also be found in the ICB's Board papers, available on the ICB website at www.selondonics.org.

4.1 Our Strategic Plans

4.1.1 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 has 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 Wellbeing Boards to develop their Health and Wellbeing Plans. The Integrated Care Board and its NHS partners are part of Health and Wellbeing 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 Wellbeing 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 Wellbeing Plans. The Integrated Care Board is working with local Health and Wellbeing Boards to secure their endorsement of and feedback on our refreshed 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 Wellbeing Plans and our communities is reflected in the individual borough highlights later in this report.

4.1.2 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 last year the ICB has continued to develop its approach in this area.

The ICB's Engagement Assurance Committee (EAC) is now well established as part of our governance around engagement. Members of public form the majority membership which also includes a Non-Executive Director (who chairs the committee), the Medical Director and the Chief of Staff, who are all board members, with the Director of Communications and Engagement, ensuring that the importance of working in partnership with people and communities is championed by senior leadership. The Director of South East London Healthwatch and the Director of Voluntary Sector Collaboration and Partnerships, both members of the Integrated

Care Partnership, are also members of the committee bringing senior independence to the committee. Key areas of work that the committee has received reports on and discussed in the last year include engagement in the Joint Forward Plan, the Muscular-Skeletal (MSK) programme, the overprescribing engagement project, the Anchor listening exercise, the pelvic health project as well as insight gained from the newly established South East London People's Panel.

You can read more about the committee here: https://www.selondonics.org/icb/about-us/get-involved/engagement-assurance-committee/.

Read more about South East London Healthwatch here:https://healthwatchgreenwich.co.uk/south-east-london-healthwatch.

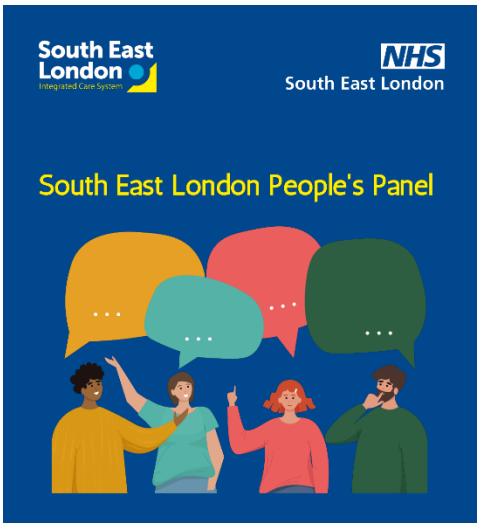
Read more about the Director of VCSE Collaboration and Partnerships here: https://www.selondonics.org/everything-that-we-do-should-be-led-by-the-people-we-are-doing-it-for/.

Further contributing to open and transparent governance, the engagement team facilitated the performance by members of Creating Ground ahead of the July 2023 Board meeting in public. Their powerful performance highlighted some of the issues faced by migrant women in accessing services where they are often seen as vulnerable rather than agents of change. The performance was well received, promoted dialogue with members of the Board and ensured key links were made between Board members, their organisations and Creating Ground for future joint working. Read more and watch the performance here: https://www.selondonics.org/theatre-performance-highlights-issues-faced-by-migrant-women/

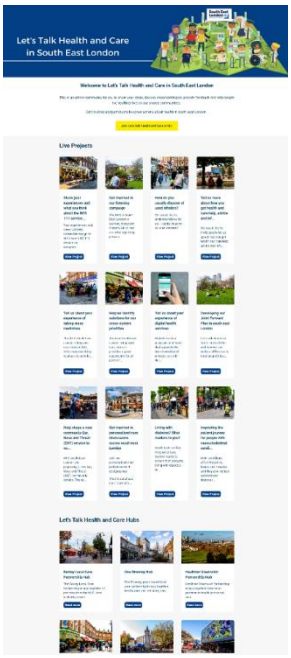
One of our ambitions this year was to successfully enrich our engagement by developing the South East London People's Panel. Currently the People's Panel brings together the views of over 1,000 members of the public aiming to capture and reflect their opinions on different health and social care issues. The panel is representative of the south east London population based on Census 2021 data according to age, gender, ethnicity and borough. In 2023-2024 we invited members to share their views on multiple topics through online surveys and focus groups. The insight from the People's Panel helped us to:

- inform and influence the development of solutions and pledges of the Anchor Programme

- gather feedback and shape our year-round campaigns to help people navigate the NHS. We surveyed people about where they access services and information about different services to inform future campaigns and develop first port of call messaging to assist people in getting the right care at the right place. We are planning focus groups with members of the panel to inform the development of a year-round communications campaign.
- to capture information about people's experience and views of the NHS 111 service and to inform the development and drive improvements as part of the re-commissioning of the service in South East London.



You can read more about the panel and link to the reports about the insight gained from the panel here: https://letstalkhealthandcareselondon.org/hub-page/selpeoplespanel

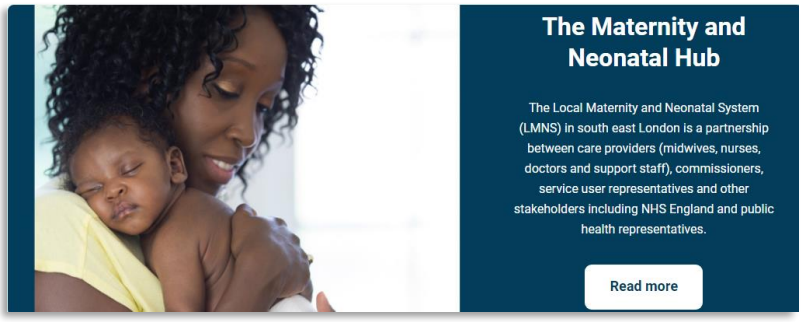


We continue to develop our Let's Talk Health and Care online engagement platform with the publication of more engagement projects throughout the year so it has become an embedded tool for ICS programmes to creatively involve people and communities. The platform provides an interface to capture views and ideas as well as share results and project outcomes. The platform enables us to utilise multimedia tools, such as video and images, which enhance our engagement mechanisms and also allows us to showcase the impact that working with people and communities has in making change and driving improvement.

The platform hosts hubs for each of the local care partnerships in South East London as an additional tool for engagement work in the boroughs. You can access the platform by clicking here: https://letstalkhealthandcareselondon.org/

We promote engagement activity and signpost people to the platform via our monthly #Get Involved newsletter which we promote across partner organisations, via the Engagement Practitioners' Network and via the Community Champions Coordinators' network. We also promote engagement opportunities via our social media platforms. You can read and sign up to our Get Involved newsletter here: https://www.selondonics.org/get-involved/newsletter/

We have also developed a new Local Maternity and Neonatal Engagement Hub as part of our on-line engagement platform. This hub complements our outreach, peer research in the community and supports our dialogue with people using neonatal and maternity services as part of our programme to transform and improve local maternity and neonatal healthcare. We aim to support women, birthing people and families by listening to their experiences and expectations. It also supports us to share more information about our work, show how people can get involved, and highlight the impact that people's insights have in making changes and improve our services. You can access the hub here: https://letstalkhealthandcareselondon.org/hub-page/maternity-and-neonatal-services



The South East London Maternity and Neonatal System (LMNS) was keen to ensure that the voices of women, birthing people and their families from under-served communities are heard in order to address issues to improve people's experience, access, outcomes and reduce inequalities. To achieve this, we partnered with five voluntary, community and social enterprise sector (VCSE) organisations to work directly with people who are migrants and asylum seekers, people from Black, Asian, and Minority Ethnic communities, people who are LGBTQI, people who are neurodivergent, people living in the most deprived neighbourhoods of South East London, people who have a disability or have a new-born with a disability and people who have experienced miscarriage, pregnancy loss or termination of pregnancy due to foetal abnormality. Some of the initial findings include:

- Variations in care and barriers to access experienced by migrant and asylum-seeking women and birthing people.
- Challenges with language and communication, as well as limited understanding of the healthcare system.
- Inconsistent access to antenatal and postnatal care, and a lack of culturally sensitive and linguistically appropriate services.
- Impact of the absence of family support and financial constraints on wellbeing during the postnatal period.

The insights, solutions and outcomes from this work were presented in a showcase event in March 2024 which was very well received. You can read more about the

project including the reports from the organisations at: https://letstalkhealthandcareselondon.org/working-with-our-communities-on-neonatal-and-maternity-services

The LMNS continued to transform and improve pelvic healthcare over the last year. We aimed to support people experiencing mild to moderate pelvic health issues during pregnancy or up to a year after giving birth as pelvic health wellbeing is important throughout life. We have been listening to women, birthing people and families (via surveys, face to face outreach sessions and virtual engagement sessions with people from diverse communities across South East London including sessions in Spanish) to understand more about their experiences and learn more about what support they need. We wanted to understand what information, education, individualised care and treatment would be helpful during pregnancy and postnatal pelvic health. What people told us helped to design and set up a new pelvic health care services in South East London that was awarded and recognised nationally and internationally. The South East London model will be replicated nationally in the near future. In response to what people have told us we have:

- developed four sensitive questions that are asked at booking and at various points before and after the birth to support people opening up about their pelvic health issues.
- developed a training package for health professionals to ensure they learn to identify pelvic floor issues including the use of patients' stories to highlight the impact on their lives.
- supported the translation of eleven pelvic health videos into community languages.
- developed antenatal pelvic health classes for women to understand how to look after their pelvic health issues and how to refer to our specialist clinics.
- recruited a specialist physio and a specialist midwife who are now able to see women and birthing people from the antenatal period and up to twelve months after giving birth.

You can read more at: https://letstalkhealthandcareselondon.org/pelvic-health

Another key area of work in the last year has been the overprescribing project. The aim of the project is to reduce overprescribing so that people in South East London are only prescribed medicines when there are no alternative treatments. An example of this is when a person is prescribed an antidepressant when talking therapies are best suited for the person's circumstances and wishes.

We wanted to hear from people to understand their views and experiences of taking many medicines; what is important to them to help identify the support that they might need to improve their care and be empowered to be equal partners in conversations and decisions about medicines. We also wanted to inform people and hear from them about the causes, problems and impact of overprescribing to contribute to discussions to improve our services.

We hosted two webinars in July 2023 and set up a survey and a chat forum for people taking more medicines daily, and their carers, to understand views. However, we were keen to hear from carers as well as older people, people from Black, Asian and Minority Ethnic communities and people living in deprived neighbourhoods as overprescribing can disproportionally affect people from these communities. We, therefore, attended the Ageing Well festival in Lambeth, a residential care home in Lewisham and eight community groups across South East London: Ajoda Group in Greenwich, Greenwich Bengali Women's Group, Bromley Asian Cultural Association, Diamond Club, Ethnic Mental Health Carers Forum, Lewisham Irish Community Centre, Southwark Carers and Southwark Pensioners Forum.

People welcomed hearing more about overprescribing and talked openly about their medicines and shared their own personal experiences as well as for the people that they care for. We also gave out paper copies of the survey for people to fill in and share with their family and friends.

"Thank you so much for the information. The session was amazing, to see the women open up and talk so freely..."

"pain killers make me tired and stupid"

"difficult to get them all down without retching"

"I have yellow coded those that really affect me, others are manageable"

Survey responses show that most people feel their medicines are necessary yet roughly a quarter of respondents thinking that not all their medicines were necessary. A quarter of respondents also felt not so good about taking medicines. Roughly one third experienced some side effects from their medicines. Many participants stated that a healthy lifestyle helped them to manage their condition, which mainly consisted of exercise and diet. Some participants also turned to family

and friends to help manage their condition, with some mentioning that socialising helped to remain positive. Others sought advice and help from various forms of therapy such as physio and psychological, in order to alleviate their symptoms.

The full feedback results from the patient engagement work continues to draw out the key themes which will inform the changes, training and education needed to reduce overprescribing.

We, therefore, understand from the themes that arose from engagement that key issues we need to address from this project include:

- the importance of active dialogue and communication between patients, doctors, and carers about their medicines including professionals being able to listen and patients and carers being empowered to raise issues.
- the importance of shared decision making with patients.
- the need to review prescribed medicines regularly and for people to know about medicines reviews.

In response to what we have heard, the programme team is:

- developing a clear action plan, including creating good working relationships with other programme boards and committees as well as Local Care Partnerships to deliver relevant aspects of the plan.
- building on the learning from successful local or national initiatives to develop and implement high impact evidence-based interventions to reduce overprescribing.
- developing metrics and performance monitoring to track progress.

The project team will disseminate the findings from the engagement work and continue to engage with patients and communities through the South London Health Innovation network (HIN) and the community of practice to ensure this work is patient centred, incorporating the patient voice so we deliver what matters most to them when taking medicines.

Members of the medicines optimisation and engagement teams presented on this important work at the Royal Pharmaceutical Society Annual Conference in November 2023 to pharmacists and patient engagement advocates from all over the UK.

You can read more about the project, and watch a short film of a patient’s story about taking medicines at:
https://letstalkhealthandcareselondon.org/overprescribing.

Since June 2023 we have been working alongside Citizens UK to find out what is putting pressure on people's ability to thrive as part of the Anchor System

programme listening exercise. We connected and listened to over 2,500 people across South East London using an extensive set of methods, including workshops, one to one sessions, survey, virtual listening events, online chat forum and focus groups to ensure that we heard from a diverse group of people.

We listened to:

- people in low paid and precarious work
- people with disabilities
- carers and lone parents
- migrants and refugees and people with English as a second language
- people from LGBTQ+ communities
- people from Black, Asian and Minority Ethnic communities
- young people
- people directly experiencing injustice
- health and care staff

This enabled us to hear about the impact of a range of issues impacting people from different communities. Insight from the listening campaign was used to inform the development of pledges on how we can tackle these issues, reduce inequality, and help make South East London a healthier, fairer and more equitable place to live and work.

The pledges were presented at the Community Health Assembly in November 2023 where community and NHS leaders came together to commit to these pledges to address the biggest challenges impacting the health and wellbeing of local people.

The commitments made through the pledges led to a series of actions including securing funding and partnering with seven voluntary sector organisations to support the efforts to reach under-represented communities and work with them to identify solutions. The organisations are Lewisham Refugee and Migrant Network, Bexley Deaf Centre, Bromley DeafPlus, Lewisham Speaking Up, Ladies Of Virtue Outreach CIC, Policy Centre for African Peoples, Bromley Third Sector Enterprise and Bromley Mencap. The outcomes and insights from this work will be fed into the

programme pledge on reducing barriers to careers in anchor institutions. You can read more about the Anchor programme and the listening campaign at: https://letstalkhealthandcareselondon.org/anchor-programme

The SEL ICS continued to work on improving the patient journey for people with musculoskeletal conditions (MSK) and the MSK Community Lived Experience Group was a key element in our approach. The group was involved in helping to identify barriers and opportunities on the self-referral process, the role and benefits of a personalised care approach as well as planning direct patients' involvement in the decision making process about their care. You can read more here: https://letstalkhealthandcareselondon.org/msk.

The MSK programme worked in partnership with the MSK Community Lived Experience Group to co-design the 'MSK Community Day - Muscle and joint health - exploring your options'. Members of the group were essential in naming the event, planning the days, deciding which teams and professionals should be invited, designing the patient's invitation letter as well as direct involvement in the staff training and helping to make the days a success. The days offer a chance for people on a routine MSK physiotherapy waiting list to have their muscle and joint pain assessed, learn about different treatments, diets, and exercises, and discover services in the area. The first day took place in Lewisham in February 2024 and was a success with 130 people attending with positive feedback from patients. Subsequent days have taken place in Southwark, Lambeth and Greenwich in March 2024.

"Today I had support from CALM services. I was happy to be able to speak with a person who understands about my condition and be listened to by someone who can relate with my pain."

"Today helped me to understand what is next for me, I learned what exercises I need to do to improve my condition."

"'Today was informative and I learned what is happening in my area and I made a plan with what…I can do."

"The one-to-one discussions helped me a lot. I feel relieved. I came with my six-month-old child and felt welcomed and everyone helped".

You can read more about the day here: https://www.selondonics.org/new-musculoskeletal-msk-community-day-tackles-muscle-and-joint-pain-and-boosts-wellbeing/.

The MSK programme lead shared her experience on involving people with lived experience on the programme in a blog article which you can read here: https://www.selondonics.org/my-learnings-from-working-with-people-with-lived-experience-its-more-than-just-parking-and-waiting-lists/. She explained about the importance of working with people with lived experience to make quality improvement changes in the Musculoskeletal programmes in South East London.

"'I wanted to ensure that we incorporated lived experience voices from the start of the SEL MSK programme, not as a tick-box exercise, but as an integral part of the work." Emma James, the Musculoskeletal (MSK) Project

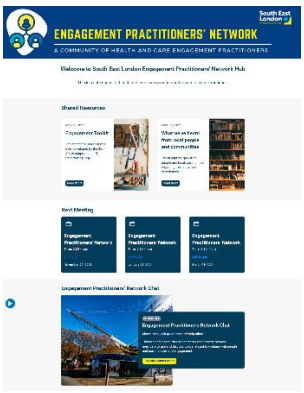
We also captured the views from members of the group about their experience of being members and their involvement and the outcomes they achieved in the Musculoskeletal programmes in South East London which you can hear at: https://youtu.be/D_na1KBO9j0 and https://youtu.be/3HyEQy3RyLE.

To help shape the new Ear, Nose and Throat (ENT) community services we invited people who have an ENT condition or are waiting for an hospital appointment to tell us about their experience through webinars, an online survey and a chat forum. The insights collected helped inform the new community ENT service specification and plans for the service delivery. Following on from an open application process we recruited two people who have experience of using ENT services to join the procurement panel for the new service which you can read about here: https://letstalkhealthandcareselondon.org/ent.

We carried out engagement on developing the Joint Forward Plan in the first quarter of 2023–2024, building on discussions which had taken place earlier in the year and insight gained as part of the ICS strategy development process. We hosted two webinars in May 2023 with members of the public and colleagues from the VCSE. Discussions were particularly focussed on urgent and emergency care, planned care, cancer and end of life care as these are important areas that were not covered by the engagement in the strategy development process. We also shared our draft plan and developed a short survey asking for feedback. We held further discussions with the VCSE Strategic Alliance, the Healthwatch Chief Officers and the South East Healthwatch Reference Group.

You can read more about the engagement including a summary of the key themes from the discussion groups in the webinar at: https://letstalkhealthandcareselondon.org/jfp and the full Joint Forward Plan at https://www.selondonics.org/who-we-are/our-priorities/joint-forward-plan/ including the chapter on engagement and insight.

A key focus over the last year was the continued development of the insight library. The purpose of the library is to share insight across programmes and partners in order to maximise the value of engagement, avoid duplication and engagement fatigue and enable programmes to focus engagement activity on working with people and communities to identify solutions to issues raised rather than gaining further insight. The ICB is currently working with Mabadiliko CIC, a local Black led organisation, to develop and share a compendium of insight from diverse communities experiencing health inequalities highlighting multiple issues, needs and recommendations to inform the work of ICS programmes and to be accessible to community audiences to be part of the library. The library will continue to be an area of development in the forthcoming year. You can access the library at: https://www.selondonics.org/get-involved/what-we-have-heard/.



The South East London engagement team continues to organise and facilitate the ICS Engagement Practitioners' Network (EPN) which 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 engagement leads and practitioners from across health and care partner organisations across South East London. The aim of the network is to share insight, align engagement and share good practice and learning across partnerships and place. The network was instrumental in the development of the insight library. The directors of South East London Healthwatch and the Director of Voluntary Sector Collaboration and Partnerships are members of the network. To further enhance joint working and understanding, the engagement team also regularly attends monthly meetings of the Healthwatch chief officers and the VCSE Strategic Alliance. The engagement team also facilitates and organises a regular bi-monthly meeting of co-ordinators of the community champions schemes across the South East London boroughs which provides a network to share information, best practice, opportunities for engagement and insight. These networks are key forums for sharing learning and insight as we continue to develop a more aligned approach to working with people and communities across South East London.

4.1.3 Addressing health inequalities, diversity and inclusion

SEL ICB is responsible for developing a plan for meeting the health needs of the population within its boroughs, 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 and are founded in legislation described below.

Our Statutory Responsibilities

Equalities Duties: Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010 and provides 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 as part of the Equality Act 2010 requires public authorities (such as the ICB) to show ‘due regard’ in the way they operate. The principle of “due regard” requires SEL ICB to take into consideration the following points for both 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 has set four equality objectives. Objectives 1 and 4 are externally focused on our patients and communities with Objectives 2 and 3 focused internally on our workforce. The four objectives are:

- **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

The Health and Care Act 2022 helps to improve quality and choice for patients and increases transparency.

In terms of the Health and Social Care Act 2022, ICBs 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 are avoidable differences in health across the population, and between different groups within society. They arise from socio-economic status and deprivation, geography, protected characteristics or ‘inclusion health’ groups. Action on health inequalities requires prioritising to improve the lives of those with the worst health outcomes.

The ICB has an important part to play by working with partner organisations to ensure care is integrated and planned correctly, providing patients in South East London with seamless care. Also, by working to overcome the barriers and health inequalities, we will be able to provide all of our patients with the quality care they need.

As part of its statutory obligations set out above, the ICB is required to publish an annual EDI report known as the Public Sector Equality Duty Report (PSED), which details the way the ICB is considering equalities and health inequalities. The PSED 2023/24 report can be found at: www.selondonics.org/icb/meetings-board-papers-reports/reports/

Addressing health inequalities is a golden thread throughout our system Joint Forward Plan (accessible here: https://www.selondonics.org/our-joint-forward-plan/) and our plan recognises the role prevention can play in reducing inequalities and increasing health equity. Our vision, as set out in the Joint Forward Plan, is for all our citizens to have the same opportunity to lead a healthy life, no matter where they live or who they are, through equitable, convenient and effective access to health and prevention services, experience of care and outcomes for our population, to prevent and detect disease and illness at an early stage. This vision is underpinned by a commitment to: (i) reduce health inequalities; (ii) take a life course approach to the design and delivery of care; (iii) ensure parity between mental and physical health; (iv) reduce the factors that contribute towards ill health (primary prevention); (v) increase earlier detection and diagnosis of disease (secondary prevention); and (vi) support people living with long term conditions (tertiary prevention).

Embedded within our Joint Forward Plan is delivery of the Core20PLUS5 frameworks for adults and children and this includes (but not limited to):

- Improving access to early cancer diagnosis, working towards the national ambitions of diagnosing 75% of cases at stage 1 or 2 by 2028.
- Delivery of physical health checks for people with severe mental illness.
- Interventions and service improvements which optimise blood pressure and minimise the risk of myocardial infarction and stroke.
- Delivery of the national asthma bundle of care for children and young people (CYP).
- Improving access to CYP mental health services.

As an ICB, we have developed a local Core20PLUS5 dashboard for adults identifying our Core20 populations (the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation [IMD]) and our ‘plus’/health inclusion groups. This has enabled us to identify the population groups and communities who are most likely to experience inequalities in the access, outcomes and experience of care. Work is underway to find meaningful ways to engage with these groups, build trust and develop relationships in order to ensure services are commissioned and delivered in a way which meets their needs.

For 2024/25, a dashboard for CYP will also be developed to support the organisation in identifying where there is need to build stronger relationships with

children and their families to improve outcomes of care, working in collaboration with our local authority partners.

4.1.3.1 Managing Health Inequalities

NHS England Statement on Information on Health Inequalities

In November 2023, NHS England published its first Statement on Information on Health Inequalities. The Statement is designed to help relevant NHS bodies, such as the ICB, understand their duties and powers, and how they can be exercised.

The ICB has begun analysing this information as set out in the Statement using both national and local (internal) datasets. It has been difficult to report effectively on all measures set out in the Statement due to:

- A lack of standardisation and depth across externally published dashboards and local dashboards;
- Availability of up-to-date information in national dashboards to understand local applicability; and
- Identification of development needs of local dashboards to align with the domains and measures set out within the Statement.

Our Annual Report includes two specific case studies relating to the domains in the Statement on elective recovery, respiratory (specifically Covid 19 vaccinations) and mental health (specifically physical health checks for people with severe mental illness) to demonstrate some of the analytical work underway in line with the Statement.

Over the course of 2024/25, the ICB will be reviewing all dashboards including locally held data to ensure these meet the information requirements as set out in the Statement. It is anticipated that the ICB will publish information on all domains by the end of Quarter 2 in 2024/25 (August 2024).

A. Elective Recovery

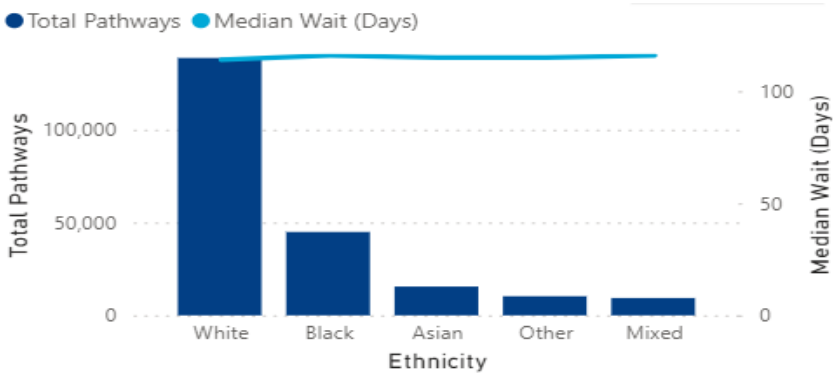
The impact of long waits on different communities for elective care has been of significant concern throughout 2023/24. The ICB has established a health inequalities dashboard which is refreshed monthly using the most current waiting list minimum data set. This dashboard is being jointly reviewed by the ICB and its providers as part of the elective recovery programme, overseen by the South East London Acute Provider Collaborative.

<u>Adults on a Referral to Treatment (RTT) pathway</u>

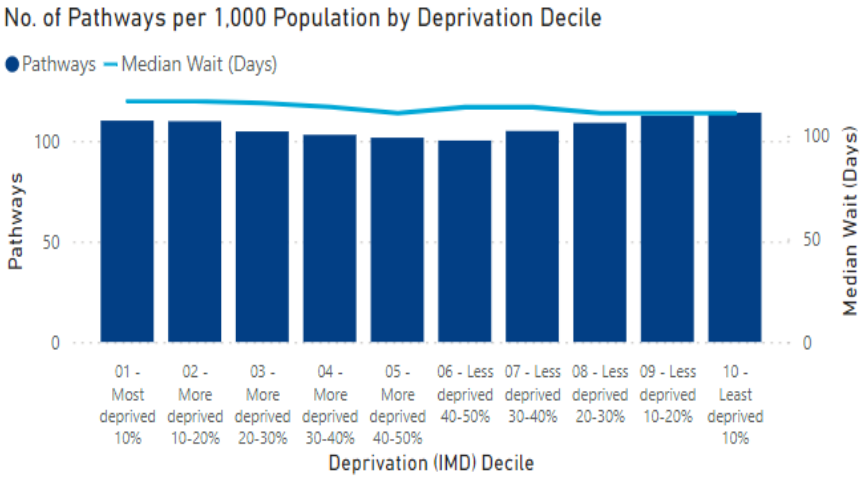
In March 2024 there were 191,458 adults aged 18 years and over from across South East London waiting on RTT pathways with 18% on multiple pathways and 82% on a single pathway. Adult pathways account for 87% of the total number of

ICS patients waiting on an RTT pathway, this is higher than the 81% of the local population across SEL aged 18 years and over.

63% of adults with an RTT pathway identified as ‘White’ and had a median wait of 114 days [16.2 weeks], 21.0% identified with a ‘Black’ ethnic group and had a median wait of 116 days, 16% had an Asian, Mixed or Other ethnic group with a median wait of 115 or 116 days.



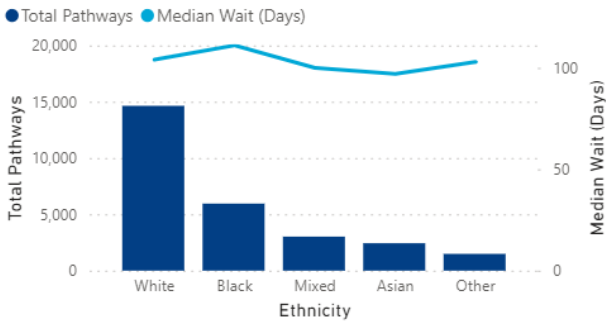
There are less adult RTT pathways per 100,000 population in the most deprived areas compared with the least deprived but the median waits for the 20% most deprived is 6 days longer than the 20% least deprived.



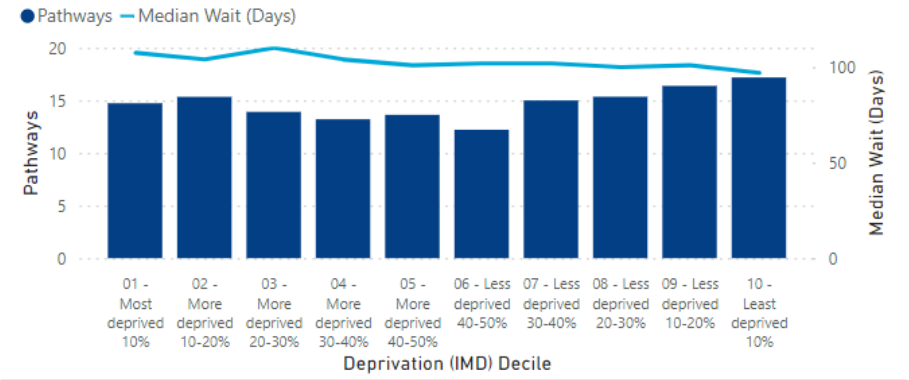
Children and young people on an RTT pathway

In March 2024 there were 27,301 children and young people [0 – 17 years] on RTT treatment pathways with 14% on multiple pathways and 86% on a single pathway. Children’s pathways account for 13% of the total number of ICS patients waiting on an RTT pathway, this is less than the 19% of the local population across SEL aged under 18 years.

55% of the children and young people are from the ethnic group ‘White’ and have a median wait of 104 days [14.9 weeks]. 21% of patients are from a “Black” ethnic group with a median wait of 111 days [15.9 weeks]. The remaining 24% are from a mixed, Asian or other ethnic group and have a median wait of 100–103 days.



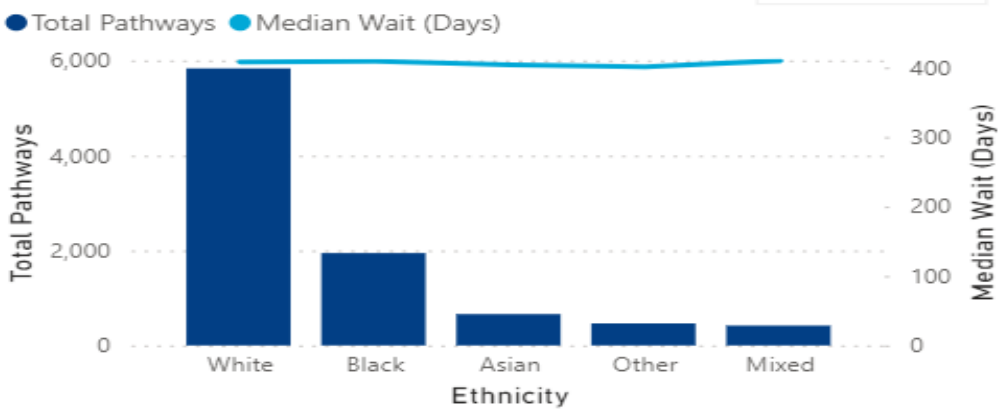
There are less children & young people RTT pathways per 100,000 population in the most deprived areas compared with the least deprived but the median waits for the 20% most deprived is a week longer than the 20% least deprived.



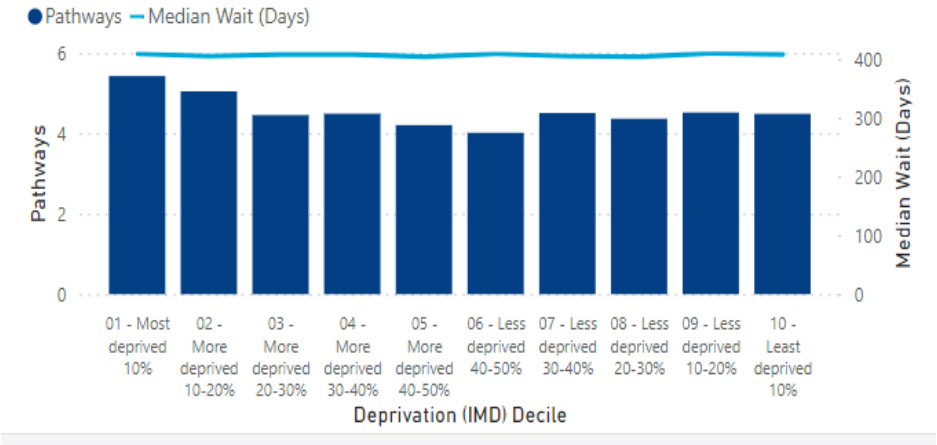
Long waits

5% [11,087] of all South East London RTT pathways have been waiting 52+ weeks, 12% are 17 years and under, slightly less than children and young people’s 12.6% share of the total patients waiting on an RTT pathway.

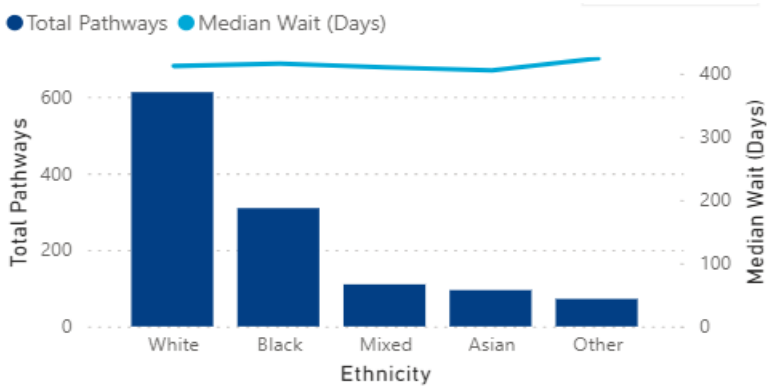
Of the adult long waiters, 37% are from a non-white ethnicity group, this is in line with the total number of adults waiting. The median wait for patients from “other” ethnicity groups has a 2-day higher median wait than for patients in a “white” ethnic group.



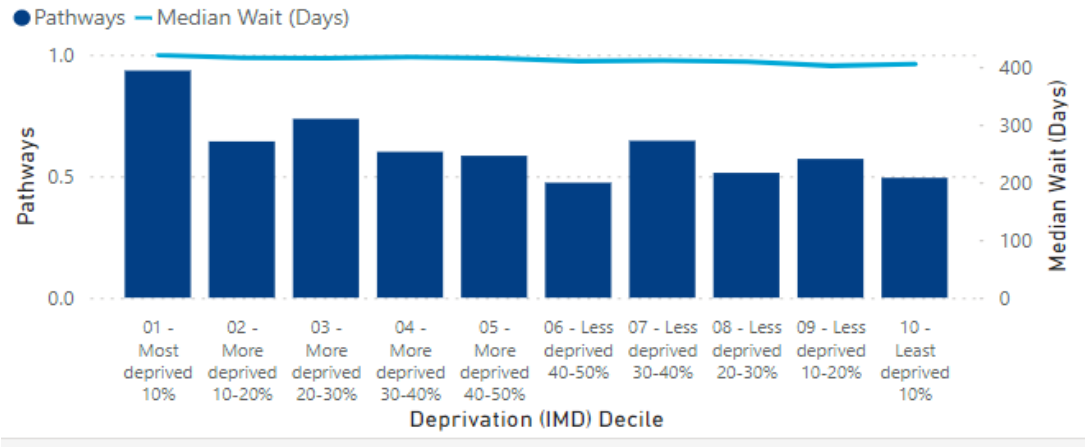
Unlike the total adult pathways for the long waiters there are more adult RTT pathways per 100,000 population in the most deprived areas compared with the least deprived and the median waits for the 20% most deprived is 1 day longer than the 20% least deprived.



Of the children and young people's long waiters, 54% are from a non-white ethnicity group, compared with 45% of the total number of children and young people waiting. The median wait for patients from the "other" ethnicity group has a higher median wait.



As with adults for the long waiters there are more children and young people RTT pathways per 100,000 population in the most deprived areas compared with the least deprived. The median waits for the 20% most deprived is 16 days longer than the 20% least deprived and 12 days longer than the median wait for the 20% most deprived adults.



Further analysis is required to understand if the various higher waits identified above are statistically significant, and if so, whether it's driven by a particular borough or specialty. From the above analysis it appears the potentially most disadvantaged group are the children and young people waiting 52+ weeks who are from a "Black" ethnicity group and 20% most deprived areas. Further work is required to standardise this information over 2024/25.

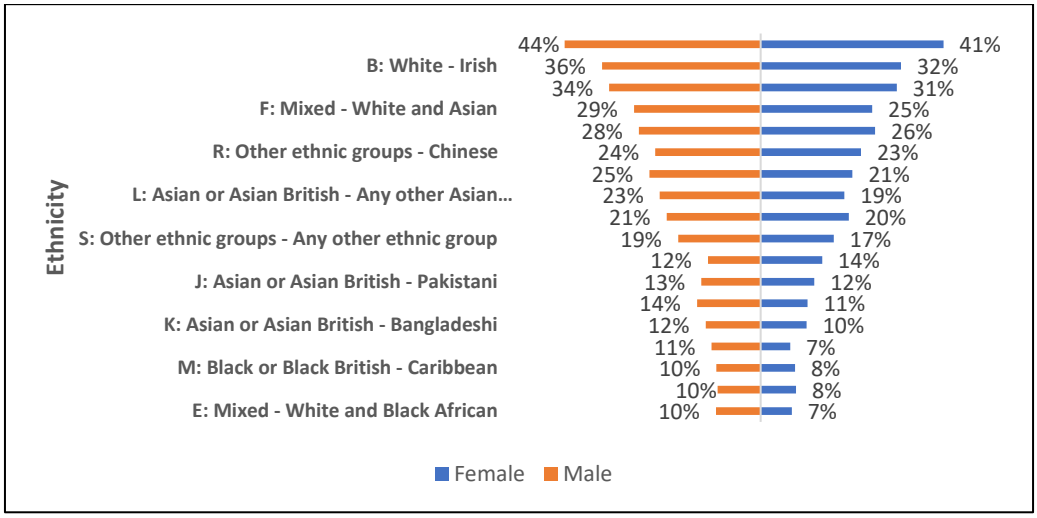
B. Respiratory – Covid 19 Vaccinations

In April 2024 we commenced our Spring campaign for covid vaccinations for those eligible populations. During the period of the campaign, we have been monitoring on a weekly basis the uptake from our population, alongside the insights received from our residents. We have used this information to shape both the mode and location of engagement and delivery with the objective of improving our reach into those communities that have not yet taken up the offer of a covid vaccination.

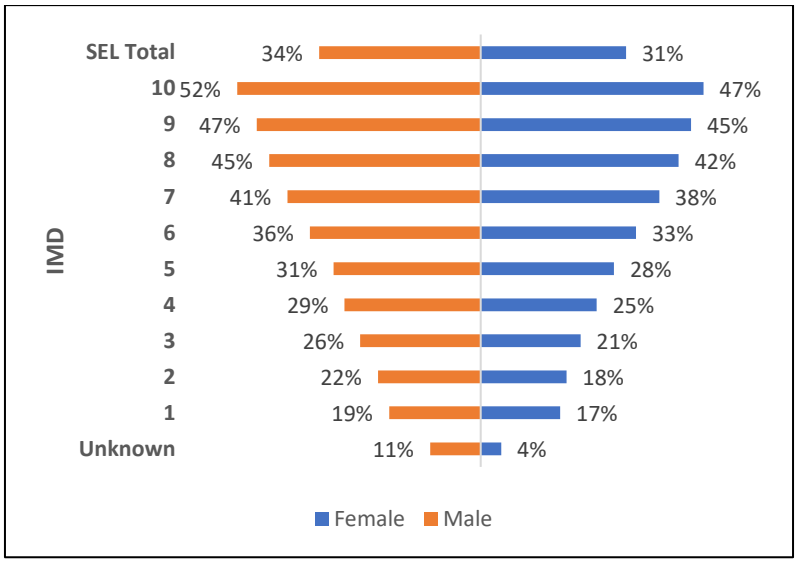
Our data shows us (as of May 2024) of the 161,353 eligible populations (over 75 years of age, care home residents and immunosuppressed) we have significant difference in the uptake between our white British population (43%) and our white and black African population (8%).

Ethnic group	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
A: White - British	45.7%	48.1%	35.4%	36.3%	36.8%	39.0%

B: White - Irish	41.2%	43.4%	30.9%	30.6%	28.2%	30.0%
C: White - Any other White background	34.8%	38.3%	23.3%	20.9%	22.0%	23.2%
D: Mixed - White and Black Caribbean	11.3%	16.6%	12.6%	9.4%	12.4%	12.4%
E: Mixed - White and Black African	11.1%	11.5%	6.6%	6.6%	2.4%	12.0%
F: Mixed - White and Asian	37.0%	34.9%	30.9%	15.9%	22.1%	24.6%
G: Mixed - Any other Mixed background	38.5%	27.6%	18.8%	15.1%	14.1%	15.7%
H: Asian or Asian British - Indian	21.3%	29.3%	14.3%	27.0%	24.9%	21.9%
J: Asian or Asian British - Pakistani	16.9%	22.1%	8.8%	13.5%	11.1%	7.2%
K: Asian or Asian British - Bangladeshi	21.4%	23.1%	12.1%	7.4%	13.2%	7.0%
L: Asian or Asian British - Any other Asian background	21.0%	26.4%	20.4%	20.1%	14.8%	23.3%
M: Black or Black British - Caribbean	15.1%	11.2%	8.0%	7.6%	8.1%	9.8%
N: Black or Black British - African	10.3%	12.3%	6.9%	8.5%	7.5%	8.4%
P: Black or Black British - Any other Black background	11.5%	8.3%	8.5%	8.9%	8.2%	8.6%
R: Other ethnic groups - Chinese	26.4%	31.2%	20.1%	22.2%	19.8%	20.5%
S: Other ethnic groups - Any other ethnic group	27.3%	26.7%	17.5%	15.2%	15.2%	14.5%
X: Not known	16.2%	22.8%	10.2%	6.9%	8.3%	6.0%



We also can see from our data that there is a difference in the uptake between male (34%) and females (31%)



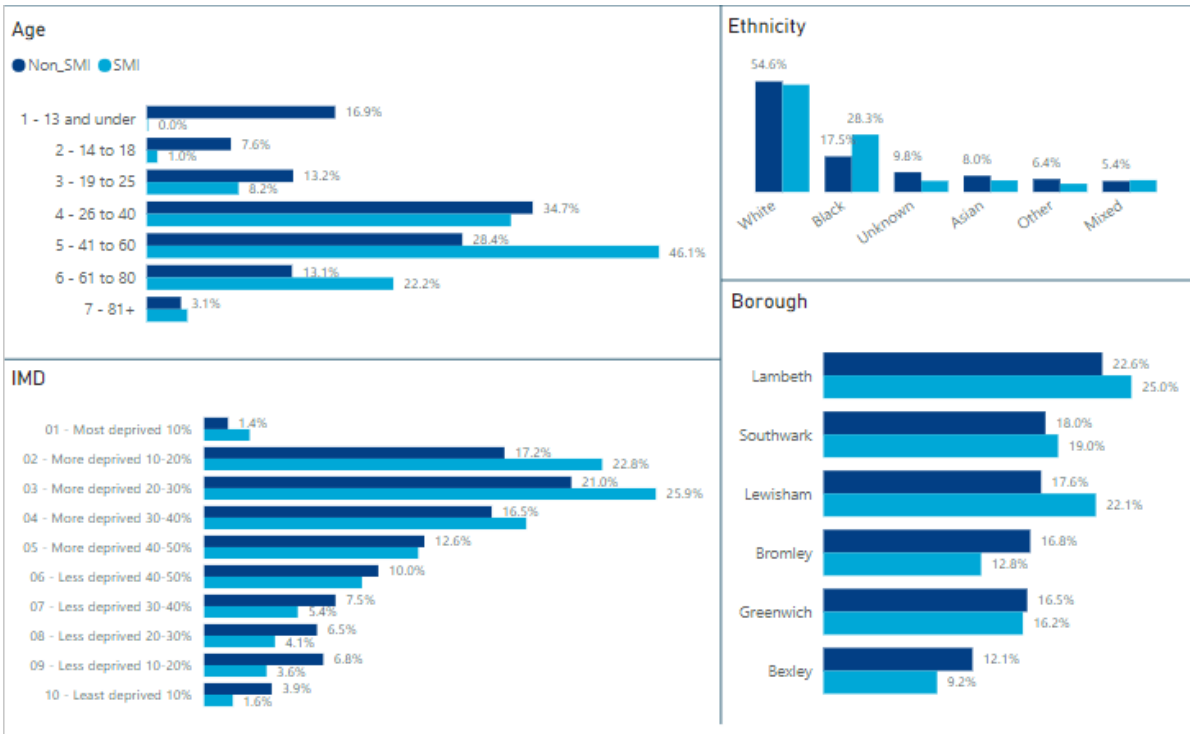
NB: IMD =Indices of Multiple Deprivation

Using this data and the insights we have gathered from the local engagement work which has been undertaken we have been able to develop bespoke arrangements for certain groups of the population to provide them with the information and advice they require and access to vaccination services. For example, we have worked with local churches and mosques to make available vaccination services that are culturally appropriate to population groups.

C. Mental Health – Overall Uptake of Physical Health Checks for Severe Mental Illness

Local data indicates that as of March 2024, there were 22,178 people on primary care registers with a severe mental illness (SMI) across South East London. Of the people on the register, 52.5% were male and 49.29% were female. Furthermore, 53% identified as ‘White’, 28.3% identified as Black, 8% as Asian, 5.4% as Mixed.

The data indicates that more people identify as Black on the SMI register when compared to the general population. The data also indicates that people living in the deprived wards are more likely to have a diagnosis of SMI than the least deprived population groups.



For the financial year 2023/24, South East London delivered 13,919 physical health checks (62%) delivering the national operating plan ambitions for 2023/24.

Work is underway to ensure that nationally published data aligns to locally held data which has enabled the insights above to be developed. Further analysis is required on the uptake of health checks across age, deprivation, sex and ethnicity to standardise the data and undergo statistical analysis. However, currently the locally held data does not indicate any apparent differences in the uptake of health checks across these demographic groups.

4.1.3.2 Equality, Diversity and Inclusion

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.

Membership includes representation from Local Care Partnerships, Quality and Safety, System Reform, Planning, Human Resources, Engagement, Population Health and Equalities, chairs of all staff networks and Healthwatch.

It reports to the SEL ICB Board, through the SEL People Board, a Committee of the SEL ICB Board.

Demonstrating equalities progress:

Equality Objectives 1 and 4: Patient and Communities

- **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. They help ensure decisions, practices and policies within organisations are fair and do not discriminate against any protected group.

There has been increased uptake in Equality Analyses in 2023/24, which highlights the value placed in completing assessments. Examples of reviews undertaken include medicines optimisation, enhanced access to GP appointments, Healtheintent and Adult Audiology services.
.
Refreshing our Equality Analysis toolkit and rolling out staff training to improve planning and delivery of health services will be our focus for 2024/25.

- **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.

SEL ICB is committed to building strong relationships with our diverse communities and has implemented several exciting initiatives both at a central and borough level. Some of the key initiatives are briefly described below.

Equality Delivery System 2022 - Domain 1: Commissioned Services
Maternity services across our acute providers were reviewed and assessed across four outcomes: access, safety, experience and outcome of care, with a particular focus on the protected characteristic groups. The assessment resulted in a comprehensive action and improvement plan being developed to improve inclusive leadership. Progress will be monitored through the Equality Delivery Plan.

Working with People and Communities Strategic Framework
The ICS Working with People and Communities Strategic Framework, which included engagement with marginalised communities as part of its development plan, has been used 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 diverse 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.

Equality and diversity monitoring is also an important source of information helping the ICB to identify whether certain groups experience problems disproportionately to other groups.

We are aware that we need to collect more demographic data about people who make formal complaints, and this is something we are seeking to improve.

Mental Health:
From a Children and Young People's Mental Health perspective, a key focus of the transformation plan is to address the inequalities within our children and young people's mental health services, specifically focusing on children and young people from our Black and Ethnic Minority populations. We commissioned Black Thrive to work with a select number of schools in Key Stage 2 to engage with children, their parents/caregivers and teachers to co-produce solutions and initiatives to improve mental health and emotional wellbeing.

We are acutely aware of the high numbers of detentions under the Mental Health Act in our system and the disproportionate detainments for Black people.

We recognise the importance of investing in early intervention and prevention services to prevent crisis and detentions under the Mental Health Act, however, we also need to ensure our secondary and tertiary mental health services are sustainable to provide timely access to effective care and support for those who need it the most. Core to providing early intervention and prevention services in mental health is building trust with our communities. The ICB continues to be a key

partner in the South London Listens Programme, a partnership between the NHS, local authorities, and community organisations.

The ICB continues to ensure services are person centred and have a human rights approach and reducing the use of restrictive practice is key to delivering this approach through a collective and collaborative approach to system wide quality management.

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 PCNs, 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 training 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 – tobacco dependence
- Alcohol misuse

- 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.

The ICB has a Prevention and Equalities working group, which is developing initiatives to improve population health and equalities. 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 pound 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.

Digital Inclusion
Digital inclusion is an area of transformational and continuous development. It is defined as increasing digital participation, therefore the barriers to digital inclusion must be recognised and addressed. These barriers include:

- **Access** - not everyone has the ability to connect to the internet and go online.
- **Skills** - not everyone has the skills to use the internet and online services.
- **Confidence** - some people fear online crime, lack trust or do not know where to start online.
- **Motivation** - not everyone sees why using the internet could be relevant and/or helpful.

- **Design** - not all digital services and products are accessible and easy to use.
- **Awareness** - not everyone is aware of digital services and products available to them.
- **Staff capability and capacity** - not all health and care staff have the skills and knowledge to recommend digital services and products to patients and service users.

Failure to address barriers means people are at risk of digital exclusion particularly when digital tools are the preferred or only way of accessing public services. There are some groups who face a higher risk of being digitally excluded, namely: older people, people in more socio-economically disadvantaged groups, socially excluded groups, disabled people and people with life-impacting conditions, people living in areas with inadequate broadband and mobile data coverage and people less fluent in understanding the English language.

South East London Integrated Care Board (SEL ICB) is committed to tackling digital inclusion to ensure digital healthcare is equitable and accessible for all people living within the 6 boroughs.

Working in collaboration with key partners across South East London Integrated Care System (SEL ICS), SEL ICB is conducting a comprehensive study to ascertain the initiatives taking place, from help and support in getting people access to digital technology, to providing training to help raise confidence in digital healthcare, to understanding how we work with our people to ensure digital solutions meet their needs.

The study considers all barriers to digital inclusion: access & skills, confidence & motivation, design, awareness and staff capability & capacity.

The study will provide an overview of the work being done to tackle digital inclusion across South East London, from patient-facing websites to digital inclusion toolkits, to working cross-functionally with partners from the wider ICS to provide digital training and supplying laptops and phones to those in need.

In addition, the study will provide opportunities for improvement and help to plan for the future, supporting both our patients and workforce as we continue the digital journey in healthcare.

Case study examples

Website Standardisation across SEL practices

The intervention sought to significantly improve patient access, experience and outcomes in SEL. The primary objectives were to align with GMS contract mandates, reduce health inequalities, and optimise the online experience for the diverse SEL population. This is by looking at the terminology that is used for patients so that this is easy to understand and reducing the clicks required by a

patient for key points of access through the GP practice website such as appointments and registering with a GP.

South East London Local Maternity and Neonatal System (SEL LMNS)
National data continues to show that some women and birthing people continue to have poorer maternity outcomes and experience, especially those from a Black, Asian or Ethnic Minority or those living in deprivation. SEL LMNS are working to reduce these disproportionate outcomes through several LMNS initiatives, as described further in the engagement with people and communities section of this annual report.

Learning disability and Autism
The NHS Long Term Plan includes a commitment that children and young people with a learning disability and/or who are autistic with the most complex needs will have a designated keyworker. **SELECT Key Working** in South East London was developed as a cross-system function designed to avoid unnecessary and inappropriate admission of children & young people with a diagnosis of Learning Disability and/or Autism to in-patient settings.

Blackfen Library "SHINE" Course
A Wellbeing Course for girls aged 11-15 years to improve wellbeing, increase confidence, skills for navigating challenges, help with access to peer support, improved body image and self-acceptance and the prevention of negative behaviours.

Reaching our underserved communities in Bexley
The Bexley Wellbeing Partnership (BWP) is committed to engaging with underserved communities and organised tailored and bespoke health interventions and wellbeing events and used national awareness days to target local communities.

Bromley Homeless Healthcare Clinics
The homeless healthcare clinics provide care for the homeless and rough sleeping population in Bromley. These were established as a winter healthcare clinic initiative by the Bromley GP Alliance. They are now provided all year round through One Bromley funding.

Embedding Equality, Diversity and Inclusion in Contracting & Procurements
Bexley and Greenwich are working on embedding Equality, Diversity and Inclusion into their procurement process and contracts through:

- Promoting the use of Equality Impact Assessments.
- Two mandatory questions related to equality in all procurements. Both questions are weighted and contribute to the overall score of bids, determining those to whom the contract is ultimately awarded.

Lambeth Equity Champions
The *Tackling Neighbourhood Inequalities* Programme was established to work with Primary Care Networks (PCN) to create a network of Health Equality Champions in each PCN.

'Just Checking' monitoring system
A study in a residential dementia care home identified high numbers of falls occurring in residents' bedrooms at night. Assessment and reduction of risk was often difficult since many falls were unwitnessed, and residents were often unable to recall events leading to the fall.

The 'Just Checking' project involved the installation of an assistive technology monitoring system which consists of a series of sensors which generate a chart of activity when placed in a person's bedroom.

The Bridge Clinic
Trans people face significant health inequalities. Southwark has the fourth highest trans/non-binary identity levels in London.

The Bridge Clinic was established and is delivering a nationally recognised groundbreaking service. The clinic brings together clinicians with the relevant experience and training not always available at a practice level. The clinic offers both non-trans-specific primary care to reduce inequalities often faced by this population as well as access to NHS gender affirming treatment and care.

Equality Objectives 2 and 3: Workforce

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

SEL ICB has been actively promoting an inclusive culture through its:
- Statutory obligations
- Equalities Forum
- Staff Networks
- Recruitment processes
- Book, Film & Music Club
- Anti-racism Strategy and Anti-discrimination Strategy
- Equality Delivery System 2022 - Domain 2
- Other initiatives

Further details are provided below:

Statutory Obligations

SEL ICB is required to produce the following reports based on a selection of key metrics which highlight the position and experience of staff within the specific protected characteristics. These are shared with relevant staff through engagement events and culminate in the development of action plans to address issues identified. The key reports are:

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.

Workforce Disability Equality Standard (WDES):
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.

Gender Pay Gap:
Based on six key metrics, it is NOT about “equal pay for equal work” but highlights the gap between what male employees earn within an organisation compared to what their female counterparts earn and is a result of inter-related factors that are often structural and societal in nature.

As an organisation we are committed to championing equality and improving the experience and everyday lives of our staff or those seeking employment in the NHS. The actions generated from these reports have been included in and will be monitored through the Equality Delivery Plan.

Equalities Forum
The Equalities Forum takes an intersectional approach to the protected characteristics and provides a platform to celebrate and raise awareness of special events. During 2023/24 the Forum celebrated and raised awareness of:

- Pride Month, which included a transgender and non-binary staff member sharing their lived experience
- “Saluting our Sisters” during Black History Month
- Islamophobia Awareness Month
- World Religion Day, with a variety of speakers sharing their faith
- International Women’s Day

Staff networks
The ICB has four active staff networks covering Embracing Race and Diversity, LGBTQ+, Age and Ability, and Women, Parent and Carers. 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.

Each staff network has a core workplan, including re-occurring topics of the NHS staff survey and the current MCR programme. The networks also look at health inequalities and topics that affect the protected characteristics they represent.

Highlights for 2023/24 include:

- The **LGBTQ+ network** recently launched a workplace guidance for transgender and non-binary staff members.
- The **Women, Parent, and Carers** network looked at knife crime and how to best discuss this with our children and educate to protect. A guest speaker delivered an emotional presentation on her own experience of knife crime and what Safer London is doing to help bereaved families and friends.
- The **Embracing Race and Diversity** chair was a speaker at our October Equalities Forum shining a light on Black History Month, and this year's theme – saluting our sisters.
- The **Age and Ability Staff Network** launched the workplace adjustments guidance for staff and hosted an event on 12 December 2023 celebrating International Day of Persons with Disabilities and Disability History Month, in which the Vice Chair of the Age and Ability Staff Network spoke about their disability.

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 initially. 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, looking at debiasing recruitment and helping to promote a just culture in all recruitment activities. The ICB has also become accredited as a Disability Confident Employer, which features on our recruitment advertising and web pages. Our recruitment system TRAC enables us to produce equalities monitoring reports, which are scrutinised at the new People and Culture Oversight Group, which was established in September 2023.

Book, Film & Music Club

Our equalities team and the embracing race and diversity staff network launched a diversity and inclusion book, film and music club.

This book club brings colleagues together to share carefully selected resources to discuss ideas in a safe, compassionate and inclusive space with a focus on anti-racism, age, disability, sexual orientation and other areas.

Four well attended events took place:

- Using the book White Fragility by Robin Diangelo, discussed sensitive issues around race.
- Using the film the Skeleton Twins, discussed mental health and sexual orientation.
- Using the book A Dutiful Boy by Mohsin Zaidi, discussed sexual orientation and faith.
- A celebration of Black History month and Saluted our Sisters through music.

Anti-racism Strategy and Anti-discrimination Strategy
The ICB developed an Anti-racism strategy, which will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics.

Engagement was undertaken with staff and leaders to develop a strategy which is robust and responsive to extensive feedback received through the Equalities Forum, Embracing Race and Diversity staff network, Equalities Sub-Committee and senior leadership meetings.

The aims of the strategy are to:
- Educate on racism so that it can be addressed.
- Attract and retain the best talent and skill in our organization.
- Mitigate the impact of racism on personal health and wellbeing.
- Demonstrate our vision, values and standards in this area.
- Give our people the freedom to express views without fear of adverse repercussions.
- Make anti-racism everybody's responsibility and business.

Equality Delivery System 2022 - Domain 2: Workforce Health and Wellbeing
The assessment undertaken as part of the Equality Delivery System 2022 resulted in a comprehensive action plan being developed to improve the health and wellbeing of our staff. Progress will be monitored through our Equality Delivery Plan.

Other initiatives
- The ICB has a pool of accredited mediators who can support employee relations cases within the workplace, ensuring informal resolution is offered at the earliest opportunity.
- Training and development opportunities are available to all staff, with robust equalities monitoring in place.
- We developed and launched:
    - a Workplace Adjustment Guide to provide an understanding to staff what a disability is and how we can remove barriers for our colleagues by putting in workplace adjustments.
    - Guidance regarding transgender and non-binary staff to provide guidance and support to those trans and non-binary staff intending to transition and their line managers.

- **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.

SEL ICB has been actively promoting commitment from its Board and senior leadership. Examples include:

The Equalities sub-committee (ESC)
The Equalities sub-committee (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. Membership includes Board members and senior representatives from key directorates including Human Resources, Organisational Development, Equality, Diversity and Inclusion, Engagement, Population Health, Planning, Quality & Nursing, chairs of existing staff networks, and the voluntary sector.

Through the Board and this sub-committee, ICB members 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.

Equality Delivery Plan
Each commitment within the ICB's Equality Delivery Plan has an executive lead with specific targets and delivery dates.

Equality Delivery System 2022 - Domain 3: Inclusive Leadership
Equality Delivery System 2022 - Domain 3: Inclusive Leadership. The assessment undertaken as part of the Equality Delivery System 2022, resulted in a comprehensive action plan being developed to improve inclusive leadership. Progress will be monitored through the Equality Delivery Plan.

Mentoring Programme
Senior leaders in the ICB, including the ICB's executive team, are part of the organisation's mentoring programme, where mentees have been provided with support measures to help improve representation and reflect the population in South East London.

Improving Employee Relations
The ICB's HR team collaborates closely with managers to ensure employee relations cases are kept at the informal stages wherever possible. There is also a specific role within the HR team that focuses on 'Just Culture' and all policies and procedures are being updated in line with this. Recently the ICB has introduced a staff mediation service.

Equality and Human Rights Commission (EHRC) Audit

An audit was carried out by the Equality and Human Rights Commission (EHRC) in November 2023, which looked at the ICB's compliance with the Public Sector Equality Duty (PSED) from both a patient and staff perspective. The EHRC initial findings were shared with the senior leadership team and are being considered across the ICB to improve EDI performance around a range of functions. The ICB was selected to showcase good practice around our work engaging with people and communities.

Anti-racism strategy

An Anti-racism strategy has been developed, which will eventually sit within a wider anti-discrimination strategy covering all the protected characteristics. Engagement was undertaken with staff and leaders to develop a strategy which is robust and responsive to extensive feedback received through the Equalities Forum, Embracing Race and Diversity staff network, Equalities Sub-Committee and senior leadership meetings.

This was signed off by the SEL ICB Board in 2023/24 and will continue to be overseen by the Board.

Freedom to Speak Up Guardians

Freedom to Speak Up (FTSU) is for anyone who works in health and who wishes to raise concerns relating to patient safety. Our FTSU Guardians function as an independent and impartial outlet for ICB staff to raise issues or concerns confidentially.

The Chief of Staff is the ICB's FTSU Guardian and is supported by a Non-Executive Director and Freedom to Speak Up champion.

Equalities monitoring

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. The EDP is reported to the Board periodically to share progress of EDI work.

4.1.4 Green Plan Delivery and the ICS sustainability programme

In October 2020, the NHS became the first national health system in the world to commit to delivering a net zero system. This means improving healthcare while reducing harmful carbon emissions, and investing in efforts that remove greenhouse gases from the atmosphere. The report *Delivering a 'Net Zero' National Health Service* outlines two clear targets for delivery of net zero:

- The NHS Carbon Footprint: for the emissions we control directly, net zero by 2040
- The NHS Carbon Footprint Plus: for the emissions we can influence, net zero by 2045.

To support the net zero ambition, South East London developed an ICS-level Green Plan which was published in April 2022. The SEL ICS Green Plan (2022-2025) is a three-year system-wide sustainability strategy that sets out our aims, objectives, and delivery plans for carbon reduction, and aligns with the Green Plans of the five NHS Trusts in SEL and the ICS Primary Care Green Plan. The plan contains a total of 122 objectives for delivery over the three-year cycle, across the following 11 areas of focus:

- **Workforce and System Leadership** – making sustainability part of our core business.
- **Air Quality** – working collaboratively improve air quality in South East London.
- **Travel and Transport** – reduction and decarbonisation of our travel and transport.
- **Estates & Facilities** – optimising resource use and reduce emissions from our estate.
- **Sustainable Models of Care** – developing models of care to reduce their environmental impact and improve social value.
- **Digital Transformation** – using digital transformation to improve the sustainability of healthcare without compromising quality.
- **Medicines** – reducing the environmental impact of medicines prescribing optimisation.
- **Supply Chain and Procurement** – using supplies more efficiently and collaborating on the decarbonisation of our suppliers.
- **Food and Nutrition** – providing inpatients with healthy food and reducing waste.
- **Adaptation** – mitigating the impact of climate change and events on our services.
- **Green/blue space and biodiversity** – improving green and blue spaces.

Additionally, the ICB re-affirmed its commitment to delivery of the Green Plan in the 2023/24 Joint Forward Plan, where priorities to accelerate delivery of air quality initiatives and to strengthen delivery of the Primary Care Green Plan have been identified.

2023/24 is the second year of the three-year Green Plan, and has seen continued positive delivery; highlights and drivers of which include:

- Delivery against 67 of 85 (79%) combined year one and two objectives in the ICS Green Plan. This shows a continued trend in delivery of the plan where at the

end of year one, 80% of objectives were being delivered against 20 fewer objectives (52 of 65). Our delivery position is bolstered by:

  - Continued, expert-led delivery from SEL Provider Trusts, most notably in the air quality, travel & transport, estates & facilities, medicines, supply chain and green/blue spaces areas of focus (in correlation with national Greener NHS priorities).
  - Delivery within the Digital Transformation area of focus, where new year 2 objectives around self-care options and Digital First were already being delivered by digital programmes, and where the ICB now has dedicated resource exploring and responding to digital exclusion.
  - Medicines, where new year 2 objectives are already being delivered through existing sustainable respiratory care initiatives.
  - Increased uptake of ICS funded courses delivered by the Centre for Sustainable Healthcare through continued promotion. This supports the Workforce and System Leadership strand of the Green Plan.

- The ICB has continued to strengthen its partnership working with the London Region Greener NHS team. This includes co-hosting a visiting Swedish delegation from the Nordic Centre for Sustainable Healthcare at Guy's Hospital in Summer 2023.
- The ICB has become the first ICB in London to host a Clinical Fellow under the Faculty of Medical Leadership and Management (FMLM) Chief Sustainability Officer's Clinical Fellow Scheme. Pharmacist Minna Eii joined the ICB on a year-long Fellowship in September 2023 and has supported work around inhaler upgrades and recycling, development of a pharmacy-specific version of the Greener Impact for Health toolkit and overprescribing in care homes. Minna is also organised the first London Greener NHS Week in May 2024, in collaboration with London Region Greener NHS.
- The ICB actively took part in the Mayor of London's London Climate Resilience Review; attending the launch event in Summer 2023, submitting evidence to the review and providing information to inform Greener NHS' response to the interim review report in February 2024.
- The ICB has established a partnership with climate adaptation experts in the GLA and regularly attends national workshops which reviews frameworks for climate adaptation planning. Adaptation planning is anticipated to become an enhanced priority on publication of the London Climate Resilience Review full report, later in 2024.
- The ICB has completed two funded active travel projects. One was with Cyclepods which has seen the successful installation of 60 high-security cycle storage pods installed across the General Practice estate and at the Queen Elizabeth Hospital in Woolwich. The second was delivered by the active travel charity Sustrans, who successfully delivered a programme of education around cycling, walking and wheeling (including the provision of pool bikes) across Lambeth, Bexley and Bromley.

- The ICB has re-launched its Green Champion network and delivers a monthly sustainability newsletter to all self-nominated Green Champions, as well as providing them with training opportunities and expert support from the ICS network.
- ICB sustainability events and national environmental events linked to the ICS Green Plan are celebrated through the SEL Together staff newsletter, ensuring that staff are kept informed and engaged with the ICS Sustainability Programme.
- The ICB Sustainability team has reviewed and amended the purpose and recurrence of key meetings in the programme governance to enhance engagement and to provide more timely input to the Greener NHS bi-annual assurance submission.
- The Chief of Staff directorate has taken the opportunity provided within the organisational restructure arising from the management cost reduction programme to amend an existing post in the ICB structure to “Head of Sustainability & Corporate Programmes”. This is the first ICB post with sustainability clearly defined in the title and substantially within the job description and marks the ICB’s commitment to future-proofing and embedding sustainability in the ICB structure.
- Emerging areas of good practice and collaborative working from within SEL Borough teams; most notably Southwark where the Place PMO has established a charter for collaborative working on sustainability initiatives with Southwark Council.This has created a sustainable impact assessment tool (to support local planning and decision-marking) and is an attendee of a multi-agency delivery partners group focussed on establishing Southwark-wide collaboration on sustainability initiatives.

Priority areas for 2024/25 – the third year of the ICS Green Plan – will be:

- Establishment of an ICS air quality workstream, in collaboration with SEL Provider trusts. This supports the priority as outlined in the Joint Forward Plan.
- To explore and implement realistic and non-resource intensive ways of sharing or devolving accountability of Green Plan delivery with/to place-based leads; supporting our Boroughs to establish local climate action plans and to strengthen delivery of the Primary Care Green Plan. This supports the priority as outlined in the Joint Forward Plan.
- Adoption of a framework by which an ICS adaptation plan can be developed. This workstream will be undertaken in collaboration with the GLA and London Region Greener NHS, through which we will explore elements that will benefit from a once- for-London approach.
- Forward-looking consideration of how/where the ICS Green Plan will need to be reviewed and refreshed for the next plan cycle, assumed to be 2026-2028.

4.1.5 Digital developments, innovation and research

The Digital and Data teams worked closely across our priority programmes and pathways to enable the delivery of high-quality care to the people of South East London. This is an area where achievements can be transformative but can be challenging due to the complexity of service provision and the high cost and timeframes for many projects. Having said this, we were successful in delivering many transformative changes and improvements as highlighted below.

1. **Empowering Our People with Digital and Data:** Ensuring that we maximise opportunities for all members of our community to engage with digital solutions available is critical. We supported engagement of our community in digital initiatives and enhanced digital inclusion by:

    - Recruiting a digital inclusion lead to map how the SEL population currently interfaces with digital services
    - Collating existing consultation and engagement feedback to ensure that our planning is based on what people want not our perception of what they want.
    - Undertaking a campaign to increase access people have to their health records via the NHS App.
    - Starting our review of existing work to tackle digital exclusion and consider whether any action is required to tackle this at an ICS level.

2. **Digital Solutions for Connected Care:** Ensuring all interactions are recorded digitally is critical to achieving the vision of our ICS, as is ensuring that information needed to support decisions about health and care is available at the point of clinical and care decision-making. We improved access to digital care records by:

    - Supporting the implementation of the Epic electronic patient record for Guy's and St Thomas's and Kings College Hospital NHS Foundation Trusts.
    - Supporting the implementation of a new general practice ordering and communication solutions for radiology and pathology.
    - Expanding the London Care Record to social care and commenced projects to expand access to care homes and community pharmacy to support new ways of working so that they have access to information needed to support their care of people in our community.

3. **Deliver Data-Driven Insights:** As a system, we need to make the most of the information collected and held across the health and care system locally and regionally, supplemented with information about the environment where people live, by providing actionable insights and intelligence that support direct and proactive patient care, system and service planning and research and innovation. We improved our position as a data-driven health system by:

- Developing tools to support population health management and identify health inequalities which are available to ICS partners through a SharePoint reporting portal.
- Piloting the re-platforming of the ICB data warehouse into a modern cloud-based solution that will enable more advanced analytics e.g. Machine Learning/AI and make it possible to expand access to wider ICS analytical teams.
- Piloting the adoption of a patient segmentation tool to generate further insights into the needs and outcomes of the South East London diabetic population.
- Partnering in the work to develop the London Health Data Strategy, London Data Service and regional research capabilities.
- Implementing a digital tool to support the System Coordination Centre, which aims to provide real time operational management information for healthcare providers across South East London.

4. **Ensure System Reslience and Cyber Security:** Our health and care system is reliant on digital technology and data to provide safe care and to support the flow of people and services through our system. This means it is critical that our core systems are available and that the public trusts that the information they hold is only accessed by those that need it to support care planning, delivery and innovation in the way care is provided. We took action to improve the security of the data in our digital systems by:

    - Collecting information to inform a cyber and resilience maturity assessment.
    - Participating in ICB Board cyber training.
    - Achieving Cyber Essentials Plus accreditation.
    - Carried out an independent security audit for 2023/24 which has involved penetration testing and a comprehensive review of ICB systems and infrastructure to ensure the ICB and GP Practices are compliant with NHSE security guidance and protocols.
    - Met DCB1596 NHS England Email security standards.
    - Complied with the NHS Data Protection and Security Toolkit (DSPT).
    - Undertook an Information Governance audit.
    - Implemented a VPN solution enabling all corporate staff and GP Practices to access key systems as well as clinical systems securely and from anywhere.

5. **Drive Continuous Improvement and Innovation:** It is important that as a system, we continually improve on our existing capabilities so that they remain contemporary,and also that we remain flexible so that we can take advantage of emerging opportunities, champion innovation and promote new ways of working. In 2023/24 we:

- Completed digitisation of 651,816 patient records of 68 practices freeing up space in GP practices for increased clinical rooms and face to face consultations where required, whilst enabling health and care professionals to easily access digitised patient records and improve patient experience and outcomes. This also helped reduce the administrative burden on primary care, improve patient care, and contribute to the NHS's Net Zero ambition.
- Gave 61 care homes proxy access to residents' data/information to order online medications on behalf of their residents in their care which in turn reduced delays with medication orders.

4.1.6 Forward View for 2024-25

At the time of writing, as we approach the end of 2023/24, work is almost complete on the contracts, operational plans and Joint Forward Plan refresh for 2024/25. These set out the commitments we are making as a system with regards to health improvement, service delivery, performance, activity and finance. Our improvement commitments have been made against an incredibly challenging backdrop of capacity constraints, long waiting lists, workforce challenges, significant operational performance pressures, inclusive of the impact of industrial action over the last year, plus underlying financial deficits.

A key focus for the SEL ICB in 2024/2025 will be working with our system partners to deliver on the commitments we have made in our Joint Forward Plan and our operational plan, so that we can continue to improve the access, experience and outcomes in relation to health and the services available to our population. This means for 2024/25 a huge focus on optimising available workforce and physical capacity, improving our productivity and efficiency and driving reductions in our cost base. This is at the same time as improving performance, quality and outcomes, through improving waiting times and access including to primary care, of urgent and emergency care, planned care and cancer, community and mental health services, with the objective of improving equity of access and reducing long waits.

To secure the above we will need to focus on short term more tactical improvements whilst also ensuring we are focussed on more medium-term system and strategic improvements that will support sustainability over the longer term from a population and a service delivery perspective. SEL ICB works as part of an integrated care partnership and system, and we are also focussed during 2024/25 on making demonstrable progress in taking forward actions to secure the five strategic priorities identified by our partnership alongside the more medium-term goals set out in our Joint forward Plan. The integrated care strategy priorities 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 taking

action to address these priorities alongside the wider objectives set out in the Joint Forward Plan.

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 borough based Local Care Partnerships, which are a formal part of our system architecture with responsibility for developing our community based care services, securing local solutions to meet population need, reduce inequalities and 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 to improve productivity, efficiency, value and cost.

During 2024/25 we will build on these strong foundations to ensure we are optimising the opportunities of our partnerships and collaborations to support a systematic approach to tackling the key operational delivery, performance and quality, workforce and finance challenges that we are facing. At its most fundamental this will require us to secure an approach that moves from tactical, and organisation focussed approaches to integrated, collaborative, strategic and systemic approaches, including ensuring we enable these approaches through changes to our ways of working, governance, levers and incentives.

2024/25 will be a challenging year for all organisations in the ICB, with a challenging outturn position and a clear set of commitments and expectations around 2024/25 improvement in terms of operational delivery and strategic development. 2024/25 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.

4.2 Operational Delivery

4.2.1 Provider performance

2023/24 acute performance

The following table provides information on South East London'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 (GSTT), King's College Hospital NHS Foundation Trust (KCH) and Lewisham & Greenwich NHS Trust (LGT)).

Metric	Standard	Period	2023/24	2022/23
RTT 18 week wait performance	92%	March 2024	**54.2%**	65.3%
RTT 52 week wait performance	0	March 2024	**13,803**	6,890
RTT 65 week wait performance	0	March 2024	**2,548**	-
RTT 78 week wait performance	0	March 2024	**269**	221
RTT 104 week wait performance	0	March 2024	**11**	8
Diagnostics 6 week waits	<1%	March 2024	**38.9%**	8.1%
A&E 4-hour performance*	95%	March 2024	**72.2%**	70.7%
A&E 12-hour waits	0	March 2024	**1,554**	2,053
Cancer 28 day waits (faster diagnosis standard)	75%	March 2024	**75.1%**	78.4%
Cancer 31 day decision to treat to treatment	96%	March 2024	**87.3%**	-
Cancer 62 day referral/upgrade to first treatment	85%	March 2024	**58.2%**	-

* whole system position

Definitions
Elective care - Referral to Treatment (RTT) waiting times: The percentage of referral to treatment (RTT) incomplete pathways (patients yet to start treatment) within 18 weeks. Elective care - Referral to Treatment (RTT) 52 week waits: The number of pathways for which patients have been waiting more than 52 weeks from referral. Elective care - Referral to Treatment (RTT) 65 week waits: The number of pathways for which patients have been waiting more than 65 weeks from referral. Not reported in 2022/23 so comparative performance is not available. 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. 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. 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 28 day waits (faster diagnosis standard): Percentage of patients receiving a communication of diagnosis for cancer or a ruling out of cancer, or a decision to treat if made before a communication of diagnosis within 28 days following an urgent referral for suspected cancer; a referral for breast symptoms where cancer was not initially suspected or secondary care professional; or an urgent referral from an NHS Cancer Screening Service
Cancer 31 day decision to treatment: Percentage of patients receiving treatment within a maximum of 31 days from decisions to treat/earliest clinically appropriate date to treatment of cancer. Not reported in 2022/23 so comparative performance is not available.
Cancer referral/upgrade to first treatment standard (62-day standard): Percentage of patients receiving a first definitive treatment for cancer within 62 days of receipt of: an urgent GP (or other referrer) referral for urgent suspected cancer; a breast symptomatic referral; an urgent screening referral; or consultant upgrade. Not reported in 2022/23 so comparative performance is not available.

Elective care

In planning for 2023/24, SEL prioritised reducing (and then maintaining) the number of 78 week waiters to zero. In line with national start of the year expectations, SEL also planned to eliminate waits of over 65 weeks by March 2024 (with the exception of a small number of patients due to their complexity and specialist nature).

Progress towards meeting these targets was significantly impacted by a number of factors. Industrial action and the rollout of the new Electronic Patient Record System (EPR) at GSTT and KCH impacted capacity, activity and operational bandwidth increasing the overall patient list size. Cancer and the most urgent patients continued to be prioritised. This did, however, increase the overall number waiting on long pathways. The number of people waiting over 104 weeks was maintained at a relatively low level across South East London.

Additional capacity was put in place to reduce the cohort of patients who would have been waiting in excess of 78 weeks in the final quarter of the year. This included securing activity from independent sector providers. There continued to be a focus on improving theatre productivity. This included: reducing early finishes, reducing inter-case downtime, reducing on the day cancellations, and increasing number of cases booked per list.

Diagnostics

Diagnostic performance was another area of challenge for SEL. This was particularly impacted by the rollout of the new EPR at GSTT and KCH with a deterioration in activity, data quality and timeliness of reporting. A mismatch between demand and capacity was also identified in key areas of imaging which impacted on performance against targets in this area.

A number of actions have been implemented to mitigate challenged performance and increase activity. Rapid diagnostic centre capacity was expanded to provide

diagnostics for Non-Specific Symptom (NSS) cancer referrals. Work is also ongoing to optimise the use of community diagnostic centre capacity for imaging. SEL continues to deliver some additional diagnostic activity via the independent sector and outsourcing capacity is in place for imaging.

Urgent and emergency care (UEC)

Urgent and emergency flow and associated performance remained very challenged with year-round pressures. SEL trusts were collectively unable to deliver in line with the improved performance planned for 2023/24. 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. Internal hospital capacity constraints and lack of mental health bed capacity locally, regionally and nationally were key drivers of very long waits in emergency departments.

System partners have worked collaboratively over the year on a range of UEC related improvement initiatives, focussed on improving flow within UEC pathways. This includes improving front door management with use of alternatives to the Emergency Department (ED), ED triage and streaming, redirection, use of admission avoidance, mental health crisis pathway and hospital handovers. Initiatives are in place across the patch to improve Same Day Emergency Care (SDEC) and reduce length of stay. Work was ongoing to improve patient flow in local mental health providers, reducing the delays in transferring these patients from acute ED departments. Additional mental health beds were purchased and improvements were made to discharge support to local mental health providers.

Cancer

Changes to the cancer waiting time standards were agreed nationally and came into effect from October 2023. Three core measures are now in place: The 28-day Faster Diagnosis Standard; One combined 62-day referral to treatment standard; One combined 31-day decision to treat to treatment standard.

Collectively, SEL Trusts delivered the 28-day Faster Diagnosis Standard by year end. However, the delivery of improved performance against the 62-day and 31-day cancer targets and planned activity was not achieved in 2023/24. The backlog increased following industrial action and the roll out of the new EPR system at GSTT and KCH.

Significant focus on implementing underlying care pathway improvements continued during 2023/24, which will help with the sustainable delivery of cancer standards going forward. All SEL acute providers have been working on ensuring that cancer

pathways have priority access to diagnostics. A SEL Pathology Network was established to improve performance in this area and more imaging capacity is being organised at weekends. Actions were also delivered to ensure timely communication of diagnoses (and rule-outs) within 28 days and to promote the utilisation of rapid diagnostic clinics, faecal immunochemical testing, teledermatology, and personalised stratified follow-up.

Mental health performance

Metric	2023/24 Plan/Target	Period	2023/24	2022/23
Talking Therapies (IAPT) access	4,744	March 2024	**3,520**	**3,875**
Talking Therapies (IAPT) recovery rate	50%	March 2024	**51%**	**52%**
Dementia diagnosis	66.7%	March 2024	**69.7%**	**68.4%**
SMI physical health checks	13,500	March 2024	**13,919**	**11,521**
CYP access	21,500	March 2024	**20,240**	**19,615**
CYP eating disorder wait times – routine	95%	March 2024	**50%**	**66%**
CYP eating disorder wait times – urgent	95%	March 2024	**100%**	**96%**
OAP bed days	0	February 2024	**3,930**	**1,720**
EIP waiting times	60%	March 2024	**77%**	**69%**

Definitions

Talking Therapies (IAPT) access rate: The number of people who enter NHS funded treatment with IAPT Services in the reporting period.
Talking Therapies (IAPT) recovery rate: The proportion of people who have attended at least two treatment contacts and are moving to recovery in the reporting period.
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.
CYP access: Number of people aged 0-17 supported through NHS funded mental health services receiving at least one contact in the previous 12 months.
CYP eating disorder wait times – routine: 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 in previous 3 months
CYP eating disorder wait times – urgent: 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 in previous 3 months.
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 in previous 3 months.
Early Intervention in Psychosis (EIP) waiting times: Proportion of people entering treatment for first episode psychosis treatment with NICE recommended package of care within two weeks of referral in previous 3 months.

Performance and activity plans for 2023/24 were agreed across a range of key mental health areas. Significant improvements (or continuing adherence to national standards) were achieved across the majority of these metrics. However, challenges relating to workforce, demand and capacity and high numbers of emergency presentations remain and were key drivers of underperformance in some areas.

SEL continued to routinely meet the Talking Therapies (IAPT) recovery standard and the six and 18 week waiting targets during 2023/24. However, staffing issues and referral levels resulted in fewer people than planned accessing the service. Plans and communication strategies were delivered across all providers. This included postal leaflet drops, bus campaigns and greater engagement with GPs.

SEL consistently achieved the national dementia diagnosis rate target during 2023/24. While variation does exist within South East London, the target is now being regularly delivered across five out of six boroughs.

There was significant improvement in the delivery of waiting time targets for children and young people accessing eating disorder services compared to previous years. The monthly target was consistently met for urgent cases. There was monthly variation in performance for routine cases and the target was not achieved in the final quarter of the year. SEL did not achieve the planned increase in the number of children and young people accessing mental health services. There remain some discrepancies between local and reported data and work is ongoing to improve reconciliation going forward and ensure that all local providers are correctly submitting data.

SEL has achieved the planned improvement in the number of people with Severe Mental Illness (SMI) receiving an annual physical health check. This is a significant improvement from previous years in an area which has, historically, been a challenge in South East London. Borough level improvement has been supported by the establishment of a steering group to review individual borough progress/issues and share areas of good practice and the use of a SEL Business Intelligence (BI) dashboard which enables more frequent review of progress and drill down of data to monitor by Primary Care Network (PCN), gender, and ethnicity.

Out of area placements for people requiring inpatient admissions has continued to be an area of significant challenge for SEL. There was a steady increase in the number of bed days recorded for inappropriate out of area placements during the first three quarters of the year. Since November there has been a decrease but it remained significantly above the planned target at the end of the year. This was driven by the high demand for admissions in emergency departments. Additional mental health bed capacity and improved management at a provider level has helped to alleviate pressures and improved SEL’s usage of out of area placements. Providers and system partners continue to implement their internal flow improvement plans, with a focus on reducing length of stay by ensuring patients that are clinically ready for discharge are supported to leave hospital and providing alternatives to admissions where appropriate.

SEL has routinely delivered the Early Intervention In Psychosis (EIP) waiting times. There have however been individual months when the target has been missed, 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

The Learning Disability and Autism (LDA) programme during 2023/24 continued to focus on priority actions, to deliver and achieve operational planning priorities such as reducing reliance on inpatient care and annual health checks (AHCs). By the end of March 2023, the number of adults and children and young people receiving care in mental health hospitals, was higher than operational planning targets and reflective of an increase in new identification and diagnoses of Autism in the SEL population.

There has been an increase in the monthly rate of admission since the start of quarter 2 despite the completion of more Care, Education and Treatment Reviews (CETRs) and the impact of commissioned autism support services and intensive/enhanced support teams and the work done in boroughs to secure community placements and homes. First time admissions of people new to services as well as re-admissions account for the increase in admission rate but length of stay in hospital for new admissions has improved. There was good progress made with discharging and stepping down from secure care, people who had been admitted for over five years.

2023/24 was the final year of the Long-Term Plan programme and the first for the Joint Forward View 2023-28; the LDA programme therefore consolidated the priority actions to deliver the key objectives for the LDA programme, building on the work done in previous years. Our key objectives in the next five years are:

1. In addition to further reducing the number of inpatients, the focus will be on ensuring appropriate admissions, reducing length of stay, repatriating people to south London and improving the quality of inpatient and community services.
2. Reducing health inequalities in terms of improving outcomes and access for people with a Learning Disability and Autistic people, in both hospital and community settings.
3. Significantly reduce the waiting times and the number of people on waiting lists for autism diagnostic assessment across all ages and develop post-diagnostic support for people with an autism only diagnosis.
4. Develop community alternatives to hospital admission to meet the needs of current inpatients as well as prevent admission by providing safe and effective care and support in the community.

In South East London, 6,647 Annual Health Checks for people with Learning Disability were completed between April 2023 and March 2024, representing approximately 83% of the LD register size, against a 75% target.

4.2.2 Quality Oversight of commissioned care

During 2023-24, the Quality team continued to work collaboratively with commissioned providers, to ensure a focus on quality improvement. In addition, two new quality groups were established, the Themes & Concerns and Learning from Deaths groups. Both groups report into the 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). Our Patient Safety Partners are also an integral part of the group and add the voice of the patient to discussions.

The NHS Patient Safety Incident Response Framework (PSIRF) which was published in August 2022, replaces the current Serious Incident Framework (2015) in April 2024. The ICB Quality team and Patient Safety Specialists are working closely with providers to support their transition as major changes will occur in how patient safety events (previously called Serious Incidents (SIs)) 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.

PSIRF advocates a co-ordinated and data-driven response to patient safety incidents. It embeds the response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

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 and ensure learning occurs across the Region.

The quality team worked with NHSE and one of our specialised commissioned services following concerns raised during a CQC visit which related to their medication pathway that resulted in some patients not receiving their medication in good time. The quality team led a review of the pathway in partnership with the service to improve access to medication required outside of the routine prescription and dispensing timescales. As a result, a number of initiatives were implemented

which ensures improved communication between providers, access to a general practitioner and dispensing of medications. Following the implementation administration of prescribed medications has improved significantly.

The team has 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 SEL quality team reviews patient safety events, 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 received the expected quality of service.

Reporting of Serious Incident and Quality Alerts supports SEL local services to review and identify how services can be improved and mitigate against recurrence. With the implementation of the Patient Safety Strategy, SIs will eventually be phased out and replaced with system learning responses of which the ICB will have oversight. All providers are working on closing open investigations whilst transitioning to the PSIRF.

The Quality Alert process is fully embedded into the day-to-day operations of the ICB with 2,259 alerts received in the year ending 31 March 2024 from providers, mainly GPs, across our six boroughs. Many Quality Alerts (QA) can easily be resolved by the providers. Treatment delays were a common theme during the year for QAs partially impacted by industrial action and a backlog in waiting times. All providers are working towards reducing waiting lists and improving response times.

Numbers of Quality Alerts reported by quarter

Quality Alerts	Q1	Q2	Q3	Q4	Total
2021/2022	288	278	333	346	1,245
2022/2023	320	333	363	355	1,371
2023/2024	669	503	578	511	2,259

Numbers of Serious Incidents Reported by quarter

Serious Incidents	Q1	Q2	Q3	Q4	Total
2021/2022	136	164	162	139	601
2022/2023	165	126	142	138	571
2023/2024	128	104	69	49	350
Never Events	Q1	Q2	Q3	Q4	Total
2021/2022	4	4	4	7	19
2022/2023	3	1	8	2	14
2023/2024	6	4	1	5	16
Patient Safety Events	Q1	Q2	Q3	Q4	Total
2021/2022	0	0	0	0	0
2022/2023	0	0	0	0	0
2023/2024	0	1	7	2	10

As providers transition to the new ways of reviewing patient safety events, the number of SIs is steadily declining as expected. With the focus shifting to quality improvement and prevention, providers have identified key areas for projects which should lead to a reduction in recurrence with learning embedded.

Key themes arising from SIs within hospital, homes and community settings were self-harm, diagnostic incidents and pressure ulcers. The ICB undertook a review of self-harm incidents which has led to a number of actions aimed towards improving communication between providers, signposting to external agencies and standardising protocols for those who do not attend for appointments.

The System Quality Group also commissioned the Local Maternity and Neonatal System (LMNS) to set up a task & finish group to review never events in maternity, the majority of which involved retained swabs. The work is ongoing, however a key contributing factor, apart from workforce, was the lack of standardised suture packs across SEL.

The SEL quality team continue to have monthly SI reconciliation meetings with 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.

4.2.3 Local Maternity and Neonatal System (LMNS)

The SEL Local Maternity and Neonatal System (LMNS) operates as a collaborative network with membership from care providers, commissioners, service users and other key stakeholders, with the aim of overseeing and enhancing the quality, safety, and transformation of services. This collaboration enables knowledge sharing and cross-system learning with an ultimate goal to reduce unwarranted variation in the care that women and birthing people receive in SEL.

The LMNS has the responsibility to fulfil both national and local objectives which includes implementation of the three-year maternity and neonatal plan, delivery of the LMNS’s refreshed equality and equity action plan and upholding high standards of governance to ensure the safety and quality of services.

Collaboration with a number of community and voluntary organisations are underway to address inequalities and improve equity and access, particularly for under-represented groups and those facing disproportionate outcomes.

A focus area is enhancing choice and personalisation of care. Feedback from women and birthing people informs our work with plans to increase personalisation through tailored care plans, information and education and translation of essential information.

Close working with neonatal colleagues and the Neonatal Operational Delivery Network (ODN) enables us to contribute to transformation and improvements of neonatal care and the fostering of relationships with Children and Young People (CYP) colleagues within the ICB.

The LMNS has a number of different workstreams focusing on the delivery of our key objectives, one of which is reducing and optimising pre-term birth through sharing, learning and implementation of best practice and system wide support to ensure women and birthing people, at risk of pre-term labour, birth in the most appropriate setting. The significance of population health and the impact of maternity and neonatal care on long-term health is acknowledged and we are committed to mitigating this through a number of interventions including a holistic approach to issues that women and birthing people face such as mental health, pelvic health challenges after childbirth and the need for improved pre-conception care and support to plan for a healthy pregnancy.

4.2.4 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 NHS Standard Contract 2023/24 includes quality requirements for NHS foundation trusts to minimise rates of both Clostridioides difficile (C. difficile) and Gram-negative bloodstream infections (GNBSIs) to threshold levels set by NHS England.

This year’s thresholds were published in May 2023 and the team reviewed IPC elements in the corporate risk register to reflect this year’s thresholds. The IPC team monitors SEL ICB cases of c. difficile and GNBSIs and co-chairs the GNBSI group (a sub-group of SEL ICS IPC group) with a focus on implementing local and sector-wide actions to support SEL ICB to meet these thresholds.

As of February 2024, SEL ICS healthcare-associated infection (HCAI) counts were broadly above the threshold for: C. difficile, blood stream infections, Klebsiella

species, E coli and Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia. Pseudomonas aeruginosa was below set thresholds.

The SEL ICS IPC group has reviewed compliance with the aim of devising HCAIs surveillance pathways. This will facilitate a SEL wide agreed and coordinated approach of managing HCAIs and action plans to bring about reductions where thresholds are exceeded.

As part of the South East London ICS strategy for antimicrobial stewardship and reduction of GNBSIs, 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.

A SEL forum for Anti-Microbial Stewardship continues to meet with a broad membership across the ICS. Primary and Secondary care subgroups are meeting to consider a range of issues including harmonising prescribing guidance, a webinar for community prescribers, a review of metrics including exploring better data on length of prescriptions, the switch from IV to oral antibiotics and work towards a shared pathway for antimicrobial group resistance across primary and secondary care.

The SEL IPC team has worked closely with colleagues in local Health Protection teams, the UK Health Security Agency (UKHSA) and primary care in the management of outbreaks of diphtheria, measles, invasive group A streptococcus (iGAS), Norovirus and MRSA. The SEL IPC team continues to work together with partners on local risks.

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

During 2023/24, visits to primary care sites continued and GP audits were completed with advice and support for continued IPC improvements.

The SEL IPC team delivered quarterly IPC training sessions on the role of infection prevention and control in general practice.

The SEL IPC team hosted the second pan-London IPC conference in April 2023 for health and social care staff working in adult social care across London. Presentations included palliative care and IPC, foot care, hydration, self-care for staff and outbreak response. Uptake was good and 228 staff joined the event from

all London ICB sectors. This was presented at the national Infection Prevention Society (IPS) conference in 2023.

4.2.5 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.

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. 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 Children and Adults Safeguarding Policy, 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, Child Looked After and/or Adult Intercollegiate Documents.

During 2023/24, 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 2023/24 include:

- The continued development of the ICB Safeguarding Governance Framework.
- The establishment of a Safeguarding sub-committee that meets the needs and demands of SEL.
- Oversight and contributing to Learning Disability Mortality Review (LeDeR) case reviews.
- A detailed training analysis mapping to ensure that the ICB meets and continues to meet mandatory training across the workforce with respect to the

Intercollegiate Document for Adult (2018) and Children (2019) Safeguarding Roles and Competencies for Health Care Staff.
- Involvement with local authorities reviews of children and young people with complex needs in residential settings as directed by the National Safeguarding Panel.

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
- Serious Violence Duty
- Child Protection Information System (CP-IS)
- Prevent
- Modern Slavery
- Improving outcomes for Children Looked After.
- 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
- Think Family Approach
- Female Genital Mutilation
- Information Sharing
- Mental Capacity Act & Liberty Protection Safeguards
- Children Looked After Dashboard

As set out in Working Together to Safeguard Children 2023, 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

The SEL ICB place based Safeguarding teams are represented at all stages of the processes of statutory case reviews, from early nomination and the review decision making process, to the reviews. This includes undertaking the completion of chronologies and Independent Management Reviews (IMRs) as required and the sharing any identified learning as appropriate to the wider health economy. The ICB has implemented the NHSE National Safeguarding Tracker which is a portal to record and provide thematic reports to improve system learning and improvement.

Statutory reviews include:

- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs).
- Rapid Reviews (RR) (CSPR) and

- Child Death Review process

Children Looked After

Nationally the number of Children Looked After (CLA) has continued to rise over the last 5 years. The increase is due to the number of children starting to be looked after and children staying in care longer. The number of CLA across SEL has followed the national trend by showing a rise in numbers over the past 12 months. Work continues across the ICB to improve the efficiency and compliance with statutory health assessments, notification of placements and tracking of children as there is often late notification from the Local Authority about children coming into care.

Liberty Protection Safeguards (LPS)

The ICB led a South East London sector-wide group focussed on implementing the Liberty Protection Safeguards (LPS). A key output of the group was the development of LPS clinical pathways, which mapped how front-line practitioners from different organisations could work together on an individual's LPS authorisation. By way of update, in April 2023 it was announced by the Department of Health and Social Care that the national implementation of LPS was to be paused until after the life of this parliament. Despite this, the work of the SEL LPS group has laid solid foundations to resume LPS work following the publication of any future national implementation date.

Support and expertise in relation to MCA and Deprivation of Liberty was also provided by the ICB to health practitioners through a range of portals, such as the provision of training or individual case advice. In addition, the ICB has contributed significantly to MCA forums at regional level, thereby supporting improved MCA practice beyond the boundaries of South East London. The focus for 2024-25 is to continue exploring and leading on collaborative, sector wide approaches towards improving MCA and Deprivation of Liberty practice.

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

It is nationally recognised that disabled children and families may experience inadequate and poorly co-ordinated 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 and 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 DfE transformation and reform guidance was published in March 2023: https://assets.publishing.service.gov.uk/media/63ff39d28fa8f527fb67cb06/SEND_and_alternative_provision_improvement_plan.pdf

We are developing a SEND strategy which will be implemented in 2024- 2025.

In 2024–25 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.
- The ICB's Child Voice strategy will also be developed in 2024–25.

Other priorities include:

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

4.2.6 NHS Continuing Healthcare/ Children and Young People's Continuing Care

NHS Continuing Healthcare (CHC) and Children and Young People's Continuing Care (CYPCC) within SEL are delivered at Place with local management and integration with local authorities to varying degrees. The assurance function is co-ordinated through the office of the Chief Nurse (SRO). The responsible Director of

Quality is supported by a Head of CHC/CYPCC, Governance, Assurance and QIPP and a CHC/CYPCC Officer. Clinical elements of the Quality and Nursing function are supported by the Head of Nursing and Professional Leadership.

NHS Continuing Healthcare provides a package of on-going care to meet complex health and social care needs for individuals aged 18 or over. The ICB has a legal responsibility to assess, and if eligible, put in place a package of care to meet assessed needs.

The National Children and Young People's Continuing Care Framework provides guidance for ICBs to equitably discharge their responsibility for identifying a child or young person for whom it has commissioning responsibility under section 3 of the NHS Act 2006 that may have a need for continuing care. An assessment process set out in the Framework supports the identification of a child or young person (up to their 18th birthday) that has complex needs arising from disability, accident or illness and requires care and support that cannot be met by existing universal or specialist services alone.

The national All-age Continuing Care (AACC) Programme is a strategic programme of work focussed on the policy areas of CHC and CYPCC. The programme supports delivery of key elements of the NHS Long Term Plan Implementation Framework including the personalisation agenda and digital transformation.

AACC policy and reform aims to support and embed positive cultural change, improve experience and transparency, reduce unwarranted variation, and ensure smooth transition between services and resource provision. Interdependencies with other Children and Young People's programme areas including SEND, Children's Safeguarding, CYP Community Services, Health Inequalities, and the Young People's Transition Programme.

The intended outcome is to embed the AACC programme to ensure local policy change and reform to ensure that everyone being assessed for CHC, FNC and CYPCC receive an equitable, transparent, person-centred experience of a consistent high standard.

CHC/CYPCC assurance priorities for 2023/24 were identified as embedding All-age continuing care through the development of:

- an optimised, sustainable, and resilient AACC workforce with professionals undergoing standardised training that supports appropriate competencies and consistency/ compliance of processes.
- AACC digital systems to facilitate effective communication and information flow to improve quality, safety and safeguarding and address increasing national data demand.

Other priorities

CHC/CYPCC Quality and assurance work has been driven by internal audit findings and a commitment to support the Management Cost Reduction process. Focus has been primarily on improvement in performance, improving productivity and processes as well as maintaining business as usual and NHSE assurance. CHC overspend and high cost packages are of significant risk to each of the Place based teams who are responsible for operational management for the work.

Progress to date

Transformation work
Co-design and engagement has been a key and regular part of development of the transformation programme. Universally agreed workstreams have been embedded into the routine governance processes to ensure regular scrutiny and review.

Short-term plans
The focus of our short-term plans has been on extending the existing governance arrangements to include:

- CHC/CYPCC Oversight Group
- AACC System Quality Group
- CHC/Finance CHC/Finance Summits and associated task and finish groups
- Complex discharge task and finish group
- CHC Transformation and efficiency workstreams (linked to internal audit)
- Revised benchmarking reports and reporting to the Place Executive Leads
- Engagement workshops with all system partners
- Monthly appeals meeting with NHS England to reduce the number of appeals waiting over six weeks for Independent Review
- Review and development of policies and processes, including:
    - SEL Choice and Equity Policy
    - Exceptional Funding Panel process
    - SEL Dispute Resolution Procedure
    - CHC/CYPCC Policy

In addition, the team has participated in a national programme and seen the AACC digital capability assessment tool which was developed in South East London being piloted nationally. The team was also successful in the outcome of a bid to NHS England to test and pilot a BETA Version of the AACC Workforce Modelling tool. The infrastructure around Personal Health Budgets has also been reviewed.

Longer term plan and system wide transformation workstreams

System wide transformation requires longer term plans to be put in place, and these include:

- Optimising links with key stakeholders ensuring interface with other Children policy reform including Safeguarding and SEND supported by an engagement and communication management plan
- Understanding the needs of each Borough and identifying system blockages and develop an approach to address
- Developing an AACC strategy
- Extending the CHC transformation action plan to include CYPCC
- Workforce development
- Communications
- Benchmarking
- Innovation
- Learning Disability and Autism
- Transition
- Digital Opportunities / Assistive technology
- Learning disability Nursing and care packages
- Development of a High-Cost care packages policy and procedure

Next Steps

A systematic operation review of all CHC teams, leadership expertise, knowledge and skills within teams and productivity and value for money review of clinical teams including any sub contracted arrangements for all of part of the CHC process.

4.2.7 Patient experience and liaison

Responding to complaints and listening to patients

The patient experience team manages complaints, general queries (PALS) and compliments from service users, MPs, and local residents. The team also responds to requests from the Parliamentary 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 recognise that all feedback, either as a complaint, or compliment, is a valuable source of information to assist in managing performance and highlighting any areas where we can improve future experiences for everyone.

All complaints received are handled in line with statutory NHS complaint regulations and are responded to individually in accord with local policies and procedures. This includes complainants being given information about services provided by local

NHS complaints advocacy providers and the option to progress complaints to the Parliamentary Health Service Ombudsman (PHSO) if they are not satisfied with the outcome of their complaint.

Our patient experience team also works closely with directors and service leads to manage investigations and liaises with any organisations involved in the complaint for response. All concerns, complaints and MP enquiries are logged onto our confidential reporting system and we use this insight to monitor and analyse progress and outcomes. Reports on themes and trends are regularly generated and reviewed in bi-weekly leadership meetings. This rounded approach identifies early warnings of issues within services that could lead to failure.

Complaints

The complaints we receive are about the services we commission and provide. However, in July 2023 arrangements for primary care complaints changed and ICBs now have delegated responsibility for complaints relating to GPs, Dental, Pharmacy and Opticians.

Between 1 April 2023 to 31 March 2024, we received a total of 676 formal complaints. Of these, 77 related to issues the ICB is responsible for investigating and responding to. We also received 299 complaints relating to issues which we are not directly responsible for which were forwarded to the appropriate organisation for investigation and response. A further 300 complaints were received between 1 July 2023–31 March 2024 relating to primary care services.

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)

The most common theme of complaints about primary care services were:

- Access/ appointments
- Prescribing
- Attitude of staff

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 four complaints have been referred to the Parliamentary and Health Service Ombudsman.

Patient Advice and Liaison Services (PALS) and MP enquiries

We always listen carefully to the concerns raised by our patients and local residents and provide advice as to the best way forward. 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.

Between 1 April 2023 and 31 March 2024, we received and responded to 2,964 PALS enquiries from members of the public. Key themes of enquiry were:

- Advice & signposting
- Primary care access – GP appointment and access to dentistry
- Commissioning decisions – IFR funding and OTC prescribing

Within the same reporting period a total of 128 MP enquiries were received from local MPs. The areas of service giving rise to most contacts were:

- Primary care access and prescribing
- Continuing healthcare
- Commissioning decisions

Further detailed analysis about complaints and patient experience data will be available in the SEL ICB Annual Complaints Report 2023/24.

4.2.8 Our ICB financial performance

The purpose of this section is to summarise the financial performance of the ICB for the year ending 31 March 2024.

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 April 23 to March 24 (£'000's)	Actual April 23 to March 24 (£'000's)	
Delivery of statutory financial duties	Agreed Surplus	-	46	Achieved
	Expenditure not to exceed income	4,544,818	4,544,772	Achieved
	Operate Under Resource Revenue Limit	4,480,271	4,480,225	Achieved
	Not to exceed Running Cost Allowance	39,433	35,525	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%	99.9%	Achieved
	95% of non-NHS creditor payments within 30 days	95%	98.69%	Achieved

As reported above, we are pleased to confirm that the ICB has achieved all of its financial performance targets for 2023/24.

Key points to note are:

- The overall financial allocation for the ICB was £4,480m. Against this allocation, the ICB achieved an overall surplus of £46,000.
- The ICB's Running Cost allocation was £39.4m. The ICB has been able to underspend its allocation by £3.9m.
- All targets under the Better Payment Practice code (this is to ensure that the ICB pays its invoices in a timely manner) were achieved.

It should also be noted that in the table above "operating within the capital resource limit" has been marked not applicable because the ICB does not receive a capital allocation for purchase of assets which would be held on the ICB balance sheet.

However, the ICB does play a pivotal role, working with SEL NHS provider trusts, in developing and delivering the joint capital resource use plan for the ICS in South East London.

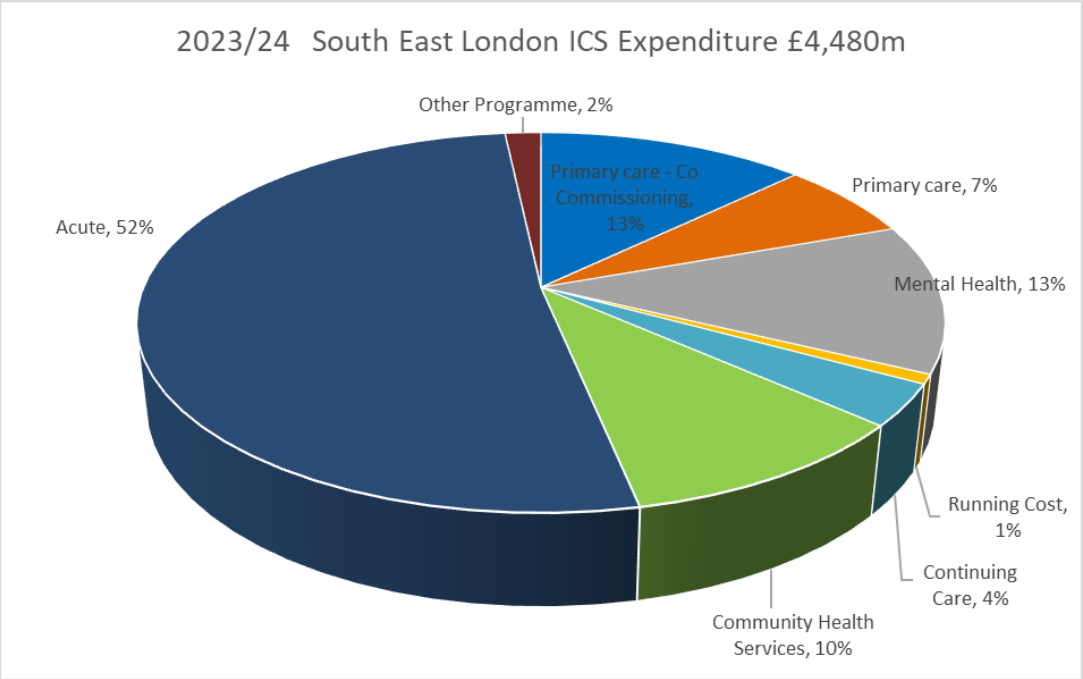
The ICB has in place appropriate controls for both limiting the use of agency staff and where agency staff are used, that rates do not exceed the agreed NHS capped rates. All agency staff are subject to approval by both the ICB's Vacancy Review Panel (the documentation for which references the NHS capped 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 year ending 31 March 2024, report that expenditure on agency staff was £1.063m. Equivalent ICB expenditure for the nine months ending 31 March 2023 was £0.862m.

During 2023/24, the ICB has received a number of largely non-recurrent ringfenced allocations. Material examples include cancer alliance funding (£10.9m), funding for adults community mental health services (£16.8m), Urgent and Emergency Care (UEC) capacity funding (£8.9m) 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 2023/24 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 Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust. In addition, the ICB funds the prescribing costs of GP practices and holds delegated responsibility, from NHS England, for commissioning primary care, dental, pharmacy and ophthalmic services within South East London.

The total financial allocation available to the ICB was £4,480m. The following pie chart summarises how the ICB spent its budget in 2023/24:



Financial Performance Against the Mental Health Investment Standard (MHIS)

This is summarised in the table below:

Financial Years	2022/23 CCG/ICB £000s	2023/24 ICB £000s
Mental Health Spend	401,996	439,893
ICB Programme Allocation	3,672,238	4,108,899
Mental Health Spend as a proportion of ICB Programme Allocation	10.95%	10.71%

The Mental Health Investment Standard (MHIS) for 2022/23 was achieved by SEL ICB and this has been confirmed by independent review. For 2023/24 the ICB is demonstrating achievement of the MHIS with an increase in spend over 2022/23 of 9.43% compared to the target increase of 9.22%.

The proportion of mental health spend has shown a slight decrease as a percentage of the overall programme allocation because this has increased by 11.89% since 2022/23.

Disclosure of External Audit Remuneration

Remuneration paid to external auditors in relation to ICB audit work for 2023/24 was £270,800 (excluding non-recoverable VAT). In addition, £35,000 (excluding non-

recoverable VAT) was paid to the external auditors for the review of the ICB's compliance with the Mental Health Investment Standard for 2022/23. The ICB has complied with HM Treasury's guidance on setting charges for release of information. The ICB's external auditors changed in April 2023 from KPMG, who completed the 2022/23 audits, to Grant Thornton who are the external auditors for the 2023/24 financial year.

2023/24 Annual Accounts

The full annual accounts for 2023/24 together with the Statement of Accountable Officer's responsibilities and Independent Auditors Report are included in Section 5.

Financial Outlook for Future Years

2024/25 will be the ICB's second full financial year and budget setting has been completed. In common with other NHS organisations, the ICB experienced significant underlying financial and service pressures in 2023/24, and 2024/25 is likely to be as challenging. NHS organisations across the wider South East London Integrated Care System (ICS) have significant underlying financial and operational pressures to manage as we leave the current year. There will be a renewed focus on ICS strategic priorities including sustained recovery in health services, the efficient use of our resources, 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.

4.2.9 Highlights from our borough teams

Bexley Borough – The Wellbeing Partnership (BWP)

The Bexley Wellbeing Partnership (BWP) has continued to deliver on its local health and care system priorities. In 2023 we launched our 5 year Joint Local Health & Wellbeing Strategy with the London Borough of Bexley. Our four key priorities to ensure we improve the health and wellbeing of our local population and access to services are: **Supporting Children and Young People Throughout Life; Supporting People Living with Mental Health Challenges; Supporting People to Maintain a Healthy Weight; and Supporting Older People Living with Frailty**.

The Bexley Wellbeing Partnership refreshed its vision and developed an Integrated Joint Forward Plan to ensure local system delivery of those priorities: *Roadmap to Health & Care in Bexley.*

Delivering on our Roadmap

The Bexley Wellbeing Partnership was able to deliver a number of new and improved services and workforce in line with our priorities to support our population:

- Virtual Wards are now available for Bexley residents from children to frail older people, offering a range of interventions including, intravenous therapies, in the community to avoid hospital admission.
- We have funded new *Home First* roles supporting the Queen Elizabeth Hospital, which signpost people to alternative support and early identification of complex care needs.
- Our integrated mental health hub, a partnership between Oxleas NHS Foundation Trust and Mind In Bexley, is providing one point of entry in to mental health services and helping people to access the right treatment more quickly in the community.
- We have successfully increased our achievement of the dementia diagnosis rate to 3% above the target. Ensuring people living with dementia have a diagnosis enables them and their carers to access the right support.
- We have supported statutory provision to children and young people with SEND by investing in therapy and nursing provision to new school places.
- We have embedded the ‘Standing Alone Pathfinder toolkit’ with all our local health and care partners who provide services to Bexley residents, which improves the local response to domestic abuse in health settings across the borough. The Toolkit includes advice for embedding good practice responses to domestic abuse in health settings including practical briefings on how to respond

to the needs of Black and Ethnic Minority, Lesbian Gay Bisexual Transgender Plus (LGBTQ+) communities, older and disabled survivors of domestic abuse.
- Targeted work has taken place in schools on eating disorder prevention and engagement on a new support model for LGBTQ+ young people.
- The Bexley School Superzones Programme is underway in Thamesmead and Slade Green and includes projects supporting additional community food growing, creating healthier food environments in and around schools in areas of high need.
- Children's Centre staff have been trained in the *Henr*y approach to healthier lifestyles as part of our drive to reduce the prevalence of overweight and obesity in the childhood population.
- Virtual Wards for children and young people will be trialling the use of *Doccla* remote monitoring having secured additional funding through the national Health Technology Adoption and Acceleration Fund.
- 84 GP practices' referrals for patients were supported by our children and young people's Social Prescribing Service delivered by Bexley Voluntary Service Council in partnership with Counselling Matters, Bexley Moorings, Cribs and Little Fish Theatre.

Better Access Bexley

The four Primary Care Networks continue to deliver on improving access to core primary care services and have been successful in ensuring that 75% of all GP appointments are face to face. Primary Care Networks in Bexley continue to provide some of the highest levels of appointments overall.

Primary Care Networks and Community Pharmacies have delivered over 37,000 COVID-19 booster vaccinations and continue to perform well on immunisation programmes. Additional work is underway for the national measles and MMR call and recall campaign, including targeted events in conjunction with Bexley Children's Centres to improve immunisation rates.

Bexley were successful in securing Community Infrastructure Levy (CIL) funding towards the reconfiguration of the Albion Surgery. The funding helped to create additional clinical consultation rooms and allowed the surgery to create a training suite, an educational hub, and additional meeting room space.

The new Bexley GP Premium, which supports GP Practices to deliver additional services was launched in 2023. The GP Premium targets reducing health inequalities by supporting residents with Learning Disabilities, improving screening uptake and providing proactive and personalised care to those with long-term conditions.

Activating our Community Voices

The Bexley Wellbeing Partnership continues to meet in public and has good attendance from residents. Our meetings are designed to encourage local resident, community and voluntary engagement – each meeting is themed to address areas

and concerns that we know are important to our local population: *Accessibility to Services, Women's Health, Carers, Mental Health, Self-Management, Children & Young People, Loneliness & Isolation and Health & Wellbeing Outdoors*.


Bexley Community Champions at the House of Lords Recognition Event

The Bexley Community Champions Programme began in June 2020 as a pandemic response to ensure vital information was shared with our diverse communities in a timely and effective way. Since then, Community Champions have helped with our annual vaccination priorities and helped develop a community outreach programme via a health and wellbeing bus. The numbers of Community Champions have grown to over 550, and the focus of activities has shifted to improving general health and wellbeing across Bexley. A twelve month development plan is underway to take the programme to the next level. The plan includes a small grants package to enable Champions to stimulate activity and improve health outcomes at neighbourhood level.

In November 2023, local partners, the Bexley Voluntary Services Council, launched a new website Connect Bexley, which is intended as a 'one-stop shop' directory of services and support available to Bexley residents. The directory showcases Voluntary Community Social Enterprise groups and services designed for residents.

The Bexley Wellbeing Partnership launched its microsite in January 2024. The microsite is a hub of information that provides Bexley residents within information on what support and help is available to them on their doorstep, signposting them to services provided by local partners. The microsite also showcases local partner success stories and highlights system work on tackling health inequalities across the borough.

NHS Serious Mental Illness Healthchecks

Local Care Networks – Tackling Health Inequalities in neighbourhoods

The formation of our three geographical Local Care Networks, Clocktower, Frognal and North Bexley, has provided the Bexley Wellbeing Partnership with the foundations to begin to tackle reducing health inequalities at neighbourhood level and deliver on integrated teams. Each of the Local Care Networks include representatives from social housing providers, primary care, secondary care, community and mental health services, public health and the voluntary sector.

The Bexley Wellbeing Partnership working with Public Health have adopted a population health approach to tackling health inequalities and have directed Health Inequalities Funding to support each of the Local Care Networks. Several neighbourhood level projects and services have been funded and delivered including: Improving Carers Mental Health by providing free counselling sessions, Social Prescribing for children and young people, supporting vulnerable families to improve nutrition and help to maintain a healthy weight on a budget, with cooking healthy food with low-cost ingredients training and the Craydene Open Space – outdoor gym.

Craydene Open Space – outdoor gym

In 2024, each of the Local Care Networks have focused on interventions to address specific health challenges; Clocktower – Mental wellbeing for children and young people, Frognal – older people with frailty and North Bexley – Cancer Screening and Mortality rates.

Community Engagement

The Bexley Wellbeing Partnership has an established community outreach programme, where we ensure continuous engagement with our diverse communities:

- On Windrush Day, 22 June 2023, Bexley Wellbeing Partnership launched a special project in collaboration with Active Horizons, a local youth charity. The project is to mark the 75th anniversary of the arrival of HMT Empire Windrush in Tilbury, Essex, in 1948. Eight Young Windrush Ambassadors have been recruited to film interviews with members of the Windrush generation living in Bexley and create a film honouring their legacy and contribution to the NHS. Young Windrush Ambassadors held workshops at local schools and a podcast and booklet were released.

Bexley Young Windrush Ambassadors

- To mark *Cholesterol Awareness* Month in October 2023, Dr Sid Deshmukh was interviewed on South Asian Radio Station, Awaaz FM. This was an opportunity to reach South Asian audiences who have a high prevalence of cholesterol and advise on ways to tackle it.
- To mark *South Asian Heritage* Month, the Bexley Wellbeing Partnership and Greenwich Healthier Partnership organised a South Asian Health and Wellbeing

Fair for residents. The event took place at the Nest Community Centre in Thamesmead. Residents were able to access a range of support services and advice from partners across the statutory and voluntary sectors as well as primary care colleagues who were on hand to answer questions relating to South Asian communities. Bexley GP Dr Sid Deshmukh, Shoba Sharma, Community Pharmacist and Imam Shakir from the Greenwich Islamic Centre took part in a panel session on prevalent illnesses amongst South Asian communities, offering advice on preventative measures to help improve their health.

South Asian Health & Wellbeing Panel

- The Bexley Wellbeing Partnership funded a Blood Pressure Pop-up Service during the national *Blood Pressure Awareness Week*. The service was delivered by Bexley Health Neighbourhood Care (the GP Federation in the borough), at the Bexley Civic Offices. Bexley has the highest prevalence of hypertension per 1,000 GP registered patients in South East London and low rates of GP registered patients who have had a routine Blood Pressure check during the past 12 months. During the pop-up clinics 73 residents had their Blood Pressure checked – 30% of those had abnormal blood pressure and were given advice on ways to lower it and referred to other sources of support. 26 residents were referred back to their GP practice for a recommended NHS Health Check. Of those identified with abnormal Blood Pressure, 68% had no previous history or diagnosis of hypertension.

- The Bexley Wellbeing Partnership and local charity Active Horizons jointly hosted Bexley Black History Celebration Event to mark *Black History Month*, which was attended by over 1,000 residents. Key guest speakers discussing health challenges for Black communities, including raising awareness about prostate cancer amongst Black men and the need for greater support for Black women going through the menopause. There were a range of local organisations who were on hand to discuss and provide support on health and wellbeing initiatives.

- To mark *National Carers Week*, an event was held to say thank you to Bexley's unpaid carers and was attended by over 120 carers. Partner organisations and groups were on hand to offer advice and support, and carers were able to indulge themselves with a massage, sound baths, Tai Chi, Yoga and art as well as meet two therapy dogs.

Financial Acumen

Whilst there are significant budget pressures across all our Bexley Wellbeing Partners, we have successfully kept within our delegated ICB budgets and additionally delivered all our required savings to support wider system pressures.

Bromley Borough

ONE BROMLEY

WORKING TOGETHER TO IMPROVE HEALTH AND CARE

King's College Hospital NHS Foundation Trust · Bromley Healthcare better together · Oxleas NHS · St Christopher's More than just a hospice · BTSE · Bromley GP Alliance · Bromley Primary Care Networks · Bromley · South East London NHS

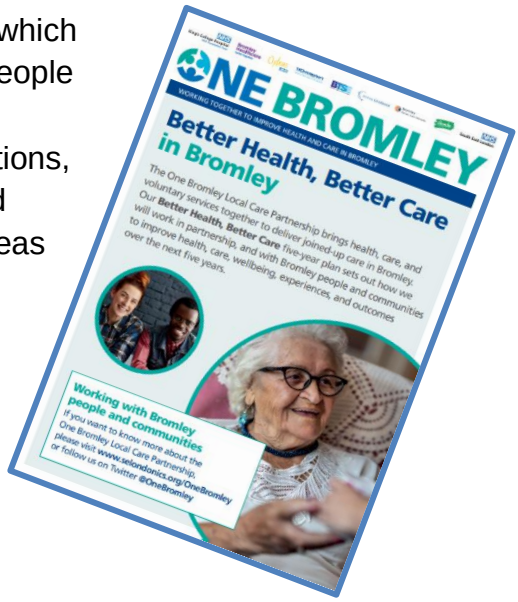
www.selondonics.org/OneBromley

The One Bromley local care partnership has gone from strength to strength over the last year, with more care safely delivered outside of hospital, new neighbourhood integrated services, improved outcomes for Bromley people and communities and some projects shortlisted and winning national awards. Challenges remain, and our focus continues to ensure we work collaboratively to deliver proactive and personalised integrated care to meet needs, help reduce inequalities and provide the right care in the right place.

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.

Our priorities and programmes 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.

Last year we developed our One Bromley 5 Year Strategy which sets out our ambition to improve the wellness of Bromley people and communities. We aim to achieve this by prioritising prevention, focussing on people living with long term conditions, those at risk of emergency admission to hospital, frailty and reducing health inequalities. There are three key priority areas which are shaping our future work:



- Improving population health and wellbeing through prevention and personalised care.
- High quality care closer to home delivered through neighbourhood services.
- Good access to urgent and unscheduled care and support.

Managing Winter – Keeping Bromley residents well and out of hospital

Bromley has a good track record of working collaboratively to manage winter demands and ensure services are available for Bromley people and communities when they need them. 2023/24 was no different and robust planning, additional capacity, out of hospital services, clear escalation processes and integrated supported discharges all helped to manage the additional pressures always felt during the winter months. Events were put on for GPs and other community staff to encourage uptake of urgent and emergency care pathways and services, and new arrangements enabled direct GP referrals to a range of specialist services that help avoid hospital admissions.

As part of Bromley's winter preparedness, information on how to use the right service when you are ill and a detailed children's winter health information booklet for parents were published and widely circulated.

Vaccinations

Bromley was one of the best performing London boroughs for vaccination uptake. Winter vaccinations were widely promoted using partners and services as well as organic and paid for advertising. Teams across Bromley worked together to offer these at a range of accessible locations including community clinics and at the One Bromley Health Hub in the Glades Shopping Centre.

- **COVID BOOSTER**
  - **46%** of eligible people
  - **69%** of housebound patients
  - **84%** of Care home residents
- **FLU**
  - **75%** of over 65s
  - **63%** of those aged 65-74 not at risk
  - **48%** of 2- to 3-year-olds

BCHIP - Integrated services for children

New children's integrated health clinics were introduced in the Crays and Beckenham primary care network (PCN) areas in 2023. This is a new way of providing care at a very local level in the community rather than hospital and enable children to be seen sooner, by the right service for their needs. Children are referred by their GP to the integrated team who then assess and either provide or signpost to appropriate care. Fewer children have to go to hospital as they can be seen by paediatricians in a local community clinic. In the first two PCN areas 75% of children who were triaged in the community avoided an onward referral to either the hospital

or a further multi-disciplinary team community clinic and were seen closer to home, approximately 20 weeks faster than under the traditional model of outpatient referral.

Feedback from families has been positive: ***"****A long enough appointment to explain a complicated history. Seeing a specialist at our GP surgery rather than hospital was a much nicer environment". "The paediatrician was caring, thorough and really listened".*

This model of care will be rolled out to all Bromley PCN areas over 2024.

GP services

Demand for GP services continues to be extremely high and each day Bromley practices are helping many hundreds of people. Practice teams include a range of healthcare professionals who can, together, meet the varied and specialist needs of patients and enable GPs to focus on the most complex patients.

The new GP contract in 2023 was a significant development in the delivery of healthcare services. The aim was to improve patient access, experience, and satisfaction with increased funding for improved services, extended access to services and a greater emphasis on digital technology.

- Assisting the move to digital telephony systems, Bromley practices are modernising the way their telephone lines work to improve the waiting experience for patients.
- Bromley patients are being offered a wider range of access options to primary care including self-referral routes, online consultations, appointments in the evenings and on Saturdays through enhanced access provision and same day GP appointments through winter illness hubs.
- Bromley registered patients are amongst the highest users of the NHS App compared to SEL and London.

Bromley PCNs have introduced remote monitoring in primary care, empowering patients to manage their long-term conditions and more efficient use of clinical time. This has started with remote blood pressure monitoring which aims to increase the number of annual blood pressure checks to meet the NICE target of 77%.

Integrated Supported Discharge

Integrated supported discharges from the Princess Royal University Hospital account for around a third of all discharges and enable individuals to continue their recovery in the community, supported by an integrated team.

Our integrated approach delivered through the One Bromley award winning discharge Single Point of Access (SPA), enabled 75% of patients requiring supported discharge to leave hospital within 24 hours of being medically fit. We

know that it is better for people, where clinically appropriate, to spend as short a time as possible in hospital.

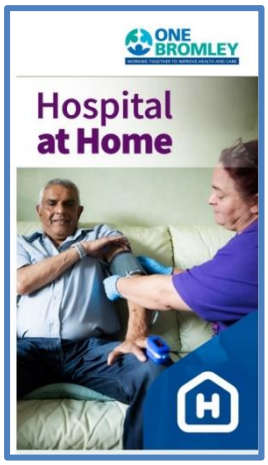
The SPA has further evolved over the last six months to include adult social care, reablement and brokerage services, complimenting the existing therapists and nurses. Moving beyond transactional handoffs, the SPA prioritises holistic recovery delivered by a multidisciplinary team. Together the team supports individuals leaving hospital to continue their recovery at home by providing appropriate levels of care and reducing the likelihood of re-admission.

Frailty

The Bromley proactive care pathway ran a case management pilot to identify and support patients who require additional care for a short time after assessment. The pilot together with a new anticipatory care dashboard is part of a wider review of Bromley frailty services. The Acute Frailty Assessment unit at the PRUH (Princess Royal University Hospital) has recently been expanded and can now take direct referrals from local community providers and London Ambulance Service calls alongside referrals from the Emergency Department. The twelve person assessment unit provides care for frail patients who present with acute medical needs. The service provides assessment and any six diagnostics in a safe environment before discharging home with a care plan or transferred to the relevant medical service for further treatment.

Across Bromley we have also piloted a multi-disciplinary, multi-organisational review process for care and nursing home residents most at risk of admission to hospital. The approach updated patient universal care plans used by London Ambulance Service and others so our health and care system can better ensure appropriate care and treatment for some of our most vulnerable residents.

Hospital at Home



The Bromley hospital at home services (for both children and adults) have gone from strength to strength. Both help to prevent avoidable hospital admissions and support early discharge. The services have received several accolades over the last year including being shortlisted for a Health Service Journal Award and winning a LaingBussion award for the children's hospital at home community nursing team. A video explaining the service is available.

A visit in February from the Deputy Chief Nursing Officer for England provided an excellent opportunity to showcase the collaboration between hospital and community-based services, the acute level assessment treatment and monitoring in a patient's home and how

patients have been involved in the co-design of the service. Together the services provide an additional ward of acute capacity to the Bromley system whilst delivering holistic, patient centred care with the latest point of care testing and remote monitoring technology. The services have received exceptionally positive user feedback: *"What a difference. Nurses had time to discuss treatment, were kind and gentle, my wife instantly improved. The treatment at home was the same as the hospital but more personal." "I was very pleasantly surprised – they did full observations, turned up on time and were concerned about how I was feeling. Every care was taken and there was good hygiene, I couldn't have asked for more."*

Wellbeing Cafes

Health and wellbeing cafes have continued to develop in partnership over the last year, providing welcoming places for local people to connect with each other and with local health services. The Orpington Wellbeing Café celebrated its first birthday and has seen many lives being transformed by offering valuable resources and a friendly space for residents to meet up. This inclusive community approach has proved instrumental in combating isolation and promoting health. Cafes are also available at Beckenham, Biggin Hill, Locksbottom, Mottingham[1] and Anerley[2].

Safeguarding

The Bromley collaborative approach to managing safeguarding for all continues, overseen by the local Safeguarding Adult and Children Partnership Boards.

Safeguarding is embedded across all services including the Think Family approach which supports families at higher risk of poor outcomes.

The NHS SEL team maintained oversight and assurance of Bromley based safeguarding functions and practice within all providers, escalating concerns and sharing learning and good practice.

Mental Health

A new single point of access for children and young people's mental health support will open shortly between Bromley CAMHS and Bromley Y. This innovative partnership between the NHS and voluntary services provides joined up support for young people with mental health and wellbeing challenges. Additional investment and new early intervention projects are helping to reduce waiting times for Bromley CAMHS such as, mental health practitioners for children and young people based in primary care services, a new early intervention project for those with eating disorders and support for parents through the Empowering Parents, Empowering Communities initiative.

[1] Focused on young mothers

[2] Focused on those with serious mental health conditions

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. Initiatives over the year include:

The 'Work with us in Bromley' recruitment campaign delivered positive messages about working and living in Bromley through the voices of staff. New webpages, adverts, videos, and leaflets were produced, meetings held with work coaches from the Department of Work and Pensions and attendance at various career fairs.

The One Bromley LCP Careers Campaign demonstrates partnership working in action. It's also a great example of how health and care services are collaborating to recruit a workforce able to meet the needs of Bromley people and communities. This is a well-developed and considered campaign, delivered through the voices of a wide range of Bromley staff from different organisations. We will be looking at how this approach could be applied in other south east London boroughs.

- The One Bromley Cadet programme enables young people aged 16-18 to gain insight into the various health and care careers in the borough. Through collaboration with some local schools, young people have been able to experience health and care work settings from hospital to community to primary care and seen services in action. The programme continues to get excellent feedback from young people and a further two cohorts will run each year.
- Successful implementation across all One Bromley organisations of the virtual work experience programme aimed at 14–18-year-olds hosted by Springpod.

Other highlights:

- The One Bromley Homeless Healthcare Clinics and Bromley Homeless Charity won the national Homelessness Project of the Year at the Affordable Housing Awards in Manchester. The clinics offer a range of treatments by One Bromley partners to help manage common health issues amongst the homeless including vaccinations, mental health, drug and alcohol services and podiatry.
- Mobilised new urgent treatment centre contract across two sites in Bromley with key targets now being met meaning better access to urgent care for Bromley residents.
- The first annual Bromley SEND (Special Educational Needs and Disabilities) celebration month took place in November to celebrate the accomplishments of Bromley children and young people with special educational needs and disabilities, and the many people who make a difference to their lives. The month culminated in the SEND Stars event which shone a spotlight on the achievements and successes of young people with SEND.

- The One Bromley Community Health Champions programme has further developed with over 60 residents now recruited to work in a voluntary capacity with One Bromley organisations to help engage with local people and communities and signpost them to important health information.
- Hospital based paediatric neurology services were moved out of hospital and into two special schools to enable more integrated working with current community services and to make the service more accessible to parents and their children.
- Plans for a new Health and Wellbeing Centre in Bromley Town Centre made great progress over the year. A new site was secured, and planning permission agreed in January 2024. It is anticipated the new centre will open in December 2024.
- Bromley people and communities continue to directly influence the development and delivery of services, including new care pathways, integrated care, and moving more care into the community. A comprehensive Communications and Engagement report, outlining all this activity and outcomes is available on the website.
- The Bromley Maternity Voices Partnership aims to improve the experiences of those using maternity services. Improvements made include a new baby books library for babies in special care, co-production of personalised care pocket guides, work with Mindful Mums on postnatal mental health and the running of Instagram live Q&A sessions with Bromley midwives.
- A Bromley midwife won ‘midwife of the year’ at the Nursing Times awards. Laura Walton was honoured due to her work supporting those with tokophobia, an extreme fear of childbirth.
- The national Pharmacy First scheme was successfully rolled out across Bromley pharmacies, enabling pharmacists to prescribe for certain conditions without the need for patients to see their GP. This alongside the expansions to the pharmacy blood pressure checking and contraception services will help patients access quicker and more convenient care.

Greenwich Borough

Strengthening the Healthier Greenwich Partnership

During the year we continued to develop and strengthen the partnership and our ways of working. We brought front-line staff together from a wide range of organisations including the voluntary sector to work on reducing cardiovascular disease. We also held a successful event where staff enhanced their knowledge and connections across the health and care system and focussed on how we can work together to focus on prevention and help Greenwich residents Live Well.

With our partners we have also gone much further in integrating how we commission services for adults, children and public health. We have used the Management Cost Review process to revise our structures, strengthening collaboration and supporting residents being at the centre of our decision making.

A new Health and Wellbeing Strategy for Greenwich

Healthier Greenwich Partnership has launched a new Health and Wellbeing Strategy which sets-out the mental and physical health and wellbeing priorities for the next 5 years and is aligned to the South East London ICS Strategic Priorities and Greenwich Council's Our Greenwich Plan. The strategy is built around 5 key aims: *start well, be well, feel well, stay well* and *age well*. These priorities are based on the things that matter most to our residents. Through various engagement processes, we have heard from residents about the things that support and enable them to live their best lives from childhood to older age.

Engaging with our residents in a joined-up and meaningful way

We have established regular Healthier Greenwich Partnership Public Forums which are designed to be an informal way of connecting with residents and engaging with them about the partnership's work and the topics that are important to them. The events are held in the community in places where people go (community centres, libraries etc). People are given the option to join in person or online. Through this approach we have increased our reach and had conversations with many people who we have never heard from before, developing new links. The feedback from these sessions is reported back at the quarterly Healthier Greenwich Partnership meeting in public. We held five of these during the year and at each event we have had rich discussions with topics including neighbourhood working, musculoskeletal (MSK) services, getting Greenwich active, cardiovascular disease and cancer prevention.

Reshaping Community Musculoskeletal (MSK) services

This year we have been reviewing our Community MSK services to ensure that the future service can best meet the needs of the community with the resources available. To do that we have proactively engaged with a wide range of patients, residents and others (e.g. people who work in the service or refer patients to the service) to hear their views. We widely promoted a survey and had a number of in-depth discussions with groups whose views we hear less often and typically access MSK services less. Examples of these included the Greenwich Pensioners Forum, Age UK, Ajoda, Bengali residents and Nepali residents. We will use what we have heard to inform a re-procurement of the service during 2024/25.

Working with our neighbourhoods

We have been working at a neighbourhood level, across our partnership, working across NHS organisations, Public Health and Voluntary and Community sectors in multiple local communities to improve health and wellbeing outcomes. An example of this is the work with the Plumstead and Glyndon Community.

We have supported the development of the Plumstead and Glyndon Delivery team who are made up of residents and stakeholders (e.g. people who are providing health and care services) who meet every 2 weeks to discuss what's going on, hear about what matters to the local community and agree priorities for improving people's day-to-day lives across the neighbourhood. The delivery team has been meeting since May 2023 and residents/volunteers contribute to a quarterly newsletter with relevant local information.

In November 2023 a world community café/community conversation workshop was held to ask residents what a healthy community means to them. A Plumstead and Glyndon local providers networking workshop was held on 19 February 2024 to look at collaborative ways of working. The Glyndon Community Garden is an ongoing project to promote wellbeing in partnership with Ravensbourne University, the Royal Borough of Greenwich and the ICB.

Another example is in the Horn Park area where we have been working with partners and local residents to better connect services and community projects on the estate. We held a successful neighbourhood day at Horn Park Primary School in November and continue to focus on developing and improving the area with our partners.

Greenwich Healthier Communities Fund

NHS Greenwich Charitable Funds have set-up the Greenwich Healthier Communities Fund which aims to prevent and react to key health issues across the borough to ensure everyone has equal access to the services and support they need. Starting early in 2024/25 it will allocate £6m over a five-year period, funding community activities that tackle health and wellbeing issues and align with the

Greenwich Health and Wellbeing Strategy. The fund is being administered by Groundwork London who we have been working with to carry out extensive consultation and engagement with residents. This consultation will help to ensure that the fund is accessible where it is most needed and can make the biggest difference in reducing health inequalities.

New Urgent Treatment Centre provider at Queen Elizabeth Hospital

Greenwich Health, our local Greenwich GP Federation is now running the Urgent Treatment Centre, at Queen Elizabeth Hospital, and the Out of Hours GP service. Since the new service started in June 2023, with additional staffing capacity, performance has improved and we are already seeing positive improvements to the experience and the outcomes for our residents. This is an important strategic partnership, with the benefit of having local GPs alongside Live Well coaches at the heart of our Urgent and Emergency Care system.

Since December 2023 patients are now using an innovative self-service kiosk to record their symptoms before being directed to the most appropriate service. This means that they can be seen more quickly and in the correct setting, as they use the digital triage tool to assess their symptoms before they see a clinician. The kiosk is expected to improve both the patient experience and the care provided.

Breast screening – It's what we do campaign

A joint approach to communications and engagement and a joint focus on cancer across our Healthier Greenwich Partnership has enabled us to take forward some key programmes of work. A good example of this is around breast screening. Uptake in Greenwich has dropped significantly in recent years, with health inequalities and lower uptake amongst some ethnic groups and in areas of higher deprivation.

The 'Breast screening – it's what we do' campaign has been developed as a partnership between the Greenwich ICB team, public health and primary care. It features Greenwich residents from a range of backgrounds. The project team has used behavioural science to better understand our diverse audiences, analyse what prevents eligible residents from accessing their breast screening, and create persuasive, creative communications to encourage more people to access. The campaign started in March 2024 and will run until early summer. Digital adverts will be supplemented by outreach in communities where uptake is lowest and testing of personalised letters from a patient's named GP and text messages.

Health Ambassador Programme

We are delighted that the Health Ambassador programme, led by Dr Eugenia Lee, has really taken off. This is a system-wide approach to population health, working with secondary schools, food banks, homeless shelters and children's centres. Junior doctors and other clinicians have worked with our schools on health promotion, provided one to one mentoring for Year 12s considering a health career, and we currently have 19 doctors working in seven schools.

Working together to reduce cardiovascular disease

Despite being largely preventable, heart disease is a leading cause of death in Greenwich, accounting for around a quarter of premature deaths and over 20% of the life expectancy gap between the most affluent and the most deprived communities in the borough. In December 2022, the Healthier Greenwich Partnership made a shared commitment to work in partnership to reduce inequalities in cardiovascular health. We have sponsored work for frontline practitioners and residents to develop and test new solutions over 100 days. Teams have been encouraged to develop and test small, measurable changes that could be scaled if they work well. The purpose has been to work together differently with communities to rapidly create real tangible change.

The first 100-day challenge focused on **increasing blood pressure monitoring** as at least half of all heart attacks and strokes are associated with high blood pressure and it is a major risk factor for chronic kidney disease, heart failure and dementia. Three teams worked together to develop and test a set of approaches for targeting inequalities in high blood pressure detection. These included working with employers, attending and offering blood pressure checks at family events and working intensively in one area (Glyndon). 803 blood pressure readings were collected and of these 10% were high or very high and 1% of blood pressure readings were very high. These people were given advice to lower their blood pressure and signposted to appropriate services. In addition, residents were asked to complete surveys which have provided valuable insight around blood pressure monitoring.

The second 100-day challenge focused on **physical activity in children and young people** with three main priorities:

1. Early years: improving physical activity within early years / children's centres settings.
2. Teenage girls: increasing physical activity in young teenage girls and understanding what they feel their barriers are.

3. Special Educational Needs (SEND): developing physical activity programmes within SEND schools and organisations.

Greenwich 'goes the extra mile' for young people with SEND

Services for children and young people in Greenwich with special educational needs (SEND) received the highest possible rating following an inspection by Ofsted and the Care Quality Commission.

Highlights of the report included:
'The local area partnership in Greenwich is mature and fully integrated'

'Strong and embedded relationships with services across education, health and care mean that children and young people's needs are met effectively'

'The voice of children and young people, parents and carers is heard loud and clear in Greenwich'

'Professionals regularly go the extra mile to make sure that children and young people's needs are met effectively.'

'Leaders walk with [families] on their journey.'

New Community Diagnostic Centre at Eltham Hospital

This year we opened the first phase of our new Community Diagnostic Centre (CDC) at Eltham Hospital. The centre is already making it quicker and easier for local people to access diagnostic tests including phlebotomy (blood tests), ultrasound, ECG (cardiac tests) and lung function tests. The CDC team have also added teledermatology to their service offer, where high-resolution medical photographs are taken and sent to a dermatologist to review. In 2024/25 the CDC will become fully operational as we complete the installation of CT and MRI scanners. This will ensure the CDC continues to help to reduce the waiting times for people to receive a diagnosis.

Lambeth Borough

Lambeth Together has continued to progress our partnership goals during 2023/24. At our May Board, we launched 'Our Health, Our Lambeth', our five-year plan for health and care. This builds on insights and experiences shared by Lambeth residents and partners and sets out three overarching ambitions and fifteen outcomes for us to achieve, along with a detailed delivery plan. It aligns with Lambeth Health and Wellbeing Strategy, Lambeth 2030 Borough Plan and with South East London Integrated Care System's priorities. Progress against delivery of the plan is monitored by Lambeth Together's Assurance Group, with an annual review also taking place at Board level.

Lambeth Together Care Partnership Board has continued to meet in public every two months, with representation from all key local health and care partners. We continue to hold a Public Forum beforehand as an opportunity for local people to start a conversation directly with Board members on topics that matter most to them. We brought to our Board a series of 'vox pops' - filmed interviews - with people attending the Lambeth Country Show, Lambeth's biggest community festival, as another way of surfacing important questions with our leadership. In June, Board members participated in Plain English training to enhance a shared understanding of the importance of clear and inclusive language in our work. The Board remains committed to openness and transparency, and ensuring that residents are well informed, involved in our work and able to hold the Partnership accountable. Our two Patient and Public Voice members have brought valuable insights and astute experience-based observation into the Partnership.

All that we have achieved this year has been delivered in partnership. We approved a new joint Carers' Strategy for Lambeth and committed our support to developing Age Friendly Lambeth, an exciting initiative to make Lambeth a place where everyone can enjoy a safe, healthy and connected later life; this is alongside our existing commitment to a Child Friendly Lambeth. Some highlights of achievements delivered through our Alliances and Programmes are set out below.

Through our Neighbourhood and Wellbeing Delivery Alliance we:

- Increased available bed capacity on 'virtual wards' in Lambeth by 45% to 240, enabling more patients to be treated outside of hospital settings by expert hospital nursing teams.
- Signed up 78% of Lambeth community pharmacies to deliver free blood pressure checks, as part of our focus on hypertension, promoted in Know Your Numbers Week and Heart Month.

- Launched the Lambeth Pharmacy First Plus pilot scheme, enabling eligible people in need who have one of a range of minor conditions to get advice and treatment directly from community pharmacy, free of charge.
- Ran a series of six PCN-led health fairs with social prescribing link workers, equity champions and community groups; these included a social prescribing event at Gracefield Gardens, Streatham, attended by around 400 people, a Black Health and Wellbeing Fair in June in which hundreds of residents took part, Lambeth's first ever Green Social Prescribing Fair, and a Latin American Health Fair in Streatham Library in September.

Photo: Black Health and Wellbeing event in Streatham

- Reviewed the service specification for our community diabetes service, which since October 2023 is provided by Guy's and St Thomas' NHS Foundation Trust; and with comprehensive partner input, we re-commissioned the service to support improved care for people living with type 2 diabetes, improve their outcomes and reduce inequalities in Lambeth.
- Celebrated the work of nursing and care home and domiciliary care staff, and recognised innovation, best practice and commitment to vulnerable adults at Lambeth's Care Awards, with more than 1000 nominations for eleven awards.

Photo: Lambeth Care Awards

Through our Lambeth Together Children and Young People Alliance, we:

- Focused on enhancing access to perinatal mental health services for pregnant and postnatal women with severe mental health issues, ensuring collaborative care across maternity, social, and primary care services, as well as child and adolescent mental health services.
- Doubled the number of schools we work with through our Mental Health Support Team programme to 28; since launching this initiative in 2021, we have seen over 8,000 pupils, 1,200 school staff and 800 parents,
- Launched our first annual SEND survey to consult parents, carers and families with a child or young person with special educational needs and disabilities on the services and support they receive and what would improve the local offer.

Through our Lambeth Together Living Well Network Alliance, we:

- Launched our Staying Well service which has placed seven new GP practice-based mental health practitioners across all nine Lambeth PCNs to provide early identification and intervention for people with emotional, psychological and mental health conditions, with the aim of supporting more people in their own homes and communities and reducing the number needing crisis or long-term support.
- Recruited community commissioners to provide service user representation in decision making groups for mental health planning and provision.
- Avoided 681 A&E admissions for people experiencing mental distress, with the support of the Evening Sanctuary service.
- Supported 56 people with serious mental illness to secure sustainable roles in paid employment, through our Individual Placement Service.
- Saw our Lambeth Culturally Appropriate Advocacy (CAPSA) service win a prestigious Health Service Journal Award for 'Partnership with the NHS'.
- Reached agreement to extend our 7-year ground-breaking alliance contract to support Lambeth's collaborative approach to meeting mental health needs for a further three years.

Through our Lambeth Together Learning Disability and Autism Programme, we:

- Engaged widely with local people and groups to develop a new All Age Autism Strategy for Lambeth, for publication in March 2024.
- Saw people with learning disabilities achieve better outcomes than the general population for diabetes and blood pressure control and management. This is set against Lambeth's excellent record in ensuring that adults with learning disabilities receive an annual health check, where, against a national target of 75%, Lambeth achieved 86% in 2022-23.

Through our Lambeth Together Staying Healthy Programme, we:

- Provided tailored and culturally appropriate advice and support in community settings for residents to stay well, working through Lambeth's Health and Wellbeing Hubs, Thriving Communities Programme, and the Beacon Project.
- Developed an easy identification tool for high risk drinking to support referrals to treatment, and provided free online coaching to help residents cut down on unhealthy levels of drinking.
- Delivered targeted vaccination campaigns for flu, Covid-19, and MMR and in response to raised levels of concern about measles, collaborated across primary care, hospitals, public health and commissioning to run a high profile local catchup programme in care settings and in schools and community venues.
- Brought a focus to the risks of high blood pressure and raised awareness of self-care and self-management, through sustained high profile communications campaign activity, expansion of community blood pressure checks, and through outreach at the Lambeth Country Show. Over a hot June weekend, partner organisations carried out 350 blood pressure checks at the showground and provided advice on eye health and diabetes prevention. This is in addition to blood pressure checks available in community locations from Lambeth Together's Health and Wellbeing Bus, supplementing tests being carried out via NHS providers.

Photos: Blood pressure checks at the Lambeth Country Show and in community pharmacies

- Established Lambeth HEART, and introduced the initiative to community groups and residents in schools, community spaces and Health and Wellbeing Hubs, as well as to our staff; the programme is supported by the National Institute for Health and Care Research to enable local authorities to become more research active and tackle inequalities.
- Continued to take evidence-based actions across the local food system, culminating in Lambeth being ranked top in the Good Food Local London Report 2024, receiving an award for leadership on joined up action on food and for leading the way in tackling food poverty.

Through our Lambeth Together Sexual Health Programme, we:

- Procured and re-launched a refreshed HIV care and support service to better meet the needs of Lambeth people living with HIV.

Through our Lambeth Together Homeless Health Programme, we:

- Welcomed the Prince of Wales to launch the Homewards programme in Lambeth; this pilot aims to develop innovative approaches to preventing homelessness, focusing on particularly vulnerable groups, such as young people, and women who experience domestic abuse.

Photo: Launch of Homewards at Mosaic Clubhouse in Lambeth

Through our Lambeth Together Substance Misuse Programme, we

- Established an on-street engagement team to connect with and signpost people with drug or alcohol misuse issues into treatment or other support services.
- Launched an Individual Placement Support service to enable people in recovery to access employment opportunities.

Through our health inequalities focused work, we:

- Saw the gap in successful control of hypertension (high blood pressure) eliminated between Black and white patients in two Streatham GP practices that care for over 45,000 patients. Around 7% of patients registered with AT Medics Primary Care Network, who carried out this innovative project, have been diagnosed with hypertension.

With our Estates team, we:

- Successfully relocated Waterloo Health Centre into high quality temporary modular premises on Lower Marsh, following the expiry of their lease; the practice plans to move into permanent premises in the area in early 2026.

Living within our means

- Whilst there are significant budget pressures across all our Lambeth Together partners, we have successfully kept within our delegated ICB budgets and additionally delivered all of our required savings to support wider system pressures.

Lewisham Borough

The Lewisham Health and Care Partnership continues to provide substantial improvements in health and care outcomes in the borough.

The partnership consists of a range of different local health and care organisations working collaboratively to meet the Lewisham Health and Care Partnership strategic priorities.

These are:

- Working to build stronger, healthier families
- Being a compassionate employer and building a happier, healthier workforce
- Working together and in collaboration as organisations and with the communities we serve
- Reducing inequalities in Lewisham

The priorities align with the South East London Integrated Care System's (ICS) priorities and contribute to the overall aspirations of the ICS. In the last year many workstreams were designed to increase efficiency and improve resident and patient care in the community and local services.

NHS@Home begins in Lewisham

The NHS@Home service (previously known as the Virtual Ward) delivered by One Health Lewisham became operational in February 2023, with 266 patients successfully cared for in the last year. NHS@Home offers patients the opportunity to receive the required care from their own place of residence, which might be their home or a care home. NHS@Home care reduces the need for hospital attendance and supports discharge home in a more timely manner. Each patient is handed or delivered a monitoring kit, in addition to a structured questionnaire. Patients are requested to take readings with easy-to-use technology and send them using a supplied mobile phone, up to three times daily. Clinicians from different backgrounds then monitor the condition of patients throughout the day and undertake a home visit if people begin to become unwell.

Implementation of the Peoples Partnership

A People's Partnership group has been created to support the broader structures to the Lewisham Health and Care Partnership and to inform plans as they develop. Updates are presented to the group which predominantly comprises representatives from the voluntary community sector. Colleagues across the Lewisham Health and Care Partnership can present workstreams and future priorities to receive feedback

and suggestions for amendment or partnership working. The group strengthens the relationships between different statutory organisations such as the NHS and Council, and the voluntary sector.

Reducing Health Inequalities:

Following the Birmingham and Lewisham African Caribbean Health Inequality Review by Lewisham and Birmingham council public health teams in 2022, health equity teams have been placed in each of the Primary Care Networks (groups of GP practices working together in local geographies) in Lewisham. The health equity teams provide leadership for system change and community-led action. In the health equity teams, there are six health equity fellows allocated to one Primary Care Network. They have been matched with a community organisation that has been commissioned to recruit and manage a pool of community champions. Community events and health hubs have convened as part of the health equity fellow schemes offering blood tests, blood pressure and Body Mass Index checks.

'Should I Really Be Here?' Project

The Lewisham Local Strategic Partnership (which includes the Police, Higher Education providers and health and care organisations) identified young black males between 16 and 25 years who do not access early mental health support and intervention as a priority. The Lewisham All Age Mental Health Alliance is leading on this project for Lewisham partners, working collaboratively with community organisations to design an engagement approach that is targeted at this group. Four community organisations were chosen for the variability of their offer and experience of previous engagement with young black males.

The initiative aims to test community-based approaches to engagement that are co-produced with the 16-25 year-olds who identify as being of African-Caribbean and/mixed heritage background. The project will improve ways of engaging and supporting individuals to make positive contributions to their own wellbeing.

Neighbourhood Data Profile

The population health team have created a neighbourhood data profile on one of Lewisham's four NHS neighbourhoods, comprising the geographies of south Catford, Bellingham and Downham, to support local health priorities in these areas. The information highlights what physical, mental health and sensory support is being provided to residents, and where there are gaps or improvements that could be made in the positive benefits achieved for residents. As part of the Delivering Integrated Neighbourhoods programme the approach will be extended to all Neighbourhoods in coming months. The programme will integrate and coordinate community based care ensuring residents receive personalised health and care services meeting their needs.

Joy Social Prescribing Platform

Across general practice in Lewisham, the Joy Social Prescribing platform has been successfully implemented. The software supports health and social care professionals, community development workers and other stakeholders to better cater their services to support residents' economic, social and non-clinical needs. It also supports the Lewisham Health and Care Partnership to track the impact of social prescribers on the health and wellbeing of local Lewisham residents.

The Mulberry Hub

The Mulberry Hub is a GP-led Youth Clinic in north Lewisham, which has seen over 181 young people (up to January 2024) since September 2022. The hub provides holistic physical, emotional wellbeing and mental health support to children and young people in Lewisham.

In partnership with North Lewisham Primary Care Network, METRO Charity and SLaM the Hub has an 87% acceptance rate for referrals. Notably, 58% of referrals originate from local GP practices, which demonstrates a strong primary care interface. 93% of young people surveyed said they would recommend the clinic to their friends and 89% said they found the service helpful. The partnership has been extended into 2024/2025 with an extension to the south of the borough proposed for the end of June 2024.

Southwark Borough

Partnership Southwark has been growing and developing after the official formation on 1 July 2022. Relationships between partners have been further established and strengthened over the year. This has been shown via the agreement of the Southwark Health and Care Plan, which was compiled through a robust and collaborative process, and the strengthening of the associated governance arrangements to support the priority programmes sitting within Start Well, Live Well and Age/Care Well.

Partners have also come together to create a new Place Executive Lead position which will sit jointly within Southwark Council and SEL ICB. This new arrangement will allow better oversight of the newly agreed multi-year funding to support the partnership, expanded joint commissioning arrangements and closer integration between SEL ICB and Council teams.

To involve people in everything we do, we have been building upon the work done last year to work more closely with the voluntary and community sector. We are currently agreeing a framework for reimbursing VCS representatives at programme and Board level to reflect the value of the input received from the sector. This aligns closely with the findings from Community Southwark's 'State of the Sector' report in that financial support to the sector is the best way to get the best outcomes for communities in the borough.

Mental health

We've seen the work towards the priorities of the Community Mental Health Transformation Programme (CMHT) progressing well. This has included embedding carers and service users into service design, implementation of Neighbourhood Teams structures, capitalising on the combined resources of MH professionals across primary care and the recruitment of new community roles to support people to keep well in the community.

We have also seen the recruitment of mental health support officers in schools across the borough to help young people with their mental health and meet the national target set by the Mental Health Support in Schools programme. This has been alongside 100% of schools receiving training for over 400 mental health first aiders. To further support crisis prevention, the Kooth online service has also had an increase in users by 25%.

Tackling health inequalities

Partnership Southwark has ensured that tackling health inequalities is a key part of our Health and Care Plan and built into each of our priority workstreams. To support this further, we have sought to work closely with Community Southwark, United St Saviour's Charity and other colleagues from the voluntary and community sector to fund small grants to community organisations delivering projects to reduce health

inequalities. Community Southwark State of the Sector Report has also informed our approach. This has included:

- Tackling health inequalities via two rounds of funding for the growth and development of small community organisations working with people most in need in our borough.
- Creating a new way to make decisions about funding. Made up of representatives from Black, minority ethnic and Latin American led organisations in the borough, a pioneering panel has come together to devise and co-design a unique funding programme using their collective expertise. This new fund is aimed at supporting the distinct needs of their communities and marks a shift in the way decisions on community funding are made in the borough. This funding programme is designed to empower communities to build trust and confidence in identifying and tackling the health inequalities that affect them, to develop personal agency and to become a catalyst for positive change in Southwark.

New clinic to treat lower limb wounds opens at the Tessa Jowell Health Centre

Following presentation of a successful business case to the Partnership Southwark Delivery Executive, a new clinic offering patients treatment and care for lower limb wounds opened in November at the Tessa Jowell Health Centre in south Southwark.

The clinic is delivering impressive results for patients, reporting that many long-standing leg complaints are being resolved within weeks of regular appointments at the clinic. Patients' views on existing services throughout the borough and what would work better for them were heard. The new clinic goes some way to ensure that patients have regular, accessible appointments in a convenient location with the same specially trained team looking after them, and access to a social prescriber to support a holistic approach to care delivery.

Staff involvement was key to the project, and staff from GP surgeries, community and neighbourhood nurses, care home staff and Guy's & St Thomas' Tissue Viability teams took part in the planning process. The hope is that this collaborative working approach will eventually be spread out to all Southwark patients and be a model for wider adoption across South East London.

The Bridge Clinic – providing innovative care to trans and non-binary people in South Southwark

The Bridge Clinic in south Southwark received health inequalities funding last year to develop and implement a 'hub' clinic for trans and non-binary people, a population that faces significant health inequalities in accessing and receiving health care. Barriers to accessing both gender affirming care and general health care have been identified via a Trans Lives Survey in which took place in 2021. This

research found that 57% of trans people avoid going to the GP when unwell and 98% of respondents to the survey felt that transition related NHS healthcare was not adequate.

The Bridge Clinic undertook significant community engagement before opening and is delivering an innovative and groundbreaking service which has been nationally recognised. The hub brings together clinicians with the relevant experience and training and is planned to extend to north Southwark in summer 2024.

Enhanced discharge

To spearhead a revised borough approach to hospital discharge, the team initiated a transfers of care patient experience project using innovative ethnographic research. This provided valuable insights for discharge improvement and further co-design of actions to improve experience.

Other improvements included supporting discharge from locked rehabilitation settings and making use of additional discharge funding to provide additional step-down supported living accommodation in the borough. These have improved both the experience and outcomes of those being discharged.

Vital 5

The team has focused on a number of community activities throughout the year, including the outreach van (seeing over 1,000 residents) and the Wellbeing Hub. These have had an impact on building awareness and have performed health checks for hypertension, smoking, alcohol, weight management and mental wellbeing. For hypertension, the team have established a task and finish group to monitor data and review the patient pathway which has seen improved performance against national targets.

Southwark 2030

Southwark 2030 is a programme of strategic work led by Southwark Council to help shape the future of the borough. This has been done through a series of in-person and online workshops, as well as discussions with partners and stakeholders. The process has led to a further stage of engagement, testing the eight missions which have emerged from the work so far. These are:

1: Homes - All residents in Southwark have a home they are proud of, that meets their needs, and they can afford
2: Neighbourhoods - All residents will be proud of living in caring, connected and welcoming Southwark neighbourhoods
3: Nature - Southwark is a borough full of nature that residents can enjoy and be part of
4: Climate - Southwark will be an international leader in tackling the climate emergency

5: Safety - All people in Southwark feel and are safe on the streets, in their homes and at work
6: Prosperity - Southwark's economy provides greener, fairer and good quality work, education and training opportunities for all
7: Health & wellbeing - People across every part of Southwark's community are living long, healthy lives with good mental health
8: Culture - Everyone in Southwark can enjoy our vibrant culture and arts scene that the borough has available

We will be using the outputs of this valuable piece of work to inform our approach and priorities over the next few years as a Borough partnership.

Official opening of the Tessa Jowell Health Centre

On Thursday, 6 July the Tessa Jowell Health Centre in Dulwich, south London finally received the opening it deserved, with Dame Tessa's daughter, Jess Mills joining local MP Helen Hayes and Shadow Secretary of State for Health and Social Care, Wes Streeting MP to officially open the building.

First opening to patients at the peak of the Covid-19 pandemic in May 2020, this state-of-the-art community health facility went straight into action delivering vaccinations to the local community. As a result of pandemic restrictions, the new building never received an official opening, so a special event was planned to coincide with wider celebrations of the 75th birthday of the NHS.

It has brought a key health facility into the heart of the Dulwich community offering a GP surgery, pharmacy, renal dialysis unit, consultant outpatient clinics, blood tests, cardiology and respiratory diagnostics and mental health services. A testament to the joined up and collaborative nature of community care, the health centre's key service providers include Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust.

Start Well: 1001 Days

Start Well is investing in the first 1001 days programme as child health experts agree that the care given during the first 1001 days has a significant impact on a child's future than at any other time in their life. Our 1001 days vision is linked to the overarching Start Well vision of 'a whole family approach to giving children the best start with a focus on the first 1001 days of life - conception to age two'.

The 1001 days programme is being delivered through a neighbourhood working approach to facilitate more intimate local conversations, helping to bring together the support and expertise of residents, staff, local organisations, community groups and others with genuine interest in the neighbourhood.

Due to high rates of poverty and deprivation, as well as a high prevalence of children living with obesity, Camberwell area was identified as a starting point for an iterative neighbourhood working approach. The intension is to use the learning from Camberwell to spread / scale to other parts of the borough.

We have undertaken a series of engagement conversations with individuals, organisations, community groups and other key stakeholders in the Camberwell area. Through the areas of focus that have been identified, we are now fostering a co-production way of working to create a service that supports our aim that by 2027, all women and their partners who live in Southwark will feel equipped and empowered to provide the best start in the first 1001 days of their children's lives through the provision and access of family-centred, integrated support and services that meet their specific needs.

Engagement events which were carried out in association with the Start Well 1001 days project

4.3 The ICB as an organisation

4.3.1 Supporting and developing our staff

NHS South East London Integrated Care Board Management Cost Reduction (MCR) programme commenced in April 2023, in line with NHS England's requirement for all ICBs to make running cost reductions over financial years 2023/24 and 2024/25. Consequently, our Organisational Development (OD) focus has been on ensuring adequate provision of continued support to the workforce, to help manage the likely impact of the MCR programme on people outcomes and enable organisational effectiveness and efficiencies.

The OD 2023/24 priorities centred on talent, learning, wellbeing, and employee experience which are the key drivers for engagement, career and leadership development and effectiveness across SEL ICB. The approved four-pillar OD workplan was aligned to SEL ICS and national workforce strategies for the NHS including the Long-Term Workforce Plan, People Plan, and People Promise. The pillars are: MCR Support, Our Culture, Talent and Development, and Staff Engagement.

Despite the significant period of change in SEL ICB, the wraparound support provided to staff has enabled the following workforce outcomes:

MCR Support

- An increased efficiency through a new self-serve platform that enabled the collection of over 90% of employee job description documentation in a new digital library, within two months of the digital library creation.

SEL ICB "Our Culture"

- Established standards for acceptable organisational values and behaviours.
- 5% reduction in proportion of staff who report anxiety (Annual NHS Staff Survey (NSS) 2022 vs 2023, Q11c).
- 3.28% improvement in short term sickness absence rates and 4% improvement in total absence.

Talent and Development

- Established an expanded needs-led suite of learning and development offers with 95% increase in uptake of capability building offers rated good to excellent.
- Creation of a new functional people microsite with c2,500 site visits within six months of deployment.

Staff Engagement

- 14% reduction in annual National Staff Survey engagement.
- Established a local framework for rapid measurement of organisational engagement with improved organisational effectiveness of 5%.

Further to the successful delivery of the OD workplan in 2023/24, the roadmap for OD proposed for 2024/25 builds on this year's successful interventions. The work to establish and enable new ways of working will be prioritised given the significant scale of change implemented through the MCR programme, focussing on effective transitional arrangements which will also serve to enhance retention in SEL ICB.

The strategic direction and leadership for SEL ICB OD is provided by the Chief of Staff, supported by the Director of HR and OD. The values-driven team operates an internal consultancy that continuously strives for improvement in people outcomes, by increasing efficiency and effectiveness in people practices and processes.

4.3.2 MCR Support

The MCR programme support provision focus is aimed at increasing the efficiency and effectiveness of the programme through workforce empowerment. There were three areas of support provided, namely: MCR employee support sessions, MCR workforce process optimisation and MCR engagement and feedback.

MCR employee support session

This is an offering of practical support to employees and line managers, to facilitate good employee engagement and experience during the MCR process.

Six virtual support sessions were jointly facilitated by OD, HR, and recruitment teams, with a focus on increasing understanding of the change management process, by providing techniques, guidance, and tools to effectively manage, support and engage all staff during the MCR change programme.

The sessions were delivered between 27 July 2023 and 16 January 2024, covering a range of topics including provision of targeted capability building and support during the 45-day MCR consultation period from the 16 October to 29 November 2023.

MCR workforce process optimisation

The OD support to optimise workforce business processes for reviewing job descriptions during the MCR programme was enhanced through the creation of a functional digital library, to enable a new and optimised way of working.

A digital library with a compendium of resources was created to enable the annual review of job descriptions which is an element of the MCR process and an integral part of all performance reviews.

The library is easily accessible to all employees of SEL ICB.

MCR engagement & feedback

There is ongoing work to collect and embed staff feedback into aspects of the MCR programme, to amplify and embrace staff voices throughout the change programme.

As well as engagement activities hosted by the OD team, feedback gathered from engagement with staff and leaders through local and national surveys is regularly reviewed and utilised for employee and Leadership development. This workstream has enabled the development of impactful content for various OD interventions in 2023/24.

4.3.3 SEL ICB "Our Culture"

Culture is not an initiative. Culture is the enabler of all initiatives.' — Larry Senn.

Our focus on culture has continued from previous years as we have prioritised the key enabler in the development of SEL ICB through 2023/24. This year, our work on culture is established through four workstreams, namely: enhanced health and wellbeing, embedding values and behaviours in New Ways of Working (NWOW), SEL Culture and Leadership Development and OD policy alignment.

4.3.3.1 Enhanced health and wellbeing

SEL ICB currently offers an enhanced wellbeing support offer to employees based on needs identified earlier in 2023/24, and to help reduce the impact of the change programme on staff wellbeing.

The expanded offer will continue to be provided to employees through 2024/25.

The offer is accessible to all SEL ICB staff via the People and OD microsite which was developed over the year to enable accessibility and easy navigation of various health and wellbeing support offers available. Offers available include:

- **Mental wellbeing support** with generic and targeted opportunities for employees who require support, as well as opportunities for developing individual capabilities for managing mental health conditions.
- **Financial wellbeing support** provides various offerings to enhance employee finances, particularly through the cost-of-living crisis period.
- **Physical wellbeing support offer** for staff includes weight management support for NHS staff, support for colleagues affected by menopause, support for colleagues affected by long COVID, and a range of Better Health offers.

4.3.3.2 Embedding values and behaviours in NWOW

Building on the priority work with ICB leaders, staff, and the Board, to develop a set of values for the new organisation in 2022/23, in 2023/24, work has been undertaken with staff to identify the SEL ICB values and co-develop an

accompanying set of behaviours for each value. The values and behaviour sets explain actions and types of conduct we expect to see from all ICB employees, and they set a standard for accountability in SEL ICB.

The values and behaviours have been developed in collaboration with staff representatives and staff network leads, and are aligned to the National Staff Survey, SEL ICB corporate objectives, and appraisal processes. They are as follows:

We are collaborative

- I will work closely with our colleagues and partners
- I will create a positive working environment
- I will be transparent and honest with our colleagues and partners
- I will earn the trust of colleagues and partners by being honest and transparent

We are caring

- I will be mindful of the impact of my words and actions on others
- I will take time to actively listen to others
- I will be kind and respectful of all cultures and beliefs
- I will develop an understanding of other's needs and requirements

We are inclusive

- I will be considerate of other's views and opinions
- I will curiously engage with different cultures and beliefs
- I will be flexible and open to other people's ways of working
- I will be understanding and non-judgemental of others

We are innovative

- I will continue to learn by listening to new ideas and feedback
- I will actively explore new and progressive ways of working
- I will proactively share good practice
- I will actively share opportunities for colleagues to develop their knowledge, skills, and experience

Working with IT and Communications teams, the OD team have developed a suite of communications materials which was socialised with staff through various communication and engagement channels, to enable the spread and adoption of the values and behaviours across SEL ICB.

4.3.3.3 SEL Culture and Leadership Development

Due to ongoing changes in NHS England regional teams, the SEL Culture and Leadership Development programme was replaced by local leadership development interventions, to influence leadership behaviours and enable an inclusive culture that fosters a strong sense of belonging for all SEL ICB employees.

4.3.3.4 OD policy alignment

A refresh of the training and development policy was undertaken to simplify and align the OD policy to SEL ICB values and new ways of working.

The new policy has been reviewed and approved by the SEL ICB staff network representatives and relevant policy review groups.

4.3.4 Talent and Development

Following engagement with SEL ICB employees to understand organisational training needs, five priority areas of work were identified for developing talent in 2023/34, namely: corporate induction programme; talent and development hub, capability building offer expansion, inclusive talent management toolkit and SEL culture and leadership programme.

4.3.4.1 SEL ICB Corporate Induction programme

Since it was established as an ICB, SEL ICB's OD efforts have focused on supporting the workforce transition into the new ways of working of the ICB. In 2023/24, an e-learning corporate induction offer was developed for all SEL ICB employees.

The corporate induction is an experience offer for all staff that aims to embed an understanding of "what it means to work for SEL ICB" thereby providing a common framework that helps build a shared understanding of what it means to work for SEL ICB.

The self-paced mandatory offer is available to all SEL ICB staff via the People and OD microsite and organisational e-learning management system. Nearly 80% of staff completed the training within six months of implementation.

4.3.4.2 SEL ICB Talent and Development hub

A brand new talent and development hub was developed for SEL ICB employees in 2023/24. Hosted within the People and OD microsite, the hub provides easy access to a range of training and development opportunities, including various training courses, workshops, and webinars to support SEL ICB staff.

Other developmental hubs for senior leaders and line managers can also be accessed via the Talent Hub.

4.3.4.3 Capability building offer expansion

In 2023/24, the talent and development support provided to SEL ICB employees was based on a needs assessed, 3-tiered capability building offer for all employees, line managers, and senior leaders, using an equity design approach.

More than 100 training courses have been added to the growing e-learning library for staff. As well as targeted offer provisions such as the Oliver McGowan training. The courses on offer focus on the following areas:

- Business administration
- Coaching and mentoring
- Health and Wellbeing
- Interpersonal skills
- IT and software
- Management and leadership
- Project and change management

Additionally, capability building offers like mentoring, coaching, and learning events have been developed and are widely accepted across the organisation.

4.3.4.4 Inclusive talent management toolkit

The toolkit is a handy place for all staff, line managers, and leaders including staff network leaders, to enable equitable and inclusive talent management in SEL ICB. The resource hub is hosted on the People and OD microsite and consists of various tools and toolkits for developing careers and supporting colleagues.

The inclusive talent management toolkit provides an integrated framework for supporting talent development, as well as transparency on set standards for developing talent in the organisation.

All SEL ICB employees can access the toolkit and associated compendium of resources freely.

4.3.4.5 SEL Culture and Leadership programme

As mentioned under the “Our Culture” section above, the system-wide offer was unavailable in 2023/24 due to ongoing changes in NHS England regional teams. However, progress has been made on the SEL ICB well-led organisational ambition on fit and proper person evaluations, and in the development of a comprehensive Line Manager development programme.

The SEL ICB line manager development programme is currently being sourced from a system partner organisation with an established offer. Procuring the modular e-learning programme this way helps to facilitate synergies across the health and care system, and it enables the implementation of the programme in SEL ICB for improving employee outcomes through line manager capability development.

This is an example of ongoing OD work in SEL ICS to create more opportunities for synergies between organisations in the system through sharing of good practice.

4.3.5 Staff Engagement

Engagement has been a major vehicle for delivering organisational change and development in 2023/24. Through the year, staff engagement has driven one of the SEL People Strategy priority – ***"Promoting SEL as a great place to work".***

The overall aim of the engagement programme was to:

- **Improve employee experience and outcomes** which are primarily measured through the monthly staff check-in survey and the annual national staff survey.
- **Build employee capabilities and understanding**, equip senior leaders, line managers and staff with HR and OD tools and knowledge, to increase workforce efficiencies through increased self-service.
- **Support the adoption of new and optimised ways of working in SEL ICB**, by empowering all SEL ICB employees with needs-based content for developing talent, improving health and wellbeing, and supporting staff through change.

Engagement activities undertaken during the year are as follows:

4.3.5.1 Staff networks support

As well as provision of oversight and strategic support for SEL ICB staff networks, in addition to existing Race and LGBTQ+ staff networks, the "Women, Parents, and Carers" network, and "Age and Ability" network have been reinstated, to ensure adequate provision is made available for amplifying staff voices across protected characteristics.

4.3.5.2 Equalities forum and objectives enablement

OD contributions formed part of the SEL ICB Equality Delivery Plan (EDP) in 2023/24, to enable a more equitable, diverse, and inclusive organisation.

4.3.5.3 HR and OD support and OD bitesize learning series

A total of 20 organisational development sessions were delivered to enable employee wellbeing, develop capabilities for managing and delivering change and new ways of working as part of ongoing transition into the new shape of SEL ICB.

4.3.5.4 Senior Leadership Forum (SLF)

The forum was established to enable senior leaders to deliver change across SEL ICB as well as address organisational needs, such as compassionate and inclusive leadership, and leadership visibility organisation wide. This year two physical SLF sessions were delivered to foster peer-to-peer collaboration and sharing of good practice across the ICB. The sessions focused on:

- practical learning exercises for enhancing psychological safety in teams
- understanding the key elements of leading through change successfully
- developing new ways of working within the ICB and system partner organisations, and

- supporting leaders in the transition to the new ways of working

4.3.5.5 Staff survey (national and local)

NHS SEL ICB employees are encouraged to participate in a comprehensive annual survey and a short monthly survey, both of which are established in line with the NHS People promise. The feedback received from both surveys are analysed and themed, and a report is shared with all staff via standard communication channels and the People and OD microsite.

The NHS Staff Survey (2023/24) was being analysed at the time of this report. SEL ICB undertook the national staff survey a second time in 2023. The nationally deployed survey provides comparative insights across the 29 ICB organisations that completed it across England. A total of 118 questions were asked in the 2023 survey. Understandably, fewer staff completed the survey (58%) this year in comparison to the previous year.

The monthly all-staff check-in survey was launched in August 2023, to compliment the annual NHS Staff Survey. The 3-question survey provides rapid, valuable insights for measuring staff experience in SEL ICB which has been particularly useful for timely identification of employee needs and the development of impactful intervention during the MCR programme. On average, 35% of staff complete the monthly survey with a mean check-in score of 5.2.

Andrew Bland
Chief Executive & Accountable Officer
24 June 2024

5. Accountability Report

5.1 Corporate Governance Report

5.1.1 Members Report

5.1.1.1 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
- **Paul Larrisey,** Acting Chief Nurse (since September 2023)*
- **Dr Toby Garrood,** 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
- **Martin Wilkinson,** Acting Place Executive Lead, Southwark (since September 2023) *

* Board membership has changed in the year as follows:

- Angela Helleur was Chief Nurse from 1 April 2023 to 15 September 2023, and on secondment to Kings College Hospital NHS Foundation Trust from this date to 14 January 2024, when her contract with SEL ICB ended.
- Dr Jonty Heaversedge was joint medical director with Dr Garrood between 1 April 2023 and 30 November 2023.
- James Lowell was Place Executive Lead, Southwark from 1 April 2023 to 15 September 2023.

5.1.1.2 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
Executive Committee	Andrew Bland
Planning & Finance Committee	Dr George Verghese
Quality & Performance Committee	Professor Clive Kay
Remuneration Committee	Anu Singh
People Board	Dr Ify Okocha
Digital Board	David Bradley

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.

5.1.1.3 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.

5.1.1.4 Personal data related incidents

There have been two ICB data incidents this year that have met the threshold of being reportable to the to the Information Commissioner's Office (ICO).

5.1.1.5 Modern Slavery Act

NHS South East London ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period 1 April 2023 to 31 March 2024 is published on our website.

Andrew Bland
Chief Executive & ICB Accountable Officer
24 June 2024

5.1.2 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
24 June 2024

5.1.3 Governance Statement

5.1.3.1 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 April 2023 and 31 March 2024, the South East London 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 Integrated Care Board as set out in this governance statement.

5.1.3.2 Governance arrangements and effectiveness

The main function of the Board is to ensure that the ICB has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically, and complies with such generally accepted principles of good governance as are relevant to it. The arrangements to achieve this in NHS South East London ICB are detailed below.

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 are available on the ICB website.

Board meetings

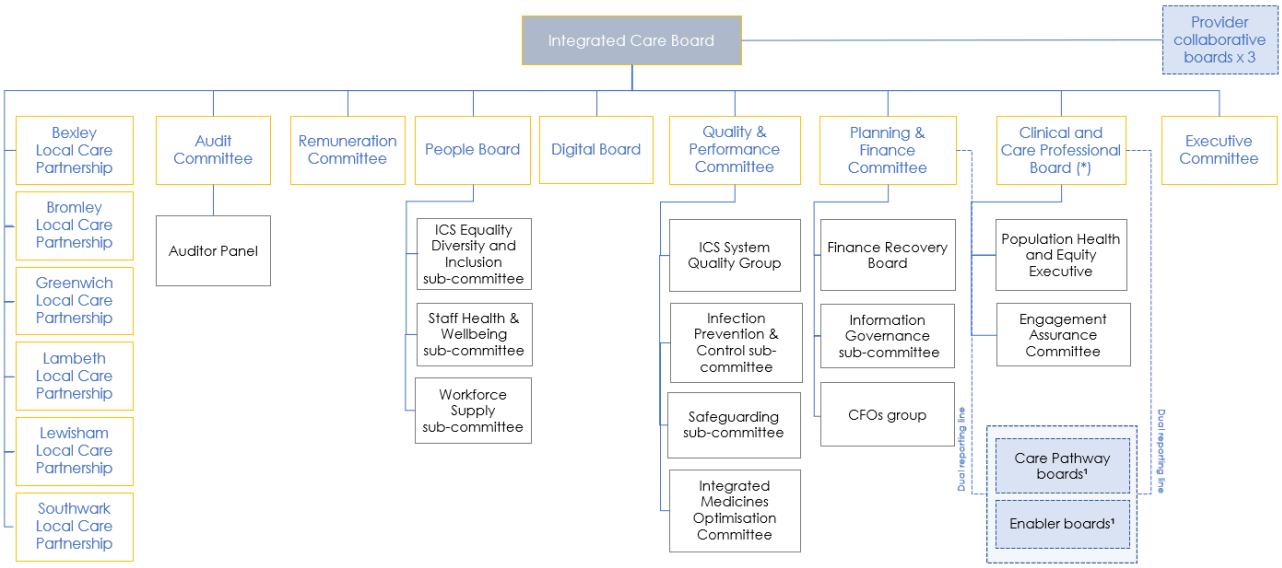
The ICB Board is comprised of ICB non-executive directors, executive directors and partner members, to ensure all parts of the Integrated Care System are represented. The Board meets on a monthly basis, with quarterly meetings held in public, and with meeting dates and venues openly published on the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

Four Board meetings have been held in public between 1 April 2023 and 31 March 2024, with attendance as follows:

Member	Role in ICB	No of meetings attended
Richard Douglas	ICB Chair	4/4
Paul Najsarek	Non-Executive Director	3/4
Peter Matthew	Non-Executive Director	2/4
Anu Singh	Non-Executive Director	4/4
Andrew Bland	Chief Executive Officer	4/4
Mike Fox	Chief Finance Officer	3/4
Dr Toby Garrood	Joint Medical Director	4/4
Dr Jonty Heaversedge	Joint Medical Director (to 30.11.23)	2/3
Angela Helleur	Chief Nurse (to 15.09.23)	1/2
Paul Larrisey	Acting Chief Nurse (from 18.09.23)	2/2
Stuart Rowbotham	Place Executive Lead (Bexley)	4/4
Dr Angela Bhan	Place Executive Lead (Bromley)	4/4
Sarah McClinton	Place Executive Lead (Greenwich)	2/4
Andrew Eyres	Place Executive Lead (Lambeth)	4/4
Ceri Jacob	Place Executive Lead (Lewisham)	4/4
James Lowell	Place Executive Lead (Southwark) (to 15.09.23)	2/2
Martin Wilkinson	Acting Place Executive Lead (Southwark) (from 18.09.23)	2/2
Professor Clive Kay	Partner Member, Acute Services	4/4
David Bradley	Partner Member, Mental Health Services	3/4
Dr Ify Okocha	Partner Member, Community Health Services	3/4
Dr George Verghese	Partner Member, Primary Care Services	2/4
Debbie Warren	Partner Member, Local Authority	1/4

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 principal purpose of the committees and membership attendance from members of the ICB Board is detailed below.

Quality & Performance Committee – meeting monthly (3 meetings since 1 April 2023, noting 2 meetings cancelled due to industrial action and operational pressures)

Member	Role in ICB	No of meetings attended
Professor Clive Kay	Partner Member and Committee Chair	3/3
Richard Douglas	ICB Chair	3/3
Paul Najsarek	Non-Executive Director	2/3
Andrew Bland	Chief Executive Officer	3/3
Dr Toby Garrood	Joint Medical Director	3/3
Angela Helleur	Chief Nurse (to 15.09.23)	1/2
Paul Larrisey	Acting Chief Nurse (from 18.09.23)	1/1
Sarah Cottingham	Executive Director of Planning	2/3
Tosca Fairchild	Chief of Staff	3/3
Dr Angela Bhan	Place Executive Lead (Bromley)	3/3
Ceri Jacob	Place Executive Lead (Lewisham)	3/3

Planning & Finance Committee – meeting monthly (10 meetings since 1 April 2023)

Member	Role in ICB	No of meetings attended
Dr George Verghese	Partner Member and Committee Chair	7/10
Richard Douglas	ICB Chair	7/10
Anu Singh	Non-Executive Director	9/10
Andrew Bland	Chief Executive Officer	7/10
Mike Fox	Chief Finance Officer	6/10

Dr Toby Garrood	Joint Medical Director	3/10
Angela Helleur	Chief Nurse (to 15.09.23)	0/3
Paul Larrisey	Acting Chief Nurse (from 18.09.23)	6/7
Sarah Cottingham	Executive Director of Planning	10/10
Tosca Fairchild	Chief of Staff	8/10
Stuart Rowbotham	Place Executive Lead (Bexley)	7/10
Dr Angela Bhan	Place Executive Lead (Bromley)	8/10
Sarah McClinton	Place Executive Lead (Greenwich)	2/10
Andrew Eyres	Place Executive Lead (Lambeth)	8/10
Ceri Jacob	Place Executive Lead (Lewisham)	4/10
James Lowell	Place Executive Lead (Southwark) (to 15.09.23)	1/4
Martin Wilkinson	Acting Place Executive Lead (Southwark) (from 18.09.23)	0/6

For several of the above members, representatives attended on their behalf where they were unable to attend in person.

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

Audit Committee – meeting quarterly (5 meetings since 1 April 2023)

Member	Role in ICB	No of meetings attended
Paul Najsarek	Non-Executive Director and Committee Chair	5/5
Peter Matthew	Non-Executive Director	3/5
Debbie Warren	Partner Member	5/5
Dr Ify Okocha	Partner Member	5/5

Remuneration Committee – (2 meetings since 1 April 2023)

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

Clinical & Care Professional Committee – 2 meetings since 1 April 2023

Member	Role	No of meetings attended
Dr Toby Garrood	Joint Medical Director and Committee Chair	1/2
Dr Jonty Heaversedge	Joint Medical Director and Committee Chair (to 30.11.23)	1/2
Angela Helleur	Chief Nurse (to 15.09.23)	1/1
Paul Larrisey	Acting Chief Nurse (from 18.09.23)	0/1
Sarah Cottingham	Executive Director of Planning	0/1
Dr George Verghese	Partner Member	0/1

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 (6 meetings since 1 April 2023)

Member	Role	No of meetings attended
Dr Ify Okocha	Chair of committee	5/6
Angela Helleur	Chief Nurse, SEL ICB (to 15.09.23)	3/3
Paul Larrisey	Acting Chief Nurse, SEL ICB (from 18.09.23)	0/1
Tosca Fairchild	Chief of Staff, SEL ICB	5/6

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

Executive Committee – meeting fortnightly (16 meetings since committee established on 30 August 2023)

Member	Role in ICB	No of meetings attended
Dr George Verghese	Partner Member and Committee Chair	15/16
Andrew Bland	Chief Executive Officer	14/16
Mike Fox	Chief Finance Officer	4/16
Dr Toby Garrood	Joint Medical Director	10/16
Dr Jonty Heaversedge	Joint Medical Director (to 30.11.23)	7/7
Angela Helleur	Chief Nurse (to 15.09.23)	1/2
Paul Larrisey	Acting Chief Nurse (from 18.09.23)	12/14
Sarah Cottingham	Executive Director of Planning	14/16

Tosca Fairchild	Chief of Staff	11/16
Stuart Rowbotham	Place Executive Lead (Bexley)	13/16
Dr Angela Bhan	Place Executive Lead (Bromley)	13/16
Sarah McClinton	Place Executive Lead (Greenwich)	9/16
Andrew Eyres	Place Executive Lead (Lambeth)	14/16
Ceri Jacob	Place Executive Lead (Lewisham)	11/16
James Lowell	Place Executive Lead (Southwark) (to 15.09.23)	0/2
Martin Wilkinson	Acting Place Executive Lead (Southwark) (from 18.09.23)	13/14
Julie Screaton	Chief People Officer (to 31.12.23)	6/9
Meera Nair	Chief People Officer (from 1.1.24)	7/7
Ranjeet Kaile	Director of Communications & Engagement	10/16
Beverley Bryant	Chief Digital Officer	7/16
Philippa Kirkpatrick	Chief Digital Information Officer	14/16

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

5.1.3.3 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 ICBs for the financial year ended 31 March 2024.

5.1.3.4 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 Integrated Care Board's statutory duties.

5.1.3.5 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. The processes are designed to enable the Board to be effectively appraised on key risks to delivery of the ICB's responsibilities and objectives 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 Local Care Partnership (LCP) 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 ICB Board meeting.

Developing the ICB's approach to risk management in 23/24

The ICB has made substantial progress in improving its risk processes over the last year including enhancing Board engagement on the operational management of risk and development of the organisation's strategic approach to risk. The assurance team has led the comprehensive revision of the ICB's BAF and risk register and has worked with risk owners and sponsors to ensure content is accurate, clear and succinctly described.

The ICB Board had led the development of a new risk-appetite approach to the management and escalation of risk, which is designed in alignment with the organisation's scheme of delegation and agreed accountabilities. In support of this, the responsibility for detailed assurance and oversight of risk has been distributed for in-scope risks to committees across the organisation, with the Board retaining oversight of all BAF risks following their consideration by key committees.

In this the ICB has benefitted from its inclusion of partner members on key committees

and each committee has taken steps to increasingly consider the main risks that impact the broader ICS system.

The ICB has self-assessed to be level 2 on the maturity matrix of development of its approach to system risk. In this SEL ICB is not an outlier compared to other London ICBs. The ICB's Audit Committee and ICB Executive in February and March 2024 committed to a series of initial actions to further develop the approach to system risk. These will be implemented from Q1 24/25.

The ICB received an internal audit rating for its Board Assurance Framework and risk management arrangements of "reasonable assurance" in March 2024.

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 organisation's 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.

The ICB's audit committee receives on an annual basis a report against each of the Standards for Commissioners and has a report from the Local Counter Fraud Specialist as a standard agenda item for every Audit Committee meeting.

5.1.3.6 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 2023/24 NHS South East London ICB has followed the risk standards set out in HM Government's *The Orange Book Management of Risk – Principles and Concepts.* The framework uses a 5 x 5 scoring matrix of likelihood of occurrence against impact to identify the scale of risk. Extreme risks are those that attract the

highest scores and therefore warrant immediate attention by the Board, committees and risk owners.

			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 2024, the ICB Board Assurance Framework risks which exceeded tolerance and are therefore of most focus are:

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	394	System financial balance	12	25
	512	Financial risk related to MCR redundancies		16
Data and Information Management	279	ICB paper records left on the NHS SEL sites	9	12
	434	Variation in CHC digitalisation means that SEL will not meet the CHC mandatory patient level dataset submission		12
	435	Variation in CHC digitalisation means that SEL will not meet the all age continuing care patient level dataset submission		12
	437	Disruption to IT/ Digital systems across provider settings due to external factors		10
	484	Disruption to primary care activity through the change initiatives being implemented by acute providers and/or pathology providers.		12
Governance: Adherence to legal and statutory responsibilities	433	Potential reputation damage to the ICB due to SLAM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	12	16

Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**386**	Ongoing pressures across SEL UEC services	12	16
	504	Cancer performance targets		16
Clinical, Quality and Safety	**391**	Increased waiting times for autism diagnostics assessments	9	16
	404	New and emerging High Consequence Infections Diseases (HCID) & pandemics		12
	431	Harm to patients due to unprecedented operational pressures		16
	468	Risk of variation in performance across SEL with FNC (funded nursing care) reviews		12
	491	System oversight of patient quality and safety systems		16

Prevention of risk is viewed as a key element of risk management and is embedded within the 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. In addition, each ICB in London is required to set up a sector-based Local Health Resilience Partnership (LHRP) as a sub-group of the London LHRP. The SEL LHRP has been in operation since September 2023 and is jointly chaired by the SEL ICB Chair of Staff and a Director of Public Health.

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 an annual assurance review by NHS England. In 2023, 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 are 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 a Freedom to Speak Up/ Whistleblowing Policy to comply with national guidance and requirements.

The ICB has registered two Freedom to Speak Up concerns raised in the year. One of these related to an internal HR issue, with the second concern currently under ongoing investigation.

5.1.3.7 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 with their areas through a regular committees report.

Borough risk registers are considered by the LCPs 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 ICB's 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.

The 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 ICB 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 LCP challenge, standardisation of risk assessment and scoring, sharing of information on potential risks and consideration of best practice.

5.1.3.8 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 ICB's control environment through the implementation of a suite of policies, processes and reporting procedures, such as the Scheme of Reservation and Delegation and the ICB's 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 the annual internal audit of conflicts of interest management in December 2023, considering the ICB's 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 two medium and four 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 the 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 2023/24 period the ICB is required to submit their DSPT by 30 June 2024. 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.

5.1.3.9 Control Issues

The main risks currently facing the ICB are captured in the Board Assurance Framework (BAF) which is updated every month. Following an extensive review of the ICB's Risk Management Framework in the year, the BAF reflects any risks held either at SEL-wide or borough level where the risk score is in excess of the agreed risk threshold for that type of risk.

A principal issue in the SEL system is the impact of ongoing operational demand and capacity pressures, reflected in increased risk to achieving performance and access targets and meeting delivery of recovery plans. In 2023/24 operational delivery pressures have been significantly compounded by the impact of Industrial Action on NHS services. The effect of reducing planned elective work and investment of time and resource in planning mitigations in respect of industrial action has impacted on both access and waiting times, and on our ability to secure and sustain continuous flow and productivity and efficiency improvements. Recovery targets related to national access and performance standards included in the ICB's operational plan for the year have been put at risk with a specific impact on our longest planned care (elective 78 and 65 week waiters).

The ICB has worked with system and provider partners to develop and implement agreed mitigation plans and wider recovery plans, with an ongoing focus on recovering the industrial action impact and securing the enhanced capacity, pathway and productivity improvement to optimise waiting times, improve access and flow.

5.1.3.10 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 auditor's assessment of achievement of value for money

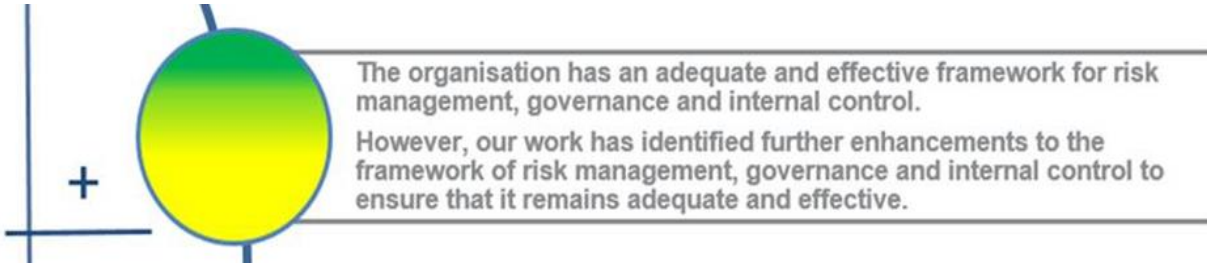
5.1.3.11 Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for NHS 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:

The Head of internal audit opinion

For the 12 months ended 31 March 2024, the head of internal audit opinion for South East London Integrated Care Board is as follows:

Head of internal audit opinion 2023/24



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

Scope and limitations of our work

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

- internal audit has not 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. The assurance framework is one component that the board 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;
- 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.

FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

Substantial Assurance and Reasonable Assurance

We issued the following Substantial Assurance and Reasonable Assurance opinions in 2023/24:

• GP IT Services (Substantial Assurance)

• Board Assurance Framework (Reasonable Assurance)

• Conflicts of Interest (Reasonable Assurance)

• Primary Care (Reasonable Assurance)

• Waiting List Management (Reasonable Assurance)

• Workforce Planning (Reasonable Assurance)

• Internal (Place) Performance Management (Reasonable Assurance)

We also completed the review on the Data Security Protection Toolkit 2022/23 submission and concluded a Moderate Assurance opinion and a high level of confidence on the veracity of the submission across all 10 NDG standards.

In the audits shown as providing Substantial Assurance 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.

Partial Assurance

We also issued the following Partial Assurance opinions in 2023/24:

• Safeguarding
• Transformation Programme (Community Mental Health)

The control issues from the Partial Assurance opinions were as follows:

Safeguarding

There are some weaknesses for Safeguarding at the ICB, which has resulted in the agreement of one ‘High’, three ‘Medium’ and three ‘Low’ priority management actions to strengthen the control framework. The weaknesses primarily relate to the following areas:
• Inconsistencies in the completion of DBS checks (High)
• The roles for safeguarding at Place/Boroughs are inconsistent (Medium)
• Safeguarding training was not always undertaken (Medium)
• The Safeguarding Case Review Tracker is not fully updated (Medium)
One ‘high’, one ‘medium’ and one ‘low’ priority management actions are still in progress. We will continue to follow these up and report on progress to the Audit Committee.

Transformation Programme (Community Mental Health)
Progress with the programme has been slower than anticipated due to workforce constraints and the need to shift culture/ways of working across teams however the CMHS transformation programme has established many positive initiatives which was achieved through a well-designed approach to identify the priorities across places, aligning with the ICS strategic priorities and focusing on addressing key gaps across the system. However, there are areas that require improvement to ensure there is stronger programme governance and assurance received by the ICB from places in regard to delivery, and enhanced performance reporting to be able to quantify improvements made.

As a result, we have raised one ‘high’, four ‘medium’ priority and one ‘low’ priority management actions. We will follow up on these actions when they become due and report on progress to the Audit Committee.

Advisory

We issued the following Advisory reports in 2023/24:

Assurance Mapping Exercise

We undertook an Assurance Mapping exercise to assist in developing and maintaining organisational assurance arrangements. The assurance map suggests that most business areas appear to have adequate first and second line assurances, but that further review of third line assurances would be a useful exercise and further work is required in regard to obtain assurance for system level risks.

Population Health Management (PHM)

SEL ICB are currently in the early stages of their PHM journey, but positive progress is emerging. We noted a range of examples of where they have adopted a PHM approach, PHM implementation and a developing evaluation model. In terms of next steps and following on from the management cost reduction processes, we would encourage SEL ICB to build upon and scale their PHM implementation plan. We would encourage the ICB to review their governance and information sharing structures to leverage economies of scale and lessons learnt across the system and potential duplication.

Financial Governance

Due to an unexpected, significant deterioration in the financial position of one of the ICB's local NHS providers, the ICB Audit Committee commissioned this internal ICB review to understand if there are things that the ICB could learn about its financial management arrangements which might anticipate, identify, mitigate, and respond to the risk of unexpected financial deterioration in future in any of the local NHS providers.

In our view, the ICB could have been more aware of the increasing financial challenge and risk being carried by the system. We raised a number of recommendations for the ICB to consider such as strengthening the reports available, seeking greater collaborative working, and implementing a common approach for financial planning across the system.

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

Based on the work we have undertaken on the ICB's system on internal control, Management should consider whether there are any issues that need to be flagged as significant control issues within the Annual Governance Statement (AGS). Specifically, consideration may be given to some of the issues identified within the partial assurance reviews on Safeguarding and the Community Mental Health Transformation Programme.

The ICB may also wish to consider whether any other issues have arisen, including the results of any external reviews for potential inclusion in the Annual Governance Statement.

The Basis of our Internal Audit Opinion

As well as those headlines previously discussed, the following areas have helped to inform our opinion.

Acceptance of internal audit management actions

Management have agreed actions to address most of the findings reported by the internal audit service during 2023/24.

Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by management through the action tracking process in place. During the year progress has been reported to the audit committee, with the validation of the action status confirmed by internal audit on rolling basis. Our follow up of the actions agreed to address previous years' internal audit findings shows that the organisation had made adequate progress in implementing the agreed actions. This year we followed up on 53 actions; 26 of which were from 22/23 reviews, and 27 were raised in our 23/24 reports. Of these, 36 have been implemented in the year. 1 action (Conflicts of Interest 22/23) was superseded. 9 actions are not yet due. There are 7 actions which have exceeded their original implementation date but are in progress. These relate to CHC 22/23 (1 high and 1 medium), Safeguarding

23/24 (1 high, 1 medium and 1 low), GP IT 23/24 (1 low) and Conflicts of Interest 23/24 (1 low). We will continue to follow up on all actions for the Audit Committee.

Working with other assurance providers

In forming our opinion we have not placed any direct reliance on other assurance providers.

Service Auditor Reports

NHS Shared Business Service ISAE 3402 - In forming our opinion, we reviewed the Service Auditor Report from the internal auditors of NHS Shared Business Services who provide financial transactional services to the ICB. An unqualified opinion from PwC was assigned that "the control objectives stated were achieved and operated effectively throughout the period 1 April 2023 to 31 March 2024". There were two exceptions noted around documenting of client requests to remove invoice holds and maintenance of email communication sent to the client with the results of reconciliations.

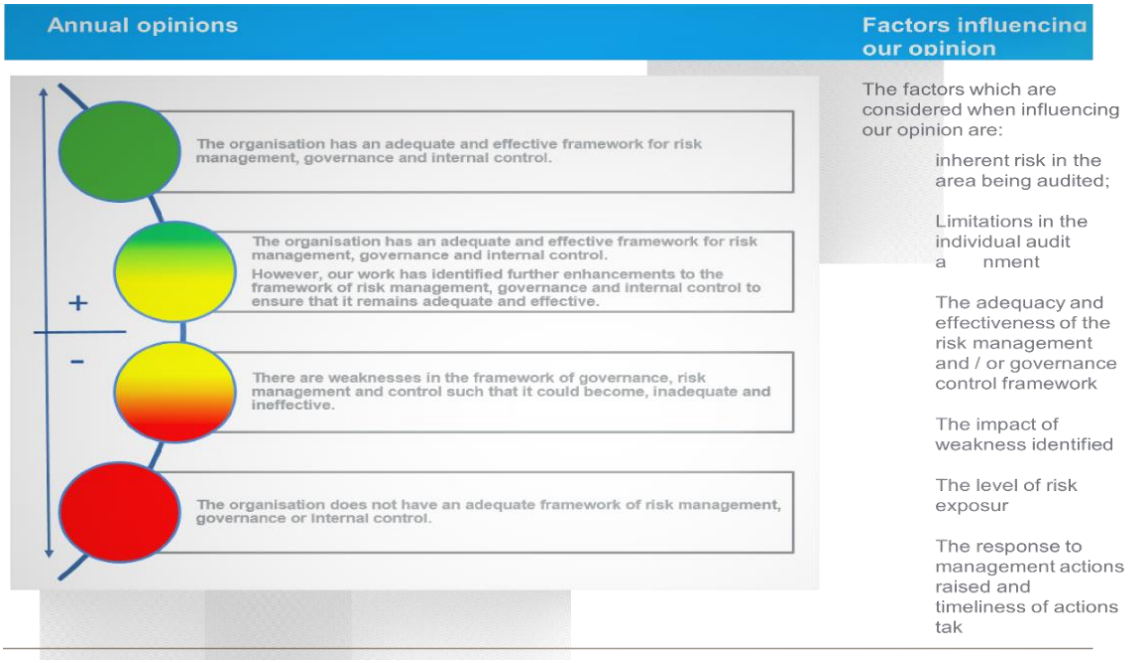
North of England Commissioning Support Unit Report on Internal Controls (Type II) Finance and Payroll - In forming our opinion, we reviewed the Service Auditor Report from the North of England CSU, who provide Payroll services for the ICB. A qualified opinion from the internal auditors was assigned in relation to one control objective during the period 1 April 2023 to 31 March 2024. This was in relation to the objective "B.4: Credit notes raised are valid, accurate and processed in a timely manner". One exception was also noted around timeliness of approval for sales order requests.

Primary Care Support England - Capita Type II ISAE 3402 - Capita provide a range of payment and pensions administration services under the PCSE contract. Within the scope of our work, a qualified opinion was issued in relation to one control objectives during the period 1 April 2023 to 31 March 2024. This was in relation to the objective 'Controls provide reasonable assurance that logical access by internal Capita staff and GPs to NHAIS and PCSE Online is restricted to authorised individuals.'

ESR –Type II ISAE 300 - In forming our opinion, we also reviewed the Service Auditor Report from the internal auditors of the Electronic Staff Record Programme for the period 1 April 2023 to 31 March 2024. No exceptions were noted.

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.



5.1.3.12 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.”

5.1.3.13 Conclusion

There were no significant internal control issues identified.

Andrew Bland
Chief Executive & ICB Accountable Officer
24 June 2024

5.2 Remuneration and Staff Report

5.2.1 Remuneration Report

5.2.1.1 Remuneration Committee

The Remuneration Committee comprises of four members and has met twice during the past year, with a further proposal agreed via email correspondence. The Committee is also closely monitoring the operation of the ICB's management cost reduction programme and the potential cost impact.

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

5.2.1.2 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.

5.2.1.3 Remuneration of Very Senior Managers

5.2.1.3.1 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 2023-24

Name	Title	Salary	Expense Payments (taxable)	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 £2,500	bands of £5,000
Andrew Bland	Chief Executive	235-240	400	0	0	0	235-240
Richard Douglas	Chair	60-65	0	0	0	0	60-65
Mike Fox	Chief Finance Officer	165-170	0	0	0	2.5-5	170-175
Dr Jonty Heaversedge (5)	Joint Medical Director	70-75	0	0	0	0	70-75
Angela Helleur (4)	Chief Nursing Officer	140-145	0	0	0	0	140-145
Paul Larrisey (4)	Acting Chief Nursing Officer	60-65	0	0	0	0	60-65
Stuart Rowbotham (2)(3)	Bexley Place Executive Lead	70-75	0	0	0	0	70-75
Angela Bhan	Bromley Place Executive Lead	115-120	0	0	0	30-32.5	145-150
Sarah McClinton (2) (3)	Greenwich Place Executive Lead	60-65	0	0	0	0	60-65
Andrew Eyres (2)(3)	Lambeth Place Executive Lead	75-80	0	0	0	0	75-80
Ceri Jacob (2)(3)	Lewisham Place Executive Lead	75-80	0	0	0	0	75-80
James Lowell (2)(3) (6)	Southwark Place Executive Lead	30-35	0	0	0	0	30-35
Martin Wilkinson (6)	Acting Southwark Place Executive Lead	135-140	1,100	0	0	0	135-140
Sarah Cottingham	Executive Director of Planning	165-170	0	0	0	0	165-170
Tosca Fairchild	Chief of Staff	150-155	0	0	0	40-42.5	190-195
Anu Singh	Non-executive director	15-20	0	0	0	0	15-20
Paul Najsarek	Non-executive director	15-20	0	0	0	0	15-20
Peter Matthew	Non-executive director	10-15	0	0	0	0	10-15
Dr George Verghese	Partner member (primary care)	35-40	0	0	0	0	35-40

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 (to 31 December 2023)
   Meera Nair – Chief People Officer (from 1 January 2024)
   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. Where the ICB shares the cost of the senior manager's salary with another organisation, it is only the element of the cost incurred by the ICB that is recognised within the ICB's remuneration report.
3. The total salary for Andrew Eyres was £160k to £165k, and for Ceri Jacobs £150k to £155k. For the remaining Place Executive Leads, the total salaries are disclosed in the annual reports of their employing organisations. These are the Royal Borough of Greenwich for Sarah McClinton, the London Borough of Bexley for Stuart Rowbotham, and South London and Maudsley NHS Foundation Trust for James Lowell.
4. Angela Helleur was on secondment to King's College Hospital NHS Foundation Trust from 18 September 2023 but left ICB service in January 2024. Her salary payments reflect the period to January 2024. Paul Larrisey is the Acting Chief Nurse following Angela's secondment.
5. Dr. Jonty Heaversedge left the ICB on 30 November 2023.
6. James Lowell left the ICB in September 2023. Martin Wilkinson became the acting Southwark Place Executive Lead from that point.
7. All Pension Related Benefits are the cash value of payments (whether in cash or otherwise) in lieu of retirement benefits, and all benefits in year from participating in pension schemes.

Financial period 1 July 2022 to 31 March 2023 (audited)

Name	Title	Salary	Expense payments (taxable)	Performance pay and bonuses	Long term performance pay and bonuses	All pension-related benefits	Total
		bands of £5,000	(to the nearest £100)	bands of £5,000	bands of £5,000	bands of £2,500	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 ICB incurred nine months' worth of salary for the senior managers who are on payroll. This includes the July 2022 to March 2023 salaries.
2. All members were in post from 1 July 2022 to 31 March 2023.

Pension Benefits 2023-24 (audited)

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 2023 (to nearest £1,000)	Real increase in cash equivalent transfer value (to nearest £1,000)	Cash equivalent transfer value at 31 March 2024 (to nearest £1,000)	Employer contribution to stakeholder pension
	£'000s	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**	**£'000s**
Mike Fox – Chief Finance Officer	0 - 2.5	42.5 - 45	50 – 55	140 - 145	745	239	1,082	-
Dr Jonty Heaversedge –Joint Medical Director	0 - 2.5	0 - 2.5	15 – 20	35 - 40	298	-	339	-
Andrew Eyres – Lambeth Place Executive Lead	0 - 2.5	10 - 12.5	75 – 80	205 - 210	1,666	-	101	-
Sarah Cottingham – Executive Director of Planning	0 - 2.5	42.5 - 45	70 – 75	190 - 195	1,356	232	1,762	-
Tosca Fairchild - Chief of Staff	2.5 - 5	-	10 – 15	30 - 35	209	29	275	-
Angela Bhan - Bromley Place Executive Lead	0 - 2.5	-	0 – 5	-	-	28	40	-
Martin Wilkinson - Southwark Place Executive Lead	0 - 2.5	27.5 - 30	50 – 55	140 - 145	996	105	1,221	-

Notes:

The real increase in cash equivalent transfer value zero return for Andrew Eyres is due to being over NRA (Normal Retirement Age) in the existing scheme – therefore a CETV calculation not being applicable for the current year, resulting in a negative figure. The zero return for Jonty Heaversedge represents a negative figure after inflation effects.

Andrew Bland chose not to be covered by the pension arrangements during the 2023/24 financial reporting year.

Tosca Fairchild chose not to be covered by the pensions arrangements during 2022/23 but was covered during 2023/24. Consequently, there are no comparative disclosures for 2022/23.

Pension Benefits 2022-23 (audited)

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

5.2.1.4 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 2024. HM Treasury published updated guidance on 4 April 2024; this guidance will be used in the calculation of 2023 to 2024 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.

5.2.1.5 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).

5.2.1.6 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 remuneration of the highest paid member of the Board in NHS South East London ICB in financial year 2023/24 was £235k-£240k (1 April 2023 to 31 March 2024 was £225k-£230k).

Percentage change in remuneration of highest paid director

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	5%	0
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	5%	0

The banded remuneration of the highest paid member of the Board in NHS South East London ICB in financial year 2023/24 was £237,930 a 5% increase from 2022/23 (£226,600). The average pay of the organisation also increased by 5% reflecting the impact of an NHS Pay Award and the impact of career progression pay increments.

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
2023-24 (ICB)	4.94	48,054	4.05	58,698	3.04	78,163
2022-23 (9 months ICB)	4.77	47,681	3.80	59,796	2.88	79,078

During the reporting period 2023/24, no employees received remuneration in excess of the highest-paid director/ member. Remuneration ranged from £24,336 to £237,930.

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 2023/24 to reflect updates to fair pay disclosures.

5.2.2 Staff Report

5.2.2.1 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 5.2.2.2. and 5.2.2.3.

5.2.2.2 Staff numbers and costs (subject to audit)

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	4	3.4	£81,222
	Band 4	20	18.1	£479,651
	Band 5	41	37.9	£1,220,097
	Band 6	63	58.7	£2,247,208
	Band 7	59	54.3	£2,535,079
	Band 8A	95	87.0	£4,648,151
	Band 8B	72	62.9	£3,957,058
	Band 8C	42	37.7	£2,820,966
	Band 8D	38	35.9	£3,228,775
	Band 9	16	15.5	£1,635,435
	VSM	11	10.9	£1,535,067
Female Total		**461**	**422.3**	**£24,388,709**
Male	Band 3	1	1.0	£22,816
	Band 4	8	8.0	£203,625
	Band 5	20	19.4	£615,590
	Band 6	24	23.6	£898,607
	Band 7	32	31.1	£1,463,196
	Band 8A	25	24.4	£1,299,522
	Band 8B	28	27.4	£1,701,810

	Band 8C	20	17.6	£1,323,523
	Band 8D	27	26.9	£2,437,565
	Band 9	6	6.0	£674,636
	VSM	7	7.0	£1,130,988
Male Total		**198**	**192.41**	**£11,771,878**
Grand Total		**659**	**614.72**	**£36,160,587**

5.2.2.3 Staff composition

The ICB's workforce as of 31 March 2024 is set out below by overall employee group and then broken down by male and female, of which the split is 30.62%/69.38% respectively.

Headcount by role	Female	Male	Grand Total
Clinical Lead	98	45	143
Board	5	4	9
Board non-executives (inc Chair)	1	3	4
Borough Lay members	2	2	4
Very Senior Managers (VSM grade)	6	3	9
Employee	450	191	641
Grand Total	**562**	**248**	**810**

Approximately 17.8% of the ICB's workforce are on part-time contracts, broken down as below.

Employee Category	Headcount	FTE
Full Time	542	542.0
Part Time	117	72.72
Grand Total	**659**	**614.72**

All the above have either permanent or fixed term contracts of employment.

Staff numbers are analysed by category as follows:

Category	Headcount	FTE	Actual pay cost
A Ambulance Staff	0	0	£0
G Administration and Estates staff	544	519.7	£30,408,472
H Health care assistants and other support staff	0	0	£0
M Medical and dental staff	0	0	£0
N Nursing, midwifery and health visiting staff	55	43.42	£2,462,334
P Nursing, midwifery and health visiting learners	0	0	£0
S Scientific, therapeutic and technical staff	60	51.6	£3,289,779
U Healthcare science	0	0	£0
Z General payments	0	0	£0
Grand Total	**659**	**614.72**	**£36,160,585**

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

Disability

Disability	Headcount	%	FTE
No	574	87.10	537.04
Not Declared	3	0.46	3.00
Prefer Not To Answer	18	2.73	15.03
Unspecified	2	0.30	1.60
Yes	62	9.41	58.05
Grand Total	**659**	**100.00**	**614.72**

Gender

Gender	Headcount	%	FTE
Female	461	69.95	422.32
Male	198	30.05	192.40
Grand Total	**659**	**100.00**	**614.72**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	7	1.06	7.00
Gay or Lesbian	26	3.95	24.62
Heterosexual or Straight	574	87.10	536.10
Not Disclosed	50	7.59	45.00
Other sexual orientation not listed	2	0.30	2.00
Grand Total	**659**	**100.00**	**614.72**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	310	47.04	285.49
B White - Irish	12	1.82	10.00
C White - Any other White background	31	4.70	29.60
CA White English	3	0.46	2.60
CB White Scottish	1	0.15	1.00
CC White Welsh	2	0.31	1.13
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
CX White mixed	1	0.15	1.00
CY White Other European	3	0.46	2.20

D Mixed – White & Black Caribbean	3	0.46	3.00
E Mixed - White & Black African	4	0.60	3.40
F Mixed - White & Asian	6	0.91	5.71
G Mixed - Any other mixed background	8	1.21	7.91
GC Mixed - Black & White	2	0.31	2.00
GD Mixed – Chinese & White	1	0.15	1.00
H Asian or Asian British - Indian	39	5.92	36.99
J Asian or Asian British - Pakistani	7	1.06	6.60
K Asian or Asian British - Bangladeshi	12	1.82	11.40
L Asian or Asian British - Any other Asian background	14	2.12	13.64
LE Asian Sri Lankan	1	0.15	1.00
LH Asian British	1	0.15	1.00
M Black or Black British - Caribbean	43	6.53	40.94
N Black or Black British - African	102	15.48	98.59
P Black or Black British - Any other Black background	2	0.31	2.00
PB Black Mixed	1	0.15	1.00
PC Black Nigerian	4	0.60	4.00
PD Black British	7	1.06	6.50
R Chinese	14	2.12	12.30
S Any Other Ethnic Group	6	0.91	5.60
SA Vietnamese	2	0.31	1.72
SD Malaysian	1	0.15	1.00
SE Other Specified	2	0.31	2.00
Z Not Stated	11	1.67	9.40
Grand Total	**659**	**100.00**	**614.72**

Religion

Religious Belief	Headcount	%	FTE
Atheism	106	16.08	100.33
Buddhism	6	0.91	5.32
Christianity	303	45.98	282.31
Hinduism	23	3.49	20.83
Islam	42	6.37	41.00
Judaism	4	0.61	4.00
Not Disclosed	126	19.12	115.82
Other	38	5.77	34.31
Sikhism	11	1.67	10.80
Grand Total	**659**	**100.00**	**614.72**

Age Band

Age Band	Headcount	%	FTE
<=20 Years	0	0.00	0.00
21-25	16	2.43	16.00
26-30	46	6.98	45.00
31-35	77	11.68	74.31
36-40	82	12.44	76.95
41-45	102	15.48	97.51
46-50	81	12.29	76.07
51-55	88	13.35	83.36
56-60	101	15.33	91.78
61-65	56	8.50	45.04
66-70	8	1.21	7.60
>=71 Years	2	0.31	1.10
Grand Total	**659**	**100.00**	**614.72**

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	8	1.21	7.71
Divorced	35	5.31	33.03
Legally Separated	9	1.37	8.60
Married	312	47.34	283.08
Single	238	36.12	227.85
Unknown	52	7.89	49.45
Widowed	5	0.76	5.00
Grand Total	**659**	**100.00**	**614.72**

5.2.2.4 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 the year to 31 March 2024.

Absence FTE %	Absence days	Absence FTE	Available FTE
2.72%	**5,808**	**5,556.43**	**204,532.50**

5.2.2.5 Staff turnover percentages

Based on Permanent Employees in substantive posts

The monthly turnover for those in substantive posts is shown below.

	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	March 24
Headcount	664	667	669	667	664	661	663	662	662	660	657	652
FTE	623.96	626.76	629.93	627.03	624.93	622.33	625.19	624.55	625.45	622.00	619.10	616.02
Leavers Headcount	10	4	8	13	11	10	6	8	3	8	3	18
Leavers FTE	9.50	3.80	7.50	12.10	10.30	8.50	5.13	7.29	2.00	6.90	2.70	15.28
Starters Headcount	8	7	7	14	7	9	7	7	3	4	1	0
Starters FTE	7.50	6.80	7.00	13.20	7.00	8.60	7.00	6.70	2.80	2.60	1.00	0.00
Turnover Rate (Headcount)	1.52%	0.61%	1.21%	1.95%	1.66%	1.37%	0.83%	1.17%	0.32%	1.11%	0.43%	2.46%

5.2.2.6 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 58%.

5.2.2.7 Staff policies

Following the establishment of the ICB in July 2022, the full suite of HR policies has been reviewed and refreshed to reflect ICB practices. All policies are updated against a review schedule or earlier where required by legislation.

We continue with robust recruitment practices and continue to advertise all approved roles internally first unless there is an exceptionally urgent need for a post and/or it requires specialist skills or qualifies as a hard to fill role. All interview panels are diverse in relation to gender and ethnicity as a minimum and the ICB's work on reasonable adjustments also ensures staff with specific requirements are supported in the recruitment process and throughout their employment.

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 current management cost reduction programme has required the ICB to undertake a significant restructure to achieve the cost savings required by NHS England and the HR team have been at the forefront of this work to ensure good staff communication and engagement in the process, and the use of proportionate and well managed recruitment processes where staff are required to interview for ringfenced roles or apply for newly created roles in the organisational structure.

The ICB maintains its focus on ensuring equality within the recruitment processes required as a result of the change programme, investing in the training of staff members to act as inclusion representatives during the MCR ringfenced interviews, and ensuring the inclusion of unconscious bias in recruitment training as part of the mandatory suite of training requirements for all staff. 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. Please refer to the separate organisational development section at 4.3.1.

5.2.2.8 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. Our recognised trade unions are the Royal College of Nursing, the British Medical Association, UNITE, UNISON, GMB and MiP.

5.2.2.9 Other employee matters

The ICB has continued to provide regular health and wellbeing support and guidance to staff, which 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 continues to make 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 are progressing well, with the introduction of an Age and Ability network this year, chaired by the ICB's Director of Corporate Operations. Each network has a formally identified Chair and provides a safe space for staff to share lived experience, as well as contributing to the wider equalities agenda. Staff continue to access training and development opportunities and the demographic split of these is monitored and reported to the Equalities Sub-Committee.

5.2.2.10 Expenditure on consultancy

A total of £387k was spent on consultancy between 1 April 2023 and 31 March 2024. This relates to professional fees for the ICS network and system development.

5.2.2.11 Off-payroll engagements

For all off-payroll engagements as at 31 March 2024 for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2024	14
Of which, the number that have existed:	
for less than one year at the time of reporting	14
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 for the year to 31 March 2024, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 and 31 March 2024	20
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]	20
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, for the year to 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period	0
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. [1]	19

Note: 1 – This figure includes the five partner members of the ICB Board, and Dr Toby Garrood, ICB Medical Director, who are not included on the ICBs payroll.

5.2.2.12 Exit packages, including special (non-contractual) payments (audited)

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	1	11,857	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	1	146,666	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0	0	0
TOTALS	**2**	**158,523**	**0**	**0**	**0**	**0**	**0**	**0**

Redundancy and other departure costs 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. In the year, two ICB staff members left service under ill health retirement at a cost of £114,053.92.

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.

No payments have been made to past directors or for loss of office in the reporting period.

I hereby sign off the Remuneration Report element of the NHS South East London ICB Annual Report 2023/24.

Andrew Bland

Chief Executive & ICB Accountable Officer

24 June 2024

5.3 Parliamentary Accountability and Audit Report

NHS South East London Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report. There are no contingent liabilities to report.

A summary of the Head of Internal Audit Opinion is included in this Annual Report on Page 146.

Andrew Bland

Chief Executive & ICB Accountable Officer

24 June 2024

Annual accounts

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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 on financial statements

We have audited the financial statements of NHS South East London Integrated Care Board (the 'ICB') for the period ended 31 March 2024, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of Schedule 1B of the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ICB's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the ICB to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2023-24 that the ICB's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the ICB. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the ICB and the ICB's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report and annual accounts, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report and annual accounts. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under 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) we are required to consider whether the Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023-24; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the period for which the financial statements are prepared is consistent with the financial statements.

Opinion on regularity of income and expenditure required by the Code of Audit Practice

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 in the financial statements conform to the authorities which govern them.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State 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; or
- we make a written recommendation to the ICB under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for 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 dissolve the ICB without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

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 an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the ICB and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Care Act 2022 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2023-24).
- We enquired of management and the audit committee, concerning the ICB's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, and internal audit, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the ICB's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the risk of fraud and error in expenditure recognition We determined that the principal risks were in relation to:
  - High risk journal entries including consideration of closing entries, entries posted after year-end, manual accrued expenditure entries and journal entries that have a material impact on reported outturn along with a number of other risk factors.
  - Consideration of potential management bias in accounting estimates and other significant transactions with related parties which could give rise to an indication of management override.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on unusual journal entries using criteria based on our knowledge of the entity and the risk factors identified;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of the prescribing accrual and continuing care accrual;

- assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.

- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the potential of fraud in expenditure recognition, and the significant accounting estimates related to the prescribing and continuing care accrual. We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the ICB operates
  - understanding of the legal and regulatory requirements specific to the ICB including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The ICB's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The ICB's control environment, including the policies and procedures implemented by the ICB to ensure compliance with the requirements of the financial reporting framework**.**

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities . This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – 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 to you if, in our opinion, we have not been able to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 31 March 2024.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

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 have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the ICB plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the ICB ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the ICB uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the ICB has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of NHS South East London ICB in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Board of the ICB, 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 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 ICB and 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.

Matthew Dean

Matthew Dean, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

London

25 June 2024

Statement of Comprehensive Net Expenditure for the year ended 31 March 2024

	Note	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Income from sale of goods and services	2	(64,547)	(36,326)
Other operating income	2	-	-
Total operating income		**(64,547)**	**(36,326)**
Staff costs	4	59,781	39,165
Purchase of goods and services	5	4,485,553	3,114,289
Depreciation and impairment charges	5	429	402
Provision expense	5	(2,415)	2,438
Other operating expenditure	5	1,396	1,206
Total operating expenditure		**4,544,743**	**3,157,500**
Net Expenditure for the Year		**4,480,196**	**3,121,175**
Finance expense	7	29	35
Net operating expenditure for the Year		**4,480,225**	**3,121,209**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**4,480,225**	**3,121,209**
Other Comprehensive Expenditure			
Comprehensive Expenditure for the year		**4,480,225**	**3,121,209**

The notes on pages 181 to 205 form part of this statement

Statement of Financial Position as at 31 March 2024

	Note	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Non-current assets:			
Right-of-use assets	10	508	936
Total non-current assets		**508**	936
Current assets:			
Trade and other receivables	11	7,606	10,458
Cash and cash equivalents	12	1,997	269
Total current assets		**9,603**	**10,728**
Total assets		**10,111**	11,664
Current liabilities			
Trade and other payables	13	(244,023)	(214,053)
Lease liabilities	10	(528)	(955)
Provisions	14	(14,131)	(7,611)
Total current liabilities		**(258,682)**	(222,619)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(248,571)**	(210,955)
Non-current liabilities			
Provisions	14	-	(1,787)
Total non-current liabilities		**-**	**(1,787)**
Assets less Liabilities		**(248,571)**	(212,741)
Financed by Taxpayers' Equity			
General fund		(248,571)	(212,741)
Total taxpayers' equity:		**(248,571)**	(212,741)

The notes on pages 181 to 205 form part of this statement

The financial statements on pages 177 to 180 were approved by the Audit Committee on 20th June 2024 and signed on its behalf by:

Andrew Bland
Chief Executive Officer

Statement of Changes In Taxpayers' Equity for the year ended 31 March 2024

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2023-24		
Balance at 01 April 2023	(212,741)	(212,741)
Adjusted NHS Integrated Care Board balance at 31 March 2023	**(212,741)**	**(212,741)**
Changes in NHS Integrated Care Board taxpayers' equity for 2023-24		
Net operating expenditure for the financial year	(4,480,225)	**(4,480,225)**
Net Recognised NHS Integrated Care Board Expenditure for the Financial year	**(4,480,225)**	**(4,480,225)**
Net funding	4,444,395	**4,444,395**
Balance at 31 March 2024	**(248,571)**	**(248,571)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 01/07/2022 to 31/03/2023		
Balance at 01 July 2022	-	**-**
Adjusted NHS Integrated Care Board balance at 31 March 2023	**-**	**-**
Changes in NHS Integrated Care Board taxpayers' equity for 01/07/2022 to 31/03/2023		
Net operating costs for the financial year	(3,121,209)	(3,121,209)
Transfers by absorption to (from) other bodies	(211,551)	(211,551)
Net Recognised NHS Integrated Care Board Expenditure for the Financial Year	**(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 181 to 205 form part of this statement

Statement of Cash Flows for the year ended 31 March 2024

	Note	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Cash Flows from Operating Activities			
Net expenditure for the financial year		(4,480,225)	(3,121,209)
Depreciation and amortisation	5	429	402
Movement due to transfer by Modified Absorption		-	(204,584)
Interest paid / received	7	29	35
(Increase)/decrease in trade & other receivables	11	2,852	(10,458)
Increase/(decrease) in trade & other payables	13	29,971	214,053
Provisions utilised	14	(175)	-
Increase/(decrease) in provisions	14	4,908	2,438
Net Cash Inflow (Outflow) from Operating Activities		**(4,442,211)**	(3,119,324)
Cash Flows from Investing Activities			
Proceeds from disposal of assets held for sale: property, plant and equipment		0	-
Net Cash Inflow (Outflow) from Investing Activities		**0**	-
Net Cash Inflow (Outflow) before Financing		**(4,442,211)**	(3,119,324)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		4,444,395	3,120,019
Repayment of lease liabilities		(456)	(425)
Net Cash Inflow (Outflow) from Financing Activities		**4,443,939**	3,119,594
Net Increase (Decrease) in Cash & Cash Equivalents	12	**1,728**	269
Cash & Cash Equivalents at the Beginning of the Financial Year		**269**	-
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**1,997**	269

The notes on pages 181 to 205 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 2023-24 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.
Public sector bodies are assumed to be a going concern 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.
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**

Arrangements over which the ICB has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture. A joint venture is a joint arrangement whereby the parties that have joint control of the arrangement have rights to the net assets of the arrangement. Joint ventures are recognised as an investment and accounted for using the equity method. A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the ICB is a joint operator, it recognises its share of, assets, liabilities, income and expenses in its own accounts.
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 19 provides details of the income and expenditure. The arrangements for each scheme within the respective Better Care Funds have been reviewed to determine the appropriate accounting treatment by the ICB and the respective Council. Control of the commissioning arrangements has been key to determining the nature of each scheme within the fund.
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 substance of the arrangement, however, is that individual members continue to contract with individual providers without reference to other members and continue to use their own resources of funding. In substance these are neither joint operations nor lead commissioner transactions and not a vehicle for joint commissioning. This conclusion has been reached as both parties have retained the financial risks associated with each of the schemes which existed before the fund was set up and in accordance with the pooled budget agreements.

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.

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.

In 2023-24, NHS SE London ICB recieved two new sources of income due to the delegation from NHS England of the primary care dental and community pharmacy services, this totalled circa £37m.

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 bonuses earned but not yet taken.

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**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

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.

1.10 **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.

1.11 **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.

1.12 **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 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.03% (2022-23: 3.20%) 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 4.72% (2022-23: 3.51%) 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 4.40% (2022-23: 3.00%) 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.

1.13 **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.

1.14 **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.

1.15 **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.

1.16.1 **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.

1.16.2 **Financial assets at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.16.3 **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term.

1.16.4 **Impairment of financial assets**

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 or assets measured at fair value through other comprehensive income, 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.

1.17 **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.

1.18 **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.

1.19 **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.

1.20 **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.

1.20.1 **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 less than 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.

1.20.2 **Sources of estimation uncertainty**

These 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. NHS SE London do not consider that there are any sources of estimation uncertainty which are material.

1.21 **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.

1.22 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

● IFRS 18 Presentation and Disclosure in Financial Statements – GAM not yet updated for this new standard. NHS SE London are aware of the changing standard but have not yet assessed the impact on the ICB's accounts.

2 Other Operating Revenue

	2023-24 Total £'000	01/07/2022 to 31/03/2023 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	2,975
Non-patient care services to other bodies	**23,296**	26,332
Patient transport services	**-**	-
Prescription fees and charges	**15,601**	-
Dental fees and charges	**21,856**	-
Income generation	**-**	-
Other Contract income	**3,795**	7,018
Recoveries in respect of employee benefits	**-**	-
Total Income from sale of goods and services	**64,547**	**36,326**
Total Operating Income	**64,547**	**36,326**

Health Education England (HEE) has now merged with NHS England and so the funding arrangements for education, training and research have changed for 2023-24

There are no comparative figures for the prescription fees and charges or the dental fees and charges as they only became the responsibility of NHS SE London ICB from 1st April 2023, having been delegated from NHS England.

It should also be noted that the majority of income for NHS SE London ICB comes from NHS England as an allocation and goes through the SoCTE, rather than the revenue note.

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	2023-24					
	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Education, training and research	Other Contract income	Total income
	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue						
NHS	25	-	-	-	2,020	**2,045**
Non NHS	23,271	15,601	21,856	-	1,775	**62,503**
Total	**23,296**	**15,601**	**21,856**	**-**	**3,795**	**64,548**

	2023-24					
	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Education, training and research	Other Contract income	Total income
	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue						
Point in time	4,015	15,601	21,856	-	3,770	**45,242**
Over time	19,281	-	-	-	25	**19,306**
Total	**23,296**	**15,601**	**21,856**	**-**	**3,795**	**64,548**

	01/07/2022 to 31/03/2023					
	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Education, training and research	Other Contract income	Total income
	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue						
NHS	558	-	-	-	2,898	**3,456**
Non NHS	25,774	-	-	2,975	4,120	**32,869**
Total	**26,332**	**-**	**-**	**2,975**	**7,018**	**36,325**

	01/07/2022 to 31/03/2023					
	Non-patient care services to other bodies	Prescription fees and charges	Dental fees and charges	Education, training and research	Other Contract income	Total income
	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue						
Point in time	7,768	-	-	2,975	3,457	**14,200**
Over time	18,564	-	-	-	3,561	**22,125**
Total	**26,332**	**-**	**-**	**2,975**	**7,018**	**36,325**

3.2 Cost allocation and setting of Dental and Prescription charges

	Income	Full Cost	31-Mar-24 Deficit
	£'000	£'000	£'000
Dental	21,856	(126,274)	(104,418)
Prescription	15,601	(47,573)	(31,972)
Total fees and charges	**37,457**	**(173,847)**	**(136,390)**

The fees and charges information in this note is provided in accordance with section 3.2.1 of the Government Financial Reporting Manual. It is provided for fees and charges purposes and not for IFRS 8 purposes. The financial objective of prescription and dental charges is to collect charges only from those patients that are eligible to pay. Comparative figures are not available, with Dental and Pharmacy Services being delegated from NHS England to the ICB from 1st April 2023.

Prescription charges are a contribution to the cost of pharmaceutical services including the supply of drugs. In 2023/24 the NHS prescription charge for each medicine or appliance dispensed was £9.65. However, around 95% of prescription items are dispensed free each year where patients ar exempt from charges. In addition, patients who were eligible to pay charges could purchase pre-payment certificates at £31.25 for three months or £111.60 for a year. A number of other charges were payable for wigs and fabric supports.

NHS Dental charges are payable for those who are not eligible for exemption, which falls into three bands depending on the level and complexity of care provided. In 2023/24, the charge for Band 1 treatments was £25.80, for Band 2 was £70.70 and for Band 3 was £306.80.

4. Employee benefits and staff numbers

4.1.1 Employee benefits	Total		2023-24
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	38,896	1,063	**39,959**
Social security costs	4,816	-	**4,816**
Employer Contributions to NHS Pension scheme	7,467	-	**7,467**
Other pension costs	-	-	**-**
Apprenticeship Levy	215	-	**215**
Termination benefits (increase in provision) (Note 14)	7,323	-	**7,323**
Gross employee benefits expenditure	**58,718**	**1,063**	**59,781**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**58,718**	**1,063**	**59,781**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	**58,718**	**1,063**	**59,781**

4.1.1 Employee benefits	Total		01/07/2022 to 31/03/2023
	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 (note 4.1.2)	-	-	**-**
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

	2023-24			01/07/2022 to 31/03/2023		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**612.00**	**14.13**	**626.13**	**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 financial year

	2023-24 Compulsory redundancies		2023-24 Other agreed departures		2023-24 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	1	11,857	-	-	1	11,857
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	1	146,767	-	-	1	146,767
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**2**	**158,624**	**-**	**-**	**2**	**158,624**

	01/07/2022 to 31/03/2023 Compulsory redundancies		01/07/2022 to 31/03/2023 Other agreed departures		01/07/2022 to 31/03/2023 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**

	2023-24 Departures where special payments have been made		01/07/2022 to 31/03/2023 Departures where special payments have been made	
	Number	£	Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	**-**	**-**	**-**	**-**

Analysis of Other Agreed Departures

	2023-24 Other agreed departures		01/07/2022 to 31/03/2023 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	**-**	**-**	**-**	**-**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

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

4.4 Pension costs

Past and present employees are covered by the provisions of the 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 the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. 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

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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and 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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% (1 April 2023 20.6%) of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there

5. Operating expenses

	2023-24 Total £'000	01/07/2022 to 31/03/2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	1,038	917
Services from foundation trusts	2,202,951	1,618,892
Services from other NHS trusts	908,951	630,248
Purchase of healthcare from non-NHS bodies	517,066	400,837
Purchase of social care	3,920	3,283
General Dental services and personal dental services	126,274	-
Prescribing costs	247,876	171,640
Pharmaceutical services	47,573	828
General Ophthalmic services	19,668	1,400
GPMS/APMS and PCTMS	378,816	253,725
Supplies and services – clinical	685	6,079
Supplies and services – general	5,543	10,083
Consultancy services	387	1,089
Establishment	6,264	4,774
Transport	0	1
Premises	8,317	3,809
Audit fees	271	205
Other non statutory audit expenditure		
· Internal audit services	191	210
· Other services	35	-
Other professional fees	8,546	5,508
Legal fees	596	358
Education, training and conferences	587	403
Total Purchase of goods and services	**4,485,553**	**3,114,289**
Depreciation and impairment charges		
Depreciation	429	402
Total Depreciation and impairment charges	**429**	**402**
Provision expense		
Provisions	(2,415)	2,438
Total Provision expense	**(2,415)**	**2,438**
Other Operating Expenditure		
Chair and Non Executive Members	223	184
Clinical negligence	21	45
Expected credit loss on receivables	(6)	(3)
Other expenditure	1,157	981
Total Other Operating Expenditure	**1,396**	**1,206**
Total operating expenditure	**4,484,962**	**3,118,336**

There are no comparative figures for the general dental services and personal dental services as they only became the responsibility of NHS SE London ICB from 1st April 2023, having been delegated from NHS England. The increases in expenditure for pharmaceutical services and general opthalmic services are also due to these services becoming the responsibility of NHS SE London ICB from 1st April 2023 having been delegated from NHS England.
In accordance with S1 2008 NO.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, the Integrated Commissioning Board is required to disclose the liability of Grant Thornton, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services. The audit fees above excluding VAT is £270,800 and the fee for the Mental Health Investment Standard audit is £35,000 excluding VAT and is shown on the other services line.

The net credit balance of -£2,415k shown on provision line above includes the release of unutilised Hospital Discharge Scheme from financial year 2022-23(£4,504k) referred to in Note 14.

6 Payment Compliance Reporting

6.1 Better Payment Practice Code

Measure of compliance	2023-24 Number	2023-24 £'000	01/07/2022 to 31/03/2023 Number	01/07/2022 to 31/03/2023 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	60,860	963,603	39,648	666,316
Total Non-NHS Trade Invoices paid within target	60,026	950,999	38,930	653,515
Percentage of Non-NHS Trade invoices paid within target	**98.63%**	**98.69%**	**98.19%**	**98.08%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,590	3,597,905	820	2,284,050
Total NHS Trade Invoices Paid within target	2,571	3,597,448	803	2,283,822
Percentage of NHS Trade Invoices paid within target	**99.27%**	**99.99%**	**97.93%**	**99.99%**

7 Finance costs

	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Interest		
Interest on lease liabilities	29	35
Total interest	**29**	**35**
Other finance costs	-	-
Provisions: unwinding of discount	-	-
Total finance costs	**29**	**35**

8. Net gain/(loss) on transfer by absorption

Transfers as part of a reorganisation are to be accounted for by the 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. Modified 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 reserves (Statement of Changes in Taxpayers Equity), and is disclosed separately from operating costs.

	2023-24				01/07/2022 to 31/03/2023
	Total	NHS England Parent Entities	NHS England Group Entities (non parent)	Non NHSE Group	
	£'000	£'000	£'000	£'000	£'000
Transfer of property plant and equipment	-	-	-	-	-
Transfer of Right of Use assets	-	-	-	-	1,339
Transfer of intangibles	-	-	-	-	-
Transfer of inventories	-	-	-	-	-
Transfer of cash and cash equivalents	-	-	-	-	815
Transfer of receivables	-	-	-	-	6,093
Transfer of payables	-	-	-	-	(187,579)
Transfer of provisions	-	-	-	-	(6,663)
Transfer of Right Of Use liabilities	-	-	-	-	(1,345)
Transfer of borrowings	-	-	-	-	(23,864)
Transfer of PUPOC provision	-	-	-	-	(346)
Transfer of PUPOC liability	-	-	-	-	-
Net loss on transfers by absorption	**-**	**-**	**-**	**-**	**(211,551)**

The values in 2022-23 represent the balances transferred from NHS SE London CCG to NHS SE London ICB at its inception.

9. Property, plant and equipment

2023-24	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2023	13	517	530
Disposals other than by sale	(13)	(517)	(530)
Cost/Valuation at 31 March 2024	**-**	**-**	**-**
Depreciation 01 April 2023	13	517	530
Disposals other than by sale	(13)	(517)	(530)
Depreciation at 31 March 2024	**-**	**-**	**-**
Net Book Value at 31 March 2024	**-**	**-**	**-**

10 Leases

10.1 Right-of-use assets

2023-24	Buildings excluding dwellings £'000	Furniture & fittings £'000	Total £'000	01/07/2022 to 31/03/2023 £'000
Cost or valuation at 01 April 2023	1,409	64	1,473	1473
Cost/Valuation at 31 March 2024	**1,409**	**64**	**1,473**	**1,473**
Depreciation 01 April 2023	515	21	536	402
Charged during the year	408	21	429	134
Depreciation at 31 March 2024	**923**	**42**	**965**	**536**
Net Book Value at 31 March 2024	**485**	**22**	**508**	**936**

10 Leases cont'd

10.2 Lease liabilities

2023-24	**2023-24 £'000**	01/07/2022 to 31/03/2023 £'000
Lease liabilities at 01 April 2023	(955)	-
Interest expense relating to lease liabilities	(29)	(35)
Repayment of lease liabilities (including interest)	456	425
Lease remeasurement	-	-
Transfer (to) from other public sector body	-	(1,345)
Lease liabilities at 31 March 2024	**(528)**	**(955)**

10.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	2023-24 £'000	**Of which: leased from DHSC group bodies £000**	01/07/2022 to 31/03/2023 £'000	Of which: leased from DHSC group bodies £000
Within one year	(334)	-	(456)	(37)
Between one and five years	(434)	-	(566)	-
After five years	-	-	-	-
Balance at 31 March 2024	**(768)**	**-**	**(1,022)**	**(37)**

10 Leases cont'd

10.4 Amounts recognised in Statement of Comprehensive Net Expenditure

2023-24	**2023-24 £'000**	01/07/2022 to 31/03/2023 £'000
Depreciation expense on right-of-use assets	429	402
Interest expense on lease liabilities	29	35

10.5 Amounts recognised in Statement of Cash Flows

	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Total cash outflow on leases under IFRS 16	456	(425)
Total cash outflow for lease payments not included within the measurement of lease liabilities	-	-
Total cash inflows from sale and leaseback transactions	-	-

11.1 Trade and other receivables

	Current	**Non-current**	Current	Non-current
	2023-24	**2023-24**	01/07/2022 to 31/03/2023	01/07/2022 to 31/03/2023
	£'000	**£'000**	£'000	£'000
NHS receivables: Revenue	1,421	-	4,785	-
NHS prepayments	400	-	-	-
NHS accrued income	-	-	49	-
Non-NHS and Other WGA receivables: Revenue	1,555	-	5,048	-
Non-NHS and Other WGA prepayments	2,831	-	-	-
Non-NHS and Other WGA accrued income	804	-	-	-
Expected credit loss allowance-receivables	(17)	-	(23)	-
VAT	609	-	599	-
Other receivables and accruals	4	-	1	-
Total Trade & other receivables	**7,606**	**-**	**10,458**	**-**
Total current and non current	**7,606**		**10,458**	
Included above:				
Prepaid pensions contributions	-		-	

11.2 Receivables past their due date but not impaired

	2023-24 DHSC Group Bodies	**2023-24 Non DHSC Group Bodies**	01/07/2022 to 31/03/2023 DHSC Group Bodies	01/07/2022 to 31/03/2023 Non DHSC Group Bodies
	£'000	**£'000**	£'000	£'000
By up to three months	467	1,024	148	318
By three to six months	-	-	42	100
By more than six months	58	-	1	22
Total	**525**	**1,024**	**191**	**440**

11.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	**Other financial assets**	**Total**	**01/07/2022 to 31/03/2023**
	£'000	**£'000**	**£'000**	**£'000**
Balance at 01 April 2023	**(23)**	**-**	**(23)**	**3**
Lifetime expected credit losses on trade and other receivables-Stage 2	6	-	**6**	**(26)**
Total	**(17)**	**-**	**(17)**	**(23)**

12 Cash and cash equivalents

	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Balance at 01 April 2023	269	-
Net change in year	1,728	269
Balance at 31 March 2024	**1,997**	**269**
Made up of:		
Cash with the Government Banking Service	1,997	269
Cash and cash equivalents as in statement of financial position	**1,997**	**269**
Balance at 31 March 2024	**1,997**	**269**

13 Trade and other payables	Current 2023-24 £'000	Non-current 2023-24 £'000	Current 01/07/2022 to 31/03/2023 £'000	Non-current 01/07/2022 to 31/03/2023 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	2,952	-	6,532	-
NHS accruals	128	-	2,808	-
Non-NHS and Other WGA payables: Revenue	24,281	-	41,161	-
Non-NHS and Other WGA accruals	149,604	-	101,969	-
Social security costs	640	-	658	-
Tax	686	-	653	-
Other payables and accruals	65,732	-	60,271	-
Total Trade & Other Payables	**244,023**	**-**	**214,053**	**-**
Total current and non-current	**244,023**		**214,053**	

Other payables include £2,916k outstanding pension contributions at 31 March 2024

14 Provisions

	Current	Non-current	Current	Non-current
			01/07/2022 to	01/07/2022 to
	2023-24	**2023-24**	31/03/2023	31/03/2023
	£'000	**£'000**	£'000	£'000
Redundancy	8,935	-	-	1,787
Continuing care	5,192	-	7,611	-
Other	5	-	-	-
Total	**14,131**	**-**	**7,611**	**1,787**
Total current and non-current	**14,131**		**9,398**	

	Redundancy	**Continuing Care**	**Other**	**Total**
	£'000	**£'000**	**£'000**	**£'000**
Balance at 01 April 2023	**1,787**	**7,611**	**-**	**9,398**
Arising during the year	7,323	2,084	5	**9,412**
Utilised during the year	(175)	-	-	**(175)**
Reversed unused	-	(4,504)	-	**(4,504)**
Unwinding of discount	-	-	-	**-**
Change in discount rate	-	-	-	**-**
Transfer (to) from other public sector body	-	-	-	**-**
Transfer (to) from other public sector body under absorption	-	-	-	**-**
Balance at 31 March 2024	**8,935**	**5,192**	**5**	**14,131**
Expected timing of cash flows:				
Within one year	8,935	5,192	5	**14,131**
Between one and five years	-	-	-	**-**
After five years	-	-	-	**-**
Balance at 31 March 2024	**8,935**	**5,192**	**5**	**14,131**

The redundancy provision has arisen due to the implementation of the Management Cost Review programme which all ICBs have been required to deliver. The value is based on the business case submitted to NHS England. It is expected to be paid in 2024/25.

Legal claims are included within the "Other" category and are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them.
The CHC provision comprises of claims in respect of retrospective reviews and also PuPoCs which was transferred from NHS England.

15 Contingencies

NHS SE London does not have any contingent liabilities or contingent assets in 2023/24, nor did the ICB have any in 2022/23.

16 Commitments

NHS SE London ICB does not have any capital commitments or other financial commitments.

17 Financial instruments

17.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS SE London integrated care board is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS SE London integrated care board has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS SE London integrated care board in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS SE London integrated care board standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS SE London integrated care board and internal auditors.

17.1.1 Currency risk

The NHS SE London integrated care board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS SE London integrated care board has no overseas operations and therefore has low exposure to currency rate fluctuations.

17.1.2 Interest rate risk

The NHS SE London integrated care board borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The NHS SE London integrated care board therefore has low exposure to interest rate fluctuations.

17.1.3 Credit risk

Because the majority of the NHS SE London integrated care board revenue comes parliamentary funding, NHS integrated care board has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

17.1.4 Liquidity risk

NHS SE London integrated care board is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS SE London integrated care board draws down cash to cover expenditure, as the need arises. The NHS SE London integrated care board is not, therefore, exposed to significant liquidity risks.

17.1.5 Financial Instruments

As the cash requirements of NHS SE London integrated care board are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS SE London integrated care board's expected purchase and usage requirements and NHS SE London integrated care board is therefore exposed to little credit, liquidity or market risk.

17 Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost	Equity Instruments designated at FVOCI	Total	
	2023-24 £'000	2023-24 £'000	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Trade and other receivables with NHSE bodies	1,233		**1,233**	4,245
Trade and other receivables with other DHSC group bodies	187		**187**	606
Trade and other receivables with external bodies	2,362		**2,362**	5,032
Other financial assets	-		**-**	
Cash and cash equivalents	1,997		**1,997**	269
Total at 31 March 2024	**5,780**	**-**	**5,780**	**10,152**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost	Other	Total	
	2023-24 £'000	2023-24 £'000	2023-24 £'000	01/07/2022 to 31/03/2023 £'000
Loans with group bodies	-		**-**	
Loans with external bodies	-		**-**	
Trade and other payables with NHSE bodies	737		**737**	2,291
Trade and other payables with other DHSC group bodies	3,007		**3,007**	7,726
Trade and other payables with external bodies	239,480		**239,480**	203,680
Total at 31 March 2024	**243,225**	**-**	**243,225**	**213,697**

18 Operating segments

The ICB has one operating segment, the commissioning of healthcare services.

19 Joint arrangements and Pooled Budgets

ICBs should disclose information in relation to pooled budgets.

19.1 Pooled Budgets

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2023-24				Amounts recognised in Entities books ONLY 01/07/2022 to 31/03/2023			
			Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Better Care Fund	South East London ICB & London Borough of Bexley	Provision of Integrated Health & Social Care Services in Bexley	0	0	0	49,633	-	279	-	37,771
Better Care Fund	South East London ICB & London Borough of Bromley	Health and Social Care	0	0	0	28,495	-	-	-	20,476
Pooled Budget	South East London ICB & Royal Borough of Greenwich	Better Care Fund	0	0	0	27,138	-	288	9,672	19,329
Better Care Fund	South East London ICB & London Borough of Lambeth	Better Care Fund	0	0	0	33,135	-	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	0	0	0	84,667	-	-	-	56,545
Better Care Fund	South East London ICB & London Borough of Lewisham	Pooled Budgets	0	0	0	29,032	-	308	-	20,754
Better Care Fund	South East London ICB & London Borough of Southwark	Health and Social Care	0	0	0	31,727	-	844	-	21,069

20 Related party transactions

The following organisations are listed as related parties based on the declarations of interest made by those who are on the Board of NHS SE London ICB Board.

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
GUYS & ST THOMAS HOSPITAL NHS FOUNDATION TRUST (Dr. Toby Garrood)	753,418	(347)	(4,157)	-
KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (Prof. Clive Kay)	799,468	(213)	(923)	-
ROYAL BOROUGH OF GREENWICH (Debbie Warren & Sarah McClinton)	30,197	(2,549)	(1,467)	-
WATERLOO HEALTH CENTRE (George Verghese)	3,547	-	806	-
ROYAL BOLTON NHS FOUNDATION TRUST (Tosca Fairchild)	14	-	-	-
LONDON BOROUGH OF BEXLEY (Stuart Rowbotham)	17,345	(7,866)	(809)	-
LONDON BOROUGH OF LAMBETH (Andrew Eyres)	36,011	(17,214)	3,054	-
OXLEAS NHS FOUNDATION TRUST (Dr Ify Okocha)	237,084	(220)	(807)	-
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST (David Bradley)	318,385	(264)	-	-
Total	**2,195,469**	**(28,673)**	**(4,304)**	**-**

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.
The NHS organisations listed below are those where transactions over the year 2023-24 have exceeded £2m:

BARTS HEALTH NHS TRUST
CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST
CROYDON HEALTH SERVICES NHS TRUST
DARTFORD & GRAVESHAM NHS TRUST
EPSOM & ST HELIER UNIVERSITY HOSPITALS NHS TRUST
IMPERIAL COLLEGE HEALTHCARE NHS TRUST
LEWISHAM & GREENWICH NHS TRUST
LONDON AMBULANCE SERVICE NHS TRUST
MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST
MEDWAY NHS FOUNDATION TRUST
MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
NHS COMMUNITY HEALTH PARTNERSHIP
NHS PROPERTY SERVICES
OXLEAS NHS FOUNDATION TRUST
ROYAL FREE LONDON NHS FOUNDATION TRUST
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL NHS TRUST
SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST
ST GEORGES UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST
THE ROYAL MARSDEN NHS FOUNDATION TRUST

Local Authorities

LONDON BOROUGH OF BEXLEY
LONDON BOROUGH OF BROMLEY
LONDON BOROUGH OF GREENWICH
LONDON BOROUGH OF LAMBETH
LONDON BOROUGH OF LEWISHAM
LONDON BOROUGH OF SOUTHWARK

21 Events after the end of the reporting period

NHS SE London ICB has no events after the end of the reporting period.

22 Third party assets

NHS SE London ICB does not have any third party assets.

23 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:

	2023-24 Target	**2023-24 Performance**	**2023-24 Target Achieved?**	01/07/2022 to 31/03/2023 Target	01/07/2022 to 31/03/2023 Performance	01/07/2022 to 31/03/2023 Target Achieved?
	£'000	**£'000**		£'000	£'000	
Expenditure not to exceed income	4,544,818	4,544,772	Yes	3,157,551	3,157,535	Yes
Revenue resource use does not exceed the amount specified in Directions	4,480,271	4,480,225	Yes	3,121,225	3,121,209	Yes
Revenue administration resource use does not exceed the amount specified in Directions	39,433	35,523	Yes	30,569	29,821	Yes

The target allocations exclude the £9,046k brought forward surplus from previous years.