South East London Integrated Care System

NHS South East London

Integrated Care Board – Meeting in Public

12.30 to 15.55 on 17 July 2024

Assembly Hall, Lambeth Town Hall, 1 Brixton Hill

Chair: Sir Richard Douglas CB, ICB Chair

Agenda

No.	Item	Paper	Presenter	Timing
	Opening Business and Introduction			
1.	**Welcome** Apologies for absence Declaration of Interest. Minutes of previous meeting actions and matters arising	 A B	 RD RD	12.30
	ICB corporate business			
2.	**Annual Report and Accounts**	C p19	TF/MF	12.40
3.	**SEL ICS Green Plan 2022-25**	D p30	TF	12.50
	Report for Assurance and discussion of current issues			
4.	**Chief Executive Officer's report**	E p48	AB	13.05
5.	**Cyber security update** *An overview of recent cybersecurity events affecting the SEL system, and assurance on impact, mitigations and future resilience.*	F p67	tbc	13.10
6.	**Board Assurance Framework**	G p72	TF	13:30
7.	**Overall report of ICB committees and Provider Collaboratives** Update from the Quality and Performance Committee Update from the Planning and Finance Committee (Finance report)	H p96 p123	TF CK GV / MF	13.40
	Delivering our Integrated Care Strategy			

8.	**Financial sustainability as an enabler of strategic change** *A discussion of how achieving financial sustainability over the medium term will be a key strategic enabler in south east London*	I p143	MF	14.10
	Reducing Health Inequalities			
9.	**Children and Young Peoples Mental Health and Wellbeing** *An update and discussion of work to address inequalities affecting children and young people in this area.*	J p156	SC / RDev	14.50
	Closing Business and Public Questions			
10.	**Any other business**	-	RD	15:30
11.	**Public questions and answers** *An opportunity for members of the public to ask questions regarding agenda items discussed during the meeting.*	-	-	15.35
	CLOSE 15:55			

Presenters

Sir Richard Douglas CB (RD)	Chair
Andrew Bland (AB)	Chief Executive
Tosca Fairchild (TF)	Chief of Staff
Sarah Cottingham (SC)	Deputy Chief Executive and Executive Director of Planning
Paul Larrissey (PL)	Acting Chief Nurse
George Verghese (GV)	Partner Member Primary Medical Services
Mike Fox (MF)	Chief Financial Officer
Dr Toby Garrood (TG)	Chief Medical Officer
Prof Clive Kay (CK)	Partner Member Acute Services
Rupinder Dev (RDev)	Director Mental Health, Children and Young People & Health Inequalities

NHS South East London

NHS South East London Integrated Care Board
Register of Interests declared by Board members and attendees
Date: 17/07/2024

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. North London Mental Health Partnership 2. Non-executive director on Board of Birmingham and Solihull ICS. 3. Independent Chair of Lambeth Adult Safeguarding Board. 4. Member of the advisory committee on Fuel Poverty. 5. Non-executive director on the Parliamentary and Health Ombudsman.	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

Date last saved: 10/07/2024 23:00

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 for several LIFT companies in the boroughs. 2. Joint role; Corporate Director Integrated Health and Care, Lambeth Council and SEL ICB.	Non-financial professional interest Non-financial professional interest	1 April 2013 1 October 2019	Current Current Current
Ruth Hutt	Acting Place Executive Lead Lambeth	None	-	-	-
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 3. Friends of Green Lane Primary School –Treasurer of the PTA	Financial interest Indirect interest Non Financial Personal interest	May 2007 June 2014 16 Jun 2023	Current Current Current
Dr. Toby Garrood	Medical Director	1. Serac Healthare Shareholder 2. Guy's and St Thomas' NHS Foundation Trust Employed as a consultant rheumatologist 3. London Bridge Hospital Private medical practice 4. Guy's and St Thomas' NHS Foundation Trust In my role I have received research grant funding from Versus Arthritis, Pfizer, Gilead, Guy's and St Thomas' Charity and NHSx 5. British Society for Rheumatology Honorary Treasurer 6. UCB Speaking honorarium 7. Abbvie Speaking honorarium 8. Frensius-Kabi Sponsorship for educational meeting	Financial Interest Non-Financial Professional Interest Financial Interest Non-Financial Professional Interest Non-Financial Professional Interest Financial Interest Financial Interest Sponsorship	01/04/2020 07/10/2009 01/01/2012 01/01/2015 01/04/2020 01/07/2022 24/02/2023 30/03/2023	Current Current Current Current Current 01/07/2022 24/02/2023 Current
Ceri Jacob	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
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	Financial interest Financial interest	2021 1996	Current Current

Date last saved: 10/07/2024 23:00

Name	Position Held	Declaration of Interest	Type of interest	Date interest commenced	Date interest ceased
		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 Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest Non-financial professional interest	2011 27/09/16 1992 1985	Current Current Current Current Current Current Current Current Current
Diana Braithwaite	Place Executive Lead, Bexley	1. A relative is employed by SLaM (NHS SEL ICS Partners) and is currently on a secondment to NHS SEL ICB.	Non-Financial Personal	1 July 2022	Current
Meera Nair	Chief People Officer	1. Royal College of Psychiatrists Trustee (and Lead Trustee for safeguarding and EDI) 2. The Maya Centre, Chair since 28 November 2022, and Trustee before that. 3. Amnesty International Member Nominations Committee	Non-Financial Personal Non-Financial Personal Non-Financial Personal	2nd Aug 2021 26th Nov 2019 1st Jul 2023	Current Current Current
Debbie Warren	Partner member, local authority	1. Royal Borough of Greenwich salaried Chief Executive transacting financially with the SEL 2. Lead London Chief Executive on Finance, also contributing to the London Councils lobby on such matters including health.	Financial interest Non-financial professional interest	December 2018 (acting in role from July 2017) March 2020	Current Current
Dr. George Verghese	Partner member, primary care	1. GP partner Waterloo Health Centre 2. Lambeth Together training and development hub director 3. Lambeth Healthcare GP Federation shareholder practice	Financial interest Non-financial professional interest Non-financial professional interest	2010 2022 2019	Current Current Current
Ranjeet Kaile	Director of Communications and Engagement	Trustee on the Board of People's Health Trust	Non-financial professional interest	April 2024	-
Paul Larrisey	Acting ICB Chief Nurse	None	-	-	-
Beverley Bryant	CDIO GSTT	None	-	-	-
Patricia Kirkpatrick	CDIO	None	-	-	-

Integrated Care Board meeting in public

Minutes of the meeting on 17 April 2024

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

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
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
Martin Wilkinson	Interim Southwark Place Executive Lead
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
Tosca Fairchild	ICB Chief of Staff
Ranjeet Kaile	ICB Director of Communications and Engagement
Meera Nair	Chief People Officer Lewisham and Greenwich NHS Trust
Kenny Gregory [item 2]	Director of Integrated Commissioning Lewisham
Dr Catherine Mbema [item 2]	Director of Public Health Lewisham
Dr Aaminah Verity [item 2]	GP and lead for
Sam Hepplewhite [item 6]	Director of Prevention and Partnerships
Carl Glenister [item 7]	AD Cancer and Planned Care
Sean McCloy [item 7]	MD South East London Cancer Alliance
Smitha Nathan	Programme Manager South East London. Cancer Alliance

1.	**Welcome and Apologies**
1.01	Apologies were noted from David Bradley, Beverley Bryant, Debbie Warren, Anu Singh, Diana Braithwaite and Andrew Eyres
1.02	There were no additional declarations of interest in relation to matters in the meeting.
1.03	The action log was reviewed.
1.04	Martin Wilkinson updated the Board that issue arising from the last Board in relation to infant mortality had been taken up through discussions with directors of children's services and public health, at the children and young peoples partnership board, and in task and finish groups. Richard Douglas suggested an update at a future Board forum **Action**

2.	**Borough Showcase: Lewisham**
2.01	Ceri Jacob introduced the response of Lewisham to the report of the Birmingham Lewisham African Caribbean Health Inequalities Review (BLACHIR). As wells as a health inequalities programme to specifically address the findings, the lessons from the review had been incorporated across other work programmes.
2.02	Dr Catherine Mbema explained that the BLACHIR report had identified seven key themes and 39 opportunities for action based on a two-year deep dive into the data on health inequalities as the lived experience across Birmingham and Lewisham. In Lewisham, a two-year inequalities and health equity programme with eight workstreams had been set up to galvanise work on these opportunities, building on existing Lewisham initiatives, such as work to tackle race inequality in schools and the maternity voices partnership. The importance of a continuing engagement with local people had been recognised and a social inclusion recovery group had been commissioned to maintain a two-way conversation on the work.
2.03	Dr Aaminah Verity described how six PCN-based health equity teams had been created by recruiting Health Equity Fellows and partnering them with Black-led organisations in the local community. The health equity teams provided capacity to support a grass-roots approach to developing culturally sensitive initiatives and had enabled PCNs to develop 41 clinically led initiatives and better link with population heath work. Community champions were also trained to provide health and wellbeing advice directly to their communities. Examples included culturally competent group consultations for those living with Diabetes, activities to raise awareness of cancer screening, and 'health and wellbeing fairs' linking support from debt and wellbeing advice to holistic therapies with support from primary care networks.
2.04	Kenny Gregory outlined work on access to mental health crisis pathways for young Black men which had involved direct conversations with patients as well as engagement with a range of community partners, to understand the best way to support early intervention and provide more accessible local services. A separate pilot project was aiming to address a need expressed during feedback for better access to Black therapists and counselling support. A further project aimed to address hypertension in Black African and Caribbean communities focusing on particular areas of unmet need such as support for people working in health and care settings.
2.05	Paul Najsarek asked about the approach to evaluation of the work, noting outcomes could take some time to be realised. Dr Angela Bhan suggested gathering statistics such as people identified with for high blood pressure. Dr Catherine Mbema noted that because of the range of complex interventions specific evaluations were starting with the Health Fellows, as well as the education programme which could help test which initiatives were most successful. Dr Aaminah Verity noted that measuring the increased capacity was important as well as the outcomes which may take some years to be realised.
2.06	Dr Angela Bhan asked if there was work on individual communities within the

	Black African and Black Caribbean population noting that sometimes there were quite marked differences from a population health perspective.
2.07	Peter Matthew asked about the socioeconomic inequalities within communities and asked if there was information about how this fed into the inequalities being felt.
2.08	Meera Nair praised the element of ongoing dialogue with communities which was frequently forgotten in the later stages of projects, as well as the concept of community champions which might have applications. She asked about the link of homelessness on the mental health issues that were being dealt with.
2.09	Prof Clive Kay asked if the acute providers were doing enough to communicate the complex information about hypertension that would help people understand their condition. He also asked whether the programme had identified a way to identify further areas of inequality of which commissioners were not yet aware, for example population health insights.
2.10	Tosca Fairchild welcomed the engagement with communities but highlighted the maternity services were a particular area where concerns about inequalities had been expressed.
2.10	Dr Catherine Mbema noted there was specific opportunity identified in the report to understand the nuances between different groups within the Black communities as well as recommendations on maternity and to consider the wider determinants of the Health and Wellbeing Strategy for Lewisham included housing as one of the key areas of intervention
2.11	Richard Douglas asked place executives to work together to share anything which could be useful to help other boroughs dealing with health inequalities, and asked what the ICB could do to help. Ceri Jacob reflected that the benefit of many of the interventions would take some time to be realised and asked the board to allow the initiatives the necessary time to take effect.
2.12	The Board **noted** the presentation.
3.	**Proposed Changes to the ICB's Governance**
3.01	Tosca Fairchild described proposed changes to the ICB's governance including appointment of an additional non-executive member and nomination of a senior independent director and deputy Chair. Each Place in south east London would be partnered with a non-executive member. The changes would increase the Board's non-executive capacity and the Board were asked to approve the necessary change to the ICB's Constitution ahead of submission to NHS England.
3.02	Professor Clive Kay asked if the senior independent director should be chosen by the Board rather than appointed by the chair to reflect practice in NHS Trusts. Tosca Fairchild noted that ICB guidance was still in development however the changes so far aimed to align with a new leadership framework as well as guidance on the fit and proper persons test recently issued. It was expected the Board would be given an opportunity to approve the Chair's nomination.
3.03	Dr Angela Bhan asked whether a formal relationship should be created between Board non-executive members with the lay members of local care partnerships. Andrew Bland suggested that a Lay Members Forum had worked well in the past

	as a way of linking the non-executive resource across the ICB.
3.04	The Board **approved** the recommendation that the Board is increased by one additional NEM, the proposed assignment of NEMs to places, their leadership of committees and their leadership on specialist areas and the proposal that the chair appoints one non-executive member as the SID and Deputy Chair.
3.05	The Board **approved** the proposed changes to the ICB constitution for submission to NHS England.
4.	**Chief Executive's report**
4.01	Andrew Bland presented the chief executives report. • The management cost reduction (MCR) programme would reduce the ICBs headcount (whole time equivalent) from 845 to 640 and deliver savings of approximately £12m. The new structure included new roles needed by the ICB going forward, which provided opportunities for displaced staff and reduced the need for redundancy and associated costs. Progress was being made to match staff with these roles so that of the 163 vacant posts available the end of consultation only 117 remained to be filled. • Further NHS planning guidance had been released for 2024/25 which would be implemented by the ICB to amend existing plans. • The board were invited to thank Stuart Rowbotham for his work for the ICB and welcome Diana Braithwaite as the new Bexley Place Executive Lead, and to congratulate Martin Wilkinson on his appointment to Director of the South London Office of Specialised Services and welcome Darren Summers as the new Southwark Place Executive Lead.
4.02	Paul Najsarek asked about the effect of the MCR programme on ICB staff and whether risks to the delivery of core business were materialising. Andrew Bland acknowledged the uncertainty and anxiety caused for many colleagues, but confirmed delivery of core business had not been affected. Sarah Cottingham added that the new structures had been designed around the ICB's future requirements as way of mitigating this risk. Ceri Jacob added that a New Ways of Working programme would begin to prepare colleagues for work in the new organisation.
4.03	Paul Najsarek asked whether the implementation of the Epic programme had now been completed and associated issues resolved. Prof Clive Kay advised that the implementation of Epic in Kings College Hospital NHS FT and Guys and St Thomas NHS FT over the last 6 months had been the largest single roll-out in the history the Epic system. In the current stabilisation phase of the programme there were some remaining issues, for example it was taking longer than expected to restore activity reporting to pre-Epic levels. As these issues were resolved the programme would move to its optimisation phase, and already there were indications of the systems potential; in the first five months 275,000 people had registered for MyChart app a portal for patients to securely access parts of their health records and early data suggested the 'did not attend' rate had been halved amongst those using the app.
4.04	The Board **noted** the CEO Report

5	**Board assurance framework**
5.01	Tosca Fairchild presented the board assurance framework, asking the Board to note 15 risks which were above the risk appetite threshold in south east London, and 4 risks from Local care partnerships in Bexley, Lambeth and Lewisham, all of which had been reviewed by relevant committees. Responding to the Board's feedback, a differentiation had been made between risks relating primarily to the ICB and those relating to the whole integrated care system. During 2024-25 a small working group would be set up to refine the approach to system-wide risks.
5.02	Andrew Bland brought to the board's attention risk 512 relating to the approval by NHSE of the ICBs redundancy plans including further approval of the department of health and social care.
5.03	Paul Najsarek welcomed the inclusion of system risk following board discussions and asked for an assessment of overall risk in relation to safeguarding, in light of a reduction in score for safeguarding risk 433 but an additional safeguarding risk 513. Paul Larrisey noted that working closely with the provider affected by risk 433 had allowed the risk to be reduced. Local work continued with the borough on risk 513.
5.04	Dr Ify Okocha asked how the risks could be managed effectively through the workplans of relevant committees to give assurance to the Board. Richard Douglas noted that proposed changes to the committees would include discussion on how they received assurance on risk and other areas.
5.05	The Board **approved** the board assurance framework.
6	**Report of Committees** **Overall report of committee and provider collaborative**
6.01	Tosca Fairchild asked the board to note and approve the recommendations from committees for board approval.
6.02	The Board **noted** the Committees report of decisions and activities and the items recommended for approval.
6.03	The Board **approved** the revised standing financial instructions.
6.04	The Board **approved** the revised Lewisham local care partnership terms of reference.
6.05	The Board **approved** the Public Sector Equality Duty report and Gender Pay Gap report.
	Quality and Performance committee.
6.06	Sarah Cottingham gave an update on performance • **A&E performance** continued to be challenged by a combination flow and staffing challenges, one-off issues such as pathology reporting delays, and high demand particularly in relation to mental health issues in emergency departments. Bed occupancy was higher than planned, however there had a positive reduction in 45-minute ambulance handover delays and a year-end position of 72.2% delivery of the key 4-hour target had been achieved thanks to improvements during Q4 relative to Q2 and Q3. Plans for 2024-

25 would use learning to implement improvements to flow management and escalation procedures and create additional capacity for mental health patients.

- **Elective performance targets** had been significantly impacted nationwide by industrial action, and in south east London additionally affected by planned activity reductions as to allow Epic implementation. As part of a national re-forecasting exercise systems were asked to focus on reducing waits of 78 weeks. South east London performed better than expected with a year-end position of 265 78 week waiters, of which 55 were due to patient choice and 27 related to known national issue relating to paediatric spinal surgery. Mutual aid and additional capacity was being laid on to focus on eliminating these remaining long waits before the focus would turn to eliminating 65-week waits by September 2024.
- Year-end **targets in relation to Cancer** had been exceeded and the faster diagnosis was expected to be met and the board had received a detailed presentation.
- **Non-acute performance** was positive overall, although mental health was not meeting start year plan due to greater than anticipated out-of-area placements and use of independent sector. The dementia diagnosis rate continued to be delivered but with more work to reduce variation. New diagnoses were driving a higher than planned hospital admissions for people with learning disability and autism. There was an ongoing challenge on waits for autism assessment. Community services continued to exceed national targets in relation to rapid response and GP appointments were above plan in January and February.

6.02 Professor Clive Kay thanked colleagues across the system who had worked to support a significant improvement in performance in emergency care standard during March and asked how it might be possible to maintain some of the improvements that had been secured. Sarah Cottingham noted that within overall positive performance there had been some variation by hospital site, and so two exercises had been undertaken already to identify lessons from each area. Initial findings suggested useful factors were focused input from executives, permission to try new approaches, and small amounts of funding to back these approaches.

6.03 Richard Douglas acknowledged the areas of positive performance which had been noted in the report but noted the Board had agreed additional mental health capacity to address issues such as mental health pressures in emergency departments and out of area placements and asked if there was information on the impact so far. Sarah Cottingham noted that use of 30 beds at the Priory had continued into 24-25 and 26 additional beds commissioned in south London and Maudsley. Following difficulties with recruitment both wards were expected to open at the end of April. The additional beds were mainly expected to have a positive impact on ED performance, whereas there were a range of other measures aimed at reducing out of area placements.

6.04 Paul Larrisey updated on quality and safety issues:

- Implementation of the new patient safety strategy had resulted in an expected reduction in serious incident reporting and an increase in themed patient safety events. All large acute and mental health providers had submitted plans for PSIRF and work on system quality priorities.
- A high-level view of serious incidents in the last quarter showed delayed diagnosis as a continuing theme due to capacity issues.
- Two ‘never events’ had been reported in relation to retained objects.

- Unexpected deaths had increased across Q4 particularly in one provider, and this was being assessed rule out clinical issues requiring action.
- An increased number of quality alerts in relation to Epic were being raised and these were being fed into the programme. Quality alerts were also being raised in relation to pathology services.
- Improvement plans for Paediatric audiology in the three south east London providers of this service had been approved.
- A SEND inspection in Bexley had resulted in an improvement notice, however a local improvement plan developed in response had now been accepted by the CQC and Ofsted.

6.05 Paul Najsarek noted the spike in unexpected deaths, and asked if there was data from previous years that could allow concerns to be identified in other areas. Richard Douglas asked if the causes of the increase had been identified to decide if further action was required. Paul Larrisey that themes of quality alerts and SIs remained quite consistent over the years noted that the spike in unexpected deaths was still being investigated but thought to be as a result of reporting rather than a particular theme.

6.06 Dr George Verghese noted that an unprecedented increase in quality alerts for primary care in Q3 and Q4 attributable to diagnostic delays associated with Epic implementation, an issue of some concern for primary care. Sarah Cottingham pointed out that there were a high volume of tests associated with pathology and changes including roll out of national changes and a new centralised hub. Dr George Verghese suggested issues could be wider than reported given some reporting fatigue on the quality alert system which some primary care colleagues felt may not be having an effect. There were lessons to learn on communication and change management for future pathology related outages. Dr Ify Okocha added that difficulties in diagnostics also extended beyond primary care.

6.07 Professor Clive Kay referred to the additional 'never event' reported in relation to a retained swab, and noting the ongoing work on retained swab incidents asked how the learning was being disseminated and how oversight was being maintained. Paul Larrisey noted that the Local Maternity and Neonatal Service sponsored a maternity surveillance group to maintain oversight in this area.

Planning and Finance Committee

6.08 Mike Fox updated on finance:

- At month 11 system reported a deficit of £108.5m, representing a £101m adverse variation from plan.
- Through work associated with the national re-forecasting exercise the system had planned for a £63.7m deficit position for the year and based on work with providers and subject to final checks the board could be assured this position would be met.
- Industrial action costs had been a key factor throughout the financial year. National funds had been disbursed to mitigate this however the direct and indirect costs had been higher than the funds received. Significant use of the independent sector capacity throughout the year had also resulted in additional costs.
- The ICB as an organisation had lived within its resources for month 12.

6.09 Paul Najsarek asked whether the improvement between the £108m and £63.7m deficit positions was one-off or could be sustained. Mike Fox noted that the

	movements could be attributed largely to a timing issue between the costs of industrial action accounted for and the funding provided to offset those costs being received. There were also some non-recurrent adjustments to savings profiles and other corrections.
6.10	Richard Douglas added that although the deficit position had not worsened, the system should not have a deficit, and the position could not entirely be explained by the impact of industrial action. It was important for the Board to both recover the financial position in the short term and achieve longer term sustainability.
6.11	The Board **noted** the updates from committees.
7	**Primary Care** *Primary/Secondary Care Interface*
7.01	Dr Toby Garrood reminded the Board that the NHS primary care access recovery plan asked ICBs review four key areas in relation to the interface between primary and secondary care. 'Onward referral' addressed the situation where patients were referred from secondary care to primary care to be referred again to a secondary care colleague. 'Completing episodes of care' related to patients receiving fit notes, discharge letters and everything they needed to minimise further intervention from primary care. 'Call and recall' dealt with better mechanisms for arranging test results and follow up appointments without the need for primary care and 'clear points of contact' advocated clear routes for primary and secondary care to communicate. Engagement with over 200 stakeholders locally revealed widespread enthusiasm and keenness to support this work, and a recognition of the four areas as priorities. Additionally, factors such as better information for patients, better mutual understanding between primary and secondary care colleagues of pressures faced and the impact of actions on colleagues. Leaders had been established for system interface groups to take forward other priorities, and the quality alert system had been identified as a useful tool to measure improvements made.
7.02	Richard Douglas observed that most of the issues raised seemed to require changes in secondary care rather than being implemented from primary care, he asked what barriers had prevented their implementation in the past.
7.03	Dr Angela Bhan pointed out that the interface issues were not just in planned care but urgent and emergency care, mental health and community services. The group on this area set up in Bromley had found that it was necessary to progress step by step to allow for developments such as changing electronic systems.
7.04	Dr George Verghese reported some disappointment amongst primary care colleagues that efforts to address interface issues over some years had not been more successful. The Fuller stocktake had recommended systems organised around primary care where 90% of healthcare activity took place, and which was exceeding expectations in delivery of appointments. However despite agreement between clinicians on the need to resolve issues, little real integration had been seen, and planning documents focused on appointments rather than integration. It would be for the south east London system to organise itself around primary care.
7.05	Sarah McClinton reflected on the importance of relationships, behaviours and culture, and pointed to some of the challenges on staff turnover and recruitment

as complicating the work.

Professor Clive Kay suggested that some improvement had been made but some behaviours needed to be unlearned, for example secondary care clinicians had previously been asked not to make onward referrals at all in a tariff-based system, and there was an ongoing issue of primary care patients still attending in emergency settings. It may therefore be better to revisit fundamental models of care as well as attempting incremental improvements which may free up time in one area at the expense of delays in another; the distinction between primary and secondary care was itself unhelpful, particularly from the point of view of patients who simply wanted the right treatment in a timely way.

Andrew Bland [noted that a discussion had been called within the ICB to discuss progress on the Fuller review 2 years on], pointing out that variation across primary care persisted and although primary care networks had tended to bring together colleagues working in similar roles, there was an an opportunity to develop true integrated neighbourhood teams. Involvement from trusts at clinical director level would likely be important for this.

Dr Toby Garrood noted that there was keenness with clinicians to proceed to resolve the issues, and other ICBs had codified the documents which may help.

Action: Chair to meet with Medical Director CEO and Primary Care representative member to discuss priority actions.

Primary care access recovery plan

Sam Hepplewhite referred members to the primary care access recovery plan which highlighted progress since the last update. Attention was particularly drawn to the detailed annexes describing the work being undertaken at place and a summary of spend on this had been provided. Action ICB12 denoted a piece of work to ensure consistency across the boroughs but in future years this would rely on self-assessment. An ARRS (Additional Roles Reimbursement Scheme) utilisation of 92% was forecast - a significant improvement from previous years. 98 community pharmacies had engaged with the Pharmacy First scheme to provide advice on common conditions. All practices had plans to or were already maximising the features available via cloud telephony. Utilisation of NHS App was increasing.

Andrew Bland highlighted the transformative potential of the NHS App in primary care and beyond. Ranjeet Kaile agreed suggesting where figures on how many users had enabled push notifications would be a helpful indicator of how useful they were finding it. Meera Nair noted that it was important to keep track of utilisation of the app as people tended to delete apps they didn't use. Dr George Verghese suggested there was an opportunity over the next two-three years to maximise benefit of public engagement with the NHS App and the fact that most practices having the same online messaging solution.

Ranjeet Kaile emphasised the importance of digital telephony to directly tackle problems with access. Dr George Verghese noted that digital telephony could help collect real-time activity data for primary care - filling a gap in this area. The ICB had done well to maximise access to and use of funding for digital infrastructure.

Dr George Verghese welcomed the engagement of community pharmacy with

Pharmacy First which would help integrate general practice and local pharmacy for the benefit of the patient.

Ceri Jacob emphasised the importance of communication across the system to help local residents as well as NHS and care staff navigate the changes.

Richard Douglas recognised the progress that had been since the Board had received the first report in November, and suggested the Board should receive more information in a future session on utilisation of the NHS App **Action**

The Board **noted** the primary care update.

8 **Cancer**

Performance

8.01 Sean McCloy explained that cancer pathways required co-ordination of multiple factors such as diagnostic access and treatment capacity. Following consolidation of complex surgical work into centres, some pathways spanned more than one provider in south east London which introduced the potential for delays compared with a single trust pathway. Trusts also provided complex surgery to patients beyond the south east London area and these patients were often referred in with little time remaining to meet the standards for diagnosis and treatment.

- In 2023/24 trusts had been asked to set performance trajectories of reducing the backlog of people waiting 62 days from referral to a diagnosis of cancer and/or waiting for cancer treatment. The 62-day backlog target in 2023/24 had been affected by industrial action and the impact of activity reduction during Epic roll out, but had now been recovered to 467 in line with agreed trajectory.
- The 28-day faster diagnosis standard measured all referrals of suspected cancer to diagnosis. There were approximately 7500 referrals monthly of which 5% to 7% would end in cancer diagnosis. Achievement of the target declined from August 2023 but had now been recovered to 76.30%, above the national target of 75%.
- Carl Glenister noted that South east London was proud of the rapid diagnostic clinic services for patients whose symptoms did not indicate a particular pathway. GPs could refer to three sites across SEL and work to increase referrals to reflect 75% population coverage was ongoing.
- The ICB and cancer alliance were working to improve the percentage of referrals accompanied by a FIT Faecal Immunochemical Test which could support early diagnosis rates and potentially reduce need for endoscopy, performance was around 80% of referrals through a combination of measures including communications and work with GPs.
- NHS planning focus in 2024/25 would be on 70% performance against the 62day standard (as the backlog target for 2023/24 had largely been met nationally) as well as an increased target of 77% for the faster diagnosis standard. Improvements would require increasing capacity to improve time to diagnosis, embedding innovations like tele-dermatology, and would focus on national priority pathways as well as tying to reduce the time from patient consent to the start of actual treatment.

Inequality

8.02 Dr Anthony Cunliffe and Smitha Nathan noted that work on early diagnosis, along

	with prevention and timely treatment was key to improving outcomes for Cancer which was a leading cause of mortality in south east London. The systems early diagnosis rate was 58.4% and while other systems had similar rates the NHS Long Term Plan ambition was 75%. There were also inequalities in relation to access, experience and outcome, and key to this would be securing equitable and early diagnosis. They gave a detailed account of action to address these inequalities including targeted action to improve access and outcomes for Core20Plus5 and Black populations included Breast Screening, Prostate Cancer awareness campaigns, Lung health checks and an NHS Galleri trail focused on asymptomatic population, with support for of people from black ethnic backgrounds to participate who were typically underrepresented in clinical trials. The SEL Cancer Alliance Health Equity Group shared learning across the sector.
8.03	Prof Clive Kay welcomed improving performance but asked how harm to the remaining patients waiting longer than 62 days would be assessed and managed, and whether the SEL Cancer Alliance had a role to play to address the impact of importing patients from other areas had on performance.
8.04	Paul Najsarek suggested there may be opportunities for preventative interventions working with public health following the recent change in the law on smoking.
8.05	Dr Angela Bhan referred that work on early diagnosis and asked about the white and Asian populations. While early diagnosis had increased in the most deprived quintile it did not seem to be reflected in the least deprived, whereas campaigns might be expected to benefit all groups.
8.06	Dr Toby Garrood asked about drivers of increased demand such as waiting lists elsewhere and whether survival rates varied by any specialty.
8.07	Ceri Jacob asked whether the impact and risk of delays that seemed to result more complex pathways was outweighed by the benefits.
8.08	Sean McCloy noted that the benefit of the alliance was that the links with other similar alliances in London and beyond to share learning. Patients on the waiting list would be reviewed on a weekly basis for next steps and subject to clinical review, and instances of harm would be identified through the clinical governance including within particular tumour groups and learned from. There were generally good outcomes for cancer in south east London but with some lower than national average and detailed information could be provided outside the meeting.
8.09	The Board **noted** the update.
9	**Any Other Business**
9.01	There was no other business.
10	**Public Questions and Answers**
	Question and Comment
10.01	**A member of the public highlighted the importance of better signposting to the many organisations offering help and support to unpaid carers. In Lewisham there were 20,000 unpaid carers in need of support but they had not been mentioned in the board meeting, and the website had not been updated with the information that could support them.**

10.02	**A member of the public noted the focus on Cancer inequalities but pointed out that diabetes and dementia were also significant issues affecting people and those that cared for them. Carers support organisations were waiting for action to support carers.**
10.03	Andrew Bland noted that place executive leads present had offered to take up issues after the meeting. Given the localised support needed and the close links with local authorities, local care partnerships may be the best place to address the issues raised.
`	**Close**

NHS South East London Integrated Care Board
ACTION LOG

REFERENCE	DATE ACTION AROSE	ACTION DESCRIPTION	STATUS	ACTION OWNER	DATE FOR COMPLETION	UPDATE/NOTES
ICB 006	31-Jan-24	The Board to take time for a further exploration on digital equality at a future seminar session	to be closed		17-Jul-24	to be scheduled for board seminar before next meeting
ICB 007	17-Apr-24	The Board to receive update on work on infant mortality raised at baord in January 2024	open	MW/PL	16-Oct-24	
ICB 008	17-Apr-24	Chair to meet with AB, TG and GV on any key actions to progress primary care interfaces	to be closed	RD/AB	17-Jul-24	meeting taken place

NHS South East London Integrated Care Board

Item: 2
Enclosure: C

Title:	**2023/24 ICB Annual Report and Accounts**
Meeting Date:	**17 July 2024**
Authors:	Julie Witherall, Director of Financial Management Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Mike Fox, Chief Finance Officer & Tosca Fairchild, Chief of Staff

Purpose of paper:	The purpose of the paper is to present to the Board at a meeting held in public the ICBs audited annual report and accounts for 2023/24.	Update / Information	
		Discussion	
		Decision	**X**

Summary of main points:	The South East London ICB annual report and accounts for 2023/24 is presented to the Board in line with NHS England guidance, which requires presentation at a meeting held in public by 30 September 2024. The audited annual report and accounts were submitted to NHS England on Wednesday 26 June 2024, well ahead of the deadline of Friday 28 June 2024, following the issue of an unqualified opinion by the ICBs external auditors. The annual accounts reported achievement of all the ICBs financial duties and targets for 2023/24, including specific data on health inequalities in response to new guidance issued in November 2023. The annual report will be used by NHS England as a principal source of assurance for the ICBs annual assessment. The ICB is required to publish the annual report and accounts on its website by 23 September 2024. Use this link to view the full report
Potential Conflicts of Interest	Not applicable

Relevant to the following Boroughs	**Bexley**	**X**	**Bromley**	**X**
	Greenwich	**X**	**Lambeth**	**X**
	Lewisham	**X**	**Southwark**	**X**
	Equality Impact	Not applicable		

	Financial Impact	The accounts report the financial performance of the ICB for the 2023/24 financial year.
Other Engagement	Public Engagement	The annual report and accounts are required to be presented at a meeting held in public by the end of September 2024.
	Other Committee Discussion/ Engagement	The draft and audited annual report and accounts were reviewed and approved for submission by the ICB Audit Committee, in line with the ICB's scheme of reservation and delegation.
Recommendation:	Board members are asked to **approve** 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.	

2023/24 Annual Accounts and Annual Report

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

1. Introduction

1.1 The purpose of this paper is to provide an update for the Board on the ICB annual accounts and annual report for the year ending 31 March 2024.

2. Submission of Annual Accounts and Annual Report

2.1 The final, audited ICB annual accounts and annual report, together with all required supporting documentation, was submitted to NHS England in advance of the national deadline of 9am on 28 June 2024.

3. Governance Arrangements (including the external audit) of the Annual Accounts and Annual Report

3.1 The annual accounts and annual report were presented to the ICB Audit Committee on 20 June 2024, for approval under delegation from the Board. The ICB's external auditors presented their Audit Findings Report and Annual Audit Report to the committee members at the same meeting, noting a smooth first year audit and proposing an unmodified opinion to the accounts. On this basis, the Audit Committee approved the annual accounts and annual report.

3.2 The ICB has received an unqualified opinion on the annual accounts from its external auditors. Specifically:

- An unqualified opinion on the financial statements
- Regularity - the expenditure and income recorded in the financial statements had been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them
- Nothing to report in respect of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

3.3 There were two unadjusted audit differences in the ICB's annual accounts. The ICB estimated the costs of prescribing accruals for 2 months of the year and the actuals when received differed by £2.2m (overstatement) and similarly the ICB estimated the CHC accruals required the audit team re-calculated this it was estimated to be £0.866m understated. Management agreed with the audit team not to adjust for these as they were estimation errors which were not material on expenditure of circa £4bn. (Refer to ISA 260 Report).

3.4 Aside from the usual presentational changes agreed with our external auditors, the final audited annual accounts were consistent with the draft accounts submitted at the end of April 2024.

4. Financial Performance of the ICB

4.1 The ICB achieved all of its financial duties/targets for the financial year 2023/24. These are summarised below:

- An underspend against the overall resource limit of £46,000
- An underspend against the running cost allowance of £3,910,000
- Delivered all targets under the Better Payments Practice Code (BPPC)
- Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard (MHIS)
- Delivered its year-end cash book position, well within the target cash balance

5. Annual report

5.1 The annual report has been produced in accordance with NHS England and Treasury guidance. The contents have been sourced from departments across the ICB in order to reflect the breadth and depth of the collaborative work that has taken place across our six boroughs. In accordance with NHS England's Statement on Information on Health Inequalities, published 27 November 2023, the ICB has included a specific section in this years report on health inequalities on how the ICB is responding.

5.2 The report has been reviewed as part of the external audit process with no material matters of concern noted.

5.3 Consistent with the approach last year, NHS England have indicated they are intending to use the annual report as a principal source of evidence to assess the ICB's delivery against its statutory duties. Following a review of the draft annual report, initial comments were received from NHSE on areas where additional evidence would be helpful, and this was addressed in the final report.

5.4 In addition to the full annual report and accounts, published in line with guidance, a summary of highlights will also been published for ease of reference.

6. Conclusion

6.1 The final, audited versions of the annual accounts and annual report are available to view here on the ICB's website. The deadline for doing so was set by NHSE as 23 September 2024, with the annual report and accounts to be presented at a meeting held in public by 30 September 2024. This second obligation is being met through delivery of this report.

NHS
South East London

NHS SOUTH EAST LONDON SUMMARY ANNUAL REPORT

Our Year 2023/24

Our Year

Welcome to our Annual Report Summary 2023/24

Welcome to the NHS South East London Integrated Care Board (ICB) summary annual report for 2023/24. This has been a difficult year with industrial action, inflation and high demand stretching our resources and preventing us from delivering the standards of service we all want. At the same time, we have had to deliver a one third reduction in our internal costs to release resources for direct patient care.

Throughout, our focus has remained on providing safe, high-quality care across our six boroughs. We are proud of our relentless efforts to reduce health inequalities, and through six local care partnerships we are building a better understanding of the wider determinants influencing the health and wellbeing of our population and how best to address them with our partners in local government and the voluntary sector.

With input from local people, we developed a vision for transforming health and care in south east London with five strategic priorities. These are prevention and wellbeing, children and young people, adult mental health, primary care and care for people with long-term health conditions. These all provide significant opportunities to work together to improve health outcomes, reduce health inequalities and join up care.

The year saw:

- The publication of our Joint Forward Plan which sets out our medium-term objectives and plans to meet the health needs of our population.
- The world's largest implementation of the Epic patient record system was launched in two hospital trusts, improving care delivery.
- New roles, weekend appointments, online consultations, and improved triage systems now offer more options in primary care.
- The celebration of the NHS's 75th anniversary and arrival of Empire Windrush, opening of the Tessa Jowell Health Centre, and funding secured for a second Community Diagnostic Centre.
- The publication of our new Charter for working with the Voluntary and Community Sector.
- Many awards recognising the work of our services and partners including supporting the homeless, mental health, children, and community nursing. Oxleas NHS Foundation Trust won the HSJ Trust of the Year award.

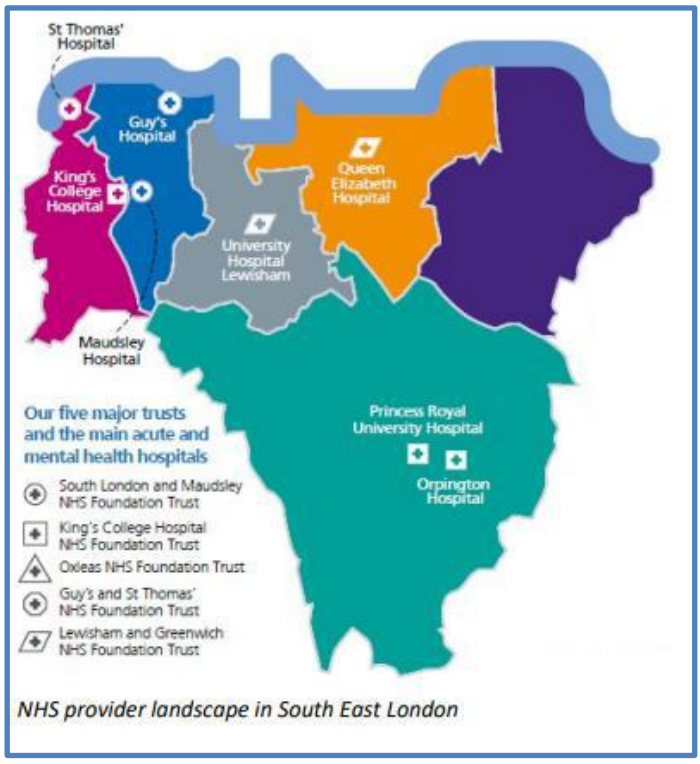
Although as an Integrated Care Board we managed within our allocated budget, last year we overspent as a system and improvements are needed in meeting important service standards. These remain immediate priorities. But we need to tackle these alongside transforming the way we deliver care and preventing poor health. We have confidence in our dedicated staff, robust services and strong partnerships to deliver these and drive meaningful change. We look forward to continuing our collaborative efforts to help everyone in south east London live their healthiest lives.

Richard Douglas, Chair

Andrew Bland, Chief Executive

Who we are

- NHS South East London Integrated Care Board was established on 1 July 2022.
- We are responsible for allocating public money and planning and delivering a wide range of health and care services.
- Part of the South East London Integrated Care System covering six local authorities, five trusts and 196 GP practices.
- Highly diverse population of two million people with significant health inequalities.
- Life expectancy can vary up to nine years between the most and least deprived areas of individual boroughs.



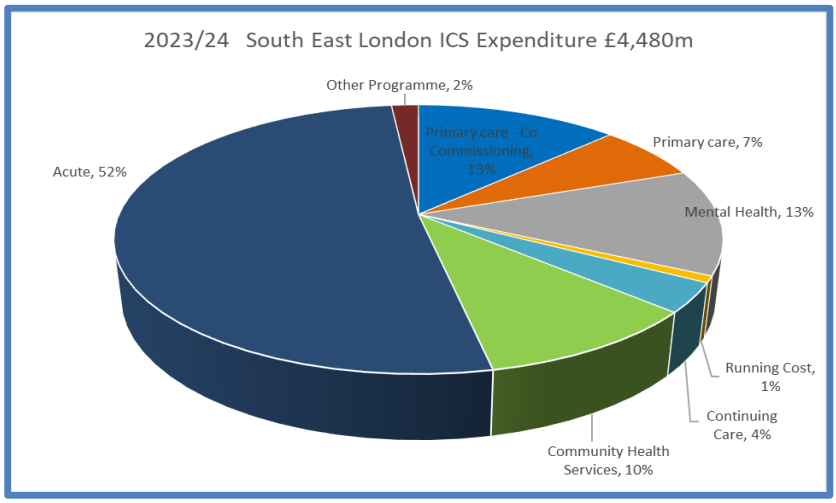
NHS provider landscape in South East London

Our vision for future health

How we spent our money

We were given £4,480m in 2023/24 to fund the following services for our population:

- Hospital
- Community
- Primary care
- Mental health
- Community care
- Continuing care
- Running costs



We fund the prescribing costs of GP practices and hold delegated responsibility, from NHS England, for commissioning primary care, dental, pharmacy and ophthalmic services within south east London.

Primary care co-commissioning funds are used to jointly plan and manage primary healthcare services to deliver more integrated and effective services.

Read our full accounts in our annual report at www.selondonics.org.uk

How we did

Requirement	***Delivered***	***Target***
Cancer 28 day waits (faster diagnosis standard)	75.1%	75%
Dementia diagnosis	69.7%	66.7%
CYP eating disorder wait times – urgent	100%	95%
Cancer 31-day decision to treat	87.3%	96%
Cancer 62 day referral/upgrade to first treatment	58%	85%
A&E four-hour performance	72.2%	95%
Elective referral to treatment	54.2%	92%

These are examples of our performance against national standards. The full performance report is available in our annual report.

Community based care: More community-based care is being provided to avoid unnecessary hospital admissions. This is supported by the continued development of our urgent community response and reablement services, the expansion of virtual wards and remote monitoring, and the transformation of community-based mental health services.

Reducing Health Inequalities: We embed population health management approaches into our planning and delivery of services, focusing on reducing inequalities in access, responsiveness, and outcomes. By conducting checks targeting the five leading causes of poor health (known as the Vital 5), providing targeted services for our most vulnerable residents, and offering proactive preventative services, we are contributing to a more equitable healthcare system.

Improving primary care: Getting a timely GP appointment is a common concern amongst patients. Whilst there is room for improvement, primary care has made great progress by offering more options, such as weekend and online consultations. The introduction of new roles within practice teams helps meet patients' varied needs, and improved triage systems ensure efficient care based on clinical urgency. Standardised GP websites are enhancing the online experience, making it easier for patients to book appointments and access information. More self-referral options are also enabling patients to seek the care they need directly.

Digital transformation: We are providing more virtual appointments for primary and outpatient care. The use of telehealth and remote monitoring of patients enables us to make the best use of NHS facilities and staff.

Meeting demand: We are enhancing capacity and efficiency to address the growing need for diagnostics, elective services, urgent and emergency care, mental health, crisis services, and bed capacity. To achieve this, we have opened new Community Diagnostic Centres, added more operating rooms and elective hubs, increased bed capacity at two of our busiest hospital sites, integrated the SEL 111 service, expanded same-day emergency care, and improved discharge planning.

High quality care: We follow best practice and evidence-based guidelines in all our services. Our clinical effectiveness team supports services with clinical guides, templates, educational events, and visits, particularly focusing on long-term conditions like diabetes and hypertension. This approach has secured funding to improve outcomes and reduce inequalities.

Spotlight on our boroughs

Each of our six boroughs has a **Local Care Partnership** which brings together NHS, Local Authority, NHS providers and other statutory and voluntary sector partners, to work collaboratively to plan and deliver healthcare which meets the needs of their local populations.

Local Care Partnerships are responsible for developing and delivering integrated, coordinated and person-centred care, improving the health of residents, reducing health inequalities, making the best use of resources available and focusing on prevention and early intervention to address health issues before they become more serious.

Good progress has been made over the last year across our six boroughs. Examples include:

- Initiatives to prevent unnecessary hospital admissions.
- Co-ordinated discharge planning so people can leave hospital quickly and safely and continue to recover at home.
- Initiatives to reduce health inequalities in some of our most vulnerable communities.
- Single points of access to various services to make it easier to get the right care from the right service.
- More integrated teams of health and care professionals working together to support people with more complex needs.

Read more about our local care partnerships:

Bexley Wellbeing Partnership

ONE BROMLEY
WORKING TOGETHER TO IMPROVE HEALTH AND CARE

HEALTHIER GREENWICH PARTNERSHIP

Lambeth together

lhcp Lewisham Health and Care Partnership

Partnership Southwark

Working together

Working with partners, people and communities is at the heart of everything we do. Their insights and experiences are invaluable in shaping services to meet their needs and building strong relationships enables us to better address health inequalities, improve access to care and have a health system that reflects and responds to the diverse needs of our population.

Our SEL ICS People and Communities Strategic Framework sets out our ambition, commitment, and approach to working with people and communities across southeast London. We have made significant progress over 2023/24, including:

People's Panel; This new panel gathers insights from over 1,000 community members on various health and social care issues. Their feedback shaped our NHS services campaign and captured experiences of using the NHS 111 service to help drive improvements under a new contract.

Let's Talk Health and Care: This platform highlights engagement projects, results, and the positive changes driven by community input.

Anchor System **programme**: By listening to over 2,500 people about barriers to thriving, we created pledges and actions to tackle these issues, reduce inequality, and make south east London healthier and fairer. We have secured funding to collaborate with voluntary sector organisations to reach underrepresented communities and find solutions together

Insight library: This library captures feedback from our communities on local services and avoids us talking to the same people about the same things.

Borough-based engagement: Local engagement informs the development of integrated care and service improvements, with community champion programmes helping us reach more people.

These initiatives are all contributing to a more equitable and responsive healthcare system.

Our full annual report and accounts is available at selondonics.org/icb

Contact us Email: contactus@selondonics.nhs.uk Telephone number: 020 8176 5330

Integrated Care Board meeting

Item: 3
Enclosure: D

Title:	**SEL ICS Green Plan 2022-25: update**
Meeting Date:	17 July 2024
Author:	James Colley, Programme Manager and Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Tosca Fairchild, ICB Chief of Staff and Sustainability SRO

Purpose of paper:	To provide an update on delivery of objectives in the ICS Green Plan and to give a view on what is required for continued delivery in the final year of the plan.	Update/information	X
		Discussion	
		Decision	
Summary of main points:	• The ICS is delivering against 67 of 85 objectives in years 1+2 (combined) of the ICS Green Plan. • The delivery position is largely supported by delivery in the five SEL Trusts. • There are opportunities to improve delivery in Primary Care and VCSE. • The third year of the Green Plan introduces 37 additional objectives, some of which are already in delivery. • At the end of 2024, NHS England will invite us to refresh the Green Plan for a minimum three-year cycle (minimum 2025-28).		
Potential conflicts of interest	None known.		

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

Other Engagement	Equality Impact	This update is provided for information only; there is no direct impact from/created by this update. The wider ICS Sustainability Programme contributes to health equality and has elements of public/patient engagement.
	Financial Impact	
	Public Engagement	
	Other Committee Discussion/ Engagement	
Recommendation:	1. The Board gives support to Green Plan delivery and update in year 3 2. The Board discusses the suggestions in section 6 of the paper	

SEL ICS Green Plan 2022-25: update

NHS South East London Integrated Care Board meeting 17 July 2024

1. Executive summary

1.1. In response to NHS England's "*Delivering a 'Net Zero' National Health Service*" report, South East London ICS has compiled and published a Green Plan detailing the actions required to meet the challenge of achieving carbon net zero by 2045.

1.2. This report outlines:

- The background to the Green Plan and the legislative requirements driving it
- The requirement for the ICS to have a Green Plan and the recurrent activities to deliver it
- The ICS Green Plan delivery position as at the April 2024 assessment
- A forward look to the third and final year of the current plan
- How the ICS and its contributor organisations will be invited to update Green Plans for the next cycle
- Requests for the Board's support in delivery

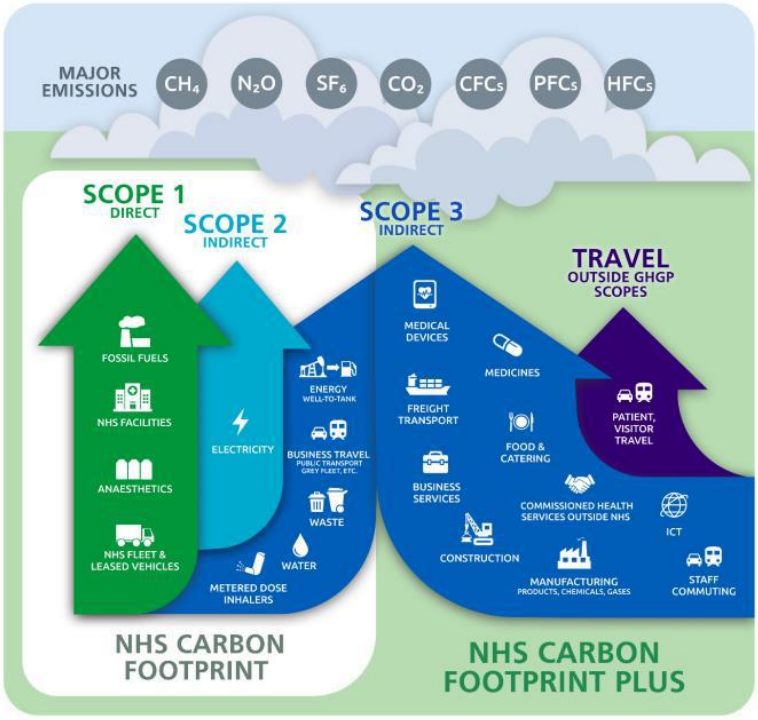
2. Background & legislative obligation

2.1. In October 2020, the NHS became the first national health system in the world to commit to delivering net zero. This means improving healthcare whilst reducing harmful carbon emissions and investing in efforts that remove greenhouse gases from the atmosphere.

2.2. With around 4% of the country's carbon emissions, and over 7% of the economy, the NHS has an essential role to play in meeting the net zero targets set under the Climate Change Act. Two clear and feasible targets are outlined in NHS England's "*Delivering a 'Net Zero' National Health Service*" report:

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

Illustration: Greenhouse gas emissions in the context of the NHS



Source: "Delivering a 'Net Zero' National Health Service"

3. Requirements of the ICB and ICS

3.1. To support the NHS net zero ambition, each trust and ICS is required to have a Green Plan which sets out aims, objectives and delivery plans for carbon reduction. Trusts compiled Green Plans first, followed by compilation (with the support of the Centre for Sustainable Healthcare) of the SEL ICS Green Plan 2022-2025, which is the three-year system-wide sustainability strategy that sets out aims, objectives, and delivery plans. The ICS Green Plan aligns with the Green Plans of the five NHS Trusts in SEL. Additionally, the ICB compiled a Primary Care Green Plan, which separates and expands on the aims and objectives specific to primary care.

3.2. The plan contains a total of 122 objectives for delivery over the three-year cycle, across 11 areas of focus:

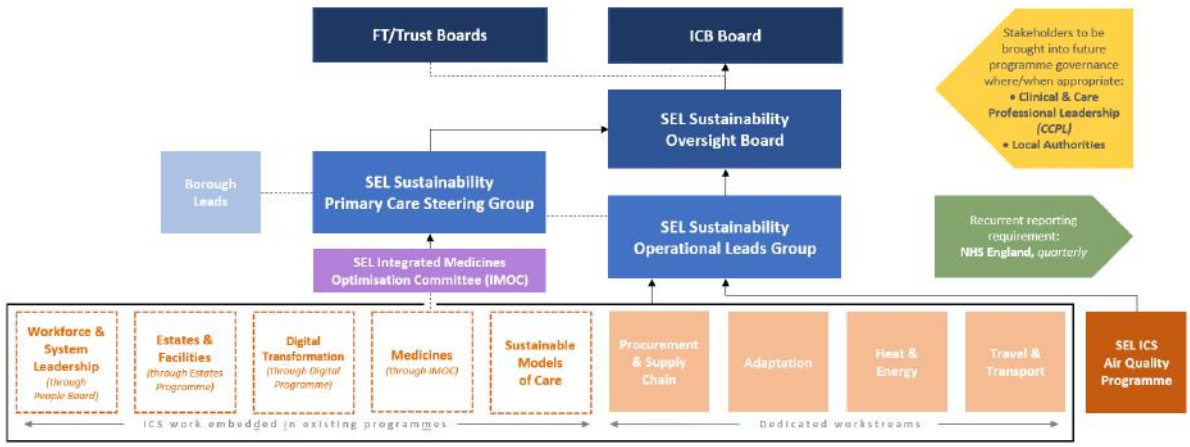
1. **Workforce and System Leadership** - defining approaches to engaging and developing the workforce and system partners in defining and delivering carbon reduction initiatives
2. **Air Quality** - identifing and delivering collaborative working across ICS organisations to improve air quality in South East London
3. **Travel and Transport** - developing plans to reduce the carbon emissions arising from the travel and transport associated with each organisation within the ICS
4. **Estates and Facilities** - developing plans to reduce the carbon emissions arising from each ICS organisation's buildings and infrastructure
5. **Sustainable Models of Care** - consideration of carbon reduction opportunities in the way care is delivered; embedding net zero principles across clinical services
6. **Digital Transformation** - identifing ways to harness existing digital technology and systems to streamline service delivery

7. **Medicines** - identifying the key opportunities to reduce carbon emissions related to each ICS organisation's prescribing and use of medicines
8. **Supply chain and procurement** - considering how ICS organisations may use their individual or collective purchasing power and decisions to reduce carbon embedded in their supply chains
9. **Food and Nutrition -** ensuring patient and service users in south east London have access to healthy, sustainable, affordable local food whilst reducing the carbon emissions associated with food from services
10. **Adaptation** - developing each ICS organisation's plans into a system-wide approach to mitigate the risks or effects of climate change and severe weather conditions on its business functions
11. **Green/Blue Space and Biodiversity -** working together to contribute to the improvement of and equal access to south east London's green and blue spaces

3.3. In the three-year cycle 2022-25, the ICS's recurrent commitments are to:

- Deliver the Green Plan objectives (by individual contributor organisation and at a system-level) and contribute to/support the delivery of others' objectives by working collaboratively
- Establish and maintain a governance structure (*see illustration, below*) to support delivery, including:
  - A bi-annual Executive-level Sustainability Oversight Board
  - A quarterly Sustainability Network, where trust operational leads are brought together to share progress, best practice and advice/recommendations
  - A quarterly Primary Care Steering Group, focussed on establishing capacity within primary care to deliver the Primary Care Green Plan

Illustration: ICS Sustainability Programme governance structure



- Monitor delivery for internal and external reporting and assurance purposes
- Publish regular staff communications to highlight the work of SEL Sustainability colleagues and to provide information, education and inspiration for staff who wish to contribute to net zero, both professionally and personally
- Provide updates to ICB Boards and Committees, as/when required

- Provide Green Plan delivery updates to Greener NHS (NHSE) at two assurance checkpoints in April and October of each year
- Attend (and contribute to) a quarterly London Greener NHS Programme Board, attended by Executive-level leads from NHSE (London) and each of London's ICSs
- Attend (and contribute to) a monthly Sustainability Forum with London Greener NHS and sustainability leads from each of London's ICSs
- Oversee SEL trusts' quarterly data submissions to Greener NHS on delivery of national sustainability priorities

4. SEL ICS Green Plan delivery position at end of year 2 (April 2024)

4.1. Delivery against ICS Green Plan objectives is assessed bi-annually in April and October, to coincide with assurance submissions to Greener NHS (NHS England). The assessment carried out in April confirms that

- The ICS is delivering against 79% (67) of 85 year 1+2 Green Plan objectives, of which:
  - 29 objectives are being delivered in full. This means there is delivery across all SEL organisations who own actions relating to these objectives
  - 38 objectives are being partially delivered. This means there is delivery across some (but not all) SEL organisations who own actions relating to these objectives
  - 18 objectives are not in delivery

4.2. Year 1+2 objectives assessed as being in delivery are listed in appendix 1a to this paper. Year 1+2 objectives not in delivery are listed in appendix 1b to this paper; which provides details on obstacles to delivery.

4.3. The Green Plan areas of focus where delivery is strongest are Digital Transformation and Medicines; where there are dedicated programmes of work that are delivering Green Plan objectives. There is also consistent delivery in Travel & Transport, Estates & Facilities and Air Quality, although the latter has only four objectives. Weakest delivery is in Sustainable Models of Care; although clinically led groups are now being established across Trusts and are starting to deliver this work.

4.4. The ICS delivery position is supported by consistent delivery by SEL's five Trusts, where each Trust has its own Green Plan and resource to deliver it.

4.5. It is important to note that there is not a consistent approach to measuring and reporting progress and/or carbon reductions across all SEL contributor organisations. Consequently, there is no ICS-wide position on carbon reduction. The ICB Sustainability team has access to a carbon 'compiler tool' and is exploring the opportunity to introduce this with Trust Leads.

4.6. Appendix 2 to this paper list a number of sustainability achievements additional to the objectives stated in the Green Plan.

5. A forward look at 2024/25

5.1. Green Plan final year

5.1.1. Year 3 of the ICS Green Plan introduces 37 new objectives. Whilst these new objectives have not been subject to the formal (bi-annual) assessment process, a snap assessment suggests that:

- c.25% of the new objectives are already in partial delivery
- Many of the objectives not already in delivery are aligned to existing workstreams. Therefore, a majority of the new objectives can be delivered (partially, if not fully) and the overall delivery position will be maintained throughout 2024/25

5.1.2. The system's ability to deliver year 3 objectives (and the remainder of year 1+2 objectives not yet in delivery) is dependent on the resources and subject matter expertise available within the system, but neither is abundant. There are some external funding opportunities available via bid/expression of interest, but they are non-recurrent and the eligibility criteria are often highly nuanced, making any monies specific to defined (typically clinical) workstreams and not for general or sustained Green Plan delivery.

5.1.3. It is of growing importance to identify and take opportunities to improve delivery in Primary Care and the VCSE. These sectors do not have their own plans or dedicated resource and are therefore often unable to prioritise sustainability. Delivery of Green Plan objectives from these sectors is therefore lesser and/or slower.

5.1.4. To support delivery of objectives in the Workforce and System Leadership area of focus in year 3, the ICB will roll out a mandatory e-Learning for Health (eLfH) sustainability training module in 2024/25. This training must be undertaken by all ICB staff as a one-off session.

5.2. Green Plan update

5.2.1. Greener NHS (NHS England) has advised that an update of Green Plans will be required and will be effective as of April 2025. This will allow for a review of objectives in the current iteration of the plan, and realignment to current priorities and resource levels and future ambitions. We are furthermore advised that:

- Formal guidance advising of the requirement [to update] is to be published by the end of October 2024
- The updated plans will need to cover a minimum period of three years
- The timescale for completion and publication of updated plans is not yet decided and will be confirmed in the formal guidance
- Trusts will be required to update their plans first, followed by ICSs
- Greener NHS will offer multiple engagement opportunities to allow ICBs and ICSs to inform and influence the guidance and update process (the first London Region engagement meeting was held on 29 May)

5.2.2. The ICB sustainability programme team will hold a series of 1-to-1 meetings with programme contributors to understand preferred approaches, sustainability priorities and opportunities for joint working. The outputs of these will be converted to a set of 'Green Plan update principles' which will inform the update of the ICS Green Plan.

6. How the ICB Board can support delivery – *for discussion*

- **Resources** –support discussions of dedicated sustainability funding being made available nationally.
- **Commitment for ICB Executive and Senior Management to undertake the sustainability training which will be rolled out as a mandatory (one-off) training in 2024/25** – role-modelling the commitment to delivering net zero and making sustainability a key component of everyday decision making.
- **Nomination of Place Primary Care Sustainability Champions to extend programme reach.** Nomination of colleagues to support delivery of the Green Plan in Places and across primary care is essential for continued improvement of Green Plan delivery.
- **Support the inclusion of environmental impact on the 'other engagement' section of ICB meeting cover sheets.** Including 'environmental impact' will support embedding considering of environmental sustainability in BAU. An environmental impact assessment tool can be made available to support colleagues in completion of this field on meeting cover sheets.

Appendix 1a – Combined year 1+2 ICS Green Plan objectives in delivery, with delivery status

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Workforce and System Development	NHS Trusts and ICB to have dedicated sustainability resource in place at board- and operational level to help drive the organisational net-zero agenda and grow the resource over time*	Year 1	ICB/Trusts	In full delivery
	Board-level leads at all NHS Trusts and the ICB to undertake sustainability training	Year 1	ICB/Trusts	In full delivery
	ICB in collaboration with primary care to establish and develop the capacity of a steering group for primary care leadership in environmental sustainability	Year 1	ICB/Primary Care	In full delivery
	ICB in collaboration with primary care to identify, educate, and resource clinical climate champions aligned with the ICS's 35 PCNs, who will in turn be supported by ICS-level leadership with protected time to work on the primary care green plan	Year 1	ICB/Primary Care	In partial delivery
	Offer all staff the opportunity to join a staff engagement forum on sustainability	Year 2	NHS Organisations	In partial delivery
	NHS organisations to ensure 1% of staff are given the opportunity to undergo sustainability training, and then annually thereafter until March 2025	Ongoing	NHS Organisations	In partial delivery
	ICB to develop an internal communication and engagement plan on behalf of all NHS organisations to influence sustainability changes	Year 1	ICB	Not in delivery
	ICS to achieve 5000 pledges across the ICS for personal sustainability commitments	Year 1	ICB/Trusts	Not in delivery
Air Quality	Identify appropriate locations for borough air quality monitoring and install monitors (nodes)	Year 1	ICS	In full delivery
	Install air quality monitors at major sites	Year 1	Trusts	In full delivery
	Review data from air quality monitors and identify actions	Year 1	Trusts	In partial delivery
	Promote anti-idling at major locations	Year 1	Trusts	In partial delivery
Travel & Transport	NHS Trusts and ICB, for new purchases and lease arrangements, to solely purchase and lease cars that are ultra-low emissions vehicles (ULEVs) or zero emissions vehicles (ZEVs)*	Year 1	ICB/Trusts	In full delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Travel & Transport	Explore whether additional facilities to support active travel are needed (e.g., bike racks, showers)	Year 2	ICB/Trusts/Primary Care	In full delivery
	Develop a Sustainable Travel Plan	Year 2	Trusts	In full delivery
	NHS Trusts and ICB to assess the use of flights for business, and ensure these are used appropriately	Year 1	ICB/Trusts	In partial delivery
	ICB and NHS Trusts to implement travel surveys, measuring patient, visitor, and staff travel to gain an understanding of travel patterns and any barriers preventing staff, patients, and visitors from using active travel	Year 1	ICB/Trusts	In partial delivery
	Promote and increase uptake of inclusive bike hire schemes, e.g., Wheels4me, an equitable, affordable, and accessible scheme to enable as many disabled people as possible to benefit from the opportunity to hire a bike	Year 2	ICS	In partial delivery
	ICS to promote apps that promote safe cycling and walking routes	Year 1	ICS	In partial delivery
	ICS to identify additional mechanisms to incentivise active travel for staff	Year 1	ICS	In partial delivery
	ICB to support active travel for NHS organisations with the training of champions, confidence training, and other measures	Year 1	ICB	Not in delivery
	ICB with primary care to develop and deliver an education package for primary care health professionals to enhance the dialogue with patients and service users about the benefits of active travel	Year 1	ICB/Primary Care	Not in delivery
Estates & Facilities	Share best practices on energy efficiency and decarbonisation (ongoing)	Ongoing	ICB/Trusts/ Primary Care	In full delivery
	Support primary care with actions to reduce estates-related emissions	Year 1	Estates Programme	In full delivery
	Primary care to measure baseline energy use	Year 1	Estates Programme	In full delivery
	Continue to improve energy efficiency, including switching to LED lighting	Ongoing	ICB/Trusts/ Primary Care	In partial delivery
	Develop a road map for decarbonisation of heating and hot-water systems for main buildings	Year 1	Trusts	In partial delivery
	Reduce printing as much as possible for all meetings except for accessibility reasons	Already in place	ICB/Trusts	In partial delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Estates & Facilities	Introduce recycling facilities in all buildings	Year 1	ICB/Trusts	In partial delivery
	Undertake a campaign to increase recycling rates	Year 1	ICB/Trusts	In partial delivery
	Identify potential mechanisms to increase the return of equipment, such as walking aids	Year 1	ICB/Trusts	In partial delivery
	Ensure no clinical waste is sent to landfill	Year 1	Trusts	In partial delivery
	Ensure that domestic waste is not inappropriately disposed of in clinical waste	Year 1	Trusts	In partial delivery
	Construct all new build to net-zero carbon and aim for BREEAM excellent/outstanding (or equivalent) - exceptions agreed by estates and sustainability leads	Year 2	Estates Programme/Trusts	In partial delivery
	Identify the main reasons why patients do not return equipment and create a plan to address these barriers and increase return	Year 2	ICB/Trusts	In partial delivery
	Implement sustainability criteria for refurbishments according to NHS guidance	Year 1	Estates Programme	Not in delivery
	Procure electricity from 100% renewable energy sources	Year 1	Trusts	Not in delivery
	Investigate opportunities for bulk purchasing of 100% renewable electricity for general practices	Year 2	Estates Programme	Not in delivery
	Make the assessment of sustainability part of the business case process and as a requirement to proceed with all estates and facilities projects at ICS and organisation level	Year 2	Estates Programme	Not in delivery
Sustainable Models of Care	Offer staff training in SusQI	Year 2	Trusts	In full delivery
	Identify first pilot(s) for sustainable models of care (clinical pathways identified)	Year 1	CCPLs	In partial delivery
	Identify and establish system working group(s) for sustainable models of care	Year 1	CCPLs	In partial delivery
	Support PCNs to explore innovative models of care that aim to tackle neighbourhood health inequalities and create health within communities	Year 1	ICB/Primary Care	Not in delivery
	Establish an approach to developing and evaluating the sustainability of models of care	Year 1	CCPLs	Not in delivery
	Identify first pilot(s) for sustainable models of care (clinical pathways identified)	Year 1	CCPLs	Not in delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Sustainable Models of Care	Establish an approach to developing and evaluating the sustainability of models of care	Year 1	CCPLs	Not in delivery
	Include sustainable elements in the premium specifications for primary care	Year 2	ICB	Not in delivery
Digital Transformation	Evaluate different types of appointments to establish their clinical appropriateness and patient preferences for conducting them remotely	Year 1	ICB/Trusts/Primary Care	In full delivery
	Continue the digitisation of patient records in general practice across the ICS	Ongoing	ICB	In full delivery
	Offer all patients a Digital First appointment	Year 2	Digital Programme/ Primary Care	In full delivery
	Identify population groups at risk of digital exclusion	Year 2	Digital Programme/ Inequalities programme	In full delivery
	Jointly develop options to mitigate digital exclusion	Year 2	Digital Programme/ Inequalities programme	In full delivery
	Conduct outpatient appointments remotely where clinically appropriate and, taking account of patient preferences, aiming for 25% of hospital outpatient appointments to be delivered remotely	Year 1	Trusts	In partial delivery
	Work with ICS Digital Team to identify current baseline for digital transformation of primary care, good practice across SEL, and barriers to digitalisation	Year 1	Digital Programme/ Primary Care	In partial delivery
	Work with ICS Digital Team to review a digital support package for patients, which could include expansion of remote monitoring to people who would benefit most	Year 1	Digital Programme/ Primary Care	In partial delivery
	Explore and evaluate digital technology options for self-care	Year 2	ICB/Trusts/ Primary Care	In partial delivery
Medicines	Measure and monitor anaesthetic gas usage annually (by type) to calculate baseline data	Year 1	Trusts	In full delivery
	Reduce the proportion of the volume of desflurane to 5% of the volume of all volatile gases used in surgery	Year 1	Trusts	In full delivery
	Reduce the use of nitrous oxide, e.g., by reducing system leaks, improving stock management, and reducing clinical wastage	Year 1	Trusts	In full delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Medicines	Implement quality improvement projects to improve asthma control by March 2023 by: • Reducing patients' over-reliance on short-acting beta-2 agonists through effective patient education and review of treatments • Checking and supporting good inhaler technique through Structured Medication Reviews • Promoting patient adherence to medicines	Year 1	Trusts/Primary Care	In full delivery
	Implement quality improvement projects to reduce the environmental impact of inhalers by March 2023* by: • Considering low-volume inhalers and DPIs in joint decision-making with patients • Consolidating treatments into combination inhalers • Use of spacer devices to increase effectiveness of aerosol inhalers where these are required for patient care	Year 1	Trusts/Primary Care	In full delivery
	Set up a working group to review existing local formulary recommendations and associated guidelines for adult asthma and COPD	Year 1	RRPG	In full delivery
	Set up a working group to establish system-wide formulary recommendations and associated guidelines for asthma in children and young people	Year 1	RRPG	In full delivery
	Develop guidelines for inhaler prescribing which will include stronger references to the environmental impact of treatments to help guide healthcare professionals in joint decision-making with patients	Year 1	RRPG	In full delivery
	Support quality improvement programmes to improve the quality of asthma care while reducing its environmental impact	Year 1	RRPG	In full delivery
	Work with pharmacies to expand Structured Medication Reviews for asthma management	Year 1	RRPG	In full delivery
	Primary care in collaboration SEL RRPG to run educational events about sustainable respiratory care	Year 2	RRPG/Primary Care	In full delivery
	Collaborate on the development of a plan to tackle overprescribing and polypharmacy	Year 1	IMOC/Trusts/ Primary Care	In partial delivery
	Analyse medicines data to help identify patients most at risk of overprescribing, polypharmacy, or over-ordering at PCN and practice level	Year 1	IMOC	In partial delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Supply Chain & Procurement	Introduce a minimum 10% weighting on criteria related to social value for all procurements	Year 1	ICB/Trusts	In full delivery
	Develop and implement a programme of work in collaboration with major SEL NHS organisations to ensure suppliers have clear carbon-neutral plans in place	Year 1	ICB	In partial delivery
	Set up a system for sharing best practice on reducing single-use items across NHS organisations and identifying opportunities for reuse	Year 1	ICB/Trusts/ Primary Care	In partial delivery
	Work collaboratively across the system to understand the most carbon-intensive clinical instruments and develop interventions for reducing their use	Year 1	CCPLs	In partial delivery
	Remove all single-use plastic in catering	Year 1	ICB/Trusts	In partial delivery
	Procure 100% recycled paper and reduce paper usage by 50%	Year 2	ICB/Trusts/ Primary Care	In partial delivery
	Develop and implement a joint sustainable procurement policy and guidance across ICS	Year 1	ICB	Not in delivery
Food & Nutrition	Measure and monitor food waste and the associated carbon emissions annually, and use this data to identify priorities for action	Year 1	Trusts	In partial delivery
Adaptation	Develop a climate change adaptation plan	Year 1	Trusts	In partial delivery
	Following the recommendations in the third Health and care adaptation report, develop a Climate Change risk register, in collaboration with local authorities and primary and secondary care to identify the potential risks to service continuity and patient and population health across south east London	Year 1	ICS	In partial delivery
	Review, within the PCN estates survey, the adaptation plans for heat and extreme weather events, with a focus on heat adaptation plans and the immediate improvements needed to healthcare premises in general practice	Year 1	Primary Care/ Estates programme	Not in delivery
	Develop an adaptation plan that covers the potential infrastructure investment required and the priorities for action across primary, secondary, and social care to reduce the climate-change risks identified	Year 2	ICS	Not in delivery
Green/Blue Space & Biodiversity	Identify opportunities across the ICS for collaboration on improving the quality of green/blue space and the level of biodiversity across the boroughs	Year 2	ICS	In partial delivery

Green Plan area of focus	Objective	Delivery timescale	Contributors	Delivery status
Green/Blue Space & Biodiversity	Offer patients and staff the opportunity to access, maintain, and improve green space and biodiversity on site	Year 2	Trusts/Primary Care	In partial delivery
	Create a green/blue space and biodiversity plan for SEL	Year 2	ICS	Not in delivery
	To explore the nature-based prescribing opportunities in collaboration with the VCSE sector and secondary care	Year 1	Primary Care	Not in delivery

Appendix 1b – Combined year 1+2 ICS Green Plan objectives not in delivery, with analysis of obstacles to delivery

Green Plan area of focus	Objective	Obstacle(s) to delivery	Board support requirement *(see section 6 of paper, above)*
Workforce and System Development	ICB to develop an internal communication and engagement plan on behalf of all NHS organisations to influence sustainability changes	System-wide sustainability communications plan not yet aligned; system organisations each have differing comms requirements, structures for messaging and governance for sign-off of messages. Commitment has been made to share comms for re-use across organisations as required.	**N/A** – obstacle relates to change of requirement/ direction from the time of publication of the Green Plan. Objective to be addressed in the 2025 Green Plan update.
	ICS to achieve 5000 pledges across the ICS for personal sustainability commitments	ICB contracted with DoNation for provision of a personal pledge platform for one year for use across SEL system. After initial interest, staff interest and uptake did not increase despite repeated publicity. 663 pledges achieved at the end of a year-long campaign. Contract ended April 2023.	The objective could be re-visited and may relate to **dedicated sustainability funding.**
Travel & Transport	ICB to support active travel for NHS organisations with the training of champions, confidence training, and other measures	ICB contracted with Sustrans (active travel charity) for delivery of objective across 4 PCNs selected by expression of interest. Engagement remained low throughout campaign, Contract ended November 2023. Trust schemes experiencing greater success where high numbers of staff seek active/ cheaper methods of travel.	The objective could be re-visited and may relate to **dedicated sustainability funding.**
	ICB with primary care to develop and deliver an education package for primary care health professionals to enhance the dialogue with patients and service users about the benefits of active travel	Primary care currently unable to prioritise delivery Green Plan objectives where no additional resourcing or incentives are offered.	**Dedicated sustainability funding** and **Nomination of Place Primary Care Sustainability Champions** may support achievement of this objective.
Estates & Facilities	Implement sustainability criteria for refurbishments according to NHS guidance	Estates' priority is attaining BREEAM sustainability accreditation for new builds. Retrofits for refurbishments require levels of capital not routinely available.	**N/A** – this objective requires reconsideration in the 2025 Green Plan update.

Green Plan area of focus	Objective	Obstacle(s) to delivery	Board support requirement *(see section 6 of paper, above)*
Estates & Facilities	Procure electricity from 100% renewable energy sources	NHS England outlined a transition to centralised energy purchasing to find efficiencies for the NHS in late 2023; NHS organisations in SEL are awaiting support in order to explore move to renewables.	**N/A** – this is now being driven by NHS England actions.
	Investigate opportunities for bulk purchasing of 100% renewable electricity for general practices	General practice is responsible for its own energy provision and alignment of contract/ tariff renewal dates is complex. There may be some learning for the NHSE transition to centralised energy purchasing (as above) to be applied.	**N/A** - this objective requires reconsideration in the 2025 Green Plan update.
	Make the assessment of sustainability part of the business case process and as a requirement to proceed with all estates and facilities projects at ICS and organisation level	Not currently a routine consideration in Estates business cases, however the ICS Estate Infrastructure Strategy recognises the ICS Green Plan and sustainability requirements. Expect the delivery position of this objective to improve.	**N/A** – an improved delivery status is expected with implementation of the Estates Strategy.
Sustainable Models of Care	Support PCNs to explore innovative models of care that aim to tackle neighbourhood health inequalities and create health within communities	Primary care unable to prioritise delivery Green Plan objectives where no additional resourcing or incentives are offered.	**Dedicated sustainability funding** and **Nomination of Place Primary Care Sustainability Champions** will support achievement of this objective.
	Establish an approach to developing and evaluating the sustainability of models of care	CCPLs not yet engaged in Green Plan objective delivery.	**Nomination of Place Primary Care Sustainability Champions** will support engagement with CCPLs.
	Identify first pilot(s) for sustainable models of care (clinical pathways identified)	CCPLs not yet engaged in Green Plan objective delivery.	**Nomination of Place Primary Care Sustainability Champions** will support engagement with CCPLs.
	Include sustainable elements in the premium specifications for primary care	Primary care unable to include Green Plan delivery objectives in premium specifications where other key priorities exist and where there is no additional resource or incentive.	**Dedicated sustainability funding** and **Nomination of Place Primary Care Sustainability Champions** will support achievement of this objective.

Green Plan area of focus	Objective	Obstacle(s) to delivery	Board support requirement *(see section 6 of paper, above)*
Supply Chain & Procurement	Develop and implement a joint sustainable procurement policy and guidance across ICS	Objective has reduced in relevance owing to the emergence of national guidance in 2022/23 around inclusion of social value in procurement, and the requirement for providers to have carbon reduction plans.	**Dedicated sustainability funding** may support delivery of this objective, although the inclusion of social value and carbon reduction plans in procurements via national guidance may require this objective to be reconsidered in the 2025 Green Plan update.
Adaptation	Review, within the PCN estates survey, the adaptation plans for heat and extreme weather events, with a focus on heat adaptation plans and the immediate improvements needed to healthcare premises in general practice	Climate risks and adaptation plans will gain traction following the publication of the London Climate Resilience review report and recommendations in summer 2024. Expect the delivery position of this objective to improve.	**Dedicated sustainability funding** and **Nomination of Place Primary Care Sustainability Champions** will support achievement of this objective.
	Develop an adaptation plan that covers the potential infrastructure investment required and the priorities for action across primary, secondary, and social care to reduce the climate-change risks identified	Minimal subject matter expertise in the SEL system (and wider NHS England). The ICB is working with GLA Public Health and Greener NHS to establish approaches to employ subject matter expertise following the publication of the London Climate Resilience review report and recommendations in summer 2024. Expect the delivery position of this objective to improve.	**Dedicated sustainability funding** may support delivery of this objective where it would allow for subject matter expertise to be recruited into the SEL system. A London-wide approach on climate resilience/adaptation may yet emerge. This would not remove the need to generate expertise within SEL.
Green/Blue Space & Biodiversity	Create a green/blue space and biodiversity plan for SEL	Minimal subject matter expertise available. A system-wide plan where Trusts develop green, biodiverse areas collectively rather than in their own estates plans will help. There is anecdotal evidence of some work in Boroughs.	**Dedicated sustainability funding** may support delivery of this objective where it would allow for subject matter expertise to be recruited into the SEL system. **Nomination of Place Primary Care Sustainability Champions** would support exploration of this objective at Place.
	To explore the nature-based prescribing opportunities in collaboration with the VCSE sector and secondary care	Primary care and VCSE unable to prioritise delivery Green Plan objectives where no additional resourcing or incentives are offered.	**Dedicated sustainability funding** and **Nomination of Place Primary Care Sustainability Champions** will support achievement of this objective.

Appendix 2 - achievements additional/related to delivery of the ICS Green Plan

- The ICS has developed strong partnership working with the London Region Greener NHS team. In summer 2023, SEL and GNHS co-hosted a visiting Swedish delegation from the Nordic Centre for Sustainable Healthcare at Guy's Hospital.
- SEL ICB is the first ICB in London to host a Clinical Fellow under the Faculty of Medical Leadership and Management (FMLM) Chief Sustainability Officer's Clinical Fellow Scheme. Pharmacist Minna Eii joined the ICB on a year-long Fellowship in September 2023 and has supported a number of sustainability workstreams; most notably co-ordinating and publicising the SEL inhaler recycling scheme in collaboration with King's College Hospital, which in June 2024 expanded from a single-site pilot to a SEL-wide limited-time scheme across hospital and community pharmacy sites. Minna also organised London's first Greener NHS Week in collaboration with London Region Greener NHS, held in May 2024 with over 500 SEL colleagues registering to attend 34 sessions delivered by subject matter experts from across London.
- The ICS actively took part in the Mayor of London's London Climate Resilience Review; attending the launch event in Summer 2023, submitting evidence to the review and providing information to inform Greener NHS' response to the interim review report in February 2024.
- The ICS has established a partnership with climate adaptation experts in the GLA and regularly attends national workshops which reviews frameworks for climate adaptation planning. Adaptation planning is anticipated to become an enhanced priority on publication of the London Climate Resilience Review full report, later in 2024.
- The ICB has completed two funded active travel projects; one with Cyclepods which has seen the successful installation of 60 high-security cycle storage pods installed across the General Practice estate, Queen Elizabeth Hospital in Woolwich and University Hospital in Lewisham. The second was delivered by the active travel charity Sustrans, who successfully delivered a programme of education around cycling, walking and wheeling (including the provision of pool bikes) across Lambeth, Bexley and Bromley.
- The ICB has re-launched its Green Champion network and delivers a monthly sustainability newsletter to all self-nominated Green Champions, as well as providing them with training opportunities and expert support from the ICS network.
- ICB sustainability events and national environmental events linked to the ICS Green Plan are celebrated through the SEL Together staff newsletter, ensuring that staff are kept informed and engaged with the ICS Sustainability Programme.
- The Chief of Staff directorate has taken the opportunity provided within the organisational restructure arising from the management cost reduction programme to amend an existing post in the ICB structure to "Head of Sustainability & Corporate Programmes". This is the first ICB post with sustainability clearly defined in the title and substantially within the job description, and marks the ICB's commitment to future-proofing and embedding sustainability in the ICB structure.
- Emerging areas of good practice and collaborative working from within SEL Borough teams; most notably Southwark where the Place PMO has established a charter for collaborative working on sustainability initiatives with Southwark Council, has created a sustainable impact assessment tool (to support local planning and decision-marking) and is an attendee of a multi-agency delivery partners group focussed on establishing Southwark-wide collaboration on sustainability initiatives.

Integrated Care Board meeting

Item 4
Enclosure E

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

Purpose of paper:	**To receive the report from the Chief Executive Officer**	Update / Information	*X*
		Discussion	
		Decision	
Summary of main points:	This report updates the Board on matters of interest across NHS South East London since the last Board meeting on 17 April 2024		
Potential Conflicts of Interest	**None**		

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

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

Chief Executive Officer's Report

NHS South East London Integrated Care Board (ICB) 17 July 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 seen significant political change at a national level with a new government alongside continuity through the re-election of London's Mayor. These developments have underlined both the support for, and the challenges that face our health and care system and point to the importance of the partnerships and collaborative action we prioritise as an ICS. We congratulate and welcome those elected to office over the past few weeks and look forward to working with them in the best interests of our residents.

Since May our system has, once again, managed significant operational pressures, responded to further industrial action, whilst concluding and starting to deliver against our operational plans for 2024/25. The agenda items prioritised at our Board today relate to financial sustainability in our system following our agreement of a deficit plan across the ICS for 2024/25; and our response to one of the most significant Cyber Attacks upon an NHS system in June this year. These developments represent significant challenges in our system and our Board and Executive team have been focused on addressing them now and in the coming months and years.

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 Outcome of the Planning Round

1.1 Iterated 2024/25 operational plans were submitted by systems to the national team on 2 May 2024. These set out planned activity, performance, workforce and financial plans for this year, with the NHS South East London ICB (SEL ICB) plan comprising an aggregated South East London ICB/ system plan plus organisational plans for South East London's (SEL) five major NHS providers.

1.2 Meetings with all systems were held with the national and regional team at NHS England in mid-May to review the submissions and agree any changes, to enable any final plans to be secured and endorsed.

1.3 The SEL ICB plan was recognised to be challenging in terms of the underlying and stretch improvement assumed. The second cut (early May) performance and activity plans were endorsed on this basis, noting that year end trajectories do not meet national standards in all cases but do assume a material year on year improvement across all key target areas.

1.4 Some further improvements were agreed on finance, facilitated by the provision of additional funding being made available, further technical adjustments and some additional stretch savings identified by the system. As a result, and as with a number of ICBs in England a deficit plan has been agreed for the SEL system for 2024/25, in our case £100m deficit.

1.5 In addition to the operational plans, SEL ICB have been working to sign contracts with providers reflective of these plans. Early agreement was reached with SEL's five local providers and good progress has been made in agreeing wider contracts.

1.6 It is now just over a third of the way through the year so SEL ICB has been concurrently implementing plans to secure the commitments made in the operational plan across the key domains of activity, performance, workforce and finance.

1.7 Importantly plans did not assume any impact of Industrial Action over 2024/25 in line with national guidance. The period of Industrial Action experienced will therefore have an impact in some areas. Furthermore, plans clearly did not anticipate the Synnovis cyber-attack and the resulting impact that this will have on system performance, activity and expenditure. The impact of these issues will be tracked on delivery of the plan.

1.8 The planning process has been complex and challenging for 2024/25 and has required significant input from a wide range of system partners alongside the development of and commitment to ambitious in year delivery plans. SEL ICB is committed to these plans and, despite the challenges outlined above, will be endeavouring to meet them and secure the best possible outcome for residents over the year ahead.

2 Measles

2.1 At the end of June, the ICB received formal communication on the continuing outbreak of measles in London, confirming that about half of all reported cases of measles in the UK were in London. In addition to the laboratory confirmed cases, a very large number of clinically suspected cases have also been reported to UK Health Security Agency (UKHSA).

2.2 Actual numbers of confirmed and suspected cases vary between boroughs. We have seen cases of measles in all boroughs in South East London (and London) with significant increases recently in Lambeth and Southwark. Most cases of measles occur in children and young adults; 11% of cases are in babies aged under 1 year, over 50% are in children aged 1-11 years. Around 90% of those confirmed to have measles are unvaccinated.

2.3 UKHSA London has reviewed the current epidemiology and now designated London as a whole, to have significant levels of community transmission. UKSHA has thus moved to a 'level 3 response.' This is a level of response that enables local Health Protection

Teams to ensure that the most vulnerable contacts are identified and protected. Whilst all cases of measles will still be routinely contacted and offered a testing kit, Health Protection Teams will no longer undertake a full risk assessment of each individual case. If there are outbreaks, for example in educational settings, advice will be given but a formal incident management team will not be established.

2.4 Work is ongoing in the ICB to make sure that as an NHS, we are responding appropriately to outbreaks and incidents by:

- Supporting the protection of vulnerable individuals, through giving immunoglobulin as required.
- Providing health and care professionals with advice and information.
- Supporting parents to ensure their children and young people are vaccinated with MMR vaccine through general and targeted communications (multi media).
- Improving access to vaccination services, for example increasing the places where children can be vaccinated.
- Strongly encouraging health and care staff to ensure that they have had two doses of MMR vaccination.

2.5 Vaccination is the safest and most effective way to protect against measles - two doses of the MMR vaccine offers long term protection.

3 Equalities Update

ICB Equalities Sub-Committee (ESC) and Equalities Forum

3.1 The ESC continues to meet on a bi-monthly basis to discuss all aspects of EDI, covering both a workforce and patient/ population focus. The committee has a full programme of speakers for 2024/25 which will foster and enable collaboration within the ICB and across the ICS.

3.2 In June, a Pride-themed Equalities Forum was held with lived experience shared by an external guest speaker, Pav Akhtar, Chief Diversity Officer at NHS Blood and Transport Service, Non-Executive Director at Healthwatch England and Director at UK Black Pride. The EDI team also shared plans on forthcoming LGBTQ+ priorities and activities for 2024/25.

Staff survey 2023

3.3 Following the publication of the latest staff survey results, key findings related to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) have been made available. The EDI team is scrutinising the data for forthcoming NHS England requirements, including this year's WRES and WDES reports due in the autumn.

3.4 This year the ICB has made a new commitment to expand the reporting suite to cover the Workforce Sexual Orientation Standard (WSOES).

Equality Delivery System 2022 (EDS22)

3.5 Following on from the success of implementing EDS22 in its inception year, the ICB is looking to build on progress made in 2023. There is an ongoing SEL ICS-wide programme 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 take this forward SEL-wide and at Place.

3.6 Currently, all partners are in the process of agreeing services for the Domain One (Commissioned or provided services) assessment. The EDI team will be working in partnership with the ICB HR and OD teams to lead the assessment for Domains Two (Workforce health and wellbeing) and Three (Inclusive leadership).

Equality Analysis (EA) re-design

3.7 A full review of the ICB's EA process is being undertaken across the ICB. This will include a refreshed toolkit, additional resources and new training for both document/ policy authors and committee members with a scrutiny role, launching later in 2024.

Inclusive recruitment training

3.8 SEL ICB successfully bid for £50,000 to develop and roll out a series of dynamic, drama-based workshops to provide inclusive recruitment training. Launching in September 2024, these sessions will be made available to partners across health and social care with a potential reach of 400 delegates over 16 sessions. The ICB will be attending an EDI showcase of projects for the London Region convened by NHS England in July 2024

Management Cost Reduction (MCR) Equality Impact Assessment (EIA)

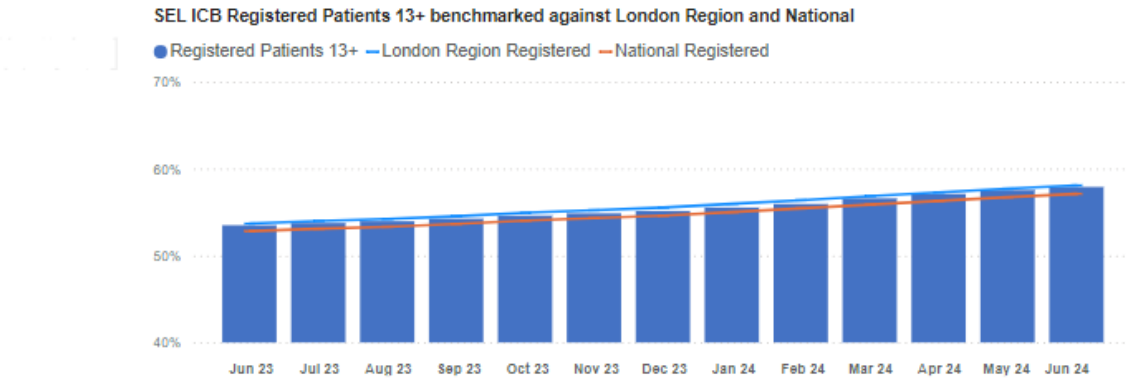
3.9 The EIA on the MCR programme was completed in April and indicated that there had been no negative impact on workforce representation and composition as a result of the MCR programme.

3.10 The report highlighted pre-existing under-representation for protected characteristics, in some grades, and contained recommendations including how learning from the exercise could be embedded in the ICB's new ways of working programme, which is currently under development. The full EIA was presented and discussed at the Board seminar in June and shared with all staff.

4 NHS App

4.1 The NHS App has been designed as a simple and secure way to access a range of NHS services. Whilst it has been available for some time, there has been significant investment to improve its functionality and it is considered an important aspect of national infrastructure for citizens of the UK. Increasing the functionality available in the App, access to the App and usage of the App are priorities for the South East London (SEL) system.

4.2 In SEL there has been a steady increase in NHS App registrations and there are currently 1,059,868 people registered (at June 2024). This represents 57.9% of the 13+ years SEL population.



	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24
Registered Patients	53.5%	53.8%	54.0%	54.2%	54.6%	54.9%	55.1%	55.5%	55.9%	56.6%	57.1%	57.5%	57.9%
London Region Registered	53.7%	54.0%	54.2%	54.5%	54.9%	55.2%	55.5%	56.0%	56.4%	56.8%	57.3%	57.7%	58.1%
National Registered	52.8%	53.1%	53.3%	53.6%	54.0%	54.3%	54.6%	55.0%	55.4%	55.9%	56.3%	56.7%	57.1%

4.3 Usage of the NHS App continues to increase, with an increase of 5.7% in one month of repeat prescriptions ordered (78,906 repeat prescriptions in May 2024) and an increase of 19.1% in one month of recover views (497,931 records viewed in May 2024).

4.4 SEL currently has no trust patient portals integrated with the NHS App. Work is underway with plans for integration by Lewisham and Greenwich NHS Trust later this year. The ICB continues to advocate for NHS England to prioritise integration of mental health and community trusts and to test arrangements for integration into the Epic electronic patient record used by Guy's and St Thomas' NHS FT and King's College Hospital NHS FT.

4.5 A public campaign was undertaken to promote SEL NHS App registrations including advertisements on buses. Work is also underway to develop a more targeted approach to communicate the benefits of using the NHS App, focussing on those most at risk of exclusion and to support more of the SEL community to download and use the App.

5 Management Cost Reductions (MCR) Update

5.1 All ICBs were required by NHS England to reduce their running costs by 30% by April 2025, with 20% to be delivered by April 2024. A programme of work was initiated in March 2023 to identify the required reductions and to restructure NHS South East London ICB (SEL ICB) accordingly.

5.2 Following a formal consultation with all staff, SEL ICB commenced implementation of the new staff structure. The majority of posts have now been filled with the remaining posts progressing through the recruitment process.

5.3 The redundancy costs business case has been approved by NHS England and is now awaiting approval by the Department of Health and Social Care.

5.4 SEL ICB formally transitioned to the new staff structure on 1 July 2024 and has commenced a programme of work to support staff and ICS partner organisations to implement new ways of working. This is designed to ensure that staff are supported into the new structure and that the benefits of working as part of an integrated care system are fully realised in SEL.

6 Bexley Borough Update

Carers Week Event

6.1 To mark National Carers Week, Bexley Carers Partnership and the Bexley Wellbeing Partnership, held their annual carers event, '*A Day for Carers*', on 11 June 2024. The event recognises the contribution of Bexley's unpaid carers. Over 150 carers attended, with some 22 partner organisations offering advice and support with informative talks on Direct Payments and mental health throughout the day.

6.2 A team of Trusted Assessors from One Bexley were also on hand to help carers complete care assessments. Carers had access to wellbeing support with massages, Reiki and Tai Chi and there were Therapy Dogs also on hand to meet them. Carers were also provided with access to counselling services on the day.

Windrush Legacy 2024

6.3 In 2023, the Bexley Wellbeing Partnership commissioned a project to mark the 75th anniversary of the Windrush Generation. Active Horizons, a local organisation led by young people, produced a special film where young people interviewed local elders who spoke of their experiences of working in the NHS and their immense pride at helping to build the service. One of the objectives of the project was to create a legacy through 'Young Windrush Ambassadors', to ensure that voices of the Windrush Generation are never forgotten. The Young Windrush Ambassadors will continue to remind their peers of the importance of the Windrush Generation and the part they played in shaping, not only, the NHS but also modern multicultural Britain.

Local Care Network Development Day

6.4 On 15 May 2024, Leaders of the three Local Care Networks (LCN) in Bexley attended a facilitated development day. The session provided an opportunity for the LCN teams to connect face to face, discussing their shared vision for LCNs and developing integrated neighbourhood working in Bexley, including reviewing progress against the Fuller recommendations.

6.5 Themes explored on the day included how LCNs work with local people and include the community voice and how they can be effective in reducing health inequalities at a neighbourhood level.

Dementia Action Week

6.6 As a commitment to Dementia Action Week (13-19 May 2024), all Bexley Wellbeing Partnership partner organisations were invited to attend one of two Dementia Friends sessions held in the Council Chamber. Around 50 people took part in the sessions, designed to inform and educate partners about dementia and turning that information into positive action.

6.7 Following the event, monthly sessions have been scheduled across the borough particularly targeting public-facing staff in all services and also inviting Bexley's Community Champions to become Dementia Friends.

Inhaler Recycling Scheme

6.8 Inhalers still account for approximately 3% of the NHS carbon footprint, mostly due to the propellants used to deliver the medications. These propellants will, if disposed of via landfill, continue to emit greenhouse gasses into the atmosphere. Interventions to reduce emissions focus on the reductions available from inhalers, including commitments made in the NHS Long Term Plan that are already underway. These interventions include optimising prescribing, substituting high carbon products for low-carbon alternatives, and improvements in production and waste processes.

6.9 To help support the NHS ambition of becoming net carbon zero, NHS South East London Integrated Care Board has commissioned an inhaler recycling scheme across various hospital and community pharmacy sites in South East London.

6.10 Of the twenty community pharmacies involved with this scheme four are in Bexley including: Station Road Pharmacy, Bellegrove Pharmacy, Olins Pharmacy and Roadnight Pharmacy. Community pharmacies are in a good position to identify and support patients who are prescribed inhalers and can educate patients about the importance of the return of used inhalers for appropriate disposal.

6.11 This inhaler recycling scheme will ensure that every part of the metered dose inhalers (MDIs) returned are recycled. This includes the aluminium canister and the propellants, which would contribute to global warming, which will instead be extracted and re-purposed for use within refrigerators and air conditioning units.

Severe Mental Impairment Health Checks

6.12 In Bexley the number of people with a Severe Mental Impairment (SMI) who have received their health checks continues to improve year on year. The Bexley Wellbeing Partnership has a dedicated steering group to enhance delivery of annual health checks. Working closely with GP Surgeries and the Community Learning Disability team together with a health event in December 2023, the borough achieved 86.8% of health checks completed.

6.13 Plans for the coming year include the employment of a support worker to speak individually with people from communities who are often marginalised from mainstream healthcare and explain the benefits of a health check.

7 Bromley Borough Update

Covid Spring Vaccination Programme Uptake

7.1 The 2024 Covid Spring Vaccination campaign commenced on 15 April for care home residents and housebound patients, and 22 April for all other cohorts. The campaign ended on 30 June.

7.2 Due to a combination of naturally acquired and vaccine-derived immunity, COVID-19 is now a relatively mild disease for the vast majority of people. As such, JCVI recommended a more targeted list of cohorts for the Spring booster, aimed at those at higher risk of developing serious COVID-19 disease:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed

7.3 Covid vaccine partners and estate for the 2024 Spring programme comprised:

- 3 Local Vaccination Sites: Orpington (Chelsfield), Penge (Oaks Park) and London Lane
- 19 Community Pharmacies
- 1 pop-up event

7.4 The One Bromley Vaccination Taskforce met regularly throughout the campaign to enable service providers, the ICB and Public Health to collaborate, assist each other with delivery issues and identify actions to improve uptake and address barriers to immunisation. There was close collaboration with colleagues in South East London where work continues to streamline processes, improve campaign delivery and increase vaccine uptake.

7.5 With the support of partners, almost 22,000 eligible patients were vaccinated for Covid by the June 30 campaign deadline.

The One Bromley Wellbeing Hub re-opens

7.6 The re-opening of the One Bromley Wellbeing Hub, in June 2024, marks a significant step forward in the efforts to reduce health inequalities in Bromley. A comprehensive refurbishment has transformed the hub into a one-stop shop for health and lifestyle support and information. Conveniently located in the Glades shopping centre (upper mall opposite M&S), it is open from Tuesday to Saturday, 10.30am to 6.30pm.

7.7 Provided by the One Bromley Local Care Partnership in collaboration with MyTime Active, the hub offers a range of services targeting the five leading causes of poor health, known as the Vital 5. By focusing on these critical areas, the aim is to prevent the development of long-term health conditions that can disproportionately affect under-served communities. The Vital 5 includes smoking, obesity, high blood pressure, mental health, and alcohol consumption - key factors that, when addressed, can significantly improve individual and community health outcomes.

7.8 Also on offer are essential services such as support for carers, befriending services, smoking cessation, and cost-of-living advice and support. These services are designed to address both health and socio-economic challenges, which are often linked. For instance, smoking cessation not only improves physical health but also reduces financial strain. Similarly, cost-of-living advice can alleviate stress and improve mental well-being.

7.9 Services are available as walk-in or booked appointments. This will particularly help those who find it difficult to schedule and keep regular appointments due to unpredictable work patterns or caring responsibilities. The formal opening of the Hub is scheduled for mid-July. For more information visit www.selondonics.org/OneBromleyWellbeingHub

One Bromley Recognition Awards 2024

7.10 Staff from across Bromley's health, care, and voluntary services came together to celebrate teamwork, collaboration, and partnership at the One Bromley Recognition Awards 2024. Held on 16 May, the awards recognise exceptional staff and teams whose dedication, compassion and resilience are inspiring.

7.11 The One Bromley Recognition Awards not only celebrate achievements, but also the spirit of collaboration and partnership that drives continuous improvement of health and care services in the borough. The awards are a reminder of the incredible impact working together has on the community's health and wellbeing.

Bromley Health Initiatives Shortlisted for HSJ Awards

7.12 Two of the One Bromley health initiatives have been shortlisted in three categories for the HSJ Patient Safety Awards 2024.

7.13 The Orpington Wellbeing Cafe has been announced as a finalist in both the Improving Care for Older People and the Primary Care Initiative of the Year categories, whilst the Bromley Homeless project has been announced as a finalist in the Best Use of Integrated Care and Partnership Working in Patient Safety category. The café reduces isolation and health inequalities in older people. Led by the Orpington Primary Care Network and supported by a range of Bromley services, it brings people together in a welcoming and safe space, offers health information advice, routine health checks, advice and signposting.

7.14 The Bromley Homeless project supports vulnerable homeless people, who often suffer with complex and many physical and mental health needs. The initiative provides year-round services and offers very bespoke and personalised support, which has resulted in a 100% satisfaction rating from clients. Nationally recognised on several occasions, the service leads the way across South East London on supporting the homeless.

Bromley Cervical Screening Campaign

7.15 The "Cervical Screening Saves Lives" campaign in Bromley, launched in June, aims to overcome the barriers preventing some individuals from getting screened and to encourage wider participation. The campaign is built on insights from nearly 400 Bromley residents and findings from a Health Equity report that reviewed disparities in access to cervical screening.

7.16 Cervical cancer is among the most preventable cancers, and Bromley's current screening uptake rate of 75.9%, whilst the highest in South East London, falls short of the national target of 80%.

7.17 To address this, the campaign introduces new resources, including an information booklet that explains cervical screening, when and how to get tested, and addresses specific barriers identified by residents. These resources are designed to make the screening process more understandable and accessible to everyone in the community. Information has been widely distributed through services and partnerships. Paid for advertising is targeting areas of lower screening uptake.

7.18 For more information about the campaign and to access these resources, visit www.selondonics.org/BromleyCervicalScreening

Bromley Children's Health Integrated Partnership (BCHIP) Update

7.19 The Bromley delivery of the national CHILDS model, BCHIP, continues to develop and expand across the borough with the final 3 PCNs scheduled to implement the service in July/August 2024. Once fully established across all 8 PCNs, referrals into secondary care general paediatrics from primary care, should almost entirely stop, with BCHIP being the established pathway.

7.20 Currently BCHIP is being delivered across 5 PCNs, with the following impact highlighted:

850 children were seen via triage, of which:

- 55% were discharged from service without needing further assessment
- 24% referred into the MDT community clinic
- 9% referred to secondary care (specialism)
- 7% were deemed to be inappropriate referral
- 4% referred into community services

128 children were seen in the MDT community clinic, of which:

- 77% were discharged from the service
- 13% needed active monitoring
- 10% referred to secondary care (specialism)
- 1% referred into community service

7.21 The positive impact on the general paediatric secondary care waiting list is illustrated by a reduction from nine months wait for non-urgent referrals, down to five months for first assessment. The expectation is that once all PCNs are onboard, the waiting list will begin to reduce until the point where it no longer exists and almost all activity will go via the BCHIP model.

7.22 BCHIP has maintained the modelled timeliness of triage and clinics, ensuring that from referral into the service, through to being seen in a community clinic (if required) takes no longer than six weeks – a reduction of approximately 33 weeks as compared to the pathway prior to BCHIP implementation.

8 Greenwich Borough Update

Clinical summit

8.1 Dr Eugenia Lee, Greenwich's Workforce Clinical & Care Professional lead hosted a great shared clinical event in the evening of 6 June, to build relationships between community/primary care/ hospital clinicians.

8.2 With 88 clinical leads from Lewisham and Greenwich NHS Trust (acute), Oxleas NHS Foundation Trust (community and mental health), GPs from the Greenwich borough, CRUSE (bereavement counselling support), Public Health, Kairos (pain management), MSK, VIA (drug and addiction), METRO/GAV, Hospice, CACT, VCG (Volunteer Centre Greenwich), JET (Joint Emergency Team), UTC (Urgent Treatment Centre), RDC (Rapid Diagnostic Centre) and Sel ICB. Colleagues came together to discuss networking as well as the joint vision for Greenwich borough. The event was jointly funded by Lewisham and Greenwich NHS Trust (LGT), Oxleas and Greenwich Health. All proceeds raised from the event were donated to the Greenwich and Bexley Hospice.

8.3 Prior to the event, clinicians were asked to feedback on the recent highlight of their department as well as their challenges and what areas of further collaboration would improve patient care between the primary, community and secondary care interface.

8.4 There was an inspirational keynote talk by Dr Nav Chana who is a GP, as well as Non-Executive Director at LGT. This was followed by a table top discussion on five key main themes: communication, joint collaboration to improve patient outcomes, reducing health inequalities, improving referral pathways, recruitment and retention of workforce.

Home First – Communications

8.5 The Home First approach has been developed in Greenwich and Bexley to best meet the health and care needs of local people by providing care at home, or in a community setting, to reduce the number of patients being admitted to and remaining in hospital.

8.6 A communications plan has been developed, across Greenwich and Bexley, which will be used to inform key stakeholders including elected members, local decision makers, staff, public, VSCE groups and importantly patients and carers about these services.

8.7 This plan has six specific communications objectives:

- Build **understanding and support** from patients and stakeholders for Home First principles and services
- Provide a **common language** to be used across Home First services to bring unity to the approach
- Demonstrate that Home First is based on **local services working together** to join up pathways and organisational ways of working
- Build up the profile and **positive recognition of Home First services**, which will in turn support with retention of staff and with recruitment

- **Obtain feedback** from patients that can both be input to service development but also enhance and refine the communications to ensure maximum impact
- **Improve patient satisfaction** as it boosts the perception of services working together for the benefit of patients

8.8 There will be a range of communication materials, to carry Home First key messaging, including a patient leaflet. These will vary in each partner organisation but can include: website pages, letters, forms, social media accounts, screens in public areas, leaflets, posters, newsletters/publications and media promotion. A priority being communications to patients.

Health Ambassador Programme

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

8.10 A number of careers' fairs and aspirational student events have been run, including one at Shooters Hill College. Thomas Tallis and John Roan, with staff from different clinical and care backgrounds presenting the opportunities of working in the Greenwich Health & Care system. There is great support from Oxleas, LGT, the hospice and the GPs in this.

Breast screening – 'It's what we do' campaign

8.11 The uptake of breast screening in Greenwich has dropped significantly in recent years and there are health inequalities with lower uptake amongst some ethnic groups and in areas of higher deprivation. A successful application was submitted to the South East London Cancer Alliance and £50,000 has been allocated to run a behavioural science informed campaign to increase uptake. The 'Breast screening – it's what we do' campaign has been developed as a partnership between the SLE ICB Greenwich team, public health and primary care. It features Greenwich residents from a range of backgrounds NHS Breast Screening in Greenwich - It's what we do (wedobreastscreening.org.uk).

8.12 The campaign has been running now for a couple of months, and there was recently a community champions event to raise further awareness and asking for help to spread the message. Learnings and resources will be shared with the Cancer Alliance and other boroughs.

9 Lambeth Borough Update

Our Health, Our Lambeth

9.1 At the Lambeth Together Care Partnership (LTCP) Board meeting in May 2024, the first annual review of 'Our Health, Our Lambeth', Lambeth Together's five year health and care plan, was approved by the LTCP Board.

9.2 This review has been crucial in helping partners to understand the needs of Lambeth residents and workforce, to effectively deliver on the outcomes and aspirations committed to just over a year ago. The insights gained over the past year have further shaped strategies and informed planned activities for 2024-2025.

9.3 The approval of the annual review also provided an opportunity to reflect on the many accomplishments achieved through collective efforts. The LTCP Board had the privilege of hearing directly from service users who shared their experiences, offering invaluable insights into how collaborative work between partner organisations has positively impacted their health and community whilst providing a stark reminder of how much is left to deliver to ensure that Lambeth tackles health inequalities across the system. Please visit 2023-2024 Annual Review on the Lambeth Together Website to read the review in full.

9.4 An example of a key achievement highlighted within the annual review included an increase in the uptake of Learning Disabilities and Autism health checks, from 31.7% in September 2023 to 77.5% at the end of March 2024.

Our Governance and Leadership

9.5 At the March LTCP Board meeting, members said goodbye to two retiring members, the Lambeth Together Board Lay Member, Sue Gallagher, and Sarah Austin, Chief Executive of Integrated and Specialist Medicine at Guy's and St Thomas' NHS Foundation Trust (GSTT). The Board is now very pleased to welcome Louise Dark, who takes up Sarah's position at GSTT and on the LTCP Board.

9.6 There has also been a change of Lambeth Council Cabinet Member for health and care. Cllr Jacqui Dyer was welcomed to the LTCP Board and will job share with Cllr Jim Dickson. Cllr Dyer has also taken over from Cllr Dickson as chair of the Health and Wellbeing Board.

9.7 Recruitment is underway for the Lambeth Together Lay Member with an emphasis on attracting applications from Black, Asian and Multi-Ethnic communities, as the LTCP Board is currently under-represented. The Lay Member provides a crucial function as part of the LTCP Board, including chairing the Lambeth Together Assurance Group, Lambeth Together Primary Care Commissioning Committee and being an active member of the Lambeth Together Equalities Group.

9.8 Another role that supports leadership on the LTCP Board is that of the Patient and Public Voice (PPV) members, who support the LTCP Board to make better decisions and to be more connected with communities, ensuring that significant issues for Lambeth people are identified and heard. These LTCP Board positions were appointed for two years in September 2022, with the term now ending in August 2024. The LTCP Board is looking for people who are interested in health and care, live in or use health services in Lambeth, and who are linked to local networks. People from all sections of the community can apply, especially, younger adults, disabled people, people from LGBTQ+ communities and people from Black and multi-ethnic communities, to help the LTCP Board in its ambition to reflect the Lambeth population. For more information about the roles, how to apply and an invitation to an online information session, visit https://www.lambethtogether.net/public-voice/

Equality, Diversity and Inclusion (EDI) Group

9.9 The Lambeth Together EDI group has been actively engaged in various initiatives to promote EDI within the community.

9.10 The surge in cases of measles and pertussis has highlighted the importance of childhood immunisation programmes. Lambeth is delivering a Childhood Vaccinations in New Spaces pilot highlighting innovative approaches to improve vaccination rates in areas of low uptake.

9.11 This year's Lambeth Inspire Black Communities Health and Wellbeing Day takes place on 6 July. This provides an opportunity to build trust, provide information and support which will help improve outcomes for Black communities.

9.12 Finally, Jessica Levoir, ICS Head of ICS Partnerships, Governance & Programmes, presented the South East London (SEL) Impact on Urban Health work on Black maternal health. The presentation shed light on the challenges faced by Black mothers and ambitious new ways to improve the experience and maternal health outcomes for them.

9.13 These sessions underscore the EDI group's commitment to addressing critical health issues and promoting equity within the community.

9.14 For the second time, Lambeth officially took part in the London Pride march to celebrate the LGBTQ+ population. On 29 June, Lambeth staff, councillors and allies marched from Hyde Park to Whitehall to celebrate Pride in the LGBTQ+ community. Lambeth received official recognition in the 2021 Census as the borough with London's largest LGBTQ+ population.

Lambeth Delivery Alliances

9.15 The Living Well Network Delivery Alliance (LWNA) had two successful away days to revisit their priorities, deepen connections and remind themselves of the agreed Alliance principles, values and behaviours. The outputs are now being developed into a refreshed business plan.

9.16 LWNA members have also been visiting the New Douglas Bennett House (NDBH) at the Maudsley site to familiarise themselves with the new inpatient wards that are expected to open to Lambeth patients by the end of this year. NDBH provides modern mental health inpatient wards, with an improved environment for patients and staff.

9.17 The LWNA presented to the Council's Management Board, including their new cabinet member, job-share Councillor Jacqui Dyer, informing them of plans to prioritise the delivery of the Patient and Carer Race Equality Framework in Lambeth.

9.18 The Children and Young Person Alliance remains committed to supporting the development of maternity services for women and birthing people in Lambeth. In May, the Alliance had the opportunity to present an update at the Lambeth Health & Wellbeing Board. The report highlighted initiatives from Guy's & St Thomas' NHS Foundation Trust (GSTT) and King's College Hospital NHS Foundation Trust (KCH), which address the needs of marginalised and underrepresented women. These efforts include culturally sensitive education and support, aligning with the Lambeth Health and Wellbeing Strategy 2023-2028.

9.19 Last month, the Neighbourhood and Wellbeing Delivery Alliance launched the Renal Cardiometabolic project, which aims to provide education and support to GPs, enabling the identification of chronic kidney disease and the ability for referred and triaged patients to be managed effectively and appropriately away from a secondary care setting. This will reduce waiting times and improve patient experience and health outcomes, as well as quality of life. The GP Federation are working to deliver the pilot with three PCNs in the Borough (North Lambeth, Clapham and HBD), which will run until July 2025.

Lambeth Country Show and Windrush Day

9.20 Lambeth Together were again able to provide vital health and care information and services at the 50th Lambeth Country Show weekend in June. This year, Lambeth Together were allocated a much bigger tent and partnered with Adult Social Services and Active Lambeth which provides leisure services in the borough.

9.21 Over the course of two days, the team spoke to hundreds of local people and provided information, advice and signposting on health issues and on care and support services available.

9.22 Active Lambeth stationed exercise equipment outside of the tent and gave gym demonstrations inside whilst promoting membership offers and sign posting to blood pressure checks within the tent.

9.23 GPs, pharmacists and the Beacon Project delivered over 300 blood pressure checks, giving people advice about healthy living. Around 60 people were recommended to visit their GP.

9.24 Colleagues from Public Health, LWNA, GSTT, KCH, Moorfields, the NHS Healthier You Programme, Healthwatch Lambeth, and Health Champions, provided information on local care and support and specific information on breast cancer screening, eye health and diabetes prevention. Immunisation nurses stationed in the Children Services gave advice on receiving the Measles, Mumps and Rubella vaccination and other childhood immunisations.

9.25 The Age Friendly team spoke to people about the Borough's draft Age Friendly Action Plan, and its involvement in making Lambeth a place to age well.

9.26 Lambeth Together colleagues heard from around 100 people on what matters to them or their families about their health and care. Adult Social Care and representatives from Age UK, who operate Lambeth's front door, listened to visitors' views about adult social care and gave advice about the services available. Read more on the Country Show on the Lambeth Together Website.

9.27 22 June marked Windrush Day, an important day in the UK's history and that of Lambeth. The contribution of the Windrush's passengers and descendants to Lambeth is recognised, in particular the contribution made to the Health and Care system.

9.28 In Windrush Square, there was an afternoon of inter-generational storytelling, performances and family activities. Local people were invited to bring a picnic and enjoy a day of cultural experiences, community bonding and a message of hope and unity.

10 Lewisham Borough Update

Hypertension performance improvement

10.1 A programme has been underway to improve hypertension performance for those with an existing diagnosis in Lewisham. This includes a short-term project to fund Suvera, a virtual clinic, across 2 Primary Care Networks (PCN). Data highlights that performance has improved with one PCN reaching the 77% control target for QOF for under 80s' high blood pressure. Recent South East London level data demonstrates the variation in hypertension management across boroughs is reducing.

10.2 Lewisham partners are also working with Clinical Effectiveness South East London (CESEL), local VCSE organisations and general practice to increase effective engagement and involvement of people in Lewisham with management of their hypertension. This initiative is expected to add to the improvements seen through the Suvera initiative noted above.

MH VCS Procurement Engagement Event

10.3 South London and Maudsley NHS Foundation Trust, on behalf of the Lewisham All-Age Mental Health Alliance, are re-procuring the voluntary and community sector provision that works alongside clinical teams in primary and community care. The expectation is that the contract will be a partnership of organisations, possibly as a co-operative, and will include local black-led VCSE organisations. There have been two market engagement sessions to date and the service specification is currently being co-designed. The contract go-live date is expected during quarter 4 of 2024/25.

Waldron Centre

10.4 Lewisham was awarded £1.7m in 2022 by NHS England for refurbishment of the Waldron Centre. This will provide improved community space and primary care facilities for the ground and first floors. The Waldron Centre acts as the hub for Neighbourhood 1, which is in the north of the borough.

10.5 The programme for the Waldron Health Centre continues to progress through three workstreams:

- Refurbishment Group
- Service Model Group
- Community involvement Group

10.6 To support the Service Model Group, the Lewisham and Greenwich Population Health (PHM) team have developed a package of information to guide which services should be included to best meet the needs of the local population and in particular, any areas of prevention that should be prioritised. The PHM team can pull data from across health partners and social care to support planning, delivery and evaluation at a local system/neighbourhood level. The approach taken in Neighbourhood 1 to develop this pack of information is being utilised to develop similar packs for the remaining three neighbourhoods.

Older People

10.7 Collaborative work to develop a pro-active care model for older people in Lewisham has now concluded and the project will now move into the implementation phase.

10.8 Through this work it is anticipated that there will be a reduction in non-elective attendances and admissions to hospital with a corresponding increase in the number of older people who are supported to remain in their own homes if they experience increasing levels of frailty.

10.9 Lewisham and Greenwich NHS Trust and other Local Care Partnership partners will track the impact of this initiative across health and care through the Lewisham and Greenwich Population Health Management Team.

11 Southwark Borough Update

Southwark 2030

11.1 The Southwark Anchor Leaders Board met in July to discuss and agree Southwark 2030 and how the anchor partnership is developed over the coming months. This Board included representatives from King's College London, South Bank University, Vodafone, Tate Modern, London Fire Brigade, Community Southwark, the South East London Integrated Care Board, Guy's and St Thomas' NHS Foundation Trust, South London and the Maudsley NHS Foundation Trust, Peabody Group, London College of Communication, Metropolitan Police and Southwark Council.

11.2 Southwark 2030 includes six goals:

- Decent homes for all
- A good start in life
- A safer Southwark
- A strong and fair economy
- Staying well
- A healthy environment

11.3 The 'Staying Well' goal includes three key ambitions around children and adults' mental health, prevention and health inequalities, and people with long term conditions and disabilities, and their carers.

11.4 Southwark 2030 will be taken to September's Partnership Southwark Board for endorsement, and work is underway to ensure that plans are aligned to deliver these goals.

Southwark Safer Surgeries

11.5 It is now one year since Southwark became the first borough in South East London to have 100% of GP practices signed up to the 'Safer Surgeries' network, run by Doctors of the World. A 'Safe Surgery' is any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the practice a 'Safe Surgery' for everyone and ensuring that lack of ID

or proof of address, immigration status or language are not a barrier to patient registration.

11.6 South London Listens research found that for many people in South London, the Covid-19 pandemic brought on new mental health challenges or made existing challenges worse. The need to improve access to support and appropriate services has therefore never been greater.

11.7 The increased need is particularly felt by those who already experience disadvantage in society, particularly Black, African, Caribbean and mixed heritage communities, and migrants, refugees, and diaspora groups. Community leaders from migrant, refugee and diaspora communities highlight specific issues blocking access including language and cultural barriers, lack of trust in the NHS, complicated forms, not understanding the system and fear of personal data being shared beyond the service.

11.8 Work continues with primary care colleagues to ensure that access for this, often vulnerable, group of patients continues to meet the standards required to maintain the status of a ‘safer surgery’.

It Takes a Village

11.9 Partnership Southwark supported ICB and Southwark Council funding for the ‘It Takes a Village Team’. Over the next three years the team will support the workforce in statutory services to improve the equity in access and of outcomes for people experiencing multiple disadvantage. The most accepted definition of people experiencing multiple disadvantage is ‘people with two or more of the following: mental health issues, homelessness, offending and substance misuse’. The team’s role is to bring professionals from the relevant statutory services and the Voluntary and Community Sector together so that a holistic and collaborative approach can be taken to supporting the person experiencing multiple disadvantage to engage and stay engaged with the services needed to become/stay safe and well. The team is expected to be fully established by November 2024.

Integrated Care Board meeting

Item: 5
Enclosure: H

Title:	**SEL pathology services cyber attack**
Meeting Date:	17 July 2024
Author:	Simon Beard, Associate Director of Corporate Operations
Executive Lead:	Sarah Cottingham, Deputy CEO and Director of Planning

Purpose of paper:	To provide the Integrated Care Board with a briefing on the cyber-attack on Synnovis, the pathology provider for the majority of south east London's NHS, in early June 2024	Update / Information	**X**
		Discussion	
		Decision	
Summary of main points:	The paper outlines the background, response and recovery effort, impact on patient care, impact on patient data and next steps.		
Potential Conflicts of Interest	None advised		

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

Impact	Equality Impact	[Impacts known so far are detailed in the paper]
	Financial Impact	[Impacts known so far are detailed in the paper]
Other Engagement	Public Engagement	This paper is being presented to a Board meeting held in public for the purposes of transparency.
	Other Committee Discussion/ Engagement	Discussions at other committees are detailed in the attached paper.
Recommendation:	The Board is asked to note the contents and next steps.	

SEL pathology services cyber attack

Briefing Paper -NHS South East London Integrated Care Board (ICB) 17 July 2024

1. Purpose of this paper

1.1. This paper provides the Integrated Care Board with a briefing on the cyber-attack on Synnovis, the pathology provider for the majority of south east London's NHS, in early June 2024.

1.2. It provides details of the way the system has managed the critical incident arising from this attack and provides information on the progress made to date in restoring services and our future planned recovery actions.

2. Background

2.1 Synnovis, the pathology laboratory which processes samples on behalf the majority of NHS organisations in south east London (SEL), suffered a ransomware cyber-attack on the 3 June 2024. A ransomware attack is a criminal action that encrypts the data held in a system.

2.2 This had a significant impact on all services requiring pathology within South East London including our acute hospitals, primary and community care and our mental health services.

2.3 As a result, due to the scale of the incident and its impact on patient care, a Level 3 critical incident was declared by affected providers and NHS England London Region, recognising the scale of the incident and its impact. It also recognised the fact that managing the consequences would require inputs from the national team with regards the cyber incident, regional coordination around mutual aid to support service delivery as well as a local incident management response.

2.4 In terms of incident management, NHS England has taken a lead in working with the National Cyber Security Team and Synnovis to undertake an investigation into the incident. NHS England London region and the SEL ICB have then coordinated the London and SEL wide incident management and associated action across other areas, with a particularly focus on the impact on operational delivery and activity of the incident, noting this is across pathology services but has also impacted other diagnostic and treatment services.

3. Response and service recovery

3.1 Following the attack and during the initial 7-10 days there was a major reduction in the level of SEL pathology services available to the NHS, as there was a need to move to a manual process for pathology ordering, testing and sending of results, with some services experiencing a 90% reduction in the number of pathology tests that could be processed for them.

3.2 Mutual aid, which is where another organisation steps in to provide services, was put in place in to meet urgent pathology demand across all six boroughs in South East London for general practice and community services. Currently capacity offered by our mutual aid providers has increased to around 45% of the previous utilisation of pathology services by primary care and community services, and further capacity increases by our mutual aid providers are being planned.

3.3 For acute hospitals, Synnovis are now able to process around 50% of their normal demand, with a plan to increase this week on week during July. This has meant that the majority of hospital activity has continued. Blood transfusion services remain affected which has resulted in some cancellation of planned services, and in the transfer of some patients to other hospitals for treatment. Mutual aid for patient care has been agreed at a London level to optimise the number of patients that can be treated alongside the use of the independent sector, thereby supplementing locally available capacity.

3.4 In overall terms our system and wider London partners have come together to work collaboratively to manage this very challenging incident and to seek to secure the maximum possible available capacity to enable patients to access care. We are extremely grateful for the work across our system plus from wider partners over this period.

4. Impact on Patient Care

4.1 This reduction in pathology capacity has significantly impacted the whole of the SEL Health system, resulting in appointments and procedures needing to be cancelled and rearranged.

4.2 The impact that this is having on the patients and residents that use the NHS in South East London is published on a regular basis at NHS England — London » Synnovis Ransomware Cyber-Attack.

4.3 The clinical impact published on the 4 July 2024 for the week commencing 24 June is shown below, noting this replicates the information provided nationally:

- 136 planned care (day case and inpatient) procedures had been postponed (compared with 205 the previous week).
- 13 of these were for cancer treatments (compared with 24 the previous week).
- 29 organs were diverted to other hospitals for use (compared with 21 the previous week).

- Across Guy's and Thomas' and King's College Hospitals, 1,517 outpatient appointments (compared to 1300 the previous week) and 127 community outpatient appointments (compared to 101 the previous week) were postponed.

4.4 Hospital staff are working hard to make sure any procedures are rearranged as quickly as possible, including by adding extra weekend clinics. Patients are being kept informed about any changes to their treatment by the NHS organisation caring for them.

4.5 For primary care, specifically general practice, the attack has resulted in phlebotomy clinics being cancelled and patients being notified that there is not currently a routine pathology service available. This has had an impact on the way general practice has managed their patients care especially for those requiring support with their long-term conditions and monitoring of their conditions requiring specific drug regimes. The standing up of services will be progressed as we increase available pathology capacity and again primary care colleagues and patients will be kept informed of changes around access and appointments.

4.6 Alongside tracking the impact on capacity and cancellations the ICB has established a clinical harms review process to ensure we are able to track real time any potential or actual harm that arises as a result of the pathology incident. This includes following up and investigating on individual cases but also the identification of thematic issues and areas for shared learning to manage patient safety.

5. Impact on Patient Data

5.1 The criminals behind the attack published the stolen data files on 20 June 2024.

5.2 The format in which the stolen data has been published represents a partial copy of the content from the administrative working drive. The main database where patient test requests and results are stored is separate (this database is called the Laboratory Information Management System). At present, Synnovis has confirmed there is no evidence the cyber criminals have published a copy of this database, although their investigations are ongoing.

5.3 NHS England has produced a Frequently Asked Questions document and set up a helpline for members of the public. NHS England » Synnovis cyber incident – public questions and answers.

6. Next Steps

6.1 We have over the last week been shifting our focus from immediate incident management and a focus on securing urgent provision to overall restoration and recovery. A Recovery and Restoration Plan has been developed and work is underway to implement this plan. These plans drive our associated capacity recovery plans for service provision including primary care, community, mental health and acute services. Key actions include:

- Rebuilding digital systems in Synnovis to reduce the manual intervention required to process tests.
- Establishing interfaces so that results can be sent electronically to the clinician who ordered them.
- Restoring electronic blood transfusion workflows to increase capacity of cross-matching.
- Increasing the numbers of bookable phlebotomy (blood collection) appointments for members of the public to access.

6.2 These activities will enable us to ensure that cancelled or postponed appointments are rescheduled as quickly as possible and to ensure we are able to work through the backlog of patients that will have built up during this incident.

6.3 As we restore and recover services, we are committed to ensuring that we continue to communicate regularly with the public, staff and key stakeholders on situation and recovery plans. This will include ensuring residents and members of the public are made aware of the latest support and information publications including Frequently Asked Questions (FAQs) and helpdesk details.

6.4 We are also actively considering whether there are any actions across our system to both reduce the likelihood of future cyber-attacks against the NHS and critical suppliers and to learn from this incident in relation to incident management, business continuity and restoration and recovery plans.

7. Recommendation

7.1 The Board is asked to note the contents of the report and the next steps outlined in the paper.

Integrated Care Board meeting

Item 6
Enclosure G

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

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

Summary of main points:

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

The Board agreed the scope of delegated activity to be undertaken by the Executive Committee (ExCo) and the six local care partnerships (LCPs) on its behalf in relation to risk management and has delegated the detailed oversight of risks to the ExCo. ExCo most recently met on 3 July 2024 to consider the current ICB BAF and other key risks.

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

A. Key points to note:

- BAF risks reflect the assessed position of ICB risks as recorded on the ICB's Datix risks management system on 6 June 2024.
- The current BAF includes risks above risk appetite thresholds for SEL, Lambeth and Lewisham LCPs. There are no risks above threshold for Bexley, Bromley, 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 13.

C. Impact of the cyber incident on SEL ICB risks

- Two risks currently recorded on the SEL register relating to significant disruptions with IT have been reviewed by the digital team and agreed by the Digital Board on 9 July 2024. **SEL risk 437** has been updated with an increase in likelihood to increase the overall score to 15.
- The Quality and Performance Committee shared comments on 18 June 2024 requesting a review of the elective care risks (384 and 385). These risks have consequently been updated by the risk owner and the scores have been increased, which escalates the risks onto the BAF – see slide 7.
- Other areas of risk which could be impacted by the incident have also been considered for review.

D. Summary of key changes

There are **15 SEL risks which are above risk appetite threshold, and 5 LCP risks**.

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

- **SEL risk 543** relates to ICS revenue financial plan 2024/25. This risk falls under the finance category and has a current score of 25.
- **Lewisham risk 526** relates to emergency temporary accommodation at Pentland House. This risk falls under the clinical, quality and safety category and has a current score of 12.

	• **Lewisham risk 527** relates to intermediate care bed provision in Lewisham. This risk falls under the clinical, quality and safety category and has a current score of 12. • **Lewisham risk 528** relates to access to primary care services. This risk falls under the clinical, quality and safety category and has a current score of 12. **Two risks have escalated onto the BAF:** • **SEL risks 384** and **385**, relating 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, resulting in negative impact on elective recovery across the ICB/its providers. This was in response to a request from Quality and Performance Committee members to revise the risk scores and descriptions in light of the Synnovis incident. These risks fall under the strategic category and the residual risk scores have been increased from 12 to 16. **One risk has been closed:** • **SEL risk 394** – related to system financial balance 2023/24. This risk was closed as it related to 2023/24. Two new risks (543 and 544) relating to revenue and capital financial plans for 2024/25 have been opened. **Four risks have been de-escalated and consequently removed from the BAF**: • **SEL risk 279** relating to paper records left on NHS site. This risk fell under the data and information management category. The current score was reduced as part of the SEL risks review for 2024/25. • **SEL risk 434** relating to SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024. This risk has been closed as the risk has materialised. The relevant team are considering the implications of this risk. • **Bexley risk 450** relating to patients fit for discharge unable to leave hospital, has been reduced in score from 16 to 12 following review by Bexley SMT. • **Bexley risk 503** relating to insecure lease arrangements in primary care estates. The score has been reduced from 16 to 12. following review by Bexley SMT and consideration of the impact on the ICB as a whole.
Potential Conflicts of Interest	None identified

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

Other Engagement	Equality Impact	Not directly applicable to the production of this paper.
	Financial Impact	Not directly applicable to the production of this paper.
	Public Engagement	Not directly applicable to the production of this paper.
	Other Committee Discussion/ Engagement	Quality and Performance Committee (via email), 18 June 2024 Planning and Finance Committee, 26 June 2024 ICB Executive Committee, 3 July 2024 Digital Board, 9 July 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
June 2024

Prepared for SEL ICB Board, 17 July 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 new Board Assurance Framework (BAF) document therefore represents the full range of ICB risks that sit above the permitted level of risk tolerance, rather than be a summary of key strategic risks, regardless of their risk rating, as was the case previously.

- 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.

- A full review of risks included on ICS partner BAFs (GSTT, KCH, SLaM, Oxleas, LGT) was completed in May 2024, and areas for potential inclusion (risk to partnership working across the ICS, and financial risk on capital financial plans) in the ICB BAF have been discussed with relevant SEL leads and inform the latest version.

- The ICB risk and assurance team have completed an initial round of discussions with risk lead counterparts at ICS NHS organisations. The intention of this engagement is to set up an SEL ICS risk leadership group in 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 should be 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.

- A separate log of 'significant system issues' has been established and will be reported regularly to the ICB Executive Committee. This register has been set up on Datix, and issues will be reported to the Executive Committee with the BAF, once they have been established and recorded on the log. This will include an entry related to impact of the cyber-attack on Synnovis on patients in south east London.

Impact of the cyber incident on SEL ICB risks

- Two risks relating to significant disruptions with IT are currently recorded on the SEL risk register:
    - **Risk 437**, relating to significant disruptions to the IT and digital systems across our provider settings due to external factors such as extreme weather conditions or cyber-attacks.
    - **Risk 484**, relating to primary care activity being significantly disrupted through change initiatives being implemented by the NHS and healthcare and service providers.
- In response to updated advice from the National Cyber Security Centre during the recent cyber-attack on Synnovis, **risk 437** has been updated to increase in likelihood, also increasing the overall risk rating. Both risks have been amended to change the category from data and information management risks to clinical, safety and quality risks. There are additional associated data and information management risks relating to cyber events which are held on the risk register owned by the Digital Board. The updates were considered by the Digital Board on 9 July 2024. The risk descriptions, controls and assurances have also been updated as part of the normal review cycle.
- The impact of the of the cyber incident has also been considered on other areas of risk:
    - The Quality and Performance Committee shared comments on 18 June 2024 requesting a review of the elective care **risks (384 and 385)**. It was suggested that the residual risk score should be increased in light of the cyber incident. These risks have consequently been updated by the risk owner and the scores have been increased, which escalates the risks onto the BAF – see slide 7.
    - Other areas of risk have also been reviewed following the cyber attack, including risks relating to urgent and emergency care and cancer performance. The cancer risk will be updated once the precise implications on performance have been quantified. The urgent and emergency care risk has not been changed as UEC performance has remained at the anticipated level.

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 9 - 11).
- **Appendix 2:** includes all the LCP risks which are above tolerance levels (summarised on slide 12).
- 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 13.

Role of the Board and recommendation

Role of the Board

The ICB Board:

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

Recommendation to the Board

- Approve the ICB BAF endorsed by the Executive Committee on 3 July 2024.

The current BAF

Key points to note

- The risks included reflect the assessed position and risks were downloaded from Datix on 6 June 2024. Further updates have been made to **risks 383, 385, 437 and 484** on 28 June 2024, to reflect the impact of the cyber incident on these areas – see slides 3 and 7 for details on these risks.
- For this BAF, there are 15 SEL risks above threshold and 5 LCP risks (Lambeth and Lewisham). There are no risks above threshold for Bexley, Greenwich, Bromley, and Southwark LCPs.
- The place executive leads (PELs) have also completed a review of risks between the LCP risk registers in May 2024. This was done through a summary assessment of the actual risks recorded, as well as the variance in residual risk scores for risks that are common across the LCPs collated by the risk and assurance team. PELs agreed an approach to consider common and differential risks across their risk registers, as well look at specific areas of risk relating to their delegated responsibilities – see final bullet point below. This work has resulted in additions of risks to LCP registers relating to the LCP's delegated responsibilities. The PELs have agreed to continue with this approach to review risks across 6 registers on a quarterly basis.
- The risk and assurance team have also been working with SEL risk owners to review their risks for 2024/25. This has resulted in the following changes on the SEL risk register:
  - 14 risks have been closed
  - 4 new risks have opened
  - 34 risks have had score changes made, risk descriptions, controls and assurances updated.
- Closure of three strategic risks on the SEL risk register resulted in new risks being opened on the LCP risk registers, where it was identified that the delivery aspects are delegated to the LCPs (as highlighted above). Examples of these areas include the following:
  - timely access to primary care services
  - proportion of the population vaccinated
  - reducing waiting times for mental health services

Summary of changes to ICB BAF (1 of 2)

Summary of changes

- **Four new risks** with scores greater than the risk appetite thresholds have been **added** to the BAF:
  - **SEL risk 543** relates to ICS revenue financial plan 2024/25. This risk falls under the finance category and has a current score of 25.
  - **Lewisham risk 526** relates to large number of families which have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House. This risk falls under the clinical, quality and safety category and has a current score of 12.
  - **Lewisham risk 527** relates to intermediate care bed provision in Lewisham. This risk falls under the clinical, quality and safety category and has a current score of 12.
  - **Lewisham risk 528** relates to access to primary care services. This risk falls under the clinical, quality and safety category and has a current score of 12.
- **Two risks** have **escalated** onto the BAF:
  - **SEL risks 384 and 385**, relating 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, resulting in negative impact on the delivery of elective recovery plans. This was in response to a request from Quality and Performance Committee members to revise the risk scores and descriptions in light of the Synnovis incident. These risks fall under the strategic category and the residual risk scores have been increased from 12 to 16.
- **Score changes** to existing BAF risks:
  - **SEL Risk 437**, relates to disruption to IT/Digital systems across provider settings due to external factors, leading to significant disruption to the provision of clinical services. The score for this risk has been increased from 10 to 15, following updated advice from the National Cyber Security Centre during the recent cyber-attack on Synnovis – see slide 3 for further detail.

Summary of changes to ICB BAF (2 of 2)

Summary of changes continued…

- **Four risks** have **de-escalated** off the BAF:
  - **SEL risk 279** relating to paper records left on NHS site. This risk fell under the data and information management category. The current score was reduced as part of the SEL risks review for 2024/25.
  - **SEL risk 434** relating to SEL will not meet the CHC mandatory Patient Level Dataset submission due to variation in CHC digitalisation across the six boroughs by the deadline of 1st April 2024. This risk has been closed as the risk has materialised. The relevant team are considering the implications of this risk.
  - **Bexley risk 450** relating to patients fit for discharge unable to leave hospital, has been reduced in score from 16 to 12 following review by Bexley SMT.
  - **Bexley risk 503** relating to insecure lease arrangements in primary care estates. The score has been reduced from 16 to 12. following review by Bexley SMT and consideration of the impact on the ICB as a whole.
- **Risks** that have been **closed:**
  - **SEL risk 394** – relates to system financial balance 2023/24. This risk was closed as it related to 2023/24. Two new risks (543 and 544) relating to revenue and capital financial plans for 2024/25 have been opened.

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	512	Financial risk related to MCR redundancies	12	16
	543	ICS revenue financial plan 2024/25		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
Reputational	**433**	Potential reputation damage to the ICB due to SLAM's potential failure to meet statutory requirements with increase in numbers of patients presenting with safeguarding concerns not being addressed.	12	16
Strategic commitments and delivery priorities: Implementation of ICB strategic commitments, approved plans, and delivery priorities	**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

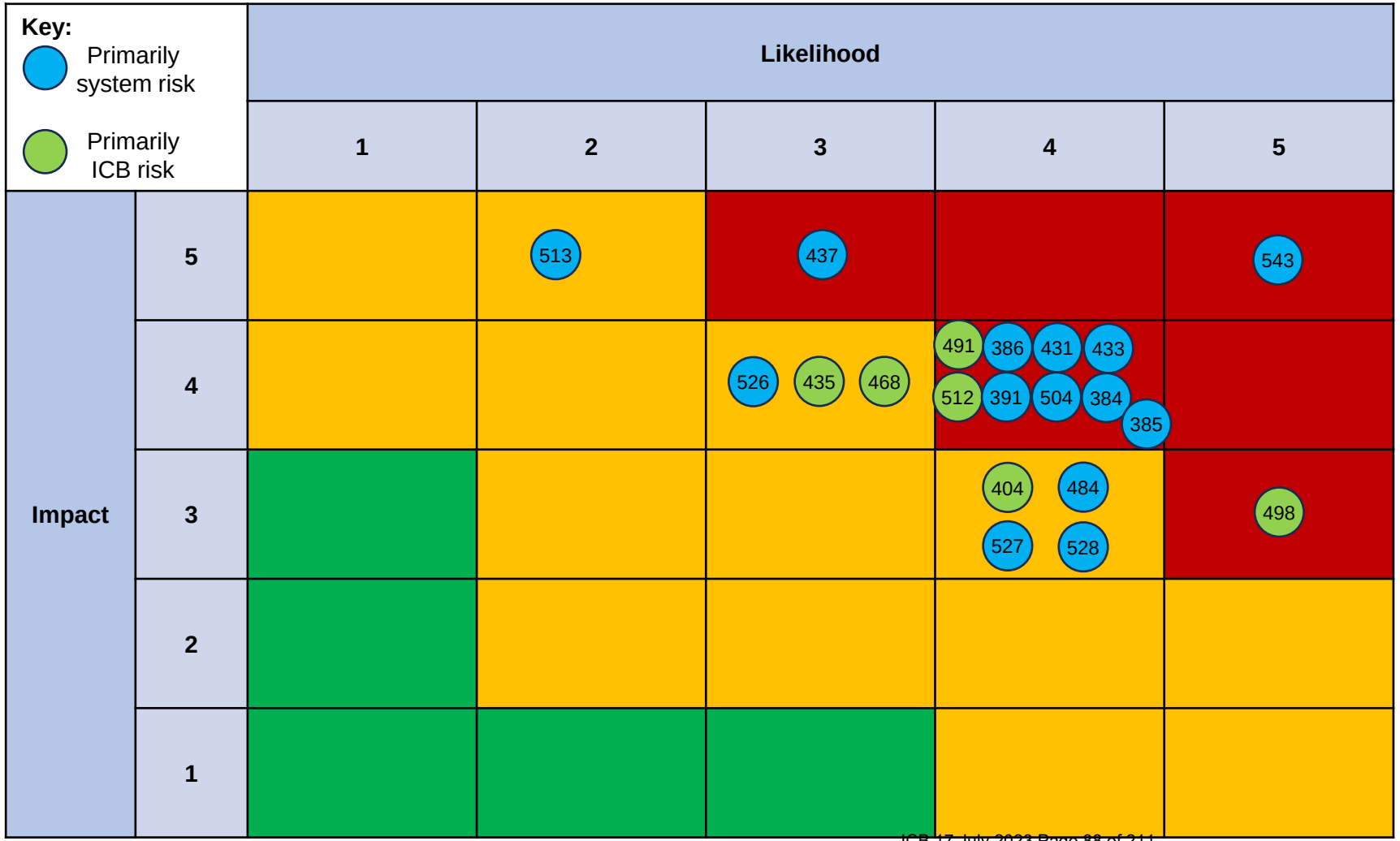
Summary of LCP risks exceeding tolerance levels

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 526	Families relocated from Tower Hamlets to emergency temporary accommodation at Pentland House.		12
	Lewisham 527	Intermediate care bed provision in Lewisham		12
	Lewisham 528	Access to primary care services		12
Finance	Lewisham 498	Achievement of LCP financial balance for 2024/25	12	15

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
433	Potential failure of a provider to meet statutory requirements around safeguarding
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
512	Financial risk related to MCR redundancies
513	Failure to safeguard children
526	Families relocated from Tower Hamlets to Lewisham Pentland House
527	Intermediate care bed provision in Lewisham
528	Access to primary care services in Lewisham
543	ICS Revenue financial plan 2024/25

Appendices: risk scoring matrices

Risk scoring matrices (1 of 3)

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

Likelihood x Severity = Risk Score

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

Likelihood Matrix:

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

Risk scoring matrices (2 of 3)

Severity matrix

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

Risk scoring matrices (3 of 3)

Severity matrix (contd.)

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

Appendix 1. SEL risks greater than risk appetite threshold levels

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 speciality 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. Specialist Advice, 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 care.	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	As part of operational plans, plus in year plan refresh exercise and winter planning, systems develop agreed capacity plans that take due account of urgent and emergency care (UEC), cancer and urgent/routine planned care requirements. This includes planned increased core and escalation capacity for the winter months/periods of peak demand. This mitigates the risk of elective capacity being compromised due to other demand in year. UEC and cancer recovery plans further seek to optimise care pathway performance and flow to ensure activity can be contained within assumed capacity. On elective capacity the APC works to establish and drive activity through elective hubs, which offer elective capacity that is protected from non-elective / urgent pressures and means that admitted care is more likely to continue in times of significant operational pressure., 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 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 & 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.	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,	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 (S256) to align with strategic framework., Core offer for CYP Autism assessment developed and agreed with stakeholder. Set up of Community of practice to share best practice and find solutions to ongoing issues., 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	Datix is reviewed daily to spot trends from providers, Quality team attend provider committees to understand individual provider risks and mitigations, Risk of harm assessments and prioritisation and reprioritisation of patients and signposting to other services is routinely completed by SEL trusts., Any treatment delays that do lead to significant harm are reported and investigated as Serious Incidents to ensure learning is shared across the system., Regular meetings are held with the providers to ensure delivery of agreed recovery trajectories and to review issues related to the quality of care, including notified Serious Incidents (SIrs)., 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 specialities to reduce waiting lists., The ICB have convened a quarterly themes and concerns group which will review all key themes and concerns arising as an additional level of assurance	Governance: Quality and Performance Committee where risks are escalated, Governance: System Quality Group where system wide risks are explored and learning shared, Thematic analysis of SI reports, Quality Alerts provide assurance that where incidents do occur, lessons are learned, shared and acted on appropriately., Quality Alert System provides early warnings, ICB incident command stood up for specific system wide incidents such as IT outtages in GSTT and SLaM in summer 2022 to ensure risk of harm identified and mitigated., Consultants agreed a pay deal end of March 2024
433	Paul Larrisey - Acting Chief Nursing Officer	Margaret Mansfield - Designated Nurse Safeguarding Children and Young People Interim Designated Nurse Children Looked After and Care Leavers	Reputational	10 - 12	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed.	There is the risk of reputational damage to SEL ICB due to the potential failure of a provider to meet statutory requirements, with an increase in numbers of patients presenting with safeguarding concerns not being addressed. This risk has been identified through a Safeguarding Learning Event held within the provider which highlighted their lack of knowledge in discharging their statutory safeguarding functions, as well as from other Child Safeguarding Practice Reviews and the Trust external review.	5	4	20	4	4	16	Work underway within the Local Safeguarding Children Partnership (s) LSCP/ LSCPs partnerships to monitor the risks., ICB Safeguarding Designate professionals to quality assure SLaM strategic Safeguarding risk/learning action plan in relation to discharge of safeguarding arrangements via attendance at SLaM's safeguarding committees., SLaM audit plan around recommendations to ensure learning is embedded into practice, An independant scrutiner will be supporting a trust wide improvement plan with SLAM safeguarding leads. SLAM have a safeguarding improvement plan in place., Bi monthly SEL ICS & SLAM Safeguarding Monitoring Group to provide strategic oversight of the improvement plan., A SLAM & ICB Place safeguarding designates safeguarding working group to operationalise the improvement plan, track actions, escalate emerging risks and report to the Safeguarding Monitoring Group., A SEL ICB & SLAM quality safeguarding review group to to accompany the SLAM quality assurance officer completing quality assurance reviews., SLAM has developed a safeguarding operational meeting for children and adults separately	There is an experienced Trust Named Nurse for Safeguarding Adults. Newly appointed and experienced Trust Named Nurse for Safeguarding Children. There are some Safeguarding Leads in place bases. SLaM are reviewing their Safeguarding supervision arrangements, also reviewing their Safeguarding Policy, The named nurse on long term sick has fully returned to work. Safeguarding Business officer post appointed to. Workstreams and workplans are in place to look at different areas of concern. All safeguarding vacancies are filled as of June 2023 except for Lambeth., The trust have recruited a substantive Associate Director for Safeguarding who started work in August 2023., SLAM Task and finish group chaired by the Director of Therapies and consisting of Service Directors, Chief Nurse, Chief Operating Officer, Chief People officer and Medical Director meeting monthly to oversee the completion and implementation of the safeguarding action plan., All safeguarding vacant posts have interim cover and substantive recruitment is in process., SLAM shares the assurance reports for Lewisham, Southwark, Lambeth and Croydon, Safeguarding meeting held with the Director of social care for SLAM on 01 September to review SLAM safeguarding programme update, A SLAM safeguarding programme meeting was held on 08 November with the Director of Social Care (SLAM), the Associate Director (SLAM), Named Nurse (SLAM) and SEL designated nurses, including Croydon, to provide a progress update on the improvement plan..
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	Clinical, quality and safety	7 - 9	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., Board cyber training held on 26 January 2024 to support members understand risks and mitigations.
468	Jane Waite - Head of CHC/CYPCC Governance Assurance and QIPP	Paul Larrisey - Acting Chief Nursing Officer	Clinical, quality and safety	7 - 9	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews.	There is a risk of variation in performance across SEL with the FNC (Funded Nursing Care) reviews. This is due to a significant number of reviews over the required time frames (National Standard). This 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 16/10/2023. Agreement in principle for contingency agreement to address backlog of CHC Standard and Fast Track reviews. Contingency agreement progressed and mobilisation of additional resource expected to commence mid February.	There are minimal vacancies across the place based teams., Individual borough plans in place and teams are working towards reducing the backlogs, The number of FNC cases are on an downwards Trajectory

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
484	Philippa Kirkpatrick	Andrew Bland	Clinical, quality and safety	7 - 9	Disruption to primary care	There is a risk that primary care activity 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 have been established. Lessons learned being documented from previous projects. Primary care leaders have been identified. GPs have been advised to continue to raise clinical safety alerts if they are concerned about clinical risk associated with any disruption. Primary Care ensure business continuity plans are in place for such events.	A primary care collaboration group has been established. This provides a forum for GPs to identify the issues most affecting practices relating to digital communication and transfers of care with the Trust and Synnovis. It also provides a forum for identifying improvements to ways of working, as it relates to digital. Quality alert processes are available to providers if they feel there are patient safety risks associated with problems they are experiencing.
491	Fiona Leacock - Associate Director of Quality	Paul 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 at providers	There is a risk the ICB is unable to discharge its duty of having system oversight of quality and patient safety systems due to transition to the Learning from patient safety events (LFPSE) for reporting safety events which currently does not allow the ICB access to provider data which leaves the ICB 'blind' to information on LFPSE. This could lead to reputational harm to the ICB, impact on oversight of patient safety and result in adverse publicity.	5	4	20	4	4	16	Continuation of STEIS (serious incident report database) until October 2024, Extended rollout of the ICB quality alerts reporting links, Regular touch point/update meetings with NHSE, system developers and providers, 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	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
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.
512	Sarah Cottingham / Ceri Jacob	Andrew Bland	Finance	10 - 12	Slow sign-off of redundancies by NHSE	Redundancy notices cannot be sent out until the ICB's redundancy case/updated outcomes have been signed off by NHSE and subsequently by the DHSC. Whilst NHSE has advised the ICB that the business case will be considered on 27th March 2024, approvals are understood to take in the region of 3+ months to be confirmed. This delay will impact upon programme savings the ICB is able to make in 2024-25, against the target.	4	4	16	4	4	16	NOTE: As at 23 May 2024, approval has been confirmed by NHSE. The risk score is driven by the DHSC side of the process, as the process and timeline are not known to the ICB. Additionally, the ICB has worked to mitigate the number (and cost, to the MCR programme) of redundancies by: • Running a robust job matching process which has already (as at January) resulted in a number of slot-ins • Filling posts via ring-fencing people to posts (and accompanying interview process) • Natural turnover is also contributing to the ability to slot people in to new opportunities.	MCR Programme board
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	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	£100m deficit plan recommended to CEO group 7 June 2024 Budgets agreedbased on draft plans SEL CFO group meeting weekly

Appendix 2. LCP risks greater than risk appetite threshold levels

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
Lambeth 513	Daniel Stoten	Avis Williams-McKoy	Clinical, quality and safety	7 - 9	Failure to safeguard children and identify and respond appropriately to abuse.	There is a risk of children and families in Lambeth not receiving the community health support and assessment they require due to current staff vacancies in key safeguarding lead operational posts: Named GP safeguarding children, MARAC Liaison Nurse, health visitors and school nurses. On going vacancies affects the expected timeframes of the service and the multiagency working together across the partnership.	3	5	15	2	5	10	Lambeth HV and School Nurse Teams are on GSTT the risk register due to significant reduction of staffing levels., Active recruitment is underway for Named GP safeguarding Children., Statutory posts, Designated Drs and Nurses Safeguarding and Nurse CLA in place. (0.5 WTE vacancy designated nurse recruitment is underway), Safeguarding and Looked After Children Working Group (SLAC). Quarterly Assurance Meetings with Provider Health Organisations., The annual work plan has been agreed 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

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
Lewisham 498	Michael Cunningham - Associate Director of Finance	Ceri Jacob - Place Executive Lead	Finance	10 - 12	Achievement of Financial Balance 2024/25	During 2023/24 Lewisham delivered efficiencies in excess of the targeted 4.5% (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. 6. System approach is being followed with LCP partners to align savings opportunities., System approach is being followed with LCP partners to align savings opportunities.	Monthly budget meetings., Monthly financial closedown process., Monthly financial reports for ICS and external reporting., Review financial position at CHC Executive meeting., Lewisham Senior Management Team Review.
Lewisham 526	Fiona Mitchell - Adult Safeguarding Lead	Ceri Jacob - Place Executive Lead	Clinical, quality and safety	7 - 9	A large number of families (up to 200) have been relocated from Tower Hamlets to emergency temporary accommodation at Pentland House.	There is a potential risk of failure to protect and safeguard the residents (adults and children) placed at Pentland House (temporary/emergency accommodation) due to a lack of health information available to form accurate assessments and provide appropriate support. Since Oct/Nov 2023, families were transferred to Pentland House accommodation. To date, information shared regarding families that have been placed in the accommodation has been limited and LBL CYP Joint Commissioning and LBL Housing are liaising with Tower Hamlets Housing Services to try to resolve this. Section 208 notice – housing legal requirements from Tower Hamlets to Lewisham is to provide data on all individuals including health. Emergency accommodation for Pentland House should only be for 56 days - this has now been breached. Families are also registered with Tower Hamlets (through choice) but the impact and risk is: pregnant females travelling across London for obstetric care, those fleeing domestic abuse, lack of advocacy generally within the location, those re-housed due to domestic / familial abuse and honour based violence abuse, nutritional concerns and limitations with security at Pentland House.	4	4	16	3	4	12	Pregnancy Safeguarding Midwife LGT â€" liaising with Tower Hamlets vulnerable midwifery team., Specialist Health visiting service, Lewisham are attending weekly at Pentland House in relation to supporting mothers and young children., Liaising with AD of CBC, Lewisham, in relation to Enhanced Primary Care support / GP Access.	Director of Housing, Fergus Downie in regards to legal element (S208) has escalated to the Director of Social Housing at Tower Hamlets under the housing and refugee resettlement S208 and in reference to no data has been provided on temporary accommodation residents residing at Pentland House accommodation and will make enquiries regarding advocacy support., Primary Care to escalate to Director at Tower Hamlets regarding the possibility of enhanced access to primary care support with consideration of costs to be absorbed Tower Hamlets. A meeting has been arranged. Joint Commissioning – 0-19 Health and Maternity to discuss gaps in service and risks. Paul Larrisey CN and Rebecca Saunders Safeguarding lead HoN briefed and Ceri Jacob PEL Lewisham who is escalating accordingly.
Lewisham 527	Lorraine Smedmor, Integrated Commissioning Manager	Kenny Gregory - Director for Adults integrated Commissioning	Clinical, quality and safety	7 - 9	Intermediate Care Bed Provision in Lewisham	There is a risk that Lewisham will not have Intermediate Care Bed provision within the Borough. It is caused by: •The current provider not meeting contractual obligations and the contract being terminated. •The current provider failing to address areas of concern raised through the moderation process during the last procurement. •The current providers giving notice to Commissioners prior to the contract end date. Leading to: •No intermediate care bed provision in Lewisham. •Cohort of patients not being able to receive bed based rehabilitation locally. •Delay in patients being discharged from an acute bed when medically fit.	4	3	12	4	3	12	Quarterly contract monitoring in place., Monthly meetings to address areas of concern identified as part of procurement., Signed NHS Standard contract in place (01/04/24 â€" 31/03/25 with the option to extend by 6 months) which includes both orgnaisations giving adequate notice if contract to be terminated., Current provider has held a contract for 10 years+ and there have never been any major concerns / safeguarding issues / incidents to cause commissioners a significant cause of concern.	Service continuity for longer term absence., Reporting and escalation process for incidents and where governance sits within the organisation., How learning will be disseminated from incidents and complaints.
Lewisham 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 â€œDelivery 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 skill 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 9am - 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

Integrated Care Board meeting

Item: 7
Enclosure: H

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

Purpose of paper:	The purpose of the paper is to highlight to the Board any DECISIONS referred to the Board from ICB Committees, and to provide INFORMATION on any decisions made under delegation by those committees.	Update / Information	X
		Discussion	
		Decision	X

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

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

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

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

Overall Report of the ICB Committees

ICB Board 17 July 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 21 April 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
- Approval to rename Board committees as set out in section 4 of the report.

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	1 May 2024	-	22 April 2024	-	-	1 May 2024	-	14 May 2024	24 April 2024
	29 May 2024	-	20 June 2024	-	-	-	-	-	8 May 2024
	26 June 2024	-	-	-	-	-	-	-	22 May 2024
	-	-	-	-	-	-	-	-	5 June 2024
	-	-	-	-	-	-	-	-	3 July 2024
	-	-	-	-	-	-	-	-	-

	Local Care Partnerships					
	Bexley	**Bromley**	**Greenwich**	**Lambeth**	**Lewisham**	**Southwark**
Meeting date	23 May 2024	9 May 2024	24 April 2024	9 May 2024	30 May 2024	2 May 2024
	-	-	-	-	-	-

The Quality and Performance Committee meeting scheduled to be held on 3 July 2024 was cancelled due to system focus on the response to the cyber attack incident affecting South East London Trusts.
The Remuneration Committee meeting scheduled for 3 July 2024 was cancelled as there were no matters requiring the Committees attention.

3. Summary of the Principal Role of ICB Committees

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

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

4. Recommendations to the Board for Decision / Approval

4.1 The Board members will be aware that the ICB is currently in the process of reviewing the structure of its committees to ensure they are of optimal design to support the Board in delivering its duties. Detailed work is underway to develop terms of reference for these committees, but at this stage the Board is asked to note and confirm agreement to the following:

- Cessation of Quality and Performance Committee
- Cessation of Planning and Finance Committee
- Creation of Integrated Performance Committee, chaired by a NED and with a more strategic focus primarily to address the medium term.
- Creation of Quality and Safeguarding Committee, chaired by a NED and aimed at combining quality responsibilities with those of the current Safeguarding Sub-Committee under one committee.
- Rename Audit Committee to Audit, Risk and Assurance Committee, chaired by a NED, to include remit of considering cross-system risk.

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.	Audit Committee	22 April 2024	• Audit Committee approved submission of the ICBs draft annual report and accounts.
2.	Clinical and Care Professional Committee	1 May 2024	• CCPC members approved revised Terms of Reference for the Engagement Assurance Committee.
3.	Executive Committee	8 May 2024	• The committee approved a Non-NHS Provider Accreditation Policy, Standards of Business Conduct Policy, and Safeguarding children and adults policy.
4.	Executive Committee	8 May 2024	• The committee approved the award of a contract for bariatrics as a Direct Award under the Increasing Capacity Framework for a term of 2 years plus 6 months extension.
5.	Executive Committee	8 May 2024	• The Executive Committee approved the award of contract for ear wax removal for a one year contract using Direct Award C.
6.	Audit Committee	20 June 2024	• Audit Committee approved submission of the ICBs audited final annual report and accounts, NAO Checklist and Annual Governance Statement.
7.	Planning and Finance Committee	26 June 2024	• PFC approved revised Terms of Reference for the Information Governance Sub-Committee
8.	Executive Committee	3 July 2024	• Executive Committee approved the Board Assurance Framework.
9.	Executive Committee	3 July 2024	• Executive Committee approved a proposal in relation to the management cost reduction programme.

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.	Audit Committee	22 April 2024	• The Audit Committee received draft copies of the ICBs annual report and annual accounts and approved submission in draft to NHS England and external audit. • GT presented their external audit plan for 2023/24 and provided an update on progress. • RSM reported on progress against the 2023/24 internal audit plan, noting management actions where the committee were asked to consider requests for revised due dates. The 2024/25 internal audit plan was presented and approved. • The Committee received an update on progress against management actions arising from internal audits of Continuing Healthcare and Safeguarding arrangements and noted ongoing work to complete all actions. • TIAA presented a progress report against the 2023/24 work plan, and the 2024/25 annual workplan which was approved by the Committee. • The Committee received a report on tender waivers and confirmation no write offs or special payments had been processed.
2.	Executive Committee	24 April 2024	• The Executive Committee received an update on the performance of the system including efforts to improve UEC performance over March and the opening of additional NHS capacity for mental health. In relation to quality, a rise in unexpected deaths was being followed up but thematic concerns identified. Potential actions by GPs in response to the proposed GP contract were discussed. • An update on 2024/25 planning discussed the plans being developed and updated to NHSE in relation to finance and performance, and discussed the decisions which would be necessary to achieve balanced positions in the organisations. • The committee approved the providers plans and priorities for 2024/25 in relation to the Patient Safety Incident Response Framework following work by providers including workshops to engage with the whole system.
3.	Planning and Finance Committee	1 May 2024	• The Committee received a paper on the London Data and Digital Business Case, noting delivery would be in two parts, part A being already funded nationally and part B offering the ability to expand the scope if committed to by ICBs but requiring work on finances and

			assessment of value for money. The Committee endorsed progression of part A, noted the risk and challenges, and agreed to the direction of travel for part B. • The Committee received a paper from the CFO setting out the month 12 financial position for the ICB and ICS, noting achievement of an overall surplus of £46k against revenue resource limit for the ICB, and an ICS system deficit of £77.7m. • The Committee were advised that the 2024-25 Operational plan would be submitted to NHSE on 2 May having received ICB Board endorsement. The Committee was briefed on performance and the ICS 2024/25 financial plan.
4.	Clinical and Care Professional Committee	1 May 2024	• The CCPC reviewed and accepted revised terms of reference for the Engagement Assurance Committee. The committee heard about some of the projects to engage with people on maternity services, on pelvic health and on over-prescribing; and the establishment of a 'Peoples Panel' of residents to provide views and feedback on health and care activities; and the workplan of activities and events for the coming year. • The Committee heard about work to improve the interface between primary and secondary care, noting the additional work created by difficulties in the interface but the huge enthusiasm from people working in primary and secondary care to address some of the issues which had been identified by NHSE nationally including onward referrals, complete care, clear points of contact, and access to specialist advice. In South East London work was being done using systems such as the local quality alerts system to understand the areas of potential improvement in more detail. • The Committee heard an update on a forum for clinical and care professional leadership in relation to urgent and emergency care. With an increasingly broad membership including GPs and community services as well as hospital clinicians, the forum was providing an opportunity to consider long standing issues and the solutions over the long term. A UEC improvement team had visited every UEC front door and highlighted the potential for improved system relationships and the importance of right culture, attitudes and behaviours. The group had discussed improved patient experience as a way of measuring change and better process and procedures, as well as agreeing and promoting shared inter-professional standards.
5.	Executive Committee	8 May 2024	• The Committee received updates from the CEO on regional and national meetings. • The Committee held a discussion on the financial impact of the planning round, which had necessitated planning for significant cost improvement programme and forgoing investment. There had also been additional controls put in place to ensure grip on expenditure. The committee discussed the impact of potentially reduced investment in relation to discharge, health inequalities funding.

			• The Committee were advised a system sustainability group would be formed, comprising senior representatives of NHS Trusts and the ICB and supported by a programme team, to identify and deliver the changes needed to achieve financial sustainability.
6.	Digital Board	14 May 2024	• The Digital Board received an update on the progress of projects underway for new electronic Patient Record systems for trusts in South East London, discussing the benefits of integration and importance of good interfaces. • Members received a report of an IT incident relating to suspicious activity in a SEL organisation and the support of the NHS England Cyber Security Operations Centre (CSOC) and discussed audit of cyber resilience across the system and strategies being developed in individual organisations. • The Digital Board discussed the potential of digital approaches to improve transitions of care and referral optimisation, and the need for co-ordination and importance of rationalisation and improvement of existing systems. • An update on the London Health Data strategy was delivered, aimed at using data to support direct care across the region. The potential for direct care as well as research was noted but progress was being made but with careful checks in relation to information governance. • Updates from sub groups of the Digital Board were noted.
7.	Executive Committee	22 May 2024	• The Committee received updates from the CEO on regional and national meetings. • The Committee received and reviewed a detailed report on system performance across both acute and out of hospital care, discussing the significant pressures on flow and how these were being addressed, expressing some concern of the effect of needing to repeatedly respond to these pressures on staff and patients. Positive performance was noted on work to clear the backlog of Cancer work and achieving the faster diagnosis standard. • A summary update of the planning process for 2024/25 was provided noting discussions continuing on use of hospital discharge funding and a resumption of SUS activity reporting at trusts following implementation of Epic. • ICB budgets for 2024/25 were endorsed by the committee. • The Executive Committee discussed a proposal to improve evaluation and the measurement of impact across the system to create consistence and demonstrate the value obtained from each pound spent. Members discussed the value of being able to demonstrate outcomes for patients from investment even if this was not felt in the

			organisations. the challenge of achieving consistency in a complex system, links to population health and disease prevention work.
8.	Planning and Finance Committee	29 May 2024	• The Committee received an update on planning for 2024/25. • The Committee were briefed on the 2024/25 ICB start budget, noting the support to the system position and the impact on investment plans, allocations to Place, and the key risks and mitigations within the plan. The committee recommended the start budgets to the ICB Board for approval. • The Committee received a summary update on the ICBs month 1 financial position and a verbal update on ICS financial performance.
9.	Executive Committee	5 June 2024	• The Committee received updates on the submission of the 2024/25 operational and financial plans, and finalisation of contracts with providers. • The Committee were informed of discussions about the impact of additional mental health bedded capacity, along with the continuing high demand being seen in emergency departments for patients with mental health needs. • The cyber attack on a pathology supplier was discussed and the committee were reminded about the arrangements in place for daily monitoring of the incident and liaising with partners to minimise the operational and clinical impact. • The Committee received a report on the uptake of the NHS App and efforts to promote this tool as a single interface with the NHS for tasks from booking appointments to ordering repeat prescriptions. Discussion included how to progress links with other sources of information and applications to make the App as useful as possible for SEL residents. • A presentation on work progressing to assure the Board that efforts were being made on digital inclusion and making sure that South East London residents were able to benefit from digital approaches and tools such as the NHS App without excluding residents who found digital tools difficult to engage with. • The Committee heard an update on the procurement of the 111 service plans for same day integrated care. • Ahead of the delegation of specialised services to the ICB, the committee reviewed a legacy risk log associated with these services. • The Committee received a Finance report for Month 1 2024/25.
10.	Audit Committee	20 June 2024	• The Committee met with the specific purpose of approving the audited annual report and accounts. Internal audit delivered their final Head of Internal Audit Opinion and an annual report confirming completion of the 2023/24 workplan. External audit delivered their Audit Findings Report and Annual Audit Report, proposing an unmodified audit opinion.

			• The Committee approved submission of the annual report and accounts and supplementary statements to NHS England.
11.	Planning and Finance Committee	26 June 2024	• The Committee received a report on the Board Assurance Framework risks relevant to planning and finance, noting three risks currently with a residual risk score greater than the risk appetite thresholds. • The Committee received an update on the month 2 financial position for the ICB, noting a £2,506k overspend against plan, and for the ICS, noting a replanning exercise was taking place in parallel. • The Committee were briefed on the NHS Incentive Plans for 2024/25 and the implications for the ICS.
12.	Executive Committee	3 July 2024	• The Committee received an update from the CEO on regional and national meetings. • The Committee received an update on performance including ongoing industrial action and the Synnovis cyber attack incident, including progress on mitigation and plans for recovery and restoration. • The Committee considered a report into the impact of recent industrial action. • Members received a presentation from an external speaker on the Integrated Neighbourhood Teams (INTs), encompassing some examples of good practice elsewhere and discussing a programme of development and some models for how to integrate teams within the local system. The Committee discussed how to make further progress with INTs in south east London.

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.	23 May 2024	Better Care Fund 2023/24 – 2024/25	• The Bexley Wellbeing Partnership Committee received the 2023/24 Better Care Fund End of Year return and winter resilience metrics. The return demonstrated the volume of hospital discharge and community activity delivered compared in 2023/24 to the original demand projections. This primarily reflected short-term and intermediate care activity delivered through social care and community health services. The Committee noted the 2024/25 Better Care Fund planning process and authorised the Place Executive Lead to finalise and jointly agree the Better Care Fund Planning Template for 2024/25 with Bexley Council.

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.	23 May 2024	Month 12 Finance Report	• The Bexley Wellbeing Partnership Committee received an update on the financial position of Bexley (place) as well as the overall financial position of the South East London Integrated Care Board and the Integrated Care System as at Month 12 2023/24. The Committee noted that Bexley (place) had successfully achieved its control total, a surplus of £846k for the 2023/24 financial year.
2.	23 May 2024	Place 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. The Committee noted there were no new risks.
3.	23 May 2024	*Let's talk about* co-producing services	In its regular *'Let's talk'* sessions the Committee heard from three speakers from Bexley organisations who presented their accounts of how co-production is working to improve projects and deliver better services: Kathleen Canavan – Special Educational Needs & Disabilities (SEND) Information & Advice Support Service (IASS), talked about how they employed a neurodivergent team to help co-produce the update of their website. Adam Smith – Bexley Mencap, the Respect Group talked about how Mencap is a user-led organisation, with people are at the heart of everything they do. Active Horizons – Youth Workers shared how projects for young people are planned and delivered by young people in Bexley. • Work is progressing on draft a joint engagement and co-production strategy for the Bexley Wellbeing Partnership, ensuring a consistent approach and language when engaging, co-designing and co-producing services. The objective is to adopt best-practice methods whether services are delivered via NHS, Local Authority or voluntary sector partners.

Appendix 2

Bromley Local Care Partnership – One Bromley

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by One Bromley Under Delegation

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

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	9 May 2024	Matter Arising – Right Care Right Person update	• Members were updated on progress of the policy framework for mental health trusts and ongoing plans for the Programme Board. • Concerns around the framework for welfare checks were discussed.
2.	9 May 2024	Partnership Report	• The members received the Joint Partnership Report, noting the sign off of the Carers Charter by the One Bromley Executive and the appointment of a new Director of Adult Services at London Borough of Bromley.

3.	9 May 2024	Communications and Engagement report	• The members received a report on communications and engagement activity in 2023/24, noting an opportunity to collaborate across the borough on digital engagement.
4.	9 May 2024	Finance report	• The members received a report on the month 12 spend against delegated Place budget, noting cost pressures in prescribing, continuing healthcare and mental health services.
5.	9 May 2024	Group reports	• Reports were received from the Primary Care Group, Contracts and Procurement Group, and Performance, Quality and Safeguarding Group.
6.	9 May 2024	Any other business	• The meeting discussed the Pharmacy First initiative and process by which GP Practices redirect patients to pharmacies.

Appendix 3

Greenwich Local Care Partnership – Healthier Greenwich Partnership (HGP)

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by the Healthier Greenwich Partnership Under Delegation

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

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	24 April 2024	Public Forum feedback	• The members discussed the issues raised at recent public forums and considered how best to run the forums in the future to maximise benefit and participation.
2.	24 April 2024	Greenwich Assistive Technology Enabled Care (ATEC programme)	• The LCP members received a presentation on the ATEC programme, covering engagement, operational aspects, and contractual arrangements. Members expressed their support to the programme, discussing the benefits of an integrated approach, how to manage any associated risk, and how to build confidence and trust from residents.
3.	24 April 2024	Reprocurement of APMS Thamesmead Medical Practice	• The members discussed and unanimously endorsed the recommendation for a full contract procurement for the Thamesmead Health Centre contract which expires in March 2025.

4.	24 April 2024	Partnership Report	• The meeting received the Partnership report, and an update on the work of the Greenwich Healthier Communities Fund.
5.	24 April 2024	MSK update	• The members received an update on the outcome of two recent MSK engagement events which took place in the borough, with feedback to be used to develop a service specification.
6.	24 April 2024	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 risks.

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.	9 May 2024	Primary Care Commissioning Committee	Members of the Partnership Board ratified decisions made at the Primary Care Commissioning Committee on 10 January 2024.
2.	9 May 2024	Business Planning: Taking Forward 'Our Health, Our Lambeth' 2023/24 Annual Review and 2024/25 Action Plan	Members of the Partnership Board noted contents of the document, approved the Lambeth Together action plan for 2024/25 (contained within) and approved for the document to be published on the Lambeth Together public website.

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.	9 May 2024	Place Executive Lead report	• Members of the Partnership Board noted key developments since the last Lambeth Together Care Partnership Board meeting in Public on 21st March (government action to detain people with a view to potential deportation to Rwanda, impact upon Lambeth's sanctuary seeking people and support being provided to individuals at risk).
2.	9 May 2024	Staying Healthy Programme Deep Dive - NHS Health Checks programme	• Members of the Partnership Board noted and discussed the deep dive into the NHS Health Checks programme and provided feedback and questions to support programme development and delivery going forward.
3.	9 May 2024	Sexual Health Programme Deep Dive - HIV Testing Week	• Members of the Partnership Board noted the work carried out during National HIV Testing Week, the key findings and considered the recommendations made.
4.	9 May 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 26th March 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 Health & Care Partnership under delegation from the Board.

No.	Meeting date	Agenda item	Items for Board to note
1.	30 May 2024	Lewisham Five year Forward View 2024/25 refresh	• The LCP members discussed the proposed five year forward view refresh, which articulated the proposed direction of travel and outlined the priority areas for focus over the next 5 years. **The LCP Board approved the proposal.**
2.	30 May 2024	Health and Wellbeing Charter	• The members considered the latest draft of the Lewisham Health and Wellbeing Charter, overseen by the Lewisham Council Healthier Communities Select Committee and **endorsed its development**.
3.	30 May 2024	Provider Selection Regime	• The LCP Board **approved** the proposed changes to the LCPs existing committees that would establish a formal governance structure for the oversight of the PSR.

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.	30 May 2024	Place Executive Lead report	• Members received and noted the partnership report.
2.	30 May 2024	High Intensity User (HIU) contract award	• The LCP Board were updated on the Lewisham HIU Service procurement following approval earlier in the year.
3.	30 May 2024	SEND assessment framework	• The Lewisham LCP Board were updated on the SEND inspection Self Evaluation Framework (SEF) being developed by the SEND Partnership. The presentation was made by members of the CYP (children & young people) team.
4.	30 May 2024	People's Partnership update	• The members received an update from the Partnership's Community Representative following on from a recent meeting.
5.	30 May 2024	Corporate Objectives	• Laura Jenner, Director of System Development Lewisham, delivered a presentation to the Lewisham LCP Board on Corporate Objectives. The membership noted the report.
6.	30 May 2024	Risk Register	• The LCP members reviewed and noted the current Place based risk register.
7.	30 May 2024	Finance update	• The Lewisham LCP Board noted the latest finance update, in particular the current financial position.

Appendix 6

Southwark Local Care Partnership – Partnership Southwark

1. Recommendations to the Board for Decision / Approval

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

2. Decisions made by Partnership Southwark Under Delegation

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

3. Agenda Items of Note

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

No.	Meeting date	Agenda item	Items discussed
1.	2 May 2024	VCSE Funding and Health Inequalities Fund	• The members received a report on the boroughs VCSE funding project, noting key outcomes and learnings, and the proposal for the 2024/25 Health Inequalities Fund.
2.	2 May 2024	Health and Care Plan Update	• Members received an update on the Q4 highlights from each priority area in the Plan, and development of future plans.
3.	2 May 2024	Place Executive Leads report	• The acting Place Executive Lead presented a report on the activity of the primary care and delegated functions groups in the borough, achievements since the last report, and an update on CCPL recruitment and contractual renewal for the Tessa Jowell Practice. The members discussed the CCPL recruitment process. Noting the appointment of a new substantive Place Executive Lead for Southwark, formally starting in June 2024, the interim PEL was thanked for this contribution and wished well in his new role within SEL as the Director of South London Office for Specialised Services.

Appendix 7

Acute Provider Collaborative

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

1.1 Below is a summary of decisions taken by the Acute Provider Collaborative under delegation from the Board between 2 April 2024 and 4 July 2024.

No.	Meeting and date	Agenda item	Items for Board to note
1.	Committee in Common, Extraordinary meeting, 19 April	APC Collaboration	The group agreed the content of their response to the letter from Richard Douglas, ICB Chair, setting out their proposals for future collaborative opportunities through the APC.

2. Agenda Items of Note

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

No.	Meeting	Agenda item	Items discussed
1.	APC Executive and other APC Groups	2024/25 Planning round	Discussions continued across APC governance groups during the extended 2024/25 planning round.
2.	APC Executive, February onwards	Executive Advisory Group chairs – discussion and action	Starting in February 2024 with the Chief People Officers' Group chair, the APC's Executive Advisory Group chairs are invited in turn to attend the APC Executive for discussion and action planning for their group. The final meetings of this round will take place in July 2024.

		planning with the APC Executive	
3.	APC Operations & Strategy Group, April to June	Regulatory Action	The group has discussed the implications of the increasing range of Regulatory oversight and action, which has been beneficial in clarifying the process and criteria, supporting sharing of information and reducing duplication across different regulatory regimes.
4.	APC Finance & Estates Group, April to June	Financial opportunities	From its inception, the APC's focus has been on clinically-led transformation and service improvement. Via the Finance & Estates Group, APC network and programme workstreams have been reviewed to identify whether there are additional financial opportunities on top of the benefits for improved patient experience and outcomes. The potential scale of opportunity is being assessed through collaborative work across the three trusts, with the aim of ensuring realisation of financial benefits is also built into the planning and monitoring for each of the workstreams.
5.	Multiple APC meetings since 3 June	Synnovis incident	Since 3 June, the Synnovis incident has been discussed in meetings 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. The focus is now turning to the implications of the emerging restoration and recovery plan for elective and diagnostic services.

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 May 24	Complex care	There is a proposal for Complex Care Programme – Southwark Plan Phase 2b. This proposal has the ambition of delegating the health care component of the jointly funded placements with the local authority to the Programme (where delegation is already at place to SLaM). It is proposed that, in the shadow year, a due diligence exercise will take place on all Southwark activities of the budget management process and a contractual and quality framework be put in place.

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 May 24	Quality	The committee received the South London Partnership quality and commissioning report on the provider collaborative services and noted learning identified from the Independent review – Greater Manchester Mental Health NHS Foundation Trust (GMMH) following the BBC Panaroma programme. The collaborative will take forward strengthening quality assurance across NHS and private sector units in south London. This will include engagement with patients, family and staff and mapping quality assurance between the Commissioning hub and Lead Provider. Quality reporting will be strengthened around safer staffing and co-production activities, roles, and responsibilities.

Integrated Care Board Meeting

Item: 7 (FINANCE REPORT)
Enclosure: H (FINANCE REPORT)

Title:	**ICB & ICS Finances – 2024/25**
Meeting Date:	**17 July 2024**
Author:	Tony Read & David Maloney
Executive Lead:	Mike Fox, SEL ICB CFO

Purpose of paper:	To report the Month 2 ICB and ICS financial performance and update the Board on other system finance related matters as appropriate.	Update / Information	*X*
		Discussion	*X*
		Decision	

Summary of main points:

ICB Financial Performance

This report sets out the month 2 financial position of the ICB. The financial reporting for month 2 is based upon the 2nd May plan submission. This included a planned year-end surplus of £20,172k for the ICB. This has been updated to a surplus of £40,769k in the plan submission made on 12th June.

As at month 2, the ICB is reporting a year to date (YTD) overspend against plan of £2,506k. The full year element of the surplus to be directly achieved by the ICB is £4,792k, for which the YTD delivery (circa £800k) is reflected in the month 2 financial position. The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.

Due to the usual two months arrears in receiving data from the PPA, the ICB does not have YTD actuals for 24/25 prescribing spend is therefore reporting a breakeven position.

The ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (£500k per month) and the impact upon the final redundancy payments, given longer employment periods etc.

	The current expenditure run rate for CHC services is above budget (£958k), with places implementing efficiencies to mitigate this. Lewisham is particularly impacted (£885k). This is as highlighted in the report. At month 2, the delivery of the ICB's savings plan of £25,400k is on track. In reporting this month 2 position, the ICB has delivered the following financial duties: • A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into. • Delivering all targets under the Better Practice Payments code. • Subject to the usual annual review, delivered its commitments under the Mental Health Investment Standard; and • Delivered the month-end cash position, well within the target cash balance. As at month 2, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of break-even in line with NHSE guidance. **ICS Financial Performance** • NHSE reduced the reporting requirement at M2, recognising the replanning exercise which was happening in parallel. • This report uses the resubmitted 12 June final plan figures, whereas formal reporting to NHSE was made using the 2 May draft plan figures. • At M2 the forecast outturn is set at the resubmitted plan figures, per NHSE guidance. <u>Revenue</u> • The system is planning an aggregate deficit of (£100.0m). The 12 June plan submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB. • The ICB £40.8m surplus incudes an additional £15.0m KCH stretch, held in the ICB for planning purposes only. • At M2 the system is reporting a YTD deficit of (£41.5m), £7.8m adverse to the revised YTD plan of (£33.7m) deficit**.** • At M2 the system has delivered £24.4m of efficiencies YTD, £9.3m behind plan. <u>Capital</u> • The system capital plan is to spend the entire system allocation of £255.5m (inc. IFRS 16 uplift).
Potential Conflicts of Interest	**N/A**

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

	Lewisham	**X**	**Southwark**	**X**
	Equality Impact	N/A		
	Financial Impact	As presented in this report		
Other Engagement	Public Engagement	None		
	Other Committee Discussion/ Engagement	Financial performance is a standing item at the Planning and Finance Committee, ICB Executive Committee and the SEL Sustainability Group .		
Recommendation:	**The Board is asked to note the ICB and ICS financial performance for Month 2.**			

NHS
South East London

SEL ICB Finance Report

Month 2 2024/25

Contents

1. Executive Summary

NHS South East London

- This report sets out the month 2 financial position of the ICB. The financial reporting for month 2 is based upon the 2nd May plan submission. This included a planned year-end surplus of **£20,172k** for the ICB. This has been updated to a surplus of **£40,769k** in the plan submission made on 12th June.
- The ICB's financial allocation as at month 2 is **£4,472,839k.** In month, the ICB has received an additional allocation of £11,975k, which was in respect of the consultants pay award and will be paid to local providers.
- As at month 2, the ICB is reporting a year to date (YTD) overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery **(circa £800k)** is reflected in the month 2 financial position. The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- Due to the usual two months arrears in receiving data from the PPA, the ICB does not have YTD actuals for 2425 prescribing spend is therefore reporting a breakeven position.
- The ICB is continuing to incur the pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's redundancy business case is now with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. This delay is generating additional costs for the ICB both in respect of the ongoing cost (**£500k per month**) and the impact upon the final redundancy payments, given longer employment periods etc.
- The current expenditure run-rate for CHC services is above budget **(£958k)**, with places implementing efficiencies to mitigate this. Lewisham is particularly impacted **(£885k)**. This is as highlighted later in the report.
- At month 2, the delivery of the ICB's savings plan of **£25.4m** is on track.
- In reporting this month 2 position, the ICB has delivered the following financial duties:
  - A broadly balanced position on its management costs allocation – with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into;
  - Delivering all targets under the **Better Practice Payments code**;
  - Subject to the usual annual review, delivered its commitments under the **Mental Health Investment Standard**; and
  - Delivered the **month-end cash position**, well within the target cash balance.
- As at month 2, and noting the risks outlined in this report, the ICB is forecasting that it will deliver a year-end position of **break-even.**

2. Key Financial Indicators

NHS South East London

Key Indicator Performance	Year to Date		Forecast		
	Target	Actual	Target	Actual	
	£'000s	£'000s	£'000s	£'000s	
Expenditure not to exceed income	745,473	747,979	4,527,672	4,527,672	
Operating Under Resource Revenue Limit	739,797	742,303	4,472,839	4,472,839	
Not to exceed Running Cost Allowance	5,252	5,313	31,509	31,509	
Month End Cash Position (expected to be below target)	4,063	237			
Operating under Capital Resource Limit	n/a	n/a	n/a	n/a	
95% of NHS creditor payments within 30 days	95.0%	100.0%			
95% of non-NHS creditor payments within 30 days	95.0%	99.8%			
Mental Health Investment Standard (Annual)			458,449	458,449	

- The above table sets out the ICB's performance against its main financial duties on both a year to date and forecast basis. As highlighted above in the Executive summary, the ICB is the ICB is reporting a year to date (YTD) **underspend of £857k against its revenue resource limit (RRL),** which represents an **overspend against plan of £2,506k**. The element of the surplus to be directly delivered by the ICB is £4,792k, which is reflected in the YTD financial position.
- The remaining £15,380k of the surplus is being held by the ICB in its plan but will be delivered and reported within provider financial positions. This will generate a positive impact against provider plans, and net neutral across the ICS.
- This position is consistent with the May 2024 plan submission. From month 3, the ICB will be reporting against the June submission of the plan which includes an ICB surplus of £40,769k.
- The ICB is reporting a broadly balanced position on its management costs allocation (overspend of £61k), with vacancies currently offsetting the pay costs of ICB staff at risk. However, this is a non-recurrent benefit which will reduce as vacancies are recruited into.
- All other financial duties have been delivered for the year to month 2 period.
- A **break-even position** is forecasted for the 2024/25 financial year.

3. Budget Overview

NHS South East London

	M2 YTD							
	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Budget								
Acute Services	812	1,282	1,168	198	216	14	374,716	**378,406**
Community Health Services	3,513	14,538	6,311	4,352	4,597	5,770	41,699	**80,779**
Mental Health Services	1,716	2,434	1,396	3,806	1,262	1,684	85,671	**97,969**
Continuing Care Services	4,356	4,521	4,870	5,769	3,843	3,293	-	**26,653**
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	**40,950**
Other Primary Care Services	448	219	218	498	232	37	2,667	**4,318**
Other Programme Services	200	3	167	4	555	140	7,243	**8,311**
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	2,622	**2,668**
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	**56,030**
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	**34,891**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	407	**407**
Corporate Budgets	469	555	576	587	504	517	5,206	**8,415**
Total Year to Date Budget	**24,184**	**41,377**	**29,105**	**35,063**	**27,809**	**27,531**	**554,728**	**739,797**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Actual								
Acute Services	812	1,282	1,182	198	187	14	374,715	**378,389**
Community Health Services	3,520	14,539	6,308	4,352	4,447	5,770	41,699	**80,635**
Mental Health Services	1,719	2,487	1,418	3,864	1,239	1,807	85,684	**98,219**
Continuing Care Services	4,347	4,633	4,978	5,699	4,727	3,227	-	**27,612**
Prescribing	6,235	8,508	6,215	7,111	7,098	5,852	(70)	**40,950**
Other Primary Care Services	448	219	218	498	161	37	2,667	**4,247**
Other Programme Services	200	3	35	4	(12)	140	7,242	**7,611**
PROGRAMME WIDE PROJECTS	-	-	-	-	4	42	4,789	**4,835**
Delegated Primary Care Services	6,435	9,316	8,185	12,737	9,497	10,183	(323)	**56,030**
Delegated Primary Care Services DPO	-	-	-	-	-	-	34,891	**34,891**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	1,421	**1,421**
Corporate Budgets	442	484	565	511	461	430	4,570	**7,462**
Total Year to Date Actual	**24,158**	**41,470**	**29,105**	**34,975**	**27,809**	**27,501**	**557,286**	**742,303**

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	South East London	Total SEL CCGs
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Year to Date Variance								
Acute Services	(0)	1	(15)	(0)	30	0	0	**16**
Community Health Services	(7)	(0)	3	0	150	(0)	(1)	**145**
Mental Health Services	(3)	(53)	(22)	(58)	23	(123)	(13)	**(250)**
Continuing Care Services	9	(111)	(108)	70	(885)	66	-	**(958)**
Prescribing	-	-	-	-	-	-	-	**-**
Other Primary Care Services	-	-	-	-	71	-	-	**71**
Other Programme Services	-	-	132	-	567	-	1	**699**
PROGRAMME WIDE PROJECTS	-	-	-	-	-	0	(2,167)	**(2,167)**
Delegated Primary Care Services	-	-	0	-	-	-	(0)	**(0)**
Delegated Primary Care Services DPO	-	-	-	-	-	-	0	**0**
Corporate Budgets - staff at Risk	-	-	-	-	-	-	(1,014)	**(1,014)**
Corporate Budgets	27	72	11	76	43	87	636	**953**
Total Year to Date Variance	**26**	**(92)**	**1**	**88**	**0**	**30**	**(2,558)**	**(2,506)**

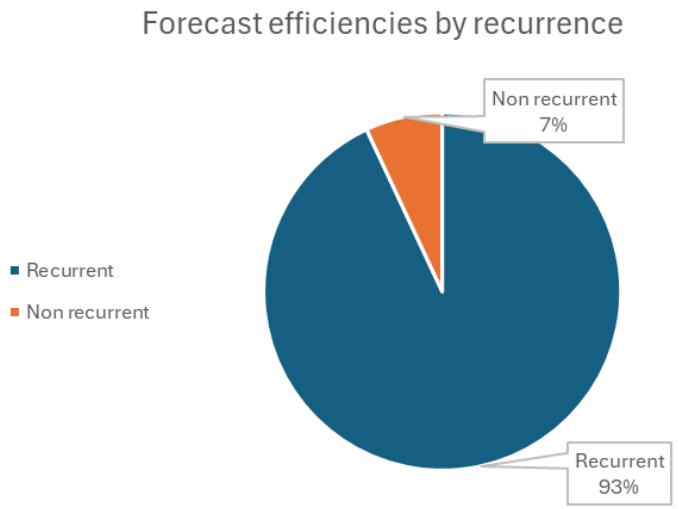
- As at month 2, the ICB is reporting a year to date (YTD) underspend of **£857k** against RRL, which represents an overspend against plan of **£2,506k**. The full year element of the surplus to be directly achieved by the ICB is **£4,792k**, for which the YTD delivery is reflected in the month 2 financial position.
- Due to the usual two months arrears in receiving 2425 data from the PPA, the ICB is reporting a breakeven position on prescribing.
- There are two specific key risks to flag at month 2. The current expenditure run-rate for CHC services is above budget. Overspend at month 2 is **£958k**, of which the majority is in Lewisham **(£885k)**. In Lewisham programme budgets are being released to offset this. In all places, saving schemes being implemented to mitigate these and other pressures.
- In addition (and as described in earlier slides) the ICB is continuing to incur pay costs for staff at risk following the consultation process to deliver the required 30% reduction in management costs. The ICB's business case is with the DHSC, and we are awaiting confirmation of its approval, so that notice can be given to staff. The ongoing additional cost is **£500k per month**.
- The Mental Health cost per case (CPC) budgets across the ICB are highlighting cost pressures and overall, the Mental Health budget is overspent by £250k at month 2. The CPC issue is differential across boroughs with Bromley and Southwark being the most impacted. Both boroughs are taking actions to mitigate this expenditure.
- Individual place financial positions will be provided from month 3, once the ICB starts to receive 2425 prescribing activity/cost information.

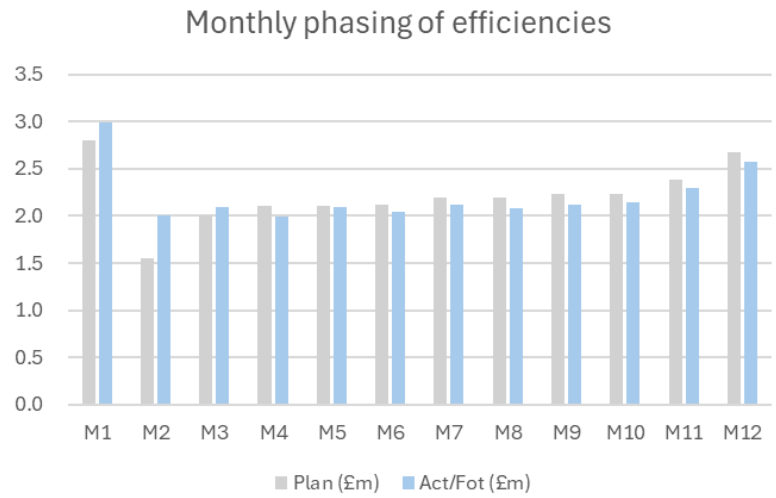
4. ICB Efficiency Schemes at as Month 2

NHS South East London

- The 6 places within the ICB have a total savings plan for 2024/25 of **£25.4m.** In common with the previous financial year, the key elements of the savings plans are in continuing healthcare (CHC) and prescribing.
- As at month 2, the table to the right sets out the YTD and forecast status of the ICB's efficiency schemes.
- **As at month 2, the ICB is reporting actual delivery in line with plan.** At this early stage in the financial year, the annual forecast is to slightly exceed the efficiency plan (by £1.2m), although this will need ongoing close monitoring.
- The current risk rating of the efficiency plan is also reported. At this stage in the year, **£1.5m** of the forecast outturn of **£26.6m** has been assessed by the places as **high risk.**
- Most of the savings **(93%)** are forecast to be delivered on a recurrent basis.

	M2 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk		
	Plan	Actual	Variance	Start Plan	Forecast	Variance	Low	Medium	High
ICB Boroughs	£m	£m	£m	£m	£m	£m	£m	£m	£m
Bexley	1.3	1.3	0.0	3.3	3.5	0.1	2.6	0.6	0.3
Bromley	0.8	0.8	0.0	6.3	6.4	0.1	4.1	2.4	0.0
Greenwich	0.6	0.5	(0.0)	3.5	4.2	0.7	0.6	3.5	0.0
Lambeth	0.6	0.6	(0.0)	5.2	5.2	(0.1)	0.0	5.2	0.0
Lewisham	0.5	0.5	0.0	3.2	3.6	0.4	2.9	0.7	0.0
Southwark	0.5	0.5	(0.0)	3.8	3.7	(0.0)	1.9	0.6	1.2
SEL ICB Total	**4.4**	**4.3**	**(0.0)**	**25.4**	**26.6**	**1.2**	**12.1**	**13.0**	**1.5**





South East London Integrated Care System

South East London ICS System Finance Report – Month 2 SEL ICB Board Meeting

Executive summary

- NHSE reduced the reporting requirement at M2, recognising the replanning exercise which was happening in parallel in June.
- This report uses the resubmitted 12 June final plan. At M2 the forecast outturn is set at the resubmitted plan figures, per NHSE guidance.

Revenue

- The system is planning an aggregate deficit of (£100.0m). The 12 June plan submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB.
- The ICB £40.8m surplus consists of:
  - a £4.8m stretch target for the ICB;
  - £21.0m of agreed improvements to providers' positions; and
  - an additional £15.0m stretch (King's), held in the ICB for planning purposes only based on advice by NHSE.
- This plan includes significant risk, most significantly with trust plans, targeting savings >4% of influenceable spend
- At M2 the system is reporting a YTD deficit of (£41.5m), £7.8m adverse to the revised YTD plan of (£33.7m) deficit.
- The recent Synnovis cyber attack and the planned junior doctors' strike are among other emerging material risks, that will impact from M3 results.
- Within the SEL system we have strengthened our financial governance and have formally established a System Sustainability Group, to provide collective Chief Executive leadership around the development and delivery of a medium-term sustainability plan and oversight of the delivery of in year financial plans.

Efficiencies

- At M2 the system has delivered £22.3m of efficiencies YTD, £6.5m behind plan.

Capital

- The system capital plan is to spend the entire system allocation of £255.5m (inc. IFRS 16 uplift).

South East London Integrated Care System

Income and Expenditure

I&E summary

- The system is planning an aggregate deficit of (£100.0m). The 12 June submission shows an aggregate (£140.8m) deficit for providers offset by a £40.8m surplus in the ICB.
- The £40.8m surplus held in the ICB consists of: a £4.8m stretch target for the ICB; £21.0m of agreed improvements to providers' positions; and an additional £15.0m stretch required at King's, held in the ICB for planning purposes.
- At M2 the system is reporting a YTD deficit of (£41.5m), £7.8m adverse to the revised YTD plan of (£33.7m) deficit.
- The main driver of the YTD variance is under delivery against CIP targets, including unidentified CIPs. Trusts are required to share recovery action plans with the Sustainability Group as part of M3 reporting.
- The £15m KCH stretch has been profiled in the ICB plan in Q4, hence it does not generate a variance in M2. Although the ICB FOT equals plan, as per NHSE guidance, it is important to note that there is no plan for the ICB to deliver the £15m KCH stretch assumption that, for system planning purposes only, shows against the ICB plan.

	M02 Year-to-date			2024/25 Out-turn		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	(6.0)	(9.6)	(3.6)	0.0	0.0	0.0
KCH	(24.7)	(25.9)	(1.2)	(141.8)	(141.8)	0.0
LGT	(0.1)	(3.1)	(3.0)	0.0	0.0	0.0
Oxleas	0.2	0.2	(0.0)	1.0	1.0	0.0
SLaM	(3.9)	(3.9)	0.0	0.0	0.0	(0.0)
SEL Providers	**(34.5)**	**(42.3)**	**(7.8)**	**(140.8)**	**(140.8)**	**(0.0)**
SEL ICB	**0.8**	**0.9**	**0.1**	**40.8**	**40.8**	**0.0**
SEL ICS total	**(33.7)**	**(41.5)**	**(7.8)**	**(100.0)**	**(100.0)**	**(0.0)**

Risk

- The plan includes significant risk, most notably, provider plans targeting savings >4% of influenceable spend, national delays to the MCR programme, non-SEL contract revenue.
- Subsequent to M2 we are aware of emerging material risks, including the recent Synnovis cyber attack and the planned junior doctors' strike. Given these uncertainties the system has not made an assessment on the financial impact of the risks at M2 or forecast, however, the cost and income impacts of these are being collected and will be reported from M3.

South East London Integrated Care System

Pay run-rate analysis

Provider run-rate analysis

	Last 5 months					Current month				Year-to-date				Analysis			
	2023/24 M9	2023/24 M10	2023/24 M11	2023/24 M12	2024/25 M1	M2 (in-month)				M2 (year-to-date)				Change from last month		Year-on-year change	
Key data category	Actual	Actual	Actual	Actual	Actual	Last Year	Plan	Actual	Variance	Last year	Plan	Actual	Variance	£	%	£	%
Income	529.0	554.1	524.7	776.8	540.0	503.7	531.5	540.0	8.5	1,004.8	1,060.8	1,079.9	19.1	0	0.0%	75.1	7.5%
Agency	*(8.6)*	*(8.8)*	*(8.5)*	*(7.3)*	*(8.2)*	*(9.2)*	*(8.9)*	*(8.2)*	*0.7*	*(18.6)*	*(17.4)*	*(16.4)*	*1.0*	*0.0*	0.0%	*2.2*	(11.6%)
Other pay	*(311.5)*	*(310.8)*	*(310.3)*	*(459.6)*	*(316.5)*	*(298.5)*	*(327.5)*	*(316.5)*	*11.1*	*(597.3)*	*(618.7)*	*(632.9)*	*(14.2)*	*0.0*	0.0%	*(35.6)*	6.0%
Pay	(320.1)	(319.6)	(318.7)	(467.0)	(324.7)	(307.7)	(318.6)	(324.7)	(6.1)	(615.9)	(636.1)	(649.4)	(13.3)	0.0	0.0%	(33.5)	5.4%
Non-Pay	(212.1)	(229.6)	(220.9)	(265.3)	(229.2)	(214.1)	(222.8)	(229.2)	(6.4)	(426.3)	(444.8)	(458.4)	(13.6)	0.0	0.0%	(32.2)	7.5%
Non Operating Items	(6.4)	(11.6)	(7.7)	(13.8)	(7.2)	(8.7)	(7.5)	(7.2)	0.2	(17.5)	(14.4)	(14.4)	(0.1)	0.0	0.0%	3.1	(17.7%)
Surplus/(Deficit)	**(9.7)**	**(6.7)**	**(22.5)**	**30.8**	**(21.2)**	**(26.8)**	**(17.4)**	**(21.2)**	**(3.8)**	**(54.9)**	**(34.5)**	**(42.3)**	**(7.8)**	**0.0**		**12.6**	

- There was no national M1 financial reporting and M2 financial reporting did not separate out M1 and M2 actuals, so they are presented here as half M2 YTD in each month.
- Despite being behind plan at M2 the provider YTD deficit of £42.3m is £12.6m better than at M2 in 2023/24.
- WTEs in M2 are lower than Ms 9 – 11 last year, but higher than M2 2023/24. Reported pay costs do not mirror the WTE reduction and are being investigated further.
- Notably agency spend is 11.6% lower than at M2 in 2023/24

Workforce actuals

	Last 5 months					Current month		Analysis			
	2023/24 M9	2023/24 M10	2023/24 M11	2023/24 M12	2024/25 M1	M2 (in-month)		Change from last month		Year-on-year change	
	Actual	Actual	Actual	Actual	Actual	Last year	Actual	£/WTE	%	£/WTE	%
Substantive	52,820	52,906	53,052	53,151	52,975	51,855	52,867	(108)	(0.2%)	1,012	2.0%
Bank	5,093	5,396	5,222	5,582	4,850	5,143	4,970	120	2.5%	(173)	(3.4%)
Agency	1,198	1,255	994	1,016	1,224	1,295	1,169	(54)	(4.4%)	(125)	(9.7%)
Total WTE	**59,112**	**59,557**	**59,268**	**59,749**	**59,048**	**58,292**	**59,006**	**(42)**	**(0.1%)**	**714**	**1.2%**

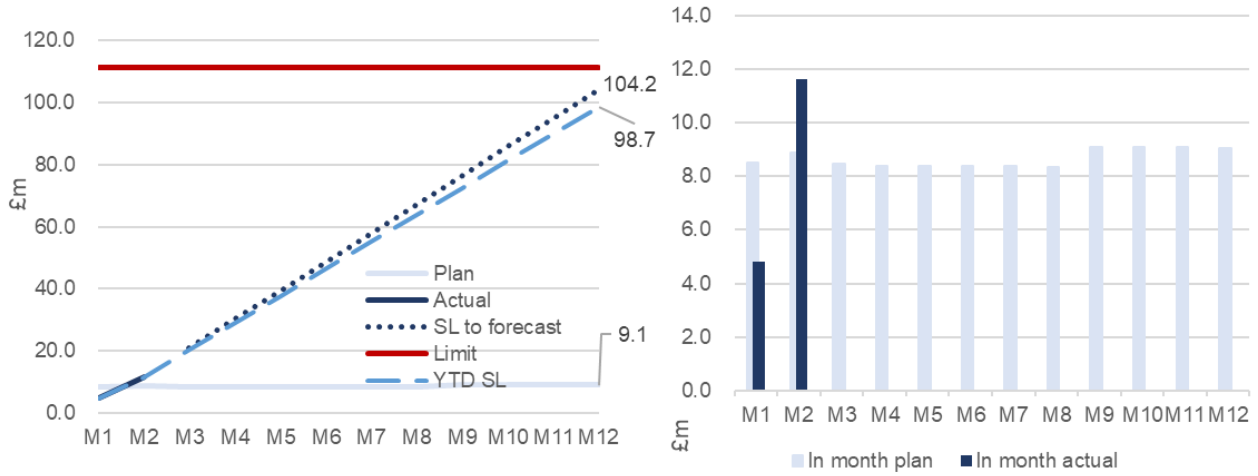
System agency spending limit

- The system agency spending limit for South East London ICS for 2024/25 is £111.4m.
- The total planned agency spend for 2024/25 included in the 12 June plan submission is £104.2m, £7.2m below the spending limit.
- At M2 agency spend was £1.0m less than planned YTD

Agency expenditure by organisation

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	4.7	4.7	(0.1)	29.7	29.7	0.0
KCH	2.8	1.5	1.3	17.0	17.0	0.0
LGT	2.7	3.0	(0.3)	16.2	16.2	0.0
Oxleas	3.3	3.3	0.0	19.6	19.6	0.0
SLaM	3.9	3.9	0.0	21.6	21.6	0.0
SEL Providers	**17.4**	**16.4**	**1.0**	**104.2**	**104.2**	**0.0**
Agency spend limit	***16%***	***15%***	***1%***	***111.4***	***111.4***	**7.2**

Profile of agency spend run-rate



South East London Integrated Care System

Analysis of delivery against efficiency plans

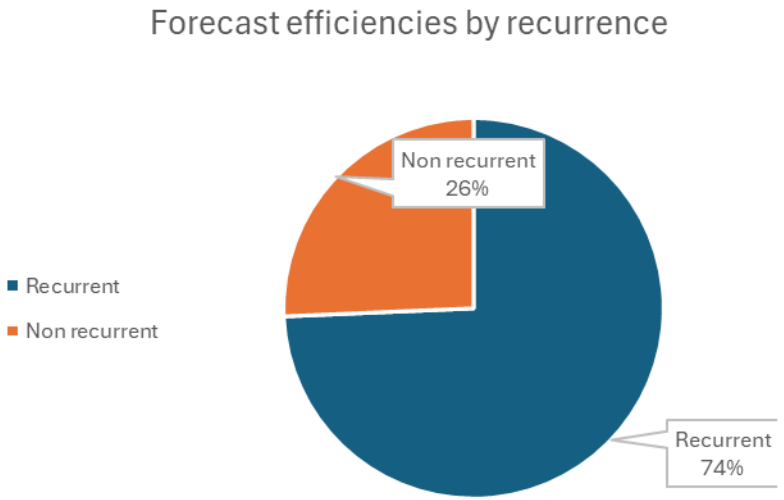
Efficiency delivery and maturity- Scheme Level Tracking - Progress

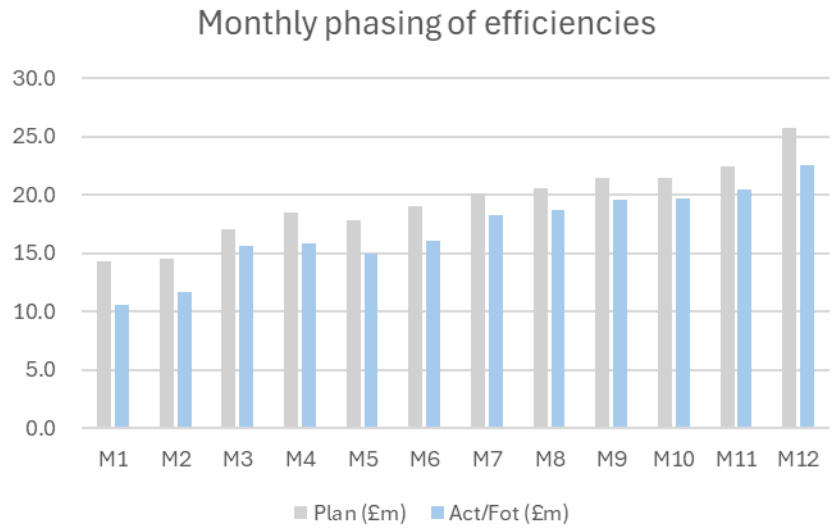
South East London Integrated Care System

NHS South East London

- For efficiency reporting in 2024/25 the system has established a scheme-level tracker collection process to be used as the basis for monthly reporting.
- This reporting does not yet fully reflect the 12 June operating plan submission. For example, the scheme level tracker does not record unidentified CIP plan targets. The June 12 plan contained planned efficiencies total £269.8m whereas the system tracker is tracking £231.7m identified schemes. Work is being carried out to align efficiency control totals for reporting.
- The system has identified approximately 85% of its £269.8m annual efficiency target. To manage the risk of underdelivery, there is a need for trusts to promptly identify schemes for the remainder of the target.
- At M2 the tracker is reporting YTD efficiency delivery of £22.3m, £6.5m behind the YTD plan.
- Forecast delivery is reported as £204.2m of the £269.8m plan.
- Externally, the system reported a full year CIP forecast as on plan, as per NHSE M2 reporting guidance. However, in the context of a YTD underdelivery, the risk of full year underdelivery will require the adoption of recovery/mitigating actions. Trusts will provide these for M3 and onwards reporting.

	M2 year-to-date			Full-year 2024/25			Full Year Forecast - Scheme Risk			Full-year	
	Plan	Actual	Variance	Plan	Forecast	Variance	Low	Medium	High	Recurrent (FOT)	% of FOT
Providers	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
GSTT	8.1	5.0	(3.1)	73.9	62.4	(11.5)	32.1	24.8	5.5	53.2	86%
KCH	5.7	3.5	(2.2)	42.9	28.2	(14.8)	28.1	0.0	0.0	25.6	91%
LGT	7.3	6.5	(0.8)	44.5	42.1	(2.5)	30.2	7.5	4.4	31.1	74%
Oxleas	2.1	2.3	0.1	12.7	12.7	0.0	12.4	0.3	0.0	3.7	29%
SLaM	1.2	0.0	(1.2)	32.3	32.3	0.0	0.0	32.3	0.0	13.2	41%
Provider Total	**24.5**	**17.3**	**(7.1)**	**206.4**	**177.6**	**(28.7)**	**102.8**	**64.9**	**9.9**	**126.8**	**72%**
SEL ICB Total	**4.4**	**5.0**	**0.6**	**25.4**	**26.6**	**1.2**	**12.1**	**13.0**	**1.5**	**26.6**	**100%**
System Total	**28.8**	**22.3**	**(6.5)**	**231.7**	**204.2**	**(27.5)**	**114.9**	**77.9**	**11.4**	**153.3**	**75%**





South East London Integrated Care System

Capital and Cash

System capital expenditure

- The total system capital allocation, before the impact of IFRS 16, for 2024/25 is £198.8m, made up of £195.5m provider allocation and £3.3m ICB allocation. This allocation figure includes the net impact of the £52.6m repayment of CDEL to NHS England and borrowing of £31.9m CDEL allocation from South West London ICS.
- The IFRS 16 CDEL uplift has been confirmed as £52.4m for the year. This will be added to the system capital allocation for future months.
- The system has submitted a plan to spend its entire allocation. No forecasts were reported at M2 so the system is reporting forecast equal to the 12 June plan, in line with NHSE guidance.
- At M2 the system has spent £17.5m YTD.

Capital spend against system capital allocation excl. IFRS 16

	Year to date (YTD)			Full-year (FY)		
	Plan	Actual	Variance	Plan	Forecast	Variance
	£m	£m	£m	£m	£m	£m
GSTT	8.3	8.3	0.0	92.4	92.4	0.0
KCH	0.2	0.2	0.0	45.0	45.0	0.0
LGT	6.2	6.2	0.0	36.9	36.9	0.0
Oxleas	1.4	1.4	0.0	12.0	12.0	0.0
SLAM	1.4	1.4	0.0	9.2	9.2	0.0
SEL Providers	**17.5**	**17.5**	**0.0**	**195.5**	**195.5**	**0.0**
SEL ICB	**0.0**	**0.0**	**0.0**	**3.3**	**3.3**	**0.0**
Total	**17.5**	**17.5**	**0.0**	**198.8**	**198.8**	**0.0**
Provider allocation				**195.5**		**0.0**
ICB allocation				**3.3**		**0.0**
System allocation				**198.8**		**0.0**

Impact of IFRS 16 on Capital Charge – excluded from system allocation at M2

	Impact of IFRS 16		
	Plan	Forecast	Variance
	£m	£m	£m
GSTT	32.4	32.4	0.0
KCH	5.4	5.4	0.0
LGT	8.0	8.0	0.0
Oxleas	5.2	5.2	0.0
SLAM	1.5	1.5	0.0
SEL Providers	**52.4**	**52.4**	**0.0**
SEL ICB			**0.0**
Total	**52.4**	**52.4**	**0.0**

Integrated Care Board meeting

Item: 8
Enclosure: I

Title:	**Delivering financial sustainability in south east London**
Meeting Date:	17 July 2024
Author:	Ben Sturgess, Director of Financial Planning
Executive Lead:	Mike Fox, Chief Financial Officer

Purpose of paper:	This paper: a. sets out the current financial position of the south east London system and places this in context; b. explains the current deficit position and the action that has been taken and is being taken to recover this; c. discusses the impact of the current financial problems on our agreed medium term financial strategy (MTFS) and the steps planned to return to our agreed approach.	Update / Information	X
		Discussion	X
		Decision	X
Summary of main points:	The SEL system is facing a significant financial challenge which we will need to address to ensure our financial and operational sustainability. To help meet this challenge we have strengthened our financial governance and established a System Sustainability Group, to provide collective leadership of the development and delivery of a medium-term sustainability plan. Furthermore, we have increased external oversight and support during the year, in particular at King's, which entered segment 4 of the NHS Oversight Framework (NOF4) and the Recovery Support Programme (RSP). Over this year we will be undertaking a fundamental update of our MTFS reflecting the fact that the system financial position and outlook has worsened. In part this involves understanding our financial, activity and workforce trends to date and also a review of key components of our allocative strategies. Our MTFS will have clear linkages into the work of our financial recovery and sustainability workstreams. We will bring an update of our sustainability work and present clear choices on our MTFS to the Board in November 2024.		
Potential Conflicts of Interest	None advised		

Relevant to the following Boroughs	**Bexley**	**x**	**Bromley**	**x**
	Greenwich	**x**	**Lambeth**	**x**
	Lewisham	**x**	**Southwark**	**x**
Impact	Equality Impact	Our ICS MTFS aims to positively impact on health inequalities across our population. However as part of our work to optimise our system financial position we have had to make some difficult decisions with regards delayed investment in key areas, including inequalities. Our financial sustainability seeks to address this going forward.		
	Financial Impact	The paper discusses the impact of the current financial problems on our agreed MTFS, and the steps planned to return to our agreed approach.		
Other Engagement	Public Engagement	Not applicable		
	Other Committee Discussion/ Engagement	The paper provides an update and overview of ongoing work taking place across our system, including governance of this.		
Recommendation:	The Board is asked to note the current position with regard to the 2024/25 financial plan; approve the approach to recovery and reaffirm commitment to the objectives of our agreed MTFS.			

Delivering Financial Sustainability in south east London

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

1. Purpose

1.1 This paper:

a. sets out the current financial position of the south east London system and places this in context;

b. explains the current deficit position and the action that has been taken and is being taken to recover this;

c. discusses the impact of the current financial problems on our agreed medium term financial strategy (MTFS) and the steps planned to return to our agreed approach.

1.2 The Board is asked to note the current position with regard to the 2024/25 financial plan; approve the approach to recovery and reaffirm commitment to the objectives of our agreed MTFS.

2. Introduction

2.1 This paper sets out an overview of the financial situation faced by the South East London (SEL) Health and Care system with specific reference to our 2024/25 financial plan. It places these in context and outlines the action that has been, is being, and will be, taken to address them. Meeting national objectives, improving our underlying deficit and supporting a return to a financially sustainable system have had a significant impact on our planning for 2024/25 and will further impact our overall ICB MTFS. We will be reviewing our MTFS to understand how we can meet our objectives in this new context.

3. The NHS financial position in south east London

3.1 The SEL system is made up of the SEL Integrated Care Board and the NHS health care providers within the ICB's geographic footprint. The ICB receives an allocation to fund services to meet the health needs of South East Londoners. In doing so, it spends the majority of its funding with SEL healthcare providers, but also funds treatment outside of its boundaries for residents who access their care elsewhere or in the independent sector.

3.2 The SEL system includes SEL's five NHS providers, plus several smaller primary and community-based care providers. Our five NHS providers also provide services for non SEL residents, with significant inflows into SEL from elsewhere in London, Kent and from around the country, particularly for specialised services.

3.3 Our SEL system financial position takes account of SEL ICB's income and its distribution, the income received by SEL's NHS providers from both the SEL ICB and other commissioners and the cost of providing services in their totality at our providers.

3.4 As we address our financial problems, we need to differentiate between these factors and drivers e.g. some solutions will need to be generated from the ICB, others will need to reflect income and costs associated with non SEL service provision.

3.5 The table below shows the SEL system's NHS income and expenditure for the last 5 years and current forecast for this year. Our system's income includes income from SEL ICB and also all other ICBs and NHS England to the 5 local NHS providers. Expenditure includes all provider and SEL ICB spend.

Table 1: SEL system income & expenditure 2019/20 – 2024/25

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25 Forecast
Total SEL Providers						
Income £'m	£4,804m	£5,519m	£5,896m	£6,316m	£6,630m	£6,383m
Expenditure £'m	-£4,925m	-£5,525m	-£5,895m	-£6,315m	-£6,707m	-£6,524m
-over/ underspend £'m	-£121m	-£6m	£1m	£0m	-£78m	-£141m
SEL ICB						
Income £'m	£2,973m	£3,474m	£4,050m	£4,086m	£4,278m	£4,285m
Expenditure £'m	-£2,969m	-£3,474m	-£4,051m	-£4,085m	-£4,278m	-£4,245m
-over/ underspend £'m	£4m	£0m	-£1m	£1m	£0m	£41m
Total SEL System						
-over/ underspend £'m	-£117m	-£6m	£0m	£1m	-£78m	-£100m

3.6 SEL ICS's 12th June 2024 final plan submission is a £100m deficit as set out by organisation below:

Table 2: SEL ICS 2024/25 financial plan by organisation

	2024/25 Plan
Guy's & St Thomas'	£0.0m
King's	-£141.8m
Lewisham & Greenwich Trust	£0.0m
Oxleas	£1.0m
South London & The Maudsley	£0.0m
Provider Total	-£140.8m
SEL ICB	£40.8m
SEL ICS Total	-£100.0m

NHSE set SEL ICS a plan control total of £100m deficit. Whilst this meets NHS England's (NHSE) 2024/25 control total expectation, the system plan does not comply with the ICB's statutory duty to not spend more than it receives. £29m of the £100m planned deficit is repayable; of which £4.2m will be repaid as capital in 2024/25; and the balance of £24.8m will be repayable from 2025/26, from revenue allocations. This will reduce future planned growth.

4. Key factors driving our financial position

4.1 All systems (ICBs and providers) have faced cost and expenditure pressures over this period and our system has been reliant over the last couple of years on non-recurrent revenue sources to manage positions. Although this provides a short-term fix it does not provide a recurrent or sustainable solution.

4.2 The financial position and level of underlying challenge is different for each provider, some of which is associated with differences in their service portfolio and case mix, some with infrastructure elements such as estates and some driven by relative opportunities around service transformation, productivity and efficiency.

4.3 Some of the main issues driving our financial position are summarised below:

4.4 **Loss of Productivity**

Table 3 and Charts 1 and 2 below show how expenditure, acute activity and workforce have changed across our 5 providers since 2019/20. Expenditure figures have been adjusted to remove the impact of inflation and are therefore presented on a real terms basis.

Table 3: Year on year change in spend, acute activity and workforce 2020/21 – 2024/25

Total SEL Providers	2020/21	2021/22	2022/23	2023/24	2024/25 Forecast
Income £'m	£5,519m	£5,896m	£6,316m	£6,630m	£6,383m
Expenditure £'m	-£5,525m	-£5,895m	-£6,315m	-£6,707m	-£6,524m
-over/ underspend £'m	-£6m	£1m	£0m	-£78m	-£141m
Year on Year Growth					
% cash growth	12.2%	6.7%	7.1%	6.2%	-2.7%
% real terms £ growth	6.7%	7.5%	0.4%	-0.3%	-3.5%
% acute activity growth	-19.7%	14.1%	0.0%	9.9%	2.0%
% workforce growth	4.6%	3.3%	4.1%	2.8%	-0.9%

Chart 1 shows annual (year on year) changes and Chart 2 the cumulative change since 2019/20. This shows that expenditure levels increased significantly over the pandemic with reductions thereafter, associated with the cessation of Covid funding and the requirement for additional efficiencies. Our workforce has also increased over the period, with planned reductions from 2024/25. Acute activity reduced significantly at the start of the pandemic, with recovery thereafter. In common with all systems, we have lost productivity - our costs and workforce increased significantly during the Covid pandemic and activity decreased, but with higher complexity and acuity.

Chart 1: Year on year change in spend, acute activity and workforce 2020/21 – 2024/25

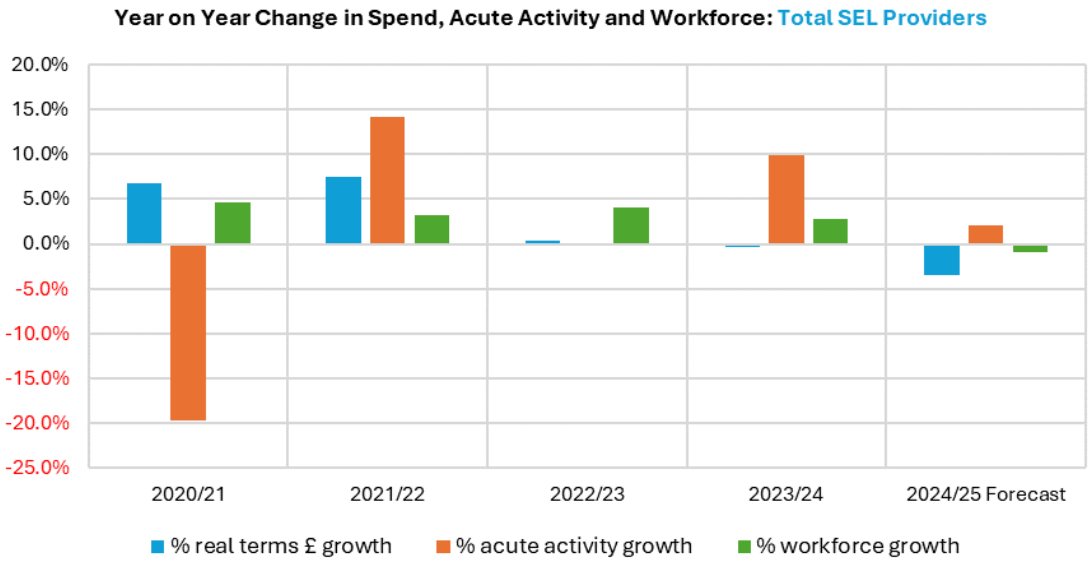
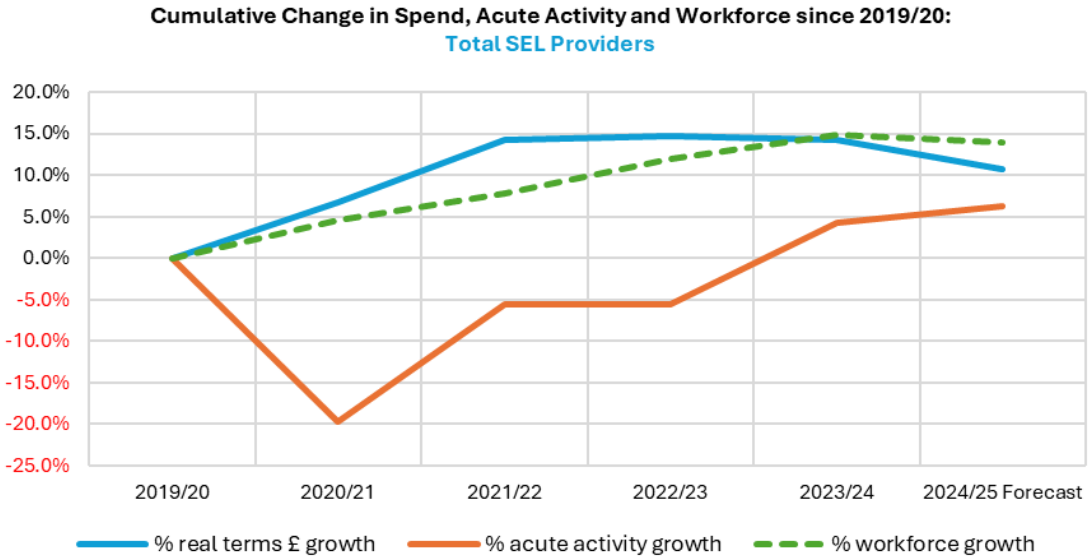


Chart 2: Cumulative change in spend, acute activity and workforce 2020/21 – 2024/25



The recovery of activity levels post pandemic has not followed a smooth trajectory, associated with varying levels of Covid associated hospitalisations, capacity constraints, and more recently IT related incidents, industrial action and the implementation of Epic patient record systems.

Growth in income was significant in 2020/21 due to changes in financial flows across the NHS associated with Covid funding and the provision of system top-ups, which essentially secured a one-off reset that balanced all systems and their constituent organisations financially. Since then, Covid funding has been reduced meaning that real income levels fell in 2022/23 and 2023/24 and will fall in cash terms in 2024/25 to reflect lower Covid related expenditure. This has been in part offset by increases in elective recovery funding.

Regaining productivity is a key focus, both locally and nationally.

4.5 Efficiency and Inflation requirements

All systems are expected to deliver efficiencies on an annual basis with annual inflation uplifts to ICBs and providers including an inbuilt efficiency assumption of at least 1.1% per annum. Risks associated with the delivery of these efficiencies have been exacerbated by the challenge of managing financial positions in a relatively high inflation environment. While additional inflation funding has been made available to the NHS nationally, at a local level this will not always match actual cost increases. And, we know that we have not delivered all of our efficiencies in full.

4.6 Income Convergence

In addition, all systems considered to be above target funding levels are required to deliver further efficiencies since 2021/22 (known as the convergence factor, which seeks to apply adjustments to ICB funding to align funding to expected, rather than historic, levels). SEL is one of the most over-target systems in the country, which means we have been required to deliver higher than average savings over this period.

Since 2021/22 the ICB's annual uplift has been reduced by between 0.4% and 1.2% per annum, totalling £129m over the 4 years. Since 2023/24, convergence has been applied on a population basis, therefore convergence adjustments were also applied by other commissioners of services from SEL providers.

Table 4: Annual Convergence adjustments

	Annual Convergence Adjustment			
	21/22	22/23	23/24	24/25
	£ms	£ms	£ms	£ms
Convergence (Core Only)	-£17	-£47	-£25	-£40
% of ICB allocation	-0.4%	-1.2%	-0.6%	-0.9%

4.7 Changes in relative funding

Chart 3 shows the cumulative change in the ICB's spend since 2019/20 on a real terms basis (excluding the effects of inflation), by ICB's main expenditure areas. All areas of spend have increased since 2019/20, with the largest increases across acute and mental health services in 2020/21 but with increasing cumulative growth for community, mental health and primary care services as we move towards 2024/25.

Chart 3: Cumulative change in SEL ICB spend since 2019/20 – Real terms

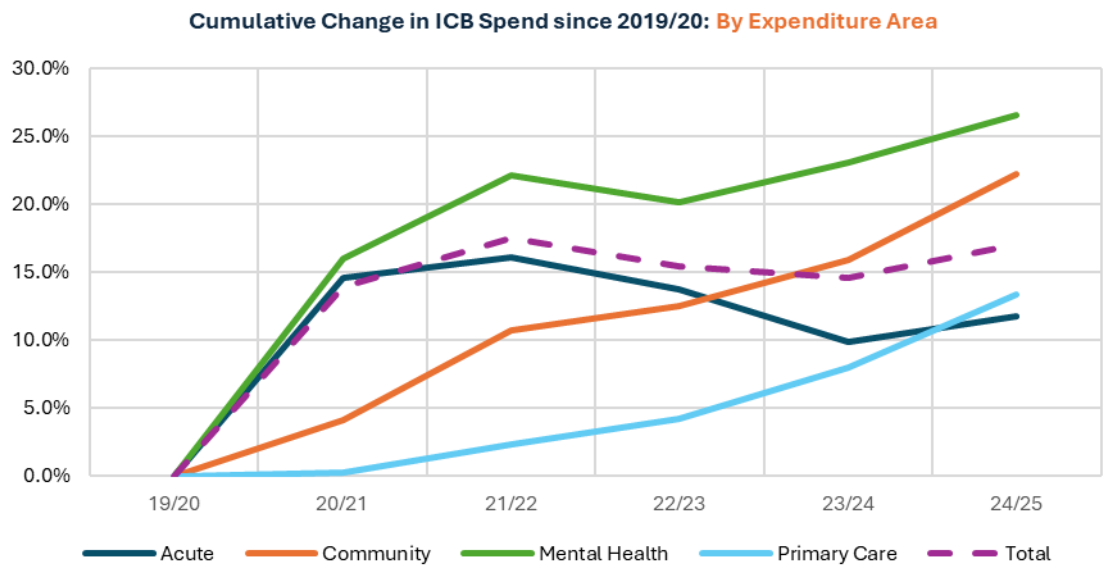
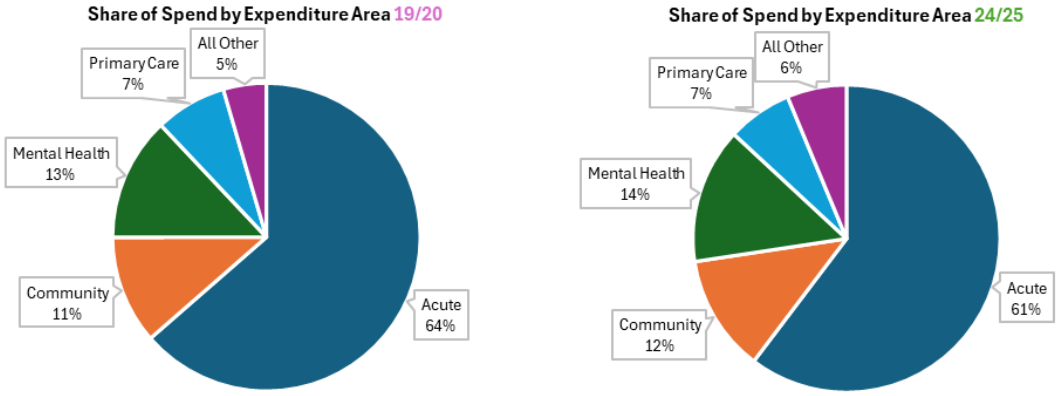


Chart 4 shows how this has changed our balance of spend over the period, with the proportion of our spend on the acute sector reducing from 64% to 61%, with increases in relative spend on mental health and community services.

Chart 4: SEL ICB balance of spend 2019/20 and 2024/25



The proportion of spend in the acute sector has reduced because of the scale of the Covid allocation and convergence adjustments made to the acute sector, plus the national and our local strategic aims of investing in out of hospital care and health inequalities, which allocated increased funding to mental health (through the Mental Health Investment Standard) and to community-based services. This relative shift away from the acute sector has increased financial pressures on acute hospitals.

5. Addressing the system deficit

5.1 Management of the system financial position 2019/20 – 2023/24

5.1.1 All NHS organisations in south east London have experienced underlying financial pressures but until 2023/24 we have managed at a system level to secure a breakeven position. This has been achieved through a mix of:

- National Covid support
- System top-up funding
- The use of non-recurrent balance sheet flexibilities
- CCG/ ICB non-recurrent support, including the use of growth and the slippage of planned investments.
- Higher than planned NHS funding growth
- The delivery of efficiencies of at least 4% per annum.

5.1.2 The system reported a deficit of £77.8m in 2023/24, although the underlying problem is greater than this. We are collectively identifying and developing solutions to secure future financial sustainability across our system over the medium term. This includes targeted work with King's College Hospital to work through key drivers and solutions to financial challenges with the support of national teams.

5.2 The 2024/25 deficit financial plan

5.2.1 Our 2024/25 operational plan takes account of the underlying deficit position from 2023/24, alongside the expected impact of cost and expenditure pressures over 2024/25 and an assessment of available funding. It includes an ambitious cost improvement efficiency target of between 3.9% and 5.3% of influenceable spend for each organisation.

5.2.2 Despite this, we have been unable to secure a plan that delivers financial balance in 2024/25. As a result, we have agreed with NHS England a plan that will result in a year end deficit of £100m.

5.2.3 Securing this position has been difficult, in terms of the stretch saving targets we have collectively committed to but also in terms of the need to prioritise the delivery of the best possible financial outturn position. For the ICB this has included the deferment of its planned investment in health inequalities initiatives, the allocation of growth funding to address underlying and carry forward operational pressures, a stringent review of planned investments and the introduction of double-lock expenditure control processes for any proposed in year expenditure. For SEL's providers stretching efficiency plans have been necessary, alongside stringent cost control mechanisms and controls around new business cases and investment. We have also completed a management cost reduction exercise deriving £15m savings.

5.2.4 The £100m deficit plan for the year and the level of challenge associated with securing the cost improvement and expenditure control plans included within this operational plan means that in year the SEL system will be subject to increased external oversight during the year, in particular at King's, which entered segment 4 of the NHS Oversight Framework (NOF4) and the Recovery Support Programme (RSP) in April 2024.

5.2.5 As in previous years, the plan relies upon significant non-recurrent solutions and therefore masks a larger underlying recurrent deficit. It is this underlying recurrent deficit that we need to address and in doing so increase the scope of our recurrent rather than non-recurrent solutions.

6 Our Medium Term Financial Strategy (MTFS)

6.1 Our MTFS for the five-year period 2023/23 – 2027/28 was presented and agreed across system forums, including our Integrated Care Partnership, in 2023. This plan made a clear commitment to financial balance and sustainability but focussed primarily on the ICB's allocative strategy.

6.2 We recognised that further work was required on the expenditure element of the MTFS, noting our key focus in 2023/24 and 2024/25 planning has been to optimise our organisational positions through internally driven cost improvement plans. Our System Sustainability Group work will now focus on system focussed strategic plans that will enable a further shift in reducing our expenditure and improving our financial sustainability for the future.

6.3 Our key priorities within our MTFS are set out below:

6.4 **Financial sustainability**

Our overall 2023 MTFS commitment to financial sustainability as set out below remains:

- Securing a financially balanced ICS that has eliminated its recurrent underlying deficit and established a sustainable financial position that enables us to respond to the needs of our population effectively whilst also securing the financial health of the organisations that will provide care to the South East London and wider populations.
- Living within the resources allocated to us at system level each and every year with approaches that secure a demonstrable annual improvement to our underlying position.
- Delivering a system financial position that is in the top-quartile nationally, inclusive of key productivity and efficiency metrics.

6.5 **Securing strategic, rebalanced investment**

Our 2023 MTFS made a number of commitments around allocative approaches as follows:

- Examining all our resources, including existing spend, to ensure targeted action within core budgets that identify and address health inequalities.
- Ensuring that our investment strategy moves over time to a position where we have rebalanced spend between sectors and places to meet the needs of our population, with a core focus on continuing to increase our relative investment in mental health services to align investment to weighted population need.
- Shifting the balance of investment across prevention, early detection and intervention and managing ill health and in particular to increase our ring-fenced investment in prevention.
- Ensuring a minimum proportionate level of investment across services for children and young people and adults.
- Shifting resources and care along the care pathway to support community-based care, invested in prevention, early detection and intervention and reducing inequalities.
- Targeting our investment to maximise our return on investments.

In terms of strategic intent and objectives the above remains true – however the deterioration in our financial position and outlook as compared to our 2023 MTFS assumptions means we will need to review the pace and scale of implementation and make some hard choices.

7 Updating our MTFS

7.1 Our MTFS would ordinarily be subject to annual review and update to cover areas such as NHS planning guidance and requirements, confirmed allocations, operational and financial delivery and forecasts. Our review for 2025/26 will however be more fundamental in nature, reflecting the fact that the system's financial position and outlook has worsened. Without this review and updating, and linkages of our sustainability work to our MTFS, we will not be able to deliver our objectives.

7.2 This work will include and link both our allocative strategy and sustainability work:

7.3 SEL ICB Allocative strategy

- Modelling the impact of our 2024/25 plan and underlying position going forwards in terms of resetting our start baselines and forecasts.
- Modelling the impact of any required arrangements to repay our 2024/25 system deficit as a system and our approach to convergence in the context of our over-target system position.

- Reviewing the pace at which we can meet the original allocative assumptions set out in our 2023 MTFS and the acceptability of the potential consequences of this.

7.4 Financial recovery and sustainability

- **System Income and cost analysis** – we are working collectively to undertake a series of updated analyses of our system income, cost and activity base, to enhance our understanding of cost drivers and how: income; costs; activity; workforce; and productivity have changed since the pandemic. The outputs of this work will help inform both our allocative approaches above and the identification of improvement opportunities.
- **Sustainability workstreams** - concurrently we are starting work to take to the next stage work around financial recovery and sustainability. This specifically moves us beyond organisational cost improvement plan approaches to ones that secure a more systematic system and strategic focus, recognising that these will represent a mix of medium- and longer-term solutions but will be key to future financial sustainability. Our financial challenge is too great to be addressed through a process that continues to focus organisationally rather than system-wide. We are focusing our work on several key thematic areas – care pathway transformation, productivity, how we organise our services and sites, clinical admin and enabling services and corporate services. Our focus will be across all areas of service provision.

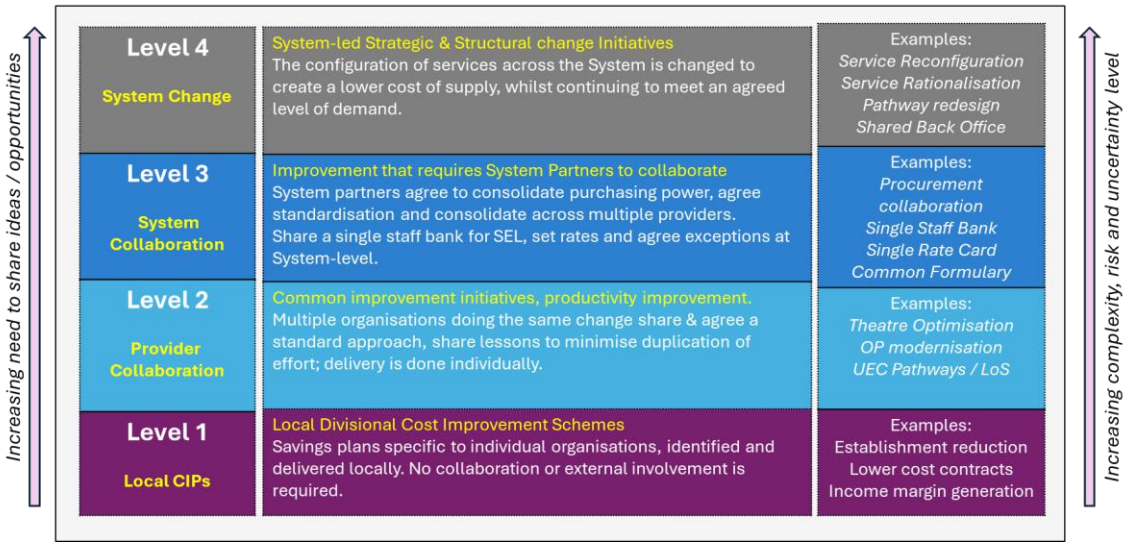
8 Changes in System Governance

8.1 Within the SEL system we have strengthened our financial governance and have formally established a System Sustainability Group, to provide collective Chief Executive leadership around the development and delivery of a medium-term sustainability plan that secures expenditure and value for money driven solutions to our underlying deficit.

8.2 The System Sustainability Group will oversee the rapid development of this work and associated proposals and leads from across our system have been identified to coordinate the work with operational, clinical and finance teams across the system, noting our process will include engagement upon potential options as they are developed.

8.3 We have developed savings categorisations in 4 levels as set out in Chart 5 below. Our system sustainability work targets level 3 and 4 opportunities. These opportunities span multiple organisations or require significant whole system change. They may include more radical/bold actions and have significant lead in times and wider system impact.

Chart 5: Savings categorisations



9 Conclusions and next steps

9.1 The SEL system is facing a significant financial challenge which we will need to address to ensure our financial and operational sustainability.

9.2 To help meet this challenge we have strengthened our financial governance and established a System Sustainability Group, to provide collective leadership of the development and delivery of a medium-term sustainability plan.

9.3 Furthermore, we have increased external oversight and support during the year, in particular at King's, which entered segment 4 of the NHS Oversight Framework (NOF4) and the Recovery Support Programme (RSP).

9.4 Over this year we will be undertaking a fundamental update of our MTFS reflecting the fact that the system financial position and outlook has worsened. In part this involves understanding our financial, activity and workforce trends to date and also a review of key components of our allocative strategies. Our MTFS will have clear linkages into the work of our financial recovery and sustainability workstreams.

9.5 We will bring an update of our sustainability work and present clear choices on our MTFS to the Board in November 2024.

Integrated Care Board meeting

Item: 9
Enclosure: J

Title:	**2024/25 & 2025/26 Refresh of the Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan**
Meeting Date:	17 July 2024
Author:	Rupi Dev, Director for Mental Health, CYP and Health Inequalities
Executive Lead:	Sarah Cottingham, Executive Director for Planning

Purpose of paper:	The purpose of this paper is twofold: • To provide an update on the delivery of the 2022/23 & 2023/24 South East London (SEL) Children and Young People's (CYP) mental health and emotional wellbeing transformation plan, including the priority actions that were agreed by the ICB Board following the system wide review into health inequalities in CYP mental health. • To provide an overview of the refreshed SEL CYP mental health and emotional wellbeing transformation plan for 2024/25 & 2025/26 (see supporting Appendix).	Update / Information	X
		Discussion	X
		Decision	X
Summary of main points:	<u>Update on the Delivery of the 2022/23 & 2023/24 Transformation Plan</u> • The 2022/23 & 2023/24 transformation plan had two key focus areas: (i) Delivery of the two priority actions agreed by the ICB Board following the system wide review into inequalities in CYP mental health including roll-out of Empowering Parents Empowering Communities programme (EPEC) and development of a locally co-produced, culturally tailored offer through schools specifically for children in Key Stage 2 from black and mixed heritage backgrounds and/or those with low school attendance rates. (ii) Implementing a set of core common interventions across all six boroughs to reduce waiting times and demand for secondary care CYP mental health services (community child and adolescent mental health services [CAMHS]). • EPEC roll out has been successful and is now in place across all six boroughs in SEL. • Development of the locally co-produced, culturally tailored offer through schools has not progressed at the pace as expected. However, the programme has been run as part of the national connectors programme and engagement has now		

	taken place in five of the boroughs with many of the recommendations being rolled out. Despite the challenges, the model offers real potential for expansion and scalability and a workshop is planned for 11th July 2024 with key partners and stakeholders to identify how this work is taken forward for 2024/25. • Delivery of the core common interventions has been variable across the six boroughs including reducing waiting times and roll out of Single Points of Access. The paper sets out the current numbers of CYP waiting over 52 weeks for a first contact and this remains the key priority for community CAMHS as we move forward. <u>Priorities for the 2024/25 & 2025/25 Transformation Plan</u> • Given the variable progress with delivery of the plan in 2023/24 and the ongoing focus on waiting times for community CAMHS, the refresh of the 2024/25 & 2025/25 transformation plan proposes that the core set of initiatives set out in the 2022/23 & 2023/24 plan continue into 2024/25 & 2025/26. • Key actions will therefore include: (i) ongoing targeted waiting list reductions in both mental health trusts to secure agreed waiting times standards; (ii) developing and implementing consistent support offers for CYP and their families whilst they are waiting for care on community CAMHS waiting lists; and (iii) progressing and implementing a single point of access in each borough to optimise the management of demand. • In addition, the transformation plan proposes an additional focus on the CYP pathway for Attention Deficit Hyperactivity Disorder (ADHD) (as part of a wider neurodiversity pathway review) and data quality and reporting through the national Mental Health Services Dataset (MHSDS).
Potential Conflicts of Interest	N/A

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

Impacts	Equality Impact	An equality impact assessment (EIA) was developed for 2022/23 & 2023/24 transformation plan. Given that the priorities included within the plan have not changed substantively, the existing EIA is being refreshed with minimal changes expected/anticipated.
	Financial Impact	Funding for the priority actions set out in the 2024/25 & 2025/26 transformation plan has been identified via the system's operating plan including investment via the Mental Health Investment Standard and Mental Health Service. Additional funding for 2025/26 will be identified through the annual NHS operating planning cycle.
Other Engagement	Public Engagement	No specific public engagement has been undertaken on the refresh of the transformation plan for 2024/25 & 2025/26. However, the priorities within the transformation plan are a continuation of the previous plan which was developed following a system wide review into health

		inequalities in CYP mental health which included engagement with people with lived experience. Furthermore, some of the specific actions included within the transformation plan have been subject to public engagement including the development of the 'waiting well' offer (via South London Listens) and the pathway review of ADHD which has been developed following parent and carer feedback as part of the CYP special educational needs and disabilities (SEND) strategy.
	Other Committee Discussion/ Engagement	ICB Executive Committee 24 April 2024
Recommendation:	The Board are asked to: • Note the progress with delivery of the plan, and in particular delivery of the two actions that were identified as part of the system wide review into inequalities in CYP mental health. • Endorse and ratify the CYP mental health and emotional wellbeing plan for 2024/25 & 2025/26 for further dissemination and publication.	

2024/25 & 2025/26 Refresh
of the
Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan

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

1. Background and Purpose

1.1. Since 2015, local systems have been developing transformation plans to set how they would use their resources and investment to improve children and young people's (CYP) mental health services across the whole system.

1.2. In 2022/23, south east London (SEL) developed a two year transformation plan for CYP mental health and emotional wellbeing services which was signed off by the ICB Board in February 2023. Although the plan had a system-wide focus, the plan was co-produced with local care partnerships and actions from these local plans were therefore brought into a single system narrative (as per the national expectations). The full plan for 2022/23 and 2023/24 is available here.

1.3. The plan included the following focus:

- Taking forward two key recommendations at pace, following the system wide review into inequalities in CYP mental health in 2021/22 and endorsement from the ICB Board in July 2022. These included:
    - Roll out of a parenting programme called Empowering Parents Empowering Communities (EPEC). At the time of publishing the plan, this was only available in the boroughs of Lambeth and Southwark, however, there was strong support to roll this intervention out across all six boroughs.
    - Development of a locally co-produced, culturally tailored offer through schools specifically for children in Key Stage 2 from black and mixed heritage backgrounds and/or those with low school attendance rates. There was an ambition to pilot a co-production approach in a limited number of schools with a view to rolling-out interventions complimentary to existing offers including mental health support teams in schools in 2023/24.

- Implementing a set of core common interventions across all six boroughs to reduce waiting times and demand for secondary care CYP mental health services (community child and adolescent mental health services [CAMHS]). Although the vast majority of CYP mental health services form part of the community-based care portfolio and therefore part of local care partnerships delegated responsibilities, there was recognition that there needed to be coordination in reducing waits consistently across all six boroughs to ensure equity across the population and therefore it was agreed a core common set of interventions would be taken forward across the system with local leadership and support.

1.4. The SEL CYP mental health and emotional wellbeing transformation plan has now been refreshed to capture progress with delivery and in that context, identify key priority actions for 2024/25 and into 2025/26 (see supporting Appendix).

1.5. This paper provides an overview of the refreshed SEL CYP mental health and emotional wellbeing transformation plan for 2024/25 & 2025/26. Given the previous discussions at the ICB Board this paper is split into two parts. The first section provides an update on the two key initiatives the ICB Board sponsored and endorsed in July 2022 and again in February 2023 following the system wide review into inequalities in CYP mental health. The second part of this paper provides a more general overview of delivery of the plan and highlights the key areas of focus in 2024/25 and 2025/26, inclusive of the progress made in reducing waits for CAMHS services.

1.6. The ICB Board are asked to:

- Note the progress with delivery of the plan, and in particular delivery of the two actions that were identified as part of the system wide review into inequalities in CYP mental health.
- Endorse and ratify the CYP mental health and emotional wellbeing plan for 2024/25 & 2025/26 for further dissemination and publication.

2. Progress with delivering the two key actions from the system wide review into CYP mental health inequalities

A. Empowering Parents Empowering Communities (EPEC)

2.1 Delivery of EPEC has been positive overall. As of the start of 2024/25, EPEC has mobilised across all six boroughs in SEL, albeit with some delays in delivery in some boroughs against the original timelines.

2.2 As the programme was already well-established in Lambeth and Southwark, the focus on roll-out was on the remaining four boroughs. The programme runs in line with the school terms (Autumn, Spring and Summer) and the aim had been to successfully train parents to then carry out 3 courses to parents in the local community by September 2023 (i.e. courses delivered in the Summer term of 2022/23).

2.3 In Lewisham and Greenwich, the programme was delivered as expected with courses being run in the Summer term. The programme has been so well received in Greenwich that for 2024/25, the borough has expanded their EPEC offer to include an offer to parents of autistic CYP.

2.4 Both Bexley and Bromley mobilised later than planned, however, Bexley delivered its first courses to parents in the Autumn term of 2023/24 and Bromley in the Spring term of 2023/24.

2.5 All four boroughs have extended their EPEC license to cover year two of delivery with an expansion of the license in Greenwich as per the above.

B. Development of a locally co-produced, culturally tailored offer through schools specifically for children in Key Stage 2 from black and mixed heritage backgrounds and/or those with low school attendance rates (the ICB's CYP Mental Health Community Connectors Programme)

2.6 Taking forward the second key action from the system wide review has proved challenging with significant delays in mobilisation. The update at the February 2023 ICB Board meeting set an expectation for this work to be delivered by the end of 2023/24.

2.7 Given the level of co-production required to take this work forward, the ICB applied to be part of the NHS England National Connectors Programme which provided additional funding for the programme of work. Black Thrive were commissioned as the voluntary and community sector partner to lead this work and recruited a series of 'connectors' to undertake the listening and engagement work with children, parents and teachers across a discrete number of schools across the six boroughs (circa. two schools per borough).

2.8 As of June 2024, listening exercises have been carried out in five of the six boroughs, the exception being Bexley borough who decided not to proceed with this intervention but explored other ways locally to support children from Black and Mixed Heritage backgrounds in schools.

2.9 Black Thrive have developed recommendations and potential solutions based on the feedback from CYP, their parents and teachers and the status in terms of progressing these across the five boroughs is summarised below:

- Lambeth and Southwark have agreed to roll out the recommendations from the listening exercise as set out by Black Thrive.
- Lewisham has decided not to proceed with the recommendations from the listening exercise and instead plans to roll out alternative initiatives based on discussions with the Head Teacher.
- In Greenwich, discussions are still ongoing regarding recommendations from the first school involved in the listening exercise, noting the second school is yet to participate in the programme.
- Bromley will be rolling out a local connectors programme taking forward some of the recommendations from Black Thrive, including roll of out myHappyMind (a structured programme aimed at improving wellbeing of children, teachers and parents).

2.10 As highlighted in Section 2.6 the project has experienced several challenges and this has included:

- Variable full partner buy-in into the project and the outputs from listening exercises, including ICB borough commissioning leads and schools. There is learning on how the aims and ambitions of the programme could be better communicated to partners and co-produced, including Head Teachers, and in terms of leadership expectation following agreement that the initiative be progressed.
- Use of a trusted voluntary and community sector partner with stronger links into the local community that the school is located within. Black Thrive have been an excellent voluntary and community sector partner for the first Phase of this project, however, it is recognised that they are not embedded into all six boroughs in SEL. Therefore, there is an opportunity to consider how additional voluntary and community sector partners could be brought into the project, including grassroot organisations from across the six boroughs.

2.11 A full lessons learnt paper has been shared with the ICB Executive Committee and despite the challenges experienced, there remains a strong opportunity to scale the Community Connectors as part of our plans for 2024/25, working in collaboration with schools and mental health support teams in schools. There is also strong alignment to the ICP strategy. A workshop is taking place on 11th July 2024 with key partners to agree the next steps for the project with the aim of sustaining the current connectors and consider the scaling options for the project.

3. Progress with delivery of the 2022/23 & 2023/24 CYP mental health and wellbeing transformation plan

3.1 The majority of the actions included within the 2022/23 and 2023/24 plan were aimed at implementing a set of core common interventions across all six boroughs to reduce waiting times and demand for secondary care CYP mental health services. Across the system, we had a collective commitment to reduce waiting times across community CAMHS in a phased way, supported by initiatives aimed at reducing and better managing demand at the front door including development of single points of access across all six boroughs.

3.2 Our aim had been to ensure no child or young person waited longer than 44 weeks for a first contact with community CAMHS by the end of March 2024. This included a commitment for any patient on the community CAMHS waiting list waiting for neurodiversity assessment. We did not manage to achieve this objective in 2023/24 and there remain CYP who are waiting over 52 weeks for a first contact across both mental health trusts, with differing progress, numbers and trends by borough. Table 1 sets out the number of CYP waiting over 52 weeks for a first contact as of April 2024 versus November 2022 (when the initial ambitions of the transformation plan were first agreed via system partners).

Table 1: Summary of the number of CYP by borough waiting for a first contact in community CAMHS *(Data Source: Data provided by the two mental health trusts for their respective boroughs)*

	South East London	South London and Maudsley NHS Foundation Trust			Oxleas NHS Foundation Trust		
		Lambeth	Lewisham	Southwark	Bexley	Bromley	Greenwich
Nov-22	425	23	10	56	156	163	17
Apr-24	204	30	20	110	1	22	21

3.3 It is worth recognising that Oxleas have made a significant reduction in their waiting list, but still have people waiting over 52 weeks for a first contact. There has also been work to reprofile care pathways in Oxleas, linked to demand and capacity modelling, to ensure services are sustainable moving forward. Oxleas are planning to continue to reduce these waits into 2024/25, with the objective of clearing all 52 week waits in 2024/25 and sustaining this position thereafter.

3.4 At SLAM, neurodiversity continues to account for the majority of their long waiting patients and plans are still in development on how to address these waits. Delivery in 2023/24 was partially impacted by overall financial pressures and operational capacity.

3.5 In addition to direct interventions to reduce waiting lists, the plan included initiatives aimed at reducing demand for community CAMHS to support overall pressures. However, development of these has been variable across the boroughs, meaning we have not secured the opportunities available to us as a system to manage demand or to reduce variation in offer and approach across our six boroughs.

3.6 In terms of progress to date, single points of access (SPOA) have not progressed consistently across the system, with SPOA only currently in place in Bromley and Greenwich. In Lambeth, Lewisham and Southwark CYP commissioner capacity to lead and co-ordinate this work has been fed back as a rate limiting factor, although SLAM have introduced a single triage process for their community CAMHS. Bexley have sought to progress a single point of access, however, due to a lack of alternatives to community CAMHS and less developed voluntary and community sector provision Bexley, the borough has been unable to do so.

4. Priorities for the 2024/25 & 2025/26 CYP mental health and emotional wellbeing transformation plan

4.1 Given the variable progress with delivery of the plan in 2023/24 and the ongoing focus on waiting times for community CAMHS, the refresh of the 2024/25 & 2025/25 CYP mental health and emotional wellbeing transformation plan proposes that the core set of initiatives set out in the 2022/23 & 2023/24 plan continue into 2024/25 & 2025/26. In rolling forward many of the previous priorities it is recognised that we need to ensure ab ability to elver the changes and improvements included within the plan, including applying the learning from the previous plan and its implementation. Key actions include:

- Ongoing targeted waiting list reductions in both mental health trusts to secure agreed waiting times standards.

- Developing and implementing consistent support offers for CYP and their families whilst they are waiting for care on community CAMHS waiting lists.
- Progressing and implementing a single point of access in each borough to optimise the management of demand.
- Ongoing alignment at a local care partnership level with the principles and priorities of iThrive, a national framework which supports system change for CYP mental health services; and
- Continued expansion of mental health support offers for parents, whether that be continuation and/or expansion of EPEC, initiatives through South London Listens or extending access via specialist perinatal or maternal mental health services, to a set of agreed objectives and outcomes for CYP and their parents.

4.2 In addition, the plan outlines a further focus on the following:

- The neurodiversity pathway for CYP with a specific focus on attention hyperactivity disorder (ADHD). It is recognised that the waits for ADHD in community CAMHS are the longest and therefore there will be a system-wide workstream in 2024/25 which will look to redesign this care pathway across mental health and community paediatric services. The Senior Responsible Officer for this project is Iain Dimond, Chief Operating Office at Oxleas NHS Foundation Trust,
- Improving data recording to better understand impact and value from mental health support teams (MHSTs) across the system. This will include applying a consistent set of objectives outcomes for our population.

4.3 The ICB Board are asked to endorse and ratify the CYP mental health and emotional wellbeing plan for 2024/25 & 2025/26 for further dissemination and publication, noting progress to date with various projects and programmes of work and the need to maintain our system focus on reducing waiting times to community CAMHS as a key priority across all partners.

South East London Integrated Care System

NHS South East London

Children and Young People Mental Health and Emotional Wellbeing Plan

Transformation Plan Refresh – 24/25 and 25/26

Version 0.5

Draft for ratification

Contents

Abbreviations Used In This Document

Abbreviation	Explanation
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
CYP	Children and Young People. Note throughout this plan we have tried to write Children and Young People in full.
CAMHS	Child and adolescent mental health services
ICB	Integrated Care Board
ICS	Integrated Care System
LGBT	Lesbian, Gay, Bisexual and Transgender
Local Care Partnerships (our Places)	Local care partnerships including NHS providers, voluntary and community sector partners, and local authority partners in Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark
MHSDS	Mental Health Services Data Set
MHST	Mental health support teams
SEL	South East London. Covering boroughs Bexley, Bromley, Greenwich, Lewisham, Lambeth and Southwark.
SLAM	South London and Maudsley NHS Foundation Trust
SLP	South London Mental Health and Community Partnership Provider Collaborative
THRIVE	The THRIVE Framework for System Change.
VCSE	Voluntary, community and social enterprise organisations

South East London Integrated Care System

NHS South East London

Introduction

Introduction (1/2)

What is this document about?

This document describes how as a local system we plan to improve the emotional wellbeing and mental health of all children and young people (CYP) across South East London Integrated Care System (ICS). This document was first published in 23/24 and has been refreshed for 2024/25 and 2025/26.

This document is split into three key sections:

- The first section sets out our position as an ICS in developing and delivering children and young people's mental health and emotional wellbeing services as of March 2024. This section provides a summary of our local need and demographics, our current service offer, and any challenges we are experiencing in providing the best care possible to our children and young people.

- The second section sets out our vision for children and young people's emotional wellbeing and mental health service transformation and our core service improvement priorities for 2024/25. The ambitions build on those outlined in the 2022/23 and 2023/24 transformation plan.

- The third section outlines our plans for delivery of our ambitions, i.e. the specific actions we will undertake across the ICS and through our Local Care Partnerships to deliver improvements for children and young people's mental health and emotional wellbeing services.

This plan is draft and is being considered by the ICB Board for ratification on 17th July 2024.

Introduction (2/2)

South East London Integrated Care System

How have we developed this document?

Since 2015, each local system has been expected to set out how they would use their resources and investment to improve children and young people's mental health across the 'whole system'. Our previous plans, referred to as our CAMHS Transformation Plans, have historically been heavily focused on mental health services provided by NHS Trusts. As an ICS we decided to take a different approach to describing our transformation objectives regarding children and young people's menta health:

1. **Broadening our view of children and young people's mental health services**: As an ICS we work in partnership with health, local authority and other organisations (such as the voluntary sector) in South East London. This plan, therefore, reflects our intentions as a system, acknowledging that children and young people's mental health needs may best be served by different therapeutic offers in and outside of statutory services and that the needs of children and young people may first be identified by professionals across health, social care and educational settings. For this reason, our plan considers provision across a range of services including Children and Adolescent Mental Health Services (CAMHS), voluntary, community and social enterprise organisations (VCSEs) and local authority partners.

2. **Expanding the delivery timeframe of our plan**: We recognise that in order to make sustainable, transformational change to services and continually improve outcomes for our Children and Young People, our transformation plan needs to focus on a longer time frame. Therefore, the first iteration of this plan was developed and published in March 2023 and included an overarching vision with high level delivery ambitions to take us up to the end of 2025/26; this version reflects on progress in delivering on the first iteration of the plan and includes updated deliverables/priorities.

The plan has been produced based on locally coproduced plans developed by Local Care Partnerships and provides a high-level summary across the ICS. Each of our Local Care Partnerships holds an action plan for their local partners. In developing our ICS plan we have taken into consideration national policy objectives and expectations including the ambitions for children and young people's mental health services within the NHS Long Term Plan, as relevant to our ICS.

South East London Integrated Care System

NHS South East London

Understanding Our System

Our Demographics

South East London has a population of just over two million people who live across six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark); approximately 400,000 are under 18 and 600,00 are under 25. Bromley has the largest children, young people and young adult population of the South East London boroughs, and Bexley has the smallest.

- South East London is home to an ethnically diverse population with significant variation between boroughs. **The proportion of people who are Black or multi-ethnic ranges from 19% in Bromley to 46% in Lewisham.**
- South East London has a higher-than-average proportion of residents who identify as lesbian, gay, bisexual, and transgender (LGBTQ). **Lambeth and Southwark have the second and third largest LGBT population in England.**
- Poverty and deprivation are key determinants in poor mental and physical health outcomes. One in five children live in low-income homes. **Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank among the 15% most deprived local authority areas in the country.**
- **All South East London boroughs are above the estimated national modelled level of children in households with all 3 of so called 'toxic trio'.** The national estimated rate is 8.7 per 1000 0–17-year-olds versus 12.9 in Southwark (highest number of ACE-related indicators above national average in London), 12.2 in Greenwich, 12 in Lambeth 11.9 in Lewisham, 10 in Bexley, and 9.5 in Bromley (accounting for an estimated 4,500+ children in South East London).

Mental health need in South East London

Most lifetime mental disorders develop during childhood and adolescence with 50% of mental disorder beginning by the age of 14 and 75% by age of 18. Mental health needs can continue into adult life, impacting the individual throughout the life course, without the right support. In South East London there are at least 50,000 8-19 year olds living with mental health needs.

- The most recent national survey of mental health in children and young people in England found that 1 in 5 CYP aged 8-16 year olds have a 'probable mental disorder' in 2023 compared to 12.5% in 2017, and 23% of 17-19 year olds had a 'probable mental disorder' in 2023 compared to 10.1% in 2017 highlighting the continuing legacy of the COVID-19 pandemic.

- The likelihood of developing a mental disorder will be impacted by physical, social, economic and environmental conditions, coupled with individual characteristics and behaviours, which means the national population prevalence figures cannot be universally applied to the boroughs; however, applying NHS Digital figures would indicate that there may be around 50,950 8-19 year olds living with a probable mental disorder living in South East London.

- The total number of CYP living with a mental health need across the boroughs is likely much higher once you include mental health need in those under 8 years old and account for increased mental health need associated with areas of higher deprivation in inner London Boroughs.

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
No. of CYP aged 8-16 (2021 census)	29,552	37,418	32,367	26,958	30,962	28,559
No. of CYP aged 17-19 (2021 census)	8,171	9,719	9,603	9,232	9,333	10,724
Estimated prevalence 8-16 (20.3% NHSD, 2023)	5999	7596	6571	5472	6285	5797
Estimated prevalence 17-19 (23.3% NHSD, 2023)	1904	2265	2237	2151	2175	2499
Total estimated population with mental health needs (8-19)	7903	9860	8808	7624	8460	8296

Our Current Mental Health and Emotional Wellbeing Offer

Children and Young People's Mental Health services in South East London are provided by two NHS trusts (Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust) and a number of voluntary sector and independent providers.

There are a range of mental health and emotional wellbeing services delivering evidence-based care to children and young people from universal services focused on early identification and prevention through to specialist inpatient services.

However, there is not always parity in provision of services across boroughs in South East London. While some variation in services is warranted based on local need, there are some services we would like to scale up or improve the offer of for all children and young people in South East London. In addition, not every borough has a single point of access for children and young people's mental health services. This can result in confusion for referrers and create delays in young people and families finding the right service.

We are working on developing clear end-to-end pathways of care from mental health promotion and early intervention (including improving integration with primary care) through to specialist inpatient care.

As part of this work, services in our system are working towards implementing the THRIVE Framework for System Change. That means that our pathways and care offer is being organised to follow the THRIVE framework: Getting Advice, Getting Help, Getting More Help, Getting Risk Support.

e.g. universal provision, early intervention, mental health promotion

e.g. targeted low intensity provision

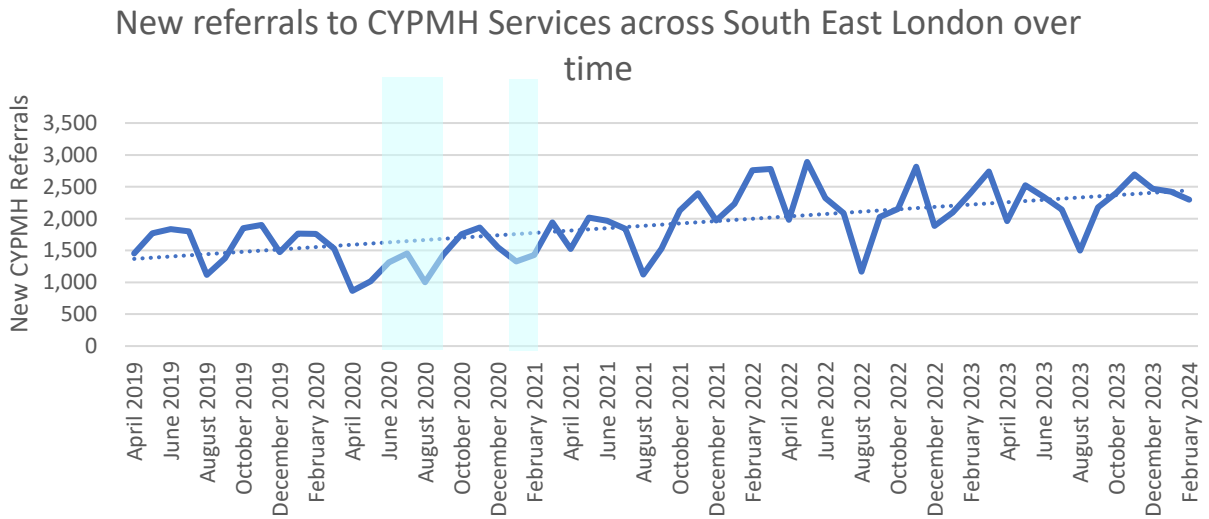
e.g. interagency collaboration (e.g. AMBIT)

e.g. specialist CAMHS and inpatient services

Demand for Our Services

Demand for children and young people's mental health and emotional wellbeing services is at its highest level in South East London. Although rates of referrals have now begun to stabilise across most pathways post the Covid-19 pandemic, services are struggling to respond to the higher levels of demand and complexity of presentations in the face of ongoing national workforce challenges.

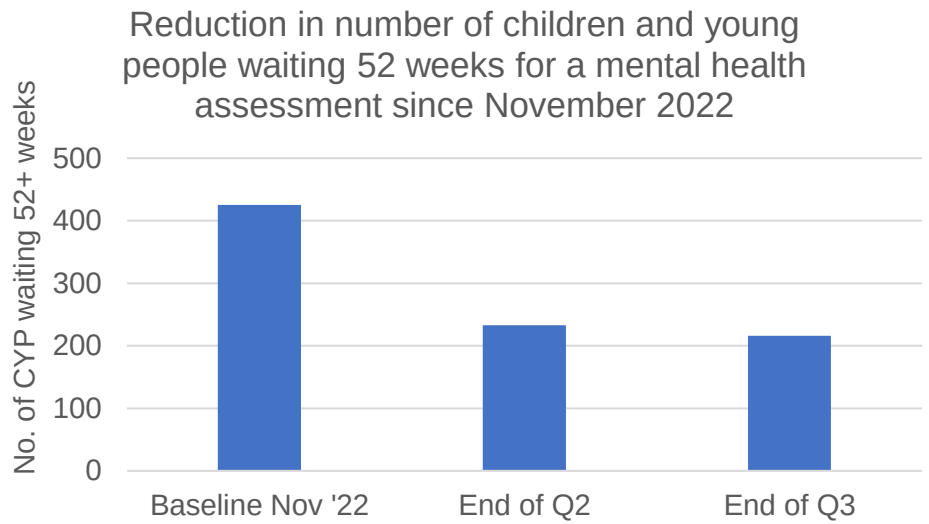
- Many teams and services experienced significantly higher rates of referrals after the national lockdown (for example, there was a four-fold increase in urgent referrals to the children and young people's eating disorder service), which are largely now stabilizing although some pathways continue to experience significant pressures (for example, neurodevelopmental pathways and specialist avoidant restrictive food intake teams) .
- Services report that children and young people presenting now have a greater number of co-existing needs which may benefit from longer term therapeutic support, which means young people are not being discharged at the same rates as before.



Access to services

We continue to increase access to children and young people's mental health services across South East London; however, with the rise in demand for services and the increased complexity of those presenting, we continue to experience delays in timely access to care and challenges for children, young people and their families who may need interim support.

- While access to children and young people's mental health services continues to increase, we are aware that there are many who are waiting to access care or are not engaged with services. Specialist CAMHS services currently support around 30% of children and young people with a mental health need. Voluntary sector services, primary care, Talking Therapies and mental health offers in schools provide additional support, but little data is available to understand how many children receive mental health support through these other services.
- Increased demand, complexity, and workforce shortages mean that many children and young people are now having to wait a long time to access care. Reducing waiting times for access to children and young people's mental health services is a priority for South East London.
- At the start of 23/24 there were too many children and young people waiting more than 52 weeks for a mental health assessment with CAMHS. Significant reductions have been made in reducing waiting times in some pathways/services; however, many children and young people are still waiting too long to access care and support.



Our Workforce

We have invested significant resource into the expansion of the mental health workforce in South East London over recent year, however, nationwide there are challenges in recruiting and retaining staff for certain roles and South East London is also experiencing these pressures.

- Across South East London there has seen an increase in the number of professionals invested in to provide mental health and emotional wellbeing support to children, young people and their families both in NHS and voluntary sector services. New key areas of expansion include the establishment of Mental Health Support Teams (MHST) across each of the six boroughs.

- We are listening to feedback to children, young people and their families about the types of professionals they find it helpful to engage with and we are trialling and developing new models of care.

- However, the NHS is facing significant workforce challenges and staffing for children and young people's mental health services in South East London are no exception. Retention of the mental health workforce has experienced challenges over the past years, but this has been exacerbated following the Covid-19 pandemic and has worsened through the cost of living crisis.

- Vacancy rates vary by provider, team and staff group, with some staff groups experiencing large vacancy rates. For example, at Oxleas NHS Foundation Trust highest vacancy rates are reported for psychological therapists whereas for Oxleas NHS Foundation Trust, vacancy rates are highest for nursing posts. Despite expansion of MHSTs across South East London, recruitment and retention in these teams is a key challenge for the system. As of March 2024, there were 13 Whole Time Equivalent (WTEs) vacancies of Education Mental Health Practitioners, and in total across all MHSTs there are vacancies that equate to the total of three teams worth of vacancies. This significantly impacts on the number of children and young people that can be supported through these services. We continue to actively engage in national and regional training and education programmes to further develop this workforce. .

Inequalities in Access, Experience and Outcomes

South East London has a highly diverse population and we are aware that not all children and young people and their families have equal access to, outcomes and experiences of mental health care across the ICS, often on the basis of ethnicity. As a system, we aim to commission services that are anti-racist, anti-discriminatory and inclusive to the diverse needs of our communities.

- ICBs are expected to tackle inequalities in outcomes, experience and access. This plan aims to deliver care improvements to benefit any child and young person aged 0-25 across South East London accessing mental health and emotional wellbeing services.

- We are working to ensure that all commissioned children and young people's mental health services pay due regard to the needs of individuals with respect to their identity (protected characteristics as outlined in the Equality Act) and make efforts to support to the most vulnerable (such as those often socially excluded).

- Data from the NHS Mental Health Services Data set, which has known data quality issues for our providers, indicates that as of March 2024, 20,240 children and young people accessed treatment for their mental health in South East London over the preceding year. Available data indicates:
  - Males experience longer waits to access care compared to females. There is a marginally higher proportion of males on the CAMHS caseloads compared to females (53% vs 47%). These trends are thought to be due to the higher proportion of males being referred to neurodevelopmental pathways, where the longest waits are currently experienced across South East London CAMHS teams, and where people may be maintained on team caseloads for longer periods of time (e.g. for ongoing medication titration, for example).
  - While access by ethnicity varies by borough, there does not appear to be evidence to suggest that across South East London Black children and young people are under-represented in CAMHS, but children and young people of an Asian background may be. Further investigation is warranted to explore this including by considering the prevalence of different groups (the NHS Digital 2023 population-based survey found that White children and young people were more likely to report mental health needs than children and young people of other ethnicities) and Place based variation.

Note: Data availability on access by other protected characteristics is limited. We are working with providers to improve their data recording and validation across protected characteristics so that we can better understand whether there are any inequalities in access to and outcomes of care for certain groups.

Delivery of the Long Term Plan Ambitions for our ICS

We have seen an increase in children and young people's access, including through Mental Health Support Teams; however, levels of access are still lower than planned. This is due to several factors including (i) ongoing challenges in workforce recruitment; (ii) increased acuity of presentations meaning services are not discharging young people at the rate previously; and (iii) data quality issues meaning that some provider activity is not being reported via the national data set.

Children and young people's eating disorder service access recovered strongly following a low after the Covid-19 pandemic, returning to >95% for both urgent and routine referrals in 23/24. Staffing changes have meant that there will be an anticipated drop in activity at the start of 2024/25 but a plan is in place to ensure access returns to planned levels in-year.

	Ambition for our ICS 23/24*	Ambition for our ICS 24/25	Delivery
CYP access (1 contact, rolling 12 months)	27,390	24,017	19,995 (of which 1,705 MHSTs) (Jan '24)
CYP Eating Disorder waits urgent (quarterly)*	>95% receive NICE concordant tx in 4 wks of 1st contact		**
CYP Eating Disorder waits routine (quarterly)*	>95% receive NICE concordant tx in 1 wk of 1st contact		66%

During 23/24 we also made plans to deliver on the national ambition for every local area to have a crisis home treatment team across all of South East London. While this service was already available to residents of Lambeth, Lewisham and Southwark, in 24/25 this will be available in Bexley, Bromley and Greenwich.

*Ambition for our ICS is in line with the national standard, as per the NHS Long Term Plan
** National data for urgent waits currently not published for South East London.

Our System Investment To Date

CYPMH Transformation Plan - Summary

South East London ICS

	South East London ICS				
	2020/21 £	2021/22 £	2022/23 £	2023/24 £	2024/25 £
NHS Provider contracts					
CAMHS	£16,149,866	£17,582,630	£19,654,336	£22,844,286	£23,876,468
CAMHS Eating Disorder	£1,908,561	£1,992,273	£2,637,072	£2,735,435	£2,757,318
CAMHS Mental Health block contract baseline - SLaM	**£18,058,427**	**£19,574,903**	**£22,291,407**	**£25,579,721**	**£26,633,786**
CAMHS	£12,437,146	£13,350,447	£14,804,741	£16,468,412	£17,292,942
CAMHS Mental Health block contract baseline - Oxleas	**£12,437,146**	**£13,350,447**	**£14,804,741**	**£16,468,412**	**£17,292,942**
Perinatal - SLaM	£3,724,277	£4,057,749	£5,237,192	£5,837,916	£5,884,619
Perinatal - Oxleas	£1,438,981	£1,980,024	£3,066,027	£3,383,177	£3,410,242
Perinatal - Total	**£5,163,259**	**£6,037,773**	**£8,303,219**	**£9,221,093**	**£9,294,862**
Contract Budgets Sub Total	**£35,658,831**	**£38,963,123**	**£45,399,367**	**£51,269,226**	**£53,221,590**
Other ICB Spend					
Borough Based Budgets	£910,260	£1,219,196	£1,941,163	£2,286,716	£2,890,993
CAMHS Transformation Funding	£766,367	£1,021,870	£760,394	£800,380	£1,035,645
Kooth	£482,400	£482,400	£475,081	£458,333	£488,780
ICB Contribution to LA	£1,352,400	£1,352,400	£1,302,083	£1,353,468	£1,357,031
Empowering People, Empowering Communities (EPEC)	£0	£0	£177,650	£260,950	£296,592
Health & Justice Liaison & Diversion	£508,000	£511,000	£459,207	£511,000	£513,353
Borough Budgets Sub Total	**£4,019,427**	**£4,586,866**	**£5,115,576**	**£5,670,848**	**£6,582,394**
ICB Recurrent Baseline Funding	**£39,678,259**	**£43,549,989**	**£50,514,944**	**£56,940,073**	**£59,803,984**
Early Intervention and access	£714,696	£0	£0	£0	£0
Service Development Funding - CYPMH, Eating Disorders & MatMH	£0	£7,128,400	£5,061,000	£7,846,000	£9,016,291
Service Development Funding - Mental Health Support Teams	£1,944,721	£3,848,702	£5,397,122	£7,528,000	£9,296,000
Health and Justice (CSA)	£0	£160,000	£160,000	£40,000	£160,000
Community Violence Reduction Programme	£0	£835,000	£972,000	£972,000	£485,000
Other Non Recurrent Funding	£112,000	£0	£0	£0	£0
ICB Non Recurrent Funding	**£2,771,417**	**£11,972,102**	**£11,590,122**	**£16,386,000**	**£18,957,291**
ICB Sub Total	**£42,449,676**	**£55,522,091**	**£62,105,065**	**£73,326,073**	**£78,761,275**
Council - NHS and Other providers	£6,474,833	£7,878,998	£7,719,164	£8,429,474	£9,367,338
Council - Other Grants	£239,382	£200,000	£200,000	£779,330	£1,353,234
Council Sub Total	**£6,714,215**	**£8,078,998**	**£7,919,164**	**£9,208,804**	**£10,720,572**
TOTAL	**£49,163,891**	**£63,601,089**	**£70,024,229**	**£82,534,878**	**£89,481,847**

- The South East London ICS has continued to invest in children and young people's mental health services in line with the expectations of the NHS England Analytical Toolkit as needed to deliver the NHS Long Term Plan (LTP).
- For 2024/25, we continue to receive Service Development Funds and to invest as a minimum at the level of system growth through the Mental Health Investment Standard. This plan provides a blueprint for how this investment will be used in coming years.

South East London Integrated Care System

NHS South East London

Our Ambitions & Priorities

2022/23 – 2025/26

Our Vision

South East London Integrated Care System

Our vision

Children and young people in South East London access high quality mental health and emotional wellbeing support when they need it. We will work to continually improve outcomes and supress the impact of health inequalities, giving every child the opportunity to go onto become a happy, healthy adult.

- We recognise that our mental health services are facing challenges in responding to the increases in demand for children and young people's mental health services, the complexity and diversity of needs of those presenting, while experiencing workforce/staffing shortages.
- As an ICS we are committed to working in partnership with health, local authority and other organisations to create improvements for our children and young people in each service or organisation that they interact with across South East London.
- Our Local Care Partnerships, which bring together health and local authority services in our boroughs, are working to develop initiatives that are intended to be relevant to their diverse communities and current system offer with a view to bringing about more meaningful change.

Underlying Principles

1. Reducing inequalities and improving equity in access, outcomes and experience of care
2. Working together in partnership
3. Collaborating with people and communities
4. Focusing on learning, improvement and innovation

Our Objectives

The objectives of Children and Young People's Mental Health transformation are aligned with the delivery objectives of South East London ICS. The ICS aims to improve outcomes, tackle inequalities, enhance productivity and support social and economic development through partnership working, underpinned by principles of engagement, participation, subsidiarity and delegation.

South East London ICS Objectives (4/6)	South East London Children and Young People Mental Health and Wellbeing Plan Objectives
 *Improving care for disadvantaged groups*	*Actions that focus on addressing inequalities, building on the ICS' Health Inequalities Report on children and young people's mental health*
 *Ensuring rapid access to high quality specialist services when people need them*	*Reducing waiting times for community CAMHS and specialist services (e.g. children and young people's eating disorder services)*
 *Joining up care across health and other services*	*Enhancing prevention through developing new models of care centred re: primary care and service integration including VCSE integration and our offer within education settings.*
 *Preventing illness and helping people to live healthier, happier lives)*	*Strengthening partnerships across health and social care through Place for our most complex pathways and supporting those in crisis*

Our Underpinning Cross Cutting Activities

Workforce **Partnership working** **Engagement** **Data**

What will success look like?

- A cohesive system of emotional and mental health support for those between 0-25 is developed, ensuring that services are joined up and can be easily accessed across South East London through the implementation of single point of access and no wrong front door, with services offered according to need in alignment with the iTHRIVE framework.
- Improvements in waiting times for accessing children and young people's mental health services and access to more support while people wait.
- More equal access, experiences and outcomes of mental health care across all our population groups through the ensuring all our offers pay due regard to the needs of children and young people for each of the protected characteristics outlined in the Equality Act, and of groups/communities relevant to the local community, including those that often experience health inequalities such as those in or transitioning from care, living in deprivation, with autism or ADHD, and those who do not speak English as a first language.
- Fewer children and young people escalate into crisis and require inpatient admission, but for those that do; good quality care will be available quickly and will be delivered in a safe place, as close to home as possible.
- Parents are able to access more support for their own mental health and that of their children to identify issues early, find solutions themselves, provide advice and access help.
- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible.

Developing Our Transformation Priorities

Addressing inequalities in children and young people's mental health services is key priority for our ICS. In support of this, an ICS-wide consultation and quality improvement process has been completed to identify priority areas of focus for addressing inequalities in mental healthcare for children and young people and their families in South East London.

- Through 2021/22, a structured consultation process took place with over 50 organisations across our Local Authorities, Trusts, Primary and Community Services, Voluntary & Community Sector, and Schools to identify priority areas for improving inequalities in mental healthcare for children and young people in South East London.
- Key areas that were raised by the system regarding our population were:
  - Differences in how children and young people of different ethnicities access services in South East London
  - Fewer black and mixed heritage children accessing services than likely need them
  - Differences in how children and young people of different ethnicities with behaviour that challenges are supported
  - Differences in when individuals of different ethnicities present to mental health services
  - Risks to Black and mixed heritage children of parents with poor mental health through failures to support them and their families effectively
- We understand that inequalities are often multi-faceted and deeply rooted, and that robust partnership working across multiple organisations is needed to understand issues and advance health equalities for children, young people and their families across South East London. This supports our rationale for developing a system wide transformation and delivery plan for children and young people that encompasses NHS, local authority and voluntary sector partners.

While stakeholders participating in the consultation identified areas of need predominantly relating to service access and offers for different ethnicities, through delivering our transformation programme, and working with system partners, we are embedding thinking about how to consider the needs of children and young people for any relevant protected characteristics outlined in the Equality Act, and other groups that often experience health inequalities.

Transformation areas to advance mental health equality

South East London Integrated Care System

To demonstrate South East London ICS's commitment to advancing mental healthcare equality for children and young people and their families across London our transformation plan is organised into the 10 priority areas identified through our consultation. These priorities formed the building blocks for our delivery plan in 2022/23 and 2023/24. We will be looking to further develop these areas in 2024/25 and 2025/26.

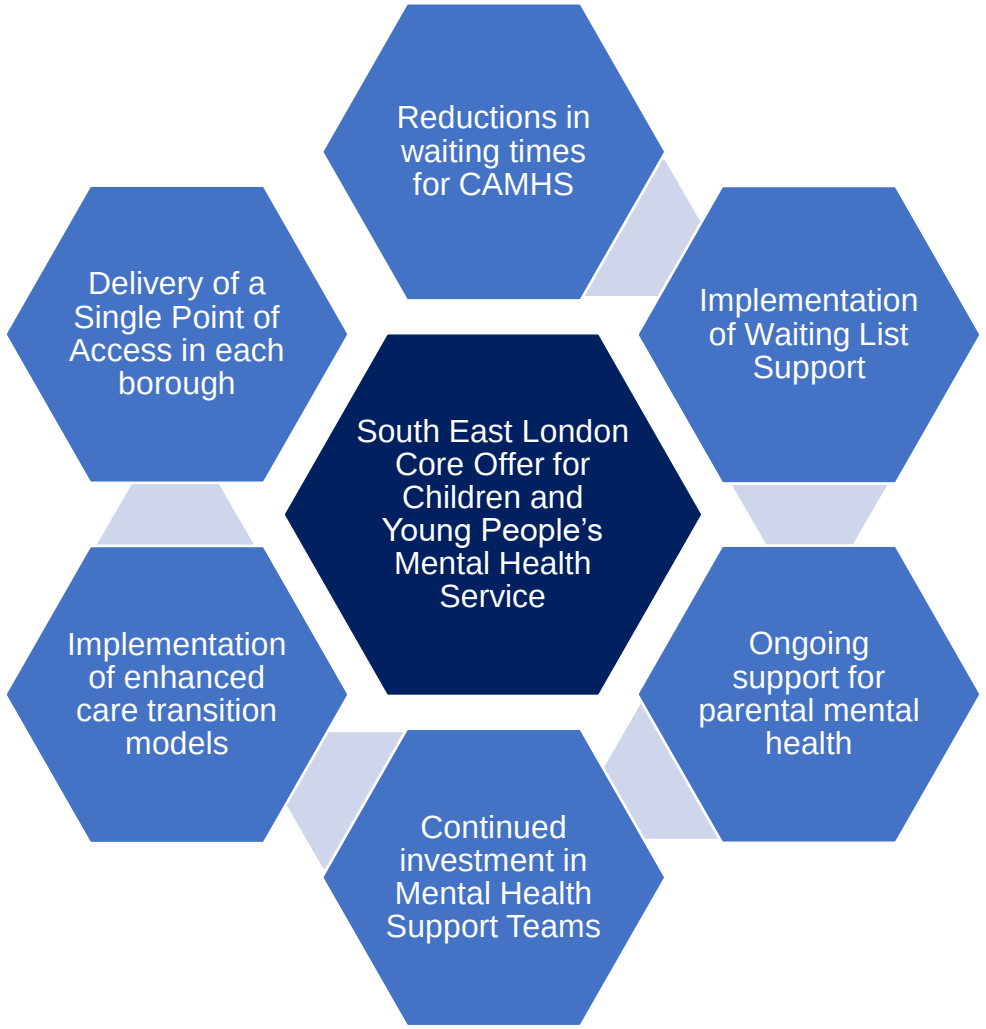
- **Reductions in waiting times**
- **Improving care transitions for 16-25 year-olds**
- **Making CYP mental health services more accessible**
- **Parental mental health**
- **Enhancing mental health and wellbeing offer in schools**
- **Supporting children and young people experiencing trauma and distress**
- **Prevention, early intervention and improved offer for Young Offenders**
- **Eating disorders**
- **Accident and Emergency presentations**
- **Crisis presentations & stepdown**

Children and Young People's Mental Health Core Offer for 2023/24

In 23/24, from the 10 priority areas of transformation, a core offer of initiatives that were going to be delivered across all 6 boroughs was agreed.

A core offer defines common standards, outcomes and characteristics of care that we will secure consistently for our residents through locally based service offers and solutions, and inclusive of equity of access.

The core offer, outlined to the right, had 6 areas of focus; the ICS' top priority over 2023/24 was to make notable reductions to waiting times for access to children and young people's mental health services and this continues to be our ongoing key area of focus.



South East London Integrated Care System

NHS South East London

Update on delivery 22/23 - 23/24

Delivery highlights from 2023/2024

Waiting times for CYP eating disorder services recovered to be within the national standards and an early intervention pilot was rolled out in Bromley schools (over 120 sessions with 500 participants)..

The total number of children and young people waiting over 52 weeks for a mental health assessment in community CAMHS halved across South East London over the course of 2023/24. Oxleas NHS Foundation Trust began publishing CAMHS waiting times in line with public engagement feedback and South London and Maudsley NHS Foundation Trust developed a virtual waiting room through the MyHealthE app with access to webinars, leaflets and other service information.

Mental health support teams continued to expand (increasing the number of schools that engaged to 50% of SEL schools) and increased the delivery of whole school approaches to mental health.

Specialist primary care youth clinic offering holistic emotional wellbeing and physical health support piloted in Lewisham delivered positive outcomes, winning an “Innovation in Health” award.

Oxleas NHS Foundation Trust developed a new CAMHS transition model through consultation with young people, parents/carers and practitioners to begin piloting in 24/25.

The Empowering Parents Empowering Communities programme is now successfully running in all six boroughs in SEL and has been received well by local parents and communities. Over 40 Parent Group Leaders trained and 50 parents completed Being a Parent programme.

Black Thrive engaged over 300 children, staff and families to develop ideas for early intervention and prevention initiatives for Black and mixed heritage primary school children as part of the National Community Connectors Programme.

All Places assessed their offer against the iTHRIVE framework and developed action plans.

”This course is the best ever and has helped me personally a lot by sharing and learning from real life experiences and getting helpful advice.”

Feedback from parent who attending Being a Parent programme run by Home Start, Greenwich

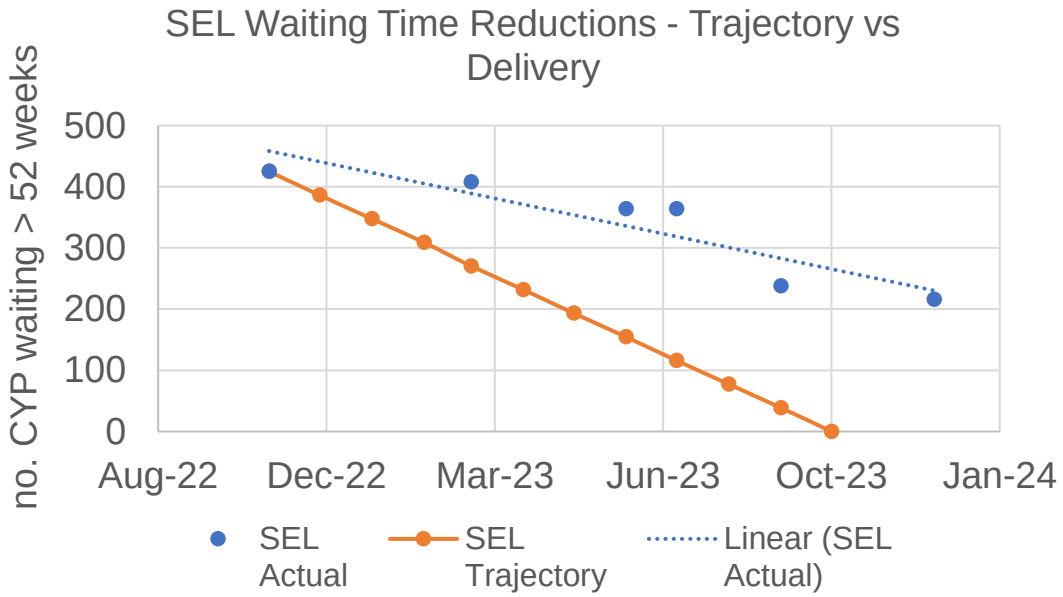
“I’m more patient, and apply all the knowledge that I got about positive parenting. I talk about feeling with my kids and husband too.”

Feedback from parent who attended Parent Group Leader training in Bexley

Delivery challenges from 2023/2024

While the number of children and young people waiting 52 weeks or more for their mental health assessment in CAMHS reduced by 50% between November 2022 and October 2023, we did not meet our ambition to eliminate all 52 week waits. Progress in eliminating the number of children and young people wating 52 weeks or more for their mental health assessment was variable by borough and by pathway. Significant progress was made in Bexley and Bromley boroughs; however, across all boroughs there continue to be long waits experienced for neurodevelopmental pathways. National workforce recruitment and retention challenges have impacted progress.

Further it is estimated that just over a third of CYP with a 'probable mental disorder' are accessing mental health services across SEL (predominantly through CAMHS), which means there is a gap in access to other emotional wellbeing and mental health support offers (e.g. early intervention/prevention).



The pace of roll-out of some initiatives has been variable across South East London. While Bromley has rolled out an integrated Single Point of Access between Bromley Y and Oxleas NHS Foundation Trust, progress in other boroughs has been slower, but delivery of a Single Point of Access remains a priority in most boroughs. Further, while Black Thrive undertook listening exercises in select schools across South East London there were challenges and delays in agreeing on early intervention and prevention initiatives to pilot.

Data collection and reporting remains a challenge which makes it difficult to understand the population needs, outcomes and impact of mental health support offers. A key priority is to better understand access and inequalities and the impact of our offers, such as Mental Health Support Teams in schools, to ensure they are as effective as possible.

System resource and capacity to deliver on transformational change initiatives continues to be a challenge.

South East London Integrated Care System

NHS South East London

Our Delivery Aims and Objectives for 2024/2025 and 2025/2026

Transformation Priority (1/10):
Reductions in waiting times

South East London Integrated Care System

Intended outcomes and benefits of transformation

- We increase access to children and young people's mental health services (including mental health support teams) in line with local plans.
- We make further reductions to the length of time that children and young people wait for a first contact to mental health services. We will aim to:
  - Increase the proportion seen within 4 weeks of referral
  - Deliver a reduction in the number of children and young people waiting a long time for assessment each quarter.
- We will increase access to care and support for children, young people, and families while on the waiting list for CAMHS.

Progress in delivering transformation over 2023/2024

- Reductions in waiting times for CAMHS were made but there was variation by borough and by pathway. Waiting times for access to generic CAMHS services have reduced at a faster rate than waiting times for access to neurodevelopmental pathways, which have seen high levels of demand.
- South London and Maudlsey NHS Foundation Trust CAMHS front door teams established to support children and young people having a meaningful contact from CAMHS sooner.
- Oxleas Foundation Trust began publishing CAMHS waiting times in line with public engagement feedback and South London and Maudsley NHS Foundation Trust developed a virtual waiting room through the MyHealthE app with access to webinars, leaflets and other service information.

Plans for 2024/2025 and 2025/2026

- Providers to continue to eliminate longest waits, and also aim to increase proportion receiving a meaningful contact in 4 weeks.
- Undertake a review of the neurodevelopmental assessment and treatment pathway to explore new models of care that may help to reduce waiting times for ADHD assessment.
- In collaboration with South London Listens, and Place based engagement groups, understand, and implement, initiatives to support people while they are on the waiting list for CAMHS services. This may include access to more parental support.
- Offer assessments to those on the waiting list for gender services.
- Respond to national waiting time guidance and improve data quality.

Transformation Priority (2/10):
Care transitions for those aged 16-25

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Young people receive age-appropriate care that is tailored to their needs
- Young people have better experiences transition out of CAMHS either to adult mental health services or other community assets.

Progress in delivering transformation over 2023/2024

- Oxleas NHS Foundation Trust undertook a scoping, with lived experience, to develop a proposed model for improving care transitions between CAMHS and adult mental health services. The proposal recommended piloting (1) providing the option to young people that they could stay in CAMHS until 19 or to access adult mental health services from 17 (2) transition support workers.
- South London and Maudsley NHS Foundation Trust transition workers in place.
- Adult eating disorders team implementing transition model that provides an additional support offer to those referred in under 25.
- Greenwich investment in additional Care Leaver support through CAMHS.

Plans for 2024/2025 and 2025/2026

- Oxleas NHS Foundation Trust to begin implementation of new transition model in one borough, and transition policy to be updated.
- Integrated Care Board to deliver on initiatives as outlined in the London Care Leavers Compact, acknowledging the need for greater mental health support.
- Offer to 18-25 cohort to be explored through the Violence Reduction Vanguard stocktake.
- South London and Maudsley NHS Foundation Trust transition policy to be updated.

Transformation Priority (3/10):
Making Services More Accessible

South East London Integrated Care System

Intended outcomes and benefits of transformation

- There is more equal access to mental health and emotional wellbeing services for children and young people across South East London.
- Service access is needs led and children's health outcomes are as good as those for the most socially advantaged group. Specifically:
  - All Places have a digital Single Point of Access (SPA), which enables needs led access to the right services without referrals and arbitrary thresholds (i.e. no wrong door approach)
  - iThrive framework embedded as a way of working across all system partners and across all six Places.

Progress in delivering transformation over 2023/2024

- Borough progress in developing SPAs has been variable. Bromley successfully launched their integrated SPA (Oxleas NHS Foundation Trust and Bromley Y). Core offer for CYPMH SPA developed and mapping of models of SPAs in other areas undertaken to inform planning in each Place.
- Bexley CAMHS service redesign to move towards a needs-led approach to access through the removal of diagnostic led pathways.
- All Places coordinated stakeholder workshops on iTHRIVE to undertake the iTHRIVE and develop priority area action plans.
- Analysis of CAMHS access and waiting times by demographics undertaken.

Plans for 2024/2025 and 2025/2026

- Greenwich, Lambeth, Lewisham, and Southwark all to mobilise development of SPA for each borough.
- Continue piloting new models of care that reduce barriers to access by offering youth friendly evening drop-in services delivered in collaboration between primary care, South London and Maudsley NHS Foundation Trust and VCSE providers.
- All Places to continue to embed iTHRIVE and undertake provision mapping against iTHRIVE framework. Bromley and Greenwich CAMHS to planning iTHRIVE service redesign.
- Continue to monitor access and waiting times to CAMHS by demographics and respond to any trends.

Transformation Priority (4/10):
Parental Mental Health

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Children that live with a parent with an untreated mental health need are more likely to experience mental health challenges themselves.
- We aim to increase the number of parents who are supported with their mental health through prevention, early intervention and more specialist services. Specifically:
  - Across South East London access to services is increased through specialist perinatal mental health services, Maternal Mental Health Services, Empowering Parents Empowering Communities.
  - Family Hubs are developed in Greenwich, Lambeth, Lewisham,and Southwark.

Progress in delivering transformation over 2023/2024

- Maternal Mental Health Services launched across all of the South East London boroughs.
- Empowering Parents, Empowering Communities now rolled out across all boroughs; over 40 Parent Group Leaders trained and 50 parents completed Being a Parent programme.
- Mapping of perinatal mental health provision undertaken to explore equity in offers available across boroughs.
- Clinical lead appointed by South London Partnership to drive forward improvements in community perinatal mental health services.
- Family Hub development in Lambeth, Lewisham, Southwark, Greenwich.

Plans for 2024/2025 and 2025/2026

- Continue to embed Empowering Parents, Empowering Communities in all boroughs. Expand Being a Parent to a child with Autism in Greenwich.
- Continue to embed Family Hub offer.
- Develop the South East London strategy for perinatal mental health (and parent-infant health)
- South London Partnership Provider Collaborative community perinatal mental health services work plan to support improvements in delivering on national perinatal mental health ambitions, such as increased access.
- South London Listens programme and Place based groups to undertake community engagement including parental support offer needs for those on the CAMHS waiting list (linked to South East London SEND ambitions).

Transformation Priority (5/10):
Mental Health and Emotional Wellbeing Support in School

South East London Integrated Care System

Intended outcomes and benefits of transformation

- The mental health and emotional wellbeing support offer available in schools across South East London is expanded to new areas and enhanced to support the promotion of good mental health and wellbeing and provide early intervention where needed.
    - Waves 1-10 of Mental Health Support Teams (MHSTs) are fully operational, recruited to and engaging with schools with greatest need.
    - Further waves of MHSTs are rolled out on time, with fidelity to the model to enable access to support and onward referral as per the Long Term Plan.
- Explore access to digital interventions to support early intervention and prevention.

Progress in delivering transformation over 2023/2024

- South East London was awarded 4 new MHSTs in wave 12: Bexley, Greenwich, Lambeth, Lewisham. MHSTs continued to expand; there was an increase in the number of schools that are linked to an MHST (~250 schools, over 50% of pupil population covered) and the number of children and young people receiving a direct contact or support through the whole school approach.
- Black Thrive engaged over 300 children, staff and families to develop ideas for early intervention and prevention initiatives for Black and mixed heritage primary school childrenthrough the National Community Connectors Programme..
- Pilots of Myhappymind in Bexley and Lumi Nova in Bexley and Greenwich.

Plans for 2024/2025 and 2025/2026

- Prepare for roll out for the 4 wave 12 sites (from January 2025 in the training phase). MHST workshop to be convened to discuss MHST model and impact in schools.
- Explore opportunities for further roll out of digital interventions Myhappymind and Lumi Nova.
- Initiatives recommended through Black Thrive coproduction exercises to be rolled out in select schools. Additional engagement exercises to be undertaken with school students, staff and parents to further define new scalable solutions.
- Greenwich review of mental health in schools offer to identify opportunities for a more equitable offer.

Transformation Priority (6/10):
CYP Experiencing Trauma and Distress

South East London Integrated Care System

Intended outcomes and benefits of transformation

- South East London boroughs are above the estimated national modelled level of children in households with all 3 of so called 'toxic trio'. The ICB is committed to its duties in child protection and respond to this need.
- We aim for our service offers to be trauma-informed and culturally relevant (understanding the impact of Adverse Childhood Experiences, racism and discrimination) and will pilot models will of care to support engagement, specifically, those from Black and mixed heritage families and marginalised communities.
- There is improved understanding of the context in which children and young people presenting with challenging behaviour and more access to appropriate support.

Progress in delivering transformation over 2023/2024

- A model for a South London Child Sexual Abuse (CSA) Hub was developed in partnership with stakeholders. New emotional wellbeing service commissioned.
- Violence reduction Vanguard continued to increase access across the 6 boroughs, including rolling out a training programme.
- South London Partnership Provider Collaborative (SLP) work programme explore options to support Complex Care cohort of young people who may be looked after children and experience delayed discharge from Accident and Emergency Departments or inpatient units.

Plans for 2024/2025 and 2025/2026

- Barnardo's emotional support and advocacy service to mobilise, followed by establishment of single point of access CSA Hub providing access to holistic medical support and advocacy.
- Initiatives recommended through Black Thrive coproduction exercises to be rolled out in select schools. Additional coproduction and listening exercises to be undertaken using adapted approach with appreciative inquiry to develop collective solutions.
- Procure a youth worker pilot for CYP who attend Accident and Emergency Departments following self-harm.
- SLP to continue to explore options for supporting complex care cohort.

Transformation Priority (7/10):
Youth offending and youth violence

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Across each Local Care Partnership, there will be clear pathways and support mechanisms in place that promote prevention, early risk management and access to appropriate mental health interventions for young offenders/those in contact with the criminal justice system.

Progress in delivering transformation over 2023/2024

- Southwark review of Youth Offending Service (YOS) and pathway leading to an expansion of the offer.
- South East London Community Multi-Systems Violence Reduction Vanguard working with YOS service and other pathways to increase access to those affected by or at risk of serious youth violence.

Plans for 2024/2025 and 2025/2026

- Review of the South East London Community Multi-Systems Violence Reduction Vanguard following initial 2-year pilot (3 years in total). This will include completing a stocktake in partnership with stakeholders to explore strengths, explore model fidelity, and learning from other Vanguards to develop a proposal for future implementation.
- Undertake work with place to review the pathways and intervention offer available at place and review the structures in place for multi-agency work.

Transformation Priority (8/10):
Eating Disorders

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Children and young people experiencing disordered eating are identified early and able to access specialist services in timely manner and closer to home when they need it, specifically:
  - National waiting time standards for routine and urgent cases are met consistently, reducing the number of children and young people in crisis due to their eating disorder.
- We increase continue to increase the number of children and young people who are reached by early intervention and prevention initiatives rolled out to schools.

Progress in delivering transformation over 2023/2024

- Recovery of waiting times for urgent and routine appointments for CYP eating disorder services.
- Successful roll out of pilot early intervention model in Bromley, including: (1) Over 500 children engaged in roll out of universal school-based programmes (Happy Being Me in secondary school and Me and My Body in primary school) (2) Delivery of short-term interventions and supervision and consultation from South East London and Maudsley HS Foundation Trust specialist eating disorder service.
- Development of an autistic spectrum condition pathway and group offer to parents.

Plans for 2024/2025 and 2025/2026

- Continue efforts to maintain access to CYP eating disorder services, acknowledging known staffing/workforce challenges and significantly high levels of demand for avoidant restrictive food intake disorder services, and imautistic spectrum conditions prove offer to CYP with and their parents.
- Continued roll-out of the Bromley early intervention and prevention eating disorders pilot. Undertake evaluation of impact and explore potential for scaling to other boroughs.

Transformation Priority (9/10):
Accident and Emergency Department Presentations

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Children and young people who present in crisis to Accident and Emergency Departments receive timely and age-appropriate care and wait no longer than is necessary in Accident and Emergency Departments, specifically:
  - Timely access to a bed where required
  - Timely discharge and onward referral to appropriate support where required

Progress in delivering transformation over 2023/2024

- Multiagency discharge and escalation protocol rolled out across partners in Greenwich reviewed and updated.
- South London Partnership CAMHS Complex Care work programme engaging social care colleagues to scope innovations nationally and develop collective solutions to support young people who experience delayed discharge from A&E and inappropriate admission often associated with family or placement breakdown.
- Stakeholder agreement to take forward a model of youth workers in A&E departments to support those who present following self-harm and with suicidal ideation agreed.

Plans for 2024/2025 and 2025/2026

- Following stakeholder agreement to test and develop a youth worker model in Accident and Emergency Departments for CYP who have self-harmed, coproduce specification with CYP and their families and undertake procurement for pilots in select Accident and Emergency Departments.
- Remaining boroughs/Trusts to roll out multiagency discharge and escalation protocol.

Transformation Priority (10/10):
Crisis Care

South East London Integrated Care System

Intended outcomes and benefits of transformation

- Fewer CYP escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible i.e. across South East London we will observe a reduction in (1) number of children and young people presenting in crisis to Accident and Emergency Departments (2) need for psychiatric inpatient units (3) delayed discharges in emergency departments and inpatient units
- Delivery of the Long Term Plan ambition to ensure comprehensive coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment team functions.

Progress in delivering transformation over 2023/2024

- Successful launch of 111 press 2 for mental health, offering CYP and families an additional access route to mental health support and advice.
- Development of a model for a home treatment team for boroughs of Bexley, Bromley and Greenwich. Implementation delayed due to recruitment challenges but planned in 24/25.
- South London Partnership mapping and gap analysis of crisis offer undertaken to explore opportunities for improving equity, which includes exploring options/working toward an extension in operational hours to meet the NHS Long Term Plan.

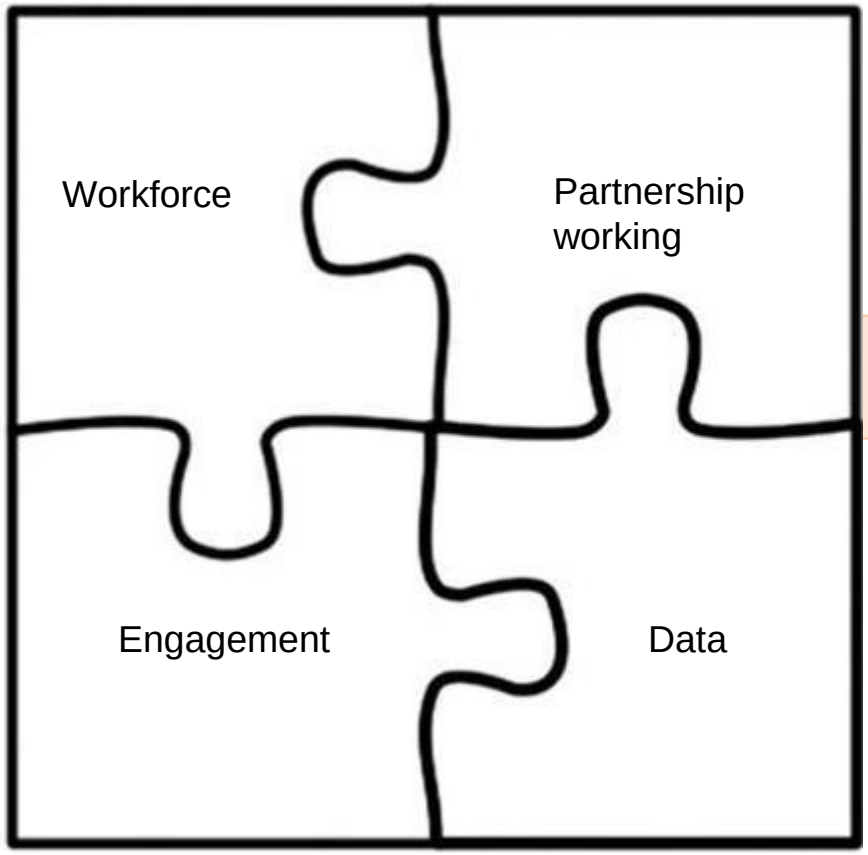
Plans for 2024/2025 and 2025/2026

- Oxleas NHS Foundation Trust Home Treatment Team function to be rolled out in Q1 24/25
- South London and Maudsley NHS Foundation Trust to launch CYP Crisis House by December 2024.
- Greenwich establishment of a community focused team for young people experiencing a crisis in their mental health and mobilisation and review of the new clinical support into the Adolescent Assessment Residential and Resource Centre.

Delivery Plan: Cross Cutting Activities

Delivery of our Children and Young People's Transformation Plan is underpinned by a number of cross-cutting activities. Advancing mental health equality (as outlined through our 10 delivery priorities) and enhancing prevention (through developing new models of care, linked to primary care and improved VCSE integration) are the golden threads running through.

Advancing Equality



Mental Health Prevention

Delivery Plan: Cross Cutting Activities
Workforce

In delivering our transformation plan we aim to improve the capacity and capability of both clinical and non-clinical roles provided by a mixture of NHS, local authority and voluntary and community sector providers from 2022/23 onwards.

Staffing expansion for 2024/25 is outlined in the South East London mental health submission of our Operating Plan. The final number and complement of staff to be recruited in 2024/25 is yet to be finalised; we anticipate there will be an expansion in 24/7 crisis care staffing (notably through development of a Home Treatment Team function in Bexley, Bromley and Greenwich boroughs), Mental Health Support Teams (with further roll out of waves), and staff to support with transitions between children and young people's mental health services and adult mental health services.

In alignment with our wider ICS workforce plans, our providers are planning and delivering initiatives to:

Delivering initiatives to boost retention:
- Creating opportunities for career progression
- Providing staff wellbeing offers
- Promote the South London Partnership Passport, which enables staff to work flexibly across the three NHS Trusts across South London

- Improve workforce diversity so staff reflect local communities (e.g. holding local recruitment fairs)
- Building cultural competency (SLAM is a Patient and Carer Race Equality Framework site and drawing on culturally competent community assets such as through our NHSE 3-year funded community multi-systems violence reduction Vanguard)

- Improve workforce capability and competence. Providers will increase access to training where needs are identified (for example workforce support and training to increase the reporting of clinician and patient reported outcomes in Southwark)

Delivery Plan: Cross Cutting Activities
Partnership Working

Our transformation plan aims to bring together partners to deliver better outcomes for children and young people across South East London. There are numerous ways we propose to do this.

Leveraging Opportunities for System-Wide Working

- As an ICS, we will bring together partners from across our Places to develop and monitor delivery of the plan, and identifying opportunities for working at scale across the ICS ('once' for our population).
- We will work together with partners to agree common standards and outcomes for services across South East London, supported by local delivery.

Enabling Local Delivery through Local Care Partnerships

- Our borough based Local Care Partnerships (including health and care services), in collaboration with public health teams, will be responsible for determining need (including early intervention/prevention needs), developing transformation priorities and delivering these as per our ICS commitment to delegation and subsidiarity. This should mean that delivery best reflects the need of local populations.

Mental Health Provider Collaboration

- Our Provider Collaborative (South London Mental Health and Community Partnership, which brings together Oxleas NHS Foundation Trust, SLAM NHS Foundation Trust, and St George's Mental Health NHS Trust) will continue to deliver a transformation programme for its services used by children and young people and for the perinatal mental health offer.

Interdependent work programmes and strategies

- There are shared objectives and cross-cutting work programmes in this transformation plan with the following: (1) Learning Disability and Autism and Special Educational Needs and Disabilities e.g. addressing waiting times for ADHD/ASD (2) Children and young people's physical health programme e.g. mental health champions in acute trusts, emotional wellbeing support for CYP awaiting elective surgery.

Delivery Plan: Cross Cutting Activities
Engagement

- ICBs are expected to promote the involvement of patients, their carers, and representatives in care decision making.
- As an ICS we continue to develop our approach to engaging with service users (children, young people and their families), communities, and voluntary sector partners through specific programme activities and Place based groups to ensure engagement is meaningful and relevant to services in that community.
- We are committed to improving transparency and engagement with our communities. This is demonstrated by:
  - Publishing our Children and Young People's Mental Health and Emotional Wellbeing Transformation Plan on our ICS website
  - Publishing waiting times for Children and Young People's Mental Health Services provided by Oxleas and SLAM –this was a commitment Trusts made further to the South London Listens Programme.

Over 23/24, in collaboration with Black Thrive, over 300 children and young people, school staff and parents/carers were engaged in select primary schools across South East London to help inform the planning of early intervention and prevention initiatives for mental health and emotional wellbeing for Black and mixed heritage children as part of the National Community Connectors Programme.

Community engagement is ongoing through the South London Listens programme across South London to inform thinking about children and young people's mental health and parental mental health support needs. In 2024/2025 South London Listens will lead engagement on the support offer available to children and families while they are waiting to access CAMHS services.

In 2024/2025, we consulted with young people who have experience of accessing Accident and Emergency Departments following self-harm to help shape the development of a pilot model of care. The pilot aims to roll out Mental Health Youth Workers who can sit with young people while they wait, understand their needs, help advocate on their behalf and meet with them for 6-8 sessions following discharge.

Delivery Plan: Cross Cutting Activities
Data

There is an expectation that Integrated Care Boards and Local Authorities understand the health needs of their populations, including the wider determinants of health, and that ICBs deliver improved outcomes in population health and tackle inequalities in outcomes, experience and outcomes. In order to deliver on these expectations, it is recognised that:

- Local Care Partnerships need to have access to data to support them in making decisions about services to best support local populations.
- To make real change in advancing mental health equality we need to improve our data quality on protected characteristics and mental health outcomes so that we can better measure the impact of our services and our transformation activities

Highlights from 22/23 and 23/24:

- Progress was made in data quality and provider reporting with two of SEL's largest voluntary sector providers beginning to flow data to the Mental Health Services Dataset (MHSDS).
- A children and young people's mental health dashboard was also created for the ICB to enable Place commissioners to have more ready access to MHSDS data at a Place based level.

Over 2024/25 and 2025/26 we will:

Continue to work with all NHS funded service providers to submit data to the Mental Health Services Data Set. We recognise that some of voluntary sector providers have limited capacity to report data into the national database and we will explore opportunities to support them directly in 2024/25.

Work with our providers to improve data quality, reporting on each of the protected characteristics as outlined in the Equality Act so that we can improve our monitoring and evaluation of service access.
Improve use of paired outcome measures to enable us to monitor the impact of our approaches and consider this by protected characteristic.

Work to improve a children and young people's mental health data dashboard with consistent metrics across providers that is aimed at our Local Care Partnerships to enhance conversations on local delivery and understand impact and system needs. This includes outcome reporting support the transformation programme moving forwards.

South East London Integrated Care System

NHS South East London

Key Programme Risks for 2024/2025 & 2025/2026

Key delivery risks and mitigations (1/4)

Key risk	Due to	Mitigations	RAG
WORKFORCE			
There is a risk that services are not staffed with the right number and mix of professionals who have the right skills and competencies to deliver high-quality, evidence-based and age-appropriate care resulting in the transformation objectives of this plan not being met, specifically: • Waiting time standards are not met for community CAMHS and Eating Disorder services • Children and young people do not receive the specialist support they need e.g. young adults cannot access specialist support with transitions	• National mental health workforce shortage and challenges with recruitment and retention • System financial position impacting ability for all partners to release funding for workforce expansion • Challenges in recruiting to clinical staff across Bexley, Bromley and Greenwich boroughs due to internal competition within South East London ICS over London weighted roles. • Inequitable funding for VCSE partner jobs for matched NHS posts. • Lack of access to supervision capacity, workforce training, staff engagement.	• New models of care to be piloted to diversify workforce (e.g. voluntary sector partners delivering care, supervised by NHS services) • Initiatives to support workforce retention (1) career progression e.g. preceptorship programmes (2) continue to promote access via existing forums to the staff wellbeing offers • Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trusts are accredited living wage employer. • Oxleas NHS Foundation Trust recognition on Sunday Times Best Places to Work and HSJ's Trust of the Year 2023. • Local transformation and delivery plans to understand workforce requirements developed and progress monitored. • Dedicated mental health transformation workforce capacity invested in 2023/24 to support services in developing new and alternative models of care as we move forward. • Development of integrated single points of access included in this plan to make best use of all available resource.	

Key delivery risks and mitigations (2/4)

Key risk	Due to	Mitigations	RAG
IMPROVING ACCESS AND ADDRESSING INEQUALITIES			
There is a risk our transformation plan (which has identified priority areas to address inequalities) fails to achieve impacts in addressing inequalities in access, experience and outcomes for children and young people and their families across South East London	• Incorrect identification of priority areas of focus as a result of lack of data on which populations and communities to support. • Wrong models developed in response to the priority areas identified meaning programmes are not impactful. • Offers developed are not sufficiently adapted or tailored to meet the needs of the local populations and or those who experience the biggest inequalities in access, experience and outcome of care.	• Plan has been developed in line with the findings of a 12 month ICS wide engagement and health inequalities exercise, with system engagement from all partners. • Increased focus on available data to understand inequalities in access, through development of data dashboard, for example, and asking providers to update periodically on demographic profile of those waiting the longest for access to CAMHS. • Programme to develop links with the development of the ICS' Core20Plus and population health management approaches. This will include identifying highest levels of mental health need and access to services generally, supporting the development of local neighbourhood based integrated care teams. • Learning from the South London Listens Programme to be built into the programme and included within the transformation plan.	

Key delivery risks and mitigations (3/4)

Key risk	Due to	Mitigations	RAG
PARTNERSHIP WORKING			
There is a risk that partnership working at Place (i.e. between providers, NHS and Local Authority) and across the system is not sufficiently mature to support the development, delivery and oversight of the range of transformation activities outlined in this plan.	• No agreed focus on CYP across different system partners and as a result, conflicting and competing priorities across system partners. • Different stages of maturation in partnership working and inability to move resources across the system.	• Each Place establishing local partnership forums, bringing together a network of stakeholders, for children and young people's mental health to review delivery of transformation plan objectives alongside other local priorities, • Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the Integrated Care Board's operating framework. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners.	

Key delivery risks and mitigations (4/4)

Key risk	Due to	Mitigations	RAG
INVESTMENT			
There is a risk that investment available for CYP mental health transformation programmes in South East London is not sufficient to cover the breadth of the activities proposed in the plan and/or not sustained	• Funds available for transformation activities are limited due to system financial pressures of Trusts and ICS. • Reduction in local authority and schools budgets having an impact on broader mental health and wellbeing initiatives that may increase demand on NHS provision.	• Integrated Care Board commitment to delivery and investment of the Mental Health Investment Standard and Service Development Funds resulting in sustained increased investment into mental health services. • Consideration of where investment into CYPMH transformation is best placed, acknowledging workforce recruitment challenges nationally, and the value of investing in VCSE offers. • Ongoing use of demand and capacity models to understand resource needs and for setting realistic ambitions for waiting list reductions. • Place based delegation of budgets to Local Care Partnerships where all partners come to agreement about funding decisions for community CYP services, as per the Integrated Care Board's operating framework. This action is aligned to the implementation of the iTHRIVE framework principles, which at the macro level recommend joint budgets between partners.	