Our Healthier South East London
Integrated Care System

NHS

# SEL Integrated Care System Development Plan

*Produced: 30 June 2021*
*Revised: 22 October 2021*
*Revised: 23 March 2022*

# Section One: Overview

# The next chapter for health and care in South East London

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**This plan sets out the next chapter in our development as an 'integrated care system'. Our aim is to consolidate the model of partnership working we have developed between health, local authority and other organisations in South East London over the last five years, and relied on during the Covid 19 pandemic, in preparation for legislation placing ICSs on a statutory footing in 2022.**

**Over the next three months, we are making some changes to our governance and institutions in preparation for the new legislation. However, our ICS is not a new set of administrative arrangements or a new NHS body. Instead, it is a partnership bringing together the full range of health and care organisations in South East London. It's shorthand for working together to improve health and wellbeing for our population, in particular through reaching shared decisions on our priorities and combining our skills and resources to deliver them.**

**We are determined not to create a new, top-down hierarchy to oversee our system. While senior leaders will come together in a partnership group and on the board of our new NHS body to set direction and oversee the system, our objective is to 'invert the pyramid' of traditional hierarchies – ensuring that partnerships within our system, and staff within our services, have the power, authority and autonomy to drive change.**

**Our local care partnerships, which bring together health and local authority services in our boroughs, will be at the very centre of our system, with the authority to reshape core primary, community and care services for their communities. Our provider collaboratives will be the engine room for driving improvements in access, quality and efficiency of health services across South East London. We are committed to ensuring that skills and resources are located at the right levels in our system so that partners can fulfil these roles autonomously. The counterbalance to autonomy is openness. As a system, we will operate transparently, and consult partners on issues that affect them, to avoid creating new institutional silos. We will lead with compassion, drive, with a focus on inclusivity and equity, valuing the richness of our diverse communities and our workforce.**

**Our plan describes our priorities, operating principles and seventeen areas of work to prepare for transition to the new system, focusing in particular on the cultural and organisational infrastructure needed to work in partnership and deliver improvement and innovation. These are not the CCG's, or the future ICS NHS body's work programme. Instead, they are currently, and will continue to be, ICS projects, led and delivered by our partnership.**

# Our partnership: a vision, new operating principles and investment in infrastructure to support transformation

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**Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.**

Our six system-wide priorities for improving care:

- Preventing ill-health and supporting wellbeing
- Compassionate, whole person care, delivered in community wherever possible
- Rapid access to high quality specialist services when people need them
- Joined up care across health and other public services
- Addressing health inequalities
- Building resilient communities

**In practice this means building on the significant changes we have made in how we work together**

Our 'operating principles' to guide how we manage our system:

- Partnership by default
- A single SEL pound
- Combining our resources
- Respecting subsidiarity
- Ensuring sustainability

**As an ICS we are being more systematic about the cultural and organisational infrastructure needed for faster change**

Our approach to building cultural and organisational infrastructure:

- Formalise a new way of working
- Establish a new system architecture
- Support our staff to work as a system
- Focus on innovation and improvement

# What we believe success should look like

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**We have known for some time that we need to fundamentally change how we deliver services to the reflect the needs of our diverse communities. Recent work amongst ICS partners confirms these priorities, and the need to use our resources more systematically as anchor institutions to strengthen community resilience.**

| | |
|---|---|
| **Preventing ill-health and supporting wellbeing** | A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system |
| **Compassionate, whole person care, delivered in community wherever possible** | Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs |
| **Rapid access to high quality specialist services when people need them** | Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive |
| **Joined up care across health and other public services** | Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another |
| **Addressing health inequalities** | Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups. |
| **Building resilient communities** | Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas |

# Change is already happening in our services and communities

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**Staff across our system are working in partnership on hundreds of projects to deliver service transformation. Some are supported by system-wide programmes. But most are the result of creativity and initiative from those who are closest to service users and communities, without waiting for strategic oversight or direction.**

- **Preventing ill-health and supporting wellbeing**
- **Compassionate, whole person care, delivered in community wherever possible**
- **Rapid access to high quality specialist services when people need them**
- **Joined up care across health and other public services**
- **Addressing health inequalities**
- **Building resilient communities**

### Improving population health

Across South East London, primary care practices in the clinical effectiveness programme are benchmarking performance and raising standards of diagnosis and treatment for people with long-term conditions.

### Joining up primary care and hospitals

In Lambeth and Southwark, academics, hospital specialists and GPs are working together to improve treatment for children at risk of poor health, for example proactive screening and joint consultations with paediatricians and GPs.

### Combining forces in mental health

Mental health services in the South London Partnership are pooling expertise and working together to deliver service transformation, for example moving care into the community.

### Addressing access to hospital services following the pandemic

Clinicians are leading our acute collaborative's strategy to increase elective activity post pandemic, including clinical approach to prioritisation, pooling resources and bringing together services

# But we have struggled to translate ambition into sufficiently rapid change

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### Misaligned payment systems
Our payment systems have traditionally encouraged organisations to compete for resource rather than allocate funding where it will deliver the greatest impact, while disincentivising some forms of service change.

### Operating in silos
Under previous models, we focused on what happened within individual organisations, rather than combining resources or identifying improvement in how different parts of our system interact with each other.

### Lack of key infrastructure
We have limited 'infrastructure' to support improvement across our system, for example data systems to identify the most important opportunities for cross-system improvement or staff with the expertise to support cross-system change.

### Inflexible approaches
Like other parts of England, our traditional ways of working relied too heavily on transactional approaches that impose a high bureaucratic burden and make it harder for staff to transform care.

### Achieving scale in improvement
While we have fantastic improvement capability in many providers, we have not achieved widespread innovation and improvement across the entirety of our system or developed effective approaches to spreading innovation.

### Severe financial challenges
Our system has faced significant financial challenges since at least 2016, with leadership attention focused on short to medium term recovery and fewer resources available to support the most ambitious forms of service transformation.

**This is why our development approach focuses less on 'what we should do' and more on 'how we should do it': for example, what new working methods should we adopt, how do we enable cross-system working, and how do we empower partners and staff, and how do we support much more structured and systematic approaches to innovation and improvement.**

# What we mean by operating as an integrated system

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**Operating as a system means a different way of working and a different approach to service development: pooling our knowledge and insight, making collective decisions, allocating and using resources differently, and a partnership model for transforming our services.**

**Partnership by default**

Each of the partner organisations in our system will have a voice at the table at the appropriate level in collective decision-making. We will hold ourselves collectively to account for improving care. We will build strong partnerships with citizens, other public services and the VCSE.

**A single SEL pound**

Each year, we receive a limited allocation of funding to meet the needs of our communities – there is a 'single SEL pound'. We work together to make best use of this funding, allocating money where it will have greatest impact  rather than fighting for resources to the detriment of our population.

**Combining our resources**

As common practice, we will work in partnership to address major challenges in our services: we will combine strengths and pursue new opportunities for innovation – spotting ways to fix problems through cross-system action as well as within organisations.

**Respecting subsidiarity**

We will ensure that our local care partnerships, our provider collaboratives and leaders and staff closest to communities are responsible for shaping their services, inverting traditional hierarchies.

**Ensuring sustainability**

We will work together to ensure the sustainability of our system and individual partners within our system, maintaining financial balance and securing efficiencies so we can invest in better care.

# How we plan to work differently together

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**Since the creation of our partnership, and during the pandemic, we have developed new ways of working that are helping us deliver change. We want to maintain and develop these ways of working as we move to a statutory ICS.**

**Formalise a new way of working**

Establish a new system architecture

Support our staff to work as a system

Focus on innovation and improvement

1. **Building relationships –** between key groups of staff as a basis for effective collaboration.
2. **Developing trust –** as an alternative to transactional management of our system.
3. **Reducing bureaucracy –** including the protocols and processes that consume resource and slow change.
4. **Respecting autonomy –** so that groups of staff at different levels decide how to use resources and deliver services.
5. **Maintaining openness –** including transparency and consultation with partners on changes that affect them.
6. **Involving service users –** in decision-making and service change throughout our system, with active roles.
7. **Empowering staff –** to lead change in line with our values and objectives, without waiting for permission.
8. **Modelling reciprocity –** lending our resources to help partners, with partners lending their resources in return.

# System architecture to support our new ways of working

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**The architecture of our system needs to support these new ways of working, for example enabling local decision-making rather than creating institutional bottlenecks, while supporting system-working rather than creating new silos**

Formalise a new way of working

**Establish a new system architecture**

Support our staff to work as a system

Focus on innovation and improvement

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| **Local care partnerships** | Our local care partnerships will be at the centre of our system, bringing bring together leaders and staff from NHS, local authority and the voluntary sector to shape core primary, community and social care services. |
| **Provider collaboratives** | Our provider collaboratives will be a driving force for improving care across South East London. They will benchmark performance, share best practice, combine resources and work together on improvement to improve patient care. |
| **New board arrangements for SEL** | Our new partnership board with key partners will set strategy for integrated care, bring together public services and work as anchor institutions. A new NHS board will define our strategy, allocate resources and oversee transformation and performance of NHS services. |
| **The new ICS NHS body** | From July 2022, staff in our CCG will transfer to a new NHS ICS body. We see this body as a connector and enabler within the system, helping to convene system partners, build consensus on strategic direction and system planning, support transformation, and support the ICS NHS Board in its role in overseeing system performance. |
| **Supporting infrastructure** | We will continue to develop key supporting infrastructure to enable system-working including intelligence on improvement opportunities, data systems to support population health and IT systems to better enable information sharing across services. |

# Enabling our staff to work across the system

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**We also need to further develop system leadership capabilities and support our staff to work in new forms of partnerships within boroughs, provider collaboratives and across our system.**

Formalise a new way of working

Establish a new system architecture

**Support our staff to work as a system**

Focus on innovation and improvement

| | |
|---|---|
| **System leadership** | Supporting clinical, professional and other leaders to play active and effective roles in overseeing our system and delivering transformation, including young leaders and leaders from diverse backgrounds, through roles, development opportunities and providing support. |
| **Team based working** | Enabling more effective team-based working across organisational boundaries including through developing skills and culture, building relationships and putting in place supporting infrastructure. |
| **Health and wellbeing** | Continuing to develop shared approaches and common standards for improving the health and wellbeing of our workforce and collective action on equality, diversity and inclusion. |
| **One workforce** | Enabling the effective deployment of staff, and creating opportunities for career progression across the SEL workforce. Developing our SEL approach to workforce planning to address workforce gaps, enable clinical and care transformation and offer opportunities for our communities. |

# Supporting systematic innovation and improvement

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**As well as supporting our staff to work in new partnerships, we need to further develop a set of core capabilities and supporting infrastructure, so we are better able to deliver transformation and spread effective new care models.**

Formalise a new way of working

Establish a new system architecture

Support our staff to work as a system

**Focus on innovation and improvement**

| Key areas for innovation and improvement | |
|---|---|
| **Population health and primary care** | New use of data and models for delivering population health and team-based primary care |
| **Community based services** | Combining staff to create more holistic community based services and new mental health services |
| **Care for deprived groups** | Developing new approaches to improve access and tailor care for the most deprived groups. |
| **Collaborative improvement** | Collaboration at greater scale to identify variation and implement improvement across health services |
| **Cross system redesign** | Collaboration across sectors to join up care pathways and make better use of resources. |

**Priorities for our capabilities and infrastructure**

- Improving our data systems to identify variation and opportunities for improvement, including in how parts of the system interacts with each other
- Developing our common language and methods for quality improvement
- Designing and embedding collaborative improvement approaches in particular in our provider collaboratives
- Developing arrangements to bring staff together and support improvement that spans our local services, mental health and hospital services.
- Refining our skills in engaging service users, communities and minority groups in redesign.

# The next phases in our development

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**Over the next few months, we will need to focus attention on some of the key governance and institutional arrangements for our system, as we prepare to become an ICS with statutory responsibilities in July 2022.**

**We will pursue this work alongside and without distracting from arguably even more important parts of our development programme: developing our ICS operating principles, establishing effective ways of working, building system architecture to enable subsidiarity and system working, and investing in leadership, learning and innovation.**

**Key priorities: August 2021 to Spring 2022**

- Establishing new overarching governance arrangements for our system by Autumn 2021
- Completion of our immediate development workstreams on the roles of different partnerships in our system by Autumn 2021.
- Developing the governance and infrastructure to support our local care partnerships in our boroughs and our provider collaboratives.
- Establishing new approaches to support clinical and professional leadership and system-wide innovation and improvement
- Closure of our CCG and transfer of staff to a new ICS NHS body, under an employment commitment, in Spring 2022.

# Section Two: System development work areas

# Our development plan has seventeen work areas

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**We know where we want to get to as an ICS - yet acknowledge the amount we need to do get there. Our development plan has seventeen areas of work, led by sponsors from across our system and being pursued in partnership. Some are up and running, others just starting. And they will reveal further development needs that we will need to address**

## Our destination

**Our ICS is a partnership. It's our shorthand for south-east London working together to improve health and care for our communities.**

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## Our system development plan to get there

**Vision and priorities**

**Operating principles**

**Infrastructure**

| | |
|---|---|
| 1 | Vision and strategy |
| 2 | Population health and inequalities |
| 3 | Our anchor mission |
| 4 | Governance for a statutory ICS |
| 5 | Managing our financial resources |
| 6 | Measuring success |
| 7 | Developing our ways of working |
| 8 | Broadening engagement |
| 9 | Involving communities |
| 10 | Local care partnerships |
| 11 | Provider collaboratives |
| 12 | Transition to ICS NHS body |
| 13 | Clinical and professional leadership |
| 14 | Supporting our workforce |
| 15 | Supporting innovation and improvement |
| 16 | Digital infrastructure |
| 17 | System approach to estates |

# Development plan: Vision and strategy

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| 3 | Our anchor mission | 6 | Measuring success | 9 | Involving communities | 12 | Transition to ICS NHS body | 15 | Innovation & improvement | | |

## Destination

We have a clear and compelling description of our vision and strategy for improving care

Staff can use the strategy as a useful guide to where to direct efforts

Our boards use the strategy as a way to support decision making

We generate cross-system momentum on key challenges such as prevention, inequalities and our anchor role

## Development approach

- Build on the clarity of purpose which enabled effective partnership working and faster change during the pandemic
- Drawing on emerging data on inequalities and population needs following the pandemic
- Broad discussion across our system including local authority and health partners.
- Develop strategic priorities as an enabling framework rather than a constraint on change.
- Identify where cross-system action will have most impact

## Complete

- Discussion on emerging themes at our Partnership Board in May 2021
- Consensus at Board on new priorities in May 2021.
- Summit in November 2021 to focus on partnership working to address system-wide challenges
- Approach to Anchor agenda agreed with an investment in an ICS Anchor programme

## Next 12 months

- Develop the ICS Partnership strategy and ICB five year strategic plan through deep engagement across partners and the public, with a focus on challenging the system to be ambitious in meeting the vision
- Launch of the ICS Anchor programme with initial work mapping existing Anchor Institution strategies and anchor-aligned projects prior to community engagement
- Continued development of our population health and inequalities programme, including design of support for those tackling key challenges in prevention and health inequalities
- Publication of our ICS vision and strategy for staff and stakeholders for our website

# Development plan: Population health and inequalities

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## Destination

**Population Health Management is embedded in everything we do, interventions are data driven based on evidence and population need**

**We apply systematic approaches at scale to improve population health and reduce inequalities**

**We succeed in reducing health inequalities within and across our six boroughs**

**We improve health outcomes for minority and deprived groups**

## Development approach

- Build the data and analytics for targeted intervention on population health and inequalities
- Translate data, analytics and evidence into concrete changes in service delivery, for example our approach to supporting clinical effectiveness in primary care.
- Develop and test new more tailored approaches to delivering care for the most deprived groups
- Use a small number of priority "demonstrator" programmes to understand the infrastructure and intelligence we need to support our work

## Complete

- Delivery of ICS Accelerator
- Set up Population Health and Equality Executive Group
- SEL clinical effectiveness prog established
- Programmes running for LTCs, vital five, MH, maternity and others
- Assessment of population health projects and gaps and limitations in our data

## Next 12 months

- Continue delivery and capture learning from our demonstrator programmes and new MH / maternity projects for deprived groups
- Deliver the next phases in our population health programme, including early intervention for people at risk of long term conditions and targetted intervention on inequalities
- SEL clinical effectiveness team continuing delivery on high impact priorities identified to improve outcomes across our PCNs / GP practices
- Ongoing work on population health infrastructure including Discovery and Cerner systems
- The transition process will continue to be in compliance with the Public Sector Equalities Duty and wider equalities duties

# Development plan: Delivering our anchor mission

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## Destination

Each of the organisations in our partnership plays an active anchor role

We apply targeted approaches in collaboration with local communities and other partners

We take coordinated, cross-system action to deliver our anchor mission where needed

We have established mechanisms for sharing learning and supporting spread of effective anchor approaches

## Development approach

- Learn from approaches in our providers including our hospitals and mental health service.
- Draw on the expertise of our VCSE partners with anchor expertise.
- Develop expertise in codesigning anchor initiatives with our communities – so what we do reflects community needs and is sustainable
- Focus on generating momentum and sharing learning with partners throughout our system
- Identify where cross-system action would be most effective

## Complete

- Initial discussion with our partnership board on our anchor mission on 20 May 2021
- Agreement with the ICS Executive to begin an Anchor programme
- Early engagement with partners across the ICS including VCSE partners
- Agreement with CitizensUK to become the delivery partner for the Anchor programme

## Next 12 months

- Creation of an ICS Anchor agenda narrative, baseline and metrics
- Convene the Anchor Alliance which will have responsibility for leading the Anchor Programme and will enable shared best practice and
- Launch of the Anchor programme in April 2022 with delivery partners CitizensUK
- A stocktake of Anchor work and Anchor-aligned projects ongoing across the ICS, including within our NHS, Local Authority and VCSE partners
- Design and delivery of the Anchor Programme community engagement programme
- Determination of c. 3-4 work streams for the Anchor Programme with SMART objectives

# Development plan: Governance for a statutory ICS

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## Destination

We reach collective decisions on system priorities and how we use resources to best serve the public

We take collective responsibility and work together to improve our system's performance

We ensure clarity of roles and minimise duplication between different part of our system

We avoid bureaucratic approaches to governance, minimise upward reporting and respect subsidiarity

## Development approach

- Develop clear principles for how we want our system to operate, to inform our governance approach
- Engage broadly across our system including our local authority partners and leaders across our providers
- Maintain our current model of a cross-system ICS executive team
- Focus on ways of working and developing our leadership and culture alongside formal decision-making arrangements
- Define our equality, diversity and inclusion (EDI) ambitions

## Complete

- Discussions with system leaders including the ICS Executive, Chairs and CEOs of providers and local authorities, Trust NEDs and others through to June / July 2021
- Proposals for the roles and membership of our IC Partnership and IC Board discussed and agreed by ICS Executive on 18 August 2021
- Initial proposals for structure of IC Board executive team discussed in August 2021
- Membership of the ICS Board and IC Partnership agreed in line with processes in our draft constitution
- ICB Executive Director and Non-Executive Director interviews completed, with all new posts to be announced by May 2022

## Next 12 months

- Development discussion on the role of the ICS Partnership and ICB to be held in March/ April 2022
- ICB Partnership partner member appointments to begin in May 2022
- ICB Scheme of Reservation and Delegation (SoRD) prepared for adoption on 1 July 2022
- ICB functions and decision map prepared for adoption on 1 July 2022

# Development plan: Managing our financial resources

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## Destination

We allocate resources where they are most needed to improve health outcomes and address inequalities

We collectively manage our financial resources to address risks and ensure system sustainability

We allocate funding in ways that support subsidiarity and empower staff to transform care

We spend less time talking about money and more time improving efficiency and quality of care

## Development approach

- Establishing financial principles for our partnership to support us in making collective decisions.
- Simplifying our financial arrangements to reduce transaction costs and remove barriers to improvement
- Increasing transparency as a basis for better decision-making

## Complete

- Agreed principles and commitments for collaborative working
- Adopted a collective, approach to financial planning
- Established collective management of financial risk
- Agreed principles and approach to capital allocations
- Further discussion on changes to financial flows

## Next 12 months

- ICB Standing Financial Instructions (SFIs) prepared and ready to be adopted on 1 July 2022
- Review our medium term financial strategy and targets, set out in our medium term financial strategy, as part of our annual planning process
- Design and implement aligned payment and funding frameworks that support our operating principles, including reviewing how best to allocate resources to providers and local care partnerships
- Project what savings requirements and actions will be needed to set the system up for a return to a more constrained funding environment.
- Continue to develop our collective approach to capital planning. This will include a jointly agreed ICS-wide prioritization process.

# Development plan: Measuring success

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## Destination

We can track how well we are performing as a system in delivering our shared priorities for transformation

We can identify how well we are working together as a system across organisational boundaries

Our high-level dashboard supports us in taking collective responsibility for performance

We complement this with other forms of evidence – testing and triangulating rather than seeking comfort

## Development approach

- Develop a clear set of metrics to capture how we are delivering key priorities inc. prevention, addressing inequalities
- Develop metrics to capture how we are operationalising our new system, for example, how effectively we are working across organisational boundaries
- Focus on measures that provide real-time and actionable information on performance
- Bring the voice of service users more clearly into our process for measuring performance

## Complete

- Engagement with ICS leadership and key stakeholders on monthly dashboard
- Agreed system dashboard to be based on three categories of measures: our baseline measures, key headline performance metrics, and population health outcomes
- Developed and presented to ICS Exec the first dashboard prototype with using system data for baseline and performance metrics

## Next 6-12 months

- Agree our governance arrangements for system oversight, for example, an Integrated Governance and Performance Committee
- Continue to further develop and iterate our ICS system-level dashboard based on priorities agreed by the partnership
- Continue iteration of population health and baseline data on SEL demographics, inequalities/deprivation, health condition prevalence, health-related determinant factors, and incidents of ill-health

# Development plan: Developing our ways of working

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## Destination

Staff across our system can articulate and model the South East London approach to partnership working

Senior leaders across our system model these ways of working and that we take action to address inconsistency

Our ways of working act as enabling 'infrastructure' – making it easier for people to work together

We reinforce a consistent set of messages on the South East London way of doing things over a number of years.

## Development approach

- Develop clarity and consensus amongst system leaders on ways of working that will support partnership and transformation
- Focus on modelling these behaviours at senior levels throughout our system
- Broaden the conversation on ways of working across our system.
- Identify interventions where needed to ensure consistent application of our ways of working across the system

## Complete

- Established workstream to identify effective ICS ways of working
- Engagement with c. 200 staff throughout ICS, with feedback to ICS Exec in October 2021
- Engagement with our ICS executive, clinical leaders, people programme, social care staff and other groups
- Ways of working at ICS summit including leadership behaviours and team working

## Next 3 months

- Procurement of specialist support to aid the building of an OD programme focused on our ways of working, proposed to work at three levels: senior leadership, multi-organisation programmes, and broad engagement with and communication to our staff
- The programme will take stock of progress and codify agreed ways of working, building on work in our SDP.
- The programme will also develop for our ICS Executive a framework or approach for longer term development culture and ways of working to support our ICS including how we run cross-system programmes, how we support effective partnership in our provider collaboratives and at place, and how we support team working across boundaries.

# Development plan: Broadening engagement in system change

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
| 2 | Population health and inequalities | 5 | Managing our financial resources | 8 | **Broadening engagement** | 11 | Provider collaboratives | 14 | Supporting our workforce | 17 | System approach to estates |
| 3 | Our anchor mission | 6 | Measuring success | 9 | Involving communities | 12 | Transition to ICS NHS body | 15 | Innovation & improvement | | |

## Destination

Our staff and local people are part of a movement to transform care

Staff work in cross-system partnership to deliver care and transform services

Staff are aware of the principles and ways of working that enable us work cross-system

Local people understand what we are doing and how they can participate

## Development approach

- Harness comms and engagement experts across our system.
- Develop and repeat clear messages about partnership, system working, innovation and other key concepts for our ICS.
- Focus on managers in our system responsible for overseeing service delivery and leading change.
- Focus on relationships, effective discussions and addressing barriers for these staff groups as well as our comms messages.
- Develop clear and simple information for our communities.

## Complete

- Established communications and engagement workstream.
- Convened comms and engagement leads across our system as a working group.
- Developed a system-wide communications and engagement plan for ICS transition.
- Carried out four successful engagement events; two VCSE, two public.

## Next 12 months

- Develop an operating model for the comms and engagement network across our system.
- Launch an ICS website with ICB pages (subsequently archiving legacy sites).
- Publish a range of communication and engagement materials to help raise awareness of what the ICS is and what it means to local people and staff i.e. animations, videos, stakeholder newsletters, social media messaging, blogs etc.
- Launch a prospectus, containing a series of stories.
- Support the public, staff and stakeholder engagement via roadshows as part of the development of an ICS strategy.

# Development plan: Involving communities in all we do

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
| 2 | Population health and inequalities | 5 | Managing our financial resources | 8 | Broadening engagement | 11 | Provider collaboratives | 14 | Supporting our workforce | 17 | System approach to estates |
| 3 | Our anchor mission | 6 | Measuring success | 9 | **Involving communities** | 12 | Transition to ICS NHS body | 15 | Innovation & improvement | | |

## Destination

**Local people from across diverse communities play a powerful role in overseeing our system and improving performance**

**Local people play active, hands-on roles in shaping how services are organised and delivered**

**Working in partnership with our local people to manage their own health and support 'health creation'**

**We achieve a substantial shift in the balance of power and authority in our system to local people and those with lived experience**

## Development approach

- Capture how we worked in partnership with local people during the pandemic.
- Share learning and create momentum across SEL on co-design and coproduction. Leverage work and best practice in providers and at place, and avoid duplication of work at the system level.
- Harness knowledge and insight in VCSE and local community groups.
- Test and share learning on new approaches, for example new roles for service users and peer leadership at all system levels.

## Complete

- Agreed vision, mission and principles for how we will work with local people and communities.
- Cross-system engagement programmes continue, working with external organisations to engage people, particularly those who may not trust or come forward to statutory agencies.
- Established SEL Engagement Practitioners Network.

## Next 12 months

- Review, assess and further develop our existing engagement practices, both for governance and service change.
- Finalise working with people and communities strategy informed by community engagement, and subsequent operating model for engagement at system level.
- Develop a toolkit to support implementation of working with people and communities strategy
- Agree resource requirements to deliver ICS role and the working with people and communities strategy.
- Progress public engagement work on the SEL ICS anchors programme, building on engagement done to develop the working with people and communities strategy.

# Development plan: Developing our local care partnerships

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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| 3 | Our anchor mission | 6 | Measuring success | 9 | Involving communities | 12 | Transition to ICS NHS body | 15 | Innovation & improvement | | |

## Destination

**Our local care partnerships are empowered and have the resources to lead and shape a core group of primary, community and care services**

**The partnerships continue to innovate to reshape these services around the needs of communities**

**The partnerships effectively bring together health, local authority, VCSE and other partners**

**The partnerships draw communities and local democracy into the oversight and running of services**

## Development approach

- Build on effective governance and structures in place for our six local care partnerships
- Apply our operating principles in development of partnerships, including subsidiary and empowering staff to lead change
- Clearly define the roles of the local care partnerships in relation to the ICS NHS body and other parts of our system.
- Support culture and ways of working in the partnerships
- Focus attention on innovation and improvement in care delivery

## Complete

- Developed and agreed SEL's proposal for Place, including: responsibilities and objectives, governance model, defining subsidiarity and delegation, and minimum leadership arrangements and committee membership.
- Started recruiting to Executive Place lead roles following system guidance on Executive Place lead role JDs and new LCP committee arrangements (ToRs).

## Next 12 months

- Develop a LCP network for Place leaders across our six LCPs, to aid in the development of our Places and ways of working.
- Continue to work with LCPs to identify development needs of partnerships.
- Agreement with VCSE sector regarding how best to ensure VCSE input into governance and decision-making at Place.
- Through the working with people and communities strategy, support each Place in involving local people in LCP work.

# Development plan: Developing our provider collaboratives

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

**Our collaboratives are empowered and work together to make best use of resources across health services**

**Our collaboratives are the engine room for raising standards, innovation and improvement across services**

**The collaboratives have the tools, resources and ways of working to deliver these roles effectively**

**The collaboratives work effectively with partners and support our local care partnerships in reshaping local health and care services**

## Development approach

- Build on the successful model of our mental health collaborative and experience of joint working across hospital services in Covid
- Apply our operating principles in development of partnerships, including subsidiary and empowering staff to lead change
- Clearly define the collaboratives' roles to avoid duplication
- Support partnerships to determine how they should interact to protect autonomy without creating new silos. Focus on development needs and ways of working

## Complete

- Developed and agreed SEL's proposals for collaboratives including minimum requirements for governance, approach to setting objectives, subsidiary and delegation
- Discussions completed on funding, financial stewardship role and resourcing, and mandates for collaboratives.
- All Trusts and FTs part of either our acute or MH collaboratives; Trusts, FTs and Bromley Health CIC also part of community network
- Acute collaboration completed a review of governance arrangements

## Next 12 months

- ICS team and acute and mental health collaboratives developing proposed mandates for 2022/23 for discussion with partners
- Ways of working programme to develop thinking on priorities and approach to OD
- Continued development of the collaboratives, including acute collaborative workstreams on comms, finance, reporting, workforce, OD, and others

# Development plan: Transition from CCG to IC Board

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

**Our CCG staff transition smoothly to the new ICS NHS body from Spring 2022, prioritising in the short term the most important changes**

**The leadership and structure of our NHS body reflects our operating principles and its role in supporting and empowering the system**

**Our ICS NHS body has the capabilities and resources it needs to deliver its new roles, for example as an enabler of cross system working**

**The ICS NHS body is seen as an effective shared resource, supporting cross system improvement and collective responsibility.**

## Development approach

- Focus on a stable transition of staff to our new NHS body in the short term
- Approach to design of the NHS Body that reflects our operating principles for the system, and how we want to be different.
- Identifying changes to roles, structures and approach for immediate future, medium term and long term.
- Establish clarity on the skills and capabilities the NHS body will need and focus on building them

## Complete

- Initial stocktake, in progress, on CCG staff and functions
- Early thinking on how activities might evolve over time in a statutory ICS
- Finalising the senior executive team structure for the NHS body might be
- Stocktake and mapping work on staff and functions transferring to the ICS
- Developed approach to staff transfer with focus on minimum disruption in short term

## Next 12 months

- Complete transition to ICS governance model to extent possible before legislation
- From Q1 2022/23, review where skills and resources should be located in longer term to deliver our operating approach
- Quality and safety systems and function ready to take effect from 1 July 2022

# Development plan: Developing clinical and care leaders

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

**Our clinical and care professional leadership reflects the diversity, breadth and depth of our system**

**Our clinical and care professional leaders are fully integrated into our formal system governance**

**Clinical and care professionals are empowered to lead change programmes across our system**

**We have a structured programme of support for cross-system leadership and development**

## Development approach

- Encourage professionals across our system to play leadership roles within a distributed model
- Support young leaders and leaders from diverse backgrounds to play active roles
- Focus on cross-system leadership and team-based working across organisational boundaries
- Provide resources, time and support for clinical and care professionals to play these roles effectively
- Create a vibrant community of cross-system leaders in SEL

## Complete

- Completed an engagement programme with over 150 clinical and care professional leaders across the system
- Agreed a set of six principles to guide all future clinical and care system leadership development
- Agreed functions and proposal to further develop an academy and establish structures to support throughout the system
- Established working group to build an “academy” offer to develop clinical and care professional development

## Next 6 months

- Procurement of support for the development of Clinical and professional leadership
- Secure funding, protected time and support for leadership and governance roles and commence recruitment process
- Continue to build a vibrant community of skilled, focused and empowered leaders, including through a ‘walking in each others’ shoes’ programme and establishing a next generation leaders network
- Agree system “academy” offer and supporting infrastructure to develop leaders, share learning and encourage innovation

# Development plan: Supporting our workforce

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

We enable effective team working amongst staff across South East London, irrespective of which organisation they work for

We deploy staff and manage workforce effectively across our whole system, sharing skills and expertise

We enable people to flourish, thrive and have meaning in their work, and create opportunities for development and career progression

We protect our workforce, support equality, diversity and inclusion and provide opportunity for communities in keeping with our anchor mission

## Development approach

- A cross-system approach to workforce planning through our SEL-wide initiatives
- Remove obstacles to more flexible deployment of staff across system
- Building the culture, ways of working and leadership capabilities to support cross-system working
- Sharing learning and system-wide approaches where needed on equality, diversity and inclusion
- Partnership working on how best to deliver our anchor mission through workforce practices

## Complete

- Established SEL People Board with clear mandate
- Established offer to support clinical transformation
- Launched a new Health and Wellbeing Strategy for health and care staff, and SEL staff portal universal offer
- Completed review of Business Intelligence to understand gaps in workforce data

## Next 12 months

- Strengthen the relationship between cross ICS and Borough level workforce programmes, to support priorities of our different partnerships
- Focus on workforce planning and improved business intelligence based on review, using refresh of the system-level operational plan in September
- Build better information on equality, diversity and inclusion and mechanisms to exchange best practice
- Develop support for system leaders and cross-system working through our clinical and care professional leadership workstream
- Identify opportunities to reduce duplication in workforce activities i.e. recruitment and retention
- Detailed plans in people self assessment of Oct 21.

# Development plan: Focus on innovation and improvement

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
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## Destination

We pursue innovation and improvement with structure and scale across our system

We systematically work across partnerships to deliver innovation and improvement rather than within individual organisations

We have effective mechanisms for sharing inspiration and moving from pilots or pockets of success to spread

We have strong innovation capability across our system and a common language and methods to support improvement and spread

## Development approach

- Create a movement in support of transformational change
- Focus on the cross-system aspects of improvement and innovation
- Embed a partnership model for innovation across boundaries
- Develop our infrastructure for supporting staff in cross-system innovation, sharing learning and enabling spread
- Develop our capabilities in working with service users and communities on innovation

## Complete

- Research study to identify examples of innovative working across boundaries
- Initial engagement with partners across the system on effective approaches
- Started to map assets in south east London to support cross-system innovation
- Initial engagement with VCSE on social entrepreneurship approaches

## Next 12 months

- Develop our system academy as a hub to support cross-system improvement
- This will include convening leaders from across our system for training to support system leadership and innovation across organisational and professional boundaries.
- Design an approach for the development of 'spread and scale' expertise across clinical and professional leaders, learning from other NHS systems which have adopted programmes.
- Develop materials for our website to support cross-system innovation and improvement, including examples of effective approaches and access to tools.

# Development plan: Developing digital infrastructure

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

**Our staff and patients have access to a single, integrated medical records to support safe, joined-up care**

**Our digital infrastructure enables effective communication and team-based working across organisational boundaries and with patients**

**We harness digital tools to deliver more proactive and holistic care and to enable patients to take more control over their care**

**We can identify opportunities for cross-system improvement and target interventions to improve prevention and address inequalities.**

## Development approach

- Focus on joining up systems and promoting data sharing to enable cross system working. Delivery of the NHSx 'What good looks like (WGLL)' framework.
- Identify digital solutions that support our staff & citizens & enables holistic and integrated care in line with our priorities.
- A focus on improving our ability to track how different services work together, and opportunities for system-wide improvement
- Pragmatic approaches to improving the quality of our data and using data rapidly to support system learning, service change and innovation.

## Complete

- Finalised our Digital strategy with wider SEL engagement to agree investment areas to further our digital maturity
- Established COVID system level data sharing arrangements with primary care
- Established ICS Digital governance group.
- Agreed a set of priorities for PHM in SEL to support the identification of inequalities
- Business Cases and funding to develop the Epic system & GSTT + KCH.

## Next 6 months

- Prioritise our provider digital maturity programmes in line with the agreed SEL strategy and bid for funding with NHSE (Competing a three year costed digital investment plan – in line with planning guidance).
- Continue to progress the London Care Record to build an integrated set of information (across all settings of care)
- Develop the Discovery Data Services and support the London Health Data Strategy work to create integrated care data sets which will support clinical effectiveness, Research and PHM approaches.
- Invest in the integration of diagnostic services so we can balance demand & supply across SEL.
- Support the Elective Recovery Support work with digital solutions (e.g. Outpatient & waiting list work)

# Development plan: A whole system approach to our estate

Our Healthier South East London
Integrated Care System

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vision and strategy | 4 | Governance for a statutory ICS | 7 | Developing our ways of working | 10 | Local care partnerships | 13 | Clinical & professional leadership | 16 | Digital infrastructure |
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## Destination

We work together across our partnership to make sustainable and effective use of our public estates

We work together to integrate services in local care hubs and move services closer to people's homes

We develop spaces that support relationships, enable holistic care and encourage health and wellbeing

We pursue our anchor mission through how we use and develop our estate, supporting resilient communities and sustainability

## Development approach

- Pursue a whole system approach to transforming our estate, including partnerships with wider public sector
- Develop estate that supports our priorities for service change, including person centred care
- Develop estate that supports our operating principles for our partnership, for example enabling joint working across services and removing barriers to change
- Encourage innovation on how our estates can create better and sustainable environments for staff and communities

## Complete

- ICS Estates SRO appointed by ICS leadership and agreed funding to recruit ICS system-level programme lead
- Agreed priorities to and funding to complete priority projects during 2021/22
- Reviewed upcoming ICS estates priorities across providers and partner organisations
- Completed annual review and refresh of the SEL ICS Estates strategy and associated programmes included

## Next 12 months

- Conduct review of ICS estates governance to ensure effective communication, decision-making, and engagement with places and partners to set strategic direction
- Review the implications of relevant national/London policy initiatives on the Estates programme, as well as the impact of the ICS/CCG change in statutory responsibilities on system estate plans
- Develop our thinking on how we will support sharing of learning and innovation in use of our estates, as well as to improve our impact towards environmental sustainability

# Section Three: Annexes

# Overview of Annexes

Our Healthier South East London
Integrated Care System

| | | | Slide # |
|---|---|---|---|
| A | Map of Stress Test and Conditions of Success | • Mapping of our System Development Plan sections against the guidance to show our progress against the "Stress Test Questions" and "Conditions for ICS success" | 35 |
| B | About our Integrated Care System Partnership | • The membership of our ICS partnership<br>• How we are organised as a south east London partnership | 40 |
| C | Our Population Characteristics | • Key demographic characteristics of our south east London population and areas of inequality amongst different groups | 42 |
| D | Our Long Term Plan and COVID Recovery Priorities | • Our SEL Long Term Plan response priorities – published Jan 2020<br>• Our SEL COVID Recovery priorities – published Nov 2020 | 49 |
| E | How our ICS Development and Transition work is organised | • Overview of how our ICS development workplan and workstreams<br>• High level Gantt of our key milestones underway | 51 |

# A. Conditions for ICS Success

Our Healthier South East London
Integrated Care System

We have outlined below how our current progress and plans relate to the relevant Conditions for ICS Success, which align to the areas within the SDP Checklist provided in the SDP guidance appendix 1 and 3.

| Strategic Direction & Measure of Success | Place-based Element of the ICS | Strong Partnerships | Effective ICS Governance & Decision-making |
|---|---|---|---|
| 1. Local population & post-COVID recovery pgs. 42-47 | 3. Resources & capability pgs. 8, 11, 20, 25, 27-29 | 7. Local councils pgs. 25, 29 | 11. Governance pgs. 10, 19 |
| 2. Metrics & measures of success pgs. 12, 21, 30 | 4. Partnerships at place pgs. 25, 41, 48 | 8. Clinical leadership pgs. 21, 28 & 29 | 12. Financial Framework pgs. 8, 20 |
| | 5. Place & Provider Collaboratives pgs. 25 & 26 | 9. Citizen engagement pgs. 23 & 24 | 13. Mutual Aid & Accountability pgs. 4-12, 22, 26, 28-29 |
| | 6. Institution focus pgs. 25 & 26 | 10. Health and care workforce pgs. 22, 29, 31&32 | 14. Population Health Management pgs. 21, 23 & 24, 31 |

# A. Conditions for ICS Success (updated March 2022)

Our Healthier South East London
Integrated Care System

| No. | Condition | Current assessment & RAG status | Updates since Q2 |
|---|---|---|---|
| 1 | A clear post covid narrative for health and care which all partners support | On target, no concerns | Ongoing development of a prospectus and a clear narrative to be shared on our ICS website alongside individual stories currently being collected. |
| 2 | Appropriate metrics and measures of success in place | On target, no concerns | An approach to setting metrics and measures of success is being developed; these will need to reflect the development of the ICS Partnership strategy. |
| 3 | Health and care resources at neighbourhood/LCN/PCN level sufficiently developed | On target, no concerns | Subsidiarity arrangements, including the delegation of budgets, are in place. |
| 4 | Borough-based integrated care partnerships are up and running | On target, no concerns | The Local Care Partnerships are in place with agreed membership in all Boroughs. In some cases the recruitment processes are yet to complete. |
| 5 | Provider Collaboratives are up and running | On target, no concerns | The provider collaboratives are in place, each under the leadership of a Managing Director. |
| 6 | *Existing statutory organisations are delivering* | Progress made, minor concerns | Some key finance and operational recovery and delivery challenges with on going work to address. Operational planning for 2022/23 underway with objective of ensuring an ability to meet national planning guidance and associated expectations, unless exceptions agreed with NHSE. |
| 7 | Role of local councils as critical partners reflected at every level | On target, no concerns | Strong relationships with the Local Councils are emerging with effective involvement in the Partnership and each of the Local Care Partnerships |
| 8 | Strong set of clinical leaders and networks | On target, no concerns | Appointments of new clinical leaders have been completed, with further professional investment in support for them planned through the Clinical and professional leadership programme (currently under development). |

RAG Rating Key

| R | A | G | C |
|---|---|---|---|
| Not on target, significant concerns | Progress made, minor concerns | On target, no concerns | Completed |

# A. Conditions for ICS Success (updated March 2022)

Our Healthier South East London
Integrated Care System

| No. | Condition | Current assessment & RAG status | Updates since Q2 |
|---|---|---|---|
| 9 | Strong resident and patient engagement | On target, no concerns | In the process of procuring engagement work from SMEs/VCSE, targetting communities that are seldom heard and/or experience health inequalities, to inform strategy development - work to complete in early May. |
| 10 | Workforce strategies, cultures and plans in place to support ICS transition | On target, no concerns | Self assessment undertaken against the requirements of the People Function and implementation plan for building capacity and capability on track. Refresh of the implementation plan due in Q1 2022/23 including people governance refresh |
| 11 | Formal governance of ICS is lean and fit for purpose | On target, no concerns | Tight memberships for the ICS Board and ICS Partnership have been agreed, alongside clear delegation arrangements to place |
| 12 | Increased freedom to move money around the health and care system | On target, no concerns | The ICS Standing Financial Instructions have been agreed, alongside a clear delegation arrangements to place |
| 13 | Effective cultures and mechanisms for Continuous Improvement and reducing unwarranted variation | On target, no concerns | Care Pathway Programme Boards, LCPs and Provider Collaboratives are in place to support pathway transformation, continuous improvement and reduce unwarranted variation, with the ICS-wide Clinical and professional leadership programme and proposed 'Spread and scale' programmed, plus wider ICS governance for example in relation to quality and performance improvement to secure this aim. Culture and mechanisms assured – but more work to secure delivery. |
| 14 | Decision-making supported by excellent population health data and management | On target, no concerns | The population health management programme has completed an assessment of the projects and continues to capture learning from its demonstrator programmes. Work on population health infrastructure continues. |
| 15 | Sufficient standardisation of ICS Governance approaches | On target, no concerns | The approach is broadly aligned to other London systems |
| 16 | Regional role and operating model has a clear focus | On target, no concerns | Regular meetings are held between the SEL ICS and NHS England London region, and there is broad alignment across the London ICSs |

# B. Our partnership brings together health care organisations, local authorities and other partners from across our six boroughs

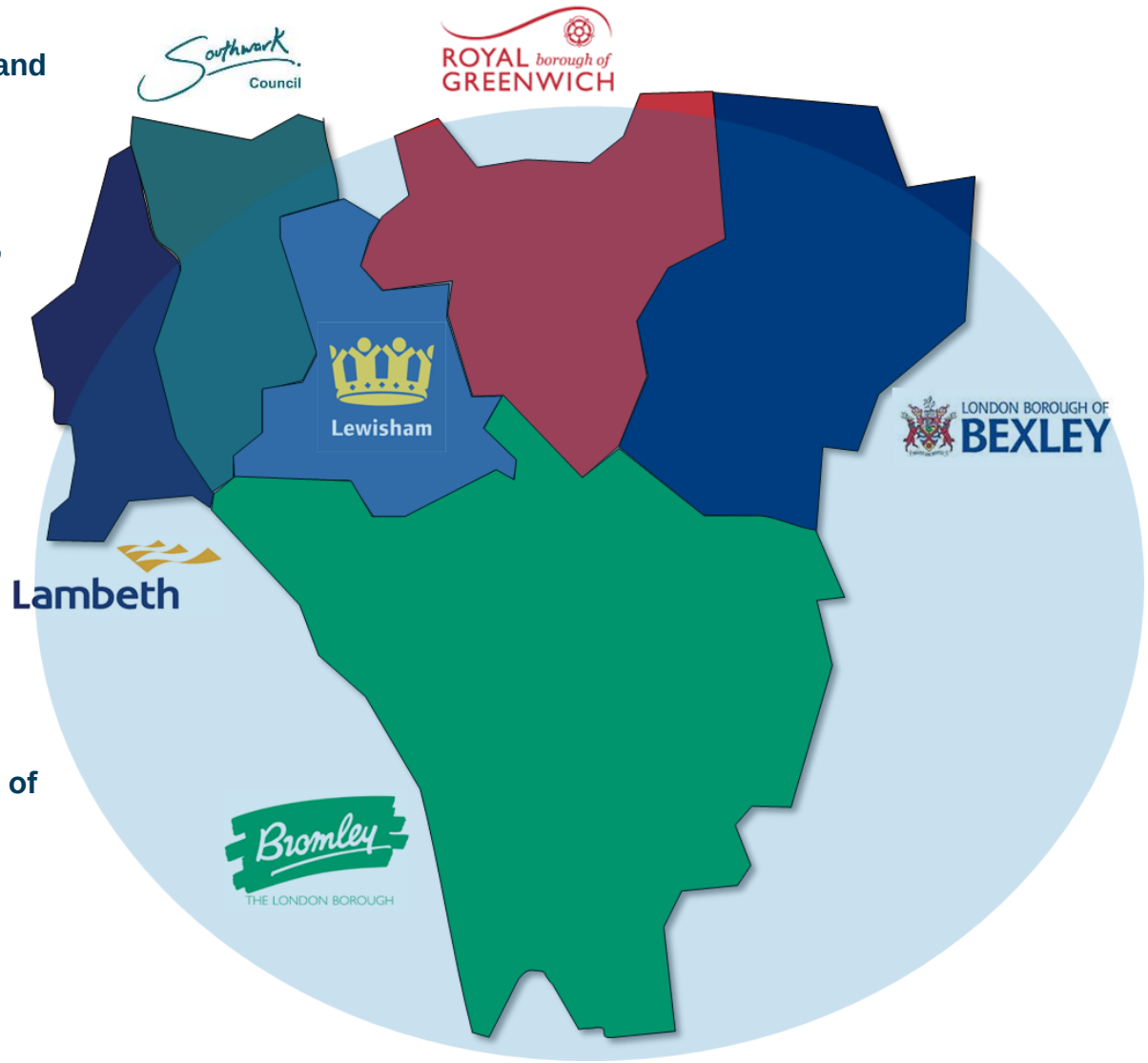
Our Healthier South East London
Integrated Care System

**The London boroughs of Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley are home to two million people, supported by:**

- The six South East London local authorities, delivering and commissioning a wide range of care services and wider services important to health and well being
- 212 individual GP Practices, alongside community pharmacies, dentistry, optometry, organised within neighbourhood-based 35 Primary Care Networks
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham & Greenwich NHS Trust
- Oxleas NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- Bromley Healthcare CIC
- Dartford & Gravesham NHS Trust*
- King's Health Partners, our academic health science centre
- Thousands of local voluntary & community organisations
- NHS South East London Clinical Commissioning Group

**We come together to provide health and care support and services as a "system of systems" through:**

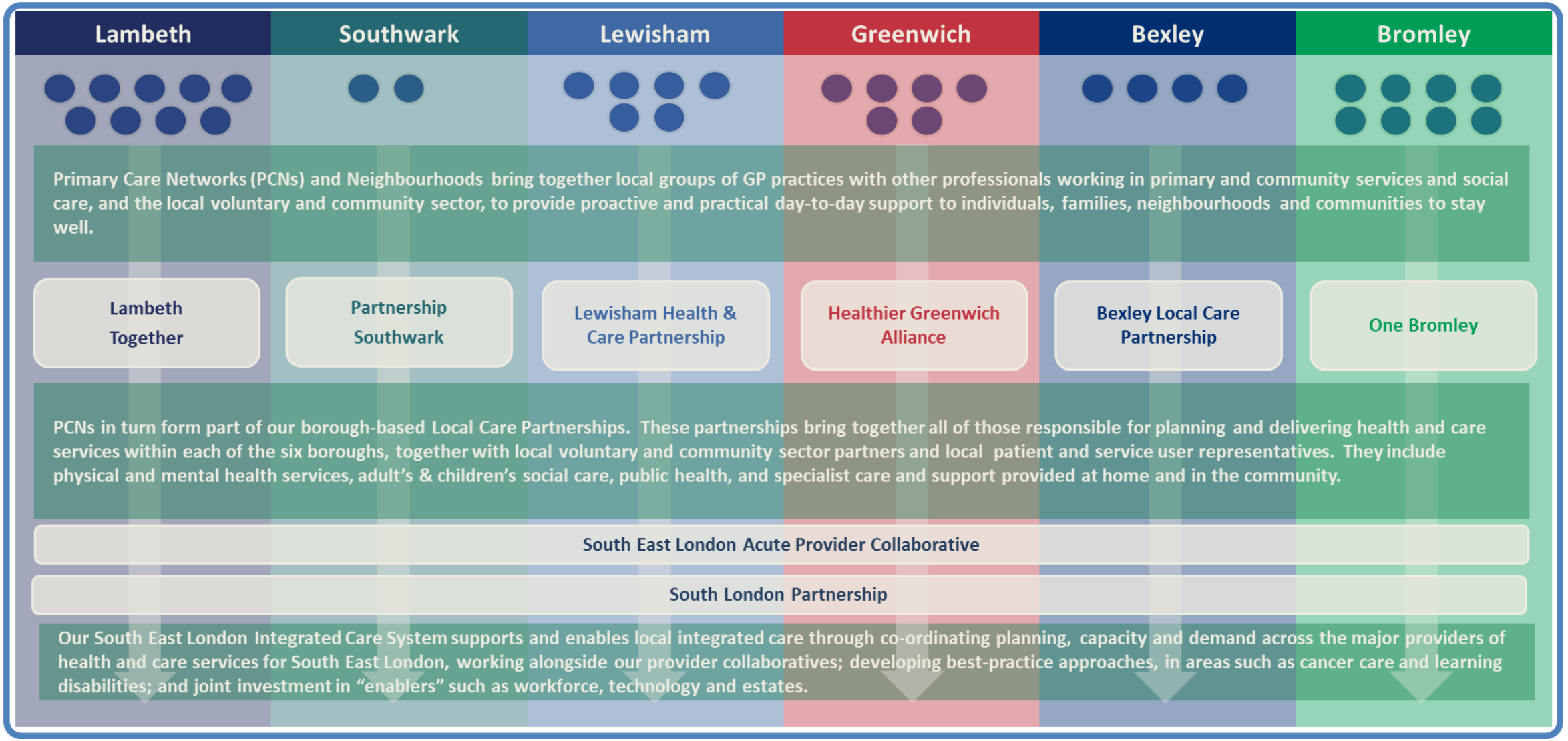
- our work as South East London Integrated Care System
- our Provider Collaboratives
- our six Local Care Partnerships
- our 35 Primary Care Networks




** Although Dartford & Gravesham NHS Trust is outside of South East London the trust provides significant numbers of hospital services to Bexley residents*

# B. Our ICS includes local care partnerships at the level of our boroughs, primary care networks and collaborative partnerships bringing together health services

Our Healthier South East London
Integrated Care System



# C. Overview of our population characteristics in south east London

Our Healthier South East London
Integrated Care System

## Growing and aging

South east London has a population of around 1.9 million, with some very densely populated areas; Lambeth and Southwark are in the top 9 most densely populated boroughs in England. We forecast yearly population growth over the next ten years, although the rate of growth will lessen over this period.

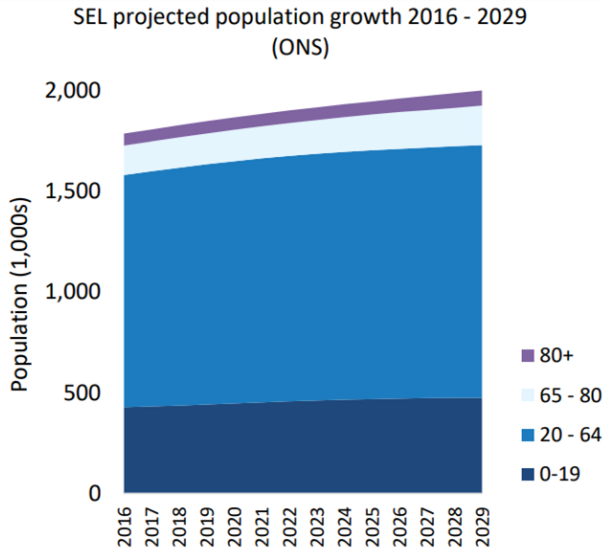
The split of young and aging population varies between our boroughs currently but generally, like most of the country, our population is aging. Our forecast population growth is pronounced in the older populations of 64-75 year olds, and there is an increase in the age distribution of over 65s over this ten year period.

## Highly diverse

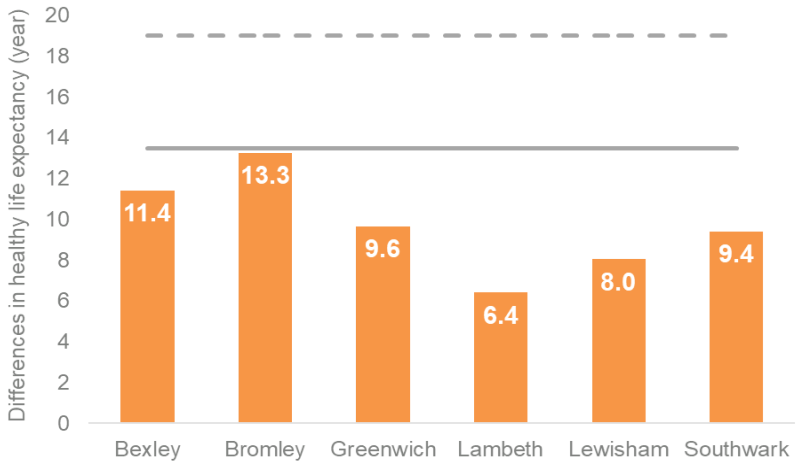
The proportion of the population who are black and minority ethnic ranges from 19% in Bromley to over 50% in Lambeth.

South east London has a higher than average proportion of residents that identify as LGBTQI+. Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in England.

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




Differences in healthy life expectancy at birth (males) between least and most deprived areas for boroughs in south east London, London region, England (2015-17)




## Significant Levels of Deprivation

Four of our six boroughs, Lambeth, Southwark, Lewisham and Greenwich, rank amongst the 15% most deprived local authority areas in the country

## Life expectancy and healthy life expectancy

Life expectancy and healthy life expectancy at birth remain below the national and London averages for many of our boroughs. Between our boroughs, life expectancy is similar but healthy life expectancy does vary significantly, particularly for females.

This difference in life and healthy life expectancy may be attributed to deprivation. Between the least and most deprived areas within a borough, healthy life expectancy can vary by up thirteen years and life expectancy at birth by up to nine years.

# C. Our borough populations in south east London share some commonalities, but also have their own unique characteristics, complexities and needs

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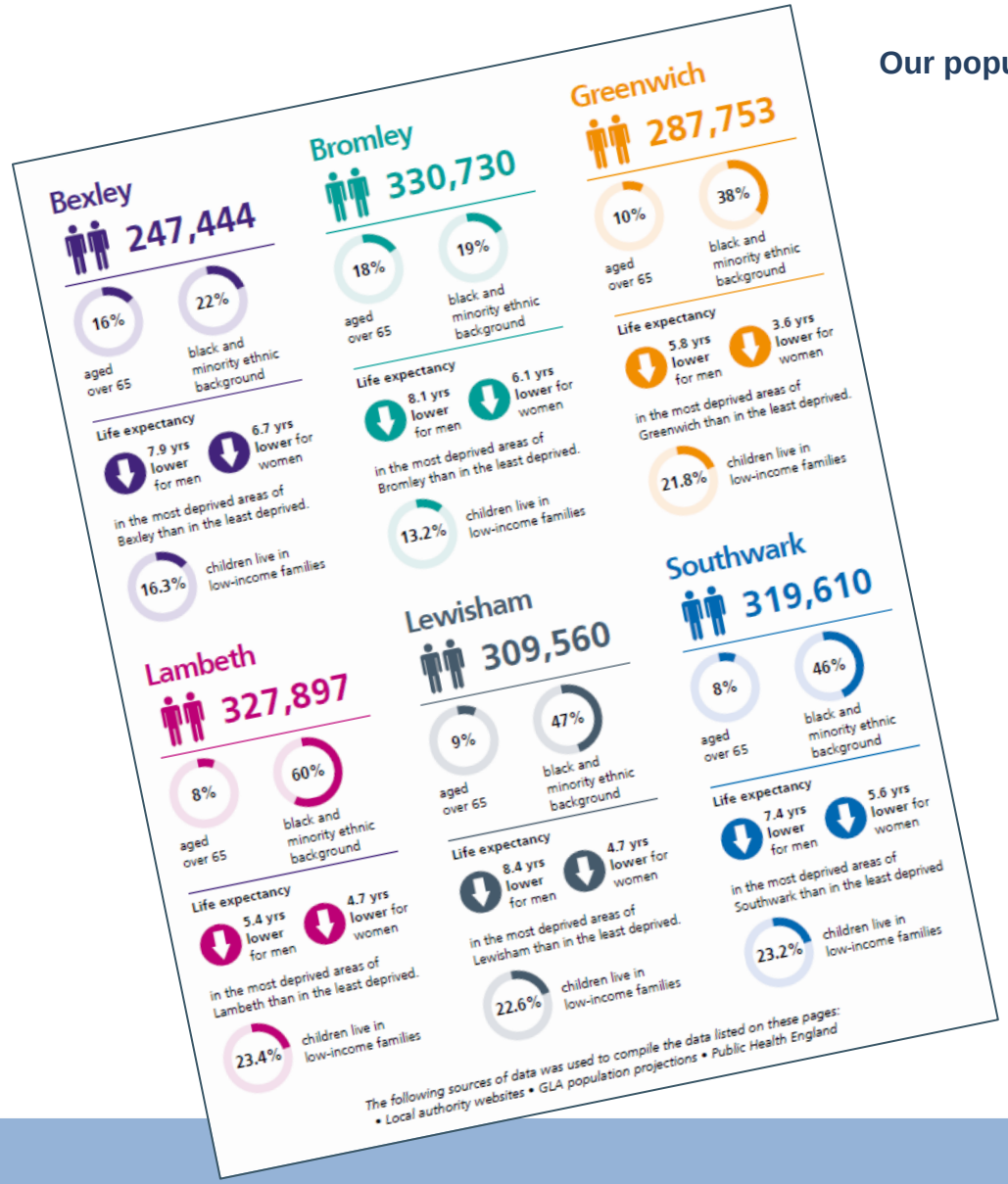


**Our populations as described in our January 2020 NHS Long Term Plan response:**

- **Bexley** - Population is estimated to increase by 9% between 2019 and 2030. One in six people are over 65 and projections show that Bexley has a population that is ageing. Bexley has a relatively younger, ethnically diverse and deprived population towards the north.
- **Bromley** - An ageing population, the proportion of people aged 65 and over is expected to increase to 19% by 2027. 19% of the population are from BAME backgrounds, with children and young people make up the highest proportion of the BAME population.
- **Greenwich** - Almost 25% are under 19 and around 10% are over 65, and about 20% of the population are from BAME backgrounds. Greenwich has particular challenges including high levels of deprivation, inequalities and unemployment.
- **Lambeth** - A young and diverse population, 51% are between 20-44 and over 50% of the population are from the black, Asian and minority ethnic (BAME) community. People can live for between 15 and 20 years in poor health.
- **Southwark** - A comparatively young and diverse borough with more than 120 languages spoken and 39% of residents born outside the UK. Around 15,000 children under 16 live in low income families. The 40th most deprived local authority in England and the 9th in London.
- **Lewisham** - 25% of the population are under 19 and almost 10% are over 65. A very diverse borough 47% of the population are from a BAME background. In 2015 Lewisham ranked as the 48th most deprived local authority in England and 10th in London.

# C. There is a high prevalence of factors that we know have a major impact on health and wellbeing, including obesity, smoking and alcohol consumption

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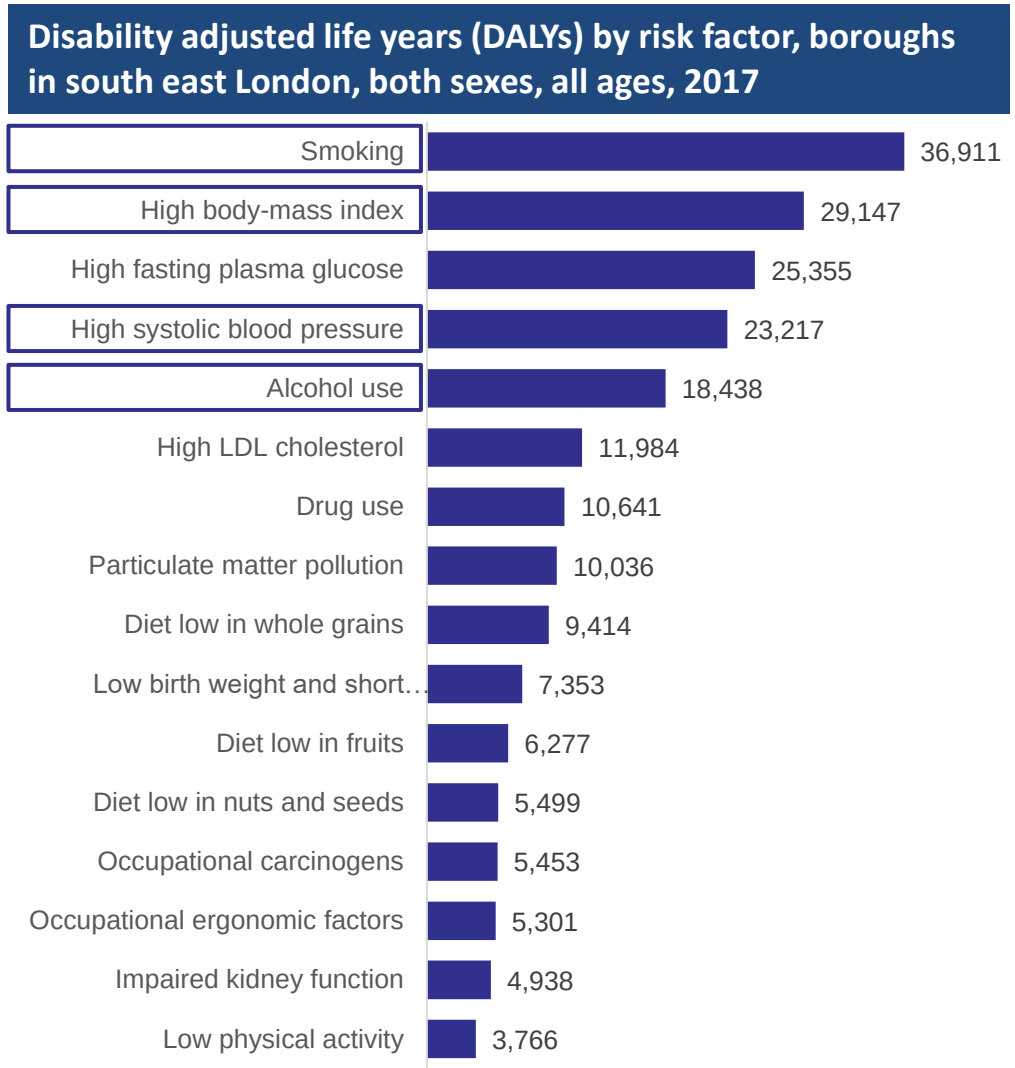
- High blood pressure, poor mental health, obesity, smoking and alcohol are driving poor health and mortality in our populations.
- We know that there is scope to significantly improve prevention, detection, health promotion, management and treatment of these and related conditions.
- Long term conditions associated with the 'vital five' include hypertension, anxiety, depression, diabetes, heart disease, cancer, respiratory disease, liver disease and cancer.

# C. As well as the most deprived, there is evidence that the pandemic is having a disproportionate impact on ethnic minorities in SEL

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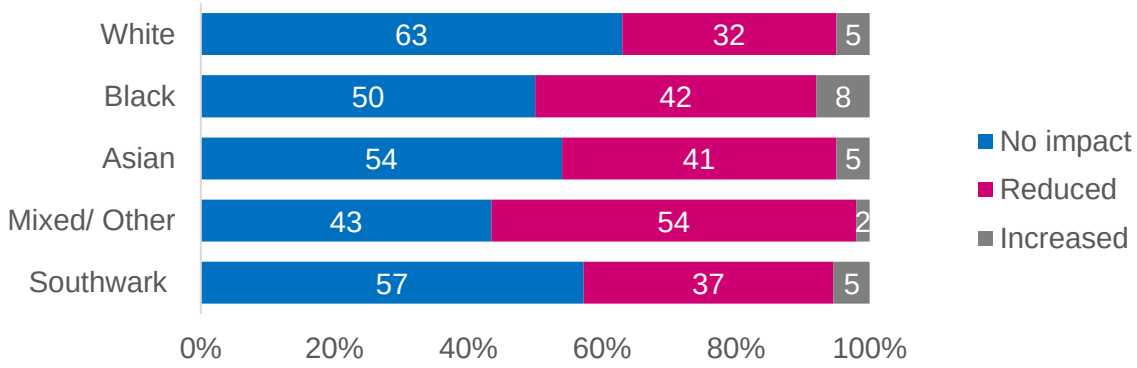
- There are extremely high levels of deaths attributable to social-economic inequalities in our boroughs.
- Ethnic minorities are suffering the greatest economic hardship, which in turn will impact on health.
- 44% of Black respondents to a local survey reported struggling to pay rent/ mortgage, utilities, food

| Borough | Relative rank (of 326) | Observed deaths | Expected deaths | Attributable deaths | % deaths attributable to socioeconomic inequalities |
|---|---|---|---|---|---|
| Lambeth | 38 | 10,692 | 5,837 | 4,855 | 45% |
| Lewisham | 62 | 10,377 | 5,900 | 4,477 | 43% |
| Southwark | 69 | 10,004 | 5,735 | 4,269 | 43% |
| Greenwich | 70 | 9,881 | 5,682 | 4,199 | 42% |
| Bexley | 181 | 9,363 | 6,653 | 2,710 | 29% |
| Bromley | 252 | 11,604 | 9,172 | 2,432 | 21% |

Figure 1: The impact of COVID-19 on household income, by ethnicity (ComRes survey)




*D. Lewer et al, Premature mortality attributable to socioeconomic inequality in England between 2003 and 2018: an observational study (The Lancet Public Health, 2019). See data: https://public.tableau.com/profile/rob.aldridge#!/vizhome/MATI_19_11_25/MATI_dashboard*

# D. Our COVID recovery and how we will support our communities have informed our priorities within our System Development Plan

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DRAFT

**This provides detail around how we have been supporting neighbourhoods and communities in South East London** building on progress and learning since March 2020. Each area represents our specific, shared ambitions, and each will be needed to support the others:

| 1. Working with our staff and communities to keep each other safe | 2. Taking practical steps to address existing and new inequalities | 3. Supporting people to stay healthy and well at all stages of life | 4. Restoring services and "locking-in" beneficial changes |
|---|---|---|---|
| **We have worked hard as systems and as communities to bring the spread Covid-19 under control.** Many sacrifices have been made and lessons have been learnt.<br><br>**Nonetheless, we recognise that the risks have not gone away** and that it is critical we continue to manage these risks, even as we plan for and work towards recovery.<br><br>**As we plan to "build back", we will continue to work together to help keep patients, service users, staff and residents safe** and to enable them to manage the ongoing risks from Covid-19 infection whilst still being able to access services and live their lives. | **South East London is home to many diverse and vibrant communities** but the pandemic has further highlighted the inequalities which persist within our society.<br><br>**This includes the disproportionate impact of Covid-19 within our Black, Asian and Minority Ethnic Communities (BAME)**, those living in deprived areas, older people, and those with existing long-term health conditions and disabilities.<br><br>**We will support concrete action and allocation of resources to tackle inequalities and to address the broader determinants of health and wellbeing** for all of those living in South East London. | **Giving our children and young people the best possible start in life** means re-starting key services and safely keeping open our schools and colleges; as well as targeted action on physical and mental health and wellbeing.<br><br>**We will work towards improved health for our population as a whole** through immunisations, health checks, early detection and screening, and greater involvement of voluntary and community sector partners.<br><br>**And we will further join-up support to those living with one or more long-term conditions** including for older people to stay healthy, independent and well at home, and for those in residential care. | **We will ensure people can access acute hospital services** including urgent and emergency care and elective care throughout the winter and any subsequent waves of COVID-19.<br><br>**We will support primary and community care** in partnership with our boroughs and local voluntary and community sector to improve the way we work, building on innovation and collaboration developed prior to and during our response to the pandemic.<br><br>**We will respond to identified priorities within our communities** including mental health support and services, support for Adult and Children & Young People's Social Services and Learning Disabilities. |

## 5. Developing high-quality, joined-up and sustainable health and care systems

- **Our Primary Care Networks, Local Care Partnerships, Provider Collaboratives and Integrated Care System** are all vital components to enabling the success of this plan.
- **This is about supporting each other and providing mutual aid within our neighbourhoods, as boroughs and places, and as South East London** as a whole.
- **It is about developing better co-ordinated support and care**, built around individuals and carers, families and communities.
- **It is about bringing together the NHS, local authority and voluntary & community sector** ensuring information, resources and funding flow to where they are needed.

# D. Our long term plan service transformation priorities remain aligned and supported by the ambitions outlined in our System Development Plan

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**As outlined in the OHSEL response to the Long Term Plan (January 2020) - Our ICS and partnership are committed to the delivery of the transformation priorities as set out in our long term plan, and pre-pandemic have made significant progress in these areas.**

**Our service transformation priorities are:**

1. **Integrated community based care:** delivering integrated community based care through the development of primary care networks as the core of our delivery model
2. **Urgent and emergency care:** Reduce pressure on urgent and emergency care services.
3. **Planned care:** Improve planned care outcomes and performance
4. **Deliver better outcomes for major health conditions,** including:
    - Cancer
    - Adult mental health
    - Preventing cardiovascular disease
    - Respiratory disease
    - Heart disease and stroke care
    - Diabetes
    - Learning disabilities and autism
    - Children and young people's (CYP) outcomes (including CYP mental health)
    - Maternity.

To ensure systematic action to address the disease burden, from prevention through to early detection and intervention, combined with best practice treatment once patients have developed disease or are ill.

5. **Deliver financial savings and achieve financial sustainability**

**In parallel, we will develop our plans for 21st century care by:**

- Going further on prevention and reducing health inequalities.
- Delivering personalised care.
- Delivering digital transformation in primary care.
- Leveraging research, innovation and genomics.

# E. We have organised our SEL ICS development and transition activities into five “Integrating Care” workstreams

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| Workstream | Key outputs |
|---|---|
| **1. Place** | Role, fit to and interface with ICS operating principles, inc. delegation, neighbourhoods/PCNS as part of place, place based leadership, integration models |
| **2. Provider Collaboratives** | Role, fit to and interface with ICS operating principles, collaboration models, providers/functions spanning more than one ICS (and places within ICS), multiple collaboratives |
| **3. Ways of working** | ICS principles and approaches, operating approach, subsidiarity/decision making, collective accountability, roles and responsibilities (across the system) |
| **4. Finance** | Financial framework – strategic investment, financial flow and financial target approaches, and financial governance |
| **5. System architecture** | Post 1/4/22 view, CCG to ICS transition (scope, functions and staff), ICS governance/structures (inc. place, provider collaboratives, LA/NHS interfaces |

**Process for workstream and development**

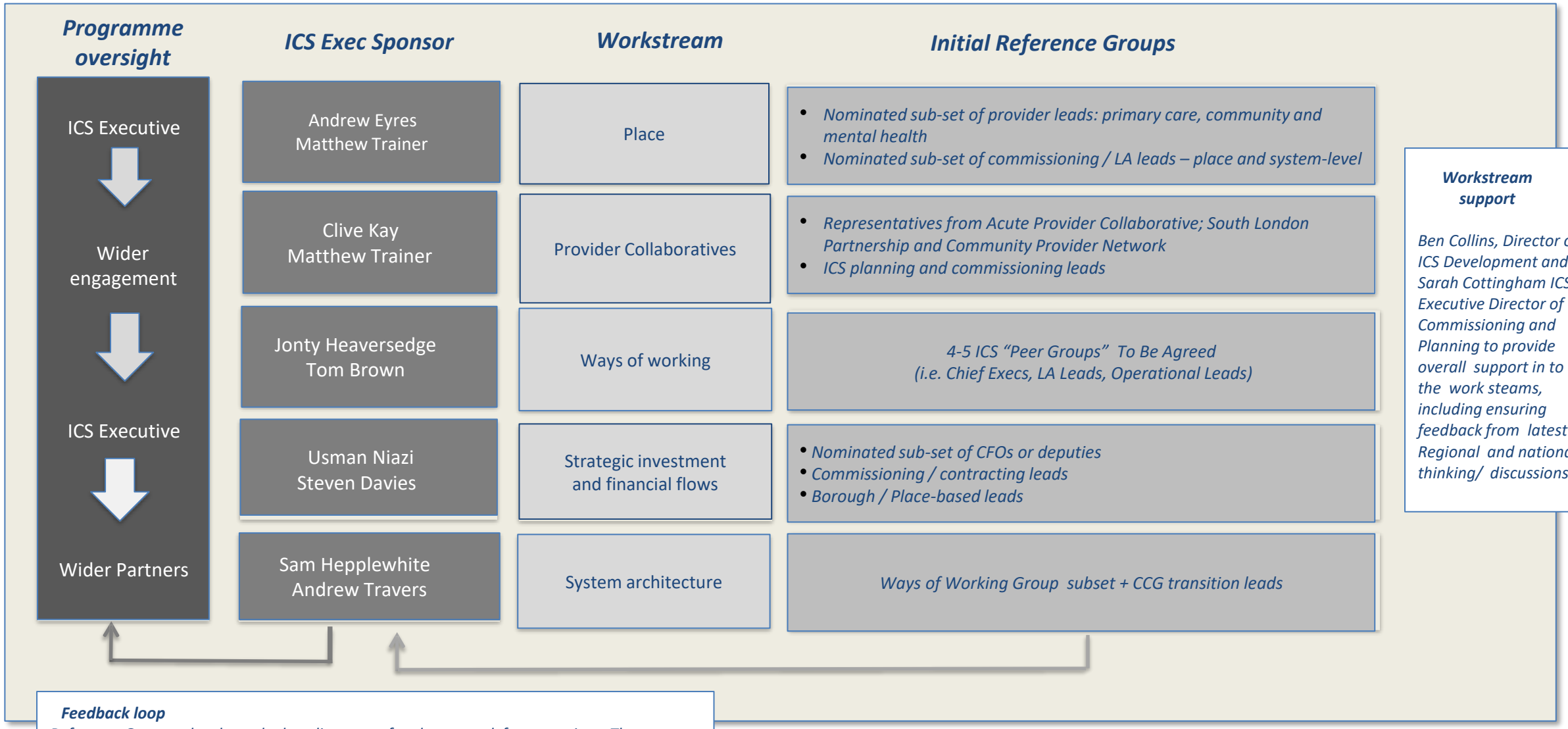
- **Q1** - Develop series of short position papers will – focusing on the current system position, case for change for arrangements (including national requirements). Will be developed via work stream sponsors drawn from ICS Executive representatives across the partnership (see following slide)
- **Q1/Q2** - Refined and tested with a small number of key leads across the ICS (reference group) and then tested more widely (with a focus group approach). The testing process to include a range of worked up examples across key pathways/ programmes.
- **Q2/Q3 -** Wider engagement process to drive a future state proposition - this and the key steps and milestones to get there would form part of our transition plan (expected to be required nationally/ regionally) over 2021/22 and beyond
- **Within this overall process it is recognised that in some of our work areas we will need a more definitive 1 April 2022 position e.g. for the collapse of CCG functions in to a statutory ICS body, than others, where a more incremental process is likely to be optimal**
- **There will need to be a necessary degree of staging across the five areas of work proposed to ensure they are complimentary alongside our other areas of system development**

**Scope**

- The workstreams above will focus on the application of our system architecture alongside other areas of our system development
- We will have a parallel focus on around ICS organisational development and communications and engagement, which will also include development of our wider ICS Strategy
- We will also need to feed in outputs from wider ICS programmes/ work streams e.g. Clinical and Professional Development and our enabler programmes (i.e. PHM, Estates, Digital, People)
- CCG to ICS transition is highlighted as an element of our required work – we will also need to understand and work within the parameters of the national HR process and employment guarantee commitment in taking forward this work

# E. Overview of the oversight, engagement and development process for the five "Integrating Care" workstream areas






***Feedback loop***

*Reference Group – develops the baseline, case for change and future options These are tested back and iterated with work stream sponsors. Work stream sponsors take proposition to SEL ICS Exec*

# E. Summary of ICS development, change and transition milestones

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| Delivery Area | Key Deliverables / Milestones | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | ! |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr |
| **NHSE / Statutory Milestones Known** | Agreement on members of ICS NHS Body, Partnership Board, Executive roles | Q2 | | | | | | | | | | | | | |
| | Recruitment and appointment to Board level CEO and Chair | Q2 | | | | | | | | | | | | | |
| | ICS Constitution drafted and agreed by partnership | Q3 | | | | | | | | | | | | | |
| | ICSs operate in shadow form | Q3/Q4 | | | | | | | | | | | | | |
| | NHSE approve ICS constitution | Q4 | | | | | | | | | | | | | |
| | CCG/functions and staff are transferred with appropriate governance in place | 1 Apr 22 | | | | | | | | | | | | | |
| **ICS Change and Transition**<br><br>**Supported by our SEL 5 Integrating Care workstreams** | Agree programme sponsors, and initial reference groups to define areas / case for change | May-June | | | | | | | | | | | | | |
| | Baseline current position across CCG staff and functions | June | | | | | | | | | | | | | |
| | Develop People Transition Plan alongside national guidance / HR Framework | July | | | | | | | | | | | | | |
| | Conduct a Ways of Working workshop “summit” for ICS | August | | | | | | | | | | | | | |
| | Conduct further engagement with wider ICS stakeholders based on reference group proposals | July -Oct | | | | | | | | | | | | | |
| | Design ICS governance and system architecture to support ICS and national requirements | June-Oct | | | | | | | | | | | | | |
| | Operate in shadow form based on the ways of working and system architecture agreed – further iterate as needed | Oct | | | | | | | | | | | | | |
| **Strategy Development + Comms & Engagement** | Complete initial engagement across ICS leadership on vision and priorities | May | | | | | | | | | | | | | |
| | Establish a Communications network and sub-committees across our ICS partnership | June | | | | | | | | | | | | | |
| | Series of engagement events with staff and public building from Ways of Working summit to develop strategy | July-Sept | | | | | | | | | | | | | |
| | Website and rebrand launch for ICS | Q2/Q3 | | | | | | | | | | | | | |
| | Publish our ICS Strategy for South East London | Nov | | | | | | | | | | | | | |