South East London Integrated Care System

NHS South East London

Integrated Care Board – Meeting in Public

12.30 to 16.00 on 16 October 2024
Club 1905 2nd floor Charlton Athletic FC (The Valley) Floyd Road, Charlton, SE7 8BL

Chair: Sir Richard Douglas Chair SEL ICB

Agenda

No.	Item	Paper	Presenter	Timing
	Opening Business and Introduction			
1	**Welcome** • Apologies for absence • Declaration of Interest. • **Minutes of previous meeting actions & matters arising**	A B	RD	12.30
2	**Borough Showcase Greenwich**	-	SM	12.40
	ICB Corporate Business			
3	**ICB Governance changes** • **Changes to the ICB Constitution for approval** • **Changes to the ICB's Governance for approval**	C p20	TF	13.05
	Report for Assurance and discussion of current issues			
4	**Chief Executive Officer's report**	D p33	AB	13.10
5	**Board Assurance Framework**	E p57	TF	13.20
6	**Overall Report of the ICB Committees and Provider Collaboratives** • **Update from the Quality and Performance Committee** • **Update from the Planning and Finance Committee** • **Update from the People Board**	F p111	TF	13.40
	Delivering our Integrated Care Strategy			
7	**Digital, Data and System Intelligence Strategy**	G p138	PK	14.30
8	**Update on System Sustainability Approach**	H p148	MF	15.00
	Reducing Health Inequalities			

9	**Mental Health**	I	RDev	15.20
Closing Business				
10	**Any other business**	-	RD	15.45
11	**Public Questions and Answers**	-	RD	15.50
CLOSE 16.00				

Presenters

RD	**Richard Douglas**	**ICB Chair**
SM	**Sarah McClinton**	**Greenwich Place Executive Lead**
TF	**Tosca Fairchild**	**ICB Chief of Staff**
AB	**Andrew Bland**	**ICB CEO**
PK	**Philippa Kirkpatrick**	**ICB CDIO**
MF	**Mike Fox**	**ICB CFO**
RDev	**Rupi Dev**	**ICB Director – Mental Health, Children and Young People & Health Inequalities**

NHS
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NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 16/10/2024

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Sir Richard Douglas, CB	Chair	1. Senior Counsel for Evoke Incisive, a healthcare policy and communications consultancy 2. Trustee, Place2Be, an organisation providing mental health support in schools 3. Trustee, Demelza Hospice Care for Children, non-remunerated role. 4. NED Department of Health and Social Care Board	Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	March 2016 June 2022 August 2022 April 2024	Current Current Current Current
Andrew Bland	Chief Executive	1. Partner is an NHS Head of Primary Care for Ealing (a part of North West London ICB)	Indirect interest	1 April 2022	Current
Sarah Cottingham	Deputy Chief Executive and Director of Planning	None	-	-	-
Peter Matthew	Non executive director	None	n/a	n/a	n/a
Paul Najsarek	Non executive director	1. Non-executive board member for Recovery Focus mental health charity 2. Advisor to Care Quality Commission on their approach to adult social care assurance 3. Non-executive director for What Works Centre for Wellbeing 4. Local Government and Social Care Ombudsman 5. Non Executive Board member, The Health Foundation	Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	April 2022 May 2022 April 2022 April 2023 March 2023	Current Current April 2024 January 2024 Current
Anu Singh	Non executive director	1. Chair, Black Country Integrated Care Board 2. North London Mental Health Partnership 3. Non-executive director on Board of Birmingham and Solihull ICS. 4. Independent Chair of Lambeth Adult Safeguarding Board. 5. Member of the advisory committee on Fuel Poverty. 6. Non-executive director on the Parliamentary and Health Ombudsman.	Financial interest Financial interest Financial interest Financial interest Financial interest Financial interest	2020 March 2022 April 2021 2020 April 2020	Current Current Current Current Current
Dr. Angela Bhan	Place Executive Lead, Bromley	1. Undertake professional appraisals for consultants in public health professional public health appraiser for NHSE 2. Very occasional assessor for CESR applications for GMC, on behalf of Faculty of Public Health Faculty of Public Health 3. Professional Public health advise given when required London Borough of Bromley.	Non-Financial Professional Interest Financial Interest Non-Financial Professional Interest	July 2022 July 2022 July 2022	Current Current Current
David Bradley	Partner member, mental health	1. Unpaid advisor to Mindful Healthcare, a small start up providing digital therapy 2. Wife is an employee of NHS South West London ICS in a senior commissioning role 3. Chief Executive (employee) of South London and Maudsley NHS Foundation Trust	Non-financial profession interest Indirect interest Financial interest	April 2019 July 2019	Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Andrew Eyres	Place Executive Lead, Lambeth	1. Director of Lambeth Southwark and Lewisham LIFTco. representing the class B shares on behalf of Community Health Partnerships Ltd with the aim of inputting local knowledge to the LSL LIFTco, for the following LIFT companies: Building Better Health Lambeth Southwark Lewisham Limited, Building Better Health Lambeth, Southwark Lewisham (Holdco 2) Limited, Building Better Health Lambeth Southwark Lewisham (Holdco 3) Limited, Building Better Health Lambeth Southwark Lewisham (Fundco 2) Limited, Building Better Health Lambeth Southwark Lewisham (Fundco 3) Limited, Building Better Health LSL (Fundco Tranche 1) Limited, Building Better Health LSL (Fundco Holdco Tranche 1) ,Limited Building Better Health LSL Bid Cost Holdco Limited Building Better Health LSL Bid Cost Limited, Building Better Health - LSL (Holdco 4) Limited, Building Better Health - LSL (Fundco4),	Non-financial professional interest	1 April 2013	Current
Tosca Fairchild	Chief of Staff	1. Partner is a Consultant in Emergency Medicine. Potential to undertake locum work. 2. Bale Crocker Associates Consultancy – Client Executive 3. Non-Executive Director, Bolton NHS Foundation Trust	Non-Financial Professional Interest Financial Interest Financial Interest	01 May 2022 03 May 2022 01 Dec 2023	Current Current Current
Mike Fox	Chief Finance Officer	1. Director and Shareholder of Moorside Court Management Ltd 2. Spouse is employed by London Regional team of NHS England	Financial interest Indirect interest	May 2007 June 2014	Current Current
Dr. Toby Garrood	Medical Director	1. Serac Healthare Shareholder 2. Guy's and St Thomas' NHS Foundation Trust Employed as a consultant rheumatologist 3. London Bridge Hospital Private medical practice 4. Guy's and St Thomas' NHS Foundation Trust In my role I have received research grant funding from Versus Arthritis, Pfizer, Gilead, Guy's and St Thomas' Charity and NHSx 5. British Society for Rheumatology Honorary Treasurer 6. UCB Speaking honorarium 7. Abbvie Speaking honorarium 8. Frensius-Kabi Sponsorship for educational meeting	Financial Interest Non-Financial Professional Interest Financial Interest Non-Financial Professional Interest Non-Financial Professional Interest Financial Interest Financial Interest Sponsorship	01/04/2020 07/10/2009 01/01/2012 01/01/2015 01/04/2020 01/07/2022 24/02/2023 30/03/2023	Current Current Current Current Current 01/07/2022 24/02/2023 Current
Ceri Jacob	Place Executive Lead, Lewisham	None	n/a	n/a	n/a
Prof. Clive Kay	Partner member, Acute	1. Fellow of the Royal College of Radiologists 2. Fellow of the Royal College of Physicians (Edinburgh) 3. Chief Executive (employee) of Kings College Hospital NHS Foundation Trust	Non-financial professional interest Non-financial professional interest Financial interest	1994 2000 April 2019	Current Current Current
Darren Summers	Place Executive Lead, Southwark	1. Wife is Deputy Director of Financial reporting at North East London ICB	Indirect Interest	09/06/2006	-
Sarah McClinton	Director of Place, Greenwich	1. Director, Health & Adult Services, employed by Royal Borough of Greenwich 2. Deputy Chief Executive, Royal Borough of Greenwich 3. President and Trustee of Association of Directors of Adult Social Services (ADASS) 4. Co-Chair, Research in Practice Partnership Board	Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	November 2019 May 2021 April 2022 2016	Current Current Current Current

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Dr. Ify Okocha	Partner member, Community	1. Chief Executive (employee) of Oxleas NHS Foundation Trust 2. Director, Dr C I Okocha Ltd, providing specialist psychiatric consultation and care 3. Director, Sard JV Software Development 4. Director, Oxleas Prison Services Ltd, providing pharmacy services to prisons and Kent and South East London 5. Holds admitting and practicing privileges for psychiatric cases to Nightingale Hospital 6. Fellow of the Royal College of Psychiatrists 7. Fellow of the Royal Society of Medicine 8. International Fellow of the American Psychiatric Association 9. Member of the British Association of Psychopharmacology 10. Member of the Faculty of Medical Leadership and Management 11. Advisor to several organisations including Care Quality Commission, Kings Fund, NHS Providers and NHS Confederation.	Financial interest Financial interest Financial interest Financial interest Financial interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	2021 1996 2011 27/09/16 1992 1985	Current Current Current Current Current Current Current Current Current Current Current
Diana Braithwaite	Place Executive Lead, Bexley	none			
Meera Nair	Chief People Officer	1. Royal College of Psychiatrists Trustee (and Lead Trustee for safeguarding and EDI) 2. The Maya Centre, Chair since 28 November 2022, and Trustee before that. 3. Amnesty International Member Nominations Committee	Non-Financial Personal Non-Financial Personal Non-Financial Personal	2nd Aug 2021 26th Nov 2019 1st Jul 2023	Current Current Current
Debbie Warren	Partner member, local authority	1. Royal Borough of Greenwich salaried Chief Executive transacting financially with the SEL 2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Financial interest Non-financial professional interest	December 2018 (acting in role from July 2017) March 2020	Current Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre 2. Lambeth Together training and development hub director 3. Lambeth Healthcare GP Federation shareholder practice	Financial interest Non-financial professional interest Non-financial professional interest	2010 2022 2019	Current Current Current
Ranjeet Kaile	Director of Communications and Engagement	Non-executive Trustee - People's Health Trust Charity	Non-financial professional interest	April 2024	-
Paul Larrisey	Acting ICB Chief Nurse	None	-	-	-
Philippa Kirkpatrick	CDIO	Director – inactive company Philippa Kirkpatrick Ltd in use prior to start of ICB role	Financial Interest	April 2022	-
Ben Travis	CEO Lewisham and Greenwich NHSFT	Nil	-	-	-

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
Prof. Ian Abbs	CEO Guys and St Thomas NHSFT	1. HCA Healthcare UK – London Bridge Hospital Renal Physician 2. NHS Providers - Board Member 3. Genomics England Board - Board Member 4. NHSE London Regional Digital Transfomration Portfolio Board	Clinical private practice Financial interest Financial Interest Non Executive Member	1994 Dec 2021 Nov 2022 Feb 2024	Current Current Current Current

Integrated Care Board meeting in public

Minutes of the meeting on 17 July 2024

Assembly Room Lambeth Town Hall 1 Brixton Hill

Present:

Name	**Title and organisation**
Richard Douglas [Chair]	ICB Chair
Peter Matthews	Non-Executive Member
Paul Najsarek	Non-Executive Member
Prof Clive Kay	Partner Member Acute Care
Andrew Bland	ICB Chief Executive Officer
Dr Angela Bhan	Bromley Place Executive Lead
David Bradley	Partner Member Mental Health Services
Diana Braithwaite	Bexley Place executive Lead
Ceri Jacob	Lewisham Place Executive Lead
Mike Fox	Chief Finance Officer
Dr Ify Okocha	Partner Member Community Services
Dr George Verghese	Partner Member Primary Care
Darren Summers	Southwark Place Executive Lead
Anu Singh	Non Executive Member
Sarah McClinton	Greenwich Place Executive Lead
Dr Toby Garrood	ICB Joint Medical Director
Paul Larrisey	Interim Chief Nurse

In attendance:

Jane Bowie	Interim Director of Commissioning (Adults) Lambeth
Sarah Cottingham	ICB Deputy CEO and Director of Planning
Ranjeet Kaile	ICB Director of Communications and Engagement
Tosca Fairchild	ICB Chief of Staff
Philippa Kirkpatrick	CDIO
Meera Nair	Chief People Officer Lewisham and Greenwich NHS Trust
Rupi Dev	Director – Mental Health, Children and Young People & Health Inequalities

1.	**Welcome and Apologies**
1.01	Apologies were noted from Beverley Bryant, Debbie Warren and Ruth Hutt.
1.02	Richard Douglas welcomed Darren Summers as Place Executive Lead for Southwark.
1.03	There were no additional declarations of interest in relation to matters in the meeting.
1.04	The action log was reviewed.
2.	**Annual Report and Accounts**
2.01	Mike Fox set out the annual report and accounts which had been approved by committees of the board with delegated authority and submitted to NHS England in

	line with national reporting deadlines. Tosca Fairchild added that a shorter summary of the annual report had been produced for the public which had also been placed on the website.
2.02	Paul Najsarek in his role as Chair of the Audit Committee commented that the unqualified opinion of the ICB's auditors was encouraging and the summary produced reflected the Audit Committee's discussions on how to make the report more accessible for the public. The Audit Committee were also keen that the annual report increasingly focused on progress towards improving *outcomes* for residents, as well as reporting on activity.
2.03	The Board **approved** the decision made by the Audit Committee under its delegated authority in the ICBs Scheme of Reservation and Delegation to submit the final annual report and accounts to NHS England.
3.	**SEL ICS Green Plan 2022-25**
3.01	Tosca Fairchild presented an update on the ICS Green plan, which comprised 122 objectives listed with delivery status in the report. The ICS was currently delivering on 67 of the 85 objectives set for years 1 and 2, testament to the work of providers whose individual plans provided the basis of the ICS plan. Financial and people resource constraints were the reason for most of the actions not currently being delivered, although other sources of resources for example funding from the London Mayor's office were being explored. An additional 37 additional objectives would be introduced in the coming year to take the place of those objectives which had already been delivered. The NHS had been the first health service to commit to a net zero emissions target and in support of this goal, each trust was required to have a Green Plan which were reviewed by the ICB each year. The board watched a video in which James Colley highlighted some of work being delivered by NHS colleagues and partners for example providing e-bikes for NHS teams delivering care at patient's homes, reducing use of anaesthetic gases and asthma inhalers with high emissions, reducing the use of single use plastics and textiles and increasing recycling rates.
3.02	Dr Ify Okocha pointed out that primary care and primary care networks may not have the resources available for example to the trusts to pursue the 11 areas of focus on the agenda, and may need additional support.
3.03	Anu Singh observed that many of the actions aimed at environmental sustainability would also contribute to other ICS priorities such as providing better access to care and monitoring at home, and so it was surprising that these were only partially delivered. Joint sustainable policy and guidance on procurement would be a key opportunity and she suggested addressing the sourcing of food as well as food waste.
3.04	Dr Toby Garrood commented that there was some evidence that demand management could also have benefit for the environment.
3.05	Meera Nair suggested that a clearer statement of how many of the actions the ICS ought to be delivering on would be useful.
3.06	David Bradley recommended categorising the actions, commenting that 121 actions were too many to focus on, and since most would be for Trusts to deliver, the monitoring of actions was important.

3.07	Prof Clive Kay agreed with the points made adding that the monitoring was particularly important in the context of current pressures facing providers to ensure that this agenda was delivered.
3.08	Peter Mathew welcomed the activity that was shown in the report, but suggested that it was not clear what outcomes the work would lead to or how progress could be measured.
3.09	Andrew Bland proposed that the board could be provided with a shorter list of the most impactful actions, and set out how monitoring would take place given additional resource was unlikely to be available to organisations for delivery. It may also be useful also to benchmark against, and learn lessons from, local councils and other organisations who were further ahead on this agenda.
3.10	Richard Douglas summarised the comments on how to support primary care and local organisations, how the large number of objectives could be monitored, prioritised and resourced, and how to learn from others, and suggested that a future board could receive further report addressing these areas. **Action**
3.11	The Board **noted** the update on Green Plan delivery and suggestions made.
4.	**Chief Executive's report**
4.01	Andrew Bland presented the chief executive's report to the board which included updates from a range of areas. He highlighted efforts to encourage as many people as possible to download and use the NHS App, this was important for the ICS as a resource to deliver its aims which was available immediately and without cost to the ICB. The ICB's management cost reduction programme was coming to an end and would reduce 30% of the cost, around a quarter of the staff of the organisation. The ICB recognised the impact on staff still facing uncertainty pending national approval of redundancies, and had undertaken the process in as compassionate and fair a way as possible. Noting the recent general election, he confirmed the ICB would work with the future government and pointed out that many of the areas the ICB were already working on aligned with the priorities being set out.
4.02	Dr Angela Bhan reported that there were over 2500 cases of measles in London, affecting every borough, and that a level 3 response by the UK Health Security Agency was in place. The ICB was keen to ensure that as many of the population as possible were vaccinated and increased efforts were being made to increase uptake of MMR through a campaign of information, as well as webinars to ensure GPs were aware of how to reduce transmission and identify and protect those who were vulnerable, such as very young children and the immunosuppressed.
4.03	Prof Clive Kay asked about the system's would respond to the impact of potential collective action by general practitioners. Tosca Fairchild advised that the ballot for action had closed and a list of potential areas affected had been provided by GPs. there had already been some scenario planning with the national and regional NHS England teams and discussion within the ICB executive. A cell to manage the impact would meet twice a week, although the effect was expected to be felt over a long period.
4.04	The Board **noted** the CEO Report

5	**Cyber security update**
5.01	Sarah Cottingham introduced the paper describing a criminal cyber attack on Synnovis, the provider of a key pathology service in south east London. The consequences of the attack had affected nearly every area of provision across primary care community health and acute services. In recognition of the severity and scale of the impact, a level three incident was put in place with NHS England nationally taking the lead in managing the cyber aspect working with the provider and the national cyber security team. NHS England London region was co-ordinating the incident working with the ICB with respect to operational delivery and impact. The incident was still ongoing, and the focus of the first ten days had been to stabilise the position, maintain access to services for emergency care and broadly across the system. Thanks to mutual aid from other London pathology networks and providers it had been possible to build enough capacity to undertake urgent work for acute hospitals as well as testing and transfusion, and subsequent work was concentrating on increasing this capacity. However, there had been a significant impact including cancellations of inpatient and outpatient appointments, and a system-wide review process had already started to understand and investigate any potential harm caused by the operational impact. The NHS England national team were leading on the specific impact of the data stolen. Full restoration of services would be a significant and complex process requiring the rebuilding the Synnovis system and interfaces with providers, as well as increasing capacity and reducing backlogs that had been built up while ensuring the underlying issues of cyber security were resolved.
5.02	Dr Ify Okocha emphasised the importance of all system partners learning the lessons and strengthening arrangements to protect services from a similar attack and was keen to know the harm that had resulted from the incident given all the operations such as cancer arrangements which would be affected.
5.03	David Bradley asked if the system or NHS England would be doing the investigation into how the incident happened so that actions could be taken to increase resilience and reduce any single points of failure in pathology in other areas.
5.04	Professor Clive Kay drew attention to the patients who had been affected by cancellations and said that incident had been a difficult period for many people which had brought into sharp focus the importance of cyber security and it would be important to use the opportunity to introduce new and better ways of working. He confirmed that Guys and St Thomas NHSFT and Kings College Hospital NHSFT's own IT systems were not affected, thanks to prompt action to disconnect from the affected Synnovis provider systems. The incident had been made easier to deal with because the whole system had taken responsibility to help manage the incident, including those co-ordinating the response, those providing mutual aid and particularly primary care colleagues who had been understanding despite facing their own very difficult challenges.
5.05	Dr George Verghese welcomed the response being taken and the way primary care and other providers had stepped up to provide help, which had reduced the risk of harm significantly, although it seemed likely that instances of harm would continue to be found over the next year. The recovery may be an opportunity to re-evaluate diagnostic processes and capacity across the system.

5.06	Andrew Bland noted that additional funding would be made available to primary care to support their response as well as a programme of support. A cyber security strategy developed before the incident would be considered by the board, and the consideration of harm had not waited until the end of the incident but a process had been put in place as the incident was ongoing.
5.06	Paul Larrisey confirmed that, learning from previous incidents, a review process had been put in place quickly to provide a consistent view, working with colleagues in mental health, community services and primary care as well as acute services, following the national patient safety framework but without duplicating organisational processes. Weekly panel meetings with quality and patient safety colleagues had considered over 250 incidents reported so far although most had been of low to moderate harm. Any reports of moderate or severe harm would be investigated and findings shared across the system.
5.07	Paul Najsarek asked if the incident had revealed any changes which were needed to the overall IT infrastructure to prevent future occurrences.
5.08	Philippa Kirkpatrick noted that NHSE had advised that the risk of cyber attack was increasing, and whilst the sophistication of cyber security was improving, the skill of the attackers was increasing so constant work would be needed. Resilience was particularly important as the system became increasingly digitally focused system perhaps through maintaining digital interfaces with other providers to ensure that mutual aid could be provided quickly in the future.
5.09	Dr Toby Garrood noted that there was potential for demand optimisation in pathology which had been described through research internationally. With consequences ranging from poor patient experience and delays, increased costs and environmental impact, and unintended consequences such as the wrong tests being administered. Instances such as a recent shortage of blood bottles showed the system able to reduce usage of pathology albeit temporarily. To sustain behavioural change it would be necessary to work with clinicians not only with improved guidelines but illustrative data.
5.10	Richard Douglas reflected that although the very negative impact of the incident was recognised, the response so far had been exemplary, there were lessons to be learned about wider cyber security in south east London in the NHS and its partners, about how to respond well to critical incidents, and about how services such as pathology would be developed.
5.10	The Board **noted** the update and next steps
6	**Board Assurance Framework**
6.01	Tosca Fairchild advised the Board that there had been work to develop the risk management system so that the report now included risks affecting the ICB and its legal and statutory obligations, and risks with an impact across the integrated care system, and meetings had been put in place with providers to ensure that these were aligned. The risks were set out in the BAF and the changes had been set out, which included four new risks. Risk 453, relating to the financial plan, Risk 526 relating to emergency accommodation, Risk 527 relating to intermediate care provision in Lewisham and risk 428 relating to primary care access. Two risks 384 and 385 had been escalated to the BAF to successful elective care transformation programmes to support delivery of elective recovery and waiting time objectives, and competing

	priorities for non-admitted and admitted capacity.
6.02	Paul Najsarek welcomed the way in which the BAF report had developed since the start of the ICB. He noted a number of highly rated red risks. commenting that risk 526 appeared to relate to local authorities, and noting some concern about risk in relation to safeguarding and 491 system oversight of patient quality and safety
6.03	Anu Singh agreed that both risk 433 and risk 491 were concerning, and noted that the evolution of the BAF reflected the importance the Board placed on risk and the report was now an increasingly useful tool for the Board
6.04	Ceri Jacob noted in relation to risk 526 that the ICB had a safeguarding responsibility as well as close working with the council and had therefore recorded the risk. Although a process was in place to transfer from borough to borough to ensure continuity of care it had not been followed on this occasion and the matter had been escalated with the local authorities involved, and it would be possible to de-escalate the risk before the next report.
6.05	Paul Larrisey commented that the risk 433 in relation to South London and Maudsley NHSFT safeguarding had been on the register for some time, and the trust had completed significant work on an plan for improving systems and processes. The ICB had recently met the Trust to review evidence of this work with a view to de-escalating the risk. In relation to 491 the national transition to the Patient Safety Incident Response Framework and use of the Learning from patient safety events (LFPSE) system did not allow the same visibility of information by the ICB on safety events as the previous arrangements. This was being raised nationally and the quality team were liaising with providers to ensure the ICB were aware of incidents.
6.06	Dr Ify Okocha suggested that it was important to remember that risks were monitored with the primary purpose of ensuring patients did not come to harm, and noted that risk 437 for example did not mention consideration of harm. The paper mentioned the role of Executive Committee, but he asked for confirmation of the role of the Audit Committee.
6.07	Andrew Bland confirmed that although the Executive Committee ensured that the risks were ready for the Board, the Audit Committee retained overall responsibility for risk.
6.08	The Board **approved** the Board Assurance Framework.
7	**Overall report of committee and provider collaborative**
7.01	Tosca Fairchild noted that the report set out the discussions in committees reporting to the board. In section 4 the board were asked to approve changes to the ICB's committees, bringing to an end the Quality and Performance Committee and the Planning and Finance Committee and introducing two new committees; the Integrated Performance Committee chaired by a non-executive member with a more strategic focus in addressing the medium and long term, and a Quality and Safeguarding committee which would take on responsibilities of quality oversight from the Quality and Safety Committee as well as the work of the current Safeguarding Committee. The Audit committee would be re-named the Audit and Risk to reflect the focus of its responsibilities. The Digital Board and People Board terms of reference would be reviewed but no immediate changes proposed.
7.02	Anu Singh reflected that it was the purpose of the Board to connect everything that

	needed to be done on workforce, transformation and how resources and energy were invested in improving for the future and it was therefore important that the committees supported this new way of working.
7.03	Richard Douglas agreed that the changes were as much about changes to ways of working as formal changes and the intention for the new committees was that they would work in a much more forward-looking way.
	Quality and Performance committee.
7.04	Professor Clive Kay noted that although the committee had not met since the last meeting in the context of changes to governance, the committee had reviewed relevant risks by correspondence and there was ongoing oversight by ICB executive committee of performance quality and safety, as well as in other quality and performance forums across the system and in working with NHS England.
7.05	Sarah Cottingham updated on key performance metrics, noting that in many areas the system's system were being measured against a realistic trajectory towards future achievement of performance standards that had been agreed with NHS England: • **Emergency Department** waiting times year-to-date remained in line with the planned trajectory to improve towards meeting national standards. Ambulance handover delays were reducing despite remaining issues and bed occupancy improved slightly each month. However it was important to recognise that urgent and emergency pathways remained challenged due to flow, from front door to discharge, with particular issue in relation to patients in emergency departments requiring mental health beds. There were a lot of actions ongoing to sustainably optimise flow through emergency departments, avoid admissions and improve discharge. • **Elective referral to treatment** times were affected by the backlog of overall waiting lists, demand and capacity constraints affecting particular specialities and the impact of events such as industrial action and recovery from the cyberattack. The focus was now on incremental reduction of the very longest waiters. • **Cancer** performance was on track to meet the faster diagnosis standard and planned reduction of 62-day waits, however there was likely to be a negative impact from industrial action and the cyber-attack incident on and attempts were being made to mitigate this as far as possible. • **Non-acute services** such as mental health, learning disability and autism, urgent community response and GP services showed in general monthly improvement particular improvement in relation to inpatient figures for learning disability and Autism. However, there were ongoing challenges on out-of-area placements and an ambitious improvement trajectory had been agreed, but this depended on the success of flow improvement work.
7.06	Paul Larrisey updated on quality and safety • Positively, no '**never events'** had been reported in the first quarter of the current financial year. • The number of **unexpected deaths** was had returned to more normal level after a spike during Quarter 4 2022-23. • The transition to the **National Patient Safety Incident Resposne Framework** continued: all large providers had now transitioned to the framework and work was ongoing to support independent sector and care homes, and to plan transition to primary care in the coming year.

	• **Patient Safety incidents** were characterised by themes of delays to diagnosis, self-harm and suicide, and medication issues. • The **Quality Alert** system was predominantly used by primary care and a significant decrease in Quality Alert reports had been seen in the last quarter. Themes of the alerts received included communication between teams, inappropriate requests to GPs from acute colleagues, and delays to treatment. Each of these were being picked up through various programmes. • The impact of the **Synnovis incident** was being monitored through a weekly process of harm analysis and no significant harm had so far been identified. • A continuing theme **self-harm and suicide** across incidents and alerts had been seen across our system and work was under way to support practitioners and forums in each place with a south east London wide strategy and collective work. • South east London was no longer an outlier in London on **continuing health care**, thanks to improvements on compliance with standards. **Planning and Finance Committee**.
7.07	Mike Fox updated that: • A system deficit plan of £100m had been agreed for the year, and at month 2 the system had reported a deficit of £41.5m which was £7.8m adverse to the agreed plan. The main driver of this was slippage and unidentified identified savings for the year, although some weighting of the delivery of cost improvement programmes towards the latter end of the year was expected. • The ICB as an organisation was broadly on track with its financial plan and other metrics, as well as cost improvement identification and delivery but there were some risks such as costs of continuing healthcare and prescribing, and the impact of management cost reductions on the resources needed to deliver savings. • For month 3 the system sustainability group would receive action plans from each partner organisations to give assurance to each other and the system that the financial plans for the year would be delivered.
7.08	Andrew Bland advised the Board that regulatory action in relation to NHS England's tiering system was underway with individual providers in system in relation to their elective, diagnostics and cancer activity and there was therefore a particular focus on performance in these areas.
7.09	The Board noted the update.
8	**Financial sustainability as an enabler of strategic change**
8.01	Richard Douglas introduced the item which was intended to examine the role of finance as a strategic enabler in the system, noting that Board had previously looked at enabling functions such as estates and digital.
8.02	Mike Fox noted that the ICB and partners recognised that whilst a £100m planned deficit position had been agreed by with NHS England, this was an unacceptable operating position and the whole system would need to act together to resolve the situation. It was also noted that in previous years performance in line with expectations had only been met with the help of non-recurrent measures and there was a productivity question raised by a mismatch between the scale of investment

	in operational workforce relative to the activity produced. There was therefore a significant challenge to the delivery of a balanced and sustainable position, and recovery was likely to involve some trade-offs in relation to the delivery of the ICS's wider ambitions, with some difficult decisions already made for example in relation to the investment in health inequalities, although it had been possible to protect investment in mental health, dental services and primary care access work. A sustainability group within the ICS had been formed with membership from all partner CEO and CFOs with terms of reference covering not only the delivery of the current years financial plan but also actions to address the underlying position over the medium term. There was a process underway to refresh the medium-term financial strategy and identify mitigations and interventions to enable the system to return to a sustainable position.
8.03	Richard Douglas noted that it was important for the Board obtain an understanding of the financial situation and support the medium-term financial strategy. A return to balance would allow the Board more operating freedom to deliver on its own priorities for south east London residents.
8.04	Paul Najsarek commented the medium-term financial strategy may benefit from a better articulation of future demand and the ability to address or influence this demand over the coming years, as well as the articulation of the cash and activity positions.
8.05	Anu Singh welcomed the governance set out around financial grip but suggested clinically led care pathway transformation in partnership with local communities would still be vitally important.
8.06	Dr Angela Bhan observed that there may need to be a reset across the system to co-ordinate work on prevention and demand management being undertaken by organisations.
8.07	Prof Clive Kay pointed out that it could not be assumed that controlling growth and a gradual reduction in pay and other costs over time would deliver the required savings, and whilst prevention work would be important the scale of savings required would necessitate consideration of changes to pathways to remove cost through rationalisation and consolidation.
8.08	Darren Summers observed that the information on growth of workforce compared to activity contrasted with the increasing pressure being felt by staff.
8.09	Dr Toby Garrood suggested that improving productivity would involve seeing the right patients in the right place at the right time rather than merely increasing activity and it was important therefore to understand the burden of disease and potential demand before it reached the NHS.
8.10	Richard Douglas referred to the papers conclusion that ICB acute spend had risen by 12%, mental health spend by 27% and community spend by 22%. Although this seemed to be in line with the ambition to move resources from acute to community the question was whether it was having an effect, and whether demand was being affected and prevention spend was having an impact.
8.11	Andrew Bland commented that proportion of primary care investment had remained the same although the actual figures had grown. Much of the increase was within nationally defined pieces of work, there may be a discussion to have on

	the opportunity for a primary care response to the financial situation driven by increased investment.
8.12	Sarah Cottingham noted that during the Covid pandemic there had been a massive change to the case mix, and after the pandemic the system had faced increasing demand, pent-up demand evidenced by large backlogs, and the effect of one-off incidents and factors. It was therefore very difficult to understand the new level of underlying demand. Future work on prevention may need to focus on larger scale interventions and embedding prevention into everyday practice rather than a large number of funded schemes. All work would need rigorous benefits realisation to demonstrate return on investment.
8.13	Professor Clive Kay reflected that clinicians across the system would need to deliver the changes and there would need to be a fine balancing act between improving care and saving money, and finding those opportunities to improve hand offs between services or remove waste in patient pathways which would improve patient experience as well as improving productivity.
8.14	Richard Douglas noted that the Board would consider proposals being developed by the system sustainability team later in the year.
8.15	The Board **noted** the current position with regard to the 2024/25 financial plan; **approved** the approach to recovery.
9	**Children and Young Peoples Mental Health and Wellbeing**
9.01	Sarah Cottingham introduced the item to update on progress against the plan and priority actions being taken forward, as well as updated plan for 2025. It was felt that the priorities remained work in progress and should therefore be retained, with a focus on targeted waiting list waiting time reductions, consistent offer of support to those waiting, and single point of access in each service so that people are directed to the right service first time. There would be specific work to address an increase in demand in relation to neurodiversity and ADHD in particular.
9.02	Rupi Dev updated that the empowering parents empowering communities programme (EPEC) had been successful and was now in place in all six boroughs and been rolled out to additional cohorts of parents in Greenwich including parents of children with neurodiversity. The Community Connectors programme had proved more challenging to implement, and there was a lot of learning about how to engage with schools and obtain sufficient senior engagement for co-production, and the best way to liaise with local voluntary and community sector providers. The voluntary and community sector partner organisation Black Thrive had been excellent but did not have the same degree of established relationships in every south east London borough. In follow up discussions next steps had been discussed to develop a better model for senior engagement in schools, expanding the community connectors programme to achieve coverage across all six boroughs and using Black Thrive as a partner to help connect the ICB with other local grass-roots VCSE organisations within boroughs and build capacity in these organisations. A separate process had been set up to identify opportunities for improvement in relation to ADHD pathways recognising the impact of increased demand. Despite limited progress there had been some successes such as action by Oxleas NHSFT actions to equalise rates across boroughs and to redesign clinical pathways, and South London and Maudsley implementation of the e-health app to support those on waiting lists.

	Demand had now stabilised but because of the increase there were large caseloads overall and the ability to safely step children down into alternative support.
9.03	David Bradley confirmed the significant increase in referrals and pointed out that ADHD formed about 50% of referrals are for children. Work on a e-health digital waiting room was positive but the ideal would be for people to be seen and start receiving appropriate support. There was a huge opportunity in south east London with the opening of the Pears Maudsley Centre, a new children's centre developed in collaboration with universities and charities with the ambition of changing children's mental health services. Around 40% of mental health illnesses in adults started to develop before the age of 40, so investment in early support was also an important area of prevention.
9.04	Dr Ify Okocha agreed that children and young people should be an absolute priority. There had been a need to procure from the private sector the requisite clinical expertise to address ADHD demand, and a question about appropriate support following diagnosis. It was important to involve communities and schools and support with expertise and funding to prevent problems in future years.
9.05	Dr Angela Bhan observed that a key factor in many cases was the mental health of mothers, and perinatal and ongoing support would be important to help reduce demand.
9.06	Ceri Jacob commented that in most boroughs the NHS and Local Authorities were working with and funding local grass roots organisations to reach communities and there were opportunities to build on this local work.
9.07	Ranjeet Kaile described the impact that relatively small amounts of funding could have in projects such as south London Listens.
9.08	Darren Summers shared his experience since recently joining the ICB that nearly every conversation with stakeholders had emphasised the priority of children and young people's mental health. A lot of good work was taking place, but may possibly be spread too thinly across a number of initiatives and clearer articualrtion of goals may be helpful. Work to collect outcome data was positive, but the data itself was not encouraging suggesting that intervention was not effective in improving outcomes in over 50% of cases.
9.03	Dr George Verghese emphasised the need for clinical leadership for example from Children and Adolescent Mental Health consultants in the work to address issues.
9.04	The Board **noted** the progress with delivery of the plan and **endorsed** the CYP mental health and emotional wellbeing plan for 2024/25 & 2025/26
10	**Any Other Business**
10.01	There was no other business
11	**Public Questions and Answers**
11.01	*A member of the public noted that SELSON had been raising issues with the Synnovis service for some time previous to the cyber attack, and commented that questions addressed to the board in advance should be discussed at the meeting, as well as ensuring the public had easy access to the meeting.*

11.02	Richard Douglas acknowledged the feedback on the process. Andrew Bland commented that new questions on pathology could be addressed to the ICB at any time, and the Board would consider questions on agenda items.
11.03	*A member of the public asked how 'productivity' was being defined in relation to the sustainability of finances, and the impact of specialised services funding.*
11.04	Richard Douglas noted productivity was a comparison of the growth in real spending with activity weighted for costs (rather than outcomes) which although relatively crude nevertheless showed that a clear change had happened over recent years.
11.05	Mike Fox noted that the system was being measured in relation to the overall cost of the system rather than individual income flows such as specialised services however there was a relationship between the two.
11.06	*A member of the public highlighted that NHS staff were working extremely hard and not taking breaks and asked how the talk of 'productivity' could be reconciled with the fact that staff were already working to their limits.*
11.07	Richard Douglas clarified that efficiencies referred to how the NHS could work in a different way to deliver its responsibilities, recognising that staff were already working hard. Dr George Verghese added that efficiencies could be removing dysfunctions in pathways, for example in a recent exercise patients on a waiting list were texted to see if they still wished to be seen resulting in a 30% reduction of the list. Professor Kay added that following implementation of Epic the use of the MyChart app had reduced the cancellation rate from 10% to 5%.
12	**Close**

NHS South East London Integrated Care Board

ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
ICB 007	17-Apr-24	The Board to receive updates on work on infant mortality raised at baord in January 2024	open	MW/Rupi Dev	29-Jan-25	
ICB 010	09-Oct-24	Update on green plan to be presented with further detail on how the impact of actions could be measured, benchmarked, prioritised, linked with work of other partners, and resourced.	open	TF	29-Jan-25	

Board meeting in Public

Title	**Proposed Changes to SEL ICB Constitution**					
Meeting date	16 October 2024	Agenda item Number	3	Paper Enclosure Ref	C1	
Author	Theresa Osborne, Director of SEL System Reform					
Executive lead	Tosca Fairchild, Chief of Staff and Equalities SRO					
Paper is for:	Update		Discussion	x	Decision	x
Purpose of paper	This paper provides changes to the SEL ICB Constitution					
Summary of main points	In July 2024, there was a national update requirement of all ICB constitutions. The amendments required have been made to SEL ICB's constitution which is attached with track changes. The main changes are as follows: • Para 2.2.3 - The addition to the number of Non-Executive members to cover the required appointment of a deputy chair and a senior Non-Executive member stating: "**(one of which, but not the Audit Committee Chair, will be appointed Deputy Chair; and one of which, who may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-Executive Member)"** • Para 3.2.7 - The definition of Health Care Professional has been added • Para 3.3.4 – The addition of a maximum term of three years for the Chair (the number of terms remains two) • Para 3.4 – The addition of details regarding the expected appointment of a Deputy Chair and Senior Non-Executive Member. Clarification included that the Deputy Chair cannot be the Audit Chair (replicated at Para 4.6.8.1) • Removal of Para 3.16 - which related to the appointment of Ordinary members at establishment of ICBs • Changes to Para 7.2.8 - to expand the requirements that the annual Joint Forward Plan needs to include setting out how the ICB proposes to exercise its functions during the next five years: **"in particular:**					

a) **describe the health services for which the ICB proposes to make arrangements in the exercise of its functions**
b) **explain how the ICB proposes to discharge its duties under:**
   - **sections 14Z34 to 14Z45 (general duties of integrated care boards), and**
   - **sections 223GB and 223N (financial duties).**
c) **set out any steps that the ICB proposes to take to implement the joint local health and wellbeing strategies for the following:**
   - **London Borough of Bexley**
   - **London Borough of Bromley**
   - **Royal Borough of Greenwich**
   - **London Borough of Lambeth**
   - **London Borough of Lewisham**
   - **London Borough of Southwark**
d) **set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.**
e) **set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).”**

- Para 7.3.3 – to include details of how the ICB will comply with the requirements of the NHS Provider Regime (as advised by the ICB’s Executive Director of Planning)

- Appendix 1 - The addition of two definitions relating to the Forward Plan Condition and Level of Services Provided Condition

- Appendix 2 Standing Orders, Para 4.2 – Detailing arrangements for the Deputy Chair to chair the Board in the Chair’s absence. Also including **“If both the Chair and Deputy Chair are absent or disqualified from participating by a conflict of interest, the assembled members shall appoint a temporary Deputy, from the remaining non-conflicted Non-Executive Members, for the purpose of chairing the meeting.”**

In addition to the above nationally required changes, a change has been made to Para 8.3 to remove the Director of HR’s attendance at the Remuneration Committee, as this post has been removed from the current ICB structure, and include representation from a senior HR representative.

Potential conflicts of Interest	Where conflicts have been identified as part of these discussions, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy					
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x
	Greenwich	x	Lambeth	x	Southwark	x
Equalities Impact	These are nationally mandated changes and have no impact on equality					
Financial Impact	None					
Public Patient Engagement	Not applicable					
Committee engagement	None					
Recommendation	The Board is asked to approve the proposed changes to the SEL ICB constitution for submission to NHS England					

South East London Integrated Care System

NHS South East London

Board meeting in Public

Title	**ICB Governance Changes**						
Meeting date	16 October 2024		Agenda item Number	**3**	Paper Enclosure Ref		**C2**
Author	Theresa Osborne, Director of SEL System Reform						
Executive lead	Tosca Fairchild, Chief of Staff and Equalities SRO						
Paper is for:	Update	**x**	Discussion	**x**	Decision		**x**
Purpose of paper	This paper explains the amendments that have been made to the ICB's governance arrangements following an internal review.						
Summary of main points	Discussions have taken place over several months to review the South East London ICB's governance and what has been learned since its inception on 1 July 2022. The outcome of these discussions is the proposal to change the Board's committees. Details are included in the attached report. No change in the ICB's constitution is required to enact these changes. New terms of reference have been written and approved by the Board at their meeting on 18 September 2024, and the Executive Committee terms of reference have been updated. Links to the terms of reference are included in Appendix 1. The new committee structure is shown at Appendix 2. All changes have now been reflected in the Standing Orders, Scheme of Reservation & Delegation, Schedule of Matters Delegated to Officers and the Functions and Decisions Map. These documents form part of the Governance Handbook, which is publicly available. Links to these documents are provided in Appendix 1. References to the old committees will be superseded with the new committees in all SEL ICB sub-committees, policies, mandatory training modules. The declarations of interest form will be updated with references to the new committees.						
Potential conflicts of Interest	Where conflicts have been identified as part of these discussions, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy						
Relevant to these boroughs	Bexley	**x**	Bromley	**x**	Lewisham		**x**
	Greenwich	**x**	Lambeth	**x**	Southwark		**x**
Equalities Impact	These changes have no impact on equality						
Financial Impact	None						
Public Patient Engagement	Not applicable						
Committee engagement	None						
Recommendation	The Board is asked to:						

	• Note the Committee terms of reference attached at Appendix 1, previously approved at the Board meeting on 18 September 2024. • Approve the Executive Committee Terms of Reference.

ICB Governance Changes

NHS South East London Integrated Care Board (ICB) 16 October 2024

We are a partnership of NHS commissioners and providers, the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and the voluntary and community sector

1. Introduction

1.1 This paper explains the amendments that have been made to the ICB's constitution, following nationally advised changes, and also to the ICB's governance arrangements following an internal review.

2. Changes to the South East London ICB Constitution

2.1 In July 2024, the ICB was informed of nationally made and approved changes to ICB Constitutions.

2.2 The amendments required have been made to SEL ICB's constitution which is attached with track changes. Cosmetic changes have also been applied.

2.3 The main changes are as follows:

i) Para 2.2.3 f) - Addition to Non-Executive members to cover the required appointment of a deputy chair and a senior Non-Executive member stating: "**(one of which, but not the Audit Committee Chair, will be appointed Deputy Chair; and one of which, who may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-Executive Member)"**

ii) Para 3.2.7 - The definition of Health Care Professional has been added

iii) Para 3.3.4 - The addition of a maximum term of three years for the Chair (the number of terms remains two)

iv) Para 3.4 – The addition of details regarding the expected appointment of a Deputy Chair and Senior Non-Executive Member. Clarification included that the Deputy Chair cannot be the Audit Chair (replicated at Para 4.6.8.1)

v) Removal of Para 3.16 - which related to the appointment of Ordinary members on establishment of ICBs

vi) Para 7.2.8 - to expand the requirements that the annual Joint Forward Plan needs to include setting out how the ICB proposes to exercise its functions during the next five years:

"in particular:

a) describe the health services for which the ICB proposes to make arrangements in the exercise of its functions
b) explain how the ICB proposes to discharge its duties under:
- **sections 14Z34 to 14Z45 (general duties of integrated care boards), and**

- **sections 223GB and 223N (financial duties).**

c) set out any steps that the ICB proposes to take to implement the joint local health and wellbeing strategies for the following:

- **London Borough of Bexley**
- **London Borough of Bromley**
- **Royal Borough of Greenwich**
- **London Borough of Lambeth**
- **London Borough of Lewisham**
- **London Borough of Southwark**

d) set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.

e) set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).”

vii) Para 7.3.3 – to include details of how the ICB will comply with the requirements of the NHS Provider Regime (as advised by the ICB’s Executive Director of Planning)

viii) Appendix 1 - The addition of two definitions relating to the Forward Plan Condition and Level of Services Provided Condition

ix) Appendix 2 Standing Orders, Para 4.2 – Detailing arrangements for the Deputy Chair to chair the Board in the Chair’s absence. Also including **“If both the Chair and Deputy Chair are absent or disqualified from participating by a conflict of interest, the assembled members shall appoint a temporary Deputy, from the remaining non-conflicted Non-Executive Members, for the purpose of chairing the meeting.”**

2.4 In addition to the above nationally required changes a change has been made to Para. 8.3 to remove the Director of HR’s attendance at the Remuneration Committee, as this post has been removed from the current ICB structure and include representation from a senior HR representative.

2.5 The link to the revised documents, with track changes, is provided at Appendix 1.

3. Changes to South East London ICB’s Governance

3.1 Discussions have taken place over several months to review the South East London ICB’s governance and what has been learned since its inception on 1 July 2022.

3.2 These discussions have taken place in committees, informal meetings and a series of meetings with Board members and Executive Directors. The proposals were approved at the informal Board meeting on 18 September 2024.

Changes to Board Committees

3.3 The outcome of these discussions is the proposal to change the Board's committees as follows.

3.3.1 Replace the Planning and Finance Committee with an Integrated Performance Committee (IPC) chaired by a Non-Executive member. The IPC will have a more strategic focus primarily addressing the medium term.

3.3.2 Replace the Quality and Performance and Safeguarding Committees with a Quality and Safeguarding Committee chaired by a Non-Executive member.

3.3.3 Change the name of the Audit Committee to Audit and Risk Committee. The terms of reference have been amended to include enhanced responsibility for risk including system risk. It is also expected that this will be the main for assurance of the ICB. This committee will additionally look at how the ICB assesses and relies upon the internal assurance and risk assurances processes of south east London constituent institutions and places and how cross system risk can be identified, assessed and managed.

3.3.4 There are new terms of reference for the Digital Board and People Board, which will now be named committees.

3.3.5 There are no proposed changes to the Remuneration Committee.

3.3.6 A gap analysis of responsibilities from legacy committees has been completed and has identified the following, which are not included in new terms of reference, and have been added to the Executive Committee terms of reference:

3.3.6.1 Responsibility for overseeing the Equalities Sub-Committee and for approving the WRES, WDES, PSED, Gender pay gap, Equality Delivery System and other national equalities requirements for publication.

3.3.6.2 Responsible for overseeing the work relating to Information Governance.

3.3.6.3 Reviewing ICB procurements to ensure adherence to ICB governance standards and Provider Selection Regime is moved from PFC to Executive Committee.

3.3.6.4 Oversight and recommendation of regulator requests for assurance or information and ensure that agreed actions are delivered by the ICB.

3.3.6.5 Investment decisions, in line with the Schedule of Matters Delegated to Officers, is moved from PFC to Executive Committee

3.4 No change in the ICB's constitution is required to enact these changes.

3.5 New terms of reference have been written and approved by the Board at their meeting on 18 September 2024. However, following the gap analysis, the

Executive Committee terms of reference have been updated. Links to the terms of reference are included in Appendix 1.

3.6 Most new members have been appointed and meeting dates have been scheduled.

3.7 The new committee structure is shown at Appendix 2.

Changes to other SEL ICB Governance

3.8 All changes have now been reflected in the Standing Orders, Scheme of Reservation & Delegation, Schedule of Matters Delegated to Officers and the Functions and Decisions Map. These documents form part of the Governance Handbook, which is publicly available, and will be updated following approval of these documents. Links to these documents are provided in Appendix 1.

3.9 All SEL ICB sub-committees, policies, mandatory training modules and declarations of interest will now be reviewed for references to the old committees and updated with references to the new committees.

4. Summary and Actions

4.1 The SEL ICB constitution has been amended to include the nationally required changes.

4.2 SEL ICB's Governance has been amended following an internal review which has resulted in a change to the committee structure and associated documents.

4.3 Board Members are asked to:

4.3.1 **Recommend** the revised constitution to NHS England for approval.

4.3.2 **Note** the Committee terms of reference attached at Appendix 1 (with the exception of the Executive Committee), previously approved at the Board meeting on 18 September 2024.

4.3.3 **Approve** the Executive Committee terms of reference that have been amended since the Board meeting on 18 September 2024.

4.3.4 **Approve** the new Functions and Decisions Map, the Standing Orders, the Standing Financial Instructions, the Scheme of Reservation & Delegation and the Schedule of Matters Delegated to Officers (Appendix 1).

4.3.5 **Note** that the ICB's Governance Handbook will be updated following Board approval of the governance documents.

4.3.6 **Note** that all SEL ICB sub-committees, policies, mandatory training modules and declarations of interest will be reviewed for references to the old committees and updated with references to the new committees.

Appendix 1 – Links to Governance Documents

NHS South East London ICB Constitution

Integrated Performance Committee (IPC) terms of reference

Quality and Safeguarding Committee terms of reference

Audit and Risk Committee terms of reference

Digital Committee terms of reference

People Committee terms of reference

Executive Committee terms of reference

Functions and Decisions Map

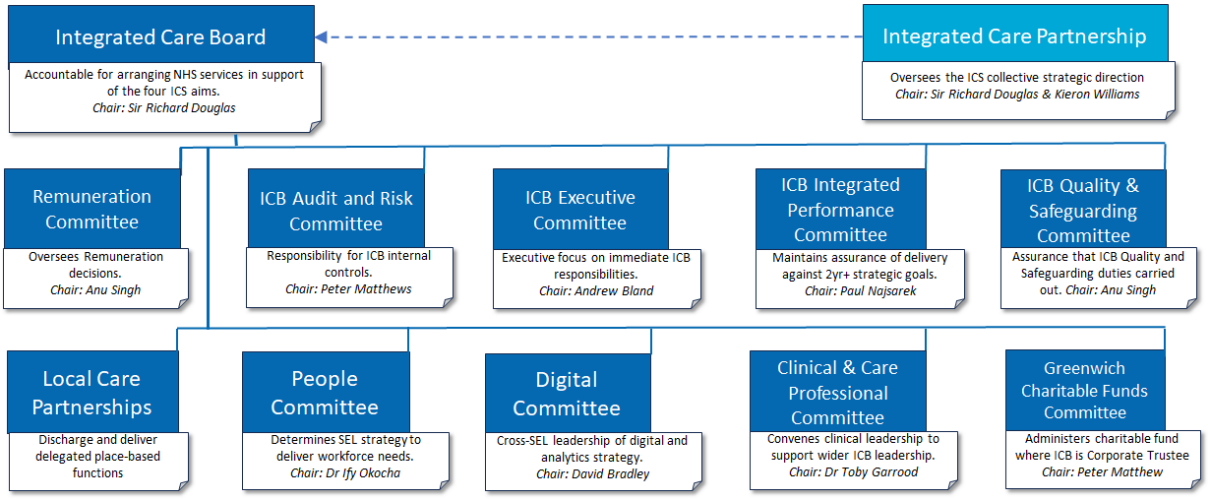
Standing Orders

Standing Financial Instructions

Scheme of Reservation & Delegation

Schedule of Matters Delegated to Officers

Appendix 2 – New Committee Structure



Board meeting in Public

Title	**Chief Executive Officer's Report**						
Meeting date	16 October 2024		Agenda item Number	**4**	Paper Enclosure Ref	**D**	
Author	Andrew Bland, ICB Chief Executive Officer						
Executive lead	Andrew Bland, ICB Chief Executive Officer						
Paper is for:	Update	**x**	Discussion		Decision		
Purpose of paper	To receive the report from the Chief Executive Officer						
Summary of main points	This report updates the Board on matters of interest across NHS South East London since the last Board meeting on 17 July 2024						
Potential conflicts of Interest	None						
Relevant to these boroughs	Bexley	**x**	Bromley	**x**	Lewisham	**x**	
	Greenwich	**x**	Lambeth	**x**	Southwark	**x**	
Equalities Impact	Equality Impact Assessments are considered where applicable						
Financial Impact	N/A						
Public Patient Engagement	Public engagement takes place where appropriate and this report is presented to the Board meeting in public and published on the ICB website						
Committee engagement	N/A						
Recommendation	That the Board receive the Chief Executive Officer's Report						

Chief Executive Officer's Report

NHS South East London Integrated Care Board (ICB) 16 October 2024

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

Since the Board last met in public, we have received the Darzi Report in to the state of the NHS and it features later in this report. Its contents make for stark reading, but will not surprise many of us. It is important to note, however, that against the difficult backdrop Lord Darzi describes, much positive progress has been made in south east London over recent years, not least in the areas of the three priority 'shifts' that government has identified as core to NHS development: analogue to digital; hospital to community; cure to prevention. Colleagues in health and care have worked tirelessly, and with exceptional compassion and commitment, to maintain services and deliver excellent care for the people we serve. As a board and an executive team we look forward to contributing to the development of the government's 10-year plan for the NHS, and to building the service that we all want to see.

Since July our system has managed significant operational pressures, responded to further industrial action, whilst concluding and starting to deliver against our operational plans for 2024/25. Whilst we are seeing strong recovery, the impact of the Cyber Attack right across our system is still felt and we would wish to make clear our thanks to all those teams that have worked so hard to address this challenge. The agenda items prioritised at our Board today relate to those issues alongside key enablers of improvement and transformation.

It remains clear that the challenges we face are system wide and impact all our partners. Likewise, that the solutions will only be found in our combined and co-ordinated efforts. The report sits alongside our wider Board meeting agenda that will deal with the performance of the system and the actions we are taking to improve it.

1. Darzi Report

1.1. Lord Darzi was asked by the new government to undertake an independent investigation into the NHS in England, looking at access, quality of care, the overall performance of the health system and the wider health of the nation.

1.2. Lord Darzi's report was published in September 2024, comprising a summary letter, the report itself and a further technical overview. The summary letter providers a helpful overview of the key findings which focus primarily on the current performance position and the drivers of this.

1.3. In overall terms the conclusion is that the NHS is facing serious challenges, recording the lowest ever levels of public satisfaction and the need to rebuild public trust and confidence. The report notes both internal drivers but also a range of wider external factors that have resulted in this position, including that many of the social determinants of health have moved in the wrong direction over the past 15 years, with increased levels of sickness and need but reduced take up of key areas such as immunisation and screening programmes. Specific areas that are called out in the report are that the increase in multiple long-term conditions have surged as have mental health needs particularly for children and young people, both areas that resonate locally.

1.4. The report highlights access as a key challenge across all areas of provision, with waiting times and lists having increased, constitutional standards missed and access challenges for example to primary care having increased. The report highlights a clear correlation between poorer access, increased waits and health outcomes and the opportunity costs of treatment delays in terms of wider economic and national prosperity. Improvements in patient safety are highlighted alongside areas of on-going concern such as maternity care.

1.5. Key drivers of these challenges are also set out in the report and the impact of austerity, shortfalls in capital funding and investment including in technology, the Covid pandemic and its aftermath, patient and staff engagement, and the impact of management restructures and NHS and regulatory reorganisation are all described.

1.6. The report makes for sobering reading and demonstrates the significant challenges the NHS is facing, with the performance drivers resulting in an NHS that is struggling to meet demands placed upon it as the nation's health has deteriorated. The report however also makes clear that whilst improvement will take time the foundations remain strong.

1.7. The Darzi report represents the first stage of the planned review of the NHS, with a period of engagement being followed by a ten-year health plan. The report signals the key themes that are expected to feature highly in the ten-year plan, with the following called out: re-engage staff and re-empower patients, lock in the shift of care closer to home by hardwiring financial flows, simplify and innovate care delivery for a neighbourhood NHS, drive productivity in hospitals, tilt towards technology, contribute to the nation's prosperity, reform to make the structure deliver. Again, these areas resonate with our own strategic objectives alongside the recognised need to improve access including inequalities in access, experience and outcomes for our population. We will be working to ensure progress across these areas whilst awaiting the publication ten-year health plan.

2. Industrial Action

GP Collective Action

2.1. The GP collection action started on 1 August 2024. It is supported by the BMA and gives salaried GPs and GP registrars 10 areas (GP contract 2024/25 changes (bma.org.uk) where they can take action. GPs have been encouraged to start taking action in at least one area and this will continue for the length of the mandate. Robust management and governance is in place for South East London ICB, with a Strategic IMT (Gold) in place consisting of the Chief of Staff, Director of Planning and Director of Partnerships & Prevention; and being closely monitored by the Director of Community Based Care.

Junior Doctors

2.2. Junior Doctors accepted the new pay offer proposed by the government on 16 September 2024. The Junior Doctor Industrial Action has been the most prolonged industrial dispute in NHS History. With Junior doctors taking action on 15 occasions, spanning 44 days, since March 2023, totalling 1,056 hours of disruption across the ICS.

Nurses – Royal College of Nursing (RCN)

2.3. The RCN announced on 23 September 2024 that two-thirds of the 145,000 members of the RCN had voted to reject the latest pay offer of 5.5%. At this time the RCN stated that they are not balloting their members to see if they want to take strike action, instead they are planning to see how the government respond to this vote.

Security – Guy's and St Thomas' NHS Foundation Trust (GSTT)

2.4. There were three periods of Industrial Action which equated to 19 days taken, by 30 security staff at GSTT, which related to pay and conditions. These periods of action had minimal impact on the ICS and were managed internally by GSTT. There have been no recent periods of action.

Theatre Nurses Guys and St Thomas' NHS Foundation Trust (GSTT)

2.5. 50 theatre nurses at GSTT, who work within day surgery, have taken five periods of action, equating to nine days, due to their shift times being extended and their fears for patient safety due to staff exhaustion. Action started in June, with dates also affected in July and September. At this time there are ongoing talks and SEL ICB has not been made aware of any further periods of action. These periods of Industrial Action were managed internally by GSTT.

Band 2/3 HCAs Lewisham and Greenwich NHS Trust (LGT)

2.6. Health Care Assistants (HCAs) at LGT took another period of action for three days (72 hours), from 24 September 2024, in a dispute over back pay, following a vote to reject the offer made to them the previous week. Previous periods of action were managed well within the trust and there was no impact on the system. LGT have robust plans in place to manage this period of Industrial Action.

3. Cyber Attack Update

3.1. On 3 June 2024 Synnovis UK suffered a cyber-attack, impacting pathology services for all but one of the South East London NHS Trusts and over 200 general practices serving a 2 million registered population. Systems were encrypted by the hackers and were taken offline to stop infiltration of connected IT systems and a Regional critical incident was declared. Incident Management Teams (IMTs) run simultaneously within Trusts, the ICS and regionally.

Impact

3.2. Initially, there was no indication that data had been extracted from the Synnovis systems. On 20 June, NHS England were made aware that the criminal group published data, claiming that it belonged to Synnovis, stolen in this attack. Synnovis has confirmed that the data stolen was from Synnovis systems.

3.3. Analysis is underway to determine the content of the information, but Synnovis has advised that it appears to be data from administrative working drives

3.4. With regard to clinical impact, disruption to the provision of pathology services resulted in:

- Delays in ordering, processing, completing, and receiving blood tests
- The availability of blood products and their ordering and matching
- Delays in the diagnosis and treatment of patients
- Blood cross matching was significantly impacted, resulting in high demand for O group blood.

Response

3.5. Mutual aid for primary care was established with Health Services Laboratory, South West London pathology and Synlab (alternative laboratory). Pathology services provided for GPs increased over time, with mutual aid providers initially offering urgent sample processing, increasing to over 50% of normal capacity prior to transition out.

3.6. Financial and practical support to general practice was provided to:

- review and risk stratify the patients where requests have not been processed and samples discarded
- monitor and record potential harm
- continue LTC management (without pathology access)

Harm Review Process

3.7. As part of the response the ICB developed a process for monitoring, identifying and responding to potential patient harm due to the ongoing service delivery impact. As part of the process the ICB has convened weekly panels supported by clinicians to the reported incident to:

- Establish and understand the impact the incident is having/has had on patients/services within south east London
- Establish whether any harm has come to patients as a direct result of availability of pathology results/ability to submit samples
- Establish whether any urgent actions are required to address patient safety concerns
- Ensure processes are in place to identify potential future harms
- Escalate risks/themes/concerns to the SEL Incident Management Group

Recovery

3.8. Synnovis has rebuilt their IT systems and data was restored from backups. Transition of GP pathology servicing back to Synnovis occurred through September with all boroughs being back with Synnovis with full capacity.

3.9. GPs are working through the backlog of routine tests, that were not processed during the incident, and calling patients in for phlebotomy now that service capacity has returned to normal. However, there is a backlog of blood tests that the services are currently working to reduce as soon as possible.

3.10. The blood transfusion system was complex to re-establish, but this has now been undertaken. This will allow the Trusts to move back to electronic crossmatching, reducing the demand on O group blood.

4. Green Plan Update

Green Plan delivery update

4.1. The SEL ICS Green Plan (2022-2025) is the three-year system-wide sustainability strategy that sets out aims, objectives, and delivery plans in support of the NHS net zero ambition. The plan contains a total of 122 objectives for delivery over the three-year cycle across eleven areas of focus; of which 37 became live in the current (third) year of the plan.

4.2. As of September 2024, 90 of 122 objectives (74%) are in active delivery. The table below shows a comparison of March and September delivery positions:

	March 2024	**September 2024**
Number of live Green Plan objectives	**85** *(years 1+2 only)*	**122** *(full three years)*
Objectives in delivery (% of total live objectives)	**67** (79%)	**90** (74%)
Of which:		
Objectives in full delivery	**29** (34%)	**39** (32%)
Objectives in partial delivery	**38** (45%)	**51** (42%)
Objectives not in delivery	**18** (21%)	**32** (26%)

4.3. The September delivery position is a slight decrease over the March position. The pattern of delivery for the 37 year three objectives has not matched previous years, with the following challenges observed:

- Since the Green Plan was originally written (in 2022) a small number of the objectives have become obsolete, superseded by circumstance or other aims and objectives.
- Some of the year three objectives in the Sustainable Models of Care area of focus relate to prevention and clinical initiatives where the environmental benefit is assumed rather than direct. This has meant that trust sustainability leads have not been able to evidence delivery as they can in other areas of focus.
- There are a number of year three objectives attributed to primary care/Clinical Care Professional Leads where the relevant structure and capacity for delivery of Green Plan objectives is not established.

4.4. The Green Plan areas of focus where delivery is strongest are Digital Transformation and Medicines, where there are dedicated programmes of work delivering Green Plan objectives and directly reporting progress to the ICB Sustainability Programme Team.

Green Plan update 2025

4.5. Greener NHS (NHS England) has advised that an update of ICS Green Plans will be required, effective as of April 2025, to cover a minimum period of three years. This will allow for a review of objectives in the current iteration of the plan, and realignment to current priorities, resource levels and future ambitions. Formal guidance advising of the update requirement is to be published in October. No information has yet been made available on the timescale for completion and publication of updated plans.

4.6. The ICB Sustainability Programme team has started discussing potential approaches to the Green Plan update with delivery partners across the ICS.

Climate resilience and adaptation

4.7. Adaptation refers to adjustments in processes, practices and structures to mitigate risks and impacts associated with climate change, or to benefit from opportunities associated with it. It is about increasing the resilience of ICS services, buildings, teams, processes and the wider SEL population, and 'keeping the show on the road' whilst adapting to a changing climate. It should not be confused with emergency response to climate events (although EPRR has some consideration for climate risks) as it is a distinct discipline.

4.8. Climate adaptation is of increasing importance and has been given additional profile through the London Climate Resilience Review (to which the ICS submitted evidence in 2023) and the forthcoming UKHSA Health and Climate Adaptation Report (to which the ICS contributed via a London Roundtable in September).

4.9. The final report of the London Climate Resilience Review has yielded recommendations for the NHS, including for ICBs to "*Work with their organisations to collaboratively agree an approach to adaptation, risk assessment and planning. Coordinating support required for providers and work with partners to set system level adaptation plan*." These recommendations have been reiterated in a letter from Martin Machray and Jo Sauvage to ICB and Trust CEOs and Chairs. As per the letter, Greener NHS has already engaged with the ICB to discuss arrangements to take this work forwards.

4.10. To achieve current Green Plan adaptation objectives and the recommendations of the London Climate Resilience Review, the ICS will require access to additional adaptation

expertise and pan-London co-ordination; the latter of which Greener NHS is considering.

5. Equalities Update

Equality and Human Rights Commission (EHRC)

5.1. Following a Public Sector Equality Duty (PSED) audit last autumn, the ICB received highly positive feedback from the EHRC. Two areas were highlighted, specifically, engagement with diverse people and communities, and SEL ICB's Public Sector Equality Duty report.

5.2. Following this, two further areas are being explored by EHRC with the potential to spotlight SEL good practice nationally, namely, tackling racial inequalities in maternity and neonatal services and taking action to address racial disparities in mental health detentions. The EHRC will be re-monitoring all ICBs from September to November 2024. The regulatory body will once again be looking for evidence of compliance with the PSED specific duties.

Equality Impact Assessment (EIA)

5.3. EIAs allow organisations to identify and incorporate equalities considerations for the nine protected characteristics in projects, policy development and service planning, using an evidence-based methodology. The ICB EIA process has been fully re-designed, with a new toolkit and resources recently launched. The new approach is being widely promoted across the organisation to ensure full adoption. Training to support EIA implementation will be rolled out in the coming months for both document/project leads and committee members with a scrutiny role.

Equality Delivery System 2022 (EDS22)

5.4. A SEL ICS-wide programme has been established, including a task and finish group leading system work, with all SEL NHS Trust partners represented. This programme also involves the ICB's Planning directorate and Place Executive Leads to ensure full coverage. Two services have been selected for the 2024/25 assessment: Integrated therapies for children and young people (Greenwich) and the Paediatric community dental service (SEL-wide). A new set of statutory Equality Objectives are also being developed in alignment with EDS22 for the period 2025-2028.

Inclusive Recruitment training

5.5. SEL ICB successfully bid for £50k to develop and rollout a series of dynamic, drama-based workshops. Sessions have now launched for partners across health and social care. The ICB attended an EDI showcase of projects convened by NHS England (London) in July.

Equality, Diversity and Inclusion Strategy

5.6. Work is underway on developing a new 3-year EDI strategy for the ICB. This will unify and replace previous plans, covering workforce and services through an intersectional

EDI lens. Initial engagement was well received at the September All-staff briefing attended by over 300 staff.

Equality, Diversity and Inclusion events

5.7. National Inclusion Week 2024 (23-29 September) was celebrated through the first SEL ICB EDI newsletter, launch of a new EDI intranet site, and promotion of the new EIA toolkit. A range of videos have been created with contributions from across the ICB on the topic of 'Why inclusion matters'.

5.8. Black History Month 2024 (1-31 October) is currently being marked by the theme of 'Reclaiming narratives'. The Equalities Forum event featured speakers including Birkbeck Fellow, Dr Jan Etienne, founder of Black Heroes Foundation, Joyce Fraser OBE and members of Black Thrive. The Book, Film and Music Club session covered two texts by prominent Black writers and provided a safe space for discussions regarding the far-right riots during the summer. A dedicated newsletter has been produced with contributions from members of the Embracing Race and Diversity staff network.

6. Primary Care Access Recovery Plan

6.1. The Primary Care Access Delivery Plan Update describes the work being undertaken on the planning and delivery of the plan for recovering access to primary care. This is the second year of the programme and the third report that the Board has received. The last update was provided to this Board in April 2024.

6.2. SEL ICB is currently on track to complete and deliver all of the ten nationally mandated ICB actions for 2024/25. These actions have been set out in the RAG rated table. This report also includes an update on the key focus areas for the ICB this year which are progress on digital targets, achieving self-referrals targets and the expansion of community pharmacy clinical services.

6.3. The key digital areas of focus remain the same as in 2023/24: increasing NHS App registration and utilisation, supporting the implementation of prospective records access and moving all practices to advanced cloud telephony.

6.4. There has been a slight increase in NHS App registrations since the last report, however utilisation in some areas has decreased. The Digital team are leading a programme of work which should increase uptake and utilisation. Currently 66% of practices are compliant with making prospective records access available to patients. The Digital Team will be supporting practices that require assistance to be compliant in this area. There are 2 phases to the project to move all practices to advanced cloud telephony and improve the patient journey by enabling advanced features. Phase one has been completed. This involved moving 80 practices using analogue or hybrid systems on to a new cloud-based telephony solutions. Good progress is being made against achieving the deliverables for phase two of the project.

6.5. For 2024/25, ICBs have been asked to increase the number of self-referrals made across a number of pathways. Each ICB has been allocated a target number of referrals to achieve every month. The latest data shared by NHSE shows that SEL ICB is exceeding its forecast trajectory and is meeting its target share of self-referrals.

6.6. The majority of south east London pharmacies are participating in the Pharmacy First scheme and delivering hypertension screening and contraceptive services. The data demonstrates an increasing number of Pharmacy First clinical pathway consultations with the majority of those initiated by patients as well as increasing numbers of blood pressure and Ambulatory Blood Pressure Monitoring (ABPM) checks and contraceptive service consultations and supplies being accessed. A key area of focus now is on driving up activity by taking steps to increase the number of GP practice-initiated referrals, continuing to raise public awareness of the services and deploying Community Pharmacy Neighbourhood Leads to encourage participation from low activity pharmacies.

7. Specialised Commissioning Delegation

7.1. On 30 July 2024, NHS England (NHSE) confirmed most specialised services will be fully delegated to ICBs by April 2025. NHS England will maintain an oversight and assurance role for delegated services and will continue to be responsible for commissioning a small set of retained highly specialised services, alongside high cost drugs and devices.

7.2. This means that from April 2025, subject to both national NHSE and local ICB approval, approximately £577m of specialised commissioning budgets will be delegated to SEL ICB with the aim of integrating commissioning to achieve service, pathway and population health benefits.

7.3. Over a few years, the four acute tertiary providers in South London, South East London ICB and South West London ICB have been preparing for this delegation through the South London Office of Specialised Services (SLOSS) and across London ICBs and NHS England, with substantial progress being made. This has included:

- the South London ‘Pathfinder’ programme testing delegation of finance, BI and contracting
- the ICB jointly commissioning services with NHSE during 2024/25
- implementation of joint transformation programmes with ICB leadership in renal/ cardiometabolic conditions, sickle cell disease and blood borne viruses
- the development and agreement of appropriate operating models
- the analysis of funding flows and legacy risks that NHSE currently hold
- agreement to the continued support for London ICBs from a shared specialised commissioning team drawn from existing NHSE staff. This team will be hosted by one of the London ICBs from April (subject to a NHSE-led staff consultation) and will work with the acute and specialised service multi-disciplinary team and wider ICB teams in quality and medicines management, to integrate the tertiary and specialised services, to be delegated with existing ICB planning, commissioning and quality processes.

7.4. SEL ICB, working with colleagues from across London and the SLOSS, are working to complete final preparations, including relevant assurance processes with NHSE, and expect to seek ICB Board approval for delegation in January 2025 with final confirmation by the NHSE Board in February 2025.

8. System Sustainability

8.1. The South East London system has embarked on an ambitious Sustainability Programme, to develop system wide plans that will enable the ICB and its providers to move from a position of underlying financial deficit to one of financial balance. The System Sustainability Group was established at start of this financial year and will make regular reports to the Board. Membership includes CEOs, CFOs and other senior leaders from SEL organisations, and chaired by the ICB CEO. A team of dedicated system leaders from within SEL has been identified to work on this programme on an interim basis. The System Sustainability Team are responsible for coordinating and driving forward the programme, working closely with System partners and organisation leads. The programme is one the main agenda items for the ICB Board meeting today.

8.2. A successful workshop of SEL system leaders was held on 18 September 2024, there were around 60 attendees from all parts of the system, representing all major providers and many wider partners. Attendance showed strong engagement from senior leads in addressing the financial challenge in SEL, and there was a shared sense that the scale of the financial gap requires a new approach. This brings opportunities as well as challenge, and bravery will be needed to deliver change. There was agreement that a system approach and effective partnership working was needed to bridge the gap - and attendees welcomed the emphasis on this new way of working.

9. Creative Health Youth Programme – The South Bank Centre

9.1. South East London ICB has been working closely with the Southbank Centre as they develop plans to establish a new Creative Health Youth Programme, which includes a proposal to establish a Creative Health Youth Centre by 2027-28 subject to funding. The centre will provide innovative creative health interventions for 11-25 year olds to improve their mental health and wellbeing. The focus will be on serving Lambeth and Southwark initially, with the potential to expand to south east London-wide again subject to funding. The Southbank Centre are very keen to ensure the NHS is a partner in this work.

9.2. On 30 September, ICB Leaders spoke at the launch symposium at the Southbank Centre. Over 100 people, including national and local policy makers, researchers, community organisations and young people came together to share knowledge and experience of the current landscape around creative health solutions for young people. In my speech I reaffirmed the ICB's commitment to working in partnership to tackle systemic health inequalities and this is a great example of creative health approaches to doing this. The ICB gave its commitment to using our convening power to help the Southbank Centre drive forward this important initiative to benefit our communities. This included exploring how best we build stronger links with our existing successful health inequalities programme, such as South London Listens. Following this event, we are working with the Southbank Centre team to help them engage with key communities and the right people in our system to develop plans further and we will be updating the Board as work progresses.

10. Leadership news

10.1. Since the Board last met two of our most senior leaders have been successful in applications for major public sector roles. Sarah McClinton, our Greenwich Place Executive Lead, will now take up a national role as Chief Social Worker for Adults in the DHSC from the new year. Colleagues will be aware that Sarah is also the Deputy CEO and Director of Health and Adult Services at the Royal Borough of Greenwich.

10.2. Meera Nair, our Chief People Officer (CPO) and CPO at Lewisham and Greenwich NHS Trust will now take up the role of Chief People Officer at Manchester University Hospitals NHS FT in February next year.

10.3. We congratulate them both on their appointments whilst also expressing our huge gratitude for their enormous contribution to our system – across south east London and specifically in the boroughs of Greenwich and Lewisham. The ICB will begin the process of recruiting to their positions in the coming weeks and months.

11. Bexley Borough Update

Better Access Bexley

11.1. The local Bexley campaign will amplify national winter messaging around vaccinations, Get Winter Well and Use the Right Service, localising messaging for the Bexley audience. The wider focus for the vaccination campaign will be on targeting residents who traditionally do not come forward for vaccinations and underserved communities. The core focus for South East London's campaigns over winter are Vaccinations: Flu, COVID-19, RSV vaccinations, pertussis, childhood immunisations, Winter Health, keeping warm and winter support from the local authorities and Using NHS Services: Pharmacy First, Urgent Treatment Centres and NHS App.

11.2. To compliment the national winter plan and support winter activity, the local Bexley communications and engagement team launched the *Better Access Bexley* campaign on Monday 9 September 2024, with 27 strategically placed JCDecaux boards across the borough promoting the NHS App. The *Better Access Bexley* campaign is designed to communicate ways in which Bexley residents can better access primary care services. The campaign will highlight other primary care services that residents can use to reduce pressures on A&E and core GP services. Services promoted include: Enhanced Access to primary care (evenings and Saturdays), Pharmacy First and the NHS App.

11.3. The annual Bexley Wellbeing Partnership *Winter Wellbeing in Bexley* Booklet will be included in the London Borough of Bexley Magazine, which is distributed to 100,000 residents. The booklet will highlight national winter campaigns (COVID-19, Flu vaccinations, register with a GP) and signpost residents to appropriate services with the *Use the Right Service* message and feature the *Better Access Bexley* campaign.

Winter Resilience Programme

11.4. The Bexley Wellbeing Partnership has developed its local health and care ecosystem Winter Resilience Plan. The plan brings together actions and support to address winter pressures in 2024/25 and aims to tackle pressures for community, primary care and

acute services, prevention and primary care, voluntary sector and support for unpaid carers, community and mental health, emergency and inpatient flow, intermediate care and improving discharge and end of life care.

NHS South East London Integrated Care Board Annual Borough Visit

11.5. The Bexley Wellbeing Partnership hosted the NHS South East London Integrated Care Board annual visit to the borough in September 2024. The Board visited projects funded by the Health Inequalities Fund in North Bexley. The projects were the Craydene Open Space, which has an outdoor gym and raised planting beds for local community groups and primary schools. The Board also visited Howbury Friends, who are being funded to work with residents in the North Bexley Local Network to improve trust and engagement with health and care services to tackle health inequalities.

Know Your Numbers

11.6. During Know Your Numbers Week (2-8 September 2024), Bexley residents were given the opportunity to have their Blood Pressure (BP) tested at three sites in the borough: Blackfen Community Library, Bexley Civic Offices and Belvedere Sikh Temple. The local GP Federation provided the health checks, including measuring height, weight and checking BMI. The local GP Federation provided advice on conditions related to Hypertension and ways to lower blood pressure, such as stopping smoking, changing diet and taking regular exercise. Everyone tested was provided with a letter containing the results to share with their local GP.

11.7. Across three events, a number of people with high blood pressure, who were previously unaware, were identified and referred to their GP. There were some people who were not registered with a GP and were provided with information on how to register.

South Asian Heritage Month

11.8. Bexley Wellbeing Partnership hosted an event at the Bexley Civic Offices on Thursday 15 August 2024 to mark South Asian Heritage Month. The South Asian Health & Wellbeing Fair was organised to celebrate South Asian culture and to also inform residents of health and wellbeing services. The Bexley Wellbeing Partnership has been working alongside community groups and organisations to ensure better understanding of the health needs of South Asian communities.

12. Bromley Borough Update

Winter Update

12.1. The Bromley system winter plan for 24/25 has been finalised and incorporates contributions from all partners. This comprehensive plan focuses on maximising service continuity and efficiency during periods of high demand from patients. Key investments include:

- Supporting increased use of the Hospital at Home service to enable more patients to be looked after in their own homes
- the systematic rollout of the Universal Care Plan to prioritise care for patients in the most appropriate settings, and to reduce demand on hospital services

- expanding general practice Hub appointments to enhance access to primary care

12.2. The Urgent Community Response (UCR) service continues to play a key role with general practice and Hospital at Home, and targets reducing unnecessary hospital admissions. Part of this work is a winter scheme for patients discharged from hospital which involves specific activities such as follow-up calls and home visits conducted by the Enhanced Support Team (EST). This ensures that patients returning home receive the support they need to recover effectively. A holistic multidisciplinary team approach is adopted to help patients recover at home and thereby improve their health and reduce their dependence on health and social care services. This approach has led to a 42% reduction in hospital attendance/admission in the cases seen within a three-month period. There is a particular focus on patients having enhanced care in settings like Coloma Court.

12.3. This winter, investments have again been made based on a thorough analysis of current demand and capacity within services. For example, new investment is going in to additional respiratory care delivered through Primary Care Networks (PCNs) and in to enhancing mental health support. These investments aim to improve patient outcomes in Bromley and ensure robust service availability during the winter months.

12.4. Strategic planning has taken place to ensure sufficient beds and equivalent resources are available in acute, children's and community settings to manage patient care effectively during peak times. Furthermore, a surveillance system to identify and support practices that experience staffing challenges over winter is again being putting in place.

12.5. The Bromley Enhanced Health in Care Homes (EHCH) webpage will be hosted on the website from the end of October 2024 and includes updates for winter care. This initiative aims to provide easy access to important information, and support for care homes in managing their residents over winter. The EHCH webpage will provide care home staff with crucial information on managing falls, dementia, and deterioration, and will feature links to resources like the Bromley RESTORE2 training. The site will also include a winter care section with details on vaccinations, holiday pharmacy openings, and infection control, providing updates throughout the season to keep content relevant.

12.6. St Christopher's Hospice plays a critical role in hospital avoidance, in addition to their usual service delivery, by accepting appropriate referrals from Integrated Care Networks.

Bromley 2024 Winter Vaccinations Planning

12.7. The 2024 Winter Flu campaign commenced on 1 September for pregnant patients and children. Adult vaccinations for flu and Covid starts on 3 October. Flu vaccines are available from all Bromley GP practices and a number of Community Pharmacies across the borough. Covid vaccines can be accessed via two Local Vaccination Sites and 23 Community Pharmacies, with additional pop-up events planned to increase access to underserved communities. Additional support for housebound patients will be provided by Bromley Healthcare.

12.8. Implementation of the new RSV vaccine uptake is a key part of Bromley's Winter resilience programme, and practices are being supported with delivery. To underpin this vaccination delivery, a series of training events has been held for practice staff, PCN staff to help promote the vaccine to patients and for community champions to increase confidence in approaching discussion on vaccinations with members of the public. The

training is geared at encouraging patients to be vaccinated by better understanding and addressing their concerns.

12.9. All vaccines are being promoted via local press, social media and via the Community Champions network as well as relevant local engagement events. A leaflet is currently in development promoting all vaccines available from Bromley GPs and includes childhood immunisations, the new RSV vaccine and a section on vaccinations in pregnancy to encourage pregnant patients to access RSV and Pertussis in particular.

Delivery of Bromley's Strategies

12.10. A joint delivery plan has been agreed by Bromley Local Care Partnership and Bromley Health and Wellbeing Board. The joint plan reflects both the One Bromley Strategy and Health and Wellbeing Board Strategy, further strengthening working between the NHS and Local Authority in the delivery of prevention, care closer to home in neighbourhoods and reduction in variation of outcomes for Bromley's residents. A group of senior leads oversees delivery of the joint plan, supporting the flow of information across delivery programmes, and reporting strategic recommendations to executive and board colleagues.

Evaluating the Bromley Child Health Integrated Partnership (BCHIP) model

12.11. The BCHIP team have been working with SELICB Analytics to start a three-part evaluation of the BCHIP service in Bromley, with a specific focus on evidencing the impact of the service on primary and secondary care. The reason for a three-part evaluation is to gradually illustrate the impact of the service as it expands across all eight PCNs in Bromley and understand the impact on patient attendances at primary and secondary care. These need to be compared pre and post implementation of the model.

12.12. Part one of the evaluation covers only the first two PCNs that implemented the BCHIP. The initial data, though narrow, indicates that following the triage element of the model, primary care attendances for this group of children fell by approximately 20% for the following six months. Following the MDT clinic, attendances at primary care fell by approximately 60%; the average across the whole service was 40%.

12.13. Part two of the evaluation will be developed over the coming 12 months and will cover most of the other PCNs, and also focus on the six months pre and post BCHIP implementation. The final evaluation will be developed in 18-24 months, with the comparison extended to 12 months pre and post BCHIP, ensuring seasonal pressures are taken into account.

13. Greenwich Borough Update

Children and Young Peoples Plan (CYPP)

13.1. Greenwich has finalised and published it's 2024-29 Children and Young People's Plan. This partnership document co-developed with children sets out the local partnership's key priorities and ambitions for children and young people. Together with the Greenwich Young People's Council (GYPC) a framework has been developed,

bringing together themes from the consultation feedback and informing a set of commitments for the 5-year period. These ambitions are:

- **Our Present and Future** – We want better access to opportunities and work experience across a range of industries and improved career guidance
- **Our Safety** – We want to feel safe at home, in the community and online, with support to build resilience
- **Our Health** – We want to be supported to be healthy, this includes understanding how to help ourselves and where more support is needed, we want a choice of support that we can access easily
- **Our Relationships** – We know our family and networks are important and we want support to maintain positive relationships and for our families who are struggling with the stress of issues such as the cost-of-living crisis
- **Our Support** – We want to know what support is available and if we are struggling, how to access it, and that it is accessible when we need it.
- **Our Voice** - We want to be heard, influence change and decision-making that has an impact on our lives

Special Educational Needs and Disabilities and Inclusion Partnership Strategy

13.2. Greenwich has recently published its new Greenwich partnership strategy, which sets out the ambitions for children with Special Educational Needs and Disabilities (SEND) and their families from 2024 to 2029 by the Local Area Partnership. It builds on the last strategy, recent Local Area Partnership Inspection priorities and Self Evaluation Framework which formed part of the last local area inspection process (2023).

13.3. Greenwich's young people have established five key ambitions for the strategy:

- We want to be a part of our local community and go to inclusive fun activities like everyone else
- We want schools and nurseries to support us better and have enough places so we can go to the right school for us
- We want to be independent and ready for work or college when we leave school
- We want to be as safe and healthy as we can be
- We want ourselves, our families and friends to understand our needs and be able to support us well

13.4. The Greenwich SEND Improvement Board has overseen the development of this strategy, reflecting existing strong strategic and operational partnership arrangements, this board is jointly chaired between the Local Authority and SEL ICB.

Primary Care and Neighbourhood

13.5. Ongoing delivery, alongside new strides towards integrated neighbourhood working, is being driven through close collaboration between SEL ICB and Royal Borough of Greenwich, with wider stakeholders. The **'Connecting Greenwich'** programme of hyperlocal, data-driven and practice-sponsored neighbourhood working is starting to

draw early evaluation findings on both the practical and less tangible conditions for success, including trust-building which is a particular challenge in Greenwich.

13.6. Wider neighbourhood priorities around frailty, child health, LTC / multi-morbidity management, urgent care and population health approaches to health inequalities are at different stages of maturity.

13.7. Since April 2024, a productive and well-functioning Primary and Secondary Care Interface Forum and associated work programme has been established across Bexley and Greenwich, driven by senior officers and new Clinical and Care Professional Lead roles in each of the two boroughs to support delivery. This is linked in with the SEL Interface Community of Practice.

13.8. Greenwich's 29 general practices now form seven Primary Care Networks, of which four cover overlapping geographies in the Woolwich and Plumstead area. Work is ongoing with refreshed vigour to analyse the non-core offer and level of financial and non-financial incentives in Greenwich general practices. Ahead of 2025/26 budget setting, Greenwich will ensure that the available funding is being used on the right priorities, with demonstrable outcomes. This will include a specific focus on enhanced care in care homes, End of Life proactive identification, promoting LD Health Checks, and improving Greenwich's dementia diagnosis rates.

13.9. A new Vaccinations and Immunisations Coordination Group was established for the borough from September, driven jointly by Primary Care and Public Health.

Urgent and Emergency Care (UEC) and winter planning

13.10. Greenwich has continued to work alongside local partners to deliver actions outlined in the UEC recovery plan. Alongside this the new UEC Board across the Lewisham and Greenwich NHS Trust footprint provides an opportunity for leaders to continue to work together and give assurance of the impact local actions are having and where more needs to be done.

13.11. Local forums continue to meet which feed in and out of the UEC board, at place, including Homefirst and Resplendent. There are several examples of good work across system partners to think of innovative as well as near term practical actions, which can address areas of challenge, as well as examples of action which have been possible due to building on good work already underway.

13.12. Winter plans have been developed and are in draft. These are being shared via local forums and include priority actions which will be progressed if any additional funds become available.

Mental Health Vision and working alongside residents

13.13. In September the results of significant work to hear what matters to adults who have mental health needs in Greenwich was presented to the Healthier Greenwich Partnership (HGP). This was alongside recommendations to ensure the work informs and is embedded across mental health activity to continuously improve as well as transform Greenwich's mental health offers. HGP partners welcomed and valued the work so far and offered support to understand it more deeply through further discussions. There is also the potential for a development session using the outcomes for the vision work to think collectively as leaders about what more can be done locally.

Greenwich Healthier Communities Fund

13.14. The Greenwich Healthier Communities Fund, established by NHS Greenwich Charitable Funds, aims to prevent and respond to key health issues across Greenwich to ensure everyone has equal access to the health services and support needed.

13.15. There are currently two strands of funding available to VCSE organisations, with further strands due to launch later in 2024. The different funding strands support different kinds of work within Greenwich. The enabling strand aims to increase organisations' capacity building to better tackle health inequalities, whilst the delivery strand aims to fund projects that prevent and respond to key health inequalities.

13.16. So far, eight organisations have been supported through round one of the enabling strand, totalling £57,711, and 25 organisations have been supported through round 1 the delivery strand, totalling £542,189. Eleven organisations have provisionally been awarded at round 2 of the enabling strand, totalling £96,570, with further details to be confirmed.

13.17. All unsuccessful applications were given bespoke feedback and offered a follow-up support call. All applicants were also asked to submit feedback on the application process to help improve and develop the process for future rounds. More information on funding given can be found here for the enabling strand and here for the delivery strand.

14. Lambeth Borough Update

Governance and Leadership

14.1. The Lambeth Together Care Partnership Board (LTCPB) has seen a number of membership changes in recent months. The Board formally welcomed Cllr Jacqui Dyer as the new Co-Chair following Cllr Jim Dickson's election to Parliament as the MP for Dartford. Thanks to Cllr Dickson for his commitment to Lambeth Together and wider partnership working over many years.

14.2. Additionally, Cllr Tim Windle will now job share the role of Cabinet Member for Healthier Communities with Cllr Dyer. The LTCPB also welcomed Richard Outram as Director of Adult Social Care, whilst Fiona Connolly takes on the role of the Council's Interim Chief Executive. Ruth Hutt will now serve as Acting Corporate Director for Adult Social Care and Housing, whilst Bimpe Oki joins the LTCPB as the Acting Director of Public Health.

14.3. The LTCPB has also successfully recruited to the Lay Member position. Jasmina Lijesevic has taken the place of Sue Gallagher who retired in March. Jasmina will provide invaluable support to the LTCPB, including chairing the Assurance Group, and the Primary Care Commissioning Committee, as well as being an active member of the Equalities Group.

14.4. In addition, the LTCPB has successfully appointed to the two Patient and Public Voice Member roles following Sarah Flannagan and Rich Wiltshire coming to the end of their two-year term. The LTCPB was delighted to reappoint Sarah for another two-year term and welcomed Eugenie Dadie to the role. Lambeth has successfully recruited to a full complement of the Lambeth Together Clinical and Care Professional (CCPL) roles.

Addressing Equality, Diversity and Inclusion

14.5. Lambeth's refreshed Health Inequalities initiatives have now been agreed and are set to roll out from 2024 through to 2026, aligned with Lambeth's commitment to delivering inclusive and equitable health services as set out in the *Our Health, Our Lambeth*, Health and Care Plan.

14.6. The 2024 Inspire Black Communities Health and Well-being Day event, delivered with Lambeth Together Partners, including Age UK and Healthwatch, saw over 400 local people attend. The event aimed at improving health outcomes for black communities, addressing health disparities and fostering community well-being through targeted interventions and engagement, including through fun activities and information sharing.

14.7. Lambeth has featured in a report on *Structural Racism, Ethnicity and Health Inequalities in London* published by the Institute of Health Equity. The report highlights the direct impact of racism on physical and mental health and the indirect impact seen across many of the wider determinants of health. Lambeth features as a case study in the way it is showing leadership amongst London Councils in improving food access for Black, Asian and multi ethnic people. Lambeth Together will be considering the findings and recommendations of the report to inform the borough's work to address health inequalities, including the embedding of the anti-racist approach.

14.8. Lambeth's second Ageing Well Festival was held on 5 October at the Oval to celebrate Lambeth partners' commitment to becoming an age friendly borough. Building on last year's successful event, the day included information and advice stalls, activities, food, and entertainment tailored to residents aged 50 and older.

Delivery Alliances

14.9. *Neighbourhood and Wellbeing Delivery Alliance (NWDA)*: The NWDA is supporting the development of a Lambeth neighbourhood working programme, delivering on the ambitions within the Fuller and Darzi reports. The programme will focus on the primary and secondary care interface, integrated neighbourhood teams, urgent care and strengthening general practice, underpinned by population health management principles. It will be owned and delivered across Lambeth Together partners and link into the south east London primary care proposition work. Binki Taylor, Chief Executive of the Brixton Project, has been reappointed as Independent Chair of the NWDA for another two years. She has played a key role in developing the NWDA over the past two years and will continue to help partners to create the future plan for the Alliance.

14.10. *Living Well Network Delivery Alliance (LWNA)*: LWNA colleagues attended the Lambeth Collaborative event at Mosaic Clubhouse, where commitment to the priorities emerging from the Collaborative's recent open event were confirmed. Colleagues also heard from Cllr Jacqui Dyer, who spoke about the Patient and Carer Race Equality Framework (PCREF) and why it is so important to delivering equality of access, experience and outcomes for racialised and other minority communities. The Alliance published its fifth annual Progress Report in October, which can be accessed here. It will be launched at the Lambeth Together Care Partnership Board on 7 November, along with two new films showcasing the work of the Lambeth Carers Hub and the Mosaic Clubhouse, which is celebrating its 30th anniversary.

14.11. *Children and Young Person Delivery Alliance (CYP)*: At the 10 Years of Lambeth Early Action Partnership (LEAP) Learning Seminar in September, the considerable achievements of LEAP were recognised. Over the past decade, LEAP has launched a range of vital services to support children and families, such as specialist midwifery care, domestic abuse support, and nutrition programmes. These initiatives have made a real difference, particularly in reaching and supporting families in more deprived areas. LEAP's emphasis on building trusted relationships between families and practitioners has been central to its impact. Through the creation of family-friendly spaces and a focus on community engagement, LEAP has successfully reached diverse communities in Lambeth, leaving behind a strong legacy of support for the future and informing the development of national policy. The evaluation of the LEAP achievements can be found here. The Alliance has reached an agreement with Evelina London to jointly appoint a Patient and Public Engagement Officer to propel the Alliance's engagement strategy, bringing the voices of children and young people into the core of decision-making processes and leveraging existing patient and public voice groups at Evelina London.

All-age Autism Strategy

14.12. Lambeth has launched the All-Age Autism Strategy 2024/27. This strategy outlines Lambeth's collective commitment to enhance the lives of autistic individuals and their families across the borough.

14.13. To achieve meaningful, positive outcomes and increase understanding, acceptance, and inclusion, Lambeth will remain committed to working closely with autistic people and their families, the wider community and key stakeholders. A video introducing the strategy can be found here. For more information, please visit our new autism strategy.

Recognising Success and Valuing Achievement

14.14. The Lambeth Carers Awards organised by Lambeth Council and its partners celebrated the invaluable contributions of carers within the borough. The Awards ceremony took place on 27 September in the Town Hall and recognised the achievements of both unpaid carers and professionals who have made a significant impact on the lives of others through their dedication and support.

14.15. The awards are part of Lambeth Council's broader commitment to the Carers Strategy 2024-29, which prioritises increasing the visibility, recognition, and awareness of carers. With 22 categories, the awards cover a wide spectrum of caring duties, including those related to disabilities, physical health, and young people. Over 18,000 unpaid carers in Lambeth provide essential support to family members and friends who rely on their care. The awards not only offer recognition but also raise awareness of the challenges and the rewards associated with caregiving.

15. Lewisham Borough Update

Neighbourhood development

15.1. Lewisham Local care Partnership (LCP) is leading a neighbourhood-based care programme with its local partners, focusing on prevention, proactive care and managing complex health and social care needs. The Chief Executives for Lewisham Council

(LBL), Lewisham and Greenwich NHS Trust (LGT), South London and Maudsley NHS FT (SLAM) and the Lewisham Place Executive Lead have reviewed the current programme of work and agreed to accelerate the programme focusing on developing integrated neighbourhood teams for complex and rising risk patient groups and evaluating the impact of this way of working on outcomes for residents and patients.

15.2. To support the work, the Lewisham Health and Care Partnership (LHCP) held an Integrated Neighbourhood Programme Market Engagement Event, on Thursday 5 September, bringing together over 60 key stakeholders. Attendees included representatives from LBL, SEL ICB, LGT, SLAM, Healthwatch, and leaders from the Voluntary and Community Sector.

15.3. The event provided a valuable opportunity for partners to reflect on the system's future objectives and gather collective input on the development of the Lewisham Neighbourhood model. Discussions focused on the population health needs within each neighbourhood and explored how services and support can be integrated to better address both the physical and mental health needs of residents.

Health Equity Fellows (HEFs)

15.4. The first cohort of HEFs has come to an end and a review of their impact has taken place. The HEFs are integral to development of the neighbourhoods in Lewisham with one allocated to each neighbourhood. They are paired with a local community VCSE group and work with partners in the neighbourhood to address local health inequalities through neighbourhood working. Recruitment is underway for the second cohort of HEFs.

Expansion of the GP Led Health Clinic

15.5. The GP Led Health Clinic at the Mulberry Hub (North) was established in 2022 and is delivered in partnership with Primary Care Networks, SLAM, METRO Charity, and SEL ICB.

15.6. Following the success of the Mulberry Hub, the model has been extended and a new hub, the "124" Hub at Goldsmiths Community Centre, Downham, opened in September 2024. The Hub provides GP-led health and wellbeing services for young people aged 13-25 in Lewisham. The Hubs aim to improve access to primary care and mental health services in youth-friendly settings, offering early intervention to prevent the escalation of mental health needs.

15.7. Over 300 young people have been referred since the first hub opened, with 90% receiving support, including a significant number from ethnic minority backgrounds (83% non-White British). Both referral and walk-in options are available to young people registered with local GP practices in Sevenfields PCN and North Lewisham PCN.

All Age Autism service launch Event

15.8. A new All-Age Autism Support Service was launched in Lewisham on 17 September. This is the first autism support service in Lewisham that supports adults, children and parent/carers, providing an essential component to the Lewisham Autism Strategy.

15.9. Lewisham Councillors opened the event followed by narrative from a lived experience perspective and the autism support service offer. It was attended by approx. 100

people with a targeted mix of professionals, local community and autistic residents. Throughout the afternoon attendees could interact with market stall holders providing information on support services available in Lewisham. Three training and/ or discussion workshops were also delivered and attended on the day.

Proactive Aging Well Service (PAWS)

15.10. LGT will deliver a Proactive Ageing Well Service from October 2024. This is a fifteen-month pilot aimed at improving the quality of care received by adults aged 65+ who are experiencing signs and symptoms of frailty. A bespoke frailty case finding dashboard has been developed and this will promote a targeted approach to identify patients most likely to benefit from the PAWs service.

15.11. A set of outcomes and metrics are being finalised that will help to determine how effectively the service is performing. It is hoped that by reaching older adults earlier their quality of life will improve, their frailty level should reduce or remain stable and a reduction in Emergency Department attendances and Emergency Admissions to hospital will be seen.

15.12. A Clinical Programme Manager is now in post and will embark on recruitment of a multi-disciplinary team who will be responsible for carrying out Comprehensive Geriatric Assessments for the patients identified. A Communications and Engagement Strategy is being developed to ensure that the PAWs service is linked into Primary Care and Lewisham Integrated Neighbourhood teams.

16. Southwark Borough Update

Visit of ICB Board to Southwark

16.1. In late August representatives of the Board, joined the Chair to visit Southwark to learn about work taking place across Southwark to improve health.

16.2. The visit began at the Southwark Resource Centre, which supports people with disabilities. They were welcomed by Community Health Ambassadors and a team from Guy's and St Thomas' NHS Foundation Trust, who provided 'Vital 5' health checks throughout the day.

16.3. Following a guided tour of the centre and an introduction to the range of services and support it offers, guests met with the manager, practitioners and peer support volunteers from the Southwark Wellbeing Hub, which offers free mental health support, including one-to-one sessions, peer support, workshops, and volunteering opportunities. Later, visits were made to Camberwell Lodge Care and Nursing Home, which provides nursing care, dementia care and short-term respite care for up to 98 people.

16.4. The ICB Board members also learned about Southwark's strategy for care homes, including provision of primary care support, and neighbourhood approaches to managing frailty, with insights provided by Southwark's Clinical and Care Professional Leads for Age and Care Well, and Southwark's Head of Age Well Integrated Commissioning. This informed a discussion about how the frailty model could be used as an example of how activity could be shifted from hospitals into more preventative

care in the community, and what the implications would be for neighbourhood teams/'micro systems', funding and contracting models, population outcomes frameworks, and procurement options.

Refreshed priorities for Partnership Southwark

16.5. The September meeting of Partnership Southwark Strategic Board (PSSB) reviewed progress against priorities and objectives of the Health and Care Plan in its first year of delivery. A refreshed set of five priorities that the Partnership will take forward over the next three years was agreed.

16.6. The refreshed priorities were developed to ensure closer alignment with strategic contexts and plans including: Southwark 2030, Southwark's Health and Wellbeing Strategy, and South East London ICS Strategic Priorities 2023-28, and to support delivery of national priorities set out in the Fuller Review and the new Government's clearly signalled policy objectives for health, for example, 'fixing the front door to the NHS' (general practice), reducing hospital waiting lists, improving mental health provision and bringing an enhanced focus to prevention.

16.7. The PSSB approved five priorities for the refreshed Southwark Health and Care Plan:

- Children and young people's mental health
- Integrated neighbourhood teams focusing on people with long term health conditions and across all age groups
- Adult mental health
- Prevention and health inequalities
- Frailty

16.8. Further work will take place including a series of workshops across the agreed priority areas to define and develop aims, outcome measures and change initiatives to support delivery of tangible impact for borough residents and patients.

Southwark Health and Wellbeing Board

16.9. The July meeting of the Southwark Health and Wellbeing Board (SHWB) covered a number of key areas in relation to partnership priorities for health, wellbeing and the development of a healthier borough.

16.10. During discussion of the JSNA Annual Report, the SHWB noted that poverty underlies the inequalities observed across Southwark's health outcomes and affirmed that this should be a focus of work across the system. Mental health was again acknowledged as one of the main priorities of the local system, with the SHWB noting that residents have highlighted this as an area of concern. The SHWB also agreed that it was a priority for Southwark to improve healthy life expectancy, rather than overall life expectancy.

16.11. Following a presentation on Southwark 2023, the Borough Plan, the SHWB discussed the need to align the various strategies across the borough that impact and shape health and wellbeing. The SHWB also underlined the importance of understanding the

co-dependency between priorities, such as the impact of climate change and housing on health.

16.12. Leisure colleagues presented work on the development of Southwark's Leisure Strategy, covering leisure centres, parks, culture and libraries. The SHWB discussed opportunities to use these universal resources differently, and how this can support work to improve prevention.

Southwark Maternity Commission

16.13. On 30 September the Southwark Maternity Commission published its report on maternity services, following a nine-month public consultation. The report highlights variances in experiences of care, particularly amongst Black, Asian, and minority ethnic women, with a focus on quality of care, communication, and cultural sensitivity. The full report and a summary can be found here: Southwark Maternity Commission - Southwark Council.

16.14. The report outlines ten actionable recommendations, which will be taken into consideration, as work continues across the south east London Local Maternity and Neonatal System. We remain fully committed to ensuring equitable, safe, and high-quality care for all women and birthing people.

Board meeting in Public

Title	**ICB Board Assurance Framework**					
Meeting date	15 October 2024	Agenda item Number	**5**	Paper Enclosure Ref	**E**	
Author	Kieran Swann (Associate Director of Assurance and Risk), Tara Patel (Head of Assurance - Risk)					
Executive lead	Tosca Fairchild (Chief of Staff)					
Paper is for:	Update		Discussion		Decision	**x**
Purpose of paper	This paper presents the updated Board Assurance Framework (BAF). The BAF sets out the main ICB risks and details controls and assurances which show how risks are being managed appropriately as stipulated in the ICB's Risk Management Framework 2024/25 (RMF). The ICB Board is responsible for setting the strategic direction for risk management in the organisation and for formal approval of the BAF document. The Board agreed the scope of delegated activity to be undertaken by the Executive Committee (ExCo) and the six local care partnerships (LCPs) on its behalf in relation to risk management and has delegated the detailed oversight of risks to the ExCo. ExCo most recently met on 25 September 2024 to consider the current ICB BAF and other key risks. The RMF states that the Board should be kept appraised of significant risks facing the organisation and the actions taken on its behalf by the ExCo and other relevant committees.					
Summary of main points	**A. Key points to note:** • BAF risks reflect the assessed position of ICB risks as recorded on the ICB's Datix risks management system on 6 September 2024. • The current BAF includes risks above risk appetite thresholds for SEL, Bromley, Lambeth and Lewisham LCPs. There are no risks above threshold for Bexley, Greenwich and Southwark LCPs. **B. System versus ICB risks** • As the ICB develops its system risk approach, relevant risks in the appendices have been differentiated into two categories as below: • Primarily ICB risks – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily					

relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk numbers have been highlighted in green.

- Primarily system risks – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk numbers have been highlighted in blue.

- A risk heatmap showing the likelihood and impact of the BAF risks, differentiated by these areas have also been shown on slide 11.

C. Summary of key changes

There are **13 SEL risks which are above risk appetite threshold, and 4 LCP risks**.

One new risk with a score greater than the risk appetite thresholds has been added to the BAF:

- **Bromley risk 558** relates to primary care premises being lost due to landlord decisions. This risk falls under the strategic category and has a current score of 16.

One risk has **de-escalated** off the BAF:

- **Lewisham risk 527**, relating to intermediate care bed provision, has been reduced in score from 12 to 9, following a review by the Lewisham SMT - an extension to the current contract is proposed to be enacted and will be going to the LCP partnership board on 19 September for endorsement. Sufficient provision will be in place to manage this risk.

Three risks have been **closed**:

- **SEL risk 433,** relating to potential failure of a provider to meet statutory requirements around safeguarding has been closed because the provider has provided assurances that the risk is being managed well and they have a sufficient implementation plan in place.

	• **SEL risk 512**, relating to slow sign off of MCR redundancies has been closed following the Remuneration Committee on 9 September which gave approval of the redundancies. • **Lewisham risk 526**, relating to families relocated from Tower Hamlets to emergency temporary accommodation at Pentland House has been closed off the LCP risk register and moved onto a local issues log.					
Potential conflicts of Interest	None identified					
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x
	Greenwich	x	Lambeth	x	Southwark	x
Equalities Impact	Not directly applicable to the production of this paper.					
Financial Impact	Not directly applicable to the production of this paper.					
Public Patient Engagement	Not directly applicable to the production of this paper.					
Committee engagement	ICB Executive Committee, 25 September 2024					
Recommendation	The Board is asked to: • Review and approve the ICB's Board Assurance Framework, following endorsement by the Executive Committee.					

SEL ICB Board Assurance Framework 2024/25 September 2024

Prepared for SEL ICB Board, 16 October 2024

Context and latest updates

- The ICB's risk appetite matrix is a way for the Board to set risk tolerance levels for various categories of risk across the organisation. This approach is designed to promote and support local ownership of risk across the ICB's governance and delegation arrangements. It also means that the Board will receive a view on those risks that have been assessed as exceeding the tolerance levels set.

- The risk management framework and risk appetite statement was due for update, review and formal approval in July 2024. The ICB's Audit Committee is responsible for review and approval of the ICB's risk management arrangements on behalf of the Board. The Audit Committee reviewed and endorsed the updated risk management framework and risk appetite statement on 11 July 2024, noting that the framework would be updated to reflect the changes in governance arrangements once these are finalised. The Audit committee also endorsed the recommendation that current risk appetite thresholds are retained for 2024/25.

- The new Board Assurance Framework (BAF) document represents the full range of ICB risks that sit above the permitted level of risk tolerance, rather than be a summary of key strategic risks, regardless of their risk rating, as was the case previously.

- The ICB's risk register now includes system risks which are material and are assessed as having some likelihood of impacting system objectives or the ability of the system to delivery business continuity.

- The ICB risk and assurance team have set up an SEL ICS risk leadership group as of July 2024, as the first stage of improving collaboration and coordination of risk management across the health system in SEL. The medium-term objectives of this collaboration are to improve pan-system awareness of joint commitments / objectives (e.g. delivery of the ICS strategic plan), and to ensure that risks against these are considered collectively rather than by each partner in isolation. The second meeting of this group took place on 17 September 2024, where risks recorded on partner BAFs were collectively considered and terms of reference for the group were discussed. The group have also agreed to do a deep dive into the risks recorded around quality of care for patients and this will take place at the next meeting (26 November 2024).

- A separate log of 'significant system issues' has been established and is reported regularly to the ICB Executive Committee. This register has been set up on Datix, and issues are being reported to the Executive Committee with the BAF.

Structure of the BAF

- All risks on the SEL and LCP risk registers have been updated by designated risk owners working with their teams.
- **Appendix 1**: includes all the SEL risks which are above the tolerance levels (summarised on slides 7 - 9).
- **Appendix 2:** includes all the LCP risks which are above tolerance levels (summarised on slide 10).
- The detailed descriptions of risks in the appendices, include the following information:
  - risk owners and sponsors
  - the risk category that the risk falls into
  - the risk appetite for that category of risk
  - a description of the risk
  - controls that are in place to mitigate the risk
  - assurances
  - initial and residual risk scores

System versus ICB risks

- As the ICB begins to develop its system risk approach, relevant risks in the appendices have been differentiated into two categories as below:
  - **Primarily ICB risks** – those that have the potential to impact on the legal and statutory obligations of the ICB and / or primarily relate mainly to the operational running of the organisation. Controls for these risks are primarily within the ICB's scope to be able to resolve. The risk numbers have been highlighted in **green**.
  - **Primarily system risks** – those that relate to the successful delivery of the aims and objectives of the ICS as are defined in the ICB's strategic, operational, financial plans, corporate objectives and which impact on and are impacted by multiple partners in the integrated care system. Controls for these risks require a contribution from both the ICB and other ICS system partners to be able to resolve. The risk numbers have been highlighted in **blue**.
- A risk heatmap showing the likelihood and impact of the BAF risks, differentiated by these areas have also been shown on slide 11.

Role of the Board and recommendation

Role of the Board

The ICB Board:

- is responsible for setting the strategic direction for risk management and overseeing the arrangements for identifying and managing risk across the organisation (including those exercised by joint committees or committees-in-common).
- has a role in agreeing the scope of delegated activity to be undertaken by the Executive Committee (ExCo) on its behalf in relation to risk.
- delegates to Audit and Risk committee oversight of the Risk Management Framework and associated processes
- the Board has delegated the detailed oversight of risks to the ExCo and is kept appraised of risk-related activity undertaken by relevant Board committees. The ICB Board however retains overall responsibility for formal approval of the ICB's BAF.

Recommendation to the Board

- Approve the ICB BAF endorsed by the Executive Committee on 25 September 2024.

The current BAF

Key points to note

- The risks included reflect the assessed position and risks were downloaded from Datix on 6 September 2024.
- For this BAF, there are 13 SEL risks above threshold and 4 LCP risks (Bromley, Lambeth and Lewisham).
- There are no risks above threshold for Bexley, Greenwich and Southwark LCPs.
- Place executive leads (PELs) completed a review of risks between the LCP risk registers in July 2024. Following discussion at the Executive Committee on 25 September 2024, the PELs agreed to review proposed scoring in relation to GP collective action risks recorded on LCP registers (noting these are risks that sit within the risk tolerance levels and as such are not included as BAF-level risks).

Summary of changes to ICB BAF

Summary of changes

- **One new risk** with a score greater than the risk appetite thresholds has been **added** to the BAF:
    - **Bromley risk 558** relates to primary care premises being lost due to landlord decisions. This risk falls under the strategic category and has a current score of 16.
- **One risk** has **de-escalated** off the BAF:
    - **Lewisham risk 527**, relating to intermediate care bed provision, has been reduced in score from 12 to 9, following a review by the Lewisham SMT - an extension to the current contract is proposed to be enacted and will be going to the LCP partnership board on 19 September for endorsement. Sufficient provision will be in place to manage this risk.
- **Three risks** have been **closed**:
    - **SEL risk 433,** relating to potential failure of a provider to meet statutory requirements around safeguarding has been closed because the provider has provided assurances that the risk is being managed well and they have a sufficient implementation plan in place.
    - **SEL risk 512**, relating to slow sign off of MCR redundancies has been closed following the ICB's Remuneration Committee on 9 September which gave approval of the redundancies.
    - **Lewisham risk 526**, relating to families relocated from Tower Hamlets to emergency temporary accommodation at Pentland House has been closed off the LCP risk register and moved onto a local issues log. The LCP has written to the Tower Hamlets safeguarding team and are awaiting a response from them. Controls and assurances from the LCP are considered to be fully implemented.
- All other risks have been reviewed by relevant risk owners and discussed at SMT meetings – no other changes in score to report.

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

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Finance	**543**	ICS revenue financial plan 2024/25	12	25
Data and Information Management	**435**	Variation in CHC digitalisation means that SEL will not meet the all age continuing care patient level dataset submission	9	12

Key: Primarily system risk Primarily ICB risk

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

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**384**	Delivering successful elective care transformation programmes to support the delivery of elective recovery and waiting times objectives.	12	16
	385	Competing priorities for non-admitted and admitted capacity, resulting in a negative impact on elective recovery across the ICB/its providers, with a consequence increase in waiting times for diagnosis and treatment, potentially impacting quality of care.		16
	386	Ongoing pressures across SEL UEC services		16
	391	Increased waiting times for autism diagnostics assessments		16
	504	Cancer performance targets		16

Key: Primarily system risk Primarily ICB risk

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

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	404	New and emerging High Consequence Infections Diseases (HCID) & pandemics	9	12
	431	Harm to patients due to unprecedented operational pressures		16
	437	Disruption to IT/Digital systems across provider settings due to external factors, leading to significant disruption to the provision of clinical services.		15
	468	Risk of variation in performance across SEL with FNC (funded nursing care) reviews		12
	484	Disruption to primary care activity through the change initiatives being implemented by the NHS and healthcare and service providers, potentially leading to patient harm.		12
	491	System oversight of patient quality and safety systems		16

Key: Primarily system risk Primarily ICB risk

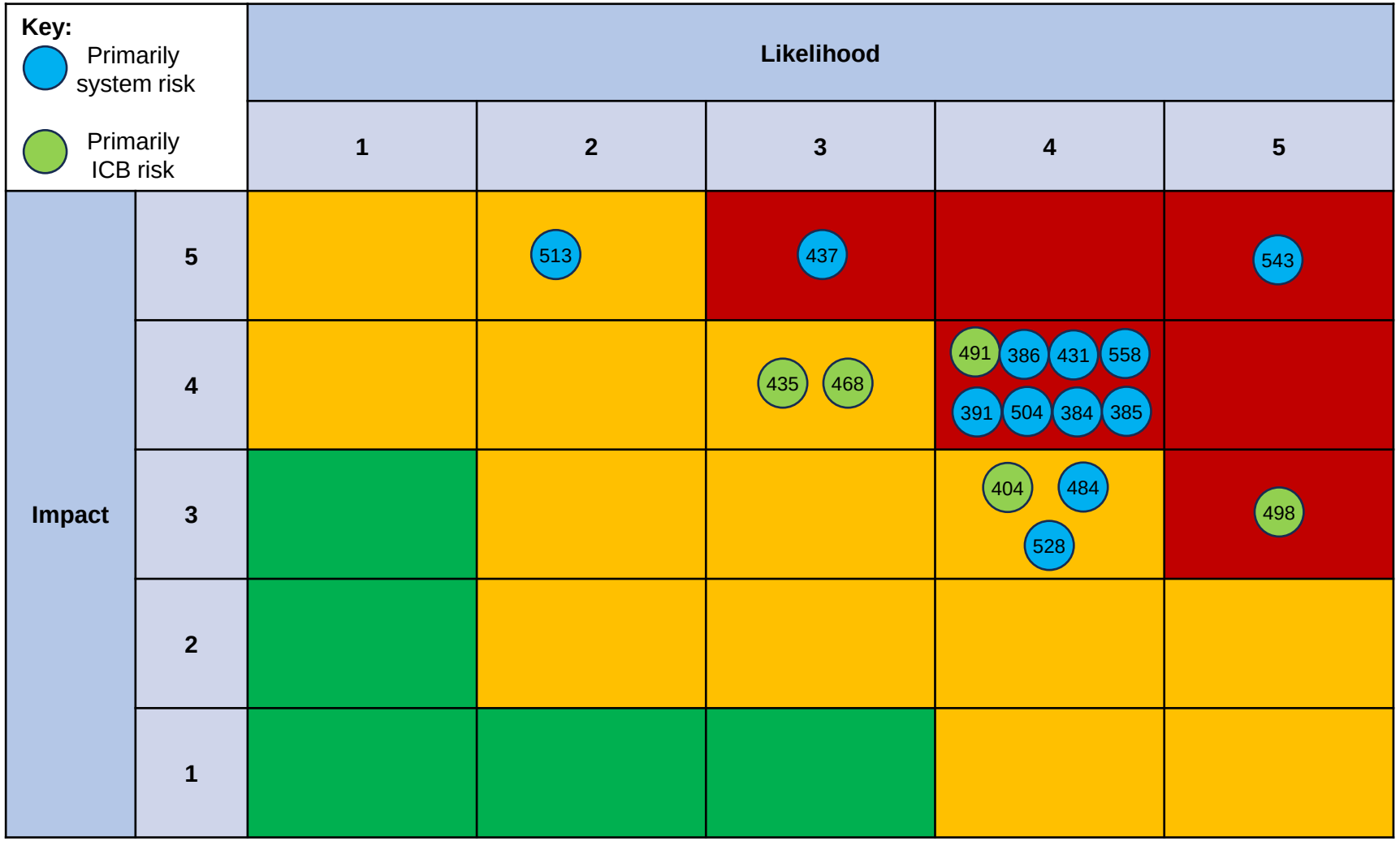
Summary of LCP risks exceeding tolerance levels

Risk Category	Risk ID	Risk title / summary of risk	Max tolerance score	Residual risk score
Clinical, Quality and Safety	Lambeth 513	Failure to safeguard children due to vacancies in key roles	9	10
	Lewisham 528	Access to primary care services		12
Finance	Lewisham 498	Achievement of LCP financial balance for 2024/25	12	15
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	Bromley 558	Loss of primary care premises due to landlord decisions	12	16

Key: Primarily system risk Primarily ICB risk

Heatmap of BAF risks

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



ID	Summary risk descriptions
384	Elective care transformation programmes
385	Elective recoveries across the ICB/its providers
386	Ongoing pressures across SEL UEC services
391	Increased waiting times for autism diagnostics assessments
404	ICB oversight of new & emerging HCID & pandemics
431	Unintended harm to patients due to operational pressures
435	AACC patient level dataset submission
437	Disruption to IT / digital systems
468	Variation in performance with funded nursing care
484	Disruption to primary care
491	ICB oversight of quality and patient safety systems at providers
498	Achievement of LCP financial balance 2024/25
504	Cancer performance targets
513	Failure to safeguard children
528	Access to primary care services in Lewisham
543	ICS Revenue financial plan 2024/25
558	Loss of primary care premises

Appendices: risk scoring matrices

Risk scoring matrices (1 of 3)

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

Likelihood x Severity = Risk Score

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

Likelihood Matrix:

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

Risk scoring matrices (2 of 3)

Severity matrix

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

Risk scoring matrices (3 of 3)

Severity matrix (contd.)

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

Appendix 1. SEL risks greater than risk appetite thresholds

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
384	Sue Field	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Delivering successful elective care transformation programmes to support the delivery of elective recovery and waiting times objectives.	There is a risk of non delivery in a range of elective care transformation programmes (theatres, admitted, non admitted) led by the Acute Provider Collaborative. This is caused by the limited bandwidth of clinical and operational teams due to: Multiple asks of the same clinical and operational teams (e.g. a single specialty is asked to introduce a range of initiatives simultaneously). This could result in confusion over priorities, teams being overwhelmed or lacking the resource and support required to secure impactful and sustainable delivery. Inadequate capacity for clinical and other leads to engage and co-design initiatives with partners across primary and secondary care, leading to lack of awareness, buy-in and adherence to new pathways/ways of working with consequent inconsistency and inefficiency of care pathways. Insufficient oversight and awareness of the range of asks on teams (e.g. elective, cancer, urgent care), and what support might be needed to enable delivery. This will impact on the ICB's ability to meet statutory obligations and will impact on the waiting times for services that residents receive, with resulting potential impacts on patient experience, quality of life and outcomes alongside broader socioeconomic impact. It will also impact delivery of optimal care for those with long-term conditions if patients requiring treatment cannot be seen in a timely way in the most appropriate setting.	3	4	12	4	4	16	Acute Provider Collaborative governance has been reviewed to ensure that there are clear structures in place between clinical networks, cross-cutting workstreams and the APC Executive. These structures ensure that there is clarity on responsibility and accountability, and better oversight of the range of programmes underway (across elective and non-elective and ability to prioritise/deprioritise work as pressures increase). Significant regional and national oversight of elective transformation programmes and associated performance., Clinical leadership capacity has been increased with each specialty network having a secondary care clinical lead in place, and primary and community leads also being appointed. These leads have protected time to develop initiatives, and to engage with clinicians across the ICS. This will be kept under regular review to ensure that sufficient clinical capacity is in place, and that it can be supplemented as necessary., This risk has been increased in June/'24 as a result of the Synnovis incident at GSTT & KCH. The system oversight of this incident is managed by the ICB , the acute trusts are involved directly in these meetings. The impact is shared across APC partners where relevant so there is a system understanding of the impact and risks. The impact of Synnovis is an agenda item at APC Ops & Strategy meeting to enable an understanding of direct impacts and mitigations on elective recovery & waiting time objectives.	Minutes of APC Executive meetings, and key workstreams (e.g. Non-Admitted, Theatres), noting ICB participation in the APC led workstreams. In addition regular performance reporting across key standards and metrics. Regional review and enhanced assurance measures as part of national system oversight framework for challenged providers and services, including for SEL on elective delivery, Joint work and approaches across the ICB and APC, providing ICB visibility of actions and progress., Operational Plan commitments and agreed actions in elective recovery plan. Regular reporting and review against these - including monthly ICB/provider performance meetings plus monthly System Focus Meetings with the regional team, and a range of other Regional meetings.
385	Sue Field	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Competing priorities for non-admitted and admitted capacity, resulting in a negative impact on elective recovery across the ICB/its providers, with a consequence increase in waiting times for diagnosis and treatment, potentially impacting quality of	There is a risk of decreased capacity available for elective work which could lead to a consequent reduction in elective activity and ability to meet targets to reduce patients waiting a very long time for appointments / treatment. This is caused by competing pressures in the system e.g. urgent and cancer demand in relation to finite available capacity and resource. This will impact on the ICB's ability to meet statutory obligations and targets set out in the 24/25 operational plan, and will further impact on the length of time patients are required to wait for these services, affecting patient experience, plus potentially quality of life, clinical and psychosocial outcomes as a result of suboptimal waits.	3	4	12	4	4	16	In year plan refresh and winter plans (planning templates and recovery narratives) - inclusive of internal Board sign off and external/regulatory assurance and sign off., Regular review including through System Focus Meetings with the regional team. Minutes of APC Meetings â€" particularly Operational Delivery Group and Steering Group for oversight of activity impacting on elective recovery, noting ICB participation and representation as part of ICB governance., Regional assurance and review elective meetings., APC system level and internal trust work on theatre productivity to maximise activity that is carried out in the capacity available for non-urgent elective work and to optimise the use of day case and outpatient procedure capacity. All areas are regularly monitored and reviewed., APC work on non-admitted care and specialist advice., Annual work on winter planning to minimise disruption on elective care by planning for likely increases in non-elective activity over the winter period and wider transformation work in UEC., PIFU and use of community services to make best use of outpatient capacity available., This risk has been increased in June/'24 as a result of the Synnovis incident at GSTT & KCH. The system oversight of this incident is managed by the ICB , the acute trusts are involved directly in these meetings. The impact is shared across APC partners where relevant so there is a system understanding of the impact and risks. The impact of Synnovis is an agenda item at APC Ops & Strategy meeting to enable an understanding of direct impacts and mitigations on elective recovery & waiting time objectives.	Operational plan for 2024/25, in year plan refresh and winter plans (planning templates and recovery narratives) - inclusive of internal Board sign off and external/regulatory assurance and sign off., Regular review including through System Focus Meetings with the regional team. Minutes of APC Meetings – particularly Operational Delivery Group and Steering Group for oversight of activity impacting on elective recovery, noting ICB participation and representation as part of ICB governance., Regional assurance and review elective meetings, including Tier 1 (LGT), Assurance also monitored through monthly Performance Report to the APC Ops & Strategy Group, fortnightly reports to the Operational Delivery Group. Weekly updated SEL NHSE dashboards. And monthly Trust specific Performance Meetings by the ICB Acute Performance Team., Notes and actions written for all NHSE, APC and ICB meetings
386	Kelly Hudson and Sara White	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Ongoing pressures across SEL UEC services	There is a risk of not being to make improvements in waiting times, pathway flow and timely transfer of care as a result of demand and flow challenges across the system. This will impact the ICB's ability to meet operational plan commitments and impact on the service users affected by these services, affecting patient experience. Increased waits - for ambulance support, in the Emergency Department or for transfer of care (e.g. from a physical to a mental health facility) increases the risk of poorer clinical outcomes. Recent cyber attacks have had system-wide impact and have exacerbated existing issues and complicated efforts to streamline services which, in turn, impacts on system recovery of UEC performance.	4	4	16	4	4	16	Robust daily intensive system support in place, led and coordinated by the SEL ICB System Control Centre, to review, manage and smooth pressures across the system, agree mutual aid and support site safety. SCC operates 24/7 providing in and out of hours system support., Operational plan for 2024/25 includes a SEL system Urgent and Emergency Care r a number of performance improvement trajectories., Local system actions: each local system has an action plan to support urgent and emergency care pathway improvement including reviewing and making best use of available estate/capacity, workforce, care pathway changes (aligned to recommended best practice), protocols and escalation arrangements to support the effective management of pressures, focussed particularly on admission avoidance and supported and timely discharge. Proactive work to develop community offer including the roll-out of urgent community response and development of our virtual ward offer., SEL System actions: SEL improvement work across the system to develop and implement supportive measures, for example, increasing direct access to and the further development of Same Day Emergency Care, direct booking from 111, increasing crisis support for Mental Health., In response to cyber attacks system went into Major Incident and Gold Command. Ongoing management of impact for UEC via recovery process.	The daily SCC calls are providing the immediate system support to retain site safety across all SEL sites, with assurance having been completed regional and nationally of SEL's SCC arrangements., Review of revised OPEL (escalation) framework through SCC, aligned to national expectations, to ensure parity of escalation and system response., SEL operational plan for 2024/25 is being further assured this year by means of the SEL UEC Recovery Plans and monthly review meetings with each local system to review plans, impact and progress against trajectory. Each local system will manage their recovery plan through their local UEC Board with SEL UEC Board having oversight., Monthly call with UEC local system leaders to review current performance issues, challenges and successes; to understand key issues driving local performance and planned solutions; to understand key successes and opportunities for spread - plus formal local and SEL Urgent and Emergency Care Boards overseeing progress and performance with a supporting UEC performance dashboard., Further assurance through London UEC and MH UEC Boards.
391	Carol-Ann Murray	Paul Larrisey	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Increased waiting times for Autism diagnostic assessments	There is a risk of increased waiting times for a diagnostic assessment for Autistic Spectrum Disorder (ASD) for adults and children and resulting non-contracted activity costs due to patient choice referrals to private providers. This is caused by increased demand for assessments combined with historical waiting lists. The impact on the ICB will be on its ability to meet statutory obligations and increased spend due to non-contracted activity. Achieving timely access to assessment will reduce diagnosis waiting times and ensure support can be put in place earlier and help improve patient outcomes.	3	4	12	4	4	16	Implementation of services for backlog clearance by Oxleas to reduce the waiting time by end of March 2025 including development of services to meet the demand and maintain waiting times within 6 months., Clinical and care professional leaders recruited to focus on autism across all ages, particularly post-diagnostic support for autism only diagnose and on the development of ASD community support., All age autism strategy approved and launched, with non -recurrent funding (££240k) provide to each borough LA (5256) to align with strategic framework., Core offer for CYP Autism assessment developed and agreed with stakeholder. Set up of Community of practice to share best practice and find solutions to ongoing issues., Implementation and sharing of learning from projected piloted using non-recurrent funding in 23/24 with each borough.	SEL LDA Strategic Executive Group Agenda and Minutes List the assurance evidence., SEL LDA Operational Board agenda and minutes., Minutes from 6-8 weekly Joint Region and System LDA heath Partnership meeting., Minutes from Monthly monitoring of ASD Support services and workforce with providers (Oxleas and SLaM).
404	Simon Beard - Associate Director Corporate Governance	Tosca Fairchild - Chief of Staff	Clinical, quality and safety	7 - 9	New and emerging High Consequence Infections Diseases (HCID) & pandemics	There is a risk that new and emerging HCID & pandemics could occur at any time and are likely to occur in one or more waves. This could cause disruption to the operation of the ICB with staff illnesses/absence and reprioritisation of workload which could lead to a detrimental effect of communities and staff within SE London.	4	4	16	4	3	12	Staff are offered flu and covid-19 vaccines to mitigate as far as possible the impact on the workforce., HCID & pandemic plan is in place. Antiviral plan in place for SEL system., Collaboration with organisations across the system through forums such as Borough Resilience Forums enables the ICB to horizon scan for potential emerging HCID issues and put mitigating actions in place early to minimise impact to the workforce and ICB operations., Hybrid working arrangements are in place, supported by cloud-based access to IT systems, which enables the ICB to reduce face to face interactions between staff should this be necessary as a measure to reduce spread of infections., The ICB has an established process for considering staff redeployment to focus on business critical services., Employee assistance is available - e.g. mental health first aiders; occupational health and employee assistance programme., During the 2024-25 year there are plan to run tabletop and workbook exercises with the primary care teams and GPs to test and exercise the ICB plans for HCIDs	SEL ICB - System approach utilised and implemented for HCIDs, EPRR Practitioners network is in place enabling early sharing of information/ horizon scanning in relation to HCIDs, which will ensure organisations can take early mitigating actions (P)
431	Paul Larrisey	Paul Larrisey	Clinical, quality and safety	7 - 9	Risk of harm to patients due to system pressures contributed to by recent industrial action.	Harm to patients due to system pressures contributed to by recent industrial action. There is a risk of unintended harm to patients caused by operational pressures within the system exacerbated by industrial action by clinical staff. This will impact on the ICB's duty to ensure that the services it commissions meet fundamental standards of care with particular regard to clinical effectiveness, safety and patient experience. All providers are currently experiencing longer waiting times for routine appointments which may contribute to deterioration of patient conditions.	3	4	12	4	4	16	Daily is reviewed daily to spot trends from providers, Quality team attend provider committees to understand individual provider risks and mitigations, Risk of harm assessments and prioritisation of and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts., Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system., Regular meetings are held with the providers to ensure delivery of agreed recovery trajectories and to review issues related to the quality of care, including notified Serious Incidents (SI's)., Regular update meetings with commissioning teams and quality teams. Robust governance for operational pressures including industrial action., UEC programme of work to improve patient flow across the system aimed at mitigating delays., Mutual aid is being provided to support provider specialties to reduce waiting lists., The ICB have convened a quarterly themes and concerns group which will review all key themes and concerns arising as an additional level of assurance, Acute and Mental Health providers are reporting patient safety events (incidents) via the NHS Learning From Patient Safety Events platform	Governance: Quality and Performance Committee where risks are escalated, Governance: System Quality Group where system wide risks are explored and learning shared, Thematic analysis of SI reports, Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately., Quality Alert System provides early warnings, ICB incident command stood up for specific system wide incidents such as IT outtages in GSTT and SLaM in summer 2022 to ensure risk of harm identified and mitigated., Consultants agreed a pay deal end of March 2024
435	Jane Waite - Head of CHC/CYPCC	Paul Larrisey - Acting Chief Nursing Officer	Data and information management	7 - 9	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the deadline of 1st April 2025 to coincide with month 1 of 25/262	There is a risk that SEL will not meet the AACC (All Age Continuing Care) Patient Level Dataset submission due to variation in CYPCC digitalisation across the six boroughs by the deadline of 1st April 2025 to coincide with month 1 of 25/26. This could lead to an adverse reputational impact on SEL ICB.	5	4	20	3	4	12	The London CYP Continuing Care network meeting has oversight on the project and is supporting the development of the approach to be taken regionally.	CHC have started to identify potential gaps in data collections across the CYPCC teams, There are already local CYPCC meetings at place level
437	Philippa Kirkpatrick	Andrew Bland	Data and information management	7 - 9	DIGITAL - Disruption to IT/Digital systems	There is a risk of significant disruptions to the IT and digital systems across our provider settings. This may be caused by external factors such as cyber attacks directly on our computer systems or servers, or those managed by our supply chain providers. It may also be caused by extreme weather conditions, fire or other events that result in system unavailability. The consequences of this risk occurring is significant disruption to the provision of clinical services, lack of access to historical information and lack of access to systems that support patient management such as waiting lists. In some events, patient and administrative data may be taken (see risk 10) . These occurrences could result in patient harm or death, and may lead to significant financial loss. It could also lead to adverse public reaction and reputation damage.	2	5	10	3	5	15	Individual organisations accountable to boards to demonstrate sustainability of their digital and IT infrastructure, and actions put in place to move to greater third party hosting rather than relying on on-premise data centre., GPIT services are mostly 3rd party managed cloud-based solutions. GP services are required to have business continuity, including for their IT services, built into their contracts., paper on the 2022 cyber and resilience incidents provided to the Board in July 2023, including lessons learnt and actions taken following the incident., A Chief Information Security Officer is included in the ICB organisational structure from 2024/25. This role will take system-wide responsibility for identifying risks and will support partnership working to mitigate those risks. Recruitment has been completed and the person will commence in July 2024., Cyber and resilience maturity assessment underway (supported by EY). This will inform the development of the SEL ICS cyber and resilience strategy and plan., MFA provides a second line of defence with regard to accessing systems where a password has been breached. The ICB is tracking progress against MFA implementation across Trusts in our system., Organisations that handle personal identifiable data must complete the annual Data Security and Protection Toolkit, which includes assurance against Business continuity and resilience planning, information technology security, data management and due diligence with supply chains/third-party suppliers.	The Digital Board was provided with an update on the cyber and resilience assurance activities in January 2024. The Board discussed the Synnvois cyber incident including mitigations for future risks at their meetings both in public and private in July 2024., Board cyber training held on 26 January 2024 to support members understand risks and mitigations.

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
468	Jane Waite - Head of CHC/CYPCC Governance, Assurance and QIPP	Paul Lamsey - Acting Chief Nursing Officer	Clinical, quality and safety	7 - 9	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews.	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews. This is due to a significant number of reviews over the required time frames (National Standard). This is impacting on the ICB's ability to meet statutory requirements. This is a clinical risk which impacts on financial control across the system and patient experience.	4	4	16	3	4	12	This risk is monitored at the NHSE assurance meeting monthly, This risk is also monitored locally at CHC/CYPCC oversight group monthly,. The SEL Head of CHC/CYPCC governance assurance and QIPP has oversight of this risk,. There is a monthly assurance pack produced which goes to the CHC review meetings. The CHC monthly assurance report tracks FNC reviews,. There are monthly meetings held at place level where this risk is discussed., There are individual borough plans setting out how boroughs will clear the overdue reviews,. The impact of the contingency agreement will be that teams can focus on FNC reviews, Paper presented to PELs on 18/10/2023. Agreement in principle for contingency agreement to address backlog of CHC Standard and Fast Track reviews. Contingency agreement progressed and mobilisation of additional resource expected to commence mid February.	There are minimal vacancies across the place based teams., Individual borough plans in place and teams are working towards reducing the backlogs, The number of FNC cases are on an downwards Trajectory
484	Philippa Kirkpatrick	Andrew Bland	Data and information management	7 - 9	DIGITAL - Disruption to providers in our system due to changes to digital systems or processes of another provider	There is a risk that the activity of one or more providers in our system will be significantly disrupted through the change initiatives being implemented by the NHS and healthcare and service providers. This could be caused by the service provider implementing systems and services which have not met robust governance, interoperability and security assurance checks or industrial/staff actions. They may also be subject to significant disruption due to malicious cyber security attacks, or system failures. There is a risk that patients may be harmed if such disruption results in delays to care or harm to individuals. There may also be financial impact and reputational damage as a result of a major data breach if the organisation suffers penalties from the Information Commissioners Office. Also if alternative service provisions have to be met during such events this may require financial investment. This could also impact on resource levels due to the disruption prioritising staff resources in other areas.	4	3	12	4	3	12	Engagement forums with primary care and Trusts have been established. Lessons learned have been documented from previous projects and are used to inform the development of future projects. Primary care leaders have been identified to facilitate engagement with that sector., Clinicians can raise clinical safety alerts if they are concerned about clinical risk associated with any disruption., Partners have business continuity plans are in place for such events., Digital leadership meetings occur including CIOs and CMIOs from all Trusts.	Each provider will be asked to develop a stakeholder map early on in major cross-system projects to identify potential impact on providers and to identify communication and engagement channels to mitigate risks., Quality alert processes are available to providers if they feel there are patient safety risks associated with problems they are experiencing.
491	Fiona Leacock - Associate Director of Quality	Paul Lamsey - Acting Chief Nursing Officer	Clinical, quality and safety	7 - 9	There is a risk the ICB is unable to discharge its duty of having system oversight of quality and patient safety systems	There is a risk the ICB is unable to discharge its duty of having system oversight of quality and patient safety systems due to transition to the Learning from patient safety events (LFPSE) for reporting safety events which currently does not allow the ICB access to provider data which leaves the ICB 'blind' to information on LFPSE. This could lead to reputational harm to the ICB, impact on oversight of patient safety and result in adverse publicity.	5	4	20	3	4	12	Continuation of STEIS (serious incident report database) until October 2024, Extended rollout of the ICB quality alerts reporting links, Regular touch point/update meetings with NHSE, system developers and providers, NHSE has set up a LFPSE working group across the London region to identify and prioritise areas which can be directly influenced to improve accessibility and reporting and to track improvements, barriers and hurdles, ICB now has some access to Provider information.	Providers are continuing to report on STeIS, Oversight provided by the ICB Themes and Concerns Group, Regular Stakeholder meetings with escalation processes embedded., ICB Datix System updated to allow for LFPSE data to be uploaded as and when available, LFPSE has now been updated to allow ICB to access without seeking permission from providers, Provider reports can be downloaded directly from LFPSE
504	Carl Glenister	Sarah Cottingham	Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Cancer Performance	This is a risk that the ICB does not meet the operational plan commitments it has made for 2024/25 with regards cancer access and wait times - including the Faster Diagnosis Standard and the 62 day treatment standard. Failure to meet agreed access and waiting times standards exacerbates the risk of poorer clinical outcomes due to diagnosis and treatment delays.	4	4	16	4	4	16	2024/25 operational plan included agreed commitments in relation to cancer performance in relation to access and waiting time standards and the system Cancer Recovery Plan set out the planned actions that would support delivery., Cancer planning took place as part of overall operational and capacity planning to ensure cancer requirements were modelled and considered as part of overall planning and prioritisation. Plans were assured internally and externally, through regional and national processes., Plans regularly reviewed and monitored through the SEL ICB Cancer Executive, plus further review through regional meetings - further recovery actions developed and agreed through these processes., In January 2024 SEL entered into the system oversight framework support process (at Tier 1 - the highest level of support) in the context of a very challenged year to date position driven by overall operational pressures and the impact of Epic and industrial action. The performance position for the system has improved dramatically from this point with the system meeting all of its 23/24 performance commitments. However, the tiering set out in January has continued into the start of 24/25 financial year., Recovery actions considered through this process to be the right actions to support recovery, with a focus on both short term recovery actions and medium term sustainability plans., On quality and safety on going quality monitoring and surveillance including identifying potential and actual harm as a result of waits.	Governance - and associated minutes, papers and reports e.g. monitoring against trajectories and recovery plan actions - at a provider and SEL system level., ICB team works alongside providers and the Cancer Alliance to support planning and delivery., Plans/delivery are further reviewed in regional and national meetings - ICB co chairs Tier 1 meetings with Regional team., Plans have been assured in terms of covering the right areas - challenge is operational delivery across a complex range of services/pathways and providers - support being given to better secure delivery.
543	Tony Read	Mike Fox	Finance	10 - 12	ICS revenue financial plan 2024/25	There is a risk that Risk that ICS does not deliver its deficit revenue financial plan for 2024/25, due to: Inability to deliver required level of targeted savings Uncertainty over closing £15m gap between plan and control total Under-delivery against elective recovery commitments Impact of industrial action Inability to recover income in line with planning guidance from non SEL ICBs Impact of cyber attack	5	5	25	5	5	25	£100m deficit plan for 2024/25 set as a control total by NHSE. To be agreed by ICS Executive and ICB Planning and Finance Committee., Component parts of ICS plan to be agreed by SEL organisation Boards., Monthly review and reporting to ICB Executive and SEL CEO group and System Sustainability Group on delivery against financial plans and risk of organisational efficiency plans., Oversight of revenue financial position and efficiency by SEL CFO group meeting weekly., Agency limit and monitoring of spend reported routinely each month., External review of SEL plan and performance working with NHSE., Increased organisational control mechanisms., Monitoring of financial impact of industrial action by CFO group., KCH NOF 4 status, Quarterly review and reporting to ICB Planning and Finance Committee on delivery against financial plans and risk of organisational efficiency plans, Formal review of trust year end forecasts and risks to delivery., Monitoring of risks and potential mitigations to achieve plan, Review of underlying positions. Analysis of trust income vs cost. Budgets agreed., Financial Improvement Support from KPMG in place.	£100m deficit plan recommended to CEO group 7 June 2024., Budgets agreed based on draft plans., SEL CFO group meeting weekly.

Appendix 2. LCP risks greater than risk appetite thresholds

Bromley

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
018	Lucy Hindlll	Mark Cheung	Strategic commitments and delivery priorities, implementation of ICB strategic commitments, approved plans, and delivery priorities	10 - 12	Primary Care Premises	There is a risk that general practice premises are lost due to landlord decisions to sell for other use. This may result in GP contract holders having to hand back their contract and the ICB enact a dispersal.	4	4	16	4	4	16	Development of Neighbourhood Estates plans - timeframes unknown Targeted actions with at risk practices - insufficient capacity and funding?	To be completed in due course.

Lewisham

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
498	Michael Cunningham - Associate Director of Finance	Ceri Jacob - Place Executive Lead	Finance	10 - 12	Achievement of Recurrent Financial Balance 2024/25	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.0% (c.£4.2m) of the delegated borough budget. However given material and escalating prescribing and continuing care cost pressures, material non recurrent measures were also required to achieve financial balance. These cost pressures are on an upward trend and expected to continue into 2024/25. Whilst the borough is working to deliver business as usual efficiencies for 2024/25 targeted at a minimum of 4% (c.£3.6m) , it is unlikely these will be sufficient and available non recurrent measures are limited. There is therefore a material risk the borough will not be able to achieve recurrent financial balance in 2024/25.	5	3	15	5	3	15	A careful and detailed budget setting process has been conducted to identify target savings., Sound budgetary control will continue to be applied to ensure expenditure trends are monitored and any deviations from budget are identified at an early stage., The ICB's Planning and Finance Committee receives monthly reports showing the status of savings schemes against target., The Lewisham borough SMT review and discuss savings identification and delivery on a regular basis. This includes for 2024/25 development of business cases to identify opportunities for system wide efficiencies and meetings with system partners have been arranged to discuss these proposals., Review at LCP meetings with members on a bi-monthly basis. & System approach is being followed with LCP partners to align savings opportunities., System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings., Monthly financial closedown process., Monthly financial reports for ICS and external reporting., Review financial position at CHC Executive meeting., Lewisham Senior Management Team Review.
528	Ashley O'Shaughnessy, Associate Director of Community Based Care and Primary Care	Ceri Jacob - Place Executive Lead	Clinical, quality and safety	7 - 9	Access to Primary Care Services	There is a risk that patients may experience an inequality (and inequity) in access to primary care services. The inequality in access may be caused by: 1.Patients not understanding the various routes to access primary care services and the appropriate 2.alternatives that are available 3.GP Practices operating different access and triage models 4.Digital exclusion 5.Workforce challenges 6.Increasing demand It could lead to: Poor patient outcomes A decline of continuity of patient care Avoidable activity including A&E attendances and NHS 111 calls	4	4	16	4	3	12	Local implementation of the national 4KeyDelivery plan for recovering access to primary care, The Modern General Practice model is being implemented across practices supported through the national transition and transformation funding, All practices have telephone and digital access options in place to support and maximise patient access, All 6 PCNs have developed and implemented Capacity and Access Improvement Plans for 23/24 which focus on patient experience, ease of access, demand management and appointment coding., The PCN Additional Roles Recruitment Scheme is fully operational to support use of a diverse mill mix and provide additional workforce capacity., The PCN Enhanced Access service is operational to provide additional capacity between 6.30pm and 8pm, Monday - Friday, and 8am - 5pm on Saturday., Launch of the national Pharmacy First scheme to support the management of minor ailments and supply of prescription only medicines for specific conditions, Community self-referral pathways have been developed to empower patients manage their own health, Continued promotion of the NHS APP so patients can directly book appointments, request repeat prescriptions and access their own medical record., Ongoing review of practice websites to ensure up to date and consistent to support patient navigation, Continued support for PCN digital inclusion hubs to support patients who are willing and able to maximise use of digital tools, Focused work on the primary/secondary care interface to free up capacity in General Practice, Oversight through the Lewisham Primary Care Group	Working in conjunction with the Lewisham Peoples Partnership, develop and implement a Lewisham Primary Care Communications and Engagement Plan., As outlined in controls

Lambeth

Risk ID	Risk Owner	Risk Sponsor	Risk Category	Risk Appetite	Risk Title	Risk Description	Initial Likelihood	Initial Consequence	Initial Rating	Current Likelihood	Current Consequence	Current Rating	Control Summary	Assurance in Place
513	Daniel Stoten	Avis Williams-McKoy	Clinical, quality and safety	7 - 9	Failure to safeguard children and identify and respond appropriately to abuse	There is a risk of children and families in Lambeth not receiving the community health support and assessment they require due to current staff vacancies in key safeguarding lead operational posts: Named GP safeguarding children, MARAC Liaison Nurse, health visitors and school nurses. On going vacancies affects the expected timeframes of the service and the multiagency working together across the partnership.	3	5	15	2	5	10	Lambeth HV and School Nurse Teams are on GSTT the risk register due to significant reduction of staffing levels., Active recruitment is underway for Named GP safeguarding Children., Seasitory posts, Designated Drs and Nurses Safeguarding and Nurse CLA in place (0.5 WTE vacancy designated nurse recruitment is underway), Safeguarding and Looked After Children Workking Group (SLAC), Quarterly Accurance Meetings with Provider Health Organisations., The annual work plan has been agreed children., Ensure all LSCP sub-working groups have clinical representation which has been agreed across the health partnership., Getting Child Protection Right Monitoring the implementation of the Ofsted Safeguarding & Looked after Children inspection recommendation.	Active recruitment being undertaken

South East London Integrated Care System

NHS South East London

Board meeting in Public

Title	**Overall Committees Report**						
Meeting date	16 October 2024	Agenda item Number	6	Paper Enclosure Ref	F		
Author	Simon Beard, Associate Director for Corporate Operations						
Executive lead	Tosca Fairchild, Chief of Staff						
Paper is for:	Update	x	Discussion		Decision		
Purpose of paper	The purpose of the paper is to highlight to the Board any DECISIONS referred to the Board from ICB Committees, to provide INFORMATION on any decisions made under derogation by those committees, and to provide INFORMATION on the activity of the committee meetings.						
Summary of main points	The Overall Committees paper provides an overview to the Board the activity and decision making that has taken place at the ICB committees which report directly to the Board in the period since the last Board meeting held in public. To note, following the review of the ICBs governance and its committee structure, this will be the last reporting of some of the committees listed as the ICB transitions to the new structure and terms of reference. The Board is asked to consider the decisions referred for approval and to note the other activity that has taken place during the period.						
Potential conflicts of Interest	Where conflicts have been identified with any items discussed at a committee, action has been taken to mitigate the conflict in line with the ICBs Standards of Business Conduct policy.						
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x	
	Greenwich	x	Lambeth	x	Southwark	x	
Equalities Impact	No equality impacts identified						
Financial Impact	Any financial impacts are identified in the relevant papers.						
Public Patient Engagement	This paper is being presented to a Board meeting held in public for the purposes of transparency.						
Committee engagement	Discussions at other committees are detailed in the attached paper.						
Recommendation	The Board is asked to: • Approve decisions referred to the Board for approval, detailed in section 4. • Approve the Executive Committee Terms of Reference • Note decisions made by committees, under their own delegated authority						

Overall Report of the ICB Committees

ICB Board 16 October 2024

1. Introduction

1.1 The purpose of this report is to provide a summary of the activity that has taken place within the committees that report directly to the Board since the last meeting of the Board held in public which received this report, which was on 17 July 2024. In addition the ICS benefits from two provider collaboratives and one provider network and whilst no formal delegation has been made to them from the ICB the Board will receive updates upon their key activities through this report (and in anticipation of their future delegation).

1.2 The report highlights:

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

2. Summary of Meetings

2.1 ICB Committees

	Committees								
	Planning and Finance Committee	**Quality and Performance Committee**	**Audit Committee**	**Remuneration Committee**	**Greenwich Charitable Funds Committee**	**Clinical and Care Professional Committee**	**People Board**	**Digital Board**	**Executive Committee**
Meeting date	31 July 2024	-	25 July 2024	9 September 2024	16 July 2024	-	22 July 2024	9 July 2024	17 July 2024
	28 August 2024	-	-	24 September 2024 (virtual)	-	-	23 September 2024	10 September 2024	31 July 2024
	-	-	-	2 October 2024 (virtual)	-	-	-	-	14 August 2024
	-	-	-	-	-	-	-	-	28 August 2024
	-	-	-	-	-	-	-	-	11 September 2024
	-	-	-	-	-	-	-	-	25 September 2024
	-	-	-	-	-	-	-	-	9 October 2024

	Local Care Partnerships					
	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	25 July 2024	25 July 2024	24 July 2024	11 July 2024	25 July 2024	11 July 2024
	-	-	-	5 September 2024	19 September 2024	5 September 2024

3. Summary of the Principal Role of ICB Committees

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

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

4. Recommendations to the Board for Decision / Approval

4.1 The Board is asked to consider the attached revised Terms of Reference for the Healthier Greenwich Partnership Board. These Terms of Reference have been reviewed and agreed for recommendation to the Board by the Healthier Greenwich Partnership members, noting the following changes from the previous version:

- Rotating Chair arrangements agreed in autumn 2023
- VSCE membership to be increased with a large commissioned VSCE provider representative
- Membership representatives updated to reflect role titles
- Quorum of committee updated to stipulate that this is 50% of voting members
- Frequency of committee meetings updated to reflect that meetings in public will be held every quarter
- Replacing the term 'deputy chair with 'vice chair'

4.2 The Board is asked to consider the attached revised Terms of Reference for Partnership Southwark Strategic Board (PSSB). These Terms of Reference have been reviewed and agreed for recommendation to the Board by the PSSB members, noting the following changes from the previous version:

- Additional clarification of the PSSB's accountabilities, authority and delegation, including emphasis on the requirement to provide regular updates to the Health and Wellbeing Board and a detailed listing of its delegated commissioning responsibilities.
- Removing the local authority Strategic Director, Environment and Leisure as a member.
- Creating separate membership for the local authority Director of Childrens Social Care
- Adding to those "in attendance", the lay member, 1 x CCPL forum chair, community pharmacy and social care providers, LCP Director of Partnership and Sustainability
- Removing the LCP Chief Operating Officer role as "in attendance".
- Removing the formal role of deputy chair.
- Clarifying that each voting member has one vote.
- Redefining the frequency of the meeting from "once every two months" to "six times per year in public" to add flexibility to meeting timings.

4.3 The Board is asked to consider the attached revised Terms of Reference for Executive Committee, noting the amendments to reflect additional responsibilities as a result of the changes to other committees as part of the ICBs governance review, the additional of the Integrated Medicines Optimisation Committee as a sub-committee reporting to Executive Committee, and an amendment to quoracy requirements.

4.4 The Board is asked to note that the 2023/24 audited accounts for the Greenwich Charitable Fund have been signed off by the Committee Chair and Chief Finance Officer, and the annual return submitted to the Charities Commission, as required by the Charities Act 2011.

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

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

No.	Committee name	Meeting date	Items for Board to note
1.	Executive Committee	19 July 2024	• The committee approved the following policies for the organisation ○ Separation of Fertility Policy from SEL TAP ○ Procurement Policy ○ Escalation of Safeguarding Concerns SOP ○ Subject Access Request procedure ○ Petitions Policy • The committee discussed and approved a business case for a model of CHC delivery in Lambeth and Southwark in which the service would be located within the ICB. • The committee approved the ICBs participation in the Pan-London and Surrey Heartlands procurement of Termination of Pregnancy Services. • The committee heard and approved a proposal to use recurrent funds allocated to the ICB for commissioning dental services to increase dental access during H2 2024/25 and 2025/26. • The committee noted a process of widespread engagement led by the Acute Provider Collaborative on Paediatric ENT referral guidelines and approved the guidelines.
2.	Audit Committee	25 July 2024	• The committee reviewed and approved the latest iteration of the ICBs Risk Management Framework and risk appetite.
3.	Executive Committee	14 August 2024	• The committee approved policies in relation to: ○ Revised Sustainability Policy ○ ICT data back-up and recovery policy
4.	Executive Committee	11 September 2024	• The committee approved policies in relation to: ○ Incident Response and Business Continuity Plan ○ ICB Management of High Consequent Infectious Diseases (HCID), New and Emerging Pandemics Plan ○ Business Continuity Management Strategy

			• The committee discussed outputs from a review of the ICBs safeguarding responsibilities and approved proposed changes. • The committee approved a recommended option in relation to a procurement of clinical waste services. • The committee approved a Health Inequalities Report for inclusion in the ICBs annual report.

5.	Executive Committee	25 September 2024	• The committee approved a pilot approach to recognising patient involvement for some types of ICB or ICB led engagement activity.
			• The committee reviewed and approved the Board Assurance Framework for recommendation to the Board.
			• The committee approved policies including:
			  ○ Information Governance Framework.
			  ○ Information Quality policy.
			  ○ Information Governance Incident Management policy.
			  ○ Anti-Fraud, Bribery and Corruption policy.
			• The committee approved the procurement of a digital solution for maintaining dynamic support registers across south east London. Dynamic support registers are an important part of providing people with a learning disability and autistic people the appropriate support and care at the right time and the digital solution would allow teams to keep the registers up to date in an efficient way.

6.	Executive Committee	9 October 2024	• The committee approved revised terms of reference for the Integrated Medicines Optimisation Committee. • The committee approved recommendations for the award of Termination of Pregnancy Services Contract. • The Committee recommended revised Executive Committee terms of reference to the Board.

6. Agenda Items of Note

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

No.	Committee name	Meeting date	Items discussed
1.	Digital Board	9 July 2024	• Members were updated on the findings of the cyber and resilience maturity assessment carried out by EY for the ICS, which reported positive outcomes. • The group discussed the approach to risk reviews and actions being taken for those identified in the BAF relating to digital. • A short presentation was delivered on the Accelerating Reform Fund for Adult Social Care being led by the Royal Borough of Greenwich. • An update paper on the progress of the London-wide eMental Health Project was delivered by the Head of Digital for NHS England (London region). • Members were introduced to the work being undertaken on an evaluation of virtual wards in south east London.
2.	Greenwich Charitable Funds Committee	16 July 2024	• The committee members received an update on the Groundwork London project and the progress made in the enabling and delivery strands. • The committee received a report on the charity's financial position, covering completion of 2023/24 annual report and accounts and their review by an independent examiner, financial policies and changes to bank signatories. • The committee noted with thanks the continued support of Neil Kennett-Brown following his secondment to the System Sustainability programme.
3.	Executive Committee	17 July 2024	• The committee received an update from the CEO on regional and national meetings. • The committee received system performance update including ○ a briefing on the collective action being considered by GP colleagues, including potential impact, concerns, & mitigations. ○ System performance noting the challenge of referral to treatment trajectories. ○ The ongoing management of the Synnovis cyber attack incident including the weekly monitoring of potential harm and an equalities impact assessment process. • The committee reviewed an annual digital maturity assessment of the system in relation to digital, data and analytics, discussing opportunities for sharing training and best practice and convergence.

4.	People Board	22 July 2024	• The ICB Chair shared reflections on the recent election results and led a discussion across the People Board on the potential future implications for health and social care. Themes including longer term strategies, a focus on workforce relations and keen interest in system functions and funding flows were explored. The likelihood of a phase of government consultation and stakeholder engagement was also noted. • Colleagues from NHSE Workforce Training and Education Regional Team presented an update on the NHS Long Term Workforce Plan at the July meeting. The People Board members acknowledged a 10 year NHS Plan will be forthcoming. NHSE plans for refreshed governance to support delivery of the LTWP were shared and the members noted there will be 3 overarching London pillars of activity mapped to the plan themes of Train, Retain and Reform with 4 priority cross cutting themes cutting across each of the pillars 1) Education and Training 2) HR Supply 3) People and Culture 4) Anchor Systems. The People Board reflected that membership of each of the groups will be important for collaborative working and delivery. • A short progress report on the ICB Board governance arrangements was received. As it was acknowledged that final changes are being worked through including possible changes to committee names and checks on full delivery of all obligations, it was agreed that an additional update would feature in the September meeting. • The People Board acknowledged that whilst the workforce paper to the ICB Board was prepared, it did not proceed as an agenda item due to urgency of financial and cyber-attack agenda items. • A proposal for a possible system wide Employee Value Proposition was shared to gauge appetite and for discussion. Whilst the LTWP encourages development of EVP to help promote, recruit and retain people into health and social care careers, members collectively agreed that more local evidence on need and potential value is required prior to committing to large scale engagement.
5.	Audit Committee	25 July 2024	• Committee members considered the refreshed Risk Management Framework, following its annual review, and approved its publication. It was agreed the risk appetite statement should remain unchanged at this time. • A brief report was delivered by Grant Thornton on the debrief process from the 2023/24 year end audit. • RSM delivered a progress report against the 2024/25 internal audit workplan. A change to the focus of the RSM cyber audit was agreed conditional on the Cyber Assurance Framework going to the Board or Audit Committee for visibility. • Update reports from the ICBs anti-crime service were received and noted. • The CFO reported on tender waivers, debt write offs and special payments in the period.

6.	Executive Committee	31 July 2024	• The committee received an update from the CEO on regional and national meetings, the voluntary engagement of the system in the Investigation and intervention process, and work to maintain good relationships with local government partners. • The committee received and discussed an update on performance and quality covering in hospital and out of hospital performance metrics and ongoing work on quality and safeguarding issues including paediatric audiology, safeguarding working together guidance and continuing healthcare. • The committee heard an update on the ongoing management on the Synnovis cyber-attack incident as well as an amber blood alert for type O blood, comprising a discussion of mutual aid and monitoring harm as well as future plans for restoration of services. The committee heard an update on industrial action and GP collective action. • The committee supported a research proposal in partnership with a university aimed at reducing instances of violence in urgent and emergency care service. • The committee heard a proposal to recognise patient involvement in engagement activities and asked for the opportunity to consider a revised proposal. • The committee noted a financial report for month 3 including progress against year-end commitments.
7.	Planning and Finance Committee	31 July 2024	• The committee received an update on the financial position of the ICB and ICS at month 3, noting an adverse variance for the ICB due to additional costs incurred for the response to the Synnovis cyber attack, and an ICS forecast to deliver its planned aggregate deficit. The committee also noted the work of the System Sustainability Group to identify CIP opportunities. • The committee received an update on the delegation of specialised commissioning to ICBs, which NHSE had confirmed.
8.	Executive Committee	14 August 2024	• The committee received updates by exception on performance and quality and ongoing incidents. • The committee considered a business case in relation to surgical theatres at Guys and St Thomas's NHS FT and confirmed the ICBs support for the scheme. • The committee received a report of the work being undertaken to prepare for the delegation of additional services to the ICB from April 2025.
9.	Executive Committee	28 August 2024	• The committee received an update from the CEO on regional and national meetings as well as work to engage with local political leaders.

			• The committee received updates on system management of incidents and ongoing issues including the Synnovis cyber attack incident, GP collective action, a briefing on Mpox and patient transport providers.
			• The committee received detailed updates on quality and performance including a written pack of data, which included
			  ○ Performance metrics, trust positions and actions being undertaking in relation to UEC ambulance handover, cancer, referral to treatment, diagnostics and mental health performance.
			  ○ Quality oversight of never events, patient safety, and quality alerts, mental health patients in emergency departments, as well as preparations to respond to new legislation on medical examiners, roll out of Oliver McGowan training and engagement with the CQC and Nursing and Midwifery Council.
			  ○ Discussion included the impact of incidents on performance and quality, the financial impact and whether the data measured effectively measured the clinical situation for patients and supported transformation.
			• The committee endorsed a Digital, Data and System Intelligence strategy noting the incorporation of feedback from consultation and engagement and discussing emerging priorities.
			• The committee noted financial reports for month 4.
			• The committee noted a paper provided for information on a mental health, learning disabilities and autism inpatient quality transformation plan.

10.	Planning and Finance Committee	28 August 2024	• The committee received an update on the ICB and ICS financial position as at month 4, noting continued additional costs for the ICB for the response to the pathology cyber-attack. The ICB continued to forecast a year-end break-even position, with the ICS forecasting to meet its planned aggregate deficit position, despite outstanding planning risks.
11.	Remuneration Committee	9 September 2024	• The committee received an update on the latest position on redundancies in relation to the ICBs Management Cost Reduction programme, confirming they were assured in the process and agreeing for the proposal to proceed to the ICB Board for approval. • An update on pay awards was presented, with members noting the Agenda for Change increase and agreeing to the process proposed for VSM uplift, pending information from NHS England.

12.	Digital Board	10 September 2024	• A final draft of the new five-year Digital, Data and System Intelligence Strategy was presented, with feedback provided by the group and the strategy recommended for presentation to the ICB Board for endorsement. • The meeting received a paper on the development of the ICB Cyber Strategy, together with the proposed management response to a system report from EY, which the Digital Board endorsed. Subsequent to the meeting (and subsequent to the ICB Board meeting where the EY report was presented and accepted), executive leadership within one provider Trust identified that there was potentially additional evidence that could have been provided that could have improved the maturity of their organisation as reflected in the report. It was agreed that this would be reflected in their briefing to their Board and taken into account in planning and prioritisation activities. • The members were updated on progression of the Lewisham & Greenwich NHS Trust business case for rollout of an electronic patient records system, with the Digital Board confirming support of the business case. • A discussion on the NHS App took place, with outputs to be used to inform the development of interoperability and functionality as well as promotional campaigns for the app in south east London. • The Digital Board discussed its workplan for the coming year.
13.	Executive Committee	11 September 2024	• The committee received updates on regional and national meetings including updates on governments forthcoming 10 year plan for the NHS and preparations for winter. • The committee received updates on performance and quality and system incidents and considered the ongoing incident status and long term impacts including harm. • The committee agreed to further discussion on integrated neighbourhood teams and potential support locally to improve the sustainability of primary care.
14.	People Board	23 September 2024	• At the September meeting, the Board received a presentation outlining the system sustainability work, covering the purpose, underpinning principles, framework, and timelines. A short introduction to the workforce opportunities that may contribute to savings were also shared. • The Social Care Workforce Strategy was a key agenda item at the meeting. This recently published strategy mirrors the NHS strategy with three sections: Attract and retain; Train; Transform. The discussion centred on the need for further consideration of the strategy at Place and in the People Board and how best amplify the social care sector voice in our system and system governance.

			• The People Board heard an update on the Pharmacy workforce across SEL in particular progress with the 'one pharmacy workforce model', the collective leadership approach and the impact of changes to training, specifically Foundation Pharmacist Prescribing. • During the review of the revised People Board Terms of Reference, the Board noted the update to reflect the Vice Chair position being covered by the Chief People Officer for SEL ICB. A next step of producing a summary of member seats and current members was agreed. ' • No changes were required to the current BAF entry with regard to workforce risk score or controls.
15.	Remuneration Committee	24 September 2024 (virtual)	• The Remuneration Committee received the NHS England letter on the September 2024 VSM pay award, and agreed by email their approval for this to be progressed.
16.	Executive Committee	25 September 2024	• The committee received updates on ongoing incidents and recovery plans in relation to the Synnovis cyber attack incident and an update on GP Collective action. • The committee received an update on quality and performance issues supported by a performance overview and detailed supplementary data pack. • The committee were updated and given an opportunity to input on plans for creative health youth project at the south bank centre. • The committee received an update on the community diagnostic centre programme in south east London on the diagnostic capacity available and being developed at Queen Marys hospital in Sidcup and Eltham Community hospital, the workforce and digital issues and engagement with local clinicians. • The committee were updated and given an opportunity to input on plans for creative health youth project at the South Bank Centre.
17.	Remuneration Committee	2 October 2024 (virtual)	• The Remuneration Committee received a further redundancy paper for consideration.
18.	Executive Committee	9 October 2024	• The committee received on regional and national meetings and regulatory action. • The committee noted an update on the Synnovis incident noting transition from the incident status. • The committee received an update on quality and performance issues. • The committee received an update on the changes to the NHS Oversight framework. • The committee discussed the working of the Executive Committee going forward, how it would discharge its duties more effectively on behalf of the board in relation to the changes in governance and the commencement of informal meetings of a senior management team to support consideration of ICB staff and internal issues.

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Appendix 1

Bexley Local Care Partnership – Bexley Health and Wellbeing Partnership

1. Recommendations to the Board for Decision / Approval

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

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

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

No.	Meeting date	Agenda item	Items discussed
1.	25 July 2024	5. Primary Care Access Recovery Plan	The Bexley Wellbeing Partnership Committee received an update on the Primary Care Access Recovery Plan. The paper provided an end of year evaluation against the core requirements of the Local Capacity and Access Improvement Payment to Bexley Primary Care Networks against the national Primary Care Access Recovery Programme. The Committee noted the summary and endorsed the recommendation that 30% local capacity and access improvement payment (2023/24) to the four Bexley Primary Care Networks with two caveats: (i) Whilst there has been significant achievement and demonstratable improvements this is a two-year national programme to March 2025 and therefore, the expectation from Primary Care Networks is that the areas requiring additional effort must be delivered in full. • Improving patient experience is at the heart of this national programme – Primary Care Networks must continue to gain feedback and test patient experience and enact changes where applicable.
2.	25 July 2024	6. Special Educational Needs & Disabilities: Preparing for Adulthood Strategy	• The Bexley Wellbeing Partnership Committee received the Special Educational Needs & Disabilities: Preparing for Adulthood Strategy. The strategy consolidates previous separate approaches into a single, cohesive framework designed to better support children and young people with SEND as they transition into adulthood. The strategy emphasises partnership working, early identification of needs, the importance of listening to the voices of children and

			young people, and the effective use of resources. The Committee approved the new Special Educational Needs and Disability (SEND) & Preparing for Adulthood (PfA) Strategy 2024-2028.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 July 2024	7. Finance Report Month 3	• The Bexley Wellbeing Partnership Committee received an update on the financial position of Bexley (place) as well as the overall financial position of the ICB and ICS as at Month 3 2023/24. The Committee noted that Bexley (place) reported a year-to-date underspend of £18k and forecast underspend of £25k against budget.
2.	25 July 2024	8. Bexley Wellbeing Partnership Assurance Report	• The Bexley Wellbeing Partnership Committee received an updated on the Partnership Performance Assurance report and noted the report and the mitigations/actions highlighted for each of the metrics RAG rated as red.
3.	25 July 2024	9. Risk Register	• The Bexley Wellbeing Partnership Committee received an update on the current 2024/25 risks on the Bexley (place) register and actions to mitigate those risks in the context of the boroughs risk appetite.
4.	25 July 2024	11. Let's talk about our Community Champions	• The Bexley Wellbeing Partnership Committee received an update on the Community Champions Programme, with Champions sharing their lived experiences and motivations. The programme is funded by the Partnership to revitalise the Community Champions programme to engage and strengthen the relationship with the network of over 550 Community Champions, whose objectives are to receive opportunities to work with partners to improve links between grassroots communities and services, ensure voices are heard from representative groups of Bexley's diverse populations, and to give them agency to help address health inequalities.

Appendix 2

Bromley Local Care Partnership – One Bromley

1. Recommendations to the Board for Decision/Approval

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

2. Decisions made by Bromley LCP Under Delegation

2.1 A contract award for transvaginal scanning was agreed.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 July 2024	Partnership Report	• The members received the Joint Partnership Report, noting the update on the Synnovis Cyber Attack Incident and the impact on pathology services and the opening of the Bromley Wellbeing Hub. The update on triage and the Bromley Children's Health Integrated Partnership were also highlighted.
2.	25 July 2024	Winter and Urgent and Emergency Care Transformation Update	• An update was given on the three key pieces of system work on urgent and emergency care in Bromley: Urgent and Emergency Care Recovery, Integrated Urgent and Emergency Care and Winter Planning for 2024-25.
3.	25 July 2024	Finance Month 2 Update Report	• The members received a finance update for month 2, noting that the 2024/25 Bromley Place budget at month 2 was £253,095k, with the forecast outturn £17k underspent.
4.	25 July 2024	Primary Care Group Report	• The work of the Primary Care Group was noted along with the endorsement to release 2023/24 Capacity & Access Improvement funds to the Primary Care Networks that have completed all recovery actions to meet the fund requirements.

5.	25 July 2024	Contracts and Procurement Group Report	• The members received a report from the Bromley Contracts and Procurement Group, noting the rules around NHS procurement during a general election meant that a lot of work had to be paused during the period but had now resumed.
6.	25 July 2024	Performance, Quality and Safeguarding Group Report	• The Group discussed the Quality report to include the impact of the Synnovis cyber-attack. A deep dive item on Community Paediatrics was presented. The group received an update on the latest position around the pathology incident at Synnovis and arrangements in place for mutual aid from other agencies and South West London.
7.	25 July 2024	Any Other Business	• It was noted that this would be Kim Carey's last meeting in public ahead of her retirement. Councillor Smith gave thanks to Mrs Carey for everything she has done for the borough and for this partnership. • It was noted that Donna Glover would join as Director of Adult Social Care in early September.

Appendix 3

Greenwich Local Care Partnership – Healthier Greenwich Partnership (HGP)

1. Recommendations to the Board for Decision / Approval

1.1 The items below are referred to the Board for decision or approval in this period.

No.	Meeting date	Agenda item	Items for Board to note
1.	24 July 2024	Terms of Reference	• The partnership agreed revisions to their terms of reference (as noted in the Board Approvals section of this report), and approved escalation to the ICB board for approval.

2. Decisions made by Healthier Greenwich Partnership LCP Under Delegation

2.1 No decisions have been taken by the Healthier Greenwich Partnership LCP under delegation from the Board in the reporting period.

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	24 July 2024	6. Positive Partnership Story – Greenwich and Bexley Community Hospice	• The LCP members received a report relating to the hospice service transformation strategy which focusses on listening to patients, addressing inequalities and providing personalised care, providing a case study that demonstrated how this is being achieved • The members noted that they received an early preview of the hospice rebrand ahead of the official launch, which will help communities, and the system understand the services available at the hospice

2.	24 July 2024	7. Healthwatch Thematic Reviews	• Healthwatch Greenwich presented their annual report to the members, highlighting activity and its impact for the last year, contributing to positive changes in local health and care services based on community insights
3.	24 July 2024	8. Operose ownership update	• Members noted an update to the Operose ownership relating to the change in control request from AT Medics who hold the contract for Thamesmead Health Centre. • The report focussed on recommendations and outputs from the due diligence process and will continue to be monitored via the Primary Care Working Group
4.	24 July 2024	9. Healthier Greenwich Partnership – Quarterly Partner Update	• Members received the quarterly partnership report, which included updates from partners and the Healthier Greenwich Communities Fund
5.	24 July 2024	10. Risk update	• The LCP Board reviewed the current Place based risk register, noting changes since the last update, and the work taking place at SEL level to consider system wide risk and agreed to accept the mitigations that have been put in place.

Appendix 4

Lambeth Local Care Partnership – Lambeth Together

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by Lambeth Together Care Partnership Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	11 July 2024	Lambeth Together Assurance	Members of the Partnership Board noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented 21st May 2024. Board members also endorsed the recalibrated Health and Care Plan impact measures proposed for monitoring the Health and Care Plan in the year ahead.
2.	11 July 2024	Primary Care Commissioning Committee (PCCC) Update	Members of the Partnership Board noted the update on discussions held at the Primary Care Commissioning Committee on 22 May 2024 and ratified decisions made.
3.	5 September 2024	Primary Care Commissioning Committee (PCCC)	Members of the Partnership Board noted the update on discussions held at the Primary Care Commissioning Committee on 17th July 2024. Board members also ratified decisions made at the Primary Care Commissioning Committee on 17th July 2024.

3. Agenda Items of Note

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

No.	Meeting dates	Agenda item	Items discussed
1.	11 July 2024	Lambeth Together Care Partnership - Place Executive Lead Report	• Members of the Partnership Board received an update on key developments since the last Lambeth Together Care Partnership Board meeting in Public on 9th May 2024, reporting on key issues, achievements, and developments from across the Lambeth Together Partnership.
2.	11 July 2024	Living Well Network Alliance – Deep Dive	• Members of the Partnership Board received an update focussed on inequalities noting the progress of the Living Well Network Alliance against its Health and Care Plan and the continued focus on tackling inequalities in mental health, using the Patient and Carer Race Equality Framework (PCREF) to drive culture and system change. Members of the Board also noted the formal extension of the LWNA's Contract for a further 3 years to 31st March 2028.
3.	11 July 2024	Healthwatch Lambeth	• Members of the Partnership Board noted the progress of Healthwatch Lambeth on the current work being completed including highlights of their feedback report work.
4.	11 July 2024	Operose Due Diligence	• Members of the Partnership Board reviewed the summary paper, the full due diligence report and the follow-up statement from Operose Health on debt charges.
5.	11 July 2024	Supporting Our Residents - Cost of Living	• Members of the Partnership Board noted and commented on the Council programme.
6.	5 September 2024	Lambeth Together Care Partnership - Place Executive Lead Report	• Members of the Partnership Board noted key developments within the Lambeth Together partnership since the last Lambeth Together Care Partnership Board meeting in Public on 11 July.
7.	5 September 2024	Substance Misuse – A Deep Dive	• Members of the Partnership Board noted and discussed the deep dive into the substance misuse programme, supplementary grant and combatting drugs partnership and provided feedback to promote development and facilitate strategic measures to improve outcomes.
8.	5 September 2024	Homewards	• Members of the Partnership Board considered and fed back on the possible synergies with areas of work.
9.	5 September 2024	Developing Integrated Neighbourhood Working	• Board members noted the Integrated Neighbourhood Working and agreed the proposed prioritisation and next steps.

10.	5 September 2024	Lambeth Together Assurance Group Update	• Members of the Partnership Board noted the report from the Lambeth Together Assurance Sub-Group and the associated Integrated Assurance Report presented on 16th July 2024.

Appendix 5

Lewisham Local Care Partnership – Lewisham Health & Care Partnership

1. Recommendations to the Board for Decision / Approval

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

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

2.1 Below is a summary of decisions taken by the Lewisham LCP under delegation from the Board

No.	Meeting date	Agenda item	Items for Board to note
1.	25 July 2024	5. Older People's business case	• The Board endorsed the Older People's business case which was presented by the Director of Integrated Commissioning. The aim is to focus on proactive care and improve the quality of care for the 65+ patient cohort and reduce A&E attendances and admissions. Significant public engagement had taken place.
2.	25 July 2024	6. Better Care Fund (BCF)	• The Board endorsed the BCF proposal presented by the Director of Adult Integrated Commissioning. The aim of the BCF is to support people to live healthy and independently, to stay well with the right care at the right time.
3.	19 September 2024	4. & 5. Learning & Impact/Health Inequalities	• The Board approved the funding proposals. The Director of Public Health (LBL) updated on a number of programmes and workstreams designed to reduce health inequalities and improve resident health outcomes. Work is also linked to BLACHIR (a joint review between Lewisham and Birmingham councils to gather insights into Black & Afro-Caribbean health inequalities).
4.	19 September 2024	7. Lewisham Internediate Care Bed Extension	• The Board endorsed the proposal detailed in the paper. The Director of Adult Integrated Commissioning updated on extending the contract for Brymore which has 14 beds. The service supports discharge from LGT. The contract has been extended for another six months into 2025 via PSR (provider selection regime).

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	25 July 2024	3. PEL Report	• The Board noted the update from Ceri Jacob, Place Executive Lead. This included an update on the Tri-borough UEC Board, Community Dermatology services and Lewisham 5 strategic priorities (improving health outcomes and reducing health inequalities).
2.	25 July 2024	4. Community Integration - Fuller report & Waldron	• The LCP Board noted the update regarding enhancing access to primary care and integrated neighbourhood teams. Work on the Waldron building will be providing a multi-user space incorporating social prescribers and the voluntary and community sector. Updates on public engagement, financial sustainability and Digital Hubs were also noted.
3.	25 July 2024	7. Risk Register	• The Board noted the Risk Register update. Risks are regularly reviewed at key borough meetings as well as individual risk owner meetings.
4.	25 July 2024	8. Finance update	• The Board noted the Finance update and the challenging financial situation. Material cost pressures on prescribing and CHC (continuing health care) were noted.
5.	19 September 2024	3. PEL Report	• The Board noted the update from Ceri Jacob, Place Executive Lead. This included the SEND inspection currently underway in Lewisham, the Darzi Report & Primary Care and work on the Waldron.
6.	19 September 2024	6. Improving Flu uptake	• The Board noted the update given by the Director of System Transformation. The aspiration is to improve vaccination uptake by 3%; this will be a challenging target to achieve. Discussions focussed on community engagement, reaching the housebound and looking at text messages tailored to languages other than English. Challenges and opportunities were noted.
7.	19 September 2024	8. 111 Procurement	• The Board noted the update. LAS (London Ambulance Service) is the current provider. The current contract expires Spring 2026. The Board received a presentation on proposals for three key elements which included the telephony platform, call handling and the clinical element (IDU, integrated delivery units). Discussion also focused on OOH (out of hours care). Further discussions would also take place with the VCSE sector to ensure a robust service offer.

8.	19 September 2024	9. People's Partnership update	• The Board noted the update. The October seminar session will have an outline document for discussion detailing the proposed five principles. Primary Care input will be encompassed within this.
9.	19 September 2024	10. Risk Register	• The Board noted the Risk Register update. Risks are regularly reviewed at key borough meetings as well as individual risk owner meetings. Discussion focussed on mental health risks.
10.	19 September 2024	11. Finance update	• The Board noted the Finance update and the challenging financial situation. Material cost pressures on prescribing and CHC (continuing health care) were noted and the Board discussed ways of improving the current overspend situation. For the LA the cost of care packages was also noted.

Appendix 6

Southwark Local Care Partnership – Partnership Southwark

1. Recommendations to the Board for Decision / Approval

1.1 The items below are referred to the Board for decision or approval in this period.

No.	Meeting date	Agenda item	Items for Board to note
1.	11 July 2024	Terms of Reference	• The board agreed the terms of reference that had been reviewed following a board development discussion, subject to ICB board approval.

2. Decisions made by Partnership Southwark Under Delegation

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

No.	Meeting date	Agenda item	Items for Board to note
1.	11 July 2024	Contract award for New Mill Street general practice	• Contract for the provision of primary medical care services for the patients registered at New Mill Street awarded to Quay Health Solutions (QHS)
2.	5 September 2024	Extension to Care Home contract for GP services	• A six month extension to the Care Home Contract has been agreed for Quay Health Solution (QHS Federation) from October 2024 to March 2025

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	11 July 2024	Community Spotlight – Groundwork Southwark	• The board received a presentation from Groundwork Southwark who provide The Nest in Peckham where young people can access early intervention mental health support.
2.	11 July 2024	Health and Care Plan Update; Children and Young People Deep Dive	• The board received a detailed update on the delivery of the Health and Care Plan priority objectives for children and young people's mental health.
3.	11 July 2024	Strategic Director for Health and Care and Place Executive Lead Report	• The Strategic Director for Health and Care and Place Executive Lead presented the report to the board including: ○ a summary of meetings attended since coming into post on 3rd June ○ information on the Southwark 2030 strategy which is being developed by the council with a wide range of partners and stakeholders including health ○ an update on the impact of the Synnovis cyber-attack and action being taken to recover services ○ an update on the Southwark Safer Surgeries initiative aimed at removing barriers to accessing health service ○ an update on the Better Care Fund plan for 2024/25 ○ a finance update detailing projected budget outturn for 2024/25 ○ a summary of the items discussed by the Integrated Governance and Assurance Committee and Primary Care Group (sub-groups of the board)
4.	11 July 2024	Operose	• The board noted the due diligence process in relation to the change of control of 7 Alternative Provider of Medical Services (APMS) contracts that AT Medics Ltd holds across South East London.
5.	11 July 2024	South East London Digital Inclusion	• The board received a presentation on the work done to date by South East London ICB on tackling digital inclusion and the next phase of the programme.

6.	5 September 2024	Southwark 2030	• The board received a presentation on the Southwark 2030, a place-based strategy that has been co-produced through extensive engagement by the council. The board endorsed the broad themes of the vision.
7.	5 September 2024	Strategic Director for Health & Care and Place Executive Lead Report	• The Strategic Director for Health and Care and Place Executive Lead presented their report to the board including: ○ a further update on the Synnovis cyber-attack and progress being made on recovering GP systems ○ a summary of the potential impact on services of the GP collective action ○ an update on mental health services for children and young people including waiting times and interim support available for children on waiting lists ○ an update on adult mental health access and waiting times ○ confirmation that the 2024/25 Better Care Fund plan has been approved ○ a finance update detailing projected budget outturn for 2024/25 ○ a summary of the items discussed by the Integrated Governance and Assurance Committee and Primary Care Group (sub-groups of the board)
8.	5 September 2024	Health and Care Plan – Lookback & Refreshed Priorities	• The board reviewed the annual progress report on the Partnership Southwark Health and Care Plan priorities and discussed a refresh of the priorities for the coming year.

Appendix 7

Acute Provider Collaborative

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

1.1 No key decisions have been taken by the Acute Provider Collaborative under delegation from the Board between 5 July 2024 and 1 October 2024.

3. Agenda Items of Note

2.1 Below is a summary of other significant actions and items of note from the APC for the period 5 July 2024 to 1 October 2024, for Board information.

No.	Meeting	Agenda item	Items discussed
1.	APC Executive and other APC Groups, early August 2024	Guy's Surgical Hub Outline Business Case	All EAG members were invited to discussions about the draft Guy's Surgical Hub business case during early August. The APC Executive then met to consider EAGs' views and agreed a response to be sent to the ICB to inform discussion at the ICB Executive
2.	APC Committee in Common, 27 September 2024	APC next steps	The APC Committee in Common met on 27 September, and, reflecting on the changing and challenging context, agreed next steps to resetting the APC's vision, scope and priorities,
3.	APC Executive, 20 September 2024	APC Leadership arrangements	Following discussions over the summer, the APC Executive agreed that Ian Abbs would take on the role of Lead CEO for the APC
4.	APC Executive Advisory Group	Operational and financial performance	All EAGs have reflected on ongoing challenges with operational and financial performance and how to address these
5.	Multiple APC meetings since 3 June	Synnovis incident	Since 3 June, the Synnovis incident has been a focus of discussion across the APC governance structure. In the immediate period post-incident, some APC meetings had to be stood down to release operational and clinical time.

Appendix 8

Mental Health Collaborative

1. Key decisions made by the Mental Health Collaborative

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

No.	Meeting date	Agenda item	Items for Board to note
1.	SLP Board Committees in Common Sept 24	Complex care	SLP Complex Care Programme celebrated the opening of a new community-based mental health rehabilitation unit in Lewisham in September with plans underway to open a further unit within the Oxleas three borough footprint. The units support flow out of acute care services and offer intensive rehabilitation to support mental health service users return to the community as close to social networks as possible.

2. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	SLP Board Committees in Common Sept 24	Specialist Commissioning Efficiency	South London Mental Health and Community Partnership (SLP) is working closely with SEL ICB ahead of NHS England formally delegating its strategic commissioning responsibilities for Specialised Mental Health, Learning Disability and Autism Services to ICBs from April 2025. The SLP Portfolio Board meets on a monthly basis and is chaired by one of the three CEOs from SLP Trusts, and the value of supporting greater collaboration by the board being joined by a SEL ICB representative is recognised and being discussed. SLP is engaging with the Programme Director for System Sustainability, SEL ICS (Sarah Holloway) to support the development of proposals which drive greater value across SEL through collaboration between mental health providers.

		NHS 111 for mental health	Both the new NHS111 for Mental Health and NHS Police Mental Health Clinical Advice Line are fully operational across south London and being delivered from a central hub by staff from SLaM. The collaborative achievement, involving clinical and operational leads from across south London, was recently recognised in being shortlisted for a HSJ Patient Safety Award.

South East London Integrated Care System

NHS South East London

Board meeting in Public

Title	**Digital, Data and System Intelligence Strategy**						
Meeting date	16 October 2024		Agenda item Number	7	Paper Enclosure Ref	G	
Author	Philippa Kirkpatrick, Chief Digital Information Officer						
Executive lead	Philippa Kirkpatrick, Chief Digital Information Officer						
Paper is for:	Update	x	Discussion	x	Decision	x	
Purpose of paper	To provide a final draft of the Digital, Data and System Intelligence Strategy to members for endorsement						
Summary of main points	• The ICS has a Digital Strategy which was developed in 2021 and requires updating. • The Strategy is intended to represent the strategic direction of the ICS, noting that each partner may also have a strategy of their own (which is appropriate). • With regard to the approach for developing the updated Strategy, significant engagement occurred in the development of the 2023/24 Digital Delivery Plan, including identifying key workstreams beyond just the 2023/24 year. The Digital Board agreed with this group that the feedback and consultation gathered from stakeholders in the creation of that document was suitable to be used to develop the initial consultation draft for the updated digital strategy. • Consultation on the initial draft has occurred and a final draft is ready for endorsement. • This was presented to the ICB Exec on 28 August and the Digital Leadership Group on 3 September 2024. On 9 September 2024, the Digital Board recommended that the Strategy be provided to the ICB Board for final ratification. • Also provided is a summary of progress against the Joint Forward Plan, and advice about additional activities or changes to activities that have been made since finalisation of the Joint Forward Plan.						
Potential conflicts of Interest	None						
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x	
	Greenwich	x	Lambeth	x	Southwark	x	
Equalities Impact	It is expected that the delivery of the Strategy may have a positive impact on equity due to the focus on empowering people and digital inclusion.						
Financial Impact	The Strategy does not commit the ICB or ICS to funding specific initiatives, but it does identify priority workstreams that would be allocated funding from						

	available budgets. Any additional budget required to deliver the Strategy would be subject to usual financial planning and/or business case processes.
Public Patient Engagement	This is outlined in the paper.
Committee engagement	This is outlined in the paper.
Recommendation	**The Board is asked to:** 1. Endorse the Digital, Data and System Intelligence Strategy; and 2. Agree that the Strategy can be published on the ICB website.

South East London Integrated Care System

NHS South East London

Digital, Data and System Intelligence Strategy

NHS South East London Integrated Care Board (ICB) 16 October 2024

1. Introduction

1.1 Delivery of the SEL Joint Forward Plan and Strategic Priorities is reliant on key enablers including workforce, digital and data, and estates and finance. The Secretary of State for Health and Social Care has made it clear that we cannot deliver the change that we need to see unless we embrace the digital revolution and the opportunities that data-driven technologies provide.

1.2 The current SEL ICS Digital Strategy was published in 2021. Since this time there have been many changes in the system, including:

- In June 2022, NHSE published the Data Saves Lives Strategy
- In March 2023, NHSE published the Cyber Security Strategy for Health and Adult Social Care to 2030
- On the 1 April 2023, Integrated Care Boards (ICBs) took on delegated responsibility for commissioning pharmacy, general ophthalmic, and dental (POD) services from NHS England.
- On 5 October 2023, GSTT and Kings implemented the Epic electronic patient record. This is a significant step forward for our system as it is a system that allows for consolidation of the patient record across the health service, drives data collection at the point of care, and provides a contemporary platform from which to drive continuous practice improvement. It is important that we take action to ensure SEL is able to derive greatest benefit from this significant investment.

Therefore, it was agreed the current Strategy be revised ahead of its planned end date in 2026.

2. Consultation

2.1 The Digital, Data and System Intelligence Strategy was developed from significant system consultation undertaken in the development of the 2023/24 Digital Delivery Plan. In addition, a number of groups and individuals have been provided with a consultation draft and have provided feedback including:

- Digital Board/Committee
- ICB Board
- ICB executive
- ICB BI and Digital teams
- Pharmacy Leadership Group
- HR Directors' Forum
- VCSE Strategic Alliance
- Primary Care Digital Programme Board
- Digital Leadership Group
- London CIOs and CCIOs
- Data and Analytics Programme Board

Engagement with the public was discussed with Folake Segun from HealthWatch. It was agreed that engagement would be most appropriate when discussing how to communicate the strategy to people in South East London, and when

developing programmes under the Strategy, particularly in the Empowering People workstream.

3. Overview of the Updated Strategy

3.1 The updated Strategy is attached (Attachment A). The scope is now broader, and includes digital, data and system intelligence, instead of just focusing on digital.

3.2 Additional features of the updated strategy are:

- the inclusion of partnership working.
- principles to guide project delivery.
- six priority workstreams under which programmes and projects will be structured.

4. A Strategy for our System

4.1 The intention has been to keep the ICS Digital, Data and System Intelligence Strategy high-level enough that it can be relevant to all partners in our system. As partners are updating their own strategies, we hope that they will either align their strategies to the priority workstreams, or map their own strategy priorities to the system ones.

4.2 In addition to this Strategy, there may be more specific strategies or more detailed delivery plans relating to digital, such as for primary care or maternity. These will be aligned to the Digital, Data and System Intelligence Strategy.

4.3 The Strategy does identify targets for each of the priority workstreams, but it is expected that the programmes and projects under each of the workstream will have more detail about the intended outcomes and how benefits will be measured so that we can demonstrate that we are moving toward achievement of the vision. It is also at this level that engagement with patients and our community will occur, as this is the level of activity where they will have the greatest opportunity to influence the direction of travel.

5. Delivery of the Strategy

5.1 Activities required to support delivery of the Strategy are included in the Joint Forward Plan. An overview of progress against the 2024/25 Joint Forward Plan activities was presented to the Digital Board in September 2024. At present, in spite of competing priorities with the Synnovis cyber incident and delays to identification and recruitment of resources, work is progressing well. There are some activities which are delayed, but action has been taken to mitigate the impacts of this.

5.2 New demands arising since the development of the 2024/25 Joint Forward Plan have been documented and those that have been moved from the demand list to committed activities include:

- eMental Health project – a regional project with local delivery requirements focusing on implementation of a new digital tool to support quicker and

more joined-up assessment and treatment of Londoners detained under the Mental Health Act.

- London Ambulance Service to Emergency Department (ED) integration project – a regional project with local delivery requirements aimed to digitising transfer of information from ambulances to the emergency department.
- ED triage and streaming – a regional project with local delivery requirements, focused on a digital front door to direct patients to the most appropriate area within the acute service. The intention is in South East London to commence a pilot at Denmark Hill, where we can stream between the ED and the Urgent Treatment Centre (UTC). This project is still awaiting final funding confirmation from London.
- 111 procurement – the Digital team has been supporting the development of the technical requirements to support the procurement of the 111 service.

These have been escalated to the plan and will be reflected in the updated Joint Forward Plan for 2025/26

5.3 In September 2024, the Digital Board agreed that the planned activities to investigate digital enablement of referral pathways (not just GP to acute) could be reprioritised to focus on digital enablement of integrated neighborhood teams. This was due to both a national project focused on the electronic referral system, and wanting to understand the outputs of this prior to any local work, as well as the importance of integrated neighbourhood teams in SEL. Initially, this will be a small project investigating systems currently used by integrated neighbourhood teams, what their needs are with regard to digital enablement and what options are available. The Digital team in the ICB are currently working with the boroughs to identify the best approach for progressing this work.

6. Conclusion

6.1 The Digital, Data and System Intelligence Strategy is provided to the Board for endorsement. Following Board endorsement, minor corrections required will be made and a final document published to the SEL ICB website. The Digital section of the website is also being updated with the latest information on our activities, and will be reshaped around the priority workstreams from the Strategy.

South East London
Integrated Care System

Digital Data and System Intelligence Strategy

2024-27

Contents

Foreword

This Digital, Data and System Intelligence Strategy sets out our vision for how digital and data will enable the delivery of high-quality, person-centred care in South East London.

Andrew Bland, Chief Executive Officer NHS

"The NHS is under significant pressure, and iterative changes to the status quo are not going to be sufficient to deliver the transformation required to improve our system.

Digital and data are critical to the delivery of our aims to improve outcomes in population health and healthcare, tackle inequalities, enhance productivity and support the social and economic development of our community."

Philippa Kirkpatrick, Chief Digital Information Officer

"We are fortunate to have strong partnerships in South East London with leaders who recognise the power of digital and data to enable the delivery of high-quality care. We have strong foundations in place including the London Care Record, the AI Centre for Value Based Healthcare and centres focused on research and innovation.

I'm excited to be facilitating the delivery of this Strategy, which builds on those foundations and sets out how we are going to transform care using digital to support our workforce and our community to improve the quality of health and care provision."

Dr Toby Garood, Medical Director, NHS South East London

"People are at the heart of this new strategy. By developing our digital systems and approaches through this strategy in south east London we have a great opportunity to improve care for patients.

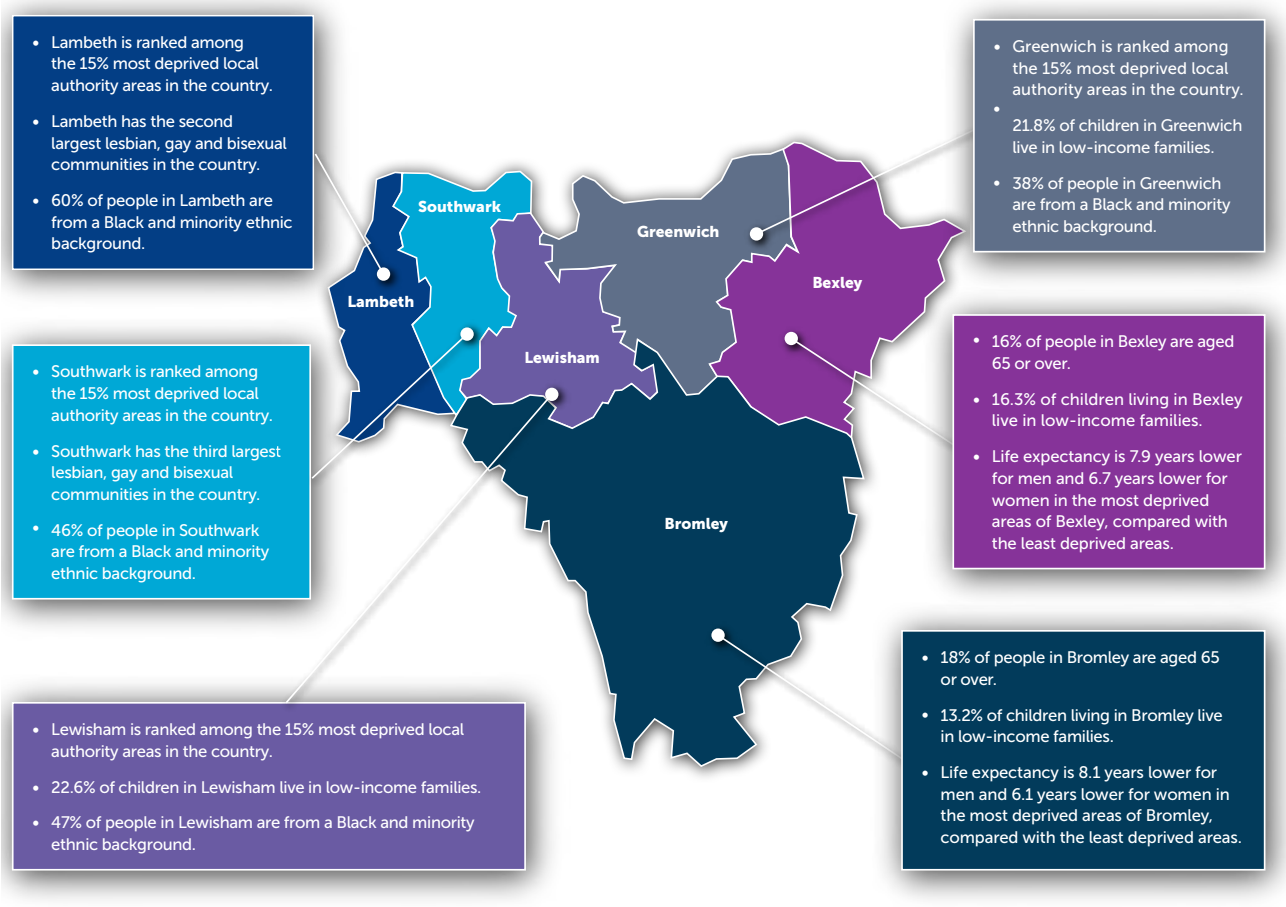
Better sharing data between organisations can help us to better manage the health of our communities, while digital tools like the NHS App give people the chance to better manage their own health and digital advances support direct healthcare interventions; such as blood glucose monitoring. This strategy can enable us to reduce the barriers to people using digital tools, provide easier access to healthcare for people and communities, increase care available outside of NHS buildings and provide easier monitoring of long term conditions too. Together these can help people to stay healthier for longer and spend more time in their communities and homes."

1. Introduction

1.1 System context

South East London is a diverse community consisting of:

- 6 boroughs
- 1.84 million people
- 197 GP practices
- 5 major acute trusts
- 341 community pharmacies
- 6,000 voluntary and community sector organisations



1.2 Why digital is important

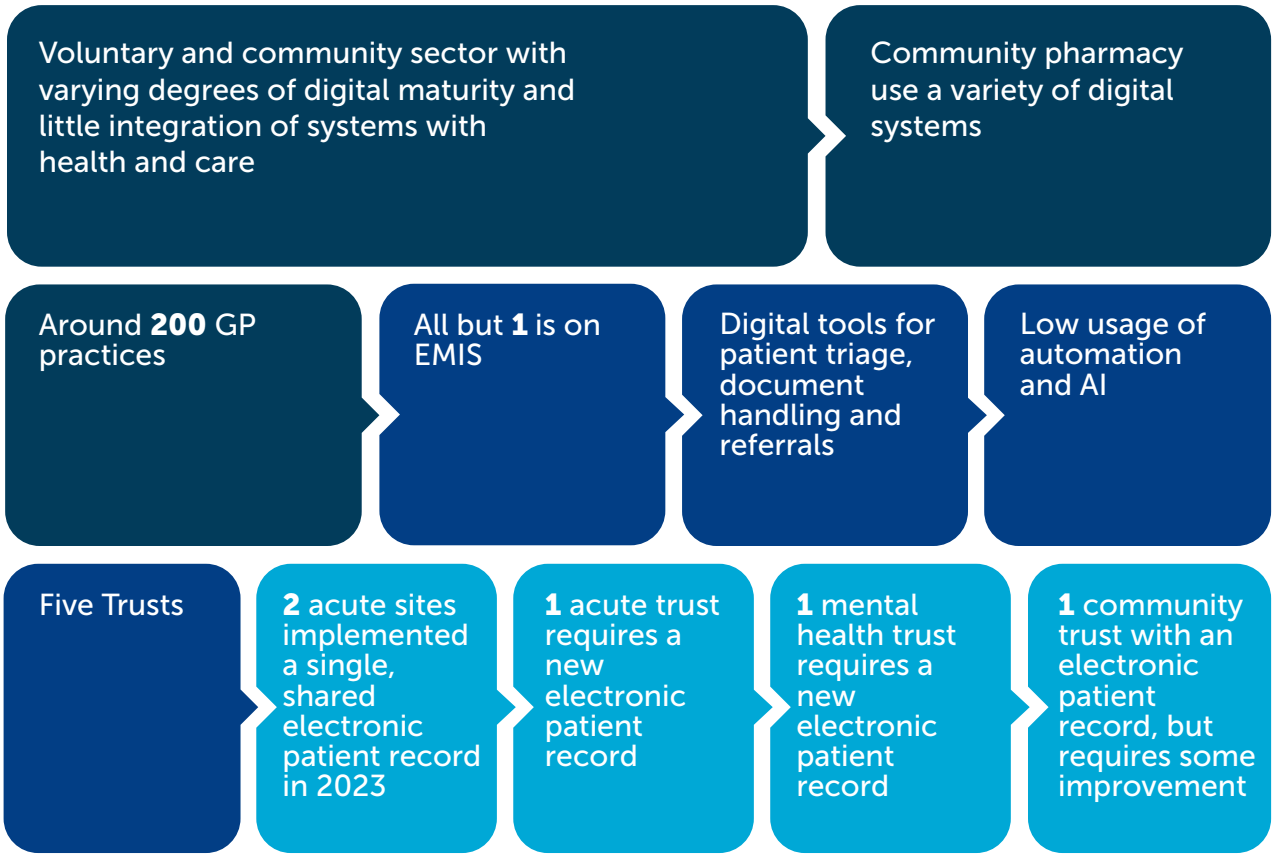
Our health and care system is under huge pressure meaning that transformative change may be required so that we can continue to have an NHS of which we can be proud – one that provides services that meet the needs of our diverse populations in an equitable way.

Digital transformation is a key enabler in the delivery of safe and high-quality care as it:

- It unlocks access to data, enabling generation of insights that can support the management of a person, as well as management of the health and care system.
- It supports collaboration by making data needed for decision-making available at the point of care.
- It empowers people in our community by allowing them to access health and care services from their own homes.

2. Where are we now?

2.1 Overview



2.2 Current state

- London Care Record to support sharing of patient information to members of the health and care team
- Strong support of NHS App capability in GP practices
- Advanced AI and research infrastructure in partner organisations

- Limited sharing of digital infrastructure and resources across our system.
- Opportunity to consider how we can attract and retain the workforce required to deliver our digital and data capabilities now and into the future.
- A multitude of patient-facing digital solutions including apps, many of which are not yet integrated with the NHS App
- Developing work at the London level to improve access to and use of data to support improvements to care

- No ICS-wide, single digital solution to support multi-organisational care teams
- Inconsistent digital enablement of referral pathways

3. Where do we want to be?

3.1 Our vision

The SEL ICS mission is to help people in South East London to live the healthiest possible lives.

Our vision from a digital, data and system intelligence perspective is:

To enable the delivery of high quality care to the people of South East London through digital innovation and data-driven intelligence.

3.2 Our key objectives

What are we trying to achieve?

This strategy sets what we need from digital and data as enablers of our health and care system. The four objectives outlined here will drive our priorities and investment.

We will measure our performance against these objectives.

Our targets

1. People are empowered to manage their health and wellbeing through access to their information and insights about their health and wellbeing, as well as the ability to engage with the health and care system.
2. The care record is available to care providers at the point of care to support decision-making.
3. Information collected is used to generate data-driven insights in population health, proactive care and research, to improve decision-making, reduce inequities in health and care provision, improve health outcomes and make best use of finite resources.
4. Service transformation is supported by innovative digital and data products, and existing capabilities, well-supported and continuously improved.

3.3 Digital maturity

NHS England have published the What Good Looks Like Framework, which provides guidance for health and care leaders to digitise, connect and transform services safely and securely.

Through delivery against this Strategy, South East London will improve our maturity across all seven of the domains (see diagram for the domains). Annually we will participate in surveys conducted by NHS England on our maturity against this framework.

We will adopt a culture of continuous improvement as we seek to achieve against the success measures outlined in the Framework.

3.4 Making sustainable changes

Our digital programmes align closely with the NHS Green Plan. By changing how we work with people and communities there are several ways in which the strategy will help to make the NHS in south east London more environmentally sustainable:

1. Supporting remote consultations where appropriate to reduce travel
2. Supporting care at home and remote monitoring where appropriate to reduce travel
3. Delivering digital transformation including digitisation of patient records to reduce use of paper
4. Reducing duplication of testing, which can reduce patient travel time, consumable usage and logistics
5. Reusing and recycling IT hardware
6. Ensuring our suppliers consider sustainability by including net zero and social value weightings

We will also consider the potential negative impacts of digital programmes, such as the energy required for some generative AI capabilities and identify opportunities to mitigate these risks.

Volunteers at Community Tech Aid restoring laptops for donation to members of our community

4. How do we get there?

4.1 Partnership working

We need all SEL ICS partners working collaboratively if we are going to achieve our vision.

Each system partner commits to:

1. Act in the best interests of the system as a whole, putting the needs of our people at the centre of our decisions.
2. Provide leadership and resources to support the system deliver its objectives.
3. Work in partnership to ensure shared learning and efficiency in everything we do.
4. Have digital strategies and plans that support achievement of the SEL mission including taking responsibility for delivery of projects and programmes to support system transformation, system resilience, and continuous improvement.
5. Invest appropriately in digital and data initiatives, acknowledging the potential many such initiatives have to support system financial sustainability, under a spend to save delivery approach
6. Consider the impact of actions of one organisation on our system, and engage broadly to ensure the impact is well-managed, including mitigation of risks and maximisation of opportunities.

In addition to local partnerships, Our ICS works closely with other systems in the London region, identifying when it is more efficient and effective to work at scale, and when we need to deliver at the local level.

4.2 Principles to guide our working

How do we define our projects to deliver improvements and transformation?

As we move through the period of this strategy, projects will be established that aim to deliver against the objectives and priorities.

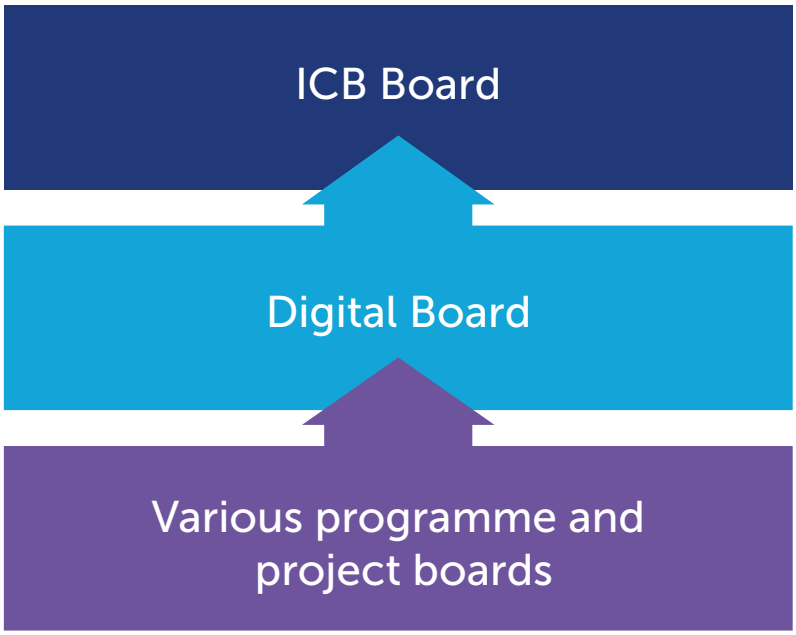
When we define and manage these projects, we will keep these six principles in mind:

- **People-centred** – ensuring the needs of the SEL community are at the centre of all decision making.
- **Collaborative** – working smarter to deliver the best outcomes, working in partnership across SEL to drive change and improvement.
- **Enabling** – driving transformation by focusing not only on the delivery of a technical capability or raw data but on the transformation needed and the insights provided.
- **Equitable** – delivering insights to support the delivery of equitable care, with the aim of reducing the experience of poorer health outcomes in some community sectors.
- **Inclusive** – ensuring our systems are accessible by as many people as possible and identifying opportunities for digital capabilities to reduce exclusion.
- **Efficient** – adopting the share, reuse and design principles, our approach will be to share best practices, leverage existing infrastructure and capabilities, build on what is already out three and generate efficiencies through standardising systems and processes where appropriate.

4.3 Governance

The Digital Board has been established, and has been delegated by the ICB Board to be responsible for:

- Agree with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services, putting people at the centre of their care.
- Approval of plans to use joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and driver continuous performance and outcomes.
- Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.



More detailed plans and roadmap will be included in the SEL Joint Forward Plan: Joint Forward Plan - South East London ICS (selondonics.org).

More detail on our programmes and projects are available on our website: Digital and Data - South East London ICS (selondonics.org).

4.4 Priority work-streams to deliver transformation and continuous improvement

We have identified six priority work-streams under which our activities will be focused. These are described in this strategy, with key activities for each outlined annually in our Joint Forward Plan.

Empower people through digital and data

Giving citizens the tools to be active participants in their own health and wellbeing.

Digital solutions for connected care

Ensuring health care records are digital and that information is shared across the care team regardless of physical location or organisation.

Deliver data driven insights

Bringing together data for analysis and insight generation to enable the efficient and effective delivery of health services, making use of opportunities including artificial intelligence and machine learning.

Ensure system resilience, data integrity and cyber security

Ensuring our systems are always available, the data in the systems reflects the real-world is only accessible to those that need to access it to care for our population

Drive continuous improvement and innovation

Always looking for opportunities to build on how digital and data and data can improve ways of working for our health and care teams as well as the broader population

Undertake workforce planning to support our digital, data and analytics activities

Acknowledging that the skills needed in digital and data are changing and working to ensure that we have the right people for the work required, both now and into the future.

Empower people through digital and data

The adoption of digital technologies by both patients and staff has significantly increased over the last few years. However, the benefits are not yet accessible for everyone. Digital exclusion can compound health inequalities by exacerbating challenges with access to healthcare, skills and capability to navigate and use services, and the general resources needed to lead a healthy life.

We acknowledge that not everyone in our community has access to the devices and data that is needed to interact with digital services. We will work with partners across our system to improve this, including through donation of devices for distribution to people in our community.

Our targets

1. We understand the barriers to digital inclusion and take measure to remove those barriers
2. Digital solutions for our community meet accessibility requirements, and where possible, are integrated with the NHS App as the digital front door.
3. People in our community have increased access to health and care in their homes. This will include easier navigation to the right services, access to virtual wards and assistive technology as well as online consultation tools.

We will take action to signpost our community, as well as organisations working with people in our community, to tools that can assist in improving digital literacy.

Digital solutions for connected care

Many of our health and care providers have multiple systems for collecting and displaying information on people's health and care. These are often not joined up between organisations. To move towards a data-driven health and care system, we need to ensure information is collected at the point of care and shared with the health and care team, with people responsible for planning and research.

Recognising limitations to interoperability, we will aim to used shared systems as much as possible, working to simplify the technology landscape across South East London. In addition, when procuring systems, we will consider the interoperability requirements and aim to procure solutions that support industry standard open API integrations and interoperability. We will also consider our requirement to extract and use data from our systems, so that we can drive the greatest value from our digitalisation investments.

Our targets

1. Clinical interactions will be recorded digitally in real-time, with Trusts in South East London meeting core capabilities in the Digital Capability Framework.
2. Information required for decision-making will be available to the health and care team through the London Care Record.
3. Cross-organisational care teams and transfers of care between organisations will be digitally enabled to support the safe and high-quality care of people in South East London.

We will continue to work on front-line digitisation, with projects commencing to replace the core electronic patient records at Lewisham and Greenwich NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust (subject to national funding). The objective will be to support both within organisation and cross-organisation workflows, looking to leverage electronic patient records already in use by other Trusts. In addition to our focus on the Trust digital maturity, we will support the digital enablement of health and care teams across our system, including our 111 system, our integrated neighbourhood teams and care close to home initiatives.

We will also continue to partner across the London region on the London Care Record which is critical to ensuring people have the information they need to support decision-making at the point of care. This needs to consider our strategy for the provision of editable care records for use by cross-organisational teams.

Deliver data driven insights

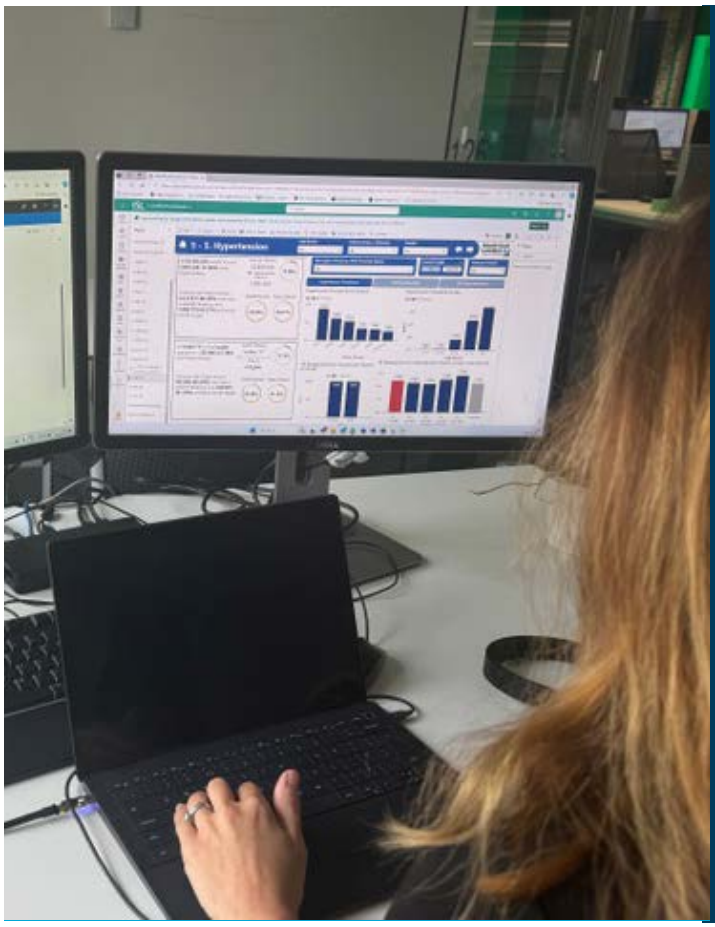
We need to make the most of the information collected and held across the health and care system, supplemented with information about the environment where people live, by providing actionable insights and intelligence that support both direct patient care and planning and delivery of services.

We will continue our good work to deliver analytics to support our care provision and care planning teams, including with a focus on people who experience the greatest socioeconomic inequality.

To build on this we are also partnering across London to deliver the OneLondon Health Data Strategy to deliver data infrastructure and capabilities that will support proactive and direct care, planning and business intelligence and research.

We will also continue to make best possible use of the Federated Data Platform to use data to drive efficiency across our system, so that we can continue to improve the care we are able to provide.

In all activities we will work closely with the users of the infrastructure and products, so that we can ensure the insights and tools are usable and useful to those that will affect the changes required to improve the health and care of our population.



Our targets

1. Insights will be generated and made available to the health and care team to support their decision-making about a person's care.
2. Data will be used to undertake demand modelling for healthcare planning and delivery including an increase in the use of simulations and digital twins (data models of systems to support decision-making).
3. Partner in the successful delivery of the OneLondon Health Data Strategy to improve the health and wellbeing of Londoners, and solve health and care challenges, using data at scale.

Ensure system resilience, data integrity and cyber security

Our health and care system is reliant on digital technology and data to provide safe care and to support the flow of people and services through our system. This means it is critical that our core systems are available and that the public trusts that the information they hold is only accessed by those that need it to support care planning, delivery and innovation in the way care is provided. We will continue to focus on compliance with t he Data Security and Protection Toolkit. We will develop our system Cyber Security Strategy and identify opportunities to work in partnership across our system to ,most efficiently and effectively mitigate risks to the resilience, security and integrity of our systems. This will include agreeing what we should do together and what should remain delivered within individual organisations.

To achieve this, we will develop a community of practice of clinical safety subject matter experts, and a community of practice of cyber experts. These groups will work together to ensure that systems are implemented and maintained in a manner that is clinically safe, as well as supporting the cyber security and resilience of the systems.

This work-stream not only considers resilience in the traditional sense, but also in the broader sense relating to how drive organisations towards 'simplification of the infrastructure' by sharing and considering consolidation of spending, strategies and contracts.

Our targets

1. Our cyber and resilience strategy will be developed and implemented to ensure that critical systems are available to support care delivery, and business continuity and disaster recovery arrangements are planned and enacted in the event of disruption.
2. We will review digital infrastructure and support arrangements to determine if there are opportunities for efficiencies and improvements through system-wide delivery of some capabilities or functions.
3. We will adopt a continuous improvement process for data protection, aligning with increasing expectations of the national cyber security team in the Data Security and Protection Toolkit.

Drive continuous improvement and innovation

It is critical that as a system, we continually improve on our existing capabilities so that they remain contemporary, and also that we remain flexible so that we can take advantage of emerging opportunities.

To achieve this, we will identify opportunities for the deployment of AI models into demand modelling, planning and clinical work-flows including by using the AI Deployment Engine (AIDE) developed by the AI Centre for Value Based Healthcare. We will also work with Kings Health Partners including the Digital Health Hub, the Health Innovation Network, the Centre for Translational Informatics and other key partners in our region to ensure our health and care services are able to appropriately engage with innovative products and services.

We will continue to improve the ways of working across our system by initiating work to identify where digital solutions can better enable transitions of care and shared care, and by taking action to improve access to diagnostics including by moving to a more streamlined approach for ordering and results communication, adopting digital pathology and by embedding genomics into mainstream clinical care.

Our targets

1. The use of artificial intelligence and automation will be increased to improve efficiency of both clinical and administrative work-flows.
2. A culture of continuous improvement and innovation will be adopted, including through partnering with leaders in our system to support engagement with innovative products and services.
3. We will identify opportunities to scale innovation across our system including by ensuring benefits are quantified to support decisions regarding wider investment.

Undertake workforce planning to support our digital, data and analytics activities

As technology advances, so does the skills and experience needed to harness the benefits of that technology. We will work to build our workforce so that we have the right people to deliver the needs of our health and care system now and into the future. We will also identify the support that our broader workforce needs to be able to engage with digital tools and understand and use data and insights to inform their practice.

The NHS Workforce Plan recognises the importance of digital and data skills in our future. The Plan identifies that Artificial Intelligence (AI), alongside other technological advancements and initiatives, will be instrumental in freeing up staff time and improving the efficiency of services. However, the safe, effective and ethical adoption of these innovations is integral to successfully delivering the ambitions of the Workforce Plan.

We will work with our people development teams to identify what activities are required to ensure that our system is able to attract and retain a highly competent workforce to deliver our ambitions.

Our targets

1. Training opportunities will be identified and promoted to support development of our workforce.
2. We will partner across London to develop a Digital, Data and Analytics workforce plan to ensure we are able to attract and retain the people the NHS needs now and into the future.
3. We will support portability of working across our system by identifying and removing unnecessary barriers to appropriate access to systems and facilities.

Thank you

To all who have contributed to the development of this Strategy, and to all who will contribute to the achievement of the vision and objectives.

We look forward to working with you to enable the delivery of high quality care to the people of South East London.

For more information about our programmes and progress, go to selondonics.org/digital

South East London Integrated Care System

NHS South East London

Board meeting in Public

Title	**Update on System Sustainability Approach**					
Meeting date	16 October 2024	Agenda item Number	**8**	Paper Enclosure Ref	**H**	
Author	Fiona Howgego & Neil Kennett-Brown - System Sustainability Programme					
Executive lead	Mike Fox, Chief Finance Officer					
Paper is for:	Update	**x**	Discussion		Decision	
Purpose of paper	This presentation: a. summarises the recurrent underlying system deficit in SEL; b. sets out the approach being taken to address the financial sustainability across the ICS, and the associated timeline; c. sets out the example opportunities that are being explored, to help address the underlying deficit position; and d. explains the governance and the establishment of a dedicated programme team to support delivery.					
Summary of main points	The SEL system is facing a significant financial challenge which needs to be addressed to ensure SEL's financial and operational sustainability. In order to deliver system financial sustainability there is a requirement for: • current cost improvement programmes at a provider level to deliver in full every year and • a further £300m of recurrent system savings to be delivered over the next 3-5 years To help meet the £300m recurrent challenge, a System Sustainability Group (SSG) has been established which includes CEOs, CFOs and other senior leaders from SEL organisations. The SSG provides collective leadership over the actions to provide care that is sustainable for today and the future, taking due account of quality and safety, performance of services and the financial position. A System Sustainability programme of work has been setup, reporting to the SSG. This programme supports the identification and delivery of a range of complex, system-wide, high value projects – aiming to make significant headway into eliminating the £300m gap. The focus of the System Sustainability Programme is on more complex system change and collaboration opportunities – complementing existing CIPs, not duplicating existing work. The Programme is aligned with Lord Darzi's findings. • Strengthening Prevention rather than treatment, through reducing demand and enhancing population health, • Shifting focus to Neighbourhood Healthcare from hospital • Utilising Innovation and technology – driving productivity • Consolidate services and modernise pathways The high-level timeline in the attached slides, sets out a process moving from opportunity identification to development with the ambition for schemes to be ready to move into implementation for FY25/26. If schemes are ready to be implemented in a shorter timescale, this will be expedited wherever possible.					

	A team of dedicated system leaders from within SEL has been identified to work on the System Sustainability programme; they are responsible for coordinating and driving forward the work, engaging closely with system partners. An update of the progress of the System Sustainability work will be brought back to the Board as the programme develops.					
Potential conflicts of Interest	None advised					
Relevant to these boroughs	Bexley	x	Bromley	x	Lewisham	x
	Greenwich	x	Lambeth	x	Southwark	x
Equalities Impact	Our system sustainability plan aims to positively impact on health inequalities across the population through optimising the system financial position, and making investment in key areas, including tackling inequalities.					
Financial Impact	The presentation sets out the context of the impact of the current underlying financial challenge across the ICS, and the steps planned to set out a comprehensive system sustainability plan, which will return the ICS to financial balance.					
Public Patient Engagement	Patient engagement and involvement will be important as potential opportunities are developed through the programme. The shape of that involvement will be dependent on the opportunity, and there is a commitment that there will be engagement with patients/public gropus at appropriate times within the programme.					
Committee engagement	Financial position is a standing item at the Planning and Finance Committee and ICB Executive Committee. The System Sustainability Group overseeing this work, has been set up as a sub-committee of the Integrated Performance Committee.					
Recommendation	The Board are asked to note the System Sustainability plans and approach being taken to help return SEL ICS to financial balance.					

South East London Integrated Care System

System Sustainability Programme

Summary programme and timeline

System Sustainability - background

Addressing the need to develop long term savings on top of existing provider CIP programmes

- The South East London NHS system is under significant financial pressure. There are programmes of work in place to address this challenge in both the short and longer term.
- The current provider Cost Improvement Programmes aim to deliver c £250m per annum. Even if these programmes deliver in full, there is still a recurrent financial gap that needs to be filled. This recurrent gap is expected to be c £300m and will need to be mitigated in a 3-5 year time horizon.
- A System Sustainability Programme of work has been established by the ICB and system partners. The overarching objective of this programme is to develop plans that will enable the ICB and its providers to move from a position of financial deficit to one of financial balance.

The below summary details some of the main opportunities and approaches to deliver long-term financial savings in the South East London system.

- **Preventative Healthcare** → *Reduce demand on services, absorb unmitigated growth in demand*
- **Release** underutilised resources → *Reduce old estate and collaborate for economies of scale.*
- **Innovation** and technology → *Drive productivity, absorb demand for greater staffing resource*.
- **Simplify** → *Consolidate services and modernise pathways.*

- There is clear understanding and agreement that maintaining safety of services is of paramount importance. There will be clinical input into all opportunities that are identified to ensure that patient safety is preserved.

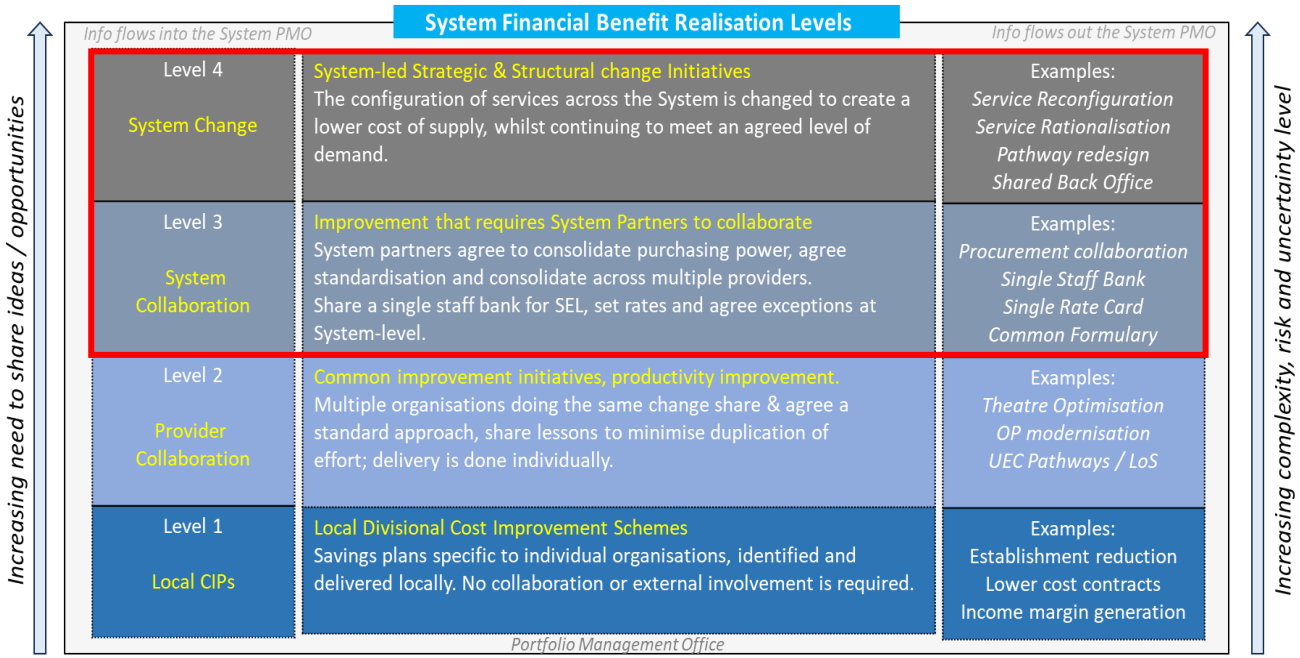
Our recurrent underlying deficit

- We are projecting an aggregated **System financial deficit of circa £300m** unless mitigating action is taken. Importantly, this deficit position is **after** an assumed **delivery of annual 'business as usual' annual Cost Improvement Plan (CIP) targets**.
- The main **causes** of the shift from in year balance (recognising in the current year, 2024/25, SEL has a System Plan of £100m deficit) is i) a recognition of an **underlying deficit** across the System and ii) the impact of ***Convergence*** (£40m/annum). *Convergence* is a national funding reduction linked to SEL being above its 'fair share' level, as defined by the capitation formula.
- The projections (~£300m gap) are currently being updated to provide a more up-to-date assessment. This will include:
  - An assessment of underlying deficits to ensure we don't create an overly-pessimistic start point.
  - Revisions for the latest financial positions (2024/25 forecast outturns) as the basis for assessment of baseline I&E positions.
  - Updates for the most current planning guidance, including economic assumptions.
  - Assessments of assumptions for future cost pressures and service developments, balanced by…
  - The deliverability of CIP target assumptions (>3% is high risk without clear plans identified).

Focus on more complex system opportunities

Developing ideas which span multiple organisations or require whole-system change

The system sustainability will combine both local short term, and more complex longer term financial savings programmes, and are designed to complement one another, without duplication



System financial benefit realisation levels - presented to ICB Board in Medium Term Financial Strategy paper, July 2024

In-year savings approach

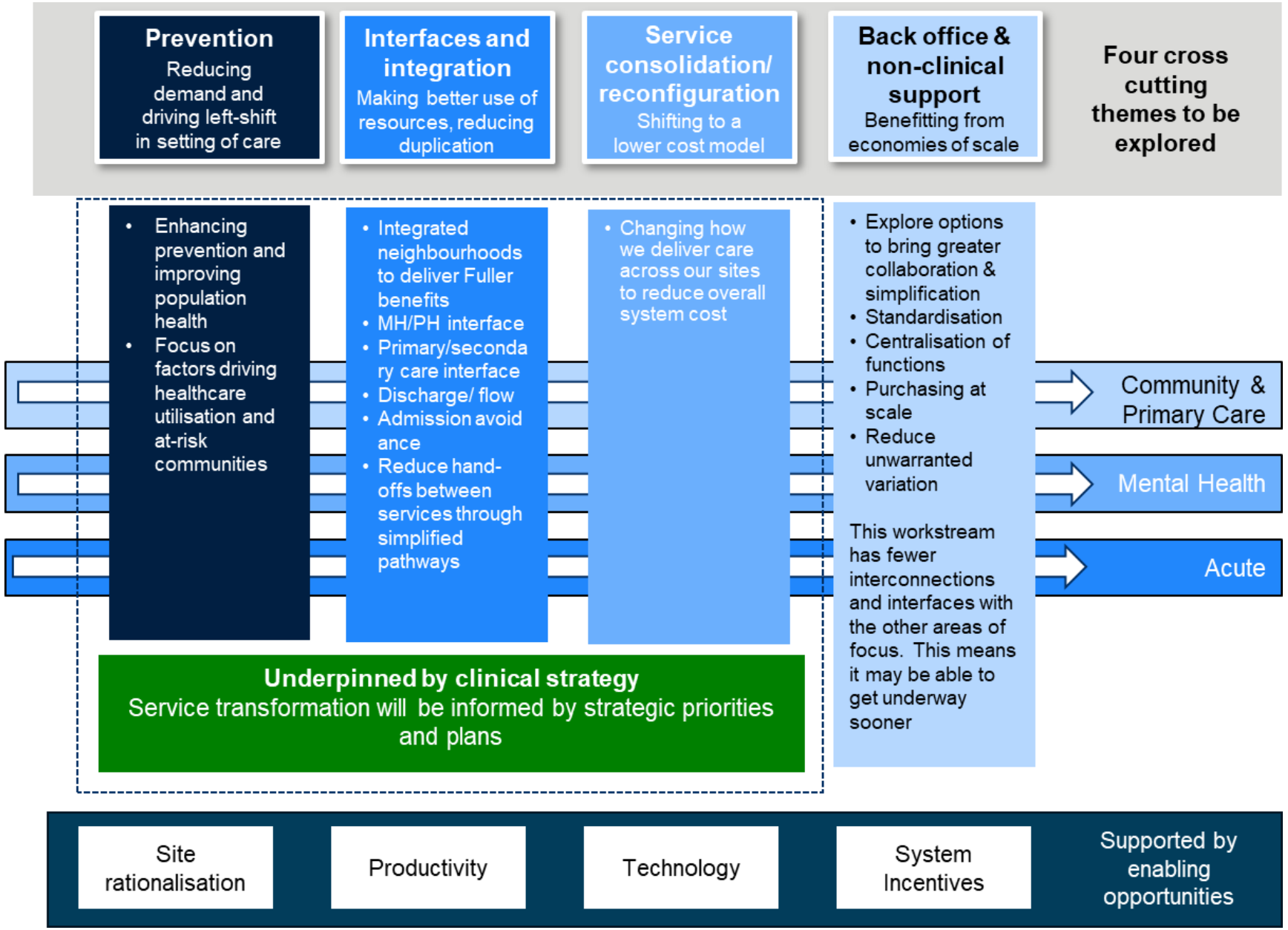
- There is an annual programme of cost improvement programmes which are aiming to deliver c£250m this year
- These are level 1 in the diagram and are typically delivered by providers by making savings from their cost base in-year.
- Level 2 CIPs also tend to focus on in-year savings, but across a broader footprint
- Local CIPs are expected to deliver as part of the overall in-year and ongoing system financial plans

Longer term arrangements

- System Sustainability programme is aiming to deliver transformation across whole system
- Programme will focus on level 3 & 4 opportunities
- Opportunities will focus on longer term-savings (3-5 years)
- This system wide work will complement the current reliance on level 1 & 2 opportunities
- It is aiming to identify a smaller number of higher-value pan-system savings opportunities

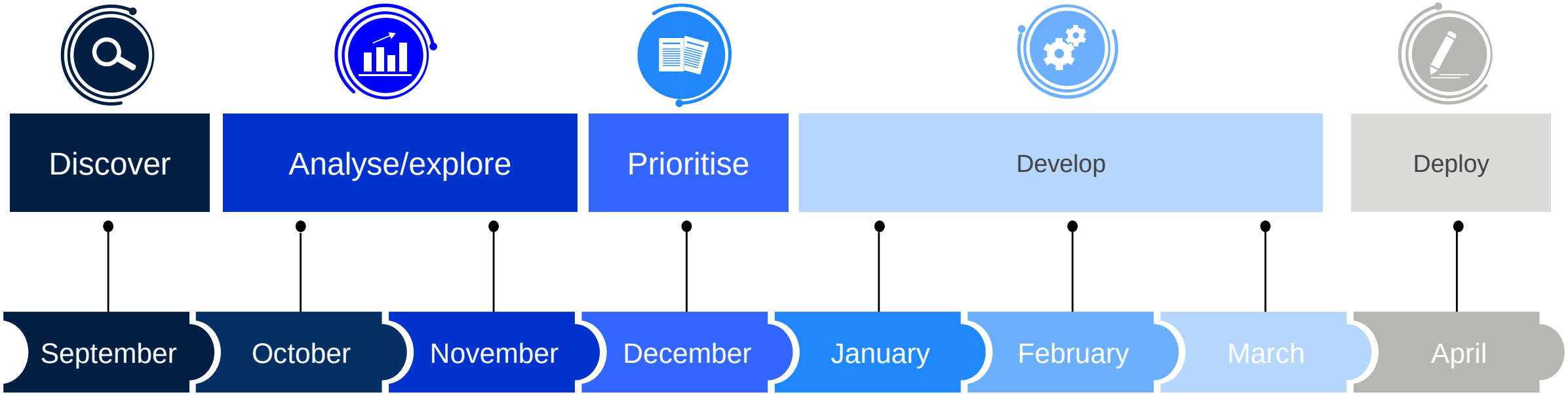
High level approach

South East London Integrated Care System

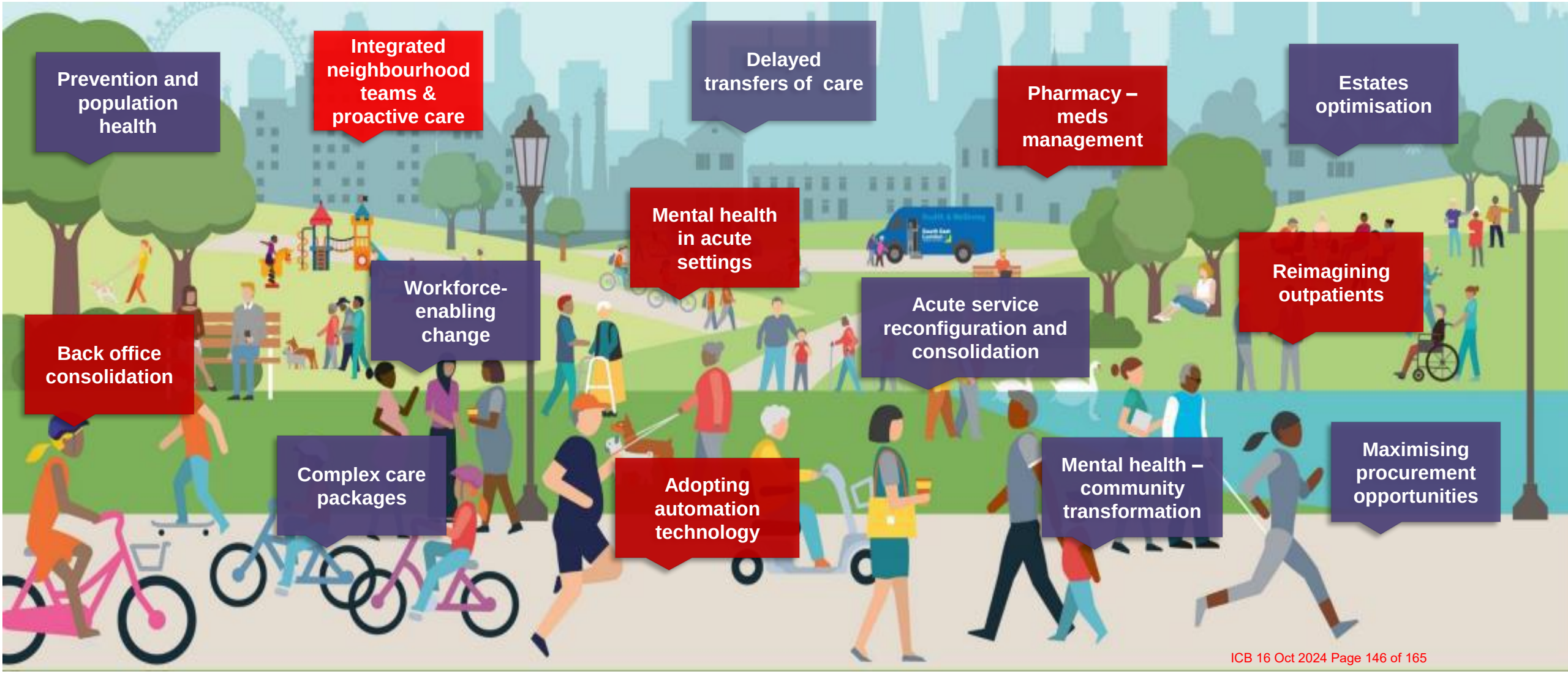


High level timeline – 24/25

A process moving from opportunity identification to implementation has been developed, with the ambition for schemes to be ready to move into implementation for FY25/26. If schemes are ready to be implemented in a shorter timescale, this will be expedited wherever possible.



Example opportunities across the whole system



Refreshed governance & a dedicated programme team

Creating dedicated resource and appropriate system oversight, liaising with wider system to maximise chances of success

Overall System Lead / Sponsor - Andrew Bland, ICB CEO

System Sustainability Group

- Membership includes CEOs, CFOs and other senior leaders from SEL organisations
- Agree collective action to address our responsibility to provide care that is sustainable for today and the future, taking due account of quality and safety, performance of services and the financial position.
- Aims to look beyond individual institutional solutions, focus on system-wide and longer-term solutions

System Sustainability Programme Team

- A team of dedicated system leaders from within SEL has been identified to work on this programme on an interim basis.
- Responsible for coordinating and driving forward the programme, working closely with System partners and organisation leads
- System ownership will be integral to the success of the programme

Ongoing System Engagement

- This process relies on engagement and input from system partners – such as suggesting ideas, refining the opportunities, developing implementation plans and delivering to those plans
- Clinical engagement will be key for many of the workstreams, as will input from our staff, patients and local communities

South East London Integrated Care System

NHS South East London

Board meeting in Public

Title	**Adult Mental Health Services in South East London – Programme Update for the ICB Board**					
Meeting date	16 October 2024	Agenda item Number	**9**	Paper Enclosure Ref	**I**	
Author	Rupi Dev, Director for Mental Health, CYP and Inequalities					
Executive lead	Sarah Cottingham, Executive Director of Planning					
Paper is for:	Update	**x**	Discussion	**x**	Decision	**x**
Purpose of paper	The purpose of the paper is to provide the ICB Board with an update on the adult mental health programme in south east London (SEL), specifically: • A highlight of some the prevention and early intervention offers in place across SEL (see Appendix 1 for further details). • An update on our system review of intensive and assertive community mental health services, following the Nottingham inquiry and the findings of the Valdo Calocane case, in line with the national programme of work in this area. • To share the system mental health, learning disabilities and autism inpatient quality					
Summary of main points	• People with mental health conditions experience health inequalities in many ways including in their access to care, in their experience of wider health services and overall outcomes. Addressing overall population need and the inequalities in adult mental health access, experience and outcome is a key priority within our Integrated Care Strategy. • From a prevention and early intervention lens, in adult mental health this involves working with people to identify mental health risk and address this at a very early stage wherever possible. This work is led through our borough based Local Care Partnerships, offering the most opportunity to integrate services early in someone's care journey. Appendix 1 sets out some of the key prevention and early intervention schemes in place, which include mental health and wellbeing hubs and expanding the access to and the offer of non-clinical services. Although these offers are tailored and targeted to local populations within our boroughs, they all put partnership at the heart of their work, whether this be across different healthcare settings, with local authorities, with voluntary and community sector providers or with people with lived experience. • Once someone is known to mental health services, it is important to ensure services can be tailored to meet their needs and provide the right level of support to aid and support recovery. In doing so it is equally important to address inequalities in access, experience and outcomes of care. Following the learning from the Nottingham attacks and the Valdo Calcocane case, the ICB has reviewed its current provision of assertive and intensive community mental health services to provide support to the those who might be at highest risk or most vulnerable in our population. • The review has demonstrated that although there is some good practice in south east London in providing assertive and intensive outreach services,					

	there is also variation in the delivery of services. We have identified a series of actions that will be undertaken between now and the end of the current financial year to address some of the issues that have been identified as part of the review. The findings from the review will also be considered as part of our 2025/26 planning discussions, supporting further development of community mental health services that meet the needs of this population group. • The paper also shares the actions underway to ensure delivery of high quality inpatient services as part of a wider inpatient quality transformation programme for mental health, learning disabilities and autism. The full programme plan can be found in Appendix 2.
Potential conflicts of Interest	None
Relevant to these boroughs	Bexley x, Bromley x, Lewisham x, Greenwich x, Lambeth x, Southwark x
Equalities Impact	There are known health inequalities experienced by people with mental health conditions, whether this be in how they access care or in how they receive wider treatment across the health sector. These are set out within Section 1 of the main body of the paper.
Financial Impact	There is no financial impact associated with the content of this paper. The findings from the assertive and intensive outreach review will be considered as part of operational planning for 2025/26 to develop a medium to longer term action plan for the transformation of community mental health services. Mental health investment will be considered as part of the ICB's refresh of the Medium Term Financial Strategy, inclusive of the continued delivery of the Mental Health Investment Standard in SEL.
Public Patient Engagement	Identification of adult mental health as one of the key strategic priorities for the ICS was subject to public engagement and the overall adult mental health programme is continuously being developed in line with feedback from service users, people with lived experience and wider communities. It is anticipated that the assertive and intensive outreach mental health services review will now be subject to lived experience input as we move into the next phase of the review.
Committee engagement	The findings of the assertive and intensive community mental health services review are subject to future discussion at the Board meetings of the two mental health trusts.
Recommendation	The Board are asked to: • Note the updates provided in this paper, including our work on prevention and early intervention and the work we will be undertaking in the remainder of 2024/25 related to our intensive and assertive community mental health services.

	• Endorse our SEL adult mental health inpatient quality transformation programme (Appendix 2), ahead of publication later this month on the ICB's website.

South East London Integrated Care System

NHS South East London

Adult Mental Health Services in South East London

Programme Update for NHS South East London Integrated Care Board (ICB) 16 October 2024

1. Background & Purpose

1.1. People with mental health conditions experience health inequalities in many ways including in their access to care, in their experience of wider health services and overall outcomes. There are known inequalities in access to mental health care linked to socio-economic characteristics and rates of recovery following treatment and satisfaction with the care people receive also varies between population groups. Furthermore, people with mental health problems are at greater risk of wider inequalities, with recent studies showing that people with severe mental illness are five times more likely to die before age 75 than those who do not have severe mental illness (often referred to as the 'mortality gap').

1.2. In south east London (SEL), we have the highest need for mental health services when compared to other ICSs in London. In 2023, 11% of the SEL population reported having a long-term mental health condition (London average 10%). Furthermore, when compared to London, SEL has the highest prevalence of depression (albeit below the national average) and the second highest prevalence of severe mental illness (above the national average).

1.3. Addressing overall population need and the inequalities in adult mental health access, experience and outcome is a key priority within our Integrated Care Strategy. Furthermore, our ICB Medium Term Financial Strategy has a clear commitment to increasing investment into mental health services, supported by full delivery of the Mental Health Investment Standard and application of any national service development funds (SDF) for mental health specifically.

1.4. This paper provides an update to the ICB Board on the delivery of some of the key elements of our adult mental health programme. The areas covered in this paper are not a full reflection of our mental health programme, and supporting adults who present in mental health crisis, particularly through our emergency departments, in accessing timely care remains a key focus for our system and our overall mental health programme. Oversight of progress and delivery in this area has been discussed by the Board previously and is subject to discussion through other ICB committees and therefore is not included in this update.

1.5. The paper is split into two parts:

- Part A (Section Two of this paper) provides an overview of some of the key schemes and initiatives underway at a borough level and through Local Care Partnerships, to develop the ICB's prevention and early intervention offers for adult mental health. This section should be read in conjunction with Appendix One which provides details on these individual schemes at a borough level.
- Part B (Section Three of this paper) provides an update on our recent review of intensive and assertive community mental health services, in line with the national programme of work following the inquiry into the Nottingham attacks and the Valdo Calocane case. As part of the national programme, there has been a mandate for all ICB Boards to review the outcomes of the local reviews as part of phase one of the programme. This section of the paper also highlights the programme of work underway to aid recovery of these patients through our inpatient services, with further details provided in Appendix Two.

1.6. The ICB Board are asked to:

- Note the updates provided in this paper, including our work on prevention and early intervention and the work we will be undertaking in the remainder of 2024/25 related to our intensive and assertive community mental health services.
- Endorse our SEL adult mental health inpatient quality transformation programme, ahead of publication later this month on the ICB's website.

2. Prevention and Early Intervention for Adult Mental Health

2.1. Prevention and early intervention are a key focus within our mental health programme, aligned to our overall system strategic ambitions around increasing our focus on prevention. Specifically for adult mental health, this involves working with people to identify mental health risk and address this at a very early stage wherever possible.

2.2. Given the wider determinants of mental health and the opportunities to work with community groups and other voluntary and community sector groups, our work on preventing mental ill health is being primarily led through the ICB's borough based Local Care Partnerships (LCPs or 'Places'). Appendix One showcases some of the key initiatives underway across our boroughs.

2.3. The initiatives are tailored to local population need, reflecting the variation we have in SEL both in terms of mental health need and also population demographics. Specific initiatives include:

- Wellbeing hubs, integrating service offers and available support (Bromley, Greenwich, Lambeth and Southwark).
- Access to non-clinical support services including peer support and non-clinical therapeutic offers (Bexley, Lambeth and Lewisham).

2.4. Although work is being led with a borough lens, across all schemes there are some key themes which include: (i) the targeting of early intervention and prevention schemes to those population groups and communities who are at risk of experiencing health inequalities, including alignment to our Core20 and Plus populations; and (ii) building and growing partnerships across the sector across primary and secondary care, with people with lived experience, and with our voluntary and community sector in SEL as a trusted partner by our communities.

2.5. It should be noted that although this paper focuses on adult mental health, it is well recognised that almost 50% of mental health problems are established by the age of 14 and 75% by 24 years of age. Therefore, the system is also focusing on children and young people's mental health, which includes focusing on parental mental health offers and family approaches to care alongside providing early intervention and support for children and young people through schools.

3. Assertive and Intensive Community Mental Health Services

3.1. Over the last three years, there has been a significant focus on improving and transforming community mental health services to ensure people with a severe mental illness can receive evidence-based care and treatment that enables their recovery and supports them to live well in their local communities. In SEL, our community mental health transformation programme, supported by circa. £17 million of mental health service

development funds in 2024/25, has resulted in the expansion of community mental health teams in our two mental health trusts, development of integrated single front doors bringing together voluntary and community sector partners and some local authority services, and the piloting of lived experience/peer support worker roles.

3.2. However, it is well recognised that some people with severe mental health illness and in particular psychosis, require a more tailored approach, including more assertive and intensive outreach services.

3.3. As part of the 2024/25 NHS Priorities and Operational Planning Guidance, an expectation was set for ICBs to review their community mental health services to ensure they could meet the needs of these patients, and particularly those who require intensive and community treatment and follow-up but where engagement with services is a challenge. This was as a specific result of the inquiry into the Nottingham attacks and the Valdo Calocane case.

3.4. At the end of July 2024, national guidance was issued on how to undertake the first phase of this review, with a particular focus on individuals who have serious mental health illness and are most often marginalised, vulnerable, at high risk of accommodation instability or homelessness, and not accessing services for multiple reasons. Full details of the advised national approach to the first phase of the review can be found online here.

3.5. The ICB's review followed the national approach and was submitted to NHS England on 30 September 2024 in line with the national timetable. The findings of our review, along with the approach taken and our high level actions are being shared with the ICB Board as part of the mandate from NHS England on ensuring full system oversight of this programme of work.

3.6. In completing our review, the ICB has worked in partnership with Oxleas NHS Foundation Trust (Oxleas) and South London and Maudsley NHS Foundation Trust (SLaM). The work has included the following key outputs:

- A desk top review of relevant policies in line with the national guidance and relevant standard operating policies.
- A review of serious incidents (relating to the population cohort set out within the national guidance) for the last 24 months.
- Engagement sessions with a range of clinical and non-clinical staff within each provider organisation
- A SLaM review of all community mental health caseloads to determine the overall quantum of people in scope (those requiring assertive/intensive treatment), whether they had been contacted within 30 days and challenges to supporting this population group (as part of wider review of community mental health team caseloads).

3.7. Our review has found that although many of the services in SEL are able to identify, maintain contact and meet the needs of people who may require intensive and assertive community care and follow-up, there is variation in our approaches and capacity to provide assertive and intensive treatment consistently across our two Trusts and also within individual Trust footprints. The key areas of improvement identified are as follows:

a) Ensuring all Trust policies are up to date and are in a format that is easy for clinicians and teams to be able to understand and apply. The review has also noted variation in

some of our operational policies and we will therefore be focusing on standardising these (where appropriate to do so).

b) Caseload volumes across community mental health teams, impacting on the ability of teams to effectively engage assertively with our service users and their families/carers. Caseloads are variable across the two Trusts and also within Trust footprints, however, overall flow through community mental health services, including appropriate step-down into primary care supported by effective stepped care arrangements, has been identified as a barrier to effective outreach services.

c) Identifying and managing high-risk individuals and communicating this consistently between teams, multi-agency partners (including the criminal justice system) and people's support networks. Across our services we need to ensure we have a consistent approach to support dynamic risk formulation across the Trust and wider system. This includes the need to capture violence more effectively, especially violence towards family members, friends, and neighbours, and to share this information and collectively manage risk across multi-agency partners. Furthermore, we need to ensure we are capturing alcohol and substance use effectively within this risk formulation and within information sharing.

d) Ensuring effective, consistent and accessible data capture in local patient record and information systems, a particular priority for SLaM.

3.8. In addressing all the areas identified above, the ICB will need to work collaboratively with the Trusts to develop a longer-term development and transformation plan aligned to system planning and resource allocation. Between now and the end of the year, across the system we will be focusing on the following shorter term actions:

- Updating and streamlining Trust policies (including standard operational policies for individual teams) relating to access and discharge for this cohort of patients. This also includes ensuring policies are easily accessible and understood by clinical teams. This work will be led by our Trusts.
- Further audits of our community caseloads, led by the two Trusts. The nature of the audits will vary between the two Trusts but will include case note reviews, review of caseloads and discharges, and assessing compliance against National Institute for Health and Care Excellence (NICE) pathways for psychosis and for dual diagnosis.
- Developing clear and consistent engagement approaches across both Trusts for clinical teams. This includes engagement with service users and their families, as well as working with wider partners to provide safe and effective care planning across agencies and effective information sharing. This work will again be led by the two Trusts,
- Involving wider partners in the review, including the voice of people with Lived Experience to help develop the wider and medium to long term actions for community mental health services. Given the timescales of completing the first phase of the review we have been unable to meaningfully engage with voluntary and community sector partners, people with Lived Experience including patients and carers, and local authority partners. The ICB will work in collaboration with the Trusts and through our Places to ensure we involve wider system partners in the next stages of the review.

3.9. The review also identified good practice, which we will be seeking to build on across the system as we take forward this work, including:

- Extensive experience with well protocolised engagement and discharge approaches within our addiction services at SLaM.
- A care team approach at Oxleas which involves a nurse, social worker and two mental health advisors supporting teams with high caseloads and providing a safety net of multiple of professionals should a service relapse and require crisis care.
- An agile physical health intervention team at Oxleas to support those with a severe mental illness across primary and secondary care, supporting their physical health as well as their mental health.
- At SLaM national expertise (both in research and practice) in culturally appropriate responses to violence in care giving relationships, with an opportunity to share this work and expertise at a national level.
- Experience at SLaM of using a population health and management approach and multi-disciplinary team and peer interventions to engage and work with people involved in high rates of violence, restrictive practice and inpatient care.
- At SLaM, advancement of clinical informatics to support identification of cohorts who would benefit from enhanced engagement and intervention approaches.

3.10. As we plan for 2025/26, the ICB and the Trusts will need to consider our wider ambitions for community mental health services, taking into account the findings of this review. This will include work to ensure resource across the system is best aligned to mental health need, supporting step-down into primary care and other services to ensure caseload numbers enable targeted intervention for those who need it the most plus taking forward wider actions to ensure SEL is able to systematically and consistently provider a responsive service offer for people with serious mental illness.

3.11. In addition to ensuring our community services are providing the appropriate tailored support for these patients, it is equally as important that our inpatient services are able to provide an effective, purposeful and therapeutic environment which aids and promotes recovery to support our work in the community.

3.12. Appendix 2 sets our ambitions for high quality inpatient services, as part of the national inpatient quality transformation programme. Our programme covers inpatient services for mental health, learning disabilities and autism (in line with the national programme scope) and builds on the work already underway as part of our acute flow improvement programme. This includes a focus on reducing out of area placements, reducing length of stay and reducing the number of people who are clinically ready for discharge occupying mental health beds.

3.13. Although the programme is for all patients admitted into our mental inpatient services, we will paying particular attention to specific care pathways and population groups including those with psychosis. In year one of the programme, across SEL we will be focusing on improving:

- Step-up and step-down care for intensive mental health care services. This will involve piloting outreach intensive care support on adult inpatient wards to provide early intervention and prevent admission into psychiatric intensive care units (PICUs).
- Care on our female wards. This is based on service user and carer feedback across both Trusts, and through this programme, we will be focusing on expanding the provision of activities and non-clinical therapeutic offers to support and aid overall

recovery whilst in an inpatient setting. The learning from this work will be spread and shared across other wards.

- Access to physical health support for people in mental health inpatient settings with the aim of building physical health knowledge and capacity across the mental health sector, providing lifestyle advice to support people to stay well in inpatients and post discharge, and preventing unnecessary transfers to acute hospitals.

3.14. It is anticipated that post ICB Board discussion, the SEL mental health, learning disabilities and autism inpatient quality transformation programme will be published on our website (as currently set out in Appendix Two). This will be an iterative document and will be updated on an annual basis.

3.15. It is worth recognising that all the work described above relates to service users who are known and referred into mental health services. We recognise that there is more to do to address unmet need in our communities and to enable equity of access to services and support. This further highlights the need to ensure we are developing our prevention and early intervention offers, engaging with our communities and residents to develop and tailor these offers to meet the needs of those at most risk of mental ill health in our population. We will need to ensure that we reflect this need as part of the upcoming refresh of our Joint Forward Plan and our Medium Term Financial Strategy.

4. Summary and Recommendations

4.1. The scope of adult mental health services is vast and spans from providing prevention and early intervention services in the community and in primary care, through to providing secure services for those most vulnerable and with the highest mental health needs.

4.2. This paper has articulated some of the work underway to improve adult mental health services across our sector. Across these areas and our full programme of work on adult mental health services we are focussed on reducing inequalities in the access, experience and outcomes of care in mental health.

4.3. The ICB Board are asked to:

- Note the updates provided in this paper, including our work on prevention and early intervention and the work we will be undertaking in the remainder of 2024/25 related to our intensive and assertive community mental health services.
- Endorse our SEL adult mental health inpatient quality transformation programme, ahead of publication later this month on the ICB's website.

South East London Integrated Care System

NHS South East London

Adult Mental Health Services – Appendix 1

Case Studies for Early Intervention and Prevention

ICB Board in Public

Wednesday 16th October 2024

Background and Purpose

- Adult mental health is one of the five Integrated Care Strategic Priorities with the key focus being on early intervention and prevention for those experiencing common mental health conditions.
- Early intervention and prevention involves working with people at the earliest opportunity to prevent existing health and care needs from deteriorating as well as supporting people to effectively manage any issues that they may be experiencing.
- Given the wider determinants of mental health and the opportunities to work with community groups and other voluntary and community sector groups, our work on preventing mental health ill is being primarily led by the ICB's boroughs in partnership with other members and through their local care partnerships (LCPs or 'Places').
- The purpose of this pack is to highlight and show-case some of the key interventions and initiatives underway across south east London as part of the wider ICB Board discussion on Adult Mental Health Services (Item 9 on the ICB Board agenda).
- Please note that the examples highlighted in this pack are **not exhaustive** and there many other schemes and initiatives underway to support people's mental health and wellbeing. Further details on these can be found in the system Joint Forward Plan and local borough-based Health and Wellbeing plans.

Bexley

Title/Scheme or Intervention:	Lived experience/volunteers and mentoring support

Brief Overview of the Scheme/Intervention Lived experience staff/volunteers who provide a mentoring role and enable increased social connection for residents to promote recovery

- Problem/issue addressed – Need to provide positive examples of mental health recovery, address stigma, build trust, overcome fear, empowering and training lived experienced staff and volunteers - address health inequalities.
- Intervention – Goal focused 1:1s and psychosocial and psychoeducational group facilitation led by lived experience staff/volunteers working with residents with common and severe mental illness. Lived experience includes personality disorder, psychosis, depression. Intervention is co-produced and developed further from resident and lived experience feedback.
- Partners – Mind in Bexley, Oxleas, Transformation Hub, Bexley Suicide Prevention (Barbers Project), Voluntary Sector partners, residents
- Key population groups/communities – focus on referrals from areas of high deprivation, minoritised communities, men, people with severe mental illness, digitally excluded people

Impact and Benefit to Date

- Impact includes increased: hope - seeing positive role models, normalisation, client satisfaction, wellbeing, knowledge and understanding, empathy across services, improved digital skills
- Quantitative measures: Friends and Family test 99%, Satisfaction survey 98% satisfied, 70% improved wellbeing
- Qualitative resident feedback: “Being with people that are going through the same things as you are is really helpful.” “I feel heard and listened to and it has helped me socialise more whereas before I was isolating myself” “These groups have helped me get back to a sense of normality which I am very thankful for. The (lived-experience) staff are all very friendly and well trained and knowledgeable”

Bromley

Title/Scheme or Intervention:	Bromley Mental Health Hub

Brief Overview of the Scheme/Intervention

The Joint Bromley Mental Health and Wellbeing Strategy (2020-25) set out an aim to establish a new community hub in the borough. The aim of the hub was to create an integrated service between Oxleas NHS Foundation Trust and a voluntary sector partner (SEL Mind), drawing in other partners and services in time. The hub was initially established on a three-year pilot basis, enabling more people to get help outside NHS services, with a common screening/triage approach to all referrals between Oxleas and Mind. The service is jointly funded by the ICB and Bromley Council.

The Bromley Mental Health and Wellbeing Hub provides information and advice (including benefits and housing advice), wellbeing support, employment support, support for new mums and a step-down offer for people in Oxleas. It is focused on people with Serious Mental Illness (SMI), but also has a role in terms of reaching hard-to-reach groups, and supporting people with more common mental health challenges.

A review of the Bromley Mental Health and Wellbeing Hub at the end of the pilot period has resulted in the Hub now being established on a permanent basis. The service is subject to an ongoing procurement exercise which is taking place at this time.

Impact and Benefit to Date

In 2023/24, the Bromley Mental Health and Wellbeing Hub supported 1,720 clients. Of these, 813 clients were provided with support into employment or training – which is a key obstacle for many people with mental health challenges. 53 new mums were supported by the Hub and are particularly enthusiastic about how this service provided them with the help they needed at a critical time – and spoke about this at a recent Mind event. The Hub has delivered some excellent outcomes, and has a positive reputation in the borough.

There remain challenges as we have seen an increase in demand for mental health services, notably with more people in mental health inpatient services. It is therefore critical that we further develop the Bromley Hub, linking this service to primary care, and helping to ensure that more people are able to receive early help.

Greenwich

Title/Scheme or Intervention:	Greenwich Mental Health Hub

Brief Overview of the Scheme/Intervention

- The Hub is a partnership between Oxleas NHS, SEL Mind, and Bridge Support, set up to provide early access to support to Greenwich residents, help them recover and stay well in their community, and prevent the escalation of mental health issues and the need for urgent care.
- It provides single point access to mental health services, offering short-term interventions and signposting in primary and third-sector settings. It facilitates access to specialist services when needed and works closely with GPs to provide guidance and advice.
- Residents can access a wide range of 1-on-1 and group interventions at the Hub, such as social inclusion, well-being and peer support, medication management, COMHAD (co-occurring mental health, alcohol, and drugs) support, occupational therapy, carers support, advice on employment, benefits, and housing, as well as psychoeducation group programs including Managing Emotions.
- The Hub is committed to reducing health inequalities and, through initiatives like the Equality Grants Programme, provides grants to local projects that address inequalities and support the local community and grassroots organisations.

Impact and Benefit to Date

The Hub processes 500+ referrals each month, supporting over 850 people at any given time. Residents share their feedback on its impact:

“First service I’ve used that has left me feeling optimistic and gave the tools to deal with my mental health issues”

“The mental health team was very helpful…gave me advice for when I have a mental health breakdown also put me in the right direction for the help I need”

“…just over a month ago, I was on the streets, lost and alone. Now, here I am, I've got a roof over my head, I'm back on my medication and I'm taking care of myself. I'm so grateful for this second chance, and I'm going to make the most of it.”

“I can’t put a price on the help I received. I would have died by suicide. I couldn’t have coped…This service saved my life.”

Title/Scheme or Intervention:	Lambeth Primary Care Alliance Network (PCAN) and Staying Well Primary Care Mental Health Service

Brief Overview of the Scheme/Intervention

Lambeth Living Well Network Alliance have been seeking to ensure that patients registered with a GP in Lambeth have access to early advice, information and support regarding psychological and/or mental health related conditions closer to their homes and help reduce the need for referral into secondary community mental health services. In response to this the LWNA established:

1. **PCAN** – which are virtual multi-disciplinary neighbourhood meetings bringing together clinicians and practitioners from PCNs including GPs, Mental Health Practitioners, social prescribers and clinical and practitioner representatives from Lambeth's Living Well Centres (CMHTs) to share information, advice and agree how best to provide holistic support to individuals
2. **Staying Well** – a non-clinical team that can provide practical and psychosocial support to individuals such as medication, housing, benefits and employment and other issues that might lead to them being referred (back) to secondary mental health services.

Impact and Benefit to Date

- Enabled more people to be supported in their own homes and communities – by providing regular opportunities to discuss patients and share advice on areas such as: medication, care plans, referral pathways, community mental health services, etc.
- Built relationships, improved communication and shared knowledge between primary and secondary mental health services across Lambeth.
- Improving the quality/accuracy of referrals to the Lambeth Single Point of Access, reducing the number of rejected referrals.
- Increasing prevention and promoting independence – providing help earlier, in their own homes, means needs are less likely to escalate, reducing the demand for secondary health and care in the medium to long term.

Lewisham

Title/Scheme or Intervention:	Culturally Diverse Communities Programme

Brief Overview of the Scheme/Intervention

The Culturally Diverse Communities Programme was identified as a priority for the All-Age Mental Health Alliance. In Lewisham, according to the census, non-white minorities represent 48.5% of the population, we also have the highest percentage of black communities in London (27%). We have an over-representation of black people in the acute and crisis services. The programme was established to work with diverse communities and provide support at an early stage to prevent them from entering crisis. This programme was led by SEL Mind on behalf of the Alliance

SEL Mind recruited a Project Manager and sub-contracted with 4 organisations:

- Mabadiliko - Emotional Support Groups (ESGs) and Workshops to Black and Brown People online.
- Holistic Well Women - arts and crafts sessions, walking group, access to life coaching session
- Sydenham Garden - green therapy group for young people aged 18-25 years. The group is predominately LQBTQIA+ and are neuro diverse, although anyone can attend.
- Therapy 4 Healing - complimentary therapies, Counselling and Wellbeing groups.

Impact and Benefit to Date

A full evaluation of the programme is currently being undertaken, however to date:

- 60 Emotional Support Groups sessions, over 100 art therapy sessions and 68 Green Therapy sessions have taken place
- Over 70 wellbeing groups and 200 complimentary and counselling sessions have taken place
- This has provided the opportunities develop skills, abilities, confidence and reduce loneliness and social isolation for over 450 people of which:
- Women made up approximately 75% who accessed the programme across the 4 organisations.
- Approximately 280 (62%) Black Caribbean people and approximately 145 (32%) Black African people accessed the interventions.
- The age range of people accessing the interventions was from 18 – 85+, with majority falling between the age of 36-65 years.

Title/Scheme or Intervention:	Southwark Wellbeing Hub

Brief Overview of the Scheme/Intervention

- The Wellbeing Hub offers free information, advice, and support to adults in Southwark to improve mental health and wellbeing.
- Jointly commissioned by the Council and the ICB, the Wellbeing Hub provides a single point of access into services, drop-in support at its Camberwell Road site, a helpline, and online support.
- Through the Hub, residents can access holistic support – including adult social care, housing, debt support, and advice services. Alongside professional help, the Hub also offers peer support activities, either on a 1:1 or group basis.
- Together for Mental Wellbeing lead on delivery of the Hub service. In addition they partner with other voluntary organisations such as The Bridge, Mental Fight Club, community centres, and Restorative Justice For All to provide pop-ups and workshops within the community

Impact and Benefit to Date

The Hub supports approximately 2,200 residents per year across the borough. Residents fed back the impact it had for them:

- *"Staff …supported me by just listening to me speak about my emotions,… not a lot of organisations have shown me kindness"*
- *"Staff…made a …referral …, I have now found a job and I'm going to save up. … [Staff] showed me how to use websites so I can look for properties and put me in touch with talking therapies so I can speak about my emotions"*
- *"I feel like I am finally on the right path, I was unhappy and confused before this but I'm a bit more positive recently. I can't find the right words, … The Hub has positively changed my life"*