

Integrated Care Board – Meeting in Public

12.15 to 15.30 on 1 July 2022

Coin Street Conference Centre 108 Stamford St, London SE1 9NH

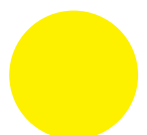
Chair: Richard Douglas, ICB Chair

Public Open Forum

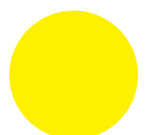
No.	Item	Paper	Presenter	Timing
	<p>Public Open Forum</p> <p><i>An opportunity for members of the public to meet the board before the formal meeting, ask questions, and discuss issues that matter to them.</i></p>	-	-	12.15

Agenda

No.	Item	Paper	Presenter	Timing
Opening Business and Introduction				
1.	<p>Welcome</p> <p>Apologies</p> <p><i>To receive apologies from members unable to attend.</i></p> <p>Receive Register of Interests</p> <p><i>To formally receive and confirm the register of board member interests</i></p>	<p>A</p> <p><i>(p4-5)</i></p>	<p>RD</p> <p>RD</p>	13.00
2.	<p>Our Integrated Care Board</p> <p>Introduction to the ICB and board members</p> <p><i>Introductions from our new Executive, Non-Executive and Partner members of the Board</i></p> <p>What working as an ICS means in south east London</p> <p><i>An overview of the system leadership and ways of working the ICB seeks to pursue as a new statutory body serving south east London</i></p>	<p>B</p> <p><i>(p6-8)</i></p>	<p>RD</p> <p>AB</p>	13.10



No.	Item	Paper	Presenter	Timing
Establishing the Integrated Care Board				
3.	<p>Agreeing the governance of the Integrated Care Board</p> <p><i>Board consideration and agreement of the governance framework and structure of the ICB as a statutory board</i></p>	C (p8-21)	MB	13.35
Our vision, purpose and system in south east London				
4.	<p>Our system purpose and Corporate Objectives</p> <p>Our mission and Corporate Objectives for the Integrated Care Board</p> <p><i>The overall mission for the system is set out alongside the proposed Corporate Objectives of the ICB, how they will be developed over time and how risks to their delivery will be managed for agreement by the board</i></p>	D (p22-33)	AB	13.50
5.	<p>Delivering through partnership</p> <p>The opportunity at 'Place' – Bexley Local Care Partnership</p> <p><i>Bexley, one of the six Places or Boroughs making up south east London ICS, share some of their work as a partnership working together and with residents to improve care for local people</i></p>	E (34-36)	SR	14.00
	<p>Delivering through Provider Collaboratives</p> <p><i>Introducing the board to how acute hospital providers are collaborating in support of and with the wider system</i></p>		CK	14.15
Taking action to deliver as a system				
6.	<p>Operating Plan - 2022/23 - delivery, performance and finance</p> <p><i>Outlining the Operating Plan requirements of the ICB for the current financial year - responding to local needs and prioritise alongside national expectations of health and care system</i></p>	F (p36-45)	SC	14.30



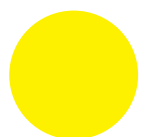
No.	Item	Paper	Presenter	Timing
7.	Taking action			
7a	Children and Young People's Mental Health <i>Briefing to the Board upon current work in progress aimed at better supporting some of the most vulnerable young people in south east London's six boroughs</i>	G (p45-58)	MW	14.45
7b	Development of South east London's Integrated Care Strategy <i>Board to receive and discuss plans to engage with clinicians, care professionals, local leaders, partner organisations and residents to develop an Integrated Care Strategy for the ICS.</i>	H (p58)	SC	15.00
Closing Business and Public Questions				
8.	Any other business	-	RD	15.10
9.	Public questions and answers <i>An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.</i>	-	-	15.15
CLOSE 15.30				

Presenters

RD	Richard Douglas	ICB Chair
AB	Andrew Bland	ICB CEO
MW	Martin Wilkinson	Chief Operating Officer Southwark
SC	Sarah Cottingham	Executive Director of Planning
CK	Professor Clive Kay	ICB Partner member NHS Trusts and Foundation Trusts
SR	Stuart Rowbotham	Bexley Place Executive Director
MB	Michael Boyce	Director of Corporate Operations

Key system language and terminology

A guide to some of the words and phrases used to describe the ICS system is included on page 64



Integrated Care Board

Item 1 Enclosure A

Title:	Welcome to the South East London ICB Board
Meeting Date:	1 July 2022
Author:	Tosca Fairchild, ICB Chief of Staff
Executive Lead:	Tosca Fairchild, ICB Chief of Staff

Purpose of paper:	To present and ask the Board to receive and confirm the Register of board members' interests.	Update / Information	X	
		Discussion		
		Decision	X	
Summary of main points:	<p>The Board and members of the public are welcomed to the meeting, with apologies noted.</p> <p>The new Board will receive the register of interests and declare any interests that may have a bearing on the items discussed in the agenda.</p> <p>As the South East London Integrated Care Board is not established until 1 July 2022, the first register of interests will be published shortly before the first board meeting.</p>			
Potential Conflicts of Interest	The register is intended to record and allow potential conflicts of interests to be managed in accordance with the policies to be adopted at the meeting.			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	Robust structures for managing declarations of interest will prevent potential conflicts compromising the decisions of the board as it seeks to reduce inequalities.		
	Financial Impact	Robust structures for managing declarations of interest will help ensure public funds are spent of the benefit local people and in accordance with ICB policies and procedures.		
Other Engagement	Public Engagement	The register of interests will be published on the ICB's website		

	Other Committee Discussion/Engagement	The governance structures of the ICB will have regard to the management of conflicts of interest.
Recommendation:	That the Board receives and confirms the register of interests of board members.	

Integrated Care Board

Item 2 Enclosure B

Title:	Our Integrated Care Board
Meeting Date:	1 July 2022
Authors:	Ben Collins, ICB Director of System Development
Executive Lead:	Andrew Bland, Chief Executive Officer

Purpose of paper:	To provide an introduction and overview to the leadership and ways of working the ICB will seek to pursue across the 'System of systems' that represents the South East London patch.	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	<ul style="list-style-type: none"> • Under the Health and Care Act 2022, new Integrated Care Boards will be responsible for planning and overseeing health and care services for their populations and bringing together local health, care and other services within Integrated Care Systems. • Since Spring 2021, there have been ongoing discussions amongst senior leaders, staff and the public across South East London on how we want our new Integrated Care Board and System to operate, leading to a set of principles for our new system set out in our System Development Plan of April 2021. The ICS's SDP can be found at this link: SEL ICS System Development Plan • We are founding our new Board and System on the principle of partnership working: making collective decisions and working together so we are better able to tackle major challenges for our population, which typically require collective action across health, care and other services. • Over the last year, we have also thought carefully about who should take what decisions in our system. We want to ensure that partnerships within our system are empowered to take responsibility for the improvement of their services, within a 'system of systems', while ensuring accountability for performance. • The real purpose of these changes to our governance arrangements is to help deliver improved care for our population. We want to support our leaders and staff to deliver faster service transformation, in particular to join up existing services, improve coordination between services, intervene faster and deliver more holistic, whole person care. We also want to tackle inequalities in access, quality and outcomes and improve care for deprived groups. If we are to do so, we will need to build our capabilities in service innovation, spreading innovation and working in partnership with service users and communities. 		

	<ul style="list-style-type: none"> We are looking forward to an initial discussion of what working as an integrated system should mean in South East London. 			
Potential Conflicts of Interest	Not applicable			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	In our approach to design of our system, we are focusing specifically on the need to tackle health inequalities and to work in stronger partnerships with our communities.		
	Financial Impact	Not applicable.		
Other Engagement	Public Engagement	We have engaged local people and communities at various points over the last year on the development of our Integrated Care Board and Integrated Care System.		
	Other Committee Discussion/Engagement	We have developed our approach to the governance and operation of our new Board and Integrated Care System through extensive discussion and engagement since Spring 2022, including with our previous (non-statutory) Integrated Care Board, local authority leaders and officers and discussions with local people.		
Recommendation:	None			

Integrated Care Board

Item 3 Enclosure C

Title:	Agreeing the governance of the Integrated Care Board
Meeting Date:	1 July 2022
Authors:	Theresa Osborne, Director of System Reform
Executive Lead:	Tosca Fairchild, ICB Chief of Staff

Purpose of paper:	To consider and approve a number of areas of governance required to establish NHS South East London Integrated Care Board to demonstrate the requisite governance is in place to perform its functions.	Update / Information		
		Discussion	X	
		Decision	X	
Summary of main points:	<p>The paper takes members through each of the governance areas required to be approved at the first public board meeting on 1 July as follows:</p> <ul style="list-style-type: none"> • Establish committees, appoint the chairs of committees and agree the terms of reference • Appoint the memberships of ICB committees • Agree the functions and decisions map • Agree the standing financial instructions • Agree the Scheme of Reservation & Delegation • Adopt a suite of policies, including at least all those mentioned in the constitution • Appoint to special/lead roles on the board • Appoint the ICB founder member of the Integrated Care Partnership (ICP) <p>In addition the paper includes information on Local Care Partnership delegation arrangements as a critical part of our governance and ways of working.</p>			
Potential Conflicts of Interest	None			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X

	Equality Impact	All policies have an equality impact assessment to ensure that they do not have an adverse impact on staff with protected characteristics.
	Financial Impact	<p>The papers include SEL ICB's Standing Financial Instructions (SFIs) and Schedule of Matters Delegated to Officers which help to ensure that the organisation fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the SEL ICB's control environment for managing the organisation's financial affairs and are designed to ensure regularity and propriety of financial transactions.</p> <p>The Schedule of Matters Delegated to Officers details delegated limits for each area and officer. The delegation shown is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required.</p>
Other Engagement	Public Engagement	The Working with People and Communities Strategic Framework has been developed with the SEL ICB's partners, including Healthwatch, the voluntary and community sector and local people.
	Other Committee Discussion/Engagement	The governance documents presented have been discussed widely with ICB stakeholders and at ICB transition Board meetings.
Recommendation:	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Establish the committees and sub-committees of the SEL ICB by agreeing to the SEL ICB's proposed governance structure (Appendix 1) • Agree the terms of reference of the SEL ICB's committees, including appointing the chairs and membership as included in those terms of reference (Appendix 1) • Agree the Functions and Decisions Map (Appendix 1) • Agree the Standing Financial Instructions, the Scheme of Reservation & Delegation and the Schedule of Matters Delegated to Officers (Appendix 2) • Note the process for developing ICB policies and formally adopt those presented for NHS South East London Integrated Care Board (Appendix 3) • Note the HR policies that will need to be adopted for LSS staff transferring to SEL ICB; • Note and approve the Safeguarding Governance Framework (Appendix 3) • Endorse the south east London working with people and communities strategic framework (Appendix 3) • Note that the SEL ICB's audit chair is the Conflicts of Interest Guardian for SEL ICB • Note that the SEL ICB's Chief of Staff will be the Freedom to Speak Up Guardian; 	

- | | |
|--|---|
| | <ul style="list-style-type: none">• Endorse the proposal that the chair of the quality and safety committee is the board lead for safeguarding;• Appoint the ICB chair as founder member and joint chair of the SEL ICP;• Note the proposed delegation to LCPs in 2022/23 |
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Agreeing the Governance of the Integrated Care Board

ICB Board 1 July 2022

1. Introduction

- 1.1 An establishment order, made by NHS England, will take effect and bring the NHS South East London Integrated Care Board (SEL ICB) into being on 1 July 2022. As a new organisation the ICB must demonstrate the requisite governance is in place to perform its functions.
- 1.2 As part of the establishment order NHS England has brought into effect the constitution with standing orders that we have developed through local engagement and discussion. As such the Board does not need to approve this document but does need to be aware of the content. The constitution is published on the ICB's website for information.
- 1.3 A number of areas of governance must therefore be considered and approved at the first public board meeting on 1 July 2022 as follows:
 - Establishment of committees, appoint the chairs of committees and agree the terms of reference (paragraph 2);
 - Appoint the memberships of ICB committees (paragraph 2);
 - Agree the functions and decisions map (paragraph 3);
 - Agree the standing financial instructions (paragraph 4);
 - Agree the Scheme of Reservation & Delegation (paragraph 4);
 - Adopt a suite of policies, including at least all those mentioned in the constitution (paragraph 5);
 - Appoint to special/ lead roles on the board;
 - Appoint the ICB founder member of the Integrated Care Partnership (ICP)
- 1.4 The documents related to the above form part of the SEL ICB's Governance Handbook which is publicly available.
- 1.5 In addition information is also included in the paper on Local Care Partnership delegation arrangements as a critical part of our governance and ways of working.

- 1.6 The remainder of this paper takes Board members through each aspect of this required governance.

2. ICB Governance Structure

- 2.1 The SEL ICB governance structure refers to the main committees and sub-committees that will operate with responsibilities delegated by the SEL ICB Unitary Board. The document sets out the reporting arrangements of all committees and sub-committees. The SEL ICB governance structure has been developed over a number of months, following a series of workshops involving leaders, governance experts and subject specialists from within the broader system partnership in south east London.
- 2.2 The terms of reference for the unitary board are included within the constitution and as such do not need Board approval. Terms of reference for each committee have been drafted by nominated leads over the course of the last two months. This process has sought to be as collaborative as possible, with views and input for all terms of reference sought from a range of system leaders and subject experts. All committee terms of reference have been presented to the CCG's ICB Transition Board for review and endorsement ahead of the proposal for formal approval by the SEL ICB Board. The committee terms of reference have also been reviewed by the SEL ICB Chair and comments incorporated.
- 2.3 The SEL ICB is inheriting a Charity from Greenwich Borough. The SEL ICB becomes the 'corporate trustee' and as such, it needs to establish a Charitable Funds Committee and appoint its representatives to act on its behalf.
- 2.4 The links to these documents are included on Appendix 1.
- 2.5 **Action:** The SEL ICB Board is asked to:
- **Establish** the committees of the SEL ICB by **agreeing** to the SEL ICB's proposed governance structure (Appendix 1)
 - **Agree** the terms of reference of the SEL ICB's committees, including appointing the chairs and membership as included in those terms of reference (Appendix 1)

3. Functions and Decisions map

- 3.1 All ICBs upon establishment should have and maintain a Functions and Decisions map, with the purpose of providing a clear and accessible overview of the ICB's governance structure.
- 3.2 Aligned to national guidance at this point, a map was created for SEL ICB which is comparable in layout and content to those developed in other ICBs around the country. The intention is to keep to a one-page overview which could easily be referred to and shared in line with the map's purpose. The SEL ICB map was reviewed by the ICS Executive, alongside the proposed ICB governance structure, in April 2022, and was updated to reflect the discussion. It was endorsed by the Transition Board in the same month. Minor changes have subsequently been made as the governance structure has been refined and that process will be undertaken at regular intervals.

- 3.3 The Functions and Decisions Map is included in the SEL ICB Governance Handbook and the link to this document is included in Appendix 1.
- 3.4 **Action:** The SEL ICB Board is asked to **agree** the Functions and Decisions Map (Appendix 1)

4. Standing Financial Instructions (SFIs), Scheme of Reservation & Delegation (SORD) and Schedule of Matters Delegated to Officers

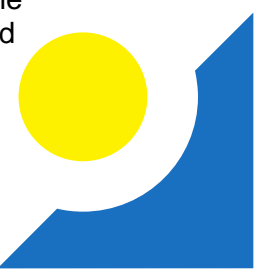
- 4.1 The Standing Financial Instructions (SFIs), Scheme of Reservation & Delegation (SORD) and Schedule of Matters Delegated to Officers are included in the SEL ICB's Governance Handbook.
- 4.2 The purpose of the Standing Financial Instructions (SFIs) is to ensure that SEL ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the SEL ICB's control environment for managing the organisation's financial affairs and are designed to ensure regularity and propriety of financial transactions.
- 4.3 All ICBs are required to have a scheme of reservation & delegation (SORD) detailing where ICB areas of responsibility are delegated. The SEL ICB version was prepared based on the SEL CCG's scheme of reservation & delegation but also with reference to the functions & responsibilities of ICBs. The proposed scheme of reservation & delegation was reviewed by CCG executive directors and discussed at the ICB Transition Board.
- 4.4 As the SORD does not include financial limits a detailed schedule of matters delegated to officers has also been prepared by the finance department which details delegated limits for each area and officer. The delegation shown is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. Both documents have been checked for consistency and the SORD has also been checked for consistency against the ICB's Standards of Business Conduct Policy.
- 4.5 The Scheme of Reservation & Delegation and the Schedule of Matters Delegated to Officers should be read in conjunction with the ICB's Standing Orders (included in the constitution) and the Standing Financial Instructions.
- 4.6 The links to these documents are included in Appendix 2. All three documents have been reviewed and are recommended by the SEL ICB's Chief Financial Officer.
- 4.7 **Action:** The SEL ICB Board is asked to **agree** the Standing Financial Instructions, the Scheme of Reservation & Delegation and the Schedule of Matters Delegated to Officers (Appendix 2)

5. Policies

- 5.1 A full suite of policy documents has been produced for SEL ICB, covering the key areas of corporate governance and risk, quality and safety, security and emergency

planning, information governance and human resources. There is no defined list of policies that are required for an ICB, however policies developed are in line with pre-existing SEL CCG policies, all of which will continue to be needed for SEL ICB.

- 5.2 When developing the policies, reference has been made to the requirements set out within the ICB's Constitution, any ICB guidance received, the subject matter knowledge of staff, and benchmarking against other ICBs for consistency. The links to the policies mentioned in the constitution, are attached at Appendix 3. Other SEL ICB policies will be approved by the relevant committee. Further policies are under development, where they are reliant on publication of new legislation/ guidance which is not available until later in the year.
- 5.3 Board members are also asked to note that, under TUPE, a number of contractual policies relating specifically to the London Shared Services staff who transfer to the ICB on 1 July 2022 need to be adopted. Managers will initially be required to apply the principles set out in these policies for those relevant LSS staff, although they will be supported by HR to navigate these arrangements until the SEL ICB is able to consult with staff on harmonisation of policies. The relevant contractual LSS policies are:
- Salary Advances and Recovery Policy
 - Change Management Policy
 - Grievance
 - Disciplinary
 - Annual leave
 - Attendance Management
 - Travel Expenses Policy
- 5.4 **Safeguarding Governance Framework:** In addition to standard policies, ICBs are required to have appropriate governance arrangements in place to ensure the ongoing compliance for safeguarding statutory and legal duties. SEL ICB will fulfil its statutory and legal duties in partnership and alongside the police and local authorities. The governance arrangements for how SEL ICB will undertake these duties is set out in the Safeguarding Governance Framework, the link of which is included in Appendix 3. These governance arrangements have been discussed and are supported by the Safeguarding Children Partnerships and Adult Safeguarding Boards in south east London, through which safeguarding arrangements will continue to be overseen and delivered.
- 5.5 **Working with people and communities strategic framework:** Integrated Care Systems (ICS) across the country have been tasked with producing a strategy for how they will work with local people and communities, with an ask from NHSE that systems 'ratify' the strategy via ICBs in 'July 2022'. As the south east London working with people and communities strategic framework is referenced in the SEL ICB constitution, this has been included for endorsement at this meeting. The link is available in Appendix 3.
- 5.6 Working with the SEL ICB's partners, including Healthwatch, the voluntary and community sector and local people, a strategic framework for how the South East London ICS will work with local people and communities has been developed. The strategy has been socialised widely, with south east London ICS partnerships and



partner organisations. The draft document was presented to the SEL ICS Executive meeting on 25 May 2022 and following support was submitted to NHS England on 27 May 2022.

5.7 The South East London ICS has made three core commitments to working with local people and communities as follows:

- Being accountable to our local people, and ensuring we are transparent;
- Making decisions, setting direction and priorities in partnership with people and communities;
- Working with people and communities in new ways to transform health and care and support health and wellbeing

A vision, mission, and strategic aims to deliver these commitments has been developed. At a system level, SEL ICB meetings will be held in such a way so as to enable delivery of these commitments and deliver the south east London working with people and communities strategic framework.

5.7. **Action:** The SEL ICB Board is asked to:

- **Note** the process for developing ICB policies and formally **adopt** those presented for NHS South East London Integrated Care Board (Appendix 3)
- **Note** the HR policies that will need to be adopted for LSS staff transferring to SEL ICB
- **Note and approve** the Safeguarding Governance Framework (Appendix 3)
- **Endorse** the south east London working with people and communities strategic framework (Appendix 3)

6. Board special/ Lead roles

6.1. The SEL ICB constitution includes reference to the Conflicts of Interest Guardian being the Audit Chair.

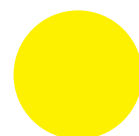
6.2. The Chief of Staff will be the Freedom to Speak Up Guardian.

6.3. It is proposed that the chair of the quality and safety committee is the board lead for safeguarding for SEL ICB.

6.4. Any other special / lead roles will be appointed as required

6.5 **Action:** The SEL ICB Board is asked to:

- **Note** that the SEL ICB's audit chair is the Conflicts of Interest Guardian for SEL ICB;
- **Note** that the SEL ICB's Chief of Staff will be the Freedom to Speak Up Guardian;
- **Endorse** the proposal that the chair of the quality and safety committee is the board lead for safeguarding

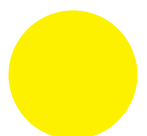


7. Appoint the ICB founder member of the ICP

- 7.1 The Integrated Care Partnership (ICP) will be a key forum bringing together leaders from across the south east London Integrated Care System, including leaders from NHS services, elected Local Authority leaders and representatives of Healthwatch and the voluntary community and social enterprise sector. The ICP will have particular responsibilities in determining the strategic direction of our system, supporting the shift to better prevention, helping to integrate health, social care and other services and supporting the economic and social resilience of our communities.
- 7.2 It is proposed that the ICB chair is the SEL ICB founder member and joint chair of the SEL ICP.
- 7.3 **Action:** The SEL ICB Board is asked to appoint the ICB chair as founder member and joint chair of the SEL ICP

8. Local Care Partnership Delegation Arrangements

- 8.1 NHS South East London Integrated Care Board (SEL ICB) has agreed a principle of subsidiarity in determining respective roles and responsibilities across its system of systems to support the delivery of the SEL ICB's core objectives. This commitment has driven an agreed approach to delegated responsibilities for the SEL ICB's six place based Local Care Partnerships (LCPs) in 2022/23.
- 8.2 During the year the ICB will further develop its approach to, and the scope of, delegation for future years, recognising that it will need to test and iterate arrangements over 2022/23 as wider ICB governance and working arrangements are established, tested and developed.
- 8.3 In fulfilling their delegated responsibilities the SEL ICB's LCPs will work inclusively within their partnerships and with the wider SEL ICB, committees, boards and partnerships. They will further ensure that SEL ICB agreed commitments and priorities are demonstrably addressed alongside working to further the four core national objectives of ICBs.
- 8.4 LCPs will report to the Board in line with agreed governance arrangements, recognising the required separation of responsibility and accountability with the SEL ICB remaining the accountable body for the delivery of agreed SEL ICB functions, requirements and commitments.
- 8.5 The LCP delegation will operate from 1 July 2022 and is made to the agreed LCP lead Executive and Board member, as follows:
- Bexley Local Care Partnership - Stuart Rowbotham, Place Executive Director
 - Bromley Local Care Partnership - Dr Angela Bhan, Place Executive Director
 - Greenwich Local Care Partnership - Sarah McClinton, Place Executive Director
 - Lambeth Local Care Partnership - Andrew Eyres, Place Executive Director
 - Lewisham Local Care Partnership - Ceri Jacob, Place Executive Director
 - Southwark Local Care Partnership - James Lowell, Place Executive Director

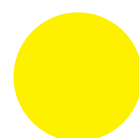


These Place Executive Directors will discharge their delegated responsibilities through the wider LCP and its Local Care Partnership Committee, which will operate as formal committees of the Unitary Board in 2022/23. Decisions related to delegated responsibilities will therefore be made by the wider partnership, inclusively and collectively.

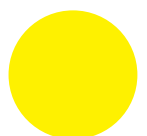
- 8.6 The scope of the LCPs' delegated responsibilities covers 'out of hospital services' defined as covering the following areas of provision: primary care, primary care prescribing, community service for physical and mental health, continuing health care and client groups. This includes delegated budget responsibility for these same out of hospital services.
- 8.7 In undertaking these delegated responsibilities the LCPs will ensure the delivery of national requirements, local objectives and outcomes as set out in SEL ICB's 2022/23 operational plan, agreed common standards and outcomes to be secured locally, adherence to SEL ICB's allocation framework and the management of spend in line with the LCP's delegated budget, inclusive of taking action to address variation against these commitments and plans.
- 8.8 2022/23 delegation has a prime focus on delivery, through the implementation of locally designed solutions to meet agreed SEL ICB objectives and outcomes, with a commitment and expectation that delivery approaches and solutions optimise the scope for integrated solutions across community-based health and care.
- 8.9 LCPs will further support SEL ICB in the discharge of its statutory functions, including those related to quality and safeguarding and the delivery of agreed local responsibilities and actions as part of SEL ICB's discharge of its functions. They will convene the local system and take a lead responsibility in managing local interfaces and interactions through for example their Health and Well Being Boards, borough based Local Medical Committees and Overview and Scrutiny Committees.
- 8.10 **Action:** The Board is asked to **note** the proposed delegation to LCPs in 2022/23

9. Summary Actions

- 9.1 In summary the following actions are asked of the Board:
 - 9.1.1 **Establish** the committees and sub-committees of the SEL ICB by **agreeing** to the SEL ICB's proposed governance structure (Appendix 1);
 - 9.1.2 **Agree** the terms of reference of the SEL ICB's committees, including appointing the chairs and membership as included in those terms of reference (Appendix 1);
 - 9.1.3 **Agree** the Functions and Decisions Map (Appendix 1);
 - 9.1.4 **Agree** the Standing Financial Instructions, the Scheme of Reservation & Delegation and the Schedule of Matters Delegated to Officers (Appendix 2);
 - 9.1.5 **Note** the process for developing ICB policies and formally **adopt** those presented for NHS South East London Integrated Care Board (Appendix 3);



- 9.1.6 **Note** the HR policies that will need to be adopted for LSS staff transferring to SEL ICB;
- 9.1.7 **Note and approve** the Safeguarding Governance Framework (Appendix 3);
- 9.1.8 **Endorse** the south east London working with people and communities strategic framework (Appendix 3);
- 9.1.9 **Note** that the SEL ICB's audit chair is the Conflicts of Interest Guardian for SEL ICB;
- 9.1.9.1 **Note** that the SEL ICB's Chief of Staff will be the Freedom to Speak Up Guardian;
- 9.1.9.2 **Endorse** the proposal that the chair of the quality and safety committee is the board lead for safeguarding;
- 9.1.10 **Appoint** the ICB chair as founder member and joint chair of the SEL ICP
- 9.1.11 **Note** the proposed delegation to LCPs in 2022/23



Appendix 1 – Links to governance documents

[NHS South East London ICB Governance structure](#)

[Functions and Decisions Map](#)

[Audit Committee terms of reference](#)

[Remuneration Committee terms of reference](#)

[People Board terms of reference](#)

[Quality & Performance Committee terms of reference](#)

[Planning & Finance Committee terms of reference](#)

[Charitable Funds Committee terms of reference](#)

[Clinical and Care Professional Committee terms of reference](#)

[Bexley Local Care Partnership terms of reference](#)

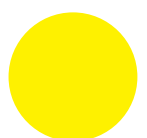
[One Bromley terms of reference](#)

[Healthier Greenwich Partnership terms of reference](#)

[Lambeth Together Care Partnership terms of reference](#)

[Lewisham Health and Care Partners terms of reference](#)

[Partnership Southwark terms of reference](#)

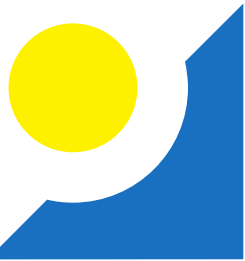


Appendix 2 – Links to Financial Governance documents

[Standing Financial Instructions](#)

[Scheme of Reservation & Delegation](#)

[Schedule of Matters Delegated to Officers](#)



Appendix 3 – Links to Policies

[Standards of Business Conduct Policy \(including Managing Conflicts of Interests, Gifts and Hospitality and Joint Working with Pharmaceutical Industry\)](#)

[Public Information Access Policy](#)

[Anti-Fraud, Bribery and Corruption Policy](#)

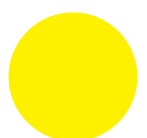
[Petitions Policy](#)

[NHS Records Management Code of Practice 2021](#)

[Persistent and Unreasonable Contacts Policy](#)

[Safeguarding Governance Framework](#)

[SEL ICS Working with People and Communities Strategic Framework](#)



Integrated Care Board

Item 4 Enclosure D

Title:	Our mission and corporate objectives for the Integrated Care Board
Meeting Date:	1 July 2022
Authors:	Tosca Fairchild, ICB Chief of Staff
Executive Lead:	Tosca Fairchild, ICB Chief of Staff

Purpose of paper:	To seek approval to an initial set of corporate objectives for the Board for 2022/23	Update / Information	
		Discussion	X
		Decision	X
Summary of main points:	<p>The purpose of new Integrated Care Boards are set out in legislation and include:</p> <ul style="list-style-type: none"> • Improving outcomes in population health and health and care services; • Tackling inequalities in outcomes, experience and access; • Enhancing productivity and value for money in the in the use of health and care resources; and • Helping the NHS support broader social and economic development. <p>In our preparations for the creation of our Integrated Care Board, we devised the following draft mission statement, which reflects both our statutory role and our ambitions for improving care for our population:</p> <p>“Our mission is to help people in South East London to live the healthiest possible lives.</p> <p>We will do this through:</p> <ul style="list-style-type: none"> • helping people to stay healthy and well; • providing the right treatment when people become ill; • caring for people throughout the course of their lives; • taking targeted action to address health inequalities; and • supporting resilient, happy communities and the workforce that serves them.” <p>During our strategy and planning process for 2023 onwards (discussed under item seven in the Board’s agenda), we will develop with our staff and communities our</p>		

	<p>vision for improving health and care in South East London and our priorities for improving care. These will provide a basis for monitoring progress against the strategy and plan over the next five years.</p> <p>In the meantime, however, the Board should agree an initial set of corporate objectives reflecting, at a strategic level, priorities for the remainder of 2022/23. This will provide a framework for reporting to the Board and ensure that the Board can monitor progress.</p> <p>The attached paper proposes corporate objectives organised around the Board's four main purposes described above. We believe that they should enable the Board to ensure progress in 2022/23.</p> <p>In the normal course of business, a Board would typically spend some time determining its objectives and the information needed to monitor progress and this would in turn be reflected in the planning process for the following years.</p> <p>The establishment of ICBs come shortly after the change in legislation that creates them and so we have had to condense the process given that our Integrated Care Board is a brand new organisation. However, we propose to revisit the objectives and information needed to monitor progress in 2022/23 and following the completion of our strategy and planning process for 2023 onwards.</p>			
Potential Conflicts of Interest	Not applicable			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	Not applicable		
	Financial Impact	Not applicable		
Other Engagement	Public Engagement	Public engagement will support of strategy and planning process going forward.		
	Other Committee Discussion/Engagement	Not applicable		
Recommendation:	That the Board approves the mission statement above and our draft corporate objectives, which should be subject to review as the Board determines its medium term and longer term strategic priorities.			

South East London ICB Corporate Objectives for 2022/23

ICB Board - 1 July 2022

1. Context and background

- 1.1. The Integrated Care Board (ICB) is to be established as a statutory organisation on 1 July 2022. From this point, the board can be expected to operate with an identified set of corporate objectives in place.
- 1.2. These objectives will set out at a strategic level, the key things the organisation wants to achieve within the remaining nine months of the year. The board will then monitor the achievement of its objectives by regularly reviewing its Board Assurance Framework (BAF) to identify in-year risks and planned remediations.
- 1.3. An agreed set of corporate objectives will also shape the board's on-going information and data requirements; aide delegation and help clarify accountability arrangements across the ICB governance structure. They will form part of the basis of staff objectives for the remainder of 2022/23.
- 1.4. In usual circumstances the board would undertake an objective-setting process over the course of several months. This would be completed following a sequence which considers the organisation's purpose, mission and vision, and would be aligned to broader planning and organisational development activities for the year ahead.
- 1.5. With statute determining the ICB start date of 1 July 2022 and the limited opportunity for the ICB board to convene ahead of this time, the process of identifying a set of corporate objectives for 2022/23 has been necessarily condensed and also includes a degree of inherited objectives set by the planning round for 2022/23, approved for the start of the financial year.
- 1.6. As such the corporate objectives provided in the detail that follows represent an interim and inherited position for the system. They do not yet reflect the full partnership ambition that will be developed over the remainder of the financial year. They do, however, given the history of strong partnership planning and collaborative work in south east London, draw upon many of our current shared commitments to date alongside those known requirements of ICBs as statutory bodies in England.

- 1.7. Importantly they do reflect the goals detailed within the SEL ICS Development Plan and system operating plan for 2022/23, the former derived by partners across 2021/22 and the latter being a local response to national requirements.
- 1.8. Over time as the ICB board embeds, there will be opportunity to amend and supplement these initial set of ICB objectives, and chance to undertake a comprehensive refresh of them at the point where the broader ICS partnership and ICB approves its strategy and priorities.

2. Design and development process

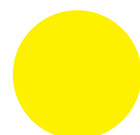
- 2.1. Under the direction of the ICB Chair designate and ICB Chief Executive Officer designate, a set of provisional ICB corporate objectives has been identified (**see appendix**).
- 2.2. The objectives are based on a set of things we have already committed to as a partnership and will begin in 2022/23, and additionally, the things that are set nationally for each ICB to do (i.e. determined in law or set in planning guidance).
- 2.3. A set of draft ICB objectives were drawn-up and discussed at the ICB board development sessions in May and June 2022, noting that not all board members were identified or appointed at that time.
- 2.4. Following the most recent development session, a final set of objectives were drafted for endorsement by the ICB Chair designate and ICB Chief Officer at the end of June 2022.

3. Structure of the ICB corporate objectives

- 3.1. The proposed South East London ICB objectives are structured on four high-level responsibilities, which reflect the requirements of an ICS as specified in ICS Design Framework:
 - 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
- 3.2. A set of sixteen ICB corporate objectives covering all four of the high-level responsibilities is proposed for adoption by the ICB board.

4. Final review and endorsement ahead of inaugural ICB Board meeting, 9 June 2022

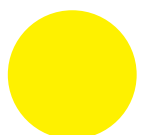
- 4.1. Board members were asked to review the draft set of ICB objectives and consider whether these would satisfy requirements at this stage.



- 4.2. Board members were asked to note that these objectives will apply to a provisional period, which covers the remainder of the financial year 2022/23 only.
- 4.3. Board members were asked to further note that all ICB corporate objective will be fully reviewed and re-established ahead of April 2023 in line with the development and agreement of the ICB strategy. As a result of this it is expected that the balance of mandated objectives and those which have been determined locally will alter significantly as the ICB matures and agrees its priorities together with the wider partnership.

5. Next steps

- 5.1. Once approved, the ICB corporate objectives will form the basis of the ICB Board Assurance Framework. This document will detail the key risks and mitigations identified as a threat to achievement of the objectives.
- 5.2. The BAF will be a 'live' document and will be reviewed to ensure it captures risks across health and social care with relevant measurables also identified.
- 5.3. The BAF will be considered at formal board meetings subsequent to July 2022 and used as a framework to support the board in identifying risk and assuring itself that sufficient remedial actions are in place.
- 5.4. The process of reviewing and re-setting ICB corporate objectives will run concurrently with the development and approval of the Integrated Care Partnership and ICB strategies.
- 5.5. The board is asked to formally approve the 2022/23 ICB corporate objectives



ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
<p>A. Improve outcomes in population health and healthcare</p>	<p>1. Agree an outcomes focussed ICP integrated care strategy and ICB strategic plan.</p>	<ul style="list-style-type: none"> • Ensure an effective ICB contribution to the development of the ICP’s five-year integrated care strategy that sets out the strategic objectives, priorities, and outcomes for the SEL system, based on best available evidence and data, for ICP approval in December 2022. • In parallel, create a five-year system plan for the ICB which responds to the integrated care strategy, for ICB approval in March 2022. • Enlist our staff, patients, partner organisations and the public in the development of the integrated care strategy and system plan, building on prior engagement and what we know about our population and our system. • Complete initial engagement with leaders in our system and communities on possible priorities for the strategy in July 2022.
	<p>2. Establish population health management (PHM) as the way of working in SEL, using data and local insights to improve population health and delivery of care and health equity.</p>	<ul style="list-style-type: none"> • Progress the ICS ambition for near real-time and historical, linked, health and care data, with the infrastructure to store data safely and securely – such that we have single health and adult social care record for each citizen by 2024. • Seek from the ICB agreement to the highest priorities for providing PHM support across SEL, whilst agreeing the BI and analytics resourcing requirements for PHM. • Establish PHM governance and oversight that ties into ICS governance, through agreeing the IG gaps associated with widening access to SEL CCG data and solutions to address them. • Establish the PHM Transformation Catalyst, in order to secure the capability and capacity needed within SEL to catalyse change, alongside continued BAU requirements at every level of the system – PCN, LCP, provider collaboration & ICS. • Increase SEL’s capacity and capability to deliver PHM, through engaging the workforce with training delivered by the PHM Catalyst, staff objectives that will help to drive PHM, alongside reviewing current incentives to propose a realignment of new incentives to drive PHM across the whole system.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
<p>A. Improve outcomes in population health and healthcare (contd.)</p>	<p>3. Enhance prevention and address inequalities by making progress on delivery of CORE20Plus5 and 'The Vital 5'.</p>	<ul style="list-style-type: none"> • Establish population health equity leadership for each of the 5 key drivers of health inequalities in SEL (The Vital 5 are hypertension, smoking, alcohol, obesity and mental health). • Create an augmented virtual team from existing funded positions and assets that effectively coordinates implementation across the central ICS, KHP and LCPs. • Co-create benchmark ICS-wide aspirations for our prevention and equality work that focuses on The Vital 5 and Core20Plus5 in the first instance and fits into wider ICS metrics work. • Allocate and implement Health Inequalities funding uplift such that SEL population's healthcare access, experience and outcomes are improved through the SEL-wide and place-based initiatives that it funds. • Develop a Vital 5 Roadmap in conjunction with PCN/ LCP/ borough, that uncovers the size of issue(s), gaps, and priorities for SEL-wide targeted action, highlighting current areas of good practice in SEL and other areas that could be rapidly spread to create a menu of options.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
<p>B. tackle inequalities in outcomes, experience and access</p>	<p>4. Establish effective ways of hearing from and engaging with people from all communities across south east London to address unfair, avoidable and systematic differences in health between different groups of people.</p>	<ul style="list-style-type: none"> • Harness the power of local people to hold the ICS and the ICB to account for its functions as public institutions. • Partner with local people to co-produce services and pathway redesign and transformation, and to develop new, innovative ways of providing health and care services - particularly for communities experiencing health inequalities. • Make decisions directly informed by the views, experiences and aspirations of local communities. • Support a world class standard of engagement for the ICS and its partnerships, particularly working with communities experiencing health inequalities. • Health and care professionals working in partnership with people through a shift to genuine coproduction , so people have choice and control in how their care is planned and delivered, ensuring compassionate whole person care.
	<p>5. Develop a single and shared understanding of quality, patient safety and risk, with clear accountabilities for decision-making and ownership that improve outcomes for the SEL population.</p>	<ul style="list-style-type: none"> • Improve patient safety and patient experience following system identification of themes and learnings. • Reduction in the number of 'Never Events'. • System implementation of the Patient Safety Incident Response Framework. • System reduction of HCAs (remaining within 2022/23 thresholds) and system-wide anti-microbial resistance response. • System-wide programmes for harm free care (absence of PUs, harms from falls, UTIs with indwelling catheters and VTE).
	<p>6. Embed a safeguarding culture that ensures the identification of common themes, shared learning, and a system-wide focus on the delivery of national and local safeguarding priorities.</p>	<ul style="list-style-type: none"> • Collaborative health response to the national improvement priorities: domestic abuse, FGM, modern slavery, serious youth violence, information sharing and child sexual abuse. • A shared health approach to Section 11 (Children Act 2004) & the Care Act (2014) compliance. • A sustainable safeguarding workforce across SEL, including succession plans and development opportunities.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
B. tackle inequalities in outcomes, experience and access (contd.)	7. Deliver elective care transformation to increase elective capacity, improve patient outcomes and contribute to addressing inequalities of access.	<ul style="list-style-type: none"> • Ensure the delivery of agreed activity plans and targets for elective and diagnostic services. • Ensure waiting times targets for 104 and 78 week elective waiters and cancer treatment targets are met. • Ensure the delivery of the outpatient transformation, theatre productivity and community diagnostic programmes, to expand capacity and improve pathways. • To ensure a collaborative approach to inclusive recovery that equalises waits across specialties and providers and meets the objectives set out in the ICB's operational plan around reducing inequalities in access and experience.
	8. Improve the responsiveness of urgent and emergency care by addressing long waits in emergency care pathways, and by building community care capacity to prevent people from hospital admission and to support improved hospital discharge.	<ul style="list-style-type: none"> • Ensure that the ICB secures performance improvement across key UEC metrics with a specific focus on A&E waiting times, inclusive of hospital handover and mental health waits. • Ensure that care pathway opportunities for managing UEC demand are optimised, including the development of alternatives to ED out of hospital through improved primary care and community services and 111 access and through developing Same Day Emergency Care in hospital care. • Ensure that the ICB secures its plans for the further roll out of the national Urgent Community Response programme to prevent people from hospital admission, enable admission avoidance and extend supported discharge. • To continue to improve flow and demonstrably reduce discharge delays through improvement action in hospital for simple discharges and out of hospital for complex discharges.
	9. Improve timely access to primary care by expanding capacity and increasing the number of appointments available to patients.	<ul style="list-style-type: none"> • Increase employment of “additional roles” into general practice and sustain whole time equivalent GP and nursing numbers. • Ensure appointment numbers, timing and type are aligned to population health need at PCN and LCP level. • Develop PCN-based access models which provide additional resilience to appointment availability across practices and demonstrate improved integration with the Urgent and Emergency Care system. • Increase diversity of access by both mode and health and care professional. • Improve patient experience of general practice services, demonstrated via the GP Patient Survey.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
<p>B. tackle inequalities in outcomes, experience and access (contd.)</p>	<p>10. Grow access to mental health services and services for people with a learning disability and/or autistic people.</p>	<ul style="list-style-type: none"> • Improve and sustain the uptake of annual health checks for both people with severe mental illness and learning disabilities, as per the ambitions set out in the NHS Long Term Plan. • Ongoing transformation of community mental health services, with sustainable and increased recruitment of new roles and development of new multi-disciplinary teams across health, social care and the voluntary and community sector. • Delivery of the access rates for mental health (as per the NHS Long Term Plan) including perinatal mental health services, CAMHS and IAPT. • Reduction in waiting times for specialist services including community CAMHS services, children and young people’s eating disorders and diagnosis of autism spectrum disorder. • Development of effective and sustainable mental health crisis care pathways and alternatives to emergency departments. • Ensuring service users are placed in the least restrictive settings as possible, with a continued reduction in usage of inpatients beds for learning disabilities and expansion of a community-based service offer.
	<p>11. Maximise the uptake of routine immunisations (including childhood immunisations, influenza and covid-19 vaccinations) with a focus on addressing inequalities in uptake.</p>	<ul style="list-style-type: none"> • Take a population health management approach to addressing low uptake and inequalities in vaccination (using data, evidence and engaging with communities). • Support primary care providers (GPs and community pharmacies) to improve access to vaccination services, in terms of availability of vaccination sessions, providing expert advice and information. • Ensure consistent approaches to call and recall systems to identify and communicate with those needing vaccination.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
C. enhance productivity and value for money	12. Delivery of system financial balance, efficiency and savings plans.	<ul style="list-style-type: none"> • Set and agree the strategic financial framework of the ICS and monitor performance against it. • Develop an approach to distribute the ICS financial allocation based upon agreed ICS and national strategies and priorities. • Monitor and report upon overall financial performance against national and local metrics, highlighting areas of concern. • Ensure system efficiencies are identified and monitored across the ICS, in particular opportunities at a system level where the scale of the ICB partners together, and the ability to work across organisations, can be leveraged.
	13. Establish a joint system-wide process for capital planning.	<ul style="list-style-type: none"> • Ensure that that the ICS system has a clear and consistent understanding as to the level of capital funding available to it. • Facilitate a process so that the ICS system is able to clearly articulate a complete picture of its potential capital commitments and the associated revenue consequences. • That the ICS is able to agree and implement a process for the allocation of capital funding, that is aligned to, and consistent with, clinical and service priorities both at a national and local system level. • To monitor the agreed ICS capital programme against the available envelope and take action, where needed, to ensure that it is appropriately and completely used.
	14. Invest in our workforce: achievement of workforce growth and retention targets across secondary, community, mental health and primary care.	<ul style="list-style-type: none"> • Secure a robust pipeline of workforce supply. • Improve the health and wellbeing of our health and care workforce. • Deliver better equality, diversity and inclusion outcomes for our people.

ICB Purpose	SEL corporate objective	Component objectives, targets or key activities
<p>D. help the NHS support broader social and economic development</p>	<p>15. Improve social value through initiation of the ICS Anchor Programme.</p>	<ul style="list-style-type: none"> • Agree our 2022/23 plan for the ICS Anchor Programme which learns from and builds on the approaches of our partners, including provider Trusts, local authorities, community and voluntary sector organisations and other Anchor Institutions actively working in South East London. • Undertake a grassroots-led community engagement programme which builds on previous and ongoing engagement, and which develops our expertise in codesigning anchor initiatives with our communities. • Identify those areas where cross-system action would be most effective and begin the delivery of tangible and co-produced solutions in priority areas already identified through public engagement, such as the South London Listens Programme. • Focus on generating momentum and sharing best practice across the ICS through the creation of the Anchor Alliance, which will also bring in national and international experts so that the system benefits from their experience and perspectives.
	<p>16. Begin implementation of the ICS action plan to reduce carbon footprint to Net Zero by 2040.</p>	<ul style="list-style-type: none"> • Development of ICB climate change adaptation plan. • Begin implementation of SEL ICS <i>decarbonising general practice action plan</i>. • Embed sustainability training throughout the workforce. • Launch a joint programme across the ICS to take action on air quality.

Integrated Care Board

Item 5 Enclosure E

Title:	Delivering through partnership
Meeting Date:	1 July 2022
Author:	-
Executive Lead:	Stuart Rowbotham, Bexley Place Executive Director / Director of Adult Social Care, Bexley Council Prof Clive Kay, Partner Member Acute Care / Chief Executive, King's College Hospital NHS FT

Purpose of paper:	An opportunity for leaders of new partnerships upon which the ICS will depend, Local Care Partnerships and Provider collaboratives to outline progress to date and the opportunities they are seeking to realise	Update / Information	X	
		Discussion	X	
		Decision		
Summary of main points:	<p>To fulfil its mission the Integrated Care Board and wider system will rely upon empowered partnerships working together to improve health and care for our communities.</p> <p>In south east London partner organisations involved in health and care already have a history of working closer together for the benefit of residents.</p> <p>The board will hear from Stuart Rowbotham about the successes of working together as Bexley Local Care Partnership, demonstrating the opportunities to build on this as part of the ICB.</p> <p>Professor Clive Kay, the lead for the Acute Provider Collaborative will outline how NHS trusts providing acute care in south east London have been working together as an Collaborative to make improvements as well as support each other to meet the challenges facing health and care system.</p>			
Potential Conflicts of Interest	None identified			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X

	Equality Impact	Working with all partners involved in health and care across south east London will help provide a consistent provision of services to people in south east London. Working together in each place with the groups and organisations supporting residents helps to start and identify and support those particularly affected by inequality in our local areas.
	Financial Impact	Working together also helps to identify opportunities to achieve better value for money by sharing ideas, achieving savings by working at scale, and helping to support people to receive the care and support they need to avoid stays in hospital.
Other Engagement	Public Engagement	Working in partnership in local areas has involved working with members of the public on specific topics as well as opportunities to observe meetings of the local care partnership and integrated care board.
	Other Committee Discussion/Engagement	The ICB committees will support working in partnership locally as well as collaboration across south east London in areas where this is beneficial.
Recommendation:	That the Board note the presentations on working in partnership.	

Integrated Care Board

Item 6 Enclosure F

Title:	2022/23 Operating Plan
Meeting Date:	1 July 2022
Authors:	Sarah Cottingham, Executive Director of Planning
Executive Lead:	Sarah Cottingham, Executive Director of Planning

Purpose of paper:	<p>To update ICB members on the contents of the ICB's operational plan for 2022/23 to:</p> <ul style="list-style-type: none"> Increase awareness and understanding of requirements Ensure a collective understanding of key deliverables and commitments <p>Highlight key risks and issues that the ICB will need to mitigate and manage over 2022/23</p>	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	<p>Operational planning guidance for 2022/23 was issued to the NHS in December 2021. This set out the key deliverables to be secured in 2022/23, with a focus on improving performance and access standards across planned, urgent and emergency care and mental health services, supported by detailed activity, workforce and financial planning.</p> <p>South East London has been developing its operational plan response over the last few months with the following key commitments:</p> <ul style="list-style-type: none"> Performance and access - Agreed actions to ensure that over the course of 2022/23 the ICB is able to meet national performance and operational targets. In some areas we will be able to meet these for the whole of 2022/23. In others we will work to secure compliance during the year, with pace of delivery determined by our 2021/22 exit position, the scale of improvement required and a realistic pace of improvement in the context of underlying demand and capacity and workforce challenges and solutions. Workforce - Workforce plans that seek to improve recruitment and retention, reduce vacancy rates and reliance on bank and agency staff, whilst also developing our workforce and focussing on the well being of staff. Activity – A planned increase in activity including improved productivity to support reduced waiting times. Elective (day case, inpatient and outpatient) activity is heavily incentivised, with under performance against plan having both 		

	<p>an operational delivery and a financial consequence that we will need to manage.</p> <ul style="list-style-type: none"> • Finance - A financial plan that secures a break even year end position at organisation and system level, in the context of a challenging funding position. The plan includes a significant efficiency improvement commitment and this will be challenging to secure in the context of expected costs, related both to delivery costs but also inflationary pressures. <p>The operational plan represents an ambitious set of commitments that the ICB will need to secure over 2022/23. Delivery is not without risk and we have been working to understand the key risks that we will need to collectively manage and mitigate over the year. These relate to demand and capacity, workforce, expenditure and the overall bandwidth required to secure improvement across the board range of areas set out in the planning guidance.</p> <p>We will be regularly monitoring performance against plan across all the key commitments made to enable an early identification of issues and to support collective work to identify and enact available mitigations.</p>			
Potential Conflicts of Interest	None – operating plan reflects commitments that have been agreed on a system wide basis			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	In our approach to design of our system, we are focusing specifically on the need to tackle health inequalities and to work in stronger partnerships with our communities.		
	Financial Impact	Not applicable.		
Other Engagement	Public Engagement	We have engaged local people and communities at various points over the last year on the development of our Integrated Care Board and Integrated Care System.		
	Other Committee Discussion/Engagement	We have developed our approach to the governance and operation of our new Board and Integrated Care System through extensive discussion and engagement since Spring 2022, including with our previous (non-statutory) Integrated Care Board, local authority leaders and officers and discussions with local people.		
Recommendation:	The Board is asked to note the deliverables and commitments made in the operating plan for 2022/23			

South East London ICB 2022/23 Operational Plan

ICB Board - 1 July 2022

1. Introduction

- 1.1. In December 2021 national 2022/23 Priorities and Operational Planning Guidance was published, setting out the expectations of systems for the coming financial year.
- 1.2. Restoring services, meeting demand and reducing the care backlogs that are a direct consequence of the pandemic represent key areas of focus, with systems asked to work collaboratively to make the most effective use of the resources available to them.
- 1.3. 2022/23 represents a move away from the pandemic funding and planning approach with a transition back towards business as usual funding arrangements and a return to the agreement of contracts between commissioners and providers.
- 1.4. The ask – a system plan that meets planning priorities, secures a break even financial plan, increased activity and productivity – is significant, with a material service delivery, financial and workforce challenge.

2. Planning Requirements and Expectations

- 2.1. A summary of the key priorities is set out below:
 - a. Workforce - more people and new ways of working, strengthening the compassionate and inclusive culture needed to deliver outstanding care.
 - b. Respond to COVID-19 ever more effectively - delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
 - c. Deliver significantly more elective care - to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
 - d. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity - to keep patients safe and offer the right care, at the right time, in the right setting.

- e. Improve timely access to primary care - to expand capacity, increase the number of appointments available and drive integrated working.
 - f. Improve mental health services and services for people with a learning disability and autistic people - transforming and expanding community health services and improving access.
 - g. Continue to develop our approach to population health management - to prevent ill-health and address health inequalities.
 - h. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes.
 - i. Make the most effective use of resources and moving back to and beyond pre-pandemic levels of productivity.
 - j. Establish ICBs and collaborative system working - working together with local authorities and other partners to develop a five-year strategic plan.
- 2.2. Across all these areas systems are asked to maintain a focus on preventing ill-health and tackling health inequalities.

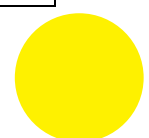
3. South East London's Operational Plan

Operational Delivery and Performance

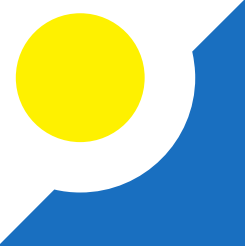
- 3.1. The 2022/23 planning guidance sets a wide range of operational delivery and performance targets and the ICB's position is summarised in the table below.

Service	Target	ICB position
Outpatient services	<ul style="list-style-type: none"> • Reducing outpatient follow-ups by a minimum of 25% and going further where possible. • Delivering a minimum of 25% of outpatient appointments on a virtual basis. • Delivering increased specialist advice requests (advice and guidance) by March 2023. • Expanding the uptake of patient initiated follow up to 5% by March 2023. 	<p>SEL's plans, underpinned by its outpatient transformation programme, meet all the national planning targets for 2022/23 with the exception of the target related to outpatient follow up reductions of 25%.</p> <p>On this target we are working to reduce outpatient follow ups over the medium term but for 2022/23 the need to reduce backlogs and bring patients in for appointments who are currently waiting for follow up and need to be seen means this overall reduction target will not be met in year.</p>
Elective (planned care) services	<ul style="list-style-type: none"> • Reduce the overall planned care waiting list and the number of 52+ week waiters within it over 2022/23. • Reduce the number of 104+ week waiters to 0 by July 2022. • Reduce the number of 78+ week waiters to 0 by March 23. 	<p>SEL's operational plan secures the targets related to overall waiting list size and the phased reduction of maximum waits over the course of 2022/23, as part of our Acute Provider Collaborative led elective recovery plan.</p>

		This includes the commitment related to 104 and 78 week waiters, with the exception of patients who are either medically unfit for treatment or choose to wait for longer.
Diagnostic services	<ul style="list-style-type: none"> • Increase diagnostic activity to reach an overall activity level of 120% of pre-pandemic levels. 	<p>The national target related to increasing diagnostic activity is designed to support improved and reduced waiting times for diagnostic treatment and our plan meets this target.</p> <p>This will enable us to continue to reduce the backlog of diagnostic waits and reduce overall waiting times. Timely diagnostics is a key component of our wider cancer and elective care pathways.</p>
Cancer services	<ul style="list-style-type: none"> • Reduce number of people waiting more than 28 days from urgent referral to a confirmed diagnosis or ruling out of cancer to less than 25%. • Increase the number of patients receiving first post diagnosis definitive treatment within the month. • Reduce the backlog of patients waiting more than 63 days on cancer 62-day pathways to February 2020 levels by year end. • Increase the number of people referred onto a non-specific symptom pathway through extending coverage to at least 75% of the population by March 2023. 	<p>SEL's Cancer Plan supports the delivery of the targets to improve access and waiting times, increase capacity and coverage.</p> <p>On the 28 day urgent referral to diagnosis target SEL will reach a position that is compliant by the end of Quarter 2.</p>
Learning disability and autism services	<ul style="list-style-type: none"> • Increase the number of Annual Health checks delivered by GPs for patients on the Learning Disability Register to 75% by 2023/34. • Reduce the reliance on inpatient care, including for children under 18. 	<p>SEL has an established and strong Transforming Care programme that has overseen improvement in our offer to people with learning disability and autism including reducing the reliance on inpatient care.</p> <p>For 2022/23 our plans include agreed actions that will enable these targets to be met.</p>
Community services	<ul style="list-style-type: none"> • Improve access to 2-hour urgent community response (UCR) care - to ensure that over 70% of demand is met within 2 hours from the end of Quarter 3 • Significantly reduce the number of patients waiting for community services • Increase virtual ward capacity, with a target of 40-50 virtual beds per 100,000 population over 2022/23 	<p>SEL's is an early adopter of the national Urgent Community Response (UCR) service and plans will enable us to meet the target associated with an improved ability to meet demand within 2 hours from Quarter 3.</p> <p>We have a developing virtual ward programme, which will include UCE and a range of other community based services that provide an alternative to an acute hospital bed.</p>



		<p>We expect to be able to meet the national ambition.</p> <p>On community waits have increased as a result of the pandemic and we have some very long waiting times that we need to reduce over the coming months. Our plans will reduce waits but significantly reducing waiting times in all services will be challenging in the context of the backlog, available capacity and our ability to recruit to additional staff.</p>
Mental health services	<ul style="list-style-type: none"> • Improving the access rate for IAPT (talking therapy) services. • Securing a dementia diagnosis rate of more than 66%. • Ensuring first episode psychosis treatment in line with a nationally recommended package of care within two weeks of referral for 60% of more of cases. • Increasing access to children and young people's mental health services. • Ensure that 95% of children and young people referred for routine eating disorder treatment are seen within 4 weeks and that 95% of urgent referrals are seen within 1 week. • Eliminating inappropriate adult acute mental health out of area placement (OAP) bed days. • Ensuring that 60% of people with severe mental illness receive a full annual physical health check and follow-up interventions. • Increase access for women accessing specialist community perinatal mental health services. • Improve access to individual placement and support. • Ensure a 95% data capture of the Data Quality Maturity Index Score within the Mental Health Services Data Set • Improve overall access to core community mental health services for adults and older adults with severe mental illnesses. • Ensure that 80% of adult mental health inpatients receive a follow-up within 72 hours of discharge. 	<p>SEL has an ambitious Mental Health Transformation Programme and our plans support improvement across the full range of mental health related targets to secure compliance by year end.</p> <p>This will be differential across the targets dependent upon our start year position, access and capacity constraints and pace at which we can increase capacity and staffing.</p> <p>There are some targets where we will be complaint year round – dementia diagnosis rate, first episode of psychosis treatment, mental health data set.</p> <p>Some other targets will take to Quarter 4 to secure compliance – children and young people's access, physical health checks for those with serious mental illness, women's perinatal treatment, access to individual placements and access to core community services for those with serious mental illness.</p> <p>The reminder of the targets will be secured in year – from either Quarter 2 or 3.</p>



- 3.2. We are also taking action to reduce inequalities and improving Population Health Management approaches will help us target inequalities in access, experience and outcome. This includes focussing on our 20% most deprived population, taking action to improve access and outcomes related to nationally identified evidence based interventions alongside SEL's vital 5 (mental health, smoking, alcohol, weight and blood pressure).

Activity

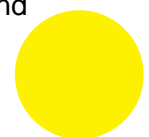
- 3.3. There is a significant 2022/23 emphasis on activity, with the aim of systems securing overall activity of at least 104% of pre-pandemic elective (outpatient, day case and inpatient) activity. SEL's Acute Provider Collaborative has undertaken detailed planning as a result of which we have secured an aggregate activity plan that meets this target. This will help drive our commitments around waiting list size and maximum waits. There is a link between activity and funding through the Elective Recovery Fund, which will assess and fund activity on a weighted value basis.

Workforce

- 3.4. The operational plan for workforce focuses on a range of different areas, including workforce planning, staff wellbeing, recruitment and retention and the development of new workforce roles. Our plan seeks to increase our substantive workforce and reducing the use of bank and agency staff. Our work is built around three key planning and delivery pillars: workforce supply, health and wellbeing and equality, diversity and inclusion.

Finance

- 3.5. 2022/23 funding arrangements represent a departure from pandemic funding arrangements put in to place in March 2020, with an approach that includes elements of pandemic funding alongside a return to growth funding as part of a transition back to business as usual.
- 3.6. The ICB received the following initial funding allocations for 2022/23:
- 3.7% growth funding (including inflation) for the south east London resident population. This includes the application of the Mental Health Investment Standard uplift, to help secure greater parity across physical and mental health levels of investment
 - Additional elective funding (through the Elective Recovery Fund), with in year funding varied in line with actual weighted value activity.
 - The continued provision of the covid and system top up funding, with both having been reduced as part of a phased withdrawal of pandemic funding arrangements.
 - A new convergence adjustment applied to systems as part of the transition down to historic funding levels to support financial balance.
- 3.7. Our providers also receive funding from non-local ICBs and NHS England for their patients receiving care south east London with these inflows represent a significant level of funding coming in to the system.
- 3.8. Whilst overall funding increased the position is challenging in the context of the operational deliverables, underlying cost pressures including for excess energy and

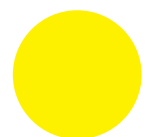


inflation and the downward impact of covid funding, system tops ups and convergence.

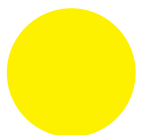
- 3.9. SEL has worked as an NHS system to develop a plan that secures a year end break even position at a system level. This has required:
- Driving down additional costs related to covid, recovery and our 2021/22 exit run rate wherever possible.
 - A minimum 3% efficiency across all organisations.
 - Improving productivity and the utilisation of available capacity.
 - Targeted investment to support operational delivery, performance and care pathway improvement.
- 3.10. In May 2022 it was recognised nationally that excess energy and inflation costs were higher than had originally been assumed in setting the NHS budget. ICB's received additional funding related to an assessment of known pressures, with SEL receiving an additional 1.48%. Risks remain related to further in year excess energy and inflation, which we will need to manage down and within our overall position.
- 3.11. The additional funding helped us close our financial gap with a June 2022 position of a financially balanced plan, at organisational and system level.

4. In year delivery

- 4.1. There are a number of challenges, risks and issues inherent in our operational plan. We will work as a system to monitor progress, understand the drivers of any variance and implement the actions available to us to mitigate delivery risks in year.
- 4.2. Key risks as assessed at this time are highlighted below:
- **Demand** - risks related to covid, urgent and emergency care and planned care referral demand, which could impact on our planned routine elective capacity. Without this meeting our planning waiting list improvements will be jeopardised in addition to significant income risk related to activity shortfalls.
 - **Capacity** – our system capacity is both very tight and finely balanced. We will need to ensure that we are able to direct patients to the most appropriate setting and deliver our agreed pathway transformation and productivity programmes to meet our activity and performance commitments as well as secure our agreed workforce plans.
 - **Finance** – we will need to contain spend and meet our efficiency targets in the context of Elective Recovery Fund risk and income uncertainties related to non SEL funding flows. Managing expenditure will be important for 2022/23 but also looking forward as any under delivery in this year will also have carry forward implications.
 - **Overall delivery agenda** – the breadth and scale of the delivery and improvement agenda is a challenge. Our 2021/22 exit position and 2022/23 start was challenging with urgent and emergency and covid pressures having impacted year to date in terms of demand, flow and staffing.



- 4.3. The ICB will be ensuring the timely and effective monitoring of delivery against plans with the objective of ensuring early warning in relation to variance and the early identification and agreement of mitigating action. The Board will be regularly updated on progress, risks and mitigations.



Integrated Care Board

Item 7a Enclosure G

Title:	Working in partnership to support Children & Young People's Mental Health and Wellbeing
Meeting Date:	1 July 2022
Authors:	Martin Wilkinson, Chief Operating Officer, Partnership Southwark / Senior Responsible Officer for Mental Health and Children & Young People's Transformation
Executive Lead:	Andrew Bland, Chief Executive Officer

Purpose of paper:	To update ICB members on progress of partnership proposals to address inequalities in Children & Young People's Mental Health across South East London and to note work to refresh transformation plans later in 2022/23	Update / Information	X
		Discussion	X
		Decision	
Summary of main points:	<p>Improving the health and wellbeing of children and young people is a core focus of the South East London Integrated Care System (ICS). Addressing inequalities in Children & Young People's Mental Health is a key focus for our ICS. Through a structured process starting in summer 2021, we have worked in partnership to identify and understand the underlying inequalities that are impacting children and young people's mental health and wellbeing, and jointly develop and agree actions across all those involved in children and young people's mental health services to improve outcomes.</p> <p>Through this engagement, we identified ten priority areas requiring action building on existing work and within these two were identified for immediate action:</p> <ul style="list-style-type: none"> to support children of parents with poor mental health by improving the scale and reach of parent peer-support services and investing in development for parent community leaders. to support children responding to trauma and distress by expanding the provision of mental health support to schools, including both primary and secondary schools. <p>Both areas will be taken forward through continued partnership working to deliver specific improvement within communities where the data and evidence has shown specific inequities relating to support for Black and mixed-heritage children and young people.</p> <p>Further work will be undertaken over the next few months to agree the final mental health support offer to schools to be tested later this year and the ten priority areas</p>		

	identified will form the basis of the development of a South East London children and young people's mental health and wellbeing transformation plan.			
Potential Conflicts of Interest	Not applicable			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	Addressing inequalities in access to mental health support and services for black and mixed heritage children and young people has been the key focus of this work. Whilst some immediate actions have been recommended, wider work continues to improve equity for local children and young people across the priority areas identified which will be included in a new Transformational Plan over 2022/23. Measuring and tracking equity impact once the immediate actions have been implemented will be undertaken.		
	Financial Impact	The financial consequences of the immediate actions have been included within the ICB operating plan for 2022/23 with future work informing future financial years.		
Other Engagement	Public Engagement	Immediate actions have been developed through substantial stakeholder engagement over the last 12 months drawing on existing insights and feedback from residents already received, including through South London Listens.		
	Other Committee Discussion/Engagement	System engagement and through the mental health transformation programme with sign off by the ICS Executive.		
Recommendation:	<p>The Board is asked to note:</p> <ul style="list-style-type: none"> • Implementation of the Empowering Parents, Empowering Communities (EPEC) parenting programme across all South East London boroughs and work undertaken to further develop the model to expand mental health support in schools. • Development of a South East London Children and Young People's Mental Health and Wellbeing transformation plan, with clear and deliverable actions for each of the ten priority areas. • An update on both these items will be provided in Quarter 3 of 2022/23. 			

Working in partnership to support Children & Young People's Mental Health and Wellbeing

ICB Board - 1 July 2022

1. Context

- 1.1. Improving the health and wellbeing of children and young people is a core focus of the South East London Integrated Care System (ICS). The pandemic has had a significant impact on children and young people's mental health, both in terms of children and young people themselves and the services which are designed to support them. It is widely recognised that addressing these challenges is only possible through partnerships across service providers and with children, young people and their families.
- 1.2. Over the last 12 months, the ICS has been working with a local social enterprise (PPL) to identify and understand the underlying inequalities that are impacting children and young people's mental health and wellbeing, and jointly develop and agree actions across all those involved in children and young people's mental health services to improve outcomes.
- 1.3. Between July 2021 and March 2022, extensive stakeholder engagement was carried out in the form of both structured interviews and workshops with individuals involved in service delivery and design to identify key priority areas with regards to children and young people's emotional wellbeing and mental health, and test proposals for implementation.
- 1.4. This paper provides a summary of the key recommendations from this work, as well as an overview of the key priority areas that have been identified for action by the ICS, and so supported by the ICB. Further work is required to further develop the actions associated with the key priority areas and build these into a clear, deliverable plan for children and young people's mental health and wellbeing services in 2022/23 and beyond. We will be taking this forward through our partnerships building on the existing work already underway.

2. Key Findings

2.1. Engagement with individuals involved in the design and delivery of children and young people’s mental health services, identified ten priority areas requiring action. These were:

- Managing waiting lists;
- Transitions to Adult Mental Health Services;
- Inequalities in access;
- Parental mental health;
- Mental health support in schools;
- Children responding to trauma and distress;
- Young offenders;
- Eating disorders
- Accident and Emergency presentations; and
- Crisis stepdown.

2.2. From these priority areas, two key recommendations emerged, which address a number of the priority areas identified above and these are summarised in Table 1 below. Further detail on both recommendations, including timelines for roll-out, can be found in Appendix 1.

Table 1: Key Recommendations from PPL Engagement (July 2021 – March 2022)

Recommendation	Rationale	Identified Priority Areas
<p>Increasing support for black and mixed heritage children of parents with poor mental health* through adoption of Empowering Parents, Empowering Communities (EPEC) parenting programme across all boroughs South East London.</p> <p><i>*and other communities depending on local borough needs.</i></p>	<p>This initiative focusses on prevention and early intervention, minimising the cycle of poor mental health in families. The Empowering Parents, Empowering Communities parenting programme is already offered in Southwark and Lambeth with positive and beneficial results.</p>	<ul style="list-style-type: none"> • Inequalities in access. • Parental mental health.
<p>Expanding mental health support capacity through schools, particularly for black and mixed heritage children responding to trauma and distress.</p>	<p>Education settings provides a vital link to children and young people. Across the ICS we are already committed to providing mental health support</p>	<ul style="list-style-type: none"> • Inequalities in access. • Mental health support in schools. • Children responding to trauma and distress.

	<p>teams in 40% of our secondary schools by the end of 2023/24 and this would look to expand the support offer in schools further, both in secondary schools and primary schools.</p>	
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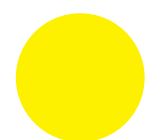
2.3. It is important to note that actions are also underway for many of the priority areas identified, including those not explicitly covered in the two recommendations. This includes (but is not limited to):

- Recruitment underway at both mental health trusts in South East London to reduce waiting times for both community children and adolescent mental health services (CAMHS) and eating disorders (Waiting Lists; Eating Disorders).
- Development of integrated single points of access across all boroughs to ensure children and young people are referred to the right agency or organisation at the right time (Waiting Lists; Inequalities in Access; Eating Disorders).
- Testing and developing new models of care, focused on integration of primary and community based services (Waiting Lists; Inequalities in Access; Eating Disorders).
- Development of a whole age pathway approach to eating disorders with a dedicated team for young people aged between 16 and 25 years of age (Transitions to Adult Mental Health Services; Eating Disorders).
- Provision of mental health support teams across all six boroughs in South East London with a view to achieving 40% coverage in secondary schools by the end of 2023/24 (Mental health support in schools; Children responding to trauma and distress).
- Expansion of perinatal mental health services, increasing support for up to two years and ensuring appropriate outreach for all communities and populations within South East London (Parental mental health).
- Ongoing investment into a dedicated children and young people’s mental health crisis line (Accident and Emergency presentations; Crisis step down).
- Development of crisis house for young people aged between 16 and 25 years of age (Accident and Emergency presentations; Crisis step down).

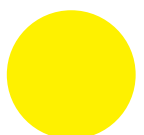
2.4. However, it is recognised that these actions require further review to ensure actions address the key priority areas fully and to build these into a clear, deliverable plan for children and young people’s mental health and wellbeing services in 2022/23 and beyond.

3. Taking forward the recommendations

3.1. Working through borough-based Early Help Partnerships, the ICS will:



- Implement the Empowering Parents, Empowering Communities (EPEC) parenting programme across the remaining boroughs in South East London.
 - Further develop the proposals to expand mental health support in schools, including both primary and secondary schools. The final models adopted may differ in each borough depending on existing service provision and local need.
- 3.2. The ten priority areas identified through this work will form the basis of the development of an ICS-wide children and young people's mental health and wellbeing transformation plan, with clear and deliverable actions for each area.
- 3.3. An update on both these items will be provided to the Integrated Care Board in Quarter 3 of 2022/23.



Appendix 1 - Summary of Key Recommendations

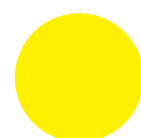
Recommendation 1: We propose an “early intervention” approach to supporting children of parents with poor mental health through adoption of Empowering Parents, Empowering Communities (EPEC) parenting programme offered in Southwark and Lambeth across the remaining boroughs of South East London.

Proposal description

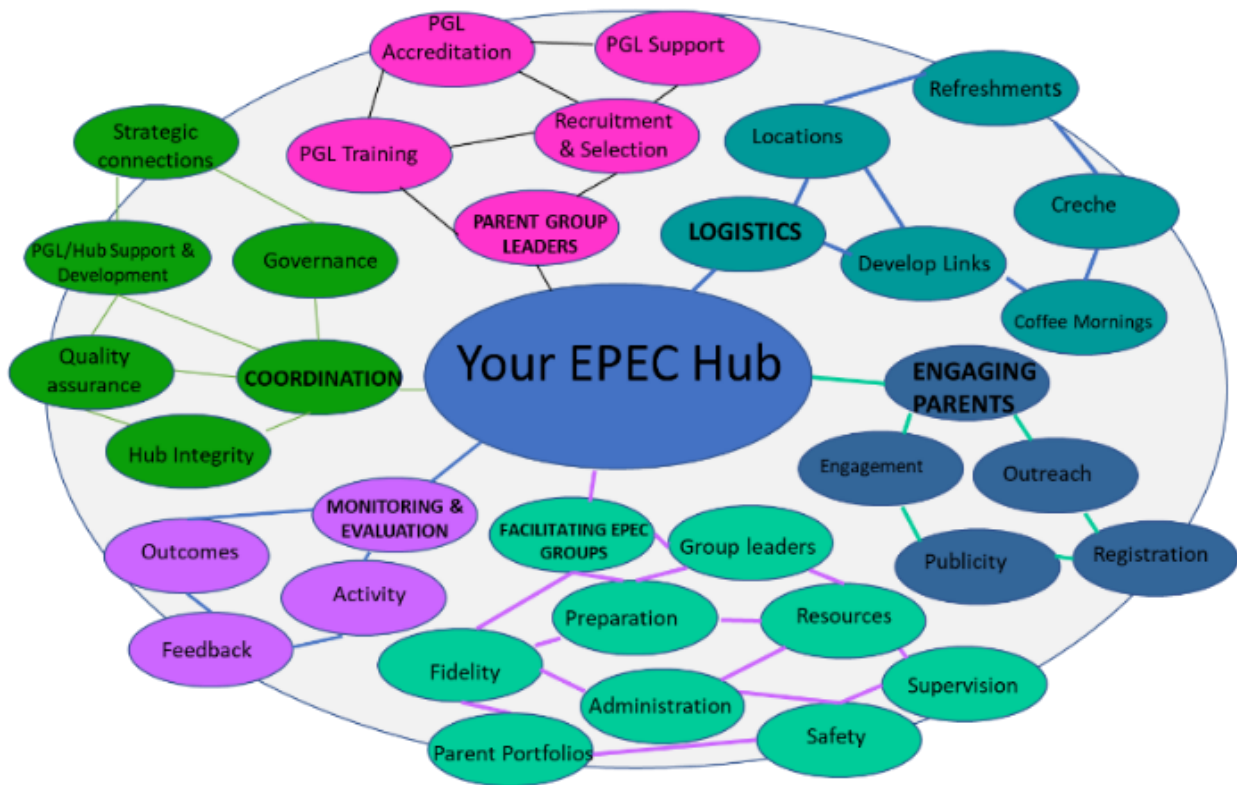
- Stakeholders highlighted that any change should enable community outreach; address language and cultural barriers and address stigma; improve support for parents through schools; embed a ‘Think Family’ approach across new and existing services and pathways; explore barriers to the full adoption of the needs-led THRIVE framework; and be co-designed with children, young people and their families.
- As an ICS we are committed to improving the scale and reach of parent peer-support services and investing in leadership development for parent leaders is a key priority within the South London Listens Action Plan.
- This proposal forms part of that commitment and goes further to lay the foundations for an integrated parental support pathway to support parents across our system and improve outcomes for our children and young people. It has been informed by the co-developed set of planning and delivery principles for the rapid rollout of new Empowering Parents, Empowering Communities (EPEC) sites in Greenwich, Bromley, Bexley and Lewisham.
- **EPEC is a community-based programme, training local parents to run parenting groups in schools and children’s centres:**
 - EPEC is an evidence-based effective, manualised parenting programme supported by robust research trials and dissemination evaluation. Using manualised methods, EPEC trains local parents to deliver parenting groups in their own communities, aiming to provide cost effective and accessible help for families.
 - EPEC provides ongoing supervision, course observation quality assurance, continuing PGL development in order to maintain reach, acceptability and impact.
 - EPEC optimises existing skills and relationship within local socially disadvantaged communities in order to deliver high quality, evidence-based parenting support for hard-to-reach families.
 - EPEC parenting groups are offered in easy to access community locations to mobilise local communities and reduce barriers to care.
- **EPEC’s evidence base demonstrates its effectiveness in engaging parents from a socially disadvantaged and ethnically diverse background:**
 - Research and monitoring evidence from routine EPEC delivery shows that parents who use EPEC reflect the social, ethnic, and cultural diversity of the socially disadvantaged communities in which they live. At least two-thirds of parents come from the lowest 20% of the population based on disposable income. 75% of parents

attending EPEC are unwaged, 40% are lone parents, and 50% of parents have English as a second language.

- For example, 38% of parents enrolled in the Southwark summer term in 2021 reported their ethnicity as black, and a further 13% reported having a mixed ethnic background. 36% were unemployed, and 11% resided in temporary accommodation. Parents reported improvements for recognised outcome measures, including more frequent experiences of positive mental health and more effective parenting styles.
- Service evaluations of EPEC consistently demonstrate that the programme improves the scale, accessibility, and effectiveness of parenting support, particularly for families in socially disadvantaged neighbourhoods. Engagement and retention rates for the EPEC programme are high, typically between 80-90%.
- **An EPEC Hub organises and provides EPEC parenting courses in a local area. Each Hub is:**
 - Embedded in local services, and is usually located in local authority, NHS or voluntary sector children's provision.
 - Depending on scale of delivery, a Hub is staffed by one or more practitioners with parenting and child development expertise, backed by administrative support.
 - Typically, Hubs begin by delivering a programme of around 10 EPEC courses per year, which is sufficient to support a viable cohort of local parent group leaders.
 - The Hub usually begins by offering a planned, rolling programme of EPEC courses for families living in geographical defined populations, likely to be made up of several socially disadvantaged neighbourhoods and excluded communities.
 - Each local EPEC site receives training, support and expertise from the national EPEC team, ensuring programme fidelity and maintaining quality.
 - Once established, the Hub usually expands the geographical reach of their local EPEC programme, their number of trained parent group leaders and the range of EPEC course types on offer.
- **Developed in Southwark over the last ten years, the programme has received a national Sure Start award for innovation and user involvement. The model assumes that parents find it less stigmatizing and more supportive to attend parenting groups run by local people, who are in very similar circumstances to themselves.**



Figure_1 - What an EPEC hub does



Who will be involved

- This proposal includes the involvement of stakeholders including CAMHS providers and commissioners, Directors of Children’s Services, schools, Early Help Partnerships, “Think Family” service leads, and children, young people and their families during the testing, planning, and implementation phases.
- While Lambeth and Southwark are already successfully implementing EPEC for their communities, Bromley, Bexley and Greenwich have provisionally expressed an interest in rolling out EPEC in their footprint, and Lewisham are also interested in exploring EPECs potential.

Implementation plan

- We have begun the process of developing a shared outcomes framework for supporting parents across South East London by developing the following outcome measures:

Proposed strategic outcomes	Proposed process measures
<ul style="list-style-type: none"> • Reduction in urgent, serious, and emergency referrals to adult mental health services for black and mixed heritage adults. • Reduction in mental health referrals for black and mixed heritage children. 	<ul style="list-style-type: none"> • Participating parents’ mental health status routinely recorded and appropriate Think Family processes in place to support children identified as at risk.

<ul style="list-style-type: none"> • Increase in effective parenting styles (e.g. The Parenting Scale PS-8) for Black and mixed heritage parents. • Improvement in parental mental wellbeing (e.g. Short Warwick-Edinburgh Mental Wellbeing Scale). • Reduction in black and mixed heritage children being excluded and/or suspended from schools and cautioned and/or sentenced by Youth Justice Services. 	<ul style="list-style-type: none"> • Clear referrals pathways for AMHS for adults participating in EPEC reporting poor mental health. • Joint / family safeguarding protocols established for parents and children at risk. • High levels of target group participation: parents group located or affiliated with community actors, including VCSEs / schools.
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A one-year programme outline includes the following milestones:

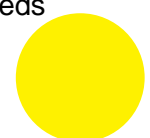
- In six months, new EPEC hub sites for the National EPEC scaling programme have been identified through local need assessments and engagement and EPEC hub coordinators identified. In twelve months, new EPEC sites in Bromley, Bexley, Greenwich, and Lewisham are open, with local PGLs training their first cohort of parents.

Milestone	Delivered by (indication only)
Funding approval	July 2022
Design and identification of initial EPEC hub locations through Early Help Partnerships	July 2022
Sign EPEC Scaling Programme contract	July 2022
Recruitment to new roles	September 2022
EPEC Hub Coordinator completes 4-day trainer training	October 2022
Attendance of 3-day Hub familiarisation & training event	November 2022
Hub Coordinator completes 3-day training in EPEC supervision methods and content	November 2022
Recruitment, selection, training and certification of up to 16 PGLs	January 2023
EPEC Hub begins delivery of first four EPEC courses (n=40 parents)	February 2023

Recommendation 2: We propose building on the Mental Health Support Teams (MHSTs) and expanding school-based capacity beyond South East London's commitment for the provision of MHSTs in 40% of secondary schools and to expand this to include primary schools, with a special emphasis on reducing inequalities and achieving equitable access of children and adult mental health services. Further discussion and investigation is required to understand current ambitions for mental health support through schools and tailored support for black and mixed heritage children responding to trauma and distress.

Proposal description

- Stakeholders described an ambition to move our approach away from punitive and disciplinary measures and towards a more trauma-informed view of mental health needs



to reduce and to recognise developmental issues. They agreed that any change should "invert the triangle" (addressing both prevention and early intervention); support colleagues in education; and be co-designed with children, young people and their families to meet children and young people's needs holistically.

- Stakeholders agreed that more needs to be done to reframe how children responding to trauma and distress, particularly black and mixed heritage children, are responded to in schools by supplementing support that already exists and generalising best practice to provide tailored support. Stakeholders mentioned children in the transitional period between primary school and secondary schools (Years 5, 6, and 7) as being particularly vulnerable and in need of tailored support.

Figure 2: draft model of care for an enhanced MHST offer



- An initial set of planning and delivery principles were developed for a form of baseline, universal mental health support in schools, specifically tailored to meet the unmet needs of Black and mixed heritage children responding to trauma and distress.
- Subject to the local application and refinement of the initial planning and delivery principles, and an assessment of existing provision and best practice, the new model of care would supplement what exists to deliver a **'suite' of needs-led, wrap-around support for children and young people based in across both secondary and primary schools**. This could look like:

- A universal offer for students, co-designed and tailored to meet the needs of marginalised children in that locality, specifically Black and mixed heritage responding to trauma and distress.
- Evidence-based, clinically supervised mental health offer, applying approaches proven to be effective for all children, and specifically those responding to trauma and distress who may exhibit behaviour that challenges in schools or at home.
- A whole school approach to addressing inequalities and improving mental health, where all parts of the school work together and are committed.
- Closer relationships between CAMHS and schools, potentially through co-location, and a better understanding of school needs.

- While South East London is already committed to expanding the provision of Mental Health Support Teams (MHSTs) to include 40% of all secondary schools by 2023, this proposal would expand school-base capacity wider to include primary schools and maximise coverage of support in secondary schools in South East London over three years, with a special emphasis on reducing inequalities and realising equitable access of children and adult mental health services.

Who will be involved

- This proposal includes the involvement of system stakeholders, including CAMHS providers and commissioners, Directors of Children’s Services, schools, and children, young people and their families during the testing, planning, and implementation phases. Early Help Partnerships and MHST provider leads in particular will have ideas on what would work to increase capacity in sustainable ways and critical knowledge of where to build on the work that is already in place, such as Greenwich Clinical In-Reach, Bexley CHEWS, Bromley Wellbeing in Schools, Lambeth school-CAMHS service, Lewisham’s reducing school exclusions programme, and Southwark’s i-THRIVE steering group, to name a few varied but relevant examples!
- To date, representatives from all boroughs, SLaM and Oxleas have participated in the co-design of our initial planning and delivery principles. There is a shared ambition to exceed the South East London commitment to provide more than just MHSTs in 40% of secondary schools and to explore how existing services can be tailored or improved to deliver greater equity for black and mixed heritage children responding to trauma and distress.

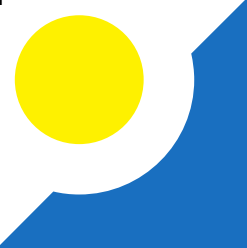
Implementation plan

- We have begun the process of developing a shared outcomes framework for addressing inequalities in children and young people’s mental health through schools by developing the following outcome measures:

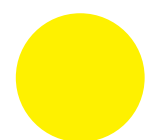
Proposed strategic outcomes	Proposed process measures
<ul style="list-style-type: none">• Reduction in urgent and emergency referrals for children and young people, and in those presenting for the first time in an emergency.• Reduction in black and mixed heritage children being diagnosed with ‘conduct disorders’.• Reduction in black and mixed heritage children being excluded and/or suspended from schools and cautioned and/or sentenced by Youth Justice Services.• Reduction in mental health referrals for black and mixed heritage adults.	<ul style="list-style-type: none">• Health and care colleagues working on a ‘first name’ basis in CAMHS, schools and partner organisations, including schools, VCSE organisations and Youth Justice Services.• Shared outcome framework understood by all target groups.• Joint understanding of local needs.

A one-year engagement and co-design programme outline includes the following milestones:

- In the first three months, proposals are circulated and refined within place-based partnerships, schools and with children and young people. Subject to successful engagement and local needs assessments, in twelve months, an initial pilot of schools have been identified to co-design and co-deliver a THRIVE-like baseline model of universal mental health support in schools, tailored to address health inequalities and supplementing what already exists.



Milestone	Delivered by (indication only)
Community engagement plan	June 2022
Mapping of existing/planned mental health in schools support across SE London	June 2022
JSNA topic assessments (where required)	July 2022
Proposal testing and refinement with educators, VCSEs, advocacy groups and children, young people and families	August 2022
Agreement of funding availability for 2022/23	September 2022
Identify pilot schools	September 2022
Co-design workshops	November 2022
Pilot programme planning and business case development	February 2023



Integrated Care Board

Item 7b Enclosure H

Title:	Development of South East London's Integrated Care Strategy
Meeting Date:	1 July 2022
Author:	Ben Collins, ICB Director of System Development
Executive Lead:	Sarah Cottingham, ICB Executive Director of Planning

Purpose of paper:	To seek Board approval of our engagement proposals for submission to the South East London Integrated Care Partnership	Update / Information	
		Discussion	X
		Decision	X
Summary of main points:	<p>Our new Integrated Care Partnership will be responsible for developing an Integrated Care Strategy for our system by the end of 2022. Meanwhile, our Board will be responsible for developing a five-year system plan by end of March 2023.</p> <p>This paper outlines a proposed four stage approach for developing our strategy: an initial conversation with staff and stakeholders; a process for determining strategic priorities; and a problem-solving phase to determine our strategic approach to these priorities, before bringing the strategy together for approval by end of 2022.</p> <p>We have been developing plans for engagement on the strategy with a steering group including the Directors of our Local Care Partnerships and Directors of Strategy from our main providers. Based on those discussions, the paper outlines an ambitious plan for engaging with leaders, staff, partners and the public given very tight timescales. This includes:</p> <ul style="list-style-type: none"> • Three South East London events on opportunities and challenges in July, which we have already announced to staff and the public; • Opportunities for conversations in our Local Care Partnerships and Providers on possible strategic priorities in July and August; • Six face-to-face workshops to engage staff and stakeholders in strategy development / problem solving in the Autumn; • Online engagement with staff and the public throughout the process; and • Targeted engagement with seldom-heard groups. 		

Potential Conflicts of Interest	None identified			
Relevant to the following Boroughs	Bexley	X	Bromley	X
	Greenwich	X	Lambeth	X
	Lewisham	X	Southwark	X
	Equality Impact	No formal equality impact assessment completed. We plan to place addressing health inequalities at the heart of our strategy and planning process, with a particular focus on identifying opportunities to improve access, quality and outcomes of care for deprived groups. We also plan targeted engagement with deprived groups, so that the priorities we identify and the approach to tackling them reflect these groups' concerns.		
	Financial Impact	There will be some costs associated with delivering this engagement process. We plan to deliver the process using our in-house staff as well as drawing on external expertise where needed from existing support programmes.		
Other Engagement	Public Engagement	The paper sets out a process for engaging with stakeholders including local people and communities on our strategy. This includes in person events, on-line webinars, community engagement and discussion and /or surveys on the <i>Let's talk health and care in south east London</i> platform.		
	Other Committee Discussion/ Engagement	Discussion with our Strategy Steering Group and in a workshop with senior South East London leaders in June 2022		
Recommendation:	That the Board approves the proposed approach for submission to and in support of the South East London ICP when it is established.			

Development of South East London's Integrated Care Strategy

ICB Board - 1 July 2022

1. Introduction

- 1.1. One key task for Integrated Care Boards (ICBs) in 2022/23 will be to support the development of an Integrated Care Strategy and to develop a Five-Year NHS System Plan.
- 1.2. Our Integrated Care Partnership (ICP), which brings together health, local authority and other leaders, has responsibility for developing the strategy by the end of 2022. Meanwhile, the Board holds responsibility for developing our system plan, which should reflect the strategy, for publication before April 2023.
- 1.3. This paper sets out a proposed approach to engaging leaders, staff and communities in the strategy's development. If the Board supports the proposals, we will put them to our ICP for consideration as soon as it is established in quarter two, 2022/23.

2. Objectives for the engagement process

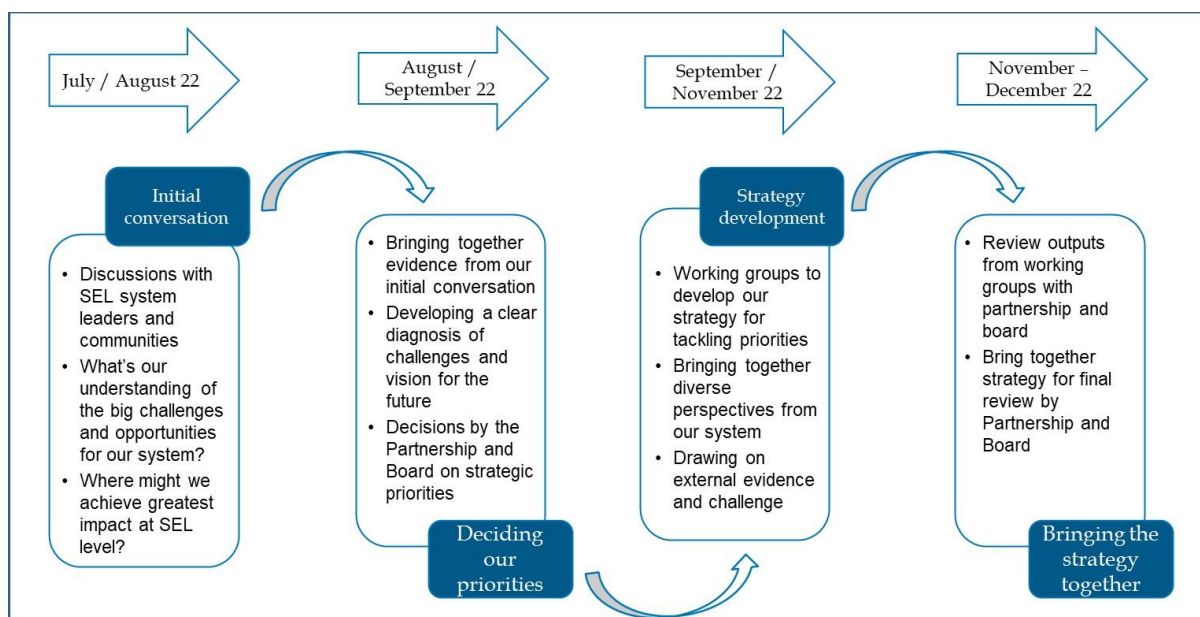
- 2.1. In May and June 2022, we engaged senior executive leaders and future board members in initial discussions on our strategy, including a workshop on our ambitions for the strategy on 8 June. In discussions so far, leaders have expressed their ambition to pursue a strategy and planning process that genuinely supports our transformation in the next five years.
- 2.2. While there will be national requirements, we have a chance to develop a strategy and plan that really work for our local system. In our initial conversations, leaders highlighted the opportunity to:
 - use the engagement process for the strategy and plan to help launch our system approach;
 - develop a compelling vision for the future health and care services – so staff across our system are empowered to develop care in line with this direction of travel;
 - home in on a realistic number of big cross-system issues for local people and staff and identify a strategic approach to make tangible progress on them;

- help to embed collaborative behaviours and partnership working in our system through the process we follow; and
- develop our expertise and approach in South East London to thinking and acting strategically to deliver cross-system transformation.

3. Our proposed process

- 3.1. In June 2022, we convened a Strategy Development Steering Group, including the executive directors of our Local Care Partnerships (LCPs) and the strategy directors from our main providers, to advise on our approach. Based on those discussions, we envisage a process in four stages to develop the strategy in 2022, with parallel work through to end of March 2022 to develop our more detailed system plan:
- 3.2. In the first phase (July and August), we will hold an ‘initial conversation’ with leaders, staff, partners and communities on the big challenges and opportunities in our system and potential strategic priorities. We will start by bringing together existing work on the needs of our populations and priorities for our services, in particular work in the LCPs for our six boroughs and our providers. We will ask for views on where action across South East London, combining the strengths of different organisations, could have greatest impact.
- 3.3. In a second phase (August / September), we propose to bring together the information gathered in our initial conversation and support our ICP, with the Board, in identifying a shortlist of strategic priorities.
- 3.4. In a third phase (September to November), we plan to convene working groups to, draw together evidence, review what approaches we have tried in the past, and propose a strategic approach to addressing each priority; and
- 3.5. In the final phase (November to December), we will present the outputs from these working groups to the Partnership and Board for their review before bringing together our proposed strategy for approval.

Fig 1. Phases of development



4. Proposed engagement on priorities in July and August 2022

- 4.1. We want to engage broadly with leaders, staff, partners and community members throughout the strategy development process, so that we focus on what matters to local people and staff. As well as identifying strategic priorities, we also need to leave enough time for genuine strategic thinking on how to address major cross-system challenges.
- 4.2. In July, we plan to hold three system-wide events to engage leaders, staff, partners and the public in discussion on what our future system should look like and potential strategic priorities: one face to face event for a group of 100 system leaders, and two online events for local people and partners. Given the need to give stakeholders sufficient advance notice, we have already sent out invitations to these events. We also propose to invite our LCPs in our Boroughs and our larger service providers to hold discussions with their leaders and staff on our vision for our system and priorities.
- 4.3. We plan to engage other stakeholders on the vision and priorities for our system through our new online platform, '[Let's talk about health and care in south east London](#)'. We also plan to work with community-based organisations to hold discussions with seldom heard groups, in particular those groups. This engagement phase should help us to clarify our diagnosis of our system's challenges and opportunities, develop a clearer picture for staff and stakeholders of what a flourishing system would look like, and gather perspectives on possible strategic priorities for the Partnership and Board to consider.

5. Proposed engagement on strategy development from September 2022

- 5.1. Once the Partnership and Board have identified strategic priorities in early September, we propose to convene working groups to review the evidence and identify strategic options for accelerating progress, before presenting proposals to the Partnership and the Board. We envisage these working groups bringing together leaders and staff with relevant expertise from across our system. They will include Healthwatch and relevant voluntary, community and social enterprise organisations depending on the subject.
- 5.2. We propose to hold six face to face workshops for leaders, staff, partners and community members from September to November, with one in each of our boroughs, to seek input into the strategy development/ problem solving process. This will help us to ensure that the approaches we develop draw on insights from across our system and reflect what matters most to local people and communities.
- 5.3. In addition to our six workshops, it might be useful to run one or two online events in this phase, similar to those in July, to feedback to a larger group of local people and partners on progress. There should also be scope for continued online dialogue with staff and local people and targeted engagement with local communities in this phase.

6. Engagement in early 2023

- 6.1. While the details remain to be determined, we propose to hold launch events in February and March 2023 to present our strategy and plan to staff and stakeholders,



build understanding and support for our vision for future health and care services, and engage staff and stakeholders in implementing the strategy and plan.

7. High-level timescales

Fig 2. Timescales

	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Initial conversation on challenges and opportunities	SEL wide events - July LCP and Provider discussions								
Deciding our priorities			Board and Partnership prioritisation workshop						
Strategy development			Working groups on priority areas Face to face workshops in our Boroughs						
Bringing the strategy together			Board and Partnership review of working group outputs		Bringing the strategy together		Board and partnership sign off (end Dec / early Jan)		
Sharing the strategy							Publication and stakeholder events		

8. Recommendation to the Board

- 8.1. We are asking for the Board's reflections and guidance on these proposals and agreement to our broad approach. Subject to the Board's views, we will present proposals to our new Integrated Care Partnership (ICP) for development or approval as soon as it is established. In the meantime, we propose to continue with our plans for events in July.

Fig 3. Summary of main proposed engagement activities

Engagement activity	Target Group	Timescales	Outputs
Face to face SEL wide engagement event	100 system leaders – SEL wide health and care leaders, VCSE leaders, Healthwatch	Second half July 2022	Input into prioritisation process
Two online events for service users and partners	Open events for all interested stakeholders	July 2022	Input into prioritisation process
Local Care Partnerships and Provider discussions	Leaders and staff in Local Care Partnerships and Providers	July – August 2022	Input into prioritisation process
Online engagement	All staff and public	July – August 2022	Input into prioritisation process
Targeted engagement with disadvantaged groups	Specific communities we need to engage more closely with.	July – August 2022	Input into prioritisation process
Six strategy development workshops (face to face, one in each borough)	Leaders, staff and community members from across our system	September – November 2022	Input into strategy development / problem solving process
Launch events (details to be determined)	All staff and public	February – March 2023	Awareness raising and mobilisation

NHS South East London – Understanding system language

July 2022

Understanding system language

Integrated Care Systems (ICS)	<p>The full range of organisations – the NHS, our local authorities, the voluntary, community, social enterprise (VCSE) sector, that play a role in organising and providing health and care in south east London and need to work together to better serve local people.</p>
NHS South East London Integrated Care Board (ICB)	<p>A statutory body responsible for allocating resources, high-level planning and overseeing the performance of our health and care system. The NHS South East London ICB is the legal name for the board and the public name for the ICB is NHS South East London.</p>
Integrated Care Partnership (ICP)	<p>A group of senior leaders including representatives of the Integrated Care Board, our local authorities, our NHS providers, the VCSE and Healthwatch with specific responsibilities for helping to set and oversee strategic direction for our system.</p>
Provider Collaboratives (PCs)	<p>Partnerships between groups of NHS providers such as our acute providers and our mental health providers, responsible for working together to make better use of resources and improve the quality of more specialist services.</p>
Local Care Partnership (LCP)	<p>Partnerships between our local authorities, NHS organisations and the VCSE in our boroughs responsible for developing and overseeing out of hospital care.</p>
Primary Care Networks (PCNs)	<p>GP practices working together with community, mental health, social care, pharmacy, hospital, voluntary, community and social enterprise services in their local areas.</p>