NHS South West London
Integrated Care Board

Meeting Pack

South West London Integrated Care Board

20 November 2024 - 14:00 – 17:00

120 The Broadway, Wimbledon, SW19 1RH

NHS South West London
Integrated Care Board

SWL Integrated Care Board Meeting

20 November 2024 - Agenda

Time: 14.00 – 17.00

Venue: 120 The Broadway, Wimbledon, SW19 1RH

Date of next meeting: Wednesday 15 January 2025

The ICB has four core purposes:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience, and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

Introduction

14.00: Item 1: Welcome - verbal update

Chair

1.1 Apologies for absence

1.2 Declarations of Interest

1.3 To approve minutes of the Board Meeting held on 18 September 2024

1.4 Action Log

Standing Items

14.05: Item 2: Decisions Made in Other Meetings

Sarah Blow

14.10: Item 3: Chair's Report

Mike Bell

In Focus

14.15: Item 4: RM Partners Cancer Strategy for North West and South West London 2025 - 2030

Cally Palmer

14.55: Item 5: Immunisations in South West London

John Byrne

15.25 COMFORT BREAK

For Decision

15.35: Item 6: South West London ICS Digital Strategy 2025 - 2028

Martin Ellis

Items for Information

15.55: Item 7: 2024/2025 Partnership Delivery Agreements and update on the Collaboratives and Place

Jonathan Bates and Karen Broughton

16.05: Item 8: Medicines Optimisation

John Byrne

16.15: Item 9: Board Committee Updates and Reports

Item 9a: Finance and Planning Committee Update – Jamal Butt
Item 9b: Month 6 Finance Report – Helen Jameson
Item 9c: Quality & Performance Oversight Committee Update – Mercy Jeyasingham
Item 9d: Quality Report – Elaine Clancy
Item 9e: Performance Report – Jonathan Bates
Item 9f: Audit & Risk Committee Update – Martin Spencer
Item 9g: Remuneration Committee Update – Mercy Jeyasingham

16.40: Item 10: Chief Executive Officer's Report

Sarah Blow

16.45: Item 12: Any Other Business

All

16.50: Item 13: Meeting Close

Chair

16.51: Item 14: Public Questions by Email

Chair

Members of the public are invited to ask questions relating to the business being conducted today. Priority will be given to those received in writing in advance of the meeting.

Employee	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arose	Date Ended	Date Updated
Alyssa Chase-Vilchez	SWL Healthwatch ICS Executive Officer	Nil Declaration				19/08/2024		
Andreas Kirsch	TO FOLLOW							
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Partner at Holmwood Corner Surgery, New Malden	Holmwood Corner Surgery	01/04/2021		02/05/2024
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Member of Kingston General Practice Chambers Ltd	Kingston General Practice Chambers Ltd	01/04/2021		02/05/2024
Annette Pautz	SWLKPCL01 Clinical Director (Kingston)	Declarations of Interest – Other	Financial	Board Member of NMWP PCN	NMWP PCN	01/04/2021		02/05/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	Chief Executive The Royal Marsden NHS Foundation Trust	The Royal Marsden NHS Foundation Trust	03/04/2023		23/04/2024
Cally Palmer	CEO, The Royal Marsden NHS Foundation Trust	Declarations of Interest – Other	Financial	National Cancer Director since April 2015.	NHS England/Improvement (national)	03/04/2023		23/04/2024
Charlotte Gawne	SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms	Nil Declaration				01/04/2024		
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	School Governor- Langley Park School for Girls	Langley Park School for Girls	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Non-Financial Personal	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01/04/2023		16/04/2024
Elaine Clancy	SWLEMT05 Chief Nursing Officer	Declarations of Interest – Other	Indirect	Son is an employee of Croydon Health services	Croydon Health Services	01/07/2023		16/04/2024
Helen Jameson	SWLEMT03 Chief Finance Officer	Nil Declaration				16/05/2024		
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Financial	Group Chief Executive Officer of Provider Trust in SWL since August 2021.	St George's, Epsom and St Helier University Hospitals and Health Group	03/04/2023		16/04/2024
Jacqueline Totterdell	CEO, St George's University Hospitals NHS FT and Epsom and St Helier University Hospital NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Trustee of this Charity	Aspergillosis Trust	01/04/2023		16/04/2024
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Cambridge University - Entrepreneur In Residence Life sciences.	Cambridge University	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Venture Partner	Plutus Investment Group	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Out Patient Dispensary NHS Hospitals Sussex.	Pharm@Sea Ltd	01/11/2024		

Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non executive Director -Start up Health Tech	William Oak Diagnostics Ltd	01/11/2024		
Jamal Butt	SWLNEN04 Non- Executive Member	Outside Employment		Non Executive Director -Wellness Company	Well02 Ltd	01/11/2024		
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Financial	Managing Director , Epsom and St.Helier University Hospitals Trust since February 2022.	Epsom and St.Helier University Hospitals Trust	03/04/2023		23/04/2024
James Blythe	Managing Director, Epsom and St Helier University Hospitals NHS Trust	Declarations of Interest – Other	Indirect	Spouse is a consultant doctor at Surrey & Sussex Healthcare NHS Trust since January 2022.	Surrey & Sussex Healthcare NHS Trust	03/04/2023		23/04/2024
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Financial	I am employed as Executive Director of Adult Social Care and Public Health by Richmond and Wandsworth Councils	Richmond and Wandsworth Councils	14/05/2024		
Jeremy de Souza	DASS LB Richmond	Declarations of Interest – Other	Non-Financial Professional	I am a Non-Exec Director of Achieving for Children, a Community Interest Company providing Children's Services in Kingston, Richmond and Windsor & Maidenhead.	Achieving for Children	14/05/2024		
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since September 2019	Kingston Hospital NHS Foundation Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since December 2021	Hounslow and Richmond Community Healthcare NHS Trust	03/04/2023		01/05/2024
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Non-Financial Personal	Partner is the Practice Manager (from 11/9/2023)	Churchill Medical Centre GP Practice	05/09/2023		01/05/2024
John Byrne	SWLEMT06 Chief Medical Director	Nil Declaration				30/04/2024		
Jonathan Bates	SWLEMT07 Chief Operations Officer	Declarations of Interest – Other	Non-Financial Personal	Spouse provides primary care consultancy and interim support to a range of organisations.	Primary care consultancy	01/10/2020		28/05/2024
Karen Broughton	Dep Chief Exe Officer/Dir of People & Transfo'n	Nil Declaration				06/09/2023		
Mark Creelman	SWLSMT008 Executive Locality Director Merton & Wandsworth	Nil Declaration				03/04/2023		
Martin Spencer	Non-Executive Member	Declarations of Interest – Other	Financial	Non Executive Director and Chair of the Remuneration Committee at the NHS Counter Fraud Authority	NHS Counter Fraud Authority	22/08/2022	30/06/2024	26/12/2023

Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Ofsted	Ofsted	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Non-Exec Director and Chair of Audit and Risk Committee for Achieving for Children	Achieving for Children	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Civil Service Commissioner	Civil Service Commission	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Declarations of Interest – Other	Financial	Chair of Education Skills and Funding Agency	Education Skills and Funding Agency	22/08/2022		26/12/2023
Martin Spencer	SWLNEN05 Non- Executive Member	Outside Employment	Financial	NHS ICB	NHS Hampshire and The Isle of Wight ICB	01/04/2024		
Matthew Kershaw	Chief Executive and Place Based Leader for Health	Declarations of Interest – Other	Non-Financial Professional	Recently made a Visting Senior Fellow at the Fund, having previously worked full time in the Policy team - Position of Authority in an organisation in the field of health and social care	The Kings Fund	01/10/2019		17/04/2024
Matthew Kershaw	Chief Executive and Place Based Leader for Health	Declarations of Interest – Other	Financial	Chief Executive - Position of Authority in an organisation in the field of health and social care	Croydon Health Services NHS Trust	01/10/2019		17/04/2024
Mercy Jeyasingham	SWLNEN03 Non- Executive Member	Declarations of Interest – Other	Financial	Non-Executive Director at Medicines & Healthcare Products Regulatory Agency	Medicines & Healthcare Products Regulatory Agency	03/10/2022		02/10/2023
Michael Bell	SWLNEN01 Independent Non Executive Chair	Declarations of Interest – Other	Financial	Chair of Lewisham and Greenwich NHS Trust since July 2022.	Lewisham and Greenwich NHS Trust	03/05/2023		
Michael Bell	SWLNEN01 Independent Non Executive Chair	Declarations of Interest – Other	Financial	Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: •Welsh Government – Financial inclusion and Social Justice services – 2013 ongoing •NCL ICS – Primary Care development – May 2022 to 2023 •Visiba Health Care – Chair UK Advisory Board – Jan 2022 ongoing •Surrey Physio – Strategic Adviser – Feb 2023 ongoing •WA Communications – Strategic Adviser –Mar 2023 ongoing •DAC Beachcroft – Strategic Adviser – April 2020 ongoing •ZPB - Strategic Adviser – 2018 ongoing •Rinnova - Strategic Adviser –2022 ongoing •University Hospital Birmingham NHS Foundation Trust – Consultancy services – 2014 ongoing •NCL Training Hub – Ad-hoc facilitation – 2022 to 2023 •Baxter Healthcare Corporation – Chairing meeting – 2024	MBARC Ltd	03/05/2023		

Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Non-Financial Professional	Joint Clinical Director, Brocklebank Primary Care Network	Brocklebank Primary Care Network	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHCIC)	Battersea Healthcare	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17/12/2021		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS).	Brocklebank Practice and St Paul's Cottage Surgery	07/12/2022		01/05/2024
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Sarah Blow	SWLEMT01 Chief Executive Officer	Declarations of Interest – Other	Non-Financial Personal	My son is a member of staff at Royal Marsden	LAS	06/08/2024		
Shannon Katiyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				19/04/2024		
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chief Executive SWL & St Georges Mental Health NHS Trust and a CEO member of the South London Mental Health and Community Partnership (SLP) since August 2019.	SWL & St Georges Mental Health NHS Trust	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Merton Place Convenor and. SRO for Regional NHS 111 programme for Mental Health	Merton Place	03/04/2023		26/04/2024
Vanessa Ford	Chief Executive, SWL and St George's Mental Health NHS Trust	Declarations of Interest – Other	Non-Financial Professional	Mental Health Representative on the ICB	SWL ICB	03/04/2023		26/04/2024

NHS South West London
Integrated Care Board

Minutes – NHS SWL Integrated Care Board

Minutes of a meeting of the NHS SWL Integrated Care Board held in public on Wednesday 18 September at 2 p.m. at 120 The Broadway, Wimbledon, SW19 1RH

Members

Chair
Mike Bell

Non-Executive Members
Mercy Jeyasingham, Non Executive Member, SWL ICB

Executive Members
Sarah Blow, Chief Executive Officer, SWL ICB
Elaine Clancy, Chief Nursing Officer
Helen Jameson, Chief Finance Officer, SWL ICB
John Byrne, Executive Medical Director, SWL ICB

Partner Members
Dame Cally Palmer, Partner Member, Specialised Services
Dr Nicola Jones, Partner Member, Primary Medical Services
Vanessa Ford, Partner Member, Mental Health Services
Jo Farrar, Partner Member, Community Services

Place Members
Dr Annette Pautz, Place Member, Kingston
Jeremy de Souza, Place Member, Richmond
Mark Creelman, Place Member, Merton

Attendees
Jonathan Bates, Chief Operating Officer, SWL ICB
Charlotte Gawne, Executive Director of Stakeholder & Partnership Engagement

Participant
Mike Jackson, Participant, Local Authorities

Observers
Alyssa Chase-Vilchez, SWL HealthWatch Representative
Sara Milocco, SWL Voluntary Sector Representative

In attendance
Ben Luscombe, Director of Corporate Affairs
Maureen Glover, Corporate Services Manager (ICS)
Amy Scammel, WL & St Georges Mental Health Trust (for agenda item 5)
Jon Northfield, South London & Maudsley (for agenda item 5)
Jeremy Walsh, SLP (for agenda item 5)
James Moore, NHSE (for agenda item 7)
George Leigh, GLA (for agenda item 7)

Apologies
Matthew Kershaw, Place Member, Croydon
James Blythe, Place Member, Sutton
Karen Broughton, Deputy CEO/Director of People & Transformation, SWL ICB
Shannon Katiyo, Place Member, Wandsworth
Jacqueline Totterdell, Partner Member, Acute Services
Martin Spencer, Non Executive Member, SWL ICB

1 Welcome and Apologies

1.1 Mike Bell (MB) welcomed everyone to the meeting and apologies were noted. With no further apologies the meeting was quorate.

It was noted that this was Mike Jackson's last ICB Board meeting and MB thanked him for his contribution to the Board.

1.2 Declaration of Interests

1.2 A register of declared interests was included in the meeting pack. There were no further declarations relating to items on the agenda and the Board noted the register as a full and accurate record of all declared interests.

1.3 Minutes

1.3 The Board **approved** the minutes of the meeting held on 17 July 2024.

1.4 Action Log

The action log was reviewed, and it was noted that all actions were closed.

2 Decisions Made in Other Meetings

2.1 SB presented the report.

2.2 The Board **noted** the decisions made in the SWL ICB Part 2 meeting on 17 July 2024.

3 Chair's Report

3.1 MB presented the report.

3.2 MB drew attention to Lord Ara Darzi's report which rapidly reviewed the state of the NHS care and overall performance of the health system. The report should be viewed in the context of a further report in Spring 2025, which will form the 10 year plan.

The Board **noted** the content of the report.

4 Urgent and Emergency Care Update

Winter Plan

4.1 Jonathan Bates (JB) introduced the report. The Board discussed and noted: the need to focus on prevention, and out of hospital activity; the progress that had been made with Virtual Wards and, along with the s.136 hub suite for mental health patients, the importance both had on preventing attendances at ED and admissions to hospital; the vaccination programme for staff and patients ahead of winter and it was noted that a comprehensive update on the immunisation programme would be brought to the Board in November.

4.2 In response to a question about how the key providers in the voluntary sector could contribute to the plan, JB recognised the importance of the voluntary sector in the winter plan and would follow this up outside of the meeting.

4.3 Responding to a question on the accessibility of some material in GP practices, for example whether it could be provided in easy-read, JB agreed to discuss with SM outside of the meeting.

The Board **endorsed** the plans in place and associated investment to support the SWL system to prepare ahead of Winter, seeking to deliver a safe standard of care for our patients over this period.

Responding to Patient Safety in Pressurised Services

4.4 JB presented the report and Elaine Clancy (EC) thanked colleagues in the acute Trusts for their hard work to maintain safety and meet demand. In terms of providing assurance to the Board, it was noted that models were in place in each Trust to look at high impact areas and improve pathways in hospitals.

4.5 Mercy Jeyasingham (MJ) Chair of the Quality and Performance Oversight Committee assured the Board that safety and quality of services were reviewed on a regular basis.

The Board **endorsed** the assurance report and noted the associated significant risks, mitigations and challenges faced by front line staff and patients on a day-to-day basis.

SWL UEC Two-Year Plan

4.6 Jonathan Bates presented the report.

4.7 It was recognised that the Two-Year Plan was a good framework for moving forward and would enable a focus on investment.

4.8 It was noted that in addition to clinical and performance outcomes the plan included patient satisfaction metrics.

The Board **endorsed** the plans for Urgent and Emergency Care services in SWL over the next two years, recognising that new guidance was expected in the Spring that may further refine the priority themes set out in the document.

5 The South London Mental Health and Community Partnership (SLP) Achievements to date and work in SWL

5.1 Vanessa Ford (VF) presented the report, supported by Amy Scammel (AS) South West London and St George's Mental Health NHS Trust, Jon Northfield (JN) South London & Maudsley and Jeremy Walsh (JW) South London Mental Health and Community Partnership. The Board discussed the report noting: the collaborative working with the voluntary sector and partnership working with Local Authorities; the focus on Place and Community provision of Mental Health Services; the shift signalled by the new government to move resources from acute settings to community and Mental Health and the work already being undertaken in the ICS on this; and the good collaboration between SWL & St Georges, South London and Maudsley and Oxleas on the 136 suite.

5.2 The meeting also discussed the alignment of strategies across the SLP between South West and South East London and the opportunities that come from working at scale across South London, for example in eating disorders and children's forensics.

The Board **noted** the progress around the SLP and the development of the SWL MHPC and supported the outlined direction of travel.

6 Amendments to South West London ICB's Constitution

6.1 Ben Luscombe presented the report.

6.2 It was noted that, once the new Non Executive Members were appointed, MB would update the Board on who he intended to appoint as the Deputy Chair and Senior Non Executive member.

The Board:

- **Approved** the revised South West London ICB Constitution incorporating the requested changes from NHS England.
- **Noted**, once approved by the Board, the revised constitution would be submitted to NHS England for final approval.

7 Green Plan: progress update 2024/25

7.1 Helen Jameson (HJ) presented the report and was joined by James Moore, NHS England (NHSE) and George Leigh, Greater London Authority (GLA).

7.2 Board members discussed the report, noting the progress made on the current two year plan and the importance of looking at how evidence from the Funding Climate Resilience Review could be used to inform the 2025/28 programme of work and to build on the success of the current Green Plan. The priorities moving forward for 2025/28 are focused on the acute sector but it was recognised that there was also a need to secure resource to invest in Primary Care estate and to look at estate resilience in terms of extreme weather. However, the Board also noted the cost of infrastructure investment and the backlog of work within SWL, coupled with some of the oldest estate in the NHS.

7.3 It was noted that there were a number of areas where more could be done, including single use medicines, promoting the use of electric vehicles as part of car purchase schemes, one stop shop for visits to hospitals and the use of drone technology.

7.4 The Board also noted the exemplar site at Springfield and the learning and expertise that could be shared from this.

7.5 The suggestion was made that, towards the start of the new programme, it would be helpful to have a Board seminar and the ICB would welcome contributions from colleagues from the GLA and elsewhere in the NHS.

The Board:

- **Noted** the progress made to date and the continued momentum in activities in the first part of 2024/25 to support the SWL NHS Green Plan 2023/25.
- **Discussed** the outputs of the London Climate Resilience Review.
- **Provided** feedback ahead of the development of the 2025/28 SWL NHS Green Plan.

8. Creation of a SWL Missions Board and the development of a long-term Services and Organisational Transformation Strategy for the NHS in SWL

8.1 Sarah Blow (SB) presented the report.

The Board **noted**:

- The creation of a new SWL Mission Board to set and drive a long-term Service and Organisational Transformation Strategy for the NHS in South West London and ensure delivery of the 24/25 financial recovery plan.
- That the current Finance and Sustainability Board would be disbanded and would meet for the last time in September 2024.

9. Board Assurance Framework

9.1 Ben Luscombe (BL) presented the report.

9.2 Following a question from VF, BL noted the work currently being undertaken within the ICB with regard to risk appetite and tolerance and agreed, following a comment from MB, to consider both risks and issues within the organisation.

9.3 The threat that climate resilience poses was noted and the suggestion was made to emphasise this in one of the existing risks.

The Board **noted** the report.

10. Board Committee Updates and Reports

Finance & Planning Committee Update

10.1 HJ presented the report which gave an overview of the key issues discussed at the Finance and Planning Committee meeting on 19 July 2024.

Month 4 Finance Report

10.2 HJ presented the report and provided an update on the financial position as at month 4.

Quality & Oversight Committee Update

10.3 Mercy Jeyasingham (MJ) presented the report and gave an overview of the key issues discussed at the Quality & Performance Oversight Committee on 17 July 2024.

Quality Report

10.4 Elaine Clancy (EC) presented the report.

10.5 In response to a question about the timeline for reporting back to the Board on the issues at Epsom & St Helier Trust, relating to elevated mortality, EC noted that a response would be brought to the next Board meeting.

Performance Report

10.6 Jonathan Bates (JBa) presented the report.

10.7 It was noted that for a future Board meeting it would be helpful to look at the key Operational Plan delivery requirements. The ICB was outperforming the rest of

London across a range of metrics and the suggestion was made to provide a summary of the ICB's relative performance to provide assurance to the Board moving forward.

Remuneration Committee Update

10.8 MJ presented the report and gave an overview of the key issues discussed at the Remuneration Committee meeting on 22 August 2024.

10.9 SB noted that the business case for the approval of redundancies would be reviewed by NHSE on 19 September and the outcome from that meeting would be reported to the next ICB Board meeting.

The Board **noted** the Committee updates and reports.

11 Chief Executive Officer's Report

11.1 SB presented the report, highlighting the staff conference which had been well attended and received positive feedback.

The Board **noted** the report.

12. Any Other Business

12.1 There was no other business.

13 Public Questions

13.1 Wendy Micklewright (WM) raised a question in relation to Human Papillomavirus (HPV) self-testing. Dame Cally Palmer thanked WM for raising this issue and noted that self-sampling was being rolled out as quickly as possible. A combination of self-sampling and HPV vaccination should be able to eradicate or dramatically reduce the risk of cervical cancer. The Board agreed to have a short item on HPV self-sampling at the next meeting.

13.2 WM also raised a number of issues regarding health and inequalities, the cost of sectioning people, the effects of coming off drugs and associated side effects, and Electro Convulsive Treatment (ECT)

Next meeting in public: Wednesday 20 November 2024: 120 The Broadway, Wimbledon, London SW19 1RH.

ICB Board - Part 1 Action Log - 11 November 2024

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
			ALL ACTIONS ARE CLOSED				

NHS South West London
Integrated Care Board

Decisions made in other meetings

Agenda item: 2

Report by: Sarah Blow, Chief Executive Officer, SWL ICB

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

To ensure that all Board members are aware of decisions that have been made, by the Board, in other meetings.

Executive summary

Part 2 meetings are used to allow the Board to meet in private to discuss items that may be business or commercially sensitive and matters that are confidential in nature.

At its Part 2 meeting on 18 September 2024 the following items were brought to the Board:

- Ratification of the decision taken by Chair's Action on 6 August 2024 to award the contract for the provision of the therapy service to four special schools in Wandsworth (Linden Lodge, Garratt Park, Nightingale and Oak Lodge).
- Approval of the recommendation of the Procurement Evaluation Panel to confirm the preferred bidder for two Croydon APMS contracts.

The Board discussed and approved the above items.

Recommendation

The Board is asked to:

- Note the decisions made at the Part 2 meeting of the Board on 18 September 2024.

Governance and Supporting Documentation

Conflicts of interest
N/A.

Corporate objectives
This document will impact on the following Board objectives:

- Overall delivery of the ICB's objectives.

Risks
N/A.

Mitigations
N/A

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
N/A

Patient and public engagement and communication
N/A

Previous committees/groups
N/A

Committee name	Date	Outcome

Final date for approval
N/A

Supporting documents
N/A

Lead director
Sarah Blow, Chief Executive Officer

Author
Maureen Glover, Corporate Governance Manager

NHS South West London
Integrated Care Board

Chair's Report

Agenda item: 3

Report by: Mike Bell, Chair

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday,13 November 2024

Content

Purpose

The report is provided for information and to update the Board on key issues not covered in other substantive agenda items.

Executive summary

At each Board meeting in public the Chair provides a brief verbal and/or written update regarding matters of interest to members of the Board and members of the Public.

Key Issues for the Board to be aware of

Changes to Board Membership

Recruitment for Non-Executive Member and Associate Non-Executive Member vacancies has now been completed. I am very happy to announce that the following individuals have been appointed to the roles:

- Jamal Butt, Non-Executive Member and Chair of the Finance and Planning Committee (commenced 1 October 2024).
- Dr Masood Ahmed, Non-Executive Member and Chair of the Quality and Performance Oversight Committee (commencing 2 December 2024).
- Dr Anne Rainsberry CBE, Non-Executive Member and Chair of the People Board and the Remuneration Committee (commencing 1 January 2025).
- Bob Alexander, Associate Non-Executive Member (commenced 4 November 2024).
- Omar Daniel, Associate Non-Executive Member (commenced 4 November 2024).

For further information, including biographies of each of our Non-Executive and Associate Non-Executive Members, please visit https://www.southwestlondon.icb.nhs.uk/about/board/board-members/.

Finally, I would also like to warmly welcome Jamal Butt to his first Board meeting today.

Annual General Meeting

We held our Annual General Meeting (AGM) on Monday 30 September where we presented our annual report and accounts to over 60 people who joined the event including local people and partner organisations. We also heard from our partners about the great work happening in South West London with presentations on virtual wards, proactive anticipatory care, and the Brazil model in Battersea. Thank you to everyone who has able to join us and to our presenters, which were very well received.

Battersea Fields Practice Visit

Following their presentation at the Annual General Meeting, I was excited to visit Battersea Fields Practice to hear more about the innovative Brazil model of care implemented in Doddington and Rollo Estate. Community health and wellbeing workers knock on doors and visit people and their families in their homes to provide advice and help them access the right local support. They focus on every aspect of life that can influence health, including housing, employment, social isolation, and financial pressures, as well as connecting residents to the NHS, council, and voluntary sector to get the help they need. Encouraging early detection, prevention, and better management of illness are also key parts of the programme.

Since October 2023, community health and wellbeing workers have made impressive progress having done 846 door knocks and have engaged 408 residents by making numerous onward referrals to the Local Authority and community services and offering free breakfast and wellbeing sessions. The team continues to foster trust within the local community, empowering individuals to thrive and flourish.

St Raphael's Hospice Visit

Helen Jameson, Chief Financial Officer, and I were invited to visit St Raphael's Hospice and meet with their executive and non-executive team. It was a productive morning discussing the important work caring for people at the end of their lives and the high-quality services the hospice provides to the communities of Sutton, Merton, and Wandsworth. We committed to arranging a joint meeting of NHS South West London and the four hospices operating in our area for early in the new year.

NHS London Chairs

I chaired the October meeting of NHS London Chairs hosted by the Turing Institute at the British Library. It was highly informative and engaging session which provided a fantastic opportunity for the Chairs to discuss the future of health and care and the role artificial intelligence could play. This was particularly relevant given the 'analogue to digital' big shift which underlines the NHS 10 Year Health Plan.

Worlds AIDS Day

I will be recognising World AIDs Day at the Ending Health Inequalities for Black Communities Living with HIV event organised by the National AIDS Trust and One Voice Network and hosted by the All-Parliamentary Group (APPG) on HIV, AIDs and Sexual Health. The event will be chaired by APPG Co-Chair Florence Eshalomi, Member of Parliament for Vauxhall and Camberwell Green. It will bring together decision-makers, community leaders, clinicians, and other stakeholders in the UK's HIV response. There will be presentations and speeches that will explore health inequalities faced by Black communities and Government commitments to addressing them, the voluntary sector's contribution to the UK's HIV response, and the findings of the Unheard Voices project.

Black History Month

October was Black History Month which is a celebration of black history, heritage and culture, and celebration of the impact of those from African and Caribbean backgrounds and their contribution and influence on our society. This year's theme "Reclaiming Narratives" marked a powerful shift in how we view and celebrate Black history and culture; challenging the narratives that have historically marginalised Black achievements and instead highlighting stories of resilience, success, and empowerment. NHS South West London held a number of events and shared stories championing our Black staff an exploring what this year's theme means to them.

Diwali

On 1 November, millions of Hindus, Sikhs, and Jains worldwide come together for Diwali. The five-day festival of lights celebrates the victory of light over darkness and good over evil and is symbolised by the lighting of lamps and candles. Wishing everyone who celebrates, a happy Diwali to you and your family.

Recommendation

The Board is asked to:

- Note the contents of the report

Governance and Supporting Documentation

Conflicts of interest
Not applicable

Corporate objectives
This document will impact on the following Board objectives:

- Overall delivery of the ICB's objectives.

Risks
Not applicable

Mitigations
Not applicable

Financial/resource implications
Not applicable

Green/Sustainability Implications
Not applicable

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not applicable

Patient and public engagement and communication
Not applicable

Previous committees/groups
Not applicable

Final date for approval
Not applicable

Supporting documents
Not applicable

Lead director
Ben Luscombe, Director of Corporate Affairs

Authors
Ryan Stangroom, Lead Corporate Governance Manager

NHS South West London
Integrated Care Board

RM Partners Cancer Strategy for North West and South West London: 2025-2030

Agenda item: 4

Report by: Dame Cally Palmer, Chief Executive, The Royal Marsden
Susan Sinclair – Managing Director, RM Partners
Dr Lucy Hollingworth – Deputy Medical Director, RM Partners

Paper type: Decision and information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

The ICB is asked to review and approve the new SWL /RM Partners Cancer Strategy. RM Partners are the Cancer Alliance covering South West London and North West London.

The ICB are asked to note the progress made in improving cancer outcomes against the previous strategy, and the new strategy 2025-30.

Executive summary

This item is to present the context of and proposal for the RMP cancer strategy / priorities and SWL for the next 5 years, building upon what RMP have achieved in the past 5 years. The ICB Leadership team is asked to consider the approach and consider priorities for integration and joint working, specifically noting the focus on prevention.

Four key programmes, supported by five enablers are proposed to reduce incidence, improve early diagnosis and enhance survival and these are presented in the paper.

Key Issues for the Board to be aware of:

- Inequity particularly for deprived people remains a significant issue across SWL and the strategy sets out our approach to reducing variation for our population throughout the cancer pathway, from cancer prevention to diagnosis, treatment and survival.
- Whilst SWL Performance remains strong compared to National performance, continued focus is required to return to the Constitutional Standards, particularly the 62-day treatment standard which is consistently unmet.
- Currently across RM Partners 38% of cancers are preventable, this increases to 42% by 2030 without focus on prevention. The Alliance will focus on tobacco cessation and also HPV vaccination, as this causes three cancers.
- Whilst early diagnosis is an important prognostic factor, the role of genomic medicine and management of longer-term disease are also important.
- There is strong alignment with emergent themes in the 10-year plan, with prevention, technology and care closer to home reflected in the approach.

Recommendation

The Board is asked to:

- Approve approach to 2025-2030 RMP/ SWL cancer strategy.

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
This document will impact on the following Board objectives:

- Delivery high quality services to patients
- Delivery of NHS constitutional standards

Risks
N/A

Mitigations
N/A

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Reducing inequality underpins all strategic work programmes being presented, with consideration for how we aim to reduce variation across our population for screening and prevention, early diagnosis, time to treatment and survival from cancer. Inequality in cancer prevention interventions (HPV vaccination and reducing tobacco use) is translating into an increased cancer risk for our most deprived populations, which we are committed to addressing. Although tackling obesity is outside of the remit of this strategy, we are concerned about the associated cancer risk and current lack of infrastructure to address this.

Patient and public engagement and communication
The principles of delivery have been created by our PCEI Strategic Forum and the strategic workstreams formed in consultation with our community partners through our strategic forum and patient representation has been present on RMP governance boards to ensure the patient voice is represented. Co-design with community partners and residents is central to programme design and delivery.

Previous committees/groups

Committee name	Date	Outcome
RMP Exec Board	2 October 24	Approved
RMP Clinical Ops Board	10 October 24	

Final date for approval
N/A

Supporting documents
RM Partners Cancer Strategy for North West and South West London 2025 – 2028.

Lead director
Susan Sinclair – Managing Director, RMP
Dr Lucy Hollingworth – Deputy Medical Director, RMP

Author
Susan Sinclair, Managing Director, RMP

RM Partners
NW & SW London Cancer Alliance

NHS

RM Partners Cancer Strategy for North West and South West London: 2025-2030

Together we will save more lives from cancer by enhancing prevention, early diagnosis and access to timely and personalised treatment, supported by our overarching commitment to eliminating variation and reducing inequality.

Hosted by The Royal Marsden NHS Foundation Trust

Context

Cancer Alliances established as part of Long Term Plan. RM Partners covers NWL and SWL ICSs, and partners with local authority, screening teams NWL and SWL acute providers and tertiary services to deliver at scale improvement in cancer outcomes for our population.

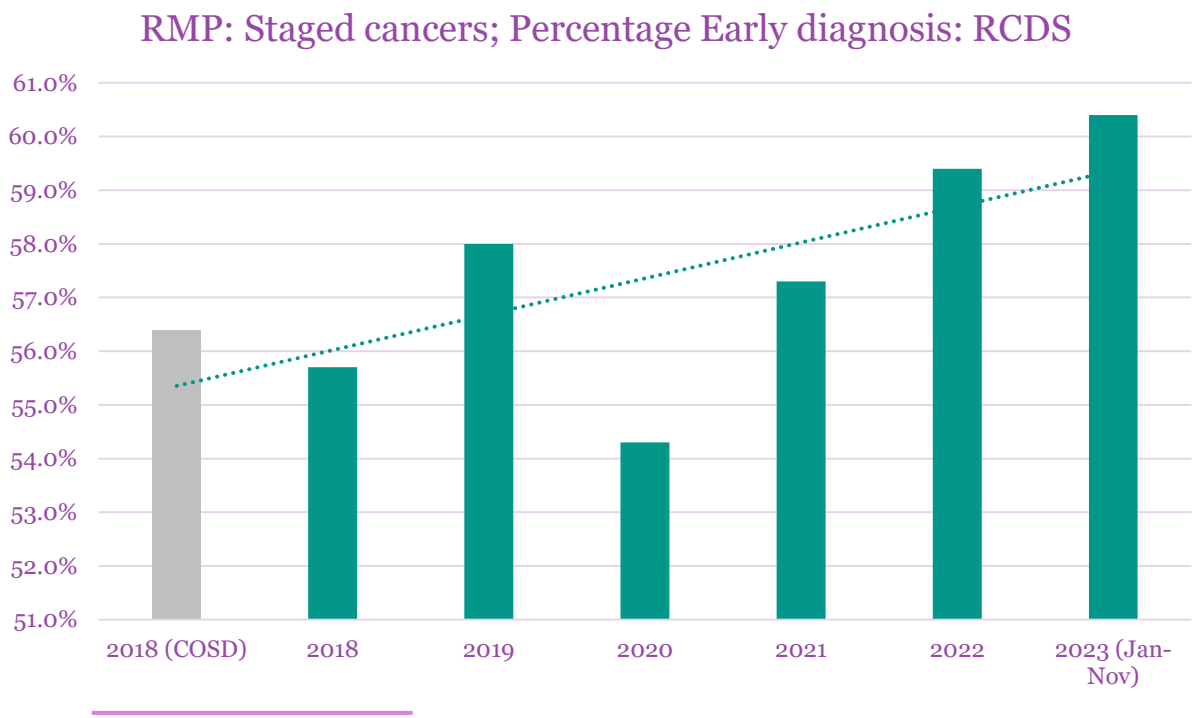
RMP cancer strategy 2021-2025 - adopted as cancer strategy across NWL/SWL ICSs. Particular emphasis on Early diagnosis because this is associated with significant survival benefit.

Seven work programmes were identified to deliver the strategy:

Covid-19 service recovery: Addressing cancer inequalities: Reducing variation in screening programmes + increasing uptake: Working with Place and PCN to diagnose cancer earlier: Improve diagnostic and treatment pathways: Personalised holistic care: Innovation spread and adoption

What have we achieved?

Our mission is to save more lives from Cancer through early diagnosis and reduced inequality



56.4% Early Stage 2018 COSD Gold Standard (Validated Data)

2018 COSD Staging Gold Standard (Validated Data)

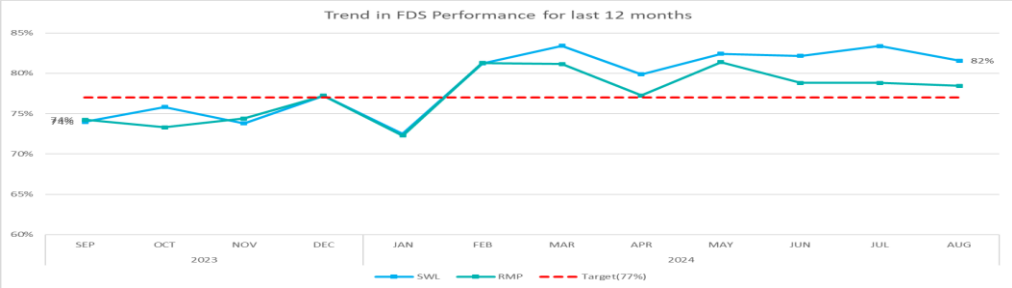
The Rapid Cancer Registration Dataset (RCRD), RCRD | CancerStats (ndrs.nhs.uk)

Using Rapid Staging data, RMP has had a 4% improvement in early stage cancer diagnoses as a % of staged cancers since 2018.

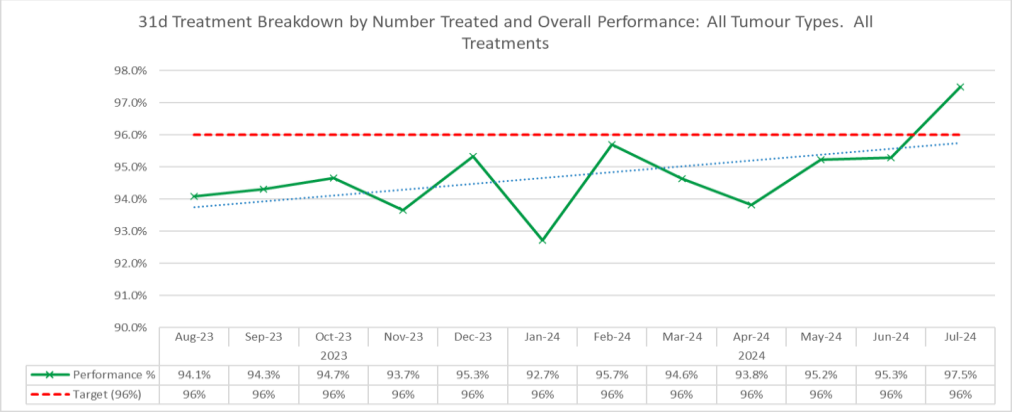
Analysis of routes to diagnosis indicates improvements in Early Stage Diagnosis as a percentage of staged cancers from 2018 seem to have been driven by the following changes:

- Lower GI: change from FOBT→ FIT- 5% more cancers detected from screening than in 2018
- Prostate: Prostate UK awareness campaigns, RMP recovery focus area
- Gynae: volume of referrals in routine and urgent increased, (40pc increase in USC (uterine cancer) since 2019) suggesting women are presenting earlier
- Lung: monitoring of nodules (not related to Targeted Lung Health Checks)

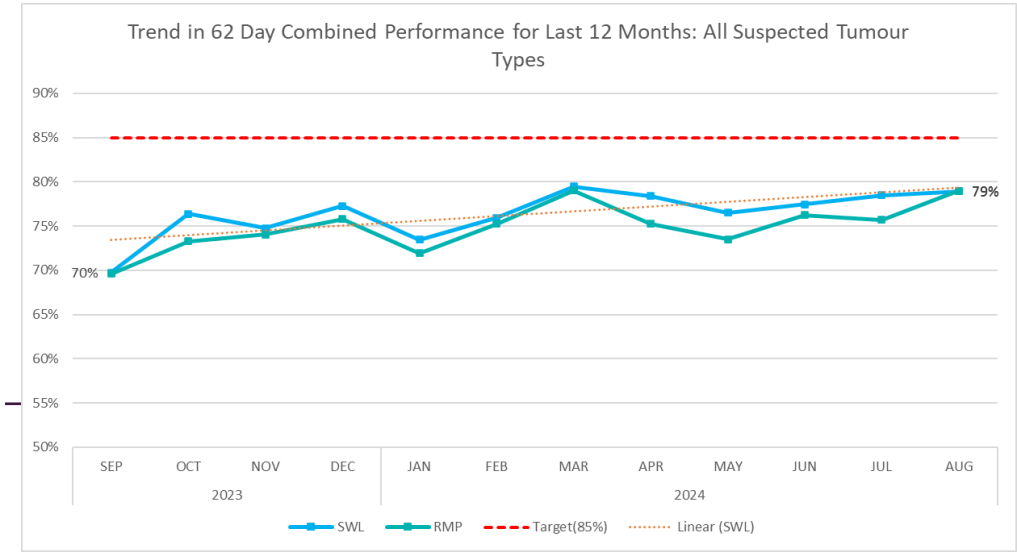
Performance improvement



Our Faster Diagnostic Standard performance continues to be fully compliant at aggregate level, although stability at individual pathway and provider level remains an issue. FDS with cancer remains variable.
Urgent Cancer referrals have increased by 23.2% since 2019/20 (SWL)



Our 31 day has reached near compliance although stability at individual pathway and provider level remains an issue. There is a 21% increase in treatment volumes since 19/20.



Our 62 day continues to track in high 70's, with trend indications that this is improving, and focus in Trusts in supporting improvement.

RM Partners NW & SW London Cancer Alliance NHS

How about reduced inequality?

Early Diagnosis

- ✓ Delivery of FIT in Primary Care
- ✓ Roll out of Lynch testing (GI)
- ✓ Recovery + reprocuring of breast screening
- ✓ Insights into population and general practice helping inform approach
- ✓ Targeted lung health check programme only scaling now

- × Bowel screening inequality remains at 16%
- × Cervical screening age inequality remains significant
- × Hepato-Cellular Carcinoma screening remains challenging in terms of at scale intervention.

Faster Diagnosis

- ✓ Variation in all performance targets has substantially reduced, by both tumour and hospital site
- ✓ Delivery of faster diagnosis target- with over 3,399 patients per month meeting the target and 600 people less (April 21-Feb 2024)
- ✓ Number of people waiting more than 62 days exponentially reduced
- ✓ Inter Trust Referrals programme to deliver in 2024

- × 85% treatment target less stable and not delivered
- × Seasonality continuing inequality
- × Pathology variation

Treatment & Care

- ✓ Equitable access to radical treatment for prostate, and repeat operative rates stable
- ✓ Genetic waits improving
- ✓ SACT (systemic anti-cancer treatment) programme established
- ✓ Radiotherapy workforce report delivered and acted upon
- ✓ New Stratified Follow Up for endometrial

Deprivation and its impact on the cancer pathway:

Deprivation negatively impacts our local populations across the cancer pathway:

- 35% of people in our most deprived population reported waiting more than 3 months until first seeing their GP after thinking something may be wrong
- 38% of our most deprived population reported seeing a primary care professional 3 or more times prior to their diagnosis, a 15% difference between the most deprived accessing timely cancer care in comparison to the least deprived, an increase in 6% compared to 2022
- There is a 17% discrepancy in bowel cancer screening uptake between our most and least deprived groups
- There is variation in early-stage diagnosis between our most deprived and least deprived populations. Improvement will in part be driven by the Targeted Lung Health Programme, but additional formal focus will continue
- Lower survival rates in deprived populations: nationally 10,400 more people would survive for 5 or more years if the least and the most deprived populations survival was matched.

Cancer Strategy 2025-30

Our strategy is based on local needs, but with clear alignment to the themes emerging from the 10 year plan:

- Cancer Prevention is a core programme, to reduce the number of preventable cancers from the current of 38%
- Technology and AI are cross cutting themes, with an expectation they will transform care across the pathway
- Close closer to home and Stratified Follow up continues to be a focus

Our guiding principles, established by our people and communities.

Cultural Humility

Listen to communities and trusted leaders to codesign services, and incorporate culture and faith into our care.

Community Integration

Put lived experience at the heart of our care creating connections and bridging gaps.

Use community assets

Embed and share messages, and utilise community and voluntary groups to share information.

Practical implementation

Ensure insights become practical strategies to remove care barriers.

Cancer Prevention

Commit funding and infrastructure to develop community led prevention campaigns, and culturally targeted advice including information on Shisha, chewing tobacco and diet.

Be trustworthy

Create trust through working side by side with communities listening, acting on concerns and providing information and support in the right language.

Be consistent

Ensure messages are consistent, and train community leaders to ensure they have the most up to date accurate information to help spread key messages.

Create accessible services

Use community settings where feasible, and support our communities to access care.

Ambition and work programmes:

Together we will save more lives from cancer by enhancing prevention, early diagnosis and access to timely and personalised treatment, supported by our overarching commitment to eliminating variation and reducing inequality.

Prevention and screening

Address modifiable risk factors focusing on HPV vaccination uptake and smoking cessation.

Improve cancer screening and surveillance, ensuring equitable access across populations

Vaccination Uptake

Reduce variation in HPV uptake across our boroughs by 30%, with the aim of achieving 90% average uptake across RMP

Smoking Cessation

Reduce smoking rates in those invited for a Targeted Lung Health Check by 25%

Screening & Surveillance

Adopt evidence based screening and surveillance programmes, which seek to identify those at increased risk of cancer.

Reduce variation in screening uptake within certain population groups, by building trust and networks with community partners

Early Diagnosis

Diagnose at least 65% of patients with cancer at stage 1 or 2 by 2030, through year on year improvement, and reducing variation by borough

Patient Interval

Work with populations to improve awareness of symptoms that may indicate cancer.

Build trust between our population and healthcare systems to support early presentation

Referral interval

Work with primary care to standardise the referral interval and eliminate systemic bias

Reducing time from referral to treatment

Ensure a minimum of 85% of patients are treated within 62 days, irrespective of the route to treatment and place of care. Eliminate variation in RTT.

Cancer FDS

77% of patients diagnosed with cancer are told by day 28, regardless of tumour group

Specialist diagnostics & system working

Ensuring sufficient, quick and equitable specialist diagnostic capacity is available across providers through efficient and sustainable network models

Time to treatment irrespective of modality

Delivering pathways which ensure all patients receive a decision to treat regardless of modality within sufficient time to meet the 62-day standard

Treatment, Care and Survival

To be in the top decile internationally for cancer outcomes and survival

Treatment

Improve survival through ensuring delivery of high-quality cancer care to all

Reduce variation in treatment offered

Ensure total cancer care is undertaken in line with best practice standards and close to home, where possible

Care Personalisation

Delivery of patient centred care, from planning to support throughout the cancer journey

Implementation of meaningful interventions to reduce the long term impact of cancer, focusing on sleep and anxiety., as well as ensuring equitable access to specialist pain services

Care equity and co-design

Data driven

Sustainable and resilient workforce and financial models

Technology and AI

Innovation, spread and adoption

RM Partners NW & SW London Cancer Alliance

NHS

Summary

- Together we have made strides in improving early diagnosis and improving care for patients across the diagnostic and treatment journey. The next RMP strategy has an even more ambitious approach, to make a step change in prevention, continue to improve early diagnosis, reduced the interval between referral and treatment and ensure equity in treatment, access to research and personalised care
- There is strong alignment with emergent themes in the 10-year plan, with prevention, technology and care closer to home reflected in the approach
- To deliver this we will need to continue to build on the strong partnership model created and extend into more formal partnerships with local authorities.
- Inequity particularly for deprived people remains an issue and the strategy sets out our approach to reducing variation for our population throughout the cancer pathway, from cancer prevention to diagnosis, treatment and survival.
- Whilst SWL Performance remains strong compared to National performance, continued focus is required to return to the Constitutional Standards, particularly the 62 day treatment standard which is consistently unmet
- Currently across RM Partners 38% of cancers are preventable, this increases to 42% by 2030 without focus on prevention. The Alliance will focus on tobacco cessation and also HPV vaccination, as this causes 3 cancers.
- Whilst early diagnosis is an important prognostic factor, the role of genomic medicine and management of longe-r term disease are also important.

Appendices

Ambition	KPI	Metrics	Interventions								5-year plan
Prevention Address modifiable cancer risk factors focusing on HPV vaccination uptake and reducing smoking	**Vaccination uptake** Reduce variation in HPV vaccination uptake	**By 2030** 30% reduction in variation 90% HPV vaccination coverage across RMP	**Community awareness** Improve initial sign up, focusing on populations with least coverage	**Catch up programmes in low uptake boroughs**	**Work to reduce barriers to consent**	**Care equity & co-design** Address inequity and ensure PCEI led provision of information to improve awareness of risks of heated tobacco	**Data driven insights** Use data to understand populations less likely to engage with programmes and develop targeting initiatives to influence behaviour change and create a shift in uptake/ access	**Financial & workforce sustainability** Ensure clearer pathways into smoking cessation, and model impact	**Technology / AI** Use a multichannel approach to deliver targeted messaging and support	**Innovation spread & adoption** Undertake research to address disparities in cancer incidence and outcome and to explore options for early diagnosis in late presenting cancers	Deliver x3 boroughs per year catch up programme; x2 boroughs/ year primary coverage
	Smoking cessation Reduce smoking rates starting with those invited for a TLHC	**By 2030** 25% reduction in smoking rates among individuals invited for a TLHC	**Smoking cessation** Ensure meaningful quit support post TLHC		**Access** Improve access to smoking prevention services for those on a USC pathway						5% improvement in quit rates for target populations per year
	Cancer prevention education Increase awareness of preventable causes of cancer	Improve preventable cancer mortality rate in under 75s	**Community awareness** Focus on culturally relevant messaging and engage with CVSO on cancer prevention, signs and symptoms								
Screening & Surveillance Adopt evidence based emergent screening and surveillance programmes Reduce screening uptake variation	**Targeted Lung Health Check** Improve early detection and treatment of lung cancers	**By 2030** 100% borough coverage across RMP Create a reinvite approach for non- attenders	**Highest risk** Focus on highest risk wards Work with national team to implement interval strategy		**Population health approach** 60% minimum participation and tracking non-attenders to improve coverage						Deliver 20% per year coverage, and create non responder recall approach
	Emergent screening programmes Identify, deploy and embed new screening programmes that improve survival rate	**By 2030** Fully implement HCC programme, trial new methods of screening as technology developed	**Roll out novel screening, case finding and surveillance systems** Start with high risk populations and improve identification of high risk individuals		**Ensure financial sustainability** of models exists to embed programmes						Fully resourced sustainable screening programme
	National cancer screening programmes Reduce variation in coverage	**By 2030** Reduce by 10% variance in coverage	**Population health** RMP screening dashboards to target efforts	**Cervical**: lobby NSC implementation of self-swabbing **Bowel:** reduce the 17% deprivation difference in coverage **Breast:** improve NWL coverage to match SWL							Reduce variation by 10% by targeting low uptake segments

Key interventions; Prevention and Screening

Ambition	KPI	Metrics	Interventions							5-year plan
Early Diagnosis Diagnose at least 65% of patients with cancer at stage 1 or 2 by 2030, through year-on-year improvement, and reducing variation by borough	**Patient interval** Work with populations to improve awareness of symptoms that may indicate cancer Build trust between our communities and healthcare systems to support early presentation	**By 2030** Reduction in variation in time to present across patient demographics from symptom onset to first GP consultation	**Community partnership** Improve symptom activation in deprived populations **Develop** meaningful, sustained interventions, including MECC, targeted proactive outreach & mass marketing **Pilot different models of first line care to** create trusted health service approach	**Population health** approaches to develop predicative awareness to reduce variation	**Care equity & co-design** Working alongside PCEI to develop and harness trusted relationships and disseminate messaging	**Data driven insights** Data driven approach to address inequity Partner with data & behavioural scientists to use population health data to create actionable insights to improve early diagnosis	**Financial & workforce sustainability** Enhance primary care workforce and accessibility through leveraging technology for efficiency and community engagement on when to seek help	**Technology / AI** Ensure PCEI led provision of information through multiple channels and formats, using technology such as advanced data analytics, mobile apps, and social media platforms Improve patient management systems to facilitate cross organisation communication and reduce admin burden	**Innovation, spread & adoption** Deliver research on improving early detection and diagnosis methods, with a focus on cancers with late-stage diagnosis	**Patient interval** Reduce variation in patient interval across RMP
	Referral interval Reduce disparity in the referral interval from primary care to specialist cancer care and eliminate systemic bias	**By 2030** Reduce variation in the number of times seen in primary care before USC referral is warranted, thus improving referral parity Reduction in referral disparities across patient demographics	**Continue to develop and enhance the Early Diagnosis Enhanced Support** approach to address variation in early diagnosis at primary care level							**Referral interval** Reduce disparity in time to referral across RMP Reduce variation in diagnosis rates by 20% over 5 years

Key Interventions; Early diagnosis

RM Partners NW & SW London Cancer Alliance NHS

Ambition	KPI	Metrics	Interventions								5- year plan
Reducing time from referral to treatment Ensure a minimum of 85% of patients are treated within 62 days, irrespective of the route to treatment and place of care. Eliminate the variation in RTT experienced by deprived groups	**Attainment of Cancer Waiting Times Standards** Delivery of all operational standards focusing on timely communication of cancer diagnosis and staging to patients	**By 2030** 77% of patients diagnosed with cancer are informed of their diagnosis by day 28, regardless of tumour group	**Enhanced focus on secondary diagnostics** Enable more efficient full diagnostic pathways to reduce time to treatment	**Demand reducing initiatives** Reduce USC demand by via Telederm, breast pain, unscheduled bleeding pathway	**Digital PTL** Implement real time mapping and active digital management of the PTL to reduce pathway time	**Care equity & co-design** Maintain an inequity first approach to improvement Raise awareness of deprivation as a clinical risk Understand and reduce barriers to accessing diagnostic and treatment appointments through working in partnership with our communities, and monitoring equity in the secondary care pathway	**Financial & workforce sustainability** Develop sustainable workforce solutions and collaborative practices through integrated working and collaboration to deliver at scale models. Ensure clear financial underpinning including approach to recording activity to enable sustainability	**Data driven insights** Evaluate care based on population health characteristics and deprivation to address diagnostic differences within our populations	**Technology / AI** Consolidate technology infrastructure to reduce costs and improve cross organisation communication Use novel diagnostic technologies to improve capacity, efficiencies, and experience whilst ensuring effective pathways for the digitally excluded	**Innovation, spread & adoption** Research, identify and implement evidence based innovations to reduce unwanted variation along the treatment pathway, including new technologies	**CWT** **FDS:** 77% 2025 **Cancer FDS**: 75% 2028, 77% 2030 **31-day DTT**: 96% 2025, 98% 2030 **62-day RTT**: 85% 2026, 90% 2030
	Specialist/ secondary diagnostic capacity & system efficiency Sufficient, rapid & equitable specialist diagnostic capacity,	**By 2030** Use of all appropriate diagnostic capacity, including CDCs Reduce DTT by 5 days through more rapid access and reporting of secondary diagnostics	**Inter trust referrals** Optimise RTT processes and enhance MDT efficiency to ensure patient readiness for care transitions	**Equity of access** Facilitate prompt secondary diagnostics, focusing on supporting the most vulnerable	**System capacity** Ensure use of full system capacity in a coordinated way to support rapid diagnosis and treatment						**Secondary diagnostics** **2027**: Secondary diagnostics by day 28 for prostate and breast **2028:** staging by day 28 for colorectal and skin **Reduce Days to DTT by 5**
	Utilisation of AI and digital technologies in diagnostic and patient pathways Harness AI and digital technologies to support diagnostics, pathology and patient facing pathways	**By 2030** Implement AI in minimum of 2 of diagnostic pathways Implement technology driven pathways to facilitate patient care through the cancer pathway	Partner with NICE to identify AI targets, supporting conversion of Early Value Assessment technology into business as usual Support wider imaging, pathology and CDC networks to partner where feasible to harness rapid adoption of technology that supports patient care and management								**AI** Implement at least 2 AI driven diagnostic technologies across RMP

Key Interventions; Time to treatment

Ambition	KPI	Metrics	Interventions							5-year plan / target
Treatment, Care and Survival To be in the top decile internationally for cancer outcomes and survival	**Survival** Measurable improvement in 1,3,5 year survival and a reduction in survival variation by deprivation	**By 2030** 1 and 3 year survival by ICS and deprivation	**Data and benchmarking** Use data and international benchmarking to identify drivers of unwarranted variation in treatment and develop interventions to deliver improvement	**Care access** Delivery of optimal pathways which meet the needs of our population ensure equitable and rapid access to all cancer treatments and symptom management services Delivery of cancer care as close to home as feasible	**Care equity & co-design** Maintain an inequity first approach to improvement Deprivation as a clinical risk factor Evaluate care based on population health characteristics and deprivation to address survival difference within population	**Data driven insights** Through a collaborative data network use national audits GIFRT and SACT demand and capacity to create a step change in care Identify areas of treatment variation to develop strategy for improvement and then demonstrate change over time	**Financial & workforce sustainability** Understand current and future needs to ensure capacity aligns to demand and efficient use of available resources adopting best practice, cross site working and shared learning Support recruitment and retention of cancer specific staff	**Technology / AI** Work in partnership with NICE to trial and implement emergent technology Rapid adoption of new technology supporting cancer care Ensure effective pathways for the digitally excluded	**Innovation, spread & adoption** Through the RMP innovation fund support the development of interventions focusing on improved survival, reduced treatment variation and enhanced quality of life	**Survival** 1 year survival matches best in England, for colorectal, UGI, breast and uterine cancer, and closing deprivation survival gap in these tumour groups
	Treatment Rapid adoption of new technology and genomic assisted treatment Improve trial participation and treatment for those with metastatic disease. Standardise time to access emergent NICE treatments	**By 2030** Optimal treatment scheduling to improve outcomes Adoption of new treatments and technology Improve genomics TAT to reduce time to treatment	**Genetics and personalised medicine** Improve genetic testing access, TAT and support personalised medicine. Effective roll out of new tests and treatments **Time to treatment irrespective of modality** Deliver pathways that ensure patients meet 31-day DTT regardless of modality and line of treatment							**Treatment** **31-day DTT** 2025: 96% 2030: 98% (first + subsequent) Minimum of 2 new treatments and technologies adopted by 2030 Genomics TAT 14 days from sampling to results
	Personalised care Universal access to personalised treatment, care and support to address short and long term impacts of cancer focusing on sleep, anxiety, specialist pain services, prehabilitation, and rehabilitation	**By 2030** Ensure equitable, supportive services across cancer pathway Implementation of a sustainable equitable prehabilitation approach	**Prehabilitation** A sustainable and funded prehabilitation offering targeting physical activity, nutrition, psychological well being **Living with cancer** Universal access to specialist pain services, and support with sleep and anxiety							**Personalised care** Universal access to personalised care treatments proven to improve outcomes

Key interventions; Treatment care and survival

Delivering the cancer strategy: risks and mitigations

Risk	Mitigations
Failure to tackle variation: Not making a substantial difference to variations in access, time to treatment and survival, which will mean we do not deliver our strategy	– Co-design with communities to understand how to develop services that will provide equitable access and support. – Ensure interventions are financially sustainable to ensure sustained delivery over time. – Ensure real time monitoring of change to enable iteration of approaches to reduce inequity.
Financial: Failure to deliver financially sustainable services will mean strategies do not bed in	– Where long term funding will be required ensure post pilot financial model is clear at the outset and align long term financial model to NHS Payment Tariff (or successor), and track savings where services have been improved. – Where short term intervention, ensure that exit strategy clear to ensure no stranded costs. – Where novel funding models are required, engage financial leadership from both ICSs and Trusts to ensure buy in and stress testing before embarking on change.
Workforce: Failure to create compelling workforce models or deliver them in practice will negatively impact on strategic aims	– Use lead nurse forum to underpin any decisions or focus on new nursing AHP roles. – Work with local HR teams to ensure case for change and agreed models are fully implemented. – Bridge funding and training period to ensure at scale delivery.
Coordination challenges: Inefficient communication and coordination between primary care providers and secondary care specialists can lead to delays in diagnosis and treatment, impacting patient outcomes.	– Continue to have Primary and Secondary care represented on all pathway groups, at decision making groups and, in the SMT. – Work with Communities, Trusts and Place teams to create pathways that improve care and reduce handoffs and inefficiency across both primary and secondary care.
Stakeholder alignment: Conflicting priorities and goals among various stakeholders may affect speed of delivery and longer-term success	– Ensure focus on high impact interventions that deliver strategy, where there is a clear case for change. – Ensure interventions deliver wins for all parties to support engagement.

Thank you

NHS South West London
Integrated Care Board

Immunisations in South West London

Agenda item: Item 5

Report by: Dr John Bryne

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

To update the SWL ICB Board on the SWL response to the London Operational Delivery Plan which has been developed to deliver on the National and London Immunisation Strategy.

Executive summary

The paper sets out the governance and background of the SWL Immunisations team. Introduces the London Immunisation Strategy and Operational Plan and the SWL response to this with our strategy and delivery plans and how we will work to achieve the goals. It provides an update on current uptake with detailed operational plans for access, communications, workforce and borough wide plans and highlights the key risks and issues for delivery.

Key Issues for the Board to be aware of

South West London is the second best performer in London, although we are below World Health Organisation's recommended uptake of 95% for childhood immunisations.

- The SWL Immunisations Board is currently undergoing a restructure in order to respond to the delegation of NHS England's responsibilities for immunisation programmes to ICBs and to better deliver the National Vaccine Strategy and the London operational delivery plan.

- South West London is affected by the same challenges as London region including a declining vaccinating workforce in London but we are working to build capacity within the system with new working models of vaccination delivery in South West London.
- Our South West London delivery plan focuses on delivering on 9 objectives:
    - **Increase uptake** improving vaccination uptake and coverage whilst reducing variation.
    - **Work in partnership** with health, care, community & voluntary organisations to promote uptake of vaccinations.
    - **Recruit and retain** agile and efficient workforce within primary care, School Age immunisation Services (SAIS) and roving service.
    - **Reduce health inequalities** offering outreach initiatives for underserved communities.
    - **MECC** (making every contact count) in co-administration, promotion of all vaccination programmes, encouraging wider health and wellbeing interventions.
    - **Support place delivery plans** working with our 6 boroughs, key stakeholders and residents to achieve ambitions and targets at borough level.
    - **Be community-focused** understanding and addressing needs of local communities.
    - **Increase access** through variety of delivery models e.g. vaccination vans, pop-up clinics and pharmacy walk-in clinics.
    - **Inform** patients, parents/carers and staff of the benefits of immunisations and address concerns and misinformation.
- Improving immunisation uptake and coverage means being innovative. Examples of our innovations include our Measles, Mumps and Rubella (MMR) vaccine acceptance work in community pharmacies, having Missed Opportunities for Vaccinations (MOV) protocols in all GP practices (i.e. reducing missed opportunities for vaccinations) and working with our academic partners at St George's in better meeting the needs of our migrant population.

Recommendation

The Board is asked to:

- Note the contents of this report and in particular the key issues that have been highlighted.

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
This document will impact on the following Board objectives:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access

Risks & Mitigations
N/A

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Yes, and refreshed for 2024

Patient and public engagement and communication
No

Previous committees/groups

Committee name	Date	Outcome
SMT	September	

Final date for approval
N/A

Supporting documents
n/a

Lead director
Dr John Bryne

Authors
Ruth Eager & Dr Catherine Heffernan

NHS
South West London

SW London Immunisations
Board papers
November 2024

Contents

South West London

Introduction

NHS South West London

- The purpose of this paper is to provide an overview of Section 7a immunisation programmes for South West London and the role the South West London Integrated Care Board plays in improving uptake and coverage.
- Section 7a immunisation programmes are population based, publicly funded immunisation programmes that cover the life-course and include:
  - Antenatal and targeted new-born vaccinations.
  - Routine Childhood Immunisation Programme for 0-5 years.
  - School age vaccinations.
  - Adult vaccinations such as the annual seasonal influenza vaccination.
- Members of the ICB Board are asked to note that NHS England are the commissioners of Section 7a immunisation programmes and the ICB works with them, local public health teams and UK Health Security Agency in protecting SWL population against vaccine preventable diseases.
- The publication of the National Vaccine Strategy (2023) outlined clear roles for ICBs though some of these are subject to the delegation of the appropriate functions and powers from NHS England. These include:
  - Where clinically appropriate and operationally feasible, make co-administration of seasonal vaccinations the default model resulting in increased uptake and tailor the core offer for the local population
  - Work with local authorities, directors of public health and voluntary organisations to take responsibility for planning outreach services that meet the needs of their underserved populations and address wiser health inequalities
  - Make vaccination a fundamental part of primary care network (PCN)-level integrated, multidisciplinary, flexible teams
  - Include vaccination in integrated care strategies and joint forward plans
  - Develop a diverse vaccination workforce with a skill mix
  - Ensure ongoing ability to respond to outbreaks and pandemics through integrated neighbourhood teams

Headlines for South West London

NHS
South West London

- Historically and currently, London performs lower than national (England) averages across all the immunisation programmes.
- London faces challenges in attaining high coverage and uptake of vaccinations due to high population mobility, increasing population, increasing fiscal pressures and demands on primary care services and a decreasing vaccinating workforce.
- **South West London is affected by the same challenges as London**:
  - High population mobility (e.g. Wandsworth) which affects tracking and recording of patients
  - Growing vaccine hesitancy (i.e. confidence in vaccine, lack of convenience and complacency) and vaccine fatigue post COVID-19 pandemic.
  - Coding errors in general practice (including missing data for patients vaccinated abroad or elsewhere)
  - Different providers can cause delays or inaccuracies in data collection (e.g. delays in uploading maternity data to GP systems can result in underreporting of maternal vaccination uptake)
  - Inconsistent patient invite/reminder (call-recall) systems across London
  - Declining vaccinating workforce
  - Decreasing and ageing GP workforce dealing with increasing work priorities and patient lists, resulting in shortages of vaccinators and appointments
  - Difficulties accessing appointments
  - Large numbers of known underserved populations who are associated with lower uptake of vaccinations than the wider population (i.e. delayed vaccinations)

Governance

NHS
South West London

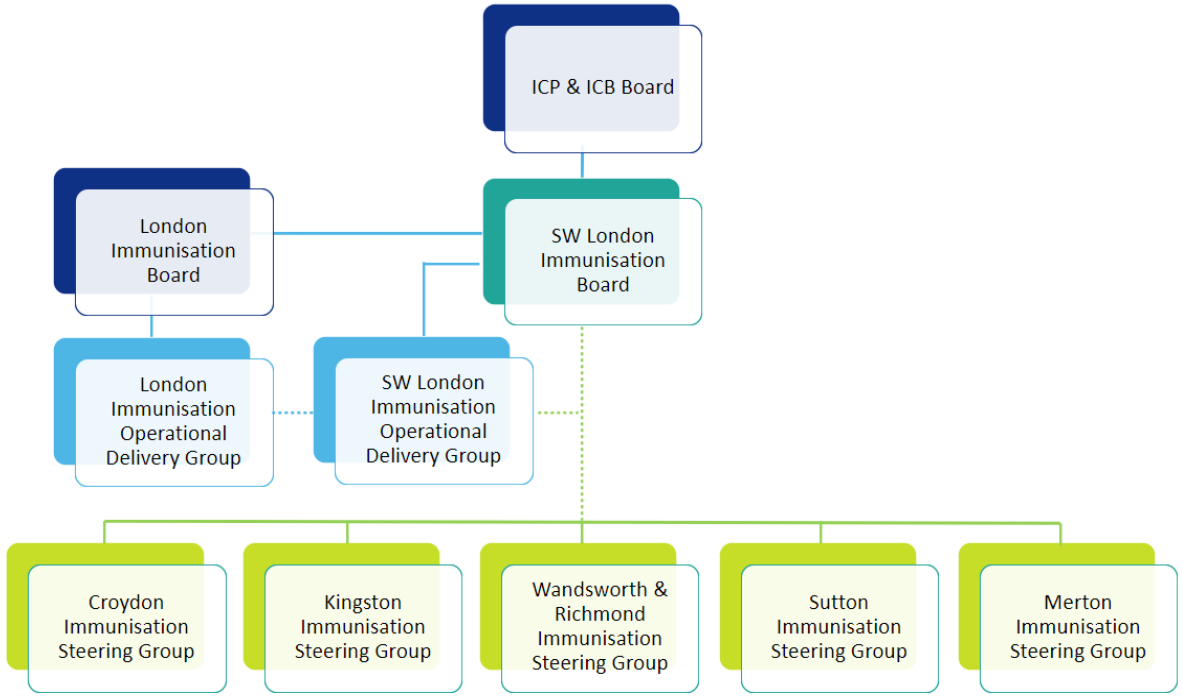
SW London have a dedicated team leading immunisations, made up of a core team and a roving/outreach vaccination team hosted by Corydon University Hospital. We hold weekly planning meetings which include Primary Care leads. Boroughs have established immunisation steering groups led by public health with representation from place and the immunisation team. The groups cover all immunisations commissioned by NHS England; schedule 7a, Covid-19 and Flu.

A SW London Operational Delivery Group meets once a month with NHSE, SAIS providers, Maternity representation, Borough and Local Authority representation. The SW London Immunisations Board has oversight of all immunisation programmes (currently undergoing a restructure to better reflect the London delivery plan and delegation of responsibilities by March 2027).

During seasonal immunisations programmes for Covid and Flu additional operational meetings are stood up for planning and provider support

All Boroughs had a named immunisation lead at place who provided operational support for PCNs within their borough.

SWL immunisation team members attend regional meetings as well as system and borough immunisation meetings as required. The team are part of a larger Health Improvement team where they work together on areas of common concern such as inequality.



National Strategy

NHS
South West London

In December 2023 a national strategy was published that brought together all vaccination programmes for the first time. It outlined proposals for future responsibilities by organisation with the expectation that implementation would take place during 24/25 and most proposals would be in place for 25/26. Note that some of the proposals are subject to changes delegation of commissioning responsibilities and legislative change which will not be in place until March 2027. Key themes are;

- Simple, convenient and efficient front door service
- Target underserved populations through data driven focussed outreach
- Integrated multi-disciplinary teams
- Strong system leadership
- A new commissioning and financial framework
- Integrated, flexible vaccination workforce
- Timely and accurate data
- Efficient and responsive vaccine supply
- Outbreak and response capacity

The ICBs responsibilities are;

- Co-administration, where clinically appropriate and possible
- Development of a core vaccination service in consistent locations
- Working with local stakeholders for outreach and ensuring this is part of vaccination delivery network, including utilisation of community settings
- Making vaccinations fundamental part of PCNs, including other preventative interventions and integration into existing clinical pathways
- Making vaccination the business of all patient facing staff
- Clarify responsibility of vaccination roles and delegation of commissioning responsibilities (with NHSE)
- Ensure vaccination included in all joint forward and integrated care plans
- Development of vaccination workforce that makes best use of all staff
- A diverse workforce which reflects communities it serves with a career progression and ability to work flexibly in surge / outbreaks
- Ensure ongoing ability to respond to outbreaks and multi-agency plans

London Immunisation Strategy (LIS)

NHS
South West London

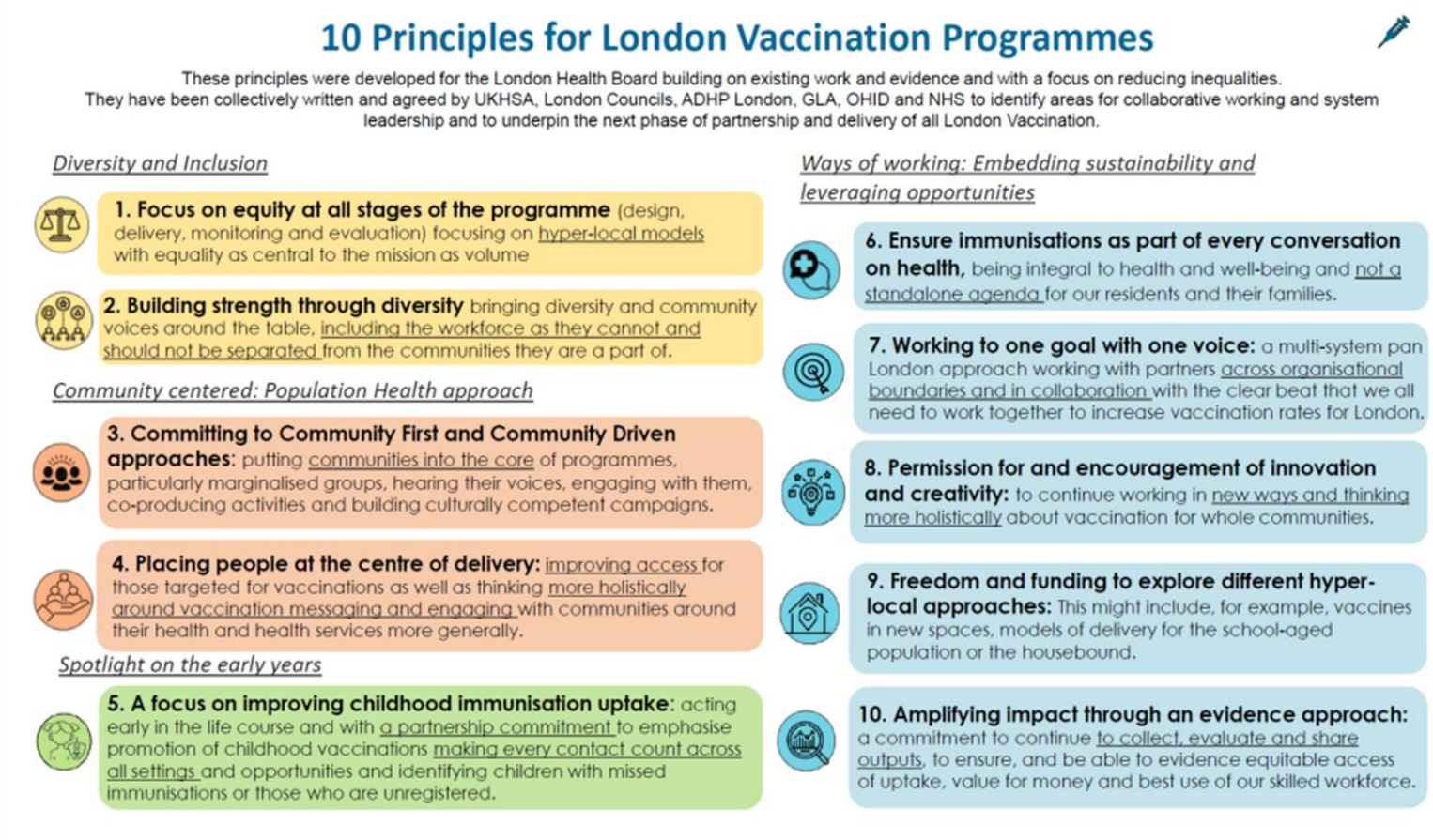
Following publication of the national strategy, London region published the London Immunisation strategy which aims to build on and sustain London's existing strong network of vaccination teams and health assets. Through learning, innovation and scaling up successful or new approaches we will improve vaccine uptake across the capital. We will put people, communities, and health workers at the heart of our efforts.

The strategy is underpinned by a set of ten principles for London vaccination Programmes. The ten principles are grouped into four themes;

- **Community engagement**
- **Access**
- **Innovation**
- **Workforce**

and build upon decades of evidence and experience improving vaccination services and reducing health inequalities across London. These have been endorsed by the London Immunisation Board and the London Health Board. Within each theme is a set of 'we will' statements which capture the actions required to deliver.

At the core is a focus on equity. Equity is integral to each LIS thematic area and at every phase of the strategy from planning through to delivery and evaluation.



A picture showing the 10 Principles for London vaccination programmes

London Operational Delivery Plan

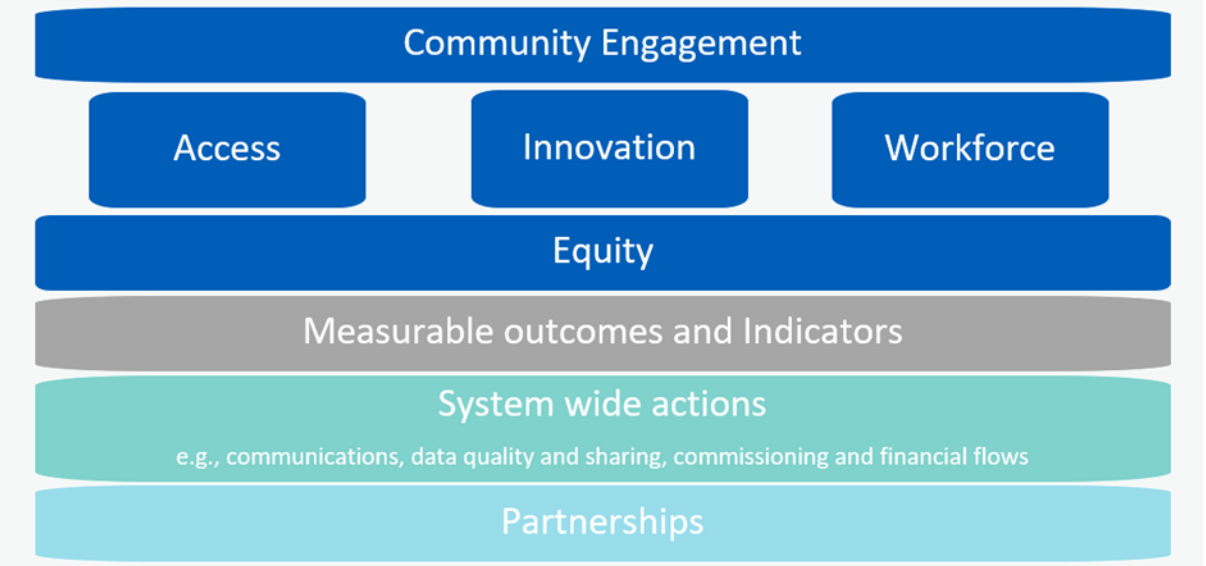
NHS
South West London

Following publication of the London Strategy, work begun on the development of an operational delivery plan. The plan builds on the "we will" statements in the strategy and is underpinned by the 10 principles for London vaccination programmes and the London Legacy and Health Equity Partnership (LHEP) model for health equity, where appropriate.

Using this document, we aim to develop an ICB operational plan which will be based on a premise of **working differently, testing new approaches** and **adopting a whole family, whole life course approach** rather than focusing on actions for individual antigens. The plan will also recognise the need to **connect vaccination with health interventions more broadly** – such as screening.

SWL are using this to frame their response to delivering both seasonal vaccinations programmes and the year round scheduled vaccinations.

The London Immunisation Plan Framework



A blue and white rectangular sign which illustrates the co-dependency of community engagement, access, innovation, workforce, and equity supported by measurable outcomes and indicators, system wide actions such as communications and data quality and working in partnership with other organisations.

The London Health Equity Partnership (LHEP) model for Health Equity

The LHEP model is designed around four central tenets:

- Central focus on communities and building trust
- Data, evidence & learning
- Innovation & sustainability
- Partnerships & leadership

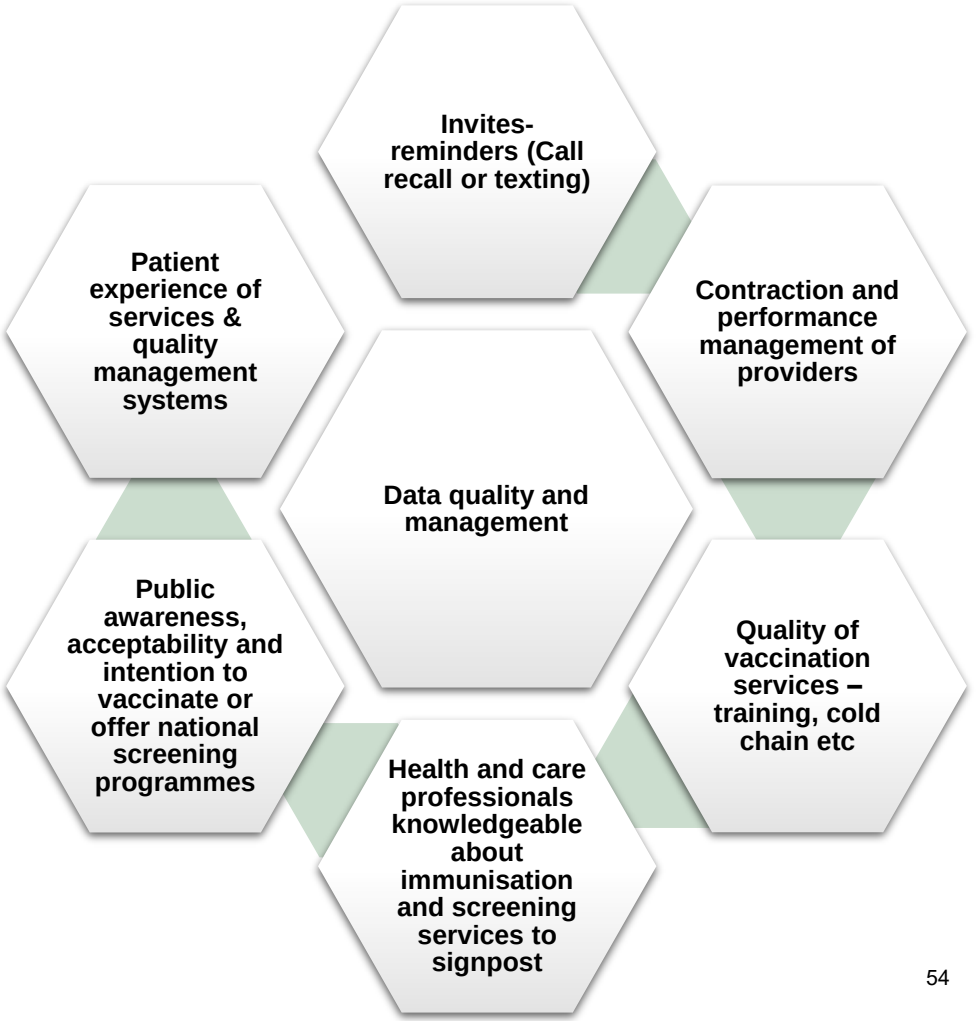
South West London Delivery Plan

NHS
South West London

Vision statement:

‘Everyone in South West London has easy access to all the immunisations they need to protect their health’

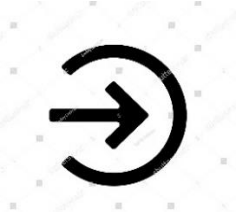
- The South West London Integrated Care Board’s Immunisation delivery plan aims to deliver the London Immunisation Strategy and the National Vaccine Strategy in South West London.
- This is part of London’s ambition to become the world’s healthiest city, with the aim of increasing and sustaining vaccination coverage for all children and adults.
- It has been developed with a wide range of stakeholders including: patients, parents, school age immunisation service (SAIS) providers, public health teams, GPs, community pharmacists, SWL ICB and NHSE colleagues.
- To get high uptake and coverage for immunisations, you need to address 7 key areas (illustrated here). The 9 objectives of our South West London Immunisation Delivery Plan aims to do that for the South West London population.



South West London ICB Immunisation Delivery Plan's Objectives

NHS South West London

Increase uptake improving vaccination uptake and coverage whilst reducing variation

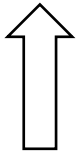


Reduce health inequalities offering outreach initiatives for underserved communities

Be community-focused understanding and addressing needs of local communities

Work in partnership with health, care, community & voluntary organisations to promote uptake of vaccinations

MECC (making every contact count) in co-administration, promotion of all vaccination programmes, encouraging wider health and wellbeing interventions



Increase access through variety of delivery models e.g. vaccination vans, pop-up clinics and pharmacy walk-in clinics

Recruit and retain agile and efficient workforce within primary care, SAIS and roving service

Support place delivery plans working with our 6 boroughs, key stakeholders and residents to achieve ambitions and targets at borough level

Inform patients, parents/carers and staff of the benefits of immunisations and address concerns and misinformation

‘Flu & COVID Vaccine Uptake for Winter Season 2023/24

NHS
South West London

	% Flu vaccine uptake >65 years	% Flu vaccine uptake under 65 years (at risk only)	% flu vaccine uptake all pregnant women	% flu vaccine uptake all HCWs
SWL ICB	69.6	37.3	32.8	46.6
SEL ICB	66.8	34.5	25.8	36.2
NWL ICB	64.4	34.9	25.9	38.2
NCL ICB	64.6	31.6	23.5	40.1
NEL ICB	64.9	35	25.8	33.6
London	**65.9**	**34.7**	**26.9**	**38.2**
England	**77.8**	**41.4**	**32.1**	**44.4**

- Nationally there was a decline in uptake compared to 2022/23
- As seen in the table, SWL ICB performed higher than London averages and with the exception of pregnant women, lower than national averages.
- Adult ‘Flu vaccine is given for personal protection (protection against severity of disease) rather than herd immunity (this is achieved through the child flu vaccine programme). There is a WHO target of 75% for over 65s.
- The low proportion of clinically at risk and pregnant women is concerning, especially as the maternal vaccination uptake was lowest on record since 2011/12 season

‘Flu & COVID Vaccine uptake in South West London Winter 2024/25 season to date

NHS South West London

Autumn 2024 – 2025 Seasonal Covid and Flu Programme

Performance today on Covid and flu is shown below. This Autumn (2024) the eligible cohorts for covid and Flu are below. The Covid cohort is 448k, the Flu cohort is 791k. Both figures include frontline Health & Social Care Workers. Uptake performance for Covid has fallen each campaign. National has revised the estimate of Covid uptake to 40% (down from 43%) for this year’s campaign. Performance uptake for both Covid and Flu Autumn 23-24 is shown below. The 24-25 campaign is underway with Covid ending on 20th December 2024, flu in February 2026.

Increase uptake improving vaccination uptake and coverage whilst reducing variation

Covid uptake to 27th October 2024

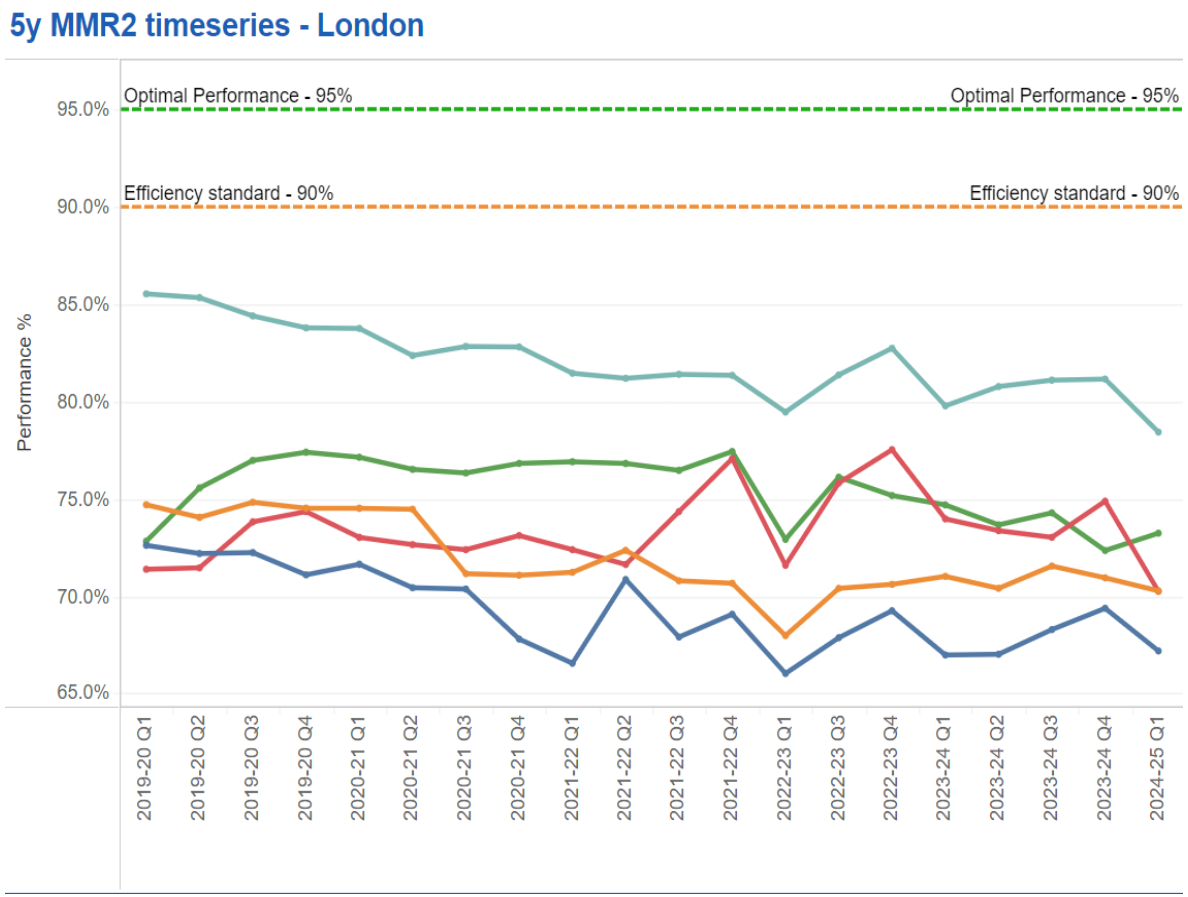
	Population	Vaccinated	Uptake	Remaining
England	20,515,017	6,535,663	31.9%	13,979,354
London	2,668,766	505,844	19.0%	2,162,922
North Central London	432,458	91,601	21.2%	340,857
North East London	570,268	84,679	14.8%	485,589
North West London	668,622	107,395	16.1%	561,227
South East London	548,864	111,998	20.4%	436,866
South West London	448,554	110,171	24.6%	338,383

Flu uptake to 27th October 2024

	Population	Vaccinated	Uptake	Remaining
England	32,835,806	10,654,247	32.4%	22,181,559
London	4,753,645	1,040,882	21.9%	3,712,763
NCL	767,449	161,600	21.1%	605,849
NEL	1,061,315	215,872	20.3%	845,443
NWL	1,195,971	245,788	20.6%	950,183
SEL	938,275	213,174	22.7%	725,101
SWL	790,635	204,448	25.9%	586,187

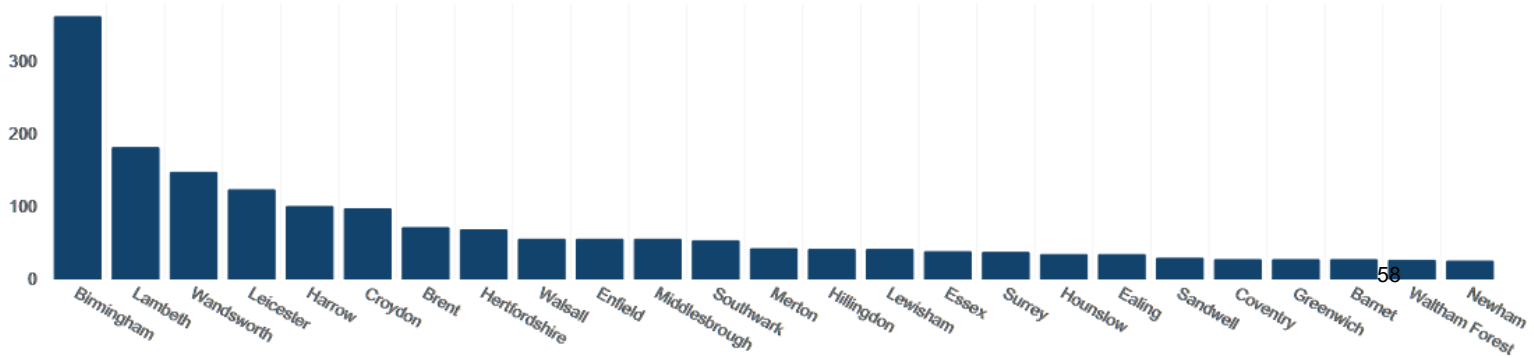
Coverage (MMR2)

South West London



- When viewing childhood immunisations, we typically take the MMR2 dose and preschool booster as indicators of coverage (completion of the National Routine Childhood Immunisation Schedule).
- SEL is consistently the top performer in London (indicated by the top aqua line in the graph)
- SWL is the 2nd highest (indicated by the green line on the graph)
- There are natural fluctuations between quarters (annual rates are consistent), however coverage in SWL has ranged 72%-77% since 2019/20
- A similar picture is seen for the preschool booster.
- Cases of measles continue to be reported for London. Out of 2,601 laboratory confirmed measles cases nationally since January 2024, 48% were in London. Most cases are in the 1-4 and 5-10 year old age groups (this is different to pre-COVID patterns of measles clusters and outbreaks that occurred in the young adult cohort). SWL boroughs continue to report cases (see below).

Source: NHSE (2024) & UKHSA (2024)



SW London Operational Delivery

NHS South West London

Increase Uptake

Childhood Immunisations Programme Q1 2024-25

Q1 (2024 - 2025)

Monitoring Age	Immunisation	England	London	SWL	Sutton	Kingston	Merton	Wandsworth	Croydon	Richmond
12 months	DtaP/IPV/ Hib (HepB)	91%	86%	89%	92%	92%	90%	89%	86%	90%
	MenB	91%	86%	89%	93%	91%	90%	89%	85%	90%
	PCV1	93%	88%	89%	93%	92%	91%	90%	88%	80%
	Rotavirus (2 doses)	89%	84%	86%	89%	89%	88%	88%	84%	77%
24 months	DtaP/IPV/ Hib (Hep B)	93%	88%	91%	93%	92%	91%	89%	88%	95%
	MMR 1	89%	82%	85%	88%	88%	86%	83%	84%	77%
	Hib/MenC	89%	81%	84%	89%	88%	86%	83%	83%	76%
	PCV (Booster)	88%	80%	83%	86%	87%	84%	83%	82%	73%
	Men B (Booster)	88%	80%	84%	87%	87%	84%	82%	81%	89%
5 years	DtaP/IPV/ Hib/HepB	93%	87%	89%	92%	89%	88%	89%	86%	91%
	Hib/MenC	89%	81%	84%	87%	86%	83%	84%	80%	86%
	DTaP/IPV/ Hib	82%	69%	69%	75%	73%	68%	67%	68%	66%
	MMR 1	92%	84%	87%	91%	89%	85%	86%	83%	88%
	MMR 2	84%	72%	73%	79%	79%	70%	75%	70%	69%
Average Uptake		**89%**	**82.0%**	**84.3%**	**88%**	**87%**	**85%**	**84%**	**82%**	**82%**

Increase uptake improving vaccination uptake and coverage whilst reducing variation

Current coverage

Compared with the previous quarter, vaccine coverage at 12months in SWL has remained is stable at 88% and has improved by 1.2% to 85.2% at age 24 months.

Coverage at 5yrs in SWL uptake of pre-school boosters has also remained stable. The low uptake the DTaP/IPV/Hib (pre-school booster) has declined, and this is likely to be due to the impact of the polio booster campaign just over two years ago as it delays children getting their routine 4in1 vaccine by another year.

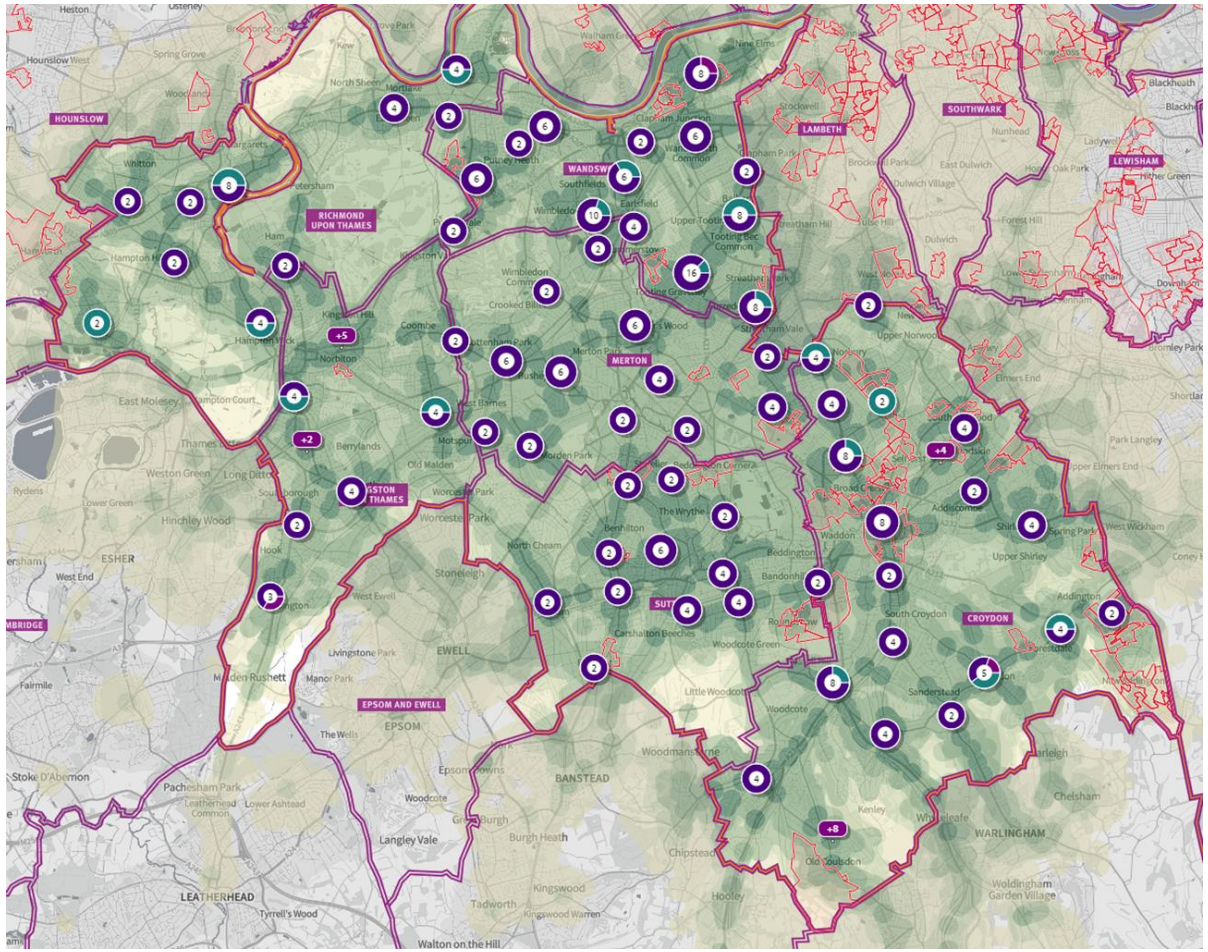
It is worth noting that uptake of vaccinations are highest in the first year of life, reflecting high interaction with health services. The drop off between age 1 and age 2 vaccinations and again by age 5 reflects a system's ability to call/recall and track children.

Work took place over the summer with the voluntary sector to promote childhood immunisations and address vaccine hesitancy . Our childhood immunisation coordinators have reprioritised their work for 2024-25 based on uptake and will be working closely with low uptake practices to support them in delivery. Ensuring the correct codes are used and continue to be used remains a priority.

SW London Operational Delivery - Access

South West London

Autumn 2024 – 2025 Seasonal Covid and Flu Programme
Map showing All covid Access sites in SW London. Many have been in the programme since 2021.



Access

'It is essential that London's vaccination and health services meet communities where they are. The starting point for improving access is to tap into and build upon the existing structures, spaces and conversations already happening within local communities.'

The London immunisation strategy 2023-2025

Increase access through variety of delivery models e.g. vaccination vans, pop-up clinics and pharmacy walk-in clinics

We continue to build on the work started in the pandemic, to expand vaccination sites to include community spaces such as libraries, places of worship, children's centres, and secondary care environments, concentrating on underserved areas.

Our outreach team have already developed a network of contacts and locations within the voluntary sector and through venues such as libraries, places of worship and children's centres. They will be refreshing their regular offer of clinics in response to uptake and local need and will be able to support a range of providers working across health care and other settings, such as schools, with delivery of vaccinations.

The recent expression of Interest for Covid-19 delivery sites has seen a further increase in number to 160 across SW London.

NHS
South West London

How we communicate and engage with our communities about vaccinations and immunisations

- Using data to inform engagement & communications with priority communities
- Aim: to increase uptake of Flu, Covid-19, RSV & childhood imms to keep people well and out of hospitals and primary care services this winter
- SW London communications content — aligned to amplify national campaigns
- A community engagement approach with VCSE organisations and examples
- What our communities have told us

Using data to inform engagement & communications with priority communities

NHS South West London

Informed by low-uptake data and community feedback

Community conversations

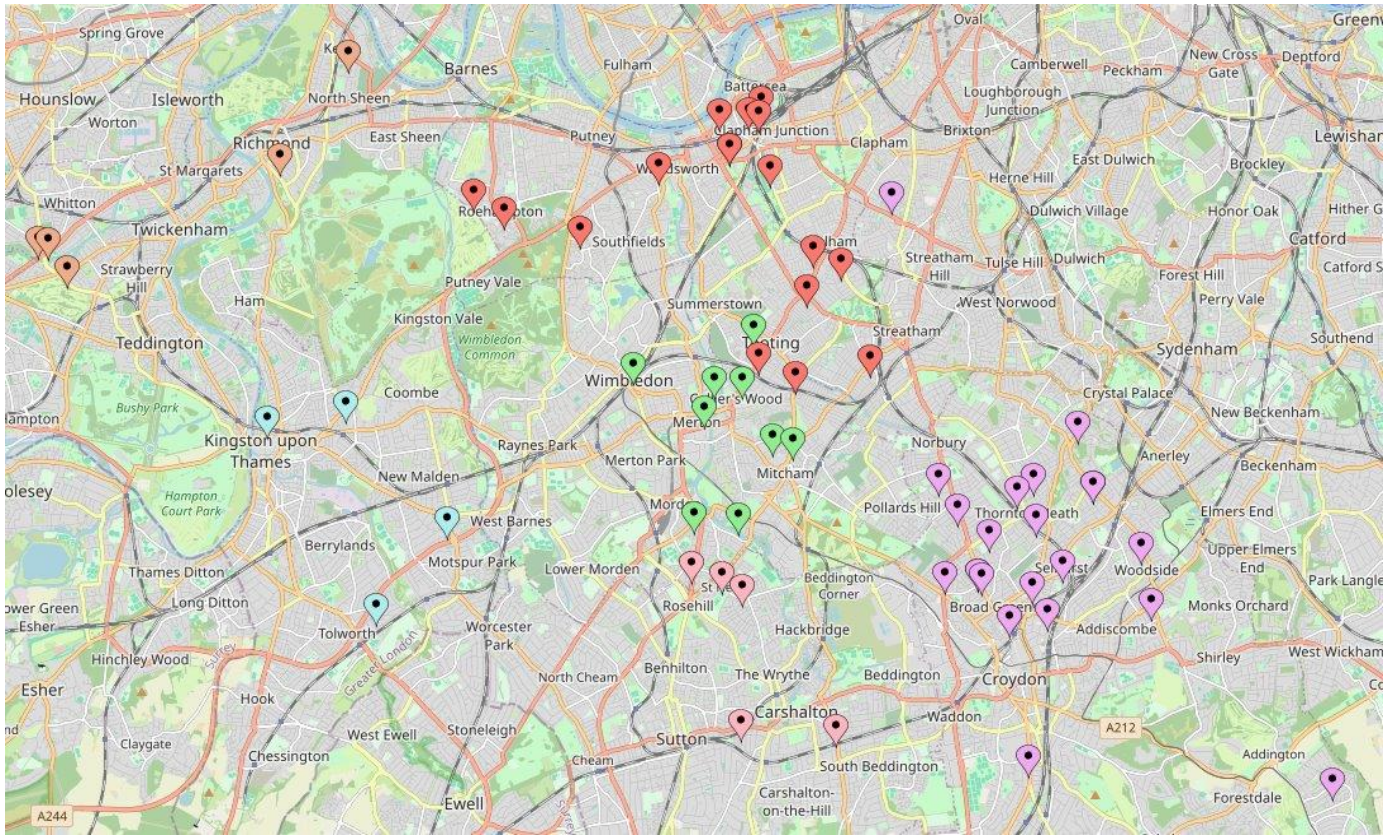
Taking place in low uptake areas, aligned to core 20+5

Sharing information with a 'layering effect'

Geo-targeting information across digital channels in low-uptake areas including translations for specific postcodes

Maximising owned and partner channels including staff and stakeholder routes, community networks & newsletters and social media, & media

Reduce health inequalities offering outreach initiatives for underserved communities



PCN areas where uptake of the Covid-19 and Flu vaccination is at its lowest in each borough – Winter 2024

62

Aim: to increase uptake of Flu, Covid-19, RSV & childhood imms to keep people well and out of hospitals and primary care this winter

NHS South West London

Agreed priority audiences

- Parents of 2-3 year olds in SWL
- Adults aged 65+, with a particular focus on areas of low uptake using targeted PCN information & PCNs where uptake is lower
- Eligible cohorts in Core 20+5 areas including pregnant women

Our approach in South West London

- Targeted to areas of low uptake across multiple channels
- Aligning with national campaigns but using local content to connect with our communities including videos of local clinicians and community influencers
- Childhood immunisations engagement ran from summer – October with a focus on MMR and flu for 2-3 year olds
- Winter engagement fund, aligned with low uptake areas
- Continued our focus on translations in target postcodes

What we measure

- Uptake of Covid-19 and Flu with a focus on priority cohorts, low uptake groups (where PCN uptake levels are below 40%) and core 20+5 areas
- Increased awareness of eligibility for FREE Covid-19 and Flu vaccinations and an understanding of the importance of vaccinations during the winter period
- Increasing reach and engagement with our campaign from last year's performance.

SW London communications content -– aligned to amplify national campaigns

NHS South West London

Building trust, raising awareness, increasing understanding - localised for South West London communities

Get winter strong

Highlighting eligibility and encouraging bookings – flu, Covid-19 and RSV

In 2023/24, we improved uptake in all our target audiences

Why should you get vaccinated?

A campaign co-designed with communities aimed at having conversations

Against a backdrop of falling uptake rates, this campaign aims to be informative rather than instructive – it seeks to build trust and land communications that resonate

A community engagement approach with VCSE organisations

NHS South West London

Our SWL winter grants programme works with VCSE partners to have good conversations with prioritised communities about vaccinations and immunisations

- **Reaching Core20 communities with small grants for VCSE led activities** – we agree with the Vax & Imms team prioritised groups within our communities, and select VCSE organisations who work with these groups, to design and lead events with their own community networks. This maximises engagement and attendance, and information about choices comes from trusted community leaders.
- **We also gain insights into our communities' views and concerns:** our VCSE organisations collect fresh insights on people's views and concerns to helps us adapt what we do going forward.

Winter Engagement Fund events examples 24/25

Over 100 local voluntary sector organisations funded small grants to have good conversations about vaccinations & immunisations.

- Croydon: 35 organisations funded to run events. Examples include Croydon Wellbeing Support hosting health education events for Asian women from marginalised communities.
- Merton: 15 organisations funded to run events. Examples include Attic Theatre are running an event with asylum seekers and refugees to stay well this winter.
- Wandsworth: 15 organisations funded to run events. Examples include Roehampton Wellbeing are hosting a coffee morning and exercise session for elderly people.
- Richmond: 14 organisations funded to run events. Examples include Richmond Borough Mind are hosting a learning lunch for carers.
- In Kingston, we are funding 16 organisations to run events. Examples include London Kims Dance are hosting yoga sessions for Korean women over the age of 65.
- In Sutton, we are funding 21 organisations to run events. Examples include Sutton Older Hong Konger group hosting a Lunar New Year celebration for people over 65.

"I will make sure that I share this information with friends and family, its important especially in a world after COVID. I feel more confident now about knowing what info is real or not."

Example feedback from events in winter 23/24

65

Winter engagement grants with VCSE: examples from 23/24

NHS South West London

Winter Engagement Fund 2023/24 **£45k**

Over **7,000** conversations through our engagement

90 community and voluntary organisations funded

42% were new connections for the NHS

37% engaged with parents of children under 12

68% engaged with people over the age of 65

84 We engaged with people from 84 ethnicities

74 shared leaflets **59** had one-to-one conversations **56** had group discussions **29** had guest speakers

As a result of activities people said they…

- ✓ Use community pharmacies, NHS 111 and mental health services
- ✓ Feel more confident using local services
- ✓ Would go and get a vaccination

We translated information into many languages, including **Tamil, Urdu, Gujarati, Polish, Somali and French**

Learning Disability, Learning Difficulty Alliance, Croydon

Korean Senior Citizens Centre, Kingston

Croydon BME Forum

Five ASide Theatre, Merton

English as an Additional Language, Richmond

St Helier Charitable Foundation, Sutton

Women of Wandsworth

What our communities have told us

NHS South West London

Insights to inform our approach – insights from our winter grants programme and childhood immunisations grant programme inform our approach to how we communicate about vaccinations and immunisations with our communities.

Engaging using translations and digital channels – we use our digital channels to share content in community languages

Key insights from last year's winter engagement fund 23/24

What we heard

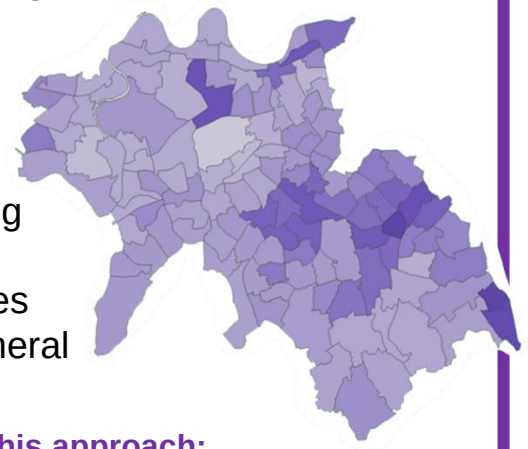
- People valued hearing from a clinician.
- Some people didn't want to discuss Covid-19 and said they didn't trust the government, the NHS and misinformation seen online.
- People who weren't vaccinated reported concerns about side effects, fear of clots and needles, and had perceptions that flu isn't serious.
- Many people are not sure about whether they are eligible for free vaccinations.
- Parents and carers who wanted to get their children vaccinated commented on wanting it to be easier to book a GP appointment.
- People asked for materials in over 15 different languages.

What we're doing

- Creating and sharing messages featuring local clinicians, working with the voluntary sector to offer good conversations.
- Developing a local version of a co-designed campaign designed to inform and build trust.
- Adapting our communications information e.g. about eligibility and aiming to raise awareness through a multichannel campaign.
- Continuing our focus on translations and actively expanding this digitally.

Sharing information in our top 5 SWL languages to engage communities online

- 17% of our SWL population's main language is not English**.**
- We can target digital information by postcode – and measure if this is being watched and engaged with.
- Engagement rates in our top languages are up to 10 times higher than our general content.



We have gathered digital insights through this approach:

- **Vaccination materials in Tamil** were engaged with most in New Malden, Thornton Heath and Carshalton.
- **MMR materials in Sylheti, Spanish, French, Portuguese, Tamil, Romanian, Urdu, Polish, Gujarati and Korean** were interacted with 86,796 times over a 4 week period.
- **Materials in Gujarati** were engaged with most in Mitcham, Thornton Heath and Streatham.

67

An example of community engagement

NHS South West London

Working in partnership with voluntary organisations in areas of low uptake – we will have good conversations about immunisations

Working in collaboration with Croydon BME forum

- NHS London has established a series of community and faith-based vaccination steering groups (VSGs).
- We are going to use examples of good practice to inform community led initiatives to respond to low vaccination uptake.
- We will also broaden the discussion to wider health issues knowing that if inequalities in access and uptake exist in one area of health care they will exist in others.
- Our plan is to work in areas with lowest vaccination coverage, (North Croydon) in collaboration with Croydon BME forum, to engage with Black Christian Pastors and address vaccine hesitancy. This will be supported by the London Black Christian vaccine steering group who will share learning and experience.
- Once established, we will use the same methodology to develop similar initiatives in other areas and communities with low uptake.

Be community-focused
understanding and addressing needs of local communities

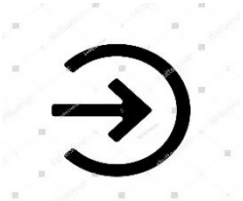
SW London Operational Delivery - Innovation

NHS South West London

Innovation

'Achieving equitable immunisation requires new tools and new ways of thinking and working. Developing innovative services and using new technologies will help identify people who have missed out on vaccination and those whose barriers are less obvious.'

The London immunisation strategy 2023-2025



Reduce health inequalities offering outreach initiatives for underserved communities

Whilst we have a high uptake of Childhood vaccinations compared to other London ICBs is falls short of the levels being achieved nationally. To support practices in the vaccination of children's scheduled immunisations we have worked with community pharmacy to roll out two services.

Community pharmacies play an important role in protecting the health of communities, building trust and increasing public awareness of preventable diseases. Pharmacy-led vaccination programmes have demonstrated their potential to increase accessibility, convenience and improve overall vaccination rates. In SW London, we have worked with community pharmacy colleagues to launch two new services

Vaccine Hesitancy MECC service

The Vaccine Hesitancy MECC (Making Every Contact Counts) service is now running across 106 community pharmacies in SW London. The service aims to engage with parents and guardians with a view to increase childhood immunisations. Using pharmacist's knowledge base and pre-existing relationships with their patients and public the targeted intervention seeks to address the main barriers to childhood immunisations and improve intention to vaccinate. Pharmacies will be able to refer on to the patient's GP Practice or vaccinating pharmacy. The service, and its impact will be evaluated by an external organisation. The service will run until March 2026.

Delivery of MMR Vaccinations in Community Pharmacies

We are working with the London regional team to establish 12 pharmacy sites in areas of low uptake and increased risk of outbreaks or measles cases. Pharmacies will be able to vaccinate London resident children aged 5 to 19 who are missing their first or second dose of MMR.

SW London Operational Delivery - Workforce

NHS South West London

Workforce

'Supporting and expanding London's vaccination health workforce is central to unlocking increased coverage and reaching underserved populations.'

The London immunisation strategy 2023-2025

The SW London Immunisation Workforce bank has over 300 staff with over 100 active at any one time. Developed during Covid, the bank was used to staff the many mass vaccination sites across SW London. Following their closure an outreach team was established to provide Covid clinics in areas of low uptake and to underserved communities.

Over the past 18 months their remit has expanded to support other health care providers; their skills and knowledge developed to cover a range of immunisations and MECC interventions. This flexible workforce has allowed us to support other providers in a variety of settings and to respond quickly to outbreaks under instruction from UKSHA. We continue to recruit and develop staff. Our latest initiatives are

1. The use of and onboarding of outreach staff on EMIS community which will provide the team with read/write access to patient records and will give even greater flexibility to vaccinate in non-NHS settings making use of every contact.
2. Thinking in a more holistic way around vaccination messaging, our workforce team have developed bespoke training. Aimed at both clinical and non-clinical staff, it is designed to help them communicate confidently and effectively over the phone and face to face particularly when dealing with vaccine hesitancy. We have already delivered this training to over 400 staff which includes registered vaccinators, practice nurses, health care assistants, community health and well-being practitioners, salaried GPs, receptions, practice managers, prescription clerks, care coordinators, health visitors, school nurses, community staff nurses, school health practitioners, early years workers, local authority staff, childminders, children's centre staff, social workers, community pharmacists and voluntary sector staff.
3. We have presented the work nationally as part of the vaccination strategy demonstrator site programme where it generated a lot of interest and positive feedback. We will continue to expand this programme.

Recruit and retain agile and efficient workforce within primary care, SAIS and roving service

MECC (making every contact count) in co-administration, promotion of all vaccination programmes, encouraging wider health and wellbeing interventions

Inform patients, parents/carers and staff of the benefits of immunisations and address concerns and misinformation

SW London Operational Delivery – Additional activity

South West London

- In addition to the work outlined on the previous slides, the team also support on the following areas:
  - Disease outbreak – currently Measles and Pertussis where we have been involved in supporting additional access for immunisations and are now concentrating on improving uptake through engagement with communities with low uptake.
  - Roll out of RSV Vaccine Programme – commissioned by NHSE in Hospitals for pregnant women and in general practice for older adults. This has been complicated by the roll out of new software in Hospital trusts used to record vaccinations (all types). We are supporting trusts to on board staff on the new system.
  - South West London also play an active part in the National Demonstrator site programme where we have presented on more than one occasion both nationally and to the Demonstrator group.

- We have considerable support from the Communications and Engagement team at SWL (and from our public health colleagues) in promoting immunisations across a wide variety of channels.
- We are working on improving the identification, recording and catch up of vaccinations in our migrant population in general practice, implementing the evidence gathered by one of our academic partners, St George's University.

SW London Operational Delivery – Borough Plans (1)

NHS South West London

Last year, in response to the national strategy we agreed individual borough plans for 2023 – 2025 Thes are in the process of being check to ensure they remain relevant. An outline is provided for each borough below.

Support place delivery plans working with our 6 boroughs, key stakeholders and residents to achieve ambitions and targets at borough level

Croydon

Main aims:
Address decline in vaccine coverage due to hesitancy, fatigue and higher levels of health inequalities communities and areas of deprivation. Approx. 40% of infants (3000+) in primary immunisation cohort are in the most deprived three cohorts and overall uptake is low. Address the higher homeless and refugee population.

Proposed actions:
- Work closely with comms & engagement to focus on outreach into identified health equality and ethnic minority communities
- Complete childhood immunisation data and coding quality project to improve data reporting
- Forge stronger links with SAIS, health visitors and other partners across the system to optimise uptake and make every contact count.
- Explore different ways of working and models of delivery aligned to a hyper-local approach where possible.

Risks/issues:
- Funding
- Despite engagement at grassroots through multiple channels, this does not translate to improved uptake with a poor ROI
- Stakeholder's competing priorities

We will focus on the following of the 10 Principles:
4. Placing people at the centre of delivery
5. A focus on improving childhood immunisation uptake
9. Freedom and funding to explore different hyper-local approaches

Merton

Main aims:
Improve uptake of MMR 2, pre-school boosters and flu vaccinations for children. Enable all clinicians to use MECC with focus on all immunisations within primary care.

Proposed actions:
- Improve patient follow up for defaulters/non-consenting parents - data will be shared at practice level in Dec 2023
- Sharing results of questionnaire being sent to all defaulter parents, as well as feedback from community engagement work. This will include flu decliners.

Risks/issues:
- Poor uptake response to the questionnaire
- Poor practice engagement
- Poor data returns from the school service/pharmacists/ midwives
- Poor coding that is not corrected
- Delay in removing overseas patients/deregistration

We will focus on the following of the 10 Principles:
5. A focus on improving childhood immunisation uptake
6. Ensure immunisations as part of every conversation on health
8. Permission for and encouragement of Innovation and creativity

72

SW London Operational Delivery – Borough Plans (2)

NHS South West London

Kingston

Main aims:
Increase uptake of vaccinations across all cohorts and improve accessibility, understanding and ownership of all immunisation programmes.

Proposed actions:
- Continue to work extensively and build trust with communities to reduce health inequalities and increase ease of access via extensive outreach programmes
- Strengthen partnership working across organisational boundaries
- Make community partners aware of local events and opportunities for promotion Optimise MECC to underpin all conversations

Risks/issues:
- Unregistered and unvaccinated children
- Missing data may increase the risk of over or under vaccination
- Children who have a parent(s)/carer(s) with mental health disorders/drug and/or alcohol dependency
- Reduction in practices' capacity to recruit and retain nursing staff

We will focus on the following of the 10 Principles:
1. Focus on equity at all stages of the Programme
3. Committing to Community First and Community Driven approaches
7. Working to one goal with one voice

Wandsworth

Main aims:
Improve childhood immunisations uptake rates particularly of the DTaP/IPV booster at 5 years. Addressing the general decline in vaccination uptake.

Proposed actions:
- Provide practices with support/resources to improve the accuracy of data
- Ensuring all GPs maintain accurate and up to date patient lists and vaccination outcomes are appropriately recorded
- Address concerns raised in a parent survey including appointment booking issues and concerns around vaccine ingredients.
- Encourage practices to offer flexible appointments for parents to attend for their child's immunisations
- Work with local nurseries – display posters on childhood immunisations. Also do some similar engagement with community pharmacies
- Conduct mapping exercise to identify underserved groups and barriers faced.

Risks/issues:
- Availability of Coordinators to audit and fix practices childhood immunisation coding and data. Sharing the benefits of the coordinators' work to date in other local practices may motivate practices in other boroughs to improve.

We will focus on the following of the 10 Principles:
5. A focus on improving childhood immunisation uptake
6. Ensure immunisations as part of every conversation on health
7. Working to one goal with one voice

SW London Operational Delivery – Borough Plans (3)

NHS South West London

Sutton

Main aims:
A borough where everyone, at every age, understands and benefits from immunisations to optimise their health and wellbeing.

Proposed actions:
- Improve engagement with midwifery and health visiting services - better understand opportunities to engage with the immunisation agenda and priorities
- Provide weekend immunisation clinics within the PCN extended access hub
- Identify community champions, faith leaders and connectors within PCN to understand reasons for low uptake
- Provide immunisation awareness training for health and wellbeing navigators and other community influencers

Risks/issues:
- Time/capacity – to provide useful and accessible resources to support consistent messaging with system partners and their respective communities
- Funding – to consider how to fund the provision of community events and pop-ups.
- Data Sharing – to ensure we have timely and accurate vaccine history available in 'non-traditional' vaccination venues to ensure quality and safety
- Vaccine fatigue and hesitancy challenges – to mindful of cultural sensitivities and preconceived ideas about vaccines and be open to listening and engaging

We will focus on the following of the 10 Principles:
5. A focus on improving childhood immunisation uptake
1. Focus on equity at all stages of the Programme
3. Committing to Community First and Community Driven approaches

Richmond

Main aims:
Achieve the national target uptake of vaccinations across all cohorts for childhood immunisations to ensure no child is left behind, improve accessibility, ownership and understanding of all immunisation programmes; to increase the level of protection in our communities and minimise outbreaks.

Proposed actions:
- Improving data quality, availability, and reporting e.g. practice workforce challenges and competing priorities.
- Improving service delivery
- Addressing inequalities in uptake
- Communications, engagement, and promotion

Risks/issues:
- Insufficient local resource to deliver change
- Insufficient incentive or appetite to deliver improvement, system fatigues, pressures of Covid-19 recovery
- Poor data quality undermining ability to understand and address low uptake , including inequalities.

We will focus on the following of the 10 Principles:
6. Ensure immunisations as part of every conversation on health
4. Placing people at the centre of delivery
5. A focus on improving childhood immunisation uptake

NHS South West London
Integrated Care Board

SWL ICS Digital Strategy 2025-2028

Agenda item: 6

Report by: Martin Ellis

Paper type: Decision

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

This paper provides a refresh to the previous 2021-25 SWL ICS Digital Strategy and sets out the ambition for Digital over the next three years.

The paper is provided for decision.

Executive summary

The South West London Integrated Care System (SWL ICS) Digital Strategy describes how the quality of care we provide for our service users will be improved through digital innovation over the next three years. It describes how technology will support the SWL commitment to deliver the best healthcare outcomes for our citizens at all stages of their lives: Start Well, Live Well, Age Well.

This Strategy describes the key Digital Priorities SWL will focus on: Digital Infrastructure, Integrating Systems, Data Strategy, Empower Citizens and Innovation. It also describes the essential enablers that will underpin their successful delivery: People, Leadership and Governance.

Key Issues for the Board to be aware of

The SWL ICS Digital Strategy considers:

- Learnings from Lord Darzi's report, in relation to Digital innovation
- Pertinent messaging regarding Digital from Wes Streeting and Amanda Pritchard's letter
- Recommendations from the What Good Looks Like framework
- Important reflections of Digital Exclusion in SWL

Use of Ambient Artificial Intelligence (AI)

With the ambitions outlined in the strategy around the use of Ambient AI in the future, in SWL we are keen to ensure we have the right framework set up to enable use of AI in a safe, ethical manner, and to ensure our approach is robust and consistent. In addition to our AI framework we will be setting up workshops to further explore what Ambient AI functionality will be able to do (and not do), and aim to work with the London Region, in the development of an agreed AI strategy and framework to help mitigate any safety or security concerns.

Information Governance (IG) and Data Sharing

The SWL Data Strategic Plan (2024) describes how having a robust data governance framework will support to reduce data related risks and improve data products. Moreover, it will enable ICB functions to effectively support Information Governance – which is a framework for handling information in a secure and confidential manner that allows organisations and individuals to manage patient, personal and sensitive information legally, securely, efficiently and effectively in order to deliver the best possible healthcare and services.

Clinical Risk Management

The ICB ensures compliance with the national digital standard DCB0160 by implementing robust clinical risk management processes throughout the lifecycle of health IT systems. This includes conducting thorough risk assessments, developing mitigation strategies, and monitoring the performance of systems to identify and address potential risks. The ICB collaborates with clinical staff and IT experts to ensure that systems are designed, implemented, and used in a way that minimises risks to patient safety and enhances the quality of care. By adhering to DCB0160, the ICB strives to create

Recommendation

The Board is asked to:

- Approve the refreshed SWL ICS Digital Strategy 2025-2028
- Note that a fully accessible version will be created on approval of this document

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
This document will impact on the following Board objectives:

- Facilitates the SWL Commitment to Start Well, Live Well, Age Well, through use of enabling technologies.
- Supports improved diagnostic services across SWL
- Support elective recovery through transforming outpatient care and streamlining operations
- Supports Long Term Conditions management through provision of tools that allow people to undertake their own monitoring
- Supports Primary Care Networks, through provision of timely population health insights
- Improves access to Mental Health support through the NHS App
- Improves information and communication for Maternity Services

Risks
This document links to the following Board risks:

Interruption to Clinical & Operational Systems due to Cyber Attack.

Mitigations
Actions taken to reduce any risks identified:

- Investment in Cybersecurity, delivered through the Cyber Roadmap.

Financial/resource implications
Financial planning and investment will be managed through the 2024-2027 Digital Transformation Investment Plan.

Green/Sustainability Implications
This paper is aligned to the SWL Green Plan, as described on pages 60-62.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not yet actioned.

Patient and public engagement and communication
- NHS South West London engagement on Section 251 (2024)
- Including Digitally Excluded Communities: Engagement Report 2024 | Healthwatch Kingston
- NHS SWL (2023) People and communities - engagement assurance group
- Clearview Research (2022) Enhanced Primary Care Hub Evaluation

- Findings from 17 recent PCN engagements on 'Enhanced Access' e.g. South West London ICS (2022) One Thornton Health Planning for Enhanced Access Service; South West London ICS (2022) Patient Feedback - Brocklebank PCN
- Healthwatch Wandsworth (2022) Experiences of Health and Social Care Services for People with Sight Loss; Healthwatch Wandsworth (2022) Digital Support for People with Learning Disabilities; London Borough of Merton (2021) Community Dementia Services Public Engagement Report
- London Borough of Wandsworth (2019) Residents Survey; London Borough of Richmond Upon Thames (2019) Residents Survey
- London Borough of Wandsworth (2019) Residents Survey
- Residents Survey; London Borough of Richmond Upon Thames (2019) Residents Survey

Previous committees/groups

Committee name	Date	Outcome
SWL ICS Digital Board	4 November 2024	Approved
Senior Management Team	7 November 2024	Approved

Final date for approval

N/A

Supporting documents

- A temporary SWL ICS Digital Strategy 2025 – 2028 [Accessible] version is available at: https://southwestlondonics.mixd.co.uk/publications/south-west-london-integrated-care-system-digital-strategy-2025-to-2028/

Lead director

Martin Ellis

Author

Sahib Lall

NHS
South West London

Digital Strategy

2025 – 2028

Contents

Foreword

The South West London Integrated Care System (SWL ICS) Digital Strategy describes how the quality of care we provide for our service users will be improved through digital innovation over the next three years. We are committed to enabling service transformation to deliver the best healthcare outcomes for our citizens at all stages of their lives: Start Well, Live Well, Age Well. This Strategy describes how technology will support this commitment. We know, from what you have told us, that the delivery of services in SWL needs to change to meet this ambition, and that this will require the very best use of technology and information.

*Lord Darzi's report and letters from Rt Hon Wes Streeting highlighted that although many sectors of the economy have been reshaped by digital technology, the NHS are yet to maximise opportunities for digital transformation. This strategy details the steps we are taking to prepare SWL ICS for the future to embrace technologies that enable a shift from 'diagnose and treat' or '**sickness**' to 'predict and **prevent**', by providing **more care in the community** - meaning that hospitals are able to treat the sickest patients.*

*Making better use of digital technology, and shifting from **analogue to digital**, holds a key to unlocking productivity within the system. Key findings from the London Region Digital Maturity Assessment 2024, which is organised around the 7 pillars of What Good Looks Like (WGLL), identified strengths and opportunities for ICSs to explore. For SWL ICS, this serves as a critical building block to strive towards WGLL and this Digital Strategy describes how we will prioritise our efforts to achieve this.*

Dr John Byrne
Chief Medical Officer
NHS SWL Integrated Care Board

Martin Ellis
Chief Digital Information Officer
NHS SWL Integrated Care Board

Section One: Introduction

Overview

This Strategy describes the key Digital Priorities SWL will focus on, over the next three years; and the essential enablers that will underpin their successful delivery. We have deliberately not described the details of how SWL will deliver these Digital Priorities as many of these workstreams will be developed with our stakeholders: the citizens of SWL using the services, and the staff and organisations providing them in both the Health Service and Local Authorities.

This strategy was developed through engagement with key stakeholders across the system, including representation at key meetings. To shape our thinking, we engaged with people and communities drawing valuable insights, that informed the SWL Integrated Care Board (ICB) Joint Forward Plan (2023).

Even though the Covid-19 pandemic may seem years behind us, its impact is still felt within the NHS, with many services still under huge pressure. The pandemic was a catalyst for change and showed us that services can be delivered in different ways. Technology and digital was at the centre of this change, and still remains a fundamental part of transformation and service recovery. We now have the opportunity to build services using technology that ensures we use the resources of our patients, their families, and our staff in the best ways possible. This strategy outlines the ambitions behind this.

The last four years have seen a real step change in the uptake of technology to support healthcare, and its value has been clearly demonstrated. This is reflected in the changes to national policy where Digital is a fundamental driver to enable transformation of services. As we continue working as an Integrated Care System, we know that we must invest in our Digital Strategy as well as investing in our people, ensuring we improve our Digital literacy and empowering our staff and clinicians.

The use of technology has become a normal part of our everyday lives and should make organising our lives easier. This should also be true of managing Health and Care, whether as a provider of services or as a user. Having simple and effective solutions for users, (no matter how complicated the technology) whether staff or patients, must be a priority. Collaboration and communication through a co-production approach will ensure we develop new technology together that meets the needs of our population and is accessible to all. This will be a guiding principle as we deliver our Digital Strategy.

These Digital Priorities are depicted as a picture (see below). We have deliberately chosen a star, as a symbol of quality and as a guiding light to focus on our purpose of delivering the best outcomes for SWL ICS together.

As you read through our Strategy, you will see how we describe our Digital Priorities and Enablers, the clinical and organisational benefits and steps we will take with our stakeholders to deliver them. We have shown what we have already learnt from engaging with you and where we will need to do more. We have also referenced and aligned this work to the priorities of SWL ICS, London Region, and the National Health Service imperatives incorporating policy advice where appropriate.

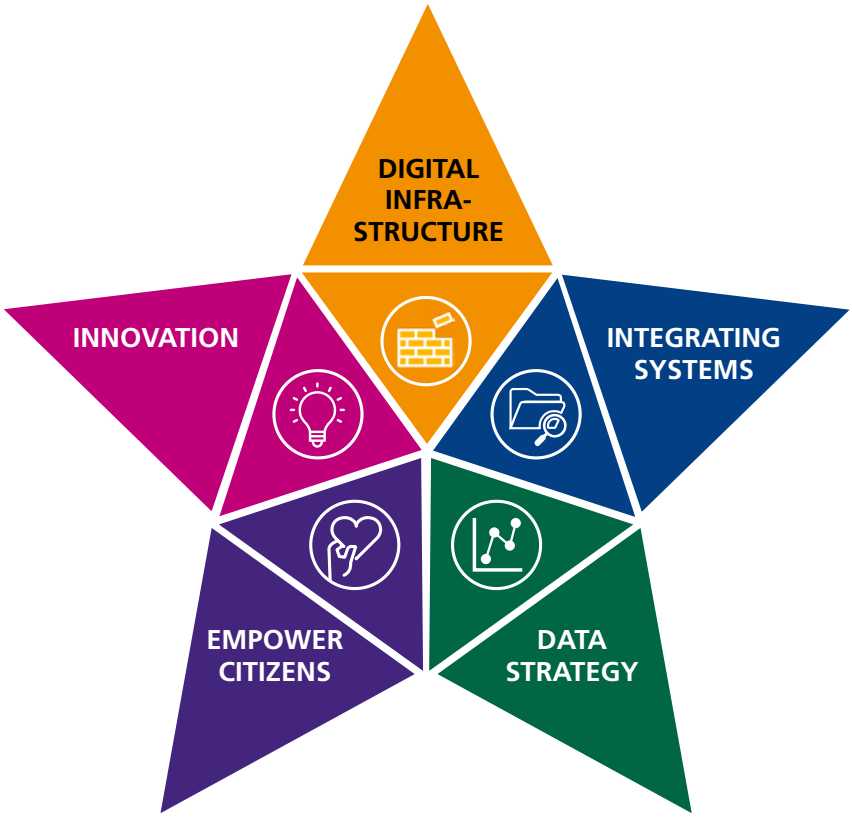


Figure 1: SWL ICS 'North Star'

We hope you will support our Strategy, and that together we can use this to make a difference to the people of SWL, our staff, and the organisations and settings in which we provide Health and Care.

Section Two: Our Digital Vision

VISION:

"The people of South West London will be empowered to manage their health and well-being, confident that the Health and Care professionals providing services for them when needed will have accurate and timely information to deliver the very best care.

Digital will enable service transformation in SWL ICS so that they can deliver the very best healthcare outcomes for our citizens at all stages of their lives; Start Well, Live Well, Age Well".

Our SWL ICS Digital Strategy will drive a step change in how Digital services support the delivery of integrated care, promoting the health and wellbeing of our SWL population and ensuring they are able to remain living independently at home, for as long as possible. We will support joined up patient pathways across care settings and patient touch points so that care is not compromised by the need to involve different agencies, care settings and places. For the users of our services, the ICS will provide Health and Social Care seamlessly for all its citizens.

Digital technology in Health and Care is constantly evolving, supported by new technologies and driven by emerging national and regional initiatives, along with new opportunities and challenges for digital innovation. In this fluid and often unpredictable environment, this Digital Strategy puts forward our Digital 'North Star' encapsulating five key Digital Priorities (see Figure 1), with the aim of keeping SWL ICS aligned, committed, and focused on the delivery of its Digital Vision.

Our Digital Priorities are summarised here and in more detail in the 'Delivering our Digital Priorities' section. The successful delivery of these five Digital Priorities and their associated benefits are also underpinned by several key enablers, summarised further down in 'Our Digital Enablers' and detailed in the 'How we will Deliver' section.

Our Digital Priorities

Our five Digital priorities are:

Digital Infrastructure

Creating a robust and secure digital platform across SWL, ensuring comprehensive cyber security, system and data availability, data quality and appropriate governance ***(GPIT Infrastructure plans will be in alignment with this strategy)***.

The current Digital Infrastructure within SWL organisations has grown organically and whilst there is commonality, we plan to co-ordinate efforts to truly leverage the benefits of a uniform, standard Digital Infrastructure to support our key digital systems. Across SWL ICS we will:

- Establish expert digital teams and develop digital competence
- Implement systems and processes that are effective, consolidate systems to reduce duplication, release clinical resource, and improve capacity management
- Develop a consistent, robust, and secure Digital Infrastructure including robust cyber security and effective information governance
- Ensure all system procurements and contracts deliver value for money and systems are interoperable
- Level up provider digital maturity
- Ensure progress towards the SWL Green Plan, sustainability, and resilience ambition

Clinicians, carers, and staff will be able to take advantage of a robust digital foundation. Digital tools will enable them to be truly mobile and fully perform their roles across all SWL ICS settings, improving staff productivity.

The SWL Digital Infrastructure blueprint is available in Appendix 3.

Integrating Systems

Enhancing and 'Levelling up' our information systems across the ICS to improve information flow and continuity of care for both our patients and clinicians.

We will continue to drive forward the EPR levelling up agenda by supporting the St George's and Epsom and St Helier (GESH) EPR Joint Domain implementation. Looking forward, we aim to develop a strategic approach to the future EPR provision across SWL ICS and consider the development of an ICS-wide Longitudinal Health and Care Record, so that our patients receive consistent delivery of care anywhere across SWL ICS.

Enhancing the functionality of the London Care Record, and access to the information within it, will remain a key priority for SWL, as the availability of a unified view of a patient at the point of care helps make appointments more impactful. In addition, the overarching aim of rationalising our Order Communications systems is to provide a platform to integrate SWL ICS diagnostic services across all settings.

Data Strategy

Describes how Health and Care Partners across South West London will work together to harness data to support the delivery of joined up, person-centred care.

We want to use connected data in new ways to enable and inspire teams to better fulfil their roles, improving health and care outcomes for all of our residents. Data can provide valuable insights into the health needs of our communities, the effectiveness of our services and the outcomes we achieve for patients. By using data more effectively, we can identify areas where improvements can be made, target resources more effectively and ensure that every person receives the care they needs, when and where they need it.

Empower Citizens

Support patients to self-care, providing personalised advice on staying well and information to support their care SWL ICS is committed to enabling citizens to access and interact with their Health and Care records via the NHS App and Patient Portals.

With clinical leadership we will work with the people of SWL to determine the best way to provide digital solutions with agreed minimum requirements (including single sign on) that improve access to care utilised by citizens and workers across SWL ICS, ultimately transforming our services. Individuals with long term conditions will be empowered to better care for themselves, prevent ill-health and live and stay well using patient-centred tools and interactive care plans. As people are empowered to care for themselves, Health and Care professionals will be better positioned to manage those requiring more intervention, with improved access to all the relevant information.

Innovation

Encourage and facilitate innovation and the use of new secure digital capabilities.

We will encourage and support innovative technology solutions to resolve known problems and leverage opportunities to improve how our services are delivered to improve Health and Care outcomes. Responding to the needs and opportunities identified by our ICS transformation programmes and clinical networks we will provide access to the latest technology and research, advances improvements in care treatment opportunities for patients, and attracts and retains the best workforce.

Enabling ICS Priorities

Examples of how our Digital Priorities will support delivery of our ICS Priorities.

Use Of Ambient Artificial Intelligence (Ai)

Ambient AI, refers to a location specific (or task specific) AI capability. It has the potential to significantly improve healthcare by simplifying medical record creation (into the person's Longitudinal Health and Care Record - LHCR) and enhancing clinician-patient interactions.

Enabled by: **Integrated Systems and Data Strategy**

One main use of Ambient AI is streamlining clinical documentation at the point of care, allowing healthcare providers to spend more time directly with patients.

This intelligent system listens to discussions between healthcare professionals and patients, automatically converting them into written notes, which are then checked by the professional using the Ambient AI tool. This ensures a more complete and richer medical record that is far more efficient to produce. It can also assist with medical coding, interact with hospital systems, and improve care delivery. This not only enhances patient experiences but also enables clinicians to focus on medicine itself, ultimately leading to more efficient outpatient services and improved documentation quality within LHCRss.

Diagnostics

Supporting improved diagnostic services across SWL. Enabling better access to diagnostic tests for patients, including at community hubs, to provide earlier diagnosis, treatment start and improved Health and Care outcomes for individuals in SWL.

Enabled by: **Digital Infrastructure and Integrated Systems**

A secure, accessible technical infrastructure which supports secure remote access to diagnostic images will allow flexible working for clinical staff to avoid delays in reporting results. Images will be available to all clinicians providing treatment wherever the test was undertaken and requests for tests will be possible digitally and with integrated clinical decision support. This will mean that the right test will be requested, and duplication avoided. For the patient this means delays will be minimised and unnecessary tests avoided.

Elective Recovery

The NHS continues to grapple with the backlog of elective care services. Transforming outpatient care, leveraging data intelligently and integrating our digital systems across the ICS are essential strategies that will streamline operations, enhance patient outcomes, and ensure a more resilient SWL ICS moving forward.

Enabled by: **Integrated Systems, Data Strategy and Empower Citizens**

Using our data intelligently will enable waiting lists to be managed at a SWL level across all providers, allowing capacity and demand to be best matched. This will drive out unwarranted variation in access and ensure efficient resource management. It will facilitate prioritisation of patient waiting lists to ensure interventions are not delayed or cancelled.

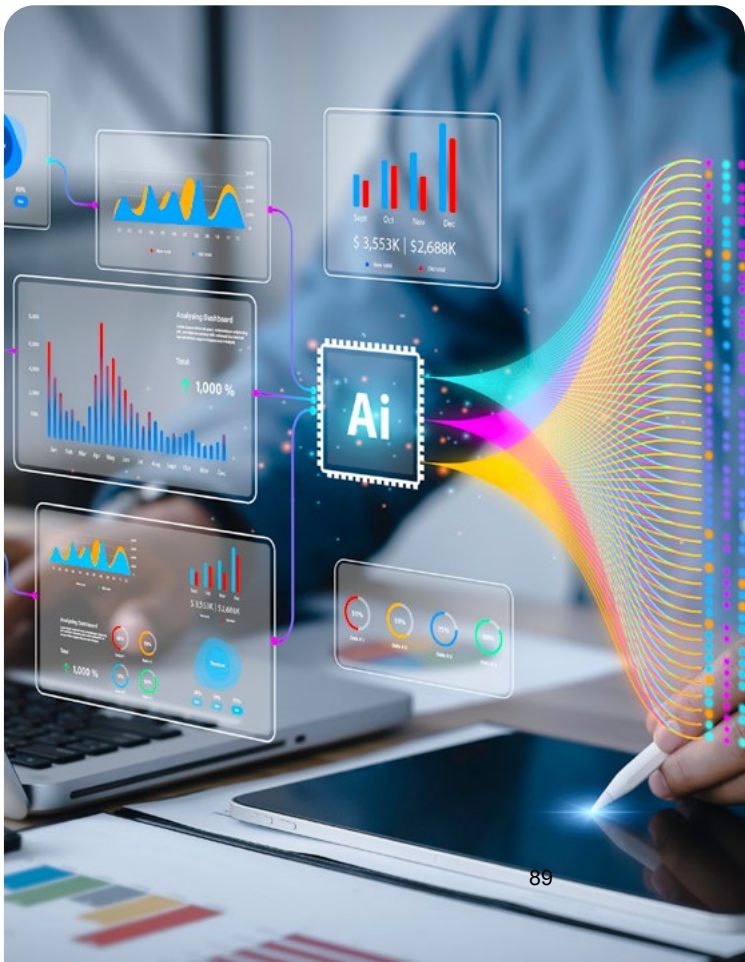
Transforming outpatient care by incorporating patient-initiated follow-up (PIFU) and virtual consultations can increase accessibility and efficiency, allowing more patients to be seen promptly and at their convenience. Integrating our health information systems across different platforms will ensure seamless communication and coordination among our healthcare providers, reducing delays and ultimately improving patient outcomes. We will also consider an emerging regional priority to redesign patient pathways (initially ophthalmology and dermatology).

Management Of Long-Term Conditions

People with both mental and physical Long Term Conditions can be better supported by providing them with the tools to allow them to undertake their own monitoring. This will reduce unnecessary appointments whilst also alerting them to changes in their condition, so they can seek medical advice, avoiding deterioration.

Enabled by: **Empower Citizens and Data Strategy**

By integrating information and data from remote monitoring devices, the Digital Strategy will empower patients to self-care and also to identify a changing condition which requires intervention. The NHS App and Patient Portals can also support care planning which patients can contribute to.



Supporting Primary Care Network (PCNs) and Integrated Neighbourhood Teams (INTs)

Utilising technology to signpost people to the appropriate care provider including social prescribers, community pharmacies and self-help pathways, to relieve pressures on GP Practices and the wider system. Providing PCNs/ITNs with the information and tools needed to support more efficient collaborative working practice.

Enabled by: **Data Strategy and Empower Citizens**

We will provide our PCNs/ITNs with access to timely population health insights and analytical support in line with our improved data capabilities, which will allow Primary Care and Community services to understand their capacity bottle necks and where to target service redesign. Gaps in care of an individual or within the PCN/ITN will be identifiable and allow the appropriate targeted interventions.

The care planning tools accessible from the NHS App and Patient Portals will enable: multidisciplinary teams to collaborate in delivery of care around an individual more seamlessly through joined up systems; individuals to be more proactive with the management of their condition(s); and more effective communication with those responsible for their care.

In line with emerging regional priorities, we will consider how AI can be used to enable a digital front door into primary care.

Mental Health

Improving access to mental health services and improving physical health outcomes, for those with Serious Mental illness, with annual health checks. Increasing digital inclusivity.

Enabled by: **Empower Citizens and Innovation**

The NHS App and Patient portals will improve access to mental health services, enhancing patient engagement and streamlining communication between patients and providers, ensuring timely support and follow-up. Also, innovative solutions will allow us to transform our mental health services, in line with the NHS Long Term Plan. Importantly, we will ensure that all our patients are given the choice on how they would like to access our services, to ensure that digital transformation in the NHS does not disadvantage any individuals.

Maternity Shared Care

We will improve our Maternity Services with a dedicated focus on achieving equal outcomes for all the pregnant women of SWL. We will support this by enhancing communication and information availability between different clinical professionals involved in the care of pregnant women.

Enabled by: **Integrated Systems and Empower Citizens**

Integrating systems within maternity shared care enhances communication among all healthcare providers, ensuring comprehensive and coordinated patient care. It facilitates smooth transitions between different stages of care by providing easy access to up-to-date patient information. This integration supports better monitoring and follow-up through alerts and reminders, helping maintain adherence to care plans. Additionally, it empowers patients by giving them access to their health records and enabling better engagement in their care.

Understanding Our Impact

‘Arthur’s Story’

Arthur has recently been diagnosed with dementia. He also has a long-standing problem of raised blood pressure for which he takes medication and has regular check-ups, but has been monitoring his blood pressure at home. Arthur’s wife, Mary, is worried about how he will manage this as he isn’t coping so well but is stubbornly independent.

Arthur’s GP has also suggested that he needs to have a hospital appointment which they are both worried about, as they will need their son to take them to it and it might not fit in with his work. The last time they went to hospital, Arthur had to wait for a while as the doctor couldn’t see all his records, and then they had to make another appointment for a scan on a different day.

Arthur and Mary are really pleased that they now have access to his health records through the NHS App so that Mary can check with Arthur that he is taking the right medication. It is easy to see this as Arthur has allowed her to see his record on her mobile, and if she is concerned, she can easily check with their local pharmacist who also has access to Arthur’s medication. It is a nuisance going to check Arthur’s blood pressure, but the new blood pressure monitor puts the measurement directly

into Arthur’s record, so the practice nurse can check all is well.

Now that Arthur and Mary have access to information, Arthur can look at it anytime. If he forgets, Mary can reinforce if necessary. They are also really pleased that they can now make and change the hospital appointments with Mary’s smart phone so their son is free to help. Even better if Arthur’s doctor wants him to have any tests before the appointment, they fix them up first and sometimes it has meant that the doctor could check the result and let them know so the appointment wasn’t necessary.

Arthur’s diagnosis has been a worry for all the family, but it is a great relief that they can keep control, knowing that all the information about Arthur is available to everybody, and that his plan of care that they worked on together with their GP is safe and secure.

Five sets of 'vignettes', intend to illustrate the realisation and application of our Digital Vision in practice, across familiar SWL ICS settings:

SWL Clinicians and Care Teams

Now that I can easily access the patient's records from wherever they have received care, I always check that I have the whole story. In the past it took so long I didn't always check even when I knew that it would mean asking the patient to repeat themselves. There were even times when I would request new investigations as it was easier than chasing results. It is so draining and stressful when systems don't work or are complicated.

Having reliable, easy to use technology means I can use my time to deliver care and have the information I need to really make a difference to outcomes for patients, especially when this helps prevent deterioration in their health. Mobile access means I can schedule my day on the move, have remote access and can work efficiently at home.

→ Application of Ambient AI by SWL Clinicians and Care Teams

Ambient AI will give our teams the opportunity to focus on delivery of care for the patient sitting in front of us, without having to simultaneously complete the paperwork 'burden'. As I can still check the clinical notes or letter before finalising its entry into the electronic health record, I still have control over what is written. I believe the implementation of Ambient AI will improve the quality of consultations and enhance outcomes for:

- The patient, who will have a better experience as the primary focus will be managing their care.
- Professionals, who will have the ability to listen and focus on delivery of care for patients.
- The hospital/ system, as the outpatient services will be more efficient, and documentation quality will improve in the electronic health records.

SWL Patients, Families & Carers

Even though I see healthcare professionals frequently, I still get nervous, flustered and don't remember what I've been told. I also forget to ask important questions. Being able to update information into my records between appointments is helpful and having information about my condition and what I can do to help myself, is really important. I feel much more in control.

Getting notifications about what my mother needs to check regularly and when her appointments are, has helped me to help her. It is great to able to support her, with her agreement, without constantly nagging her to tell me. It always used to seem as if the health teams thought we were mind readers when they made changes in the plans for our residents and they didn't seem to realise we have important information to share. Now that we can see and add to the records, we feel properly involved and can advocate for our residents as well as being confident that we have the right information to keep them safe.

SWL Transformation

When we brought information together for the Covid- 19 vaccination programme, we began to see what a difference it makes but it has been so good to see this develop further. Now that we have easily accessible, real-time data, we have a more equitable system with better evidenced resource allocation. It is hard to manage all the competing needs and demands and knowing what the priorities should be. Having a reliable source of information that everybody trusts has made some challenging discussions much easier and I feel confident in the decisions we have made.

The Urgent and Emergency Care services are so unpredictable to plan for, especially when the systems don't link up. We now know what 111, primary care, and the ambulance services are managing, making it very clear what will be needed in the hospitals, especially critical care. It is still complex but having a whole system view does make load balancing much easier. I don't remember the last time I had to deal with a complaint about a mistake with scheduling an appointment or the clinician not having the right information – I used to feel so uncomfortable apologising about things that really should never happen. It is so exciting working with designers of new technology, and I am really pleased I work in a system that embraces innovation.

SWL Community

The technology that has been introduced in the local community has really enabled our social prescribing programme to take off. It has meant that we can easily describe to our residents what is available to them and sign post them effectively.

We know that loneliness is a big factor in our community, and technology is giving us new ways to connect people. Being able to link services beyond health has made our PCN functional – it really does now feel like a neighbourhood system.

We have a say in how and when we receive care, and from whom and we are listened to. Technology that can support these decisions is tested with us and we are shown how to get the most out of it by trained staff. We use social media to connect with each other and are able to support each other, sharing our experiences, what has worked and what hasn't.

Key Digital Enablers

Leadership: Ensuring that SWL ICS Digital is 'well led', by building and nurturing digital and data leadership, and investing in digital leadership skills to develop digital competence where required and ensuring clinical involvement in design and decision making.

Governance (including Information Governance): SWL ICS Boards are well equipped to lead digital transformation and collaboration, and they are invested with owning and driving the SWL ICS digital transformation journey with the needs of patients and workforce at the centre.

People: SWL ICS and its member organisations must have well-resourced teams with the skills to deliver modern data and digital services, utilising a federated resource model where appropriate to optimise capacity. Data and digital literacy must be ubiquitous across SWL ICS and staff should be supported by appropriate digital tools to do their jobs well. An inclusive, user-centric approach fostering co-design ensures that digital solutions meet the needs of citizens. Encourage and facilitate innovation and the use of new secure digital capabilities.

Section Three: Delivering Our Digital Priorities

Digital Infrastructure

Digital infrastructure is comprised of the technical foundational services that are necessary to the IT capabilities of an organisation; it underpins the digital, cultural and social infrastructures to support the digitisation of the NHS; it includes the hardware and IT networks, with appropriate bandwidth.

In SWL, simply put, this is the hardware (e.g. networks, servers, storage), software (e.g. end user, enterprise, communication) and cybersecurity that supports ICS-wide digital capabilities. This is depicted in the SWL Digital Infrastructure Blueprint below *(Figure 2 and can also be found in Appendix 3*), which was developed to facilitate a clear and common understanding of the scope of the digital infrastructure priority and was agreed by the SWL Digital Infrastructure Steering Group (DISG), SWL Digital Leadership Team (DLT) and SWL ICS Digital Board.

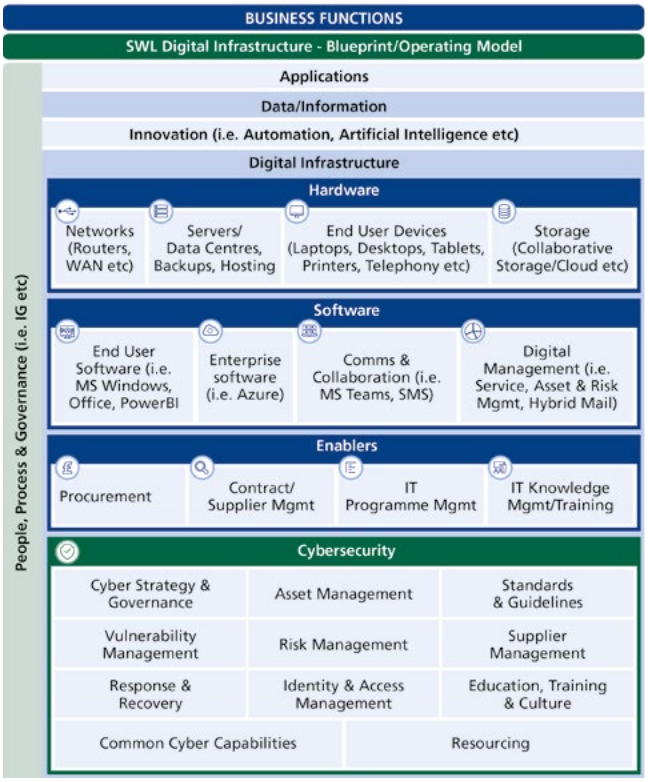


Figure 2: SWL Digital Infrastructure Blueprint

Digital Architecture
(SWL Enterprise Architecture Blueprint – Appendix 4)

The SWL Digital Infrastructure Programme, includes Architecture and Governance. Architecture is integral to the design and delivery of all products and services that we produce and maintain for the health and social care system. It provides a map of all the solutions we have across the SWL digital infrastructure.

In alignment with the What Good Looks Like (WGLL) framework, our architectural approach focuses on creating a more sustainable digital ecosystem that is safe, secure, robust, scalable, and user-friendly, with patient care at the centre of our design thinking.

Across SWL ICS, we are starting a piece of work to create a target architecture design that will support the SWL Infrastructure Blueprint. The aim is to map all organisations in SWL against this blueprint, to develop a view of the as-is position. From this we will be able to describe what the target architecture will look like and be able to create roadmaps at an organisational level to achieve this. Fig 3 (SWL Enterprise Architecture) depicts the organisations and systems to be considered in the creation of the target architecture design.

Organisation-wide Applications	
Pharmacies	Community Providers (Hospital)
Mental Health Providers	Primary Care
Community Providers	Social Care
London Ambulance	Acute Providers

EPR Systems
Pathology Systems
Diagnostic Systems
Exchange and Integration Engines
Supporting Clinical Systems
Business Intelligence and Analytics Systems
Corporate Service and Management Systems

Figure 3: SWL Digital Enterprise Architecture

In the context of enterprise and technical architecture within the NHS setting, we will ensure that our strategies and implementations are tailored to support the unique needs of health and social care. The **SWL Enterprise Architecture Blueprint** has been designed to describe how we will approach this, and is underpinned by several core themes including:

Governance and Assurance
Includes streamlining processes and establishing ICS-wide technical forms that provide better assurance and consistency.

Collaboration and Co-design
Within SWL, alongside NHS London Regional and National teams to enhance cyber resilience and maintain trust in our services.

Principles and Standards
Adherence to industry validated and NHS-aligned methods and principles for consistency, reliability, and compliance.

Interoperability
Design and implementation of system and applications supported by open Application Programming Interfaces (APIs).

Embracing Artificial Intelligence (AI)
Integrating AI and machine learning technologies thoughtfully, including the management of digital assets.

Automation
Through rigorous vetting and monitoring processes for third-party suppliers, to ensure they adhere to the same cyber standards.

Digital First Applications
Commitment to ensure technology initiatives adopt a digital-first approach, fostering a culture of self-service and ease of use.

Secure by Design
All systems, applications and interfaces are designed with security at their core (including underlying data) for security and confidence.

Cloud First
Encourage the use of secure cloud services that offer scalability, flexibility and enhanced security. Guided by best practice.

Harmonisation of Tooling/ Applications
With the aim of facilitating better integration between applications across SWL and Providers to enhance data exchange.

Digital And Security Architecture
(SWL Cyber Security Architecture Blueprint)

SWL ICS is committed to supporting the safeguarding of digital infrastructure and protecting sensitive data across its diverse network of NHS Trusts, primary care structures, and partner services. In alignment with the National Cyber Security Centre's (NCSC) Cyber Assurance Framework (CAF) and NHS England's Health and Care Cyber Strategy, our cyber security strategy is underpinned by the **SWL Cyber Security Architecture Blueprint** *(available in Appendix 6).* It includes several Core Themes that SWL will focus on to ensure robust cyber resilience and maintain trust in our digital health services, including:

Cyber Strategy and Governance Structure
With clear roles and responsibilities to develop policies, standards, guidelines, and procedures compliant to regulatory requirements.

Risk Management
Adoption of an approach that identifies, assesses and mitigates cyber risks across all parts of the system.

Response and Recovery
Implementation of robust monitoring systems to detect and respond to cyber threats in real time, minimising service disruption.

Education, Training, Culture, Resourcing
Building the culture that encourages a security conscious environment.

Intelligence Driven Threat and Vulnerability Management
Leveraging threat intelligence to identify and address vulnerabilities proactively.

Asset/Identity/Access Management
Support the identification and management of assets, to ensure they are inventories and protected.

Supply Chain Management
Implement rigorous vetting and monitoring processes for third-party suppliers to secure our supply chain.

Cloud Strategy
Encourage the use of secure cloud services that offer scalability, flexibility and enhanced security. Guided by best practice.

Digital Infrastructure and Security Governance

SWL Digital Infrastructure Steering Group (DISG)

To drive the digital infrastructure priority forward, the SWL DISG was established in July 2023, bringing together digital infrastructure leads from SWL-wide organisations. It aims to foster ICS-wide collaboration and strategic convergence in the development, implementation and assurance of the SWL Digital Infrastructure programme.

SWL Cyber Assurance Group (CAG)

The SWL CAG was established in November 2023 as a Working Group of the SWL DISG, bringing together Cyber leads from SWL-wide organisations to drive adoption of the 2023 NHS Cyber Security Strategy and its 5 x pillars across SWL. It aims to provide coordination, advice and assurance to address and reduce cyber risks in SWL, and to improve SWL cyber defences. The SWL CAG will do this by applying the 2023 NHS Cyber Security Strategy's mandated, National Cyber Assurance Framework (the 'NCAF 39 steps') to:

- Establish a common, standard baseline of individual organisation & system Cyber Security maturity (i.e., 'As-Is').
- Identify the gaps between the baseline(s) and the target NCAF 39 steps.
- Develop and implement short/medium/long term plans for achieving the target NCAF 39 steps and improving SWL Cyber Security maturity and resilience.

SWL Technical Design Authority (TDA)

The SWL TDA was established in December 2021. Its key objective is to work in conjunction with all SWL Providers, offering advice and assurance to create a standardised technical ecosystem that is scalable, secure, robust, and cost-effective. This ecosystem aims to enhance patient care in SWL by following industry best practices and utilising the NHS "What Good Looks Like" framework to guide the group. The SWL TDA will ensure that digital solutions meet ICS-wide minimum standards and controls; and hold delegated authority to reject proposals in these areas that do not comply with agreed ICS architectural principles.

Digital Infrastructure Inputs

Since the 2021 SWL ICS Digital Strategy, there are several developments that will input into this digital infrastructure priority refresh, as depicted below in Figure 4. Several of these are described in more detail below.

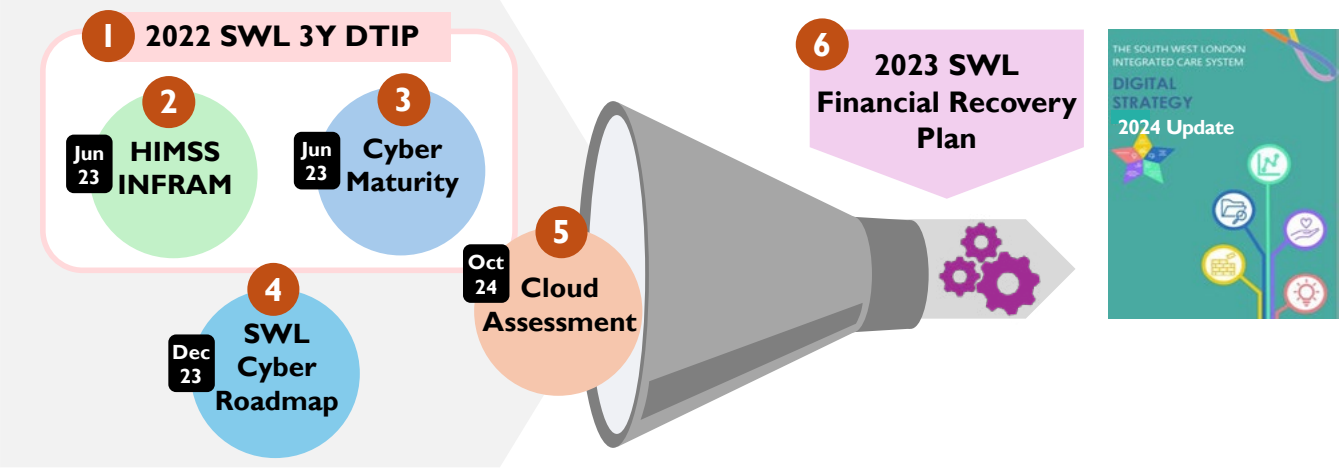


Figure 4: Digital Infrastructure Inputs

1

3 Year Digital Transformation Investment Plan (DTIP)

In early 2022, emerging ICBs were mandated by NHSE to develop 3-Year Digital Transformation Investment Plans (DTIPs). This was subsequently developed and signed off by SWL ICB SMT in January 2023 and included two digital infrastructure maturity assessment projects: HIMSS INFRAM & Cyber Maturity.

2

HIMSS INFRAM - Digital Infrastructure Maturity Assessment

In June 2023, Healthcare Information and Management Systems Society (HIMSS) Infrastructure Adoption Model (INFRAM) digital infrastructure maturity assessments were completed for the six main SWL Providers. Outputs included detailed reports for each Trust along with a rolled-up SWL ICS system report.

Across a range of 7 HIMSS INFRAM stages (i.e., 1 the lowest/ 7 the highest), and with Stage 5 as the ideal target stage, the SWL Trusts scored as follows:

	Croydon Hospital	Epsom & St Helier Hospital	Kingston Hospital	Royal Marsden Hospital	St. Georges Hospital	SWL St Georges Mental Health
Stage Achievement	**4**	**2**	**4**	**4**	**3**	**4**

Figure 5: HIMSS INFRAM Digital Infrastructure Maturity Assessment Scores

3

SWL Cyber Security Maturity Assessment

In July 2023, cyber security maturity assessments (using the Centre for Internet Security (CIS) 18 Controls) were completed for the six main SWL Trusts and SWL ICB. The outputs included detailed reports for each organisation along with a rolled-up SWL ICS system report. This was used to create the Cyber Roadmap.

4

Cyber Roadmap

The SWL Cyber Assurance Group (CAG), as a working group of the SWL ICS Digital Infrastructure Steering Group, developed and agreed the 2023-2025 SWL Cyber Roadmap, which can be found in *Appendix 5*. The SWL CAG comprises cyber leads from SWL ICS partner organisations, who together own the delivery of the SWL Cyber Roadmap.

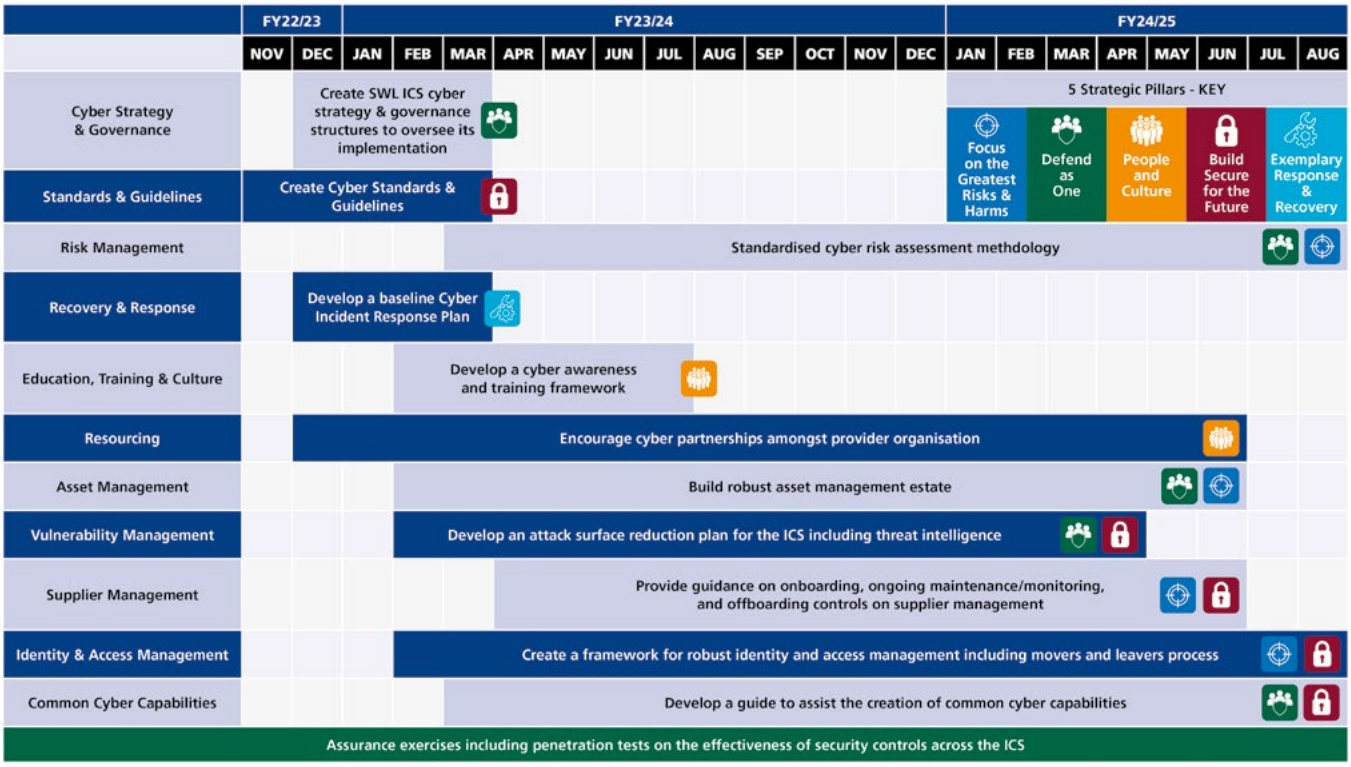


Figure 6: 2023 – 2025 SWL Cyber Roadmap

5

SWL Cloud Assessment

In October 2024, NHSE Cloud Centre of Excellence sponsored cloud maturity assessments were completed for the six main SWL Trusts, SWL ICB and SWL Community Healthcare. The outputs (to follow end of October) will inform the development of a SWL ICS Cloud strategy, to be co-designed by the recently formed SWL ICS Cloud Adoption Working Group. These outputs are expected to support SWL ICS in: understanding its application landscape; building a cloud transition strategy; creating a cloud target state architecture; defining a cloud target operating model; developing cloud business cases; and producing procurement requirements.

6

Financial Recovery Plan

As part of the 2023 SWL Financial Recovery Plan (FRP), several Digital workstreams were identified (see Figure 7 below). Of these, the IT Contractual Spend and IT Collaboration & Convergence workstreams have interdependencies with this refresh of the digital infrastructure priority i.e., the objectives of these workstreams will be considered here.

Digital FRP Programme	1	**IT Contractual Spend**	Identifying opportunities for SWL digital contract, licensing and asset convergence, rationalisation and savings
	2	**IT Collaboration/ Convergence**	Using outcomes from the IT contractual spend workstreams focusing on the emergent 4 x Infrastructure Working groups, highlighting where there are synergies/ opportunities to collaborate and converge
	3	**Deployment of Automation (incl. AI)**	Exploring SWL Automation and AI proof of concepts with a view to developing high level business cases for establishing this capability in SWL
	4	**Pooling of Specialist Knowledge**	Exploring opportunities to pool resource and share specialist knowledge in areas where technical skill gaps have been identified.

Figure 7: SWL Financial Recovery Plan – Digital Workstreams

Approach To Developing The Digital Infrastructure Refresh 2024

Core Digital Infrastructure

The high-level timeline below provides an overview of the approach and steps undertaken in refreshing the digital infrastructure priority, with a focus on co-designing and agreeing Digital Transformation Investment Plans.

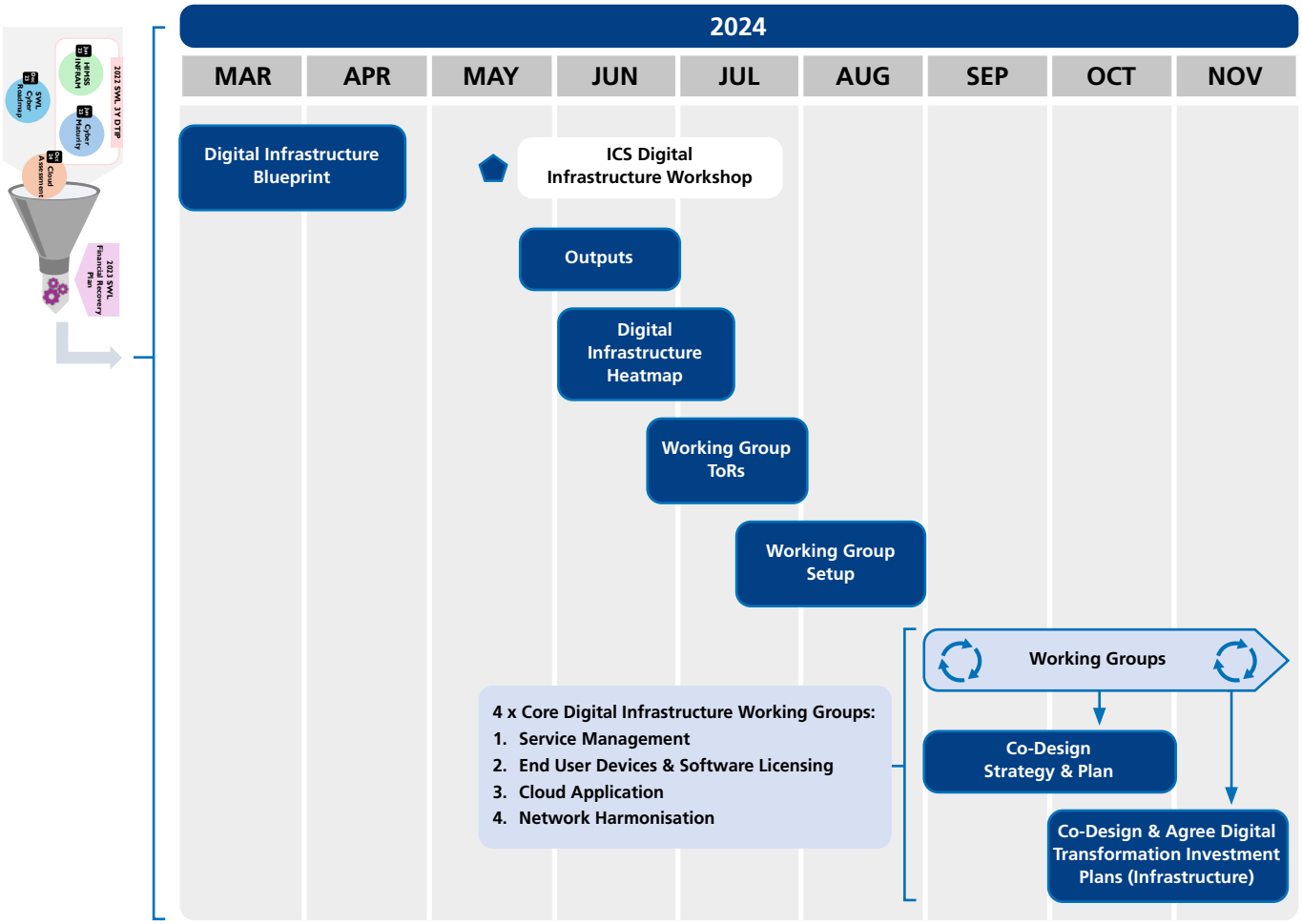


Figure 8: Core Digital Infrastructure Approach – High Level Timeline

SWL Digital Infrastructure Blueprint

The 'SWL Digital Infrastructure Blueprint' *(See Appendix 3)* provides the SWL Digital Infrastructure Programme with an agreed framework (i.e. the 'Golden Thread') for delivering the digital infrastructure aims of What Good Looks Like.

4 x Digital Infrastructure working groups

To facilitate ICS-wide engagement and co-design, ICS CIOs and Infrastructure Leads attended the ICS Digital Infrastructure Workshop late May 2024. The workshop outputs included agreement on the formation of four digital infrastructure workstreams/working groups:

- Service Management,
- End User Devices and Software Licensing,
- Cloud Adoption,
- Networks Harmonisation

Each working group was tasked with co-designing and agreeing respective strategies, plans and digital transformation investment plans (infrastructure) for the next three years.

The SWL Digital Infrastructure Heatmap was also developed by mapping the core digital infrastructure blueprint elements to the corresponding outputs from the HIMSS INFRAM, Cyber Maturity Assessment, Cloud Assessment and Financial Recovery Plan. Going forward, this heatmap will be also used to help prioritise the allocation of funding and investment for the next iteration of our three-year Digital Transformation Investment Plan (Infrastructure).

3-Year Digital Infrastructure Strategy, Plans and DTIP (2024-2027)

As described above, the DTIP will outline the capital and revenue requirements across partner organisations in SWL for the next 3 years. This enables a holistic view of funding requirements across SWL ICS to:

- Build a picture of what the system priorities are, for when funding is available.
- Have a forward view for when initiatives/ mandates do come out.
- Have a collaborative approach to opportunity areas where the funding ask is similar (i.e. can we join hands to spend more efficiently where multiple providers require the same function).

The DTIP (infrastructure) overview is available in Appendix 7.

Alignment With The SWL NHS Infrastructure Strategy (July 2024)

Delivering services in more effective ways requires a much more effective use of infrastructure within local health economies. Partners working together on new models of care must have a vision for strategic estates and digital systems.

The South West London health infrastructure strategy, recognises that we work beyond our organisational and ICS boundaries and with non-health partners. The development of this strategy gave us opportunity to take stock with a wide range of health and care partners to understand the South West London response to our health infrastructure challenges and ambitions.

Infrastructure failures can lead to service closures, disruption and inefficiency, potentially leading to poorer patient outcomes and higher costs. Our work has brought to the surface what our infrastructure challenges across our health and care system are. These include:

- Significant estates and IT backlog maintenance needs in our hospitals
- Areas of inefficient use of our estate
- Disjointed digital infrastructure
- Cyber security risk
- Capacity issues in primary care contextualised by a lack of funding for primary care over several years
- Scope to improve the environmental sustainability of our sites and services
- People capacity and capability issues.

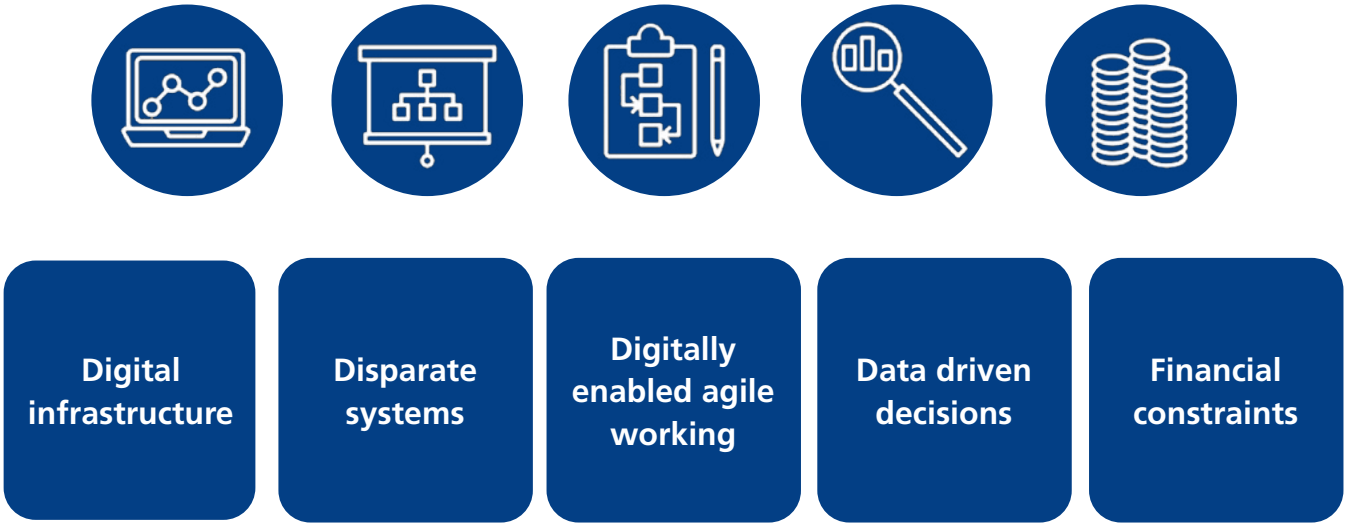
Cyber-attacks on SWL services have been identified as a significant risk, which could lead to data breaches, service disruption, and significant impacts on patient care, financial costs and losses, reduced public trust, and reputational damage. The SWL approach to managing and mitigating cyber-attacks is outlined in the SWL Cyber Security Strategy 2024-2030.

The SWL NHS Infrastructure Strategy (July 2024) sets out an ambitious long term vision for South West London with respect to health infrastructure in support of the South West London NHS Joint Forward Plan (2023 – 2028) and recognises the contribution to the South West London Integrated Care Partnership Strategy (2023 – 2028).

Digital infrastructure is recognised as a top priority for the ICS in the SWL NHS Infrastructure Strategy. It is critical that our foundations are strong and systems "work", link up and are interoperable in order to keep information safe and secure, to ensure information is accessible to support care and to digitally-enable our patients and staff.

Effective integration between digital and estates strategies has been limited in the past, due to how we have historically worked in estates and digital silos. The advancement of technology means that we have more choices about how we deliver care through physical and digital means so closer working in the future is required.

The SWL NHS Infrastructure Strategy outlines some of the priorities for Digital, including:



These have been considered in the development of this ICS Digital Strategy.

Other Aligned Strategies

- **SWL Cyber Security Strategy 2024-2030**

The SWL Digital Infrastructure Blueprint *(see Appendix 4)* also includes Cybersecurity. SWL has an overarching Cyber Security Strategy (which is available separately) which informs how SWL plans to meet the 2023 NHS Cyber Security Strategy and its 5 x pillars.

- **SWL ICB ICT Strategy 2025 – 2028**

SWL have requirement to build out the longer-term strategy, aligning with the wider ICS were appropriate and building the technology pillars for the ideal Target Operating Model (TOM) for GP IT, transforming the service, making efficiencies and reducing costs whilst delivering increased service levels to the customer base. Digital will support by:

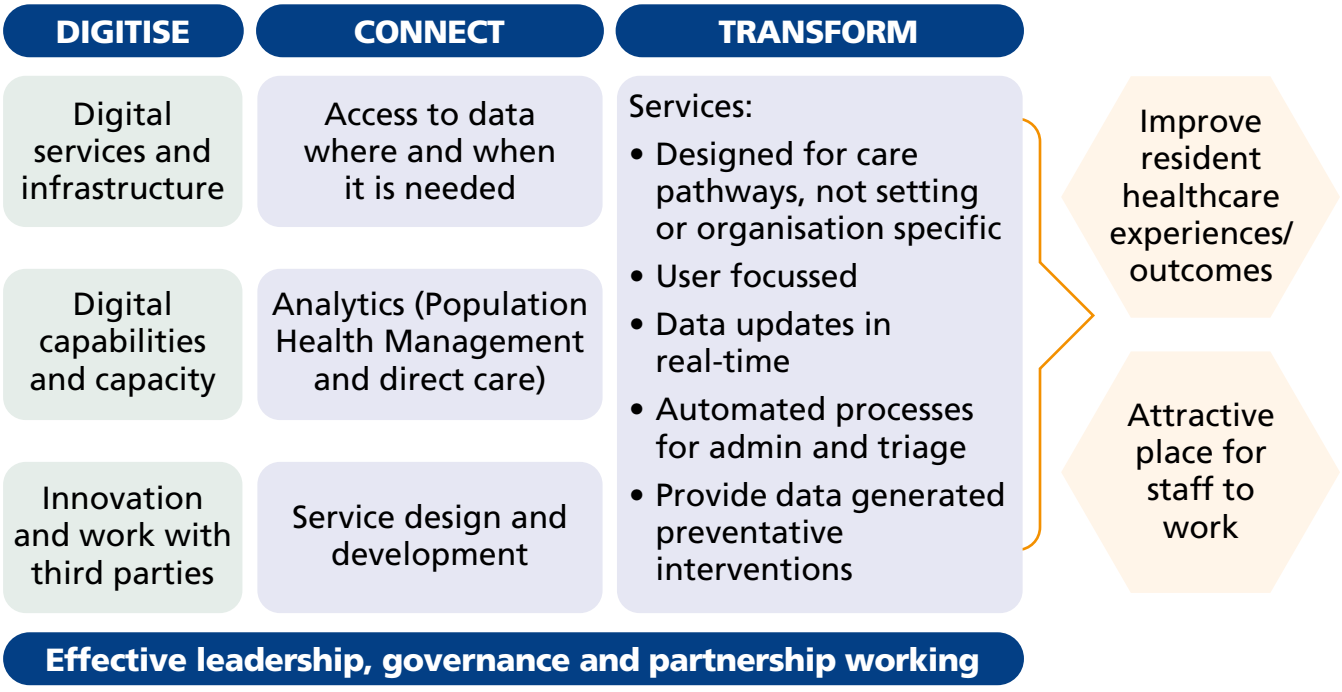


Figure 9: How Digital will enable SWL ICT Vision

Integrating Systems

The What Good Looks Like Framework states for Integrated Care Systems (ICS), embedding digital and data within improvement capabilities to transform care pathways, helps to reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients and ensure that they get the right care when they need it and in the right place across the whole ICS.

In support of the above, **Electronic Patient Records (EPR)** and **Shared Care Records** have long been recognised as critical building blocks in the overall health and care digital landscape. Within SWL provider organisations have developed their EPR strategies and procurements around national programmes without external integration being a core requirement. Whilst the development of the London Care Record (LCR) has gone some way to surfacing clinical data from disparate systems the 'read only' limitation of the LCR has not contributed to an integration strategy.

The plethora of systems in use is diverse in terms of functionality offered, maturity and inter-operability making true information flows more difficult the SWL ICS. This can result in patients having to repeat the same information about themselves every time they present to a new professional or different care setting, patient transfers between organisations requiring rekeying of data and shared care being more difficult to deliver.

SWL wants to address the matter through the following four programmes of work

1	2	3	4
Longitudinal Health & Care Record (LHCR)	**Supporting EPR Procurements & Deployments**	**Health Information Exchange (HIE) and the LCR**	**Rationalisation of common solutions**
Strategic Outline Case (SOC) and Approach to the development of a LHCR	Supporting the deployment of Cerner to ESTH and the SOC for Kingston and Croydon	Enhancing the usage/deployment of the SWL HIE and London SCR	Reducing the number of EPR support solutions

1. The Longitudinal Health and Care Record

SWL ICS is committed to delivering integrated health and care services that reduce health inequalities across the region. The advent of new integrated models of care (with a push to deliver more health and care services out of hospitals and into the community) requires organisations, services and teams to collaborate more closely.

A Longitudinal Health & Care Record (LHCR), describes a system be it physical or virtual which provide seamless communication across multiple organisations, enables shared care, supports changes to service provision/ commissioning and provides a single view of an individual's health.

Currently SWL ICS has a mixed and complicated digital landscape with a variety of clinical systems in use across primary, secondary, tertiary, mental health, social and community care and their interaction with Local Authorities/ Care sector.

It is therefore imperative that appropriate data flows between the disparate systems used within health and care organisations across SWL ICS is seamless, timely, accurate and available at the point of care. To achieve this, the development of a robust and comprehensive LHCR is essential.

KEY ENABLERS

Seamless Communication
Effective information sharing and collaboration across multiple organisations within the ICS.

Unified Patient View
A single, comprehensive view of each individual's health and care journey.

Enhanced Mobility
Flexible patient and personnel movement across the ICS without disruptions in care.

Standardised Pathways
Consistent, evidence-based clinical pathways to reduce unnecessary variation and improve care quality.

Adaptability
The ability to adapt to evolving models of care and emerging technologies.

Improved Efficiency
Increased productivity and efficiency in the delivery of health and care services.

Rich Data
High-quality, standardised data to support research, analytics, and decision-making.

To deliver the requirement, SWL will adopt a two-step approach:

1 **STEP 1** Understand the Clinical Strategy for the ICS and determine future EPR requirements	• Engagement to understand the future clinical model/s across the patient journey • Analysis of existing systems, processes, and challenges • Articulation of the vision for improved patient care, operational efficiency, and clinical outcomes • Elaborate needs/ambitions to consider for the future of EPRs	1 **OUTPUT 1** A vision and 10-year roadmap for an ICS-wide LHCR (31st December 24)
2 **STEP 2** Define strategic option for delivery, prioritising KGH/ CUH Oracle Millennium procurement	• Further stakeholder engagement to inform strategic case • Secure a detailed understanding of existing EPR instances in place • Identify and evaluate different options • Develop a high-level implementation plan • Undertake financial appraisal incl. affordability/ROI • Identify risks and opportunities including commercial	2 **OUTPUT 1** Strategic Outline Case (SOC) for an Acute EPR (by 31st March 25)

2. Supporting EPR Procurements and Developments

The NHSE Frontline Digitisation (FD) Programme was launched in 2021 to assist Acute Trusts to reach a minimum level of digital capability with a target of achieving a 'core level of digitisation' by March 2026. SWL ICS currently has a mixed estate in terms of EPR provision.

Three out of four of SWL Acute Trusts and one Tertiary Trust have successfully implemented an EPR. The remaining Acute Trust, St George's, Epsom & St Helier Hospitals Group (GESH), launched its 5-year strategy for 2023 – 2028 in May 2023, which re-iterates the importance of the EPR programme in delivering the Group's shared mission.

In SWL there is recognition of the need to support procurement / re-procurement of SWL's EPR solutions as their contracts end. This would include the Epsom & St Helier/ St George's Cerner's shared domain, procurement of replacement EPRs for Kingston & Croydon hospitals and GP EPRs brought about by the New Market Entrant initiative.

Epsom & St Helier

Following Epsom & St Helier Hospital's (ESTH) competitive procurement of a new EPR , Oracle Cerner Millennium was selected on a shared domain basis, building on the St George's platform. While the decision pre-dates it, this is fully in line with the convergence principles of the frontline Digitisation programme.

Our support for this programme comprises

- Provision of a critical friend capability, to provide additional expert advice and guidance across all workstreams to support implementation and stabilisation of the joint domain EPR solution.
- Provision of additional programme assurance from SWL ICS Digital and Finance Teams to ensure that the EPR programme is performing against plan.

Kingston & Croydon

In 2023 SWL commissioned an external review of our EPR platforms. Part of that work involved a review of the contractual arrangement for Kingston & Croydon's EPR platform in the context of a wider view of Acute EPR provision across the ICS.

That review recommended that the contracts for Kingston & Croydon be extended and be co-terminus. Those extensions have now been arranged and both contract now terminate on the 31/12/2026.

As part of the wider work on the Longitudinal Health & Care Record, SWL will undertake and complete an option appraisal and Strategic Outline Case for the provision of EPR at both sites. That appraisal will consider:

- The business & clinical case for convergence of acute EPR domains
- The transformation opportunities arising from convergence, commissioning and service intentions, productivity improvements and technology developments

GP EPRs – the New Market Entrant (NME) initiative

The aim of the NME initiative is to identify and evaluate new market entrants for GP clinical systems that can potentially enhance the efficiency, functionality, and overall performance of the current system used in the NHS GP surgeries participating in the project. This will allow selection of preferred provider(s), leveraging the available NHS England funding. As this initiative is in a discovery phase, currently only suggestions for areas of exploration exist (as opposed to a prescribed series of compulsory steps).

In SWL there are 5 GP Practices on the Early Adoption Programme with NHS England, supported through GP IT. Since commencement, one practice has become the first of type, migrating from Vision to Medicus. The other 4 practices are still in discovery phase though potentially looking to become fast followers when NHS England have more clarity on the funding and support mechanisms (which is likely after the First of Types are done).

3. The Health Information Exchange and London Care Record

The London Care Record (LCR) provides health and care professionals providing direct care, access to core patient information held in a variety of clinical systems e.g. Acute Trusts, GP practices, Local Authorities, London Ambulance, Mental Health and Community Care. The LCR works on a Hub and Spoke model, whereby each ICS has its own local Care Record (SWL's is known as the SWL HIE/ Hub) and is fed by local clinical systems. Availability of a unified view of a patient at the point of care helps make consultations more impactful, treatment timelier, improves communication/ joined up decision making and drives better outcomes for patients.

The SWL Health Information Exchange has been one of the most successful sector integration projects in recent years connecting 15 critical SWL clinical & local authority systems as well as the wider federated London Shared Care Record (SCR) to provide a single view of a patient's care.

To date SWL has delivered

- A successful merger of the 3 local HIEs (CHS, STG, KHFT) to form the local SWL HIE (Hub) to reduce maintenance costs and aid and ongoing improvements.
- Connection of 15 critical system feeds to date across SWL including from GP practices, Local Authorities, Community and Secondary Care.
- Establishment of a SWL LCR Working Group, to play a central role in ensuring the LCR/ SWL HIE delivers relevant, accurate and accessible health information to health and social care professionals and patients across SWL.

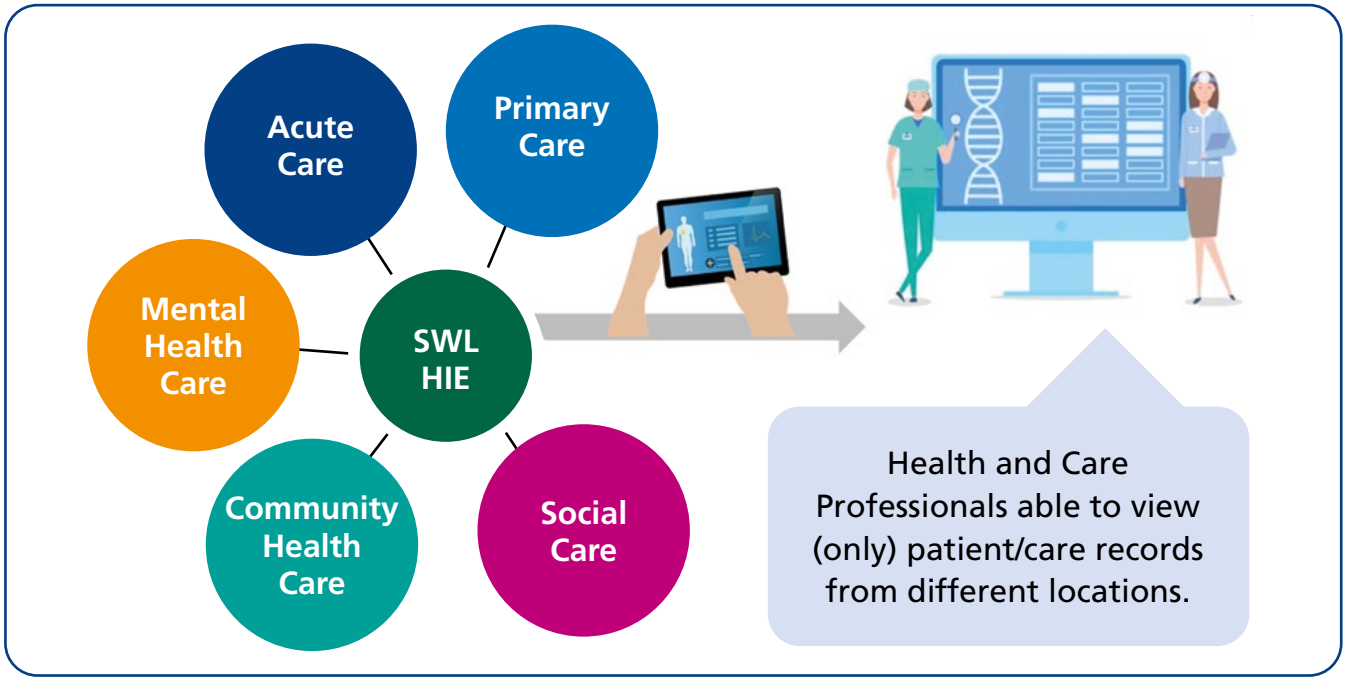


Figure 10: SWL Health Information Exchange

SWL ICS will continue to utilise the latest standards for integration, working with partners/ suppliers to provide a future proofed platform for information sharing. The ICS will also continue to grow the technical capability within SWL ICS to support the ongoing need for scalability and further connectivity.

Objectives in support of this strategic priority are:

OBJECTIVE 1

Re-establish connection the Royal Marsden Hospital following their move to a new EPR (EPIC). This will provide access to critical information about patients currently on cancer pathways.

OBJECTIVE 2

Enhance the functionality of the service in line with national initiatives e.g. implementation of Reasonable Adjustment Flag and to include appropriate new features as they become available from the infrastructure supplier (Oracle Cerner).

OBJECTIVE 3

Explore establishing a fair share cost model to underpin onboarding of new connections e.g., care homes, community pharmacies and hospices.

OBJECTIVE 4

Explore write back capability to the source clinical and social care systems e.g., UCP.

Realising the vision of a true system wide longitudinal health and care record will also require establishment of strengthened joint governance models and an acceptance that this may need to be approached incrementally, so as not to be overwhelming. Thought will also need to be given to optimising the use of existing systems in the immediate term.

4. Rationalisation of common solutions

SWL Healthcare providers have traditionally made Digital System procurement decisions based on local needs, without consideration of wider integration opportunities. This has led to SWL having a plethora of non EPR digital support systems. SWL wishes to continue to support the rationalisation of common non-EPR solutions across the sector.

Reducing the number of disparate solutions providing common functionality is not only a means to reduce cost but aids the development of common processes and wider access to clinical data. Whilst joint procurement exercises, particularly in relation to diagnostics systems has led the way, SWL wishes to accelerate the rationalisation of these system to provide wider integration opportunities, reduce cost, standardise pathways and support new models of care.

One such example is the digital solution that supports the GP & Community's diagnostic test ordering and result service, commonly known as Order Communications. There are currently approximately fourteen different order communication systems in use across SWL ICS, excluding those provided by the EPR vendors.

The rationalisation project, now commenced, aims to provide:

- Integration across primary, community and secondary care across the full patient journey
- Connectivity across all settings
- Inter-operability across Trust diagnostic services and beyond other health service boundaries
- Improved patient access e.g. allowing for seamless booking of diagnostic appointments and appropriate viewing of results.

SWL ICB will take a more active role in supporting programmes like these, some of which have been running for some time (PACS, RIS, Path), whilst others are just commencing (Cancer Management and Surveillance).

These include:

- Order Communications
- SWL's Cancer Management solutions
- Tele-dermatology
- SWL's Cancer Surveillance platform
- SWL's Endoscopy Management system

SWL ICB will additionally seek to support existing projects, such as the implementation of the Radiology Information System (RIS), the replacement Picture Archiving and Communication System (PACS) , and the wider Pathology solution. Going forward SWL will actively seek out integration and rationalisation opportunities as part of the sector's wider cost reduction programme. These include:

- Hybrid Mail & SMS the solution that provides paper patient communication capability and SMS messaging to SWL's Acute hospitals
- Digital Service IT Help Desk solutions

The Strategic Approach will have to consider the short, medium and long term as different organisations are at differing levels of digital maturity and have differing contractual arrangements needing attention at different points over the next 10 years e.g., imminent decisions are required for EPR provision for the Community health sector and SWL GPs. It is also important that SWL is considered as an 'Enterprise' and that critical peripheral systems (not just Acute EPRs) are reflected upon.

Data Strategy

The SWL Data Strategy 2024 (published separately) describes how Health and Care Partners across South West London working together, will harness data and over the next five years to support delivery of joined up, person-centred care across our health and care system.

The Plan provides clarity on the ICB's role, direction of travel for data and demonstrates how we collaboratively with all system partners to create meaningful improvements in health and care, through maximising capabilities in data. They support the core aims of the Integrated Care Partnership to:

- Improve outcomes in population health and healthcare,
- Tackle inequalities in outcomes, experience and access,
- Enhance productivity and value for money, and
- Help the NHS support broader social and economic development

Our ambition through data is to:

Work collaboratively with all system partners for all the people of South-West London to create meaningful improvements in health and care, wellbeing and equity of access to health and care services.

Implement the Data Strategic Plan, building from an understanding of how it can support the priorities of SWL as described in the Joint Forward Plan '23 and Integrated Care Partnership Strategy '23.

These ambitions have been encapsulated into Seven Vision Statements.

Seven Vision Statements

1	Improve Care
2	Cultivate foundation that enable change
3	Improve efficiency and effectiveness
4	Drive transformation via big data
5	Increase visibility of performance
6	Improve overall health and wellbeing
7	Enhance research and innovation

Each of the 7 uses are also supported by deliverables over the next five years, where delivery of system strategic objectives are prioritised (further detail can be found within the Data Strategy Interim Report).

Achieving our ICS goals is dependent upon every one of us capturing and using data differently and delivery of the Data Strategic Plan will address these challenges. To do this we need to start small, build on what we have got and fix the basics, not just focus on building new or more advanced platforms.

Operational engagement and delivery is achieved by following a set of principles, whereby partner organisations can balance operational and strategic data needs, setting the tone of how data is used.

Data principles and guardrail themes for delivery include:

Data Quality	Data Integration	Data Security	Data Governance	Data Insights	Data Driven Artificial Intelligence

There is lots of data in the data ecosystem, however joining it together is where we can turn information into insights and intelligence that can be used to better support the improvement of health and care. This Data Strategic Plan is about what we can do as a system to develop ways in which we use data, recognising the current state and priorities for the system; it encompasses the Vision Statements, Ambition, Principles and Data Ecosystem in a single holistic view.

Whilst the 7 priorities gives us a vision to aim towards, each is underpinned by a series of tasks that are interdependent and based on having the correct foundation in place, whilst developing the data infrastructure in which to deliver them.

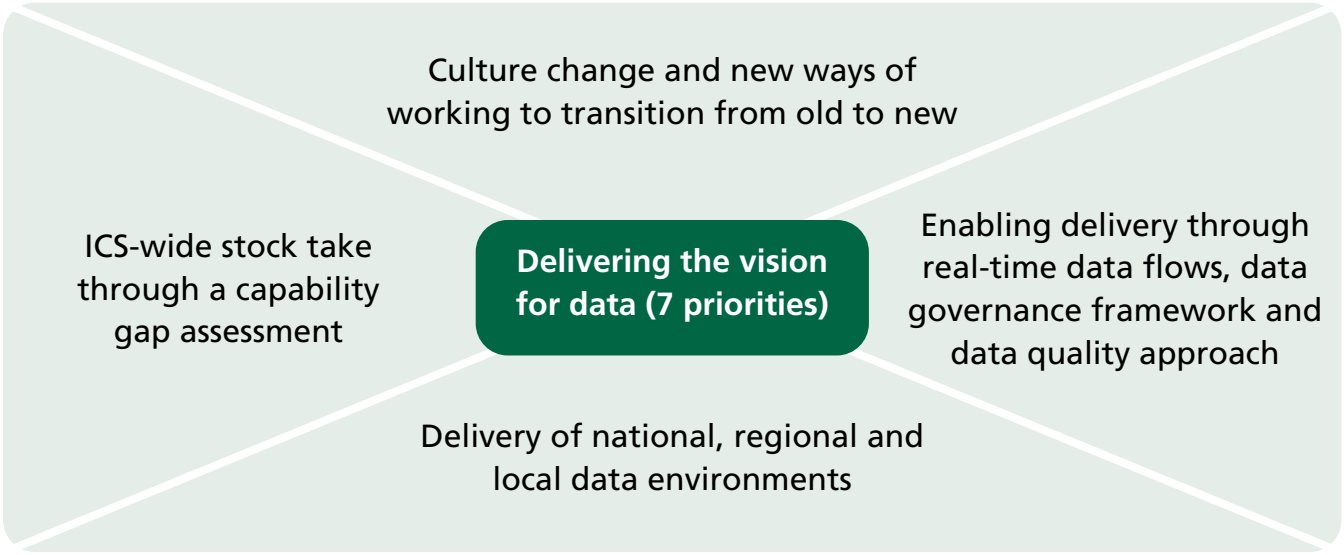


Figure 11: Requirements to deliver the vision for data

Our short-term objectives focus on starting small and getting the basics right, providing us with the correct foundation to deliver the vision for data. We have outlined 7 steps we can take in the next year to support us on this journey.

- Optimise our Analytics and Business Intelligence Team
- Build a community of data specialists in SWL
- Change the culture of how we use data in SWL
- Make sure we have good quality data in SWL
- Have a robust governance framework for data
- Delivery of data environments
- Creating the foundations for the 7 data priorities

Ultimately, by combining data and digital technologies, we can revolutionise how we provide care to our patients in SWL, enhancing patient outcomes and making our healthcare services more efficient and accessible.

Adoption Of Artificial Intelligence (AI)

SWL will be taking an innovative and forward-thinking approach, perfectly exampled through exploring the capabilities through Artificial Intelligence (AI). AI has the potential to make a significant difference in health and care settings through its ability to analyse large quantities of complex information. This can include analysis of x-ray images, for example mammograms, to support radiologists in making assessments or remote monitoring technology (apps and medical devices) that can assess patients' health and care at home. The expectation is that clinical and operational service delivery, augmented by AI, will enhance: efficient workflows; quicker, consistent, and accurate diagnosis; better decision support for training/ treatment; restoration of clinician's connection with patients by decreasing the administrative burden; and optimised care pathways for patient outcomes/ experience and cost reduction for the system.

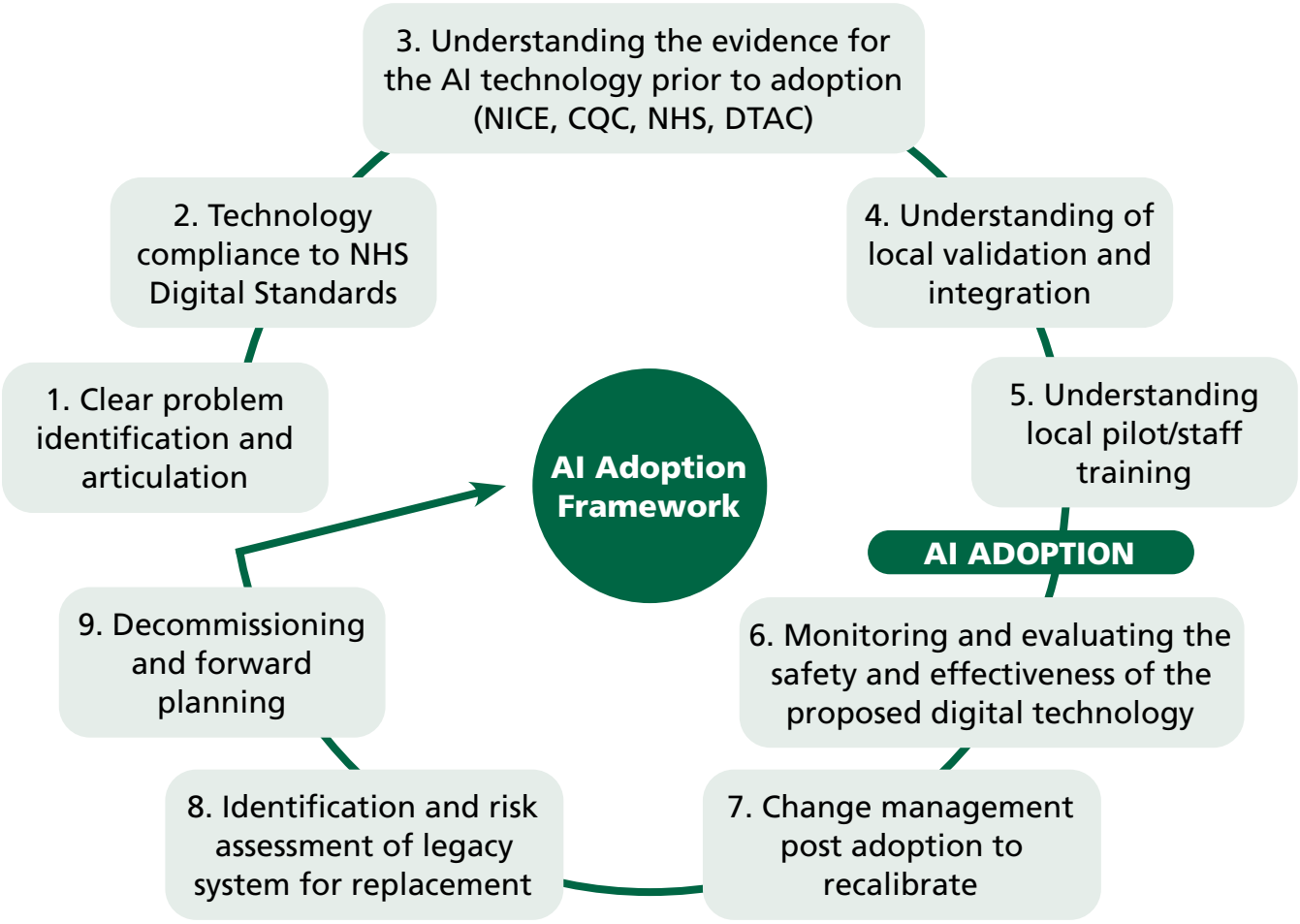


Figure 12: SWL AI Adoption Framework

In SWL we are keen to ensure we have the right framework set up to enable use of AI in a safe, ethical manner, and to ensure our approach is robust and consistent. We have been devising and adopting both an AI Adoption Framework and a Data Quality Framework in collaboration with colleagues across the sector, to ensure that there is joint ownership and effective governance in place in order to facilitate benefit realisation while providing sustainability.

Empower Citizens

Citizens are increasingly expecting to be able to use digital tools to manage their lives. The introduction of the NHS App in 2018 and in particular its use through Covid has seen it become the primary direct access app for the NHS. Though originally developed for primary care use in the last three years SWL has led on its use within acute care, with St George's being the first UK Acute hospital to integrate its patient portal into the NHS App in 2022. Kingston & Croydon Acute hospitals joined soon after and Epson & St Helier will join in 2025.

The NHS App aims to integrate the Patient Engagement Portals (PEPs) of NHS provider organisations to provide a seamless interface to all supported platforms and is being heavily promoted as the digital Front Door to NHS services.

At the same we must continue to consider those that are digitally excluded, not through choice but for social, economic, or cultural reasons.

'Andrew's Story'

Andrew is registered blind and does not have the same access through use of the NHS App to make a GP appointment. When promoting digital tools, he is keen to ensure that there is not a one-size-fits-all approach. For example, the NHS App should not be promoted as the only solution for everyone, if it does not have some accessibility features.

Andrew noted that in his experience, GP practice website triage forms tend to be more accessible and where they are not, there is more opportunity to work with the practice to make changes to the website. This is very difficult to do for a large, nationally controlled system, like the NHS App.

When it comes to digital, patient journeys need to be well understood, so that the best option can be promoted to the right people.

Key aspects of our approach include:

Empowerment and Informed Decision Making	Patient portals & the NHS App empower individuals to take a more active role in managing their health by providing access to their medical records, test results, and treatment plans. As patients become more informed about their health status and treatment options, they are better equipped to participate in decision-making processes alongside their healthcare providers.
Convenience and Access	Patient portals and The NHS App offer convenient access to healthcare services and information anytime, anywhere, through web-based platforms or mobile applications. This accessibility can improve patient engagement by eliminating barriers to communication and enabling individuals to interact with healthcare providers more easily.
Patient Self	Increasingly patients are able to use self management apps to manage their own care, the benefits of increased control, efficiency and convenience, improved education, enhanced communication and mental and emotional support . These Apps are increasingly being integrated into the NHS App and portals bringing with them the benefits of enhanced communication, remote monitoring & telehealth and condition monitoring.
Personalised Care and Patient-Centred Approaches	Patient portals and the NHS App can support personalised care initiatives by enabling healthcare providers to tailor treatment plans and interventions based on individual patient preferences, needs, and health data. By actively engaging patients in their care and considering their input, healthcare organizations can foster patient-centered approaches that prioritize the unique needs and goals of each individual.
Implementing the Digital Inclusion Toolkit	Digital exclusion affects around 20% of SWL's Citizens denying them access to digital services. The Digital Inclusion toolkit (available in appendix 9) follows NHS advice and provides a framework for local ICB work. SWL has developed an approach to Digital Inclusion which seeks to integrate the requirements into all of its digital projects, while signposting staff to resources and organisations able to support initiatives.

Setting	What we have done since the last strategy
Primary Care	The NHS App is now available to all primary care patients providing the following services: • Order repeat prescriptions and nominate a pharmacy for collection • Book and manage appointments • Complete triage and general health questionnaires • Supply locally captured health data (blood pressure, weight) • View GP health record to see information such as allergies and medicines and increasingly the detailed medical record and test results • NHS 111 online to answer questions and get instant advice or medical help near you
Secondary and Tertiary Service	• The NHS App and local hospital Patient Engagement Portals (PEPs) have been introduced into three of our four acute hospitals and its cancer specialist hospital • At the time of writing over 400,000 acute hospital patients have registered with the PEPs, an adoption rate of between 60 and 70% • The acute PEPs are integrated into the NHS App • These PEPs provide the following services: appointment management; diagnostic test results; access to the medical records; questionnaires and messaging; and wait list validation. • Additionally, the following national services are available to acute hospital patients: hospital referral waiting times and patient provider choice
Other Digital Apps	SW London continues to support a number of Patient Self manage Apps • The GetUBetter app supports all common MSK injuries and increasingly Women's pelvic Health • The Universal Care Plan, the London wide Care plan tool, hosted by SWL and the replacement for the End of Life Care plan tool • The Consensus Patient Procedure Consent Solution for managing acute hospital procedure consent

Setting	What we are doing now (not limited to, but including)
Primary Care	• Primary Care transformation continues to promote the use of the NHS App • The recruitment and deployment of four Digital Care coordinators across the sector working in GP Surgeries and increasing other Healthcare setting to promote the use of the NHS app and the secondary care PEPs
Secondary and Tertiary Service	• The introduction of the EPIC EPR to the Royal Marsden and its associated 'My Care' portal continues to be developed and promoted. • The PEP capabilities are being actively developed at the three Oracle/Cerner sites in SWL. These include the use of NHS App to: • Support the deployment of Patient Initiated Follow Up (PIFU) • Piloting the use of the App for Pre Operative Questionnaires to reduce the need for unnecessary face to face POA appointments. • Introduce and develop the use of 'Meet & Greet' processes to actively support the patient throughout the elective journey introducing welcome messages, service specific information, questionnaires and support.
Other Digital Apps	• The Universal Care plan – developing the use of the tool support Frailty • GetUBetter – Working closely with VCSE sector colleagues supporting the further use of the App to support Women's services

Within SW London over 60% of SWL citizens have registered with the NHS App. Though traditionally developed for Primary Care, it's now widespread use within Secondary, Tertiary & Special Hospitals is allowing patients greater control over their own care. At the same time the increase in Heathcare Apps more generally continues to grow. The integration of 111 services and direct access services into the NHs App is and will continue to change the way services are delivered. In time automation and AI will increasingly help patients to be directed to the right service at the right time, whilst dramatically reducing the burdens of administration within the NHS generally.

Patients can be expected to be provided with support and information directly through the health journeys, whether that be for chronic and long-term conditions, or elective and emergency episodes of care.

Population Health Management

Digital technology is now a significant part of our everyday lives. We want to use that technology to change the way we deliver services, providing faster, safer, more convenient care and supporting patients to self-care. Through our use of technology, we want to make the jobs of our clinicians and staff easier and improve productivity and patient outcomes.

Supporting delivery of care at Place

Nationally there is a focus on **Integrated Neighbourhood Teams** (INTs), which bring together multidisciplinary professionals from different organisations across health and care services, to meet the holistic needs of the local population. Their aim is to deliver more joined up, preventative care at a neighbourhood level, through sharing of resources and information.

The health and wellbeing needs of the community informs the range of proactive care and support services available, which in turn determines the professional skill sets, roles and training needs within the team. Population health data will be pivotal in enabling INTs to have the information they need, in order to cater to the needs of the citizens they serve at a neighbourhood level.

People and communities tell us

Recognising that not everyone can or wants to engage with the NHS digitally, we will continue to offer a range of ways in which people can receive care and support and interact with us. So first we need to understand what the needs of people and communities are.

Several insight reports describe what we have heard from local people and communities across South West London, from which we have drawn out digital opportunities or barriers. These fell under three main themes:

- Better access to information and support for the public and patients
- More joined up services
- Digital exclusion

Additionally, Merton Mencap has been working to identify and put plans in place to overcome digital exclusion for people with learning disabilities, and their carers.

Key feedback from our citizens in relation to the use of digital included:

Feedback showed that digital engagement has increased following the pandemic and lockdowns. NHS and council websites were trusted sources for information. Internet use was high among many residents, with smartphones the most popular way to get online.

Across the engagement reports, digital apps, websites, online community meetings and appointment have helped to deliver health and care services. Some people were supportive of specific self-help digital apps, such as: pregnancy related apps to help people through their pregnancy journey; 'Car Find' to help people living with dementia to locate their parked cars; 'Brain in Hand' and 'Autonome' apps for people with learning disabilities; a pelvic health app; and an emotional wellbeing app for teenage and young adult cancer patients.

Engagement found that in groups more likely to experience health inequalities residents were worried about digital exclusion. For example, older people, people living with dementia, people living with a learning disability, people with autism, people with sight loss, and people for whom English is not their first language. While younger people were usually more confident to access digital healthcare, reports found a variance in willingness, ability, and confidence to use digital services and a continuing demand for face-to-face appointments. More generally only among those aged 75 and over, internet use starts to decrease.

Digital exclusion increasingly now means social exclusion as well as difficulty accessing services. People told us that overcoming this was about more than having community spaces for support and the training to gain skills; many people also need financial support for IT equipment or a technology package to match their needs.

Engagement also highlighted the potential of improved IT to provide better continuity of care and co-ordination between services. Examples of feedback are from frailty services, the London Ambulance Service and urology pathway.

Feedback about data sharing has told us that local people are keen to have clearer information about the benefits of data sharing for preventative healthcare and risk stratification. Participants highlighted the need for information to be accessible and in a range of languages and formats.

We are using these insights to ensure we are engaging, and more importantly listening to feedback and actively implementing solutions that will support our population

References for digital insights across South West London

- NHS South West London engagement on Section 251 (2024)
- Including Digitally Excluded Communities: Engagement Report 2024 | Healthwatch Kingston
- NHS SWL (2023) People and communities - engagement assurance group
- Clearview Research (2022) Enhanced Primary Care Hub Evaluation
- Findings from 17 recent PCN engagements on 'Enhanced Access' e.g. South West London ICS (2022) One Thornton Health Planning for Enhanced Access Service; South West London ICS (2022) Patient Feedback - Brocklebank PCN .
- Healthwatch Wandsworth (2022) Experiences of Health and Social Care Services for People with Sight Loss; Healthwatch Wandsworth (2022) Digital Support for People with Learning Disabilities; London Borough of Merton (2021) Community Dementia Services Public Engagement Report
- London Borough of Wandsworth (2019) Residents Survey; London Borough of Richmond Upon Thames (2019) Residents Survey

Digital Inclusion

Digital inclusion ensures that everyone, regardless of their background, demographics, disability or circumstances, has equal access to and opportunity to benefit from digital technologies and the internet. This includes both our patients and staff. In the context of health and social care, digital inclusion plays a significant role in supporting priorities such as self-care, managing long-term conditions, and promoting empowerment while reducing health inequalities. In South West London, we strive to be forward-thinking. To achieve this, we are committed to ensuring that digital health and care services are designed and delivered to meet the needs of our population, preventing any future 'digital divide.'

A 2024 Engagement Report by Healthwatch Kingston, 'Including Digitally Excluded Communities', provided a critical reminder of the need to ensure that core and targeted health and care information, education, promotion and engagement is co-designed and delivered in accessible formats for those who digitally excluded. Collaboration with our partners in Local Authorities and Voluntary, Community and Social Enterprise (VCSE) organisations is essential to realising this goal. Together, we can work towards a digitally inclusive South West London.

SWL ICS Digital Inclusion Toolkit *(see Appendix 10)*

As part of our efforts to ensure a digitally inclusive South West London, we aim to embed a set of five key principles within the existing practices across our system, and in alignment with NHS England's guidance on inclusive digital healthcare.

1	**Access to devices and data so that everyone can access digital healthcare if they choose to**
2	**Accessibility and ease of using technology, so that digital content/ products are co-designed**
3	**Skills and capability so that everyone has the skills to use digital approaches and health services**
4	**Beliefs and trust so that people understand and feel confident using digital health approaches**
5	**Leadership and partnerships so that digital inclusion efforts are co-ordinated to help reduce health inequalities**

To achieve What Good Looks Like in SWL, our aligned objectives include:

OBJECTIVE 1

We will publish a Digital Inclusion Toolkit to signpost staff to good practice, national guidelines and local resources.

OBJECTIVE 2

We will ensure digital inclusion is considered and tracked as part of the Benefits Realisation Plan of all new digital projects.

OBJECTIVE 3

We will ensure funding bids referencing digital projects demonstrate a commitment to digital inclusion and outline strategies for reaching underserved populations.

OBJECTIVE 4

We will ensure all business cases include plans for addressing digital inclusion and include a digital inclusion impact assessment as part of the Equality Impact Assessment.

Whats Next – NHS App

We can expect a significant increase in the use of the NHS App going forward, both in terms of functionality and coverage. Though SW London is a leader in the region in its deployment of NHA App and PEPs we can expect to see the availability of integrated services from across South England allowing patient access to data wherever they receive treatment. In SWL our:

- We will ensure that all primary, secondary, tertiary, mental health and community provider portals can be accessed via the NHS App
- We will increase the adoption rate of the NHS App to above 65% of SW London Citizens
- We will continue to ensure that citizens that either choose not to or cannot take advantage of digital solution are not disadvantaged in the care they receive
- In relation to the services offered by acute Hospitals, efforts will be focussed on integration, visibility, wider use of functionality, including the availability of support information, videos, advice throughout the patient journey.

Innovation

Having the patient at the heart of everything we do will help determine our direction and allow for any developments and influences occurring as a result of our changing world. With a continuing process of improvement in mind, we will have confidence that what we deliver will support the often complex needs of our population to optimise the outcome of each contact and episode of care.

Innovation is critical to enabling NHS England to achieve the ambitions set out in the Mandate, to ramp up the pace and scale of change, and deliver better outcomes for patients across all five domains of the NHS Outcomes Framework [NHSE/I].

In SWL, working jointly with our Academic Health Science Network and Digital First colleagues, the Health Innovation Network and other health innovators, we will put innovation at the centre of the prioritisation process for new ideas and requirements allowing the experience of front-line practitioners, staff, and citizens to be captured, evaluated, and prioritised.

Balancing the rapidly advancing technology capability with resolving existing basic issues will be key to delivering a successful strategy. We will seek to partner with innovative staff, suppliers and organisations who have the expertise and knowledge of their clinical area and new technologies respectively, to help tackle the urgent productivity challenge of delivering better Health and Care outcomes for every pound. Our ambition is to augment locally sourced funding for implementing new technology, such as Artificial Intelligence, by applying for external funds aimed at supporting innovation and research. This will enable us to:

- Use innovative technology for research and the delivery of improvements in patient treatments/outcomes
- Access the latest technology, therefore attracting and retaining the best people
- Promote early adoption of new technology led by our local and Place based priorities

Design Thinking Approach

There is no single approach to managing technology and innovation that works best in all situations in healthcare. Successful innovation requires an understanding of how a healthcare model that was never design to do the things now being asked of it, can operate in the context of a local system. Business communities have successfully adopted design thinking as a way to innovate in addressing people's needs. Healthcare systems must consider how design thinking can use this proven and accessible problem-solving process to foster new approaches to complex and persistent problems.

The approach should be:

- Person-centred through collaborative and diverse co-design, engaging a broader set of voices (which considers digital exclusions and health inequalities).
- Able to rapidly prototype (e.g. through a proof of concept or pilot) within communities that most need support.

What does good look like (WGLL)?

Fist let us understand, what good looks like for ICSs:

- Create and encourage a digital first approach across the ICS and share innovative improvement ideas from frontline health and care staff.
- Drive ICS digital and data innovation through collaborations with academia, industry and other partners.
- Organisations use data to inform their own care planning and support the development and adoption of innovative ICS-led, population-based, digitally-driven models of care.
- Ensure that organisations across your ICS make use of digital tools and technologies that support safer care, such as EPMA and bar coding.
- Ensure that organisations across your ICS employ decision support and other tools to help clinicians follow best practice and eliminated quality variation across the entire care pathway.
- Lead a system wide approach to collaborative and multidisciplinary care planning using an array of digital tools and services alongside PRSB standards.
- Make data available to support clinical trials, real-world evidencing and AI tool development.

Innovation Adoption Framework

Taking on board WGLL, application of design-thinking needs to be carefully thought through as a component of a wider innovation framework, to ensure that innovations improve the quality of care, enhance patient experience, and achieve sustainable cost savings. SWL aims to develop an Innovation Adoption Framework, considering key components of delivery, including:

Identification and prioritisation of need
Identifying any unmet needs (i.e. health inequalities, digital exclusion) and prioritisation based on organisational goals.

Approach to proof of concept/ evaluation
Implementing small-scale proof of concepts to gather real data and refine the innovation, embedding systematic review and evaluation processes.

Collaboration and co-design
Bringing together stakeholders from a wide range of perspectives in the innovation process to agree on the best options for the system.

Pre-implementation planning
Developing detailed plans that outline resource requirements, timescales, roles and responsibilities (and associated training).

Outcomes framework/ evaluation
An ability to monitor progress of outcomes through data and assess the effectiveness of interventions to iterate service design.

Quality Improvement (QI) cycles
Embedding the ability to learn from experience and share knowledge, in order to identify areas of improvement.

Successful delivery of this framework would be dependent on enabling factors such as: organisational culture, recognising the required shift in mindset; risk management associated with adoption of new technology; collaboration between ICS system partners and external organisations to optimise available expertise; and long-term sustainability to ensure viability.

Horizon Scanning

SWL's ambition is to horizon scan supplier and product landscape to identify where we can stay ahead with changes in technology, infrastructure and systems which will support the future, keeping in mind the SWL ambition to reduce the carbon footprint as part of its commitment to reducing the impact on climate change.

This will include the creation of:

- A web portal to capture new ideas and suggestions from all our people of SWL (citizens, patients, staff) can be captured.
- A rapid and transparent evaluation process for these inputs with fast feedback to the author.
- A clear communication and governance process to support prioritisation of these ideas and suggestions.
- An ability to rapidly prototype new ideas where appropriate using continuous improvement techniques.
- The ability and resources to build business and benefits cases for prioritised ideas.
- Clarity on the current Digital portfolio to drive synergistic investments that allow the fit of new ideas to be assessed against the agreed Digital Strategy, to assess ability to scale and potential benefits.
- To scan and assess the supplier landscape to understand the transformational benefits available from the market.

Section Four: How We Will Deliver

The SWL Digital directorate have successfully delivered and provided assurance on multiple projects and programmes ranging from the roll out of patient engagement portals digitising elective care pathways through to the implementation of Electronic Patient Record (EPR) systems. Sector wide professional frameworks / methodologies such as Prince2, Agile are an integral part of ensuring coherent delivery standards and processes utilised to enable and support change. The SWL Digital directorate will continue to work closely with ICS and regional partners to agree ways of working and mutual governance to ensure that Digital programmes are delivered to agreed cost, time, and quality, enabling ICS transformation programmes to realise any planned changes, benefits, and measurable outcomes.

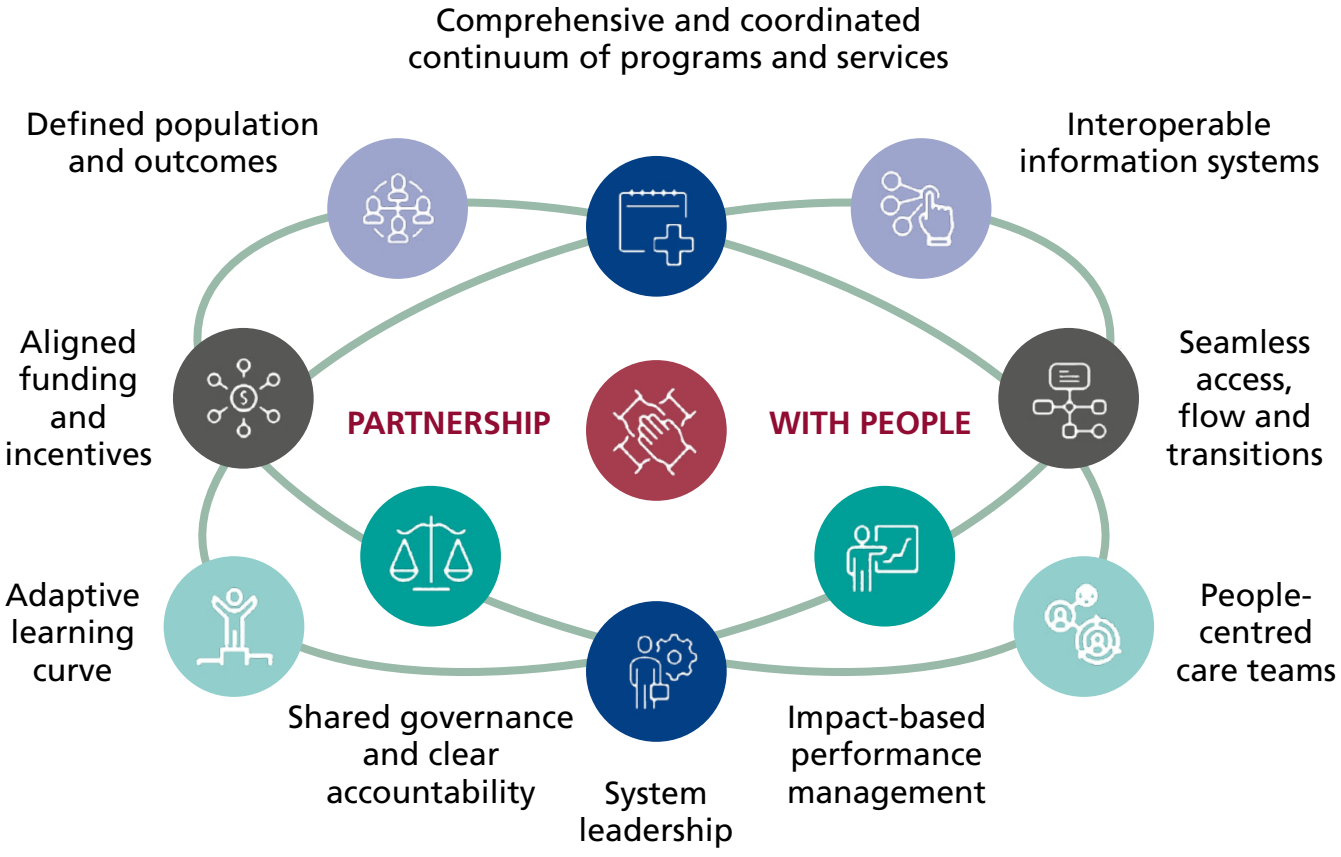


Figure 13: The Ten Design Principles of Integrated Care in the IPCHS standard

Vision

Proficient leadership plays a crucial role in advancing a digital strategy within an Integrated Care System (ICS). Leaders across primary care, acute, mental health, community, local authority etc. need to align to a 'system approach' helping to implement the vision for digital transformation that corresponds with the overarching objectives of the ICS. This includes enhancing patient outcomes, reducing health disparities, and increasing the effectiveness of care provision through a digital lens. This vision should encompass the incorporation of digital technologies to simplify procedures, enhance care accessibility, and facilitate data-informed decision-making.

The Digital directorate are committed to supporting multi-disciplinary teams across the ICS with a cohesive governance and framework approach ensuring joined-up strategic direction and alignment, bids for regional and national funding and the delivery of projects and programmes have transparent governance and assurance to key stakeholders, ensuring improved digital maturity, transformation of services and ultimately improve health and care outcomes.

Strategic Context

The Digital directorate is an enabler of transformation supporting and collaborating with clinical transformation teams, Estates, Workforce, and other enabling services to assist the ICS in achieving its objectives. It operates within the ICS governance framework, adhering to the ICS's Standing Financial Instructions, and maintaining strong connections with internal ICS and external NHS governance forums, such as NHS London digital boards. This necessitates ongoing engagement with stakeholders, including NHS trusts, primary care providers, social care services, patients, and community partners, to ensure that digital initiatives are tailored to meet requirements and expectations. Strategic alignment also involves prioritising digital projects that can make a significant impact and are in line with national health priorities.

SWL ICS Collaborative Service Management Approach

At present, Digital Service Management in SWL is organisationally based. As we introduce the ICS- wide solutions and services set out in this Strategy there will be an increased need for a service organisation that is optimised to support these new services. We will explore opportunities to develop a federated service delivery capability (e.g. common service platforms), which enablers better resilience for service management teams across the system, including out of hours cover. We will leverage existing capabilities within the ICS to build on existing skills and capabilities. We will continue to ground our service delivery capability on the established NHS and international service standards (e.g., ITIL, ISO/IEC 27001) with formal Key Performance Indicators agreed.

Leadership and Governance

ICS Leadership Responsibility

Key principles:

- The SWL ICB Board continues to have digital and data expertise and accountability, delivered at present through the Chief Medical Officer who is the Senior Responsible Officer/ Board representative.
- Continue to develop digital leadership expertise in the Senior Executive Teams ensuring membership of Chief Digital Information Officer (CDIO) or Chief Clinical Information Officer (CCIO) at the SWL ICS Digital Board
- Mandate and develop Digital Board governance processes to review and develop the Digital Strategy, with a focus on the essentials: cybersecurity, services, delivery, data / Bi and risks
- Board assurance of Digital Strategy aligned to the SWL ICS, regional and national strategies
- Support in identifying and providing a budget to support delivery of the Digital Strategy
- Invest in regular board development sessions/workshops to develop Digital compete.

Information Governance

Assign a Senior Information Responsible Officer (SIRO) to ensure compliance with the Information Governance toolkit The Digital function is supported by the ICS Senior Information Risk Owner (SIRO) who ensures that staff are aware of their responsibilities when handling personal data and have visible and accessible policies in place to mitigate our information risks and deal with the consequences of any breaches. Reporting to the SIRO, the ICS Information Governance (IG) lead advises Digital on IG matters, assists in the development of compliant data sharing agreements in line with appropriate and emergent legislation. Ensure active involvement of Clinical Safety Officer (CSO) to oversee Digital deployments and ensure clinical systems and tools meet necessary clinical safety standards (DCB0129 and DCB0160).

Provider Leadership

- Ensure that the SWL ICS Digital Strategy is widely understood across their organisation's Senior Leadership Teams and Digital/IT teams including Local Authorities.
- CIO guidance on local, place based, digitally related programmes and projects to ensure they are in alignment with strategic direction.
- Establish a clear process for reviewing and responding to relevant safety recommendations and alerts sent out from the national teams.
- Ensure clinical and social care systems/ tools meet clinical and other relevant safety standards.

Clinical Leadership

- Senior clinical leadership representation, including the addition of a Clinical Safety Officer (CSO) on all Digital-related programmes and projects ensuring clinical safety standards are met and sustained
- Identify solutions to improve care by engaging with our users and the population of SWL and identify where technology can be implemented to improve efficiencies in clinical service delivery

Digital leadership role

- Ensuring that the resources of the ICS allocated to Digital transformation optimise patient and system benefits, delivering productivity growth and aid system sustainability
- Providing a single focus for the ICS to link opportunities afforded by Digital innovation to be realised
- Assuring that this Digital Strategy is realised.

Training and development leadership

- Aligning with the developing national Digital, Data and Technology (DDaT) workforce roadmap and continuing to build on the SWL Digital Workforce Strategic Plan (April 2022) to support the upskilling and development of all staff.

ICS Governance

Digital's governance ensures that the goals of this Strategy document are delivered through:

a. **The SWL ICB Board:** Has oversight of the Digital portfolio, and includes digital and data expertise and accountability, to ensure delivery of the system-wide digital and data strategy.

b. **The Digital Board (DB):** SWL ICS has a well- established Digital Board with representation from Acute, Primary Care, Mental Health, Voluntary, Community & Social Enterprise (VCSE), NHS England, etc. It is a monthly meeting chaired by the Digital SRO with representation from key organisations of the ICS including local authority representation.

Digital Board responsibilities include (please see Terms of Reference for full details):

- To agree the Digital Strategy with the ICS including key focus workstreams, investment prioritisation, funding approach, stakeholder engagement and supplier strategy
- To be responsible for the financial management of allocated funds for delivery programmes
- To govern and assure the boards which directly report to it.

c. **The Digital SRO,** as the chair of the DB, reports to, for their Digital role, to the ICS Senior Management Team (SMT).

d. **Other governance forums:** reporting to or have some advising capacity to the Digital Board (and the Digital SRO). This includes:

- ***The Clinical Assurance Board:*** comprises the SWL ICS CCIO and senior clinical leadership representations across ICS organisations. Its role is to advise the DPB on the clinical priority and suitability of proposed delivery programmes and lead the Clinical Safety process for Digital delivery programmes
- ***Digital steering groups:*** responsible for managing Digital programmes through the programme lifecycle and ensuring delivery to cost, time, quality and agreed outcomes for in- scope programmes with the ability to escalate anything with perceived impediments to the scope programmes with the ability to escalate anything with perceived impediments to the DB, which can provide advice and direction to support progress as needed. Examples include:
    - The Technical Design Authority (TDA) will advise the DB on the technical alignment of proposed programmes with the Digital Strategy and assures proposed designs.
    - Specialty/ Approval groups e.g. Procurement Oversight, CPG, ICS IGSG etc. will continue to have an advisory role (as appropriate) to relevant agenda items brought to the the DB relevant to their individual functions.

- The relevant stakeholder groups e.g. Provider Collaboratives, ICB Place Boards & Patient Engagement Forums will continue to have an advisory role (as appropriate) relevant to their individual functions. The ICS Communications team will continue to support the Digital Directorate as needed to:
  - Elicit wider engagement of the ICS management and staff with the Digital Strategy and its components
  - Support engagement with key stakeholders for the delivery programme
  - Steering Groups who manage delivery of specific projects, programmes, workstreams (as onboarded onto the Digital Transformation Investment Portfolio) to cost, time, quality and agreed outcomes.

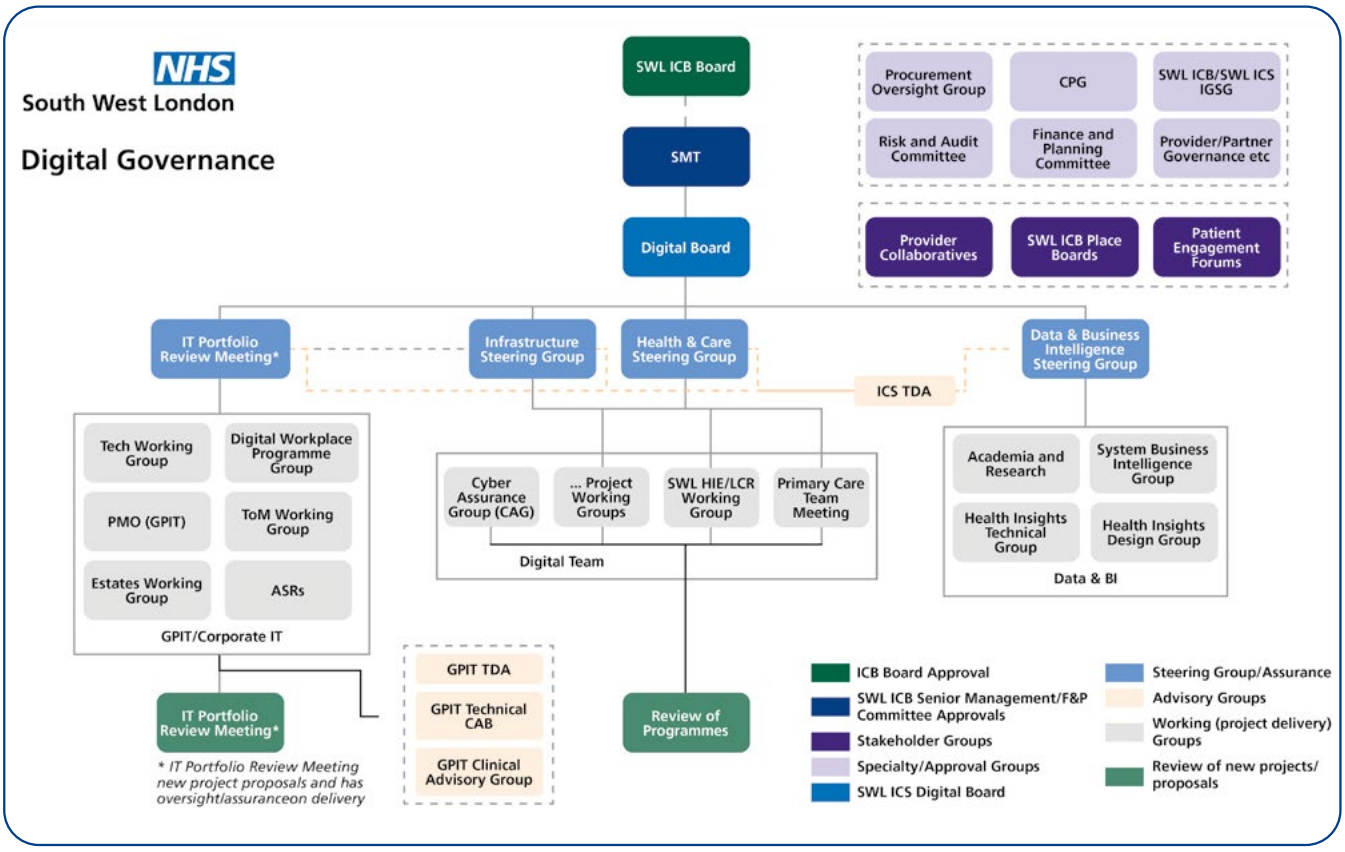


Figure 14: SWL ICS Digital Governance Structure (available in Appendix 9)

e. **Multidisciplinary Teams:** As an enabler of transformation, the Digital Directorate will work proactively with multidisciplinary ICS teams throughout the end-end transformation lifecycle to identify and scope digital opportunities (focusing on value and collaboration), support the approach and management of change, ensuring alignment to key identified strategic drivers.

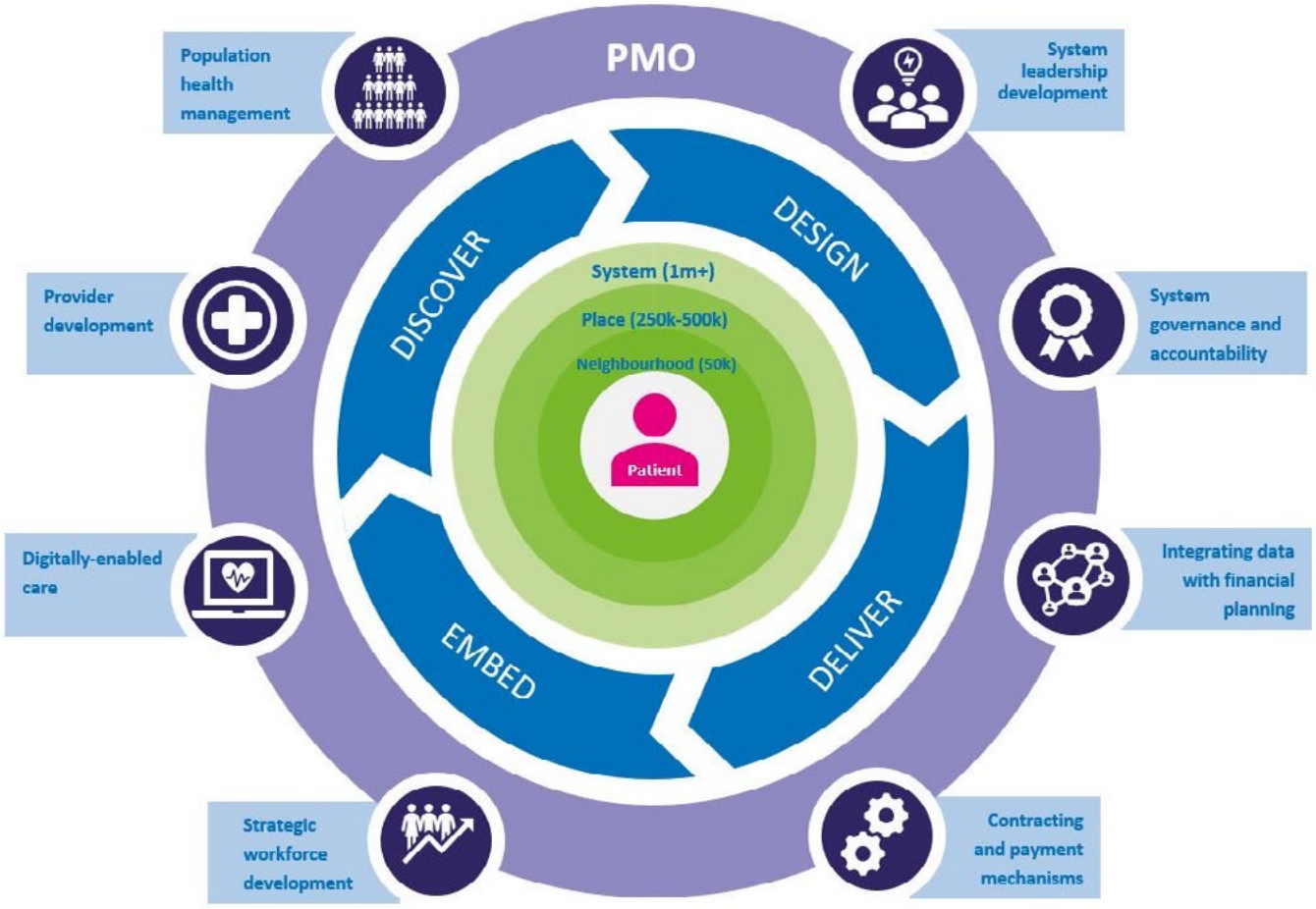


Figure 15: Integrated Support Model

f. **The SWL DTIP 2024-27:** SWL ICS will provide assurance through the projects recorded in the DTIP, via steering groups (see appendix 9) ensuring visibility of system wide digital projects in train, encouraging best practice/lessons learned sharing to support effective delivery (including potential new projects requiring support.

Alignment with the SWL Green Plan

The NHS is dedicated to achieving Net Zero emissions for directly controlled activities by 2040, with an interim target of an 80% reduction by 2028-2032. For emissions that can be influenced, the goal is Net Zero by 2045, with an interim target of an 80% reduction by 2036-2039. There are significant opportunities to support the Net Zero agenda by leveraging existing infrastructure and capabilities.

The Digital Strategy is closely aligned with the SWL Green Plan, which aims to decarbonise operations and contribute to a sustainable future. Digital is a creator of emissions from its operations but also a means by which to mitigate emissions from other sources.

Digital emissions come from a range of sources including:

- Electricity and gas used to power devices and store records,
- Transportation from procuring devices/ accessories and traveling to fix items
- Waste management from safely disposing and recycling devices at the end of their shelf life.

On the other hand, digitisation can also support the reduction in other forms of carbon emissions for example:

- Remote monitoring reduces carbon emissions from patient travel.
- Fully digital services reduce the carbon impacts of paper.

Digital is therefore both an enabler to reducing emissions and a generator of emissions and our work in SWL focuses on both of these areas. We need to get the balance right in terms of supporting and facilitating the streamlining of patient care whilst also reducing the carbon emissions from our services.

Through the following comprehensive initiatives, the Digital Strategy aims to balance streamlined patient care with reduced carbon emissions from digital services, contributing to the broader sustainability objectives of SWL and the NHS.

Remote Care and Telemedicine	One of the primary objectives is to ensure that 25% of outpatient activities are conducted remotely through telephone or video consultations. This initiative will help reduce carbon emissions from patient travel, which currently contributes a significant portion to the NHS's total emissions. Projects such as the Digital First Programme, Virtual Wards, and Remote Consultations play a crucial role in streamlining care, minimising travel, and preventing unnecessary hospital admissions.
Paper Reduction and Digital Records	The strategy places a strong emphasis on digitising records to minimise paper usage and enhance the accessibility and efficiency of patient care. Initiatives such as the Electronic Patient Record and the National Frontline Digitisation Programme, along with Managed Print and Hybrid Mail solutions, are essential in achieving this objective.
Physical Space Optimisation	The increased utilisation of remote work tools could potentially lower the physical space requirements of SWL, directly impacting building energy emissions. Digital strategies will be integrated with SWL Estates and Green Strategies to meet commercial and sustainability objectives.
IT Asset Management and End-of-Life Practices	Efforts are underway to implement systems and procedures for improved IT asset management and sustainable disposal practices. The exploration of a joint Integrated Service Management Tool will facilitate the consolidation and efficient use of devices, ensuring environmentally friendly disposal.
Cloud-Based Services	The shift towards cloud-based services is a key area of focus. Initiatives such as the One Domain Project in Primary Care and the NHS Free Cloud Assessment seek to centralise server space in the cloud, following sound environmental practices. This transition will result in reduced carbon emissions and associated expenses.

Network Reconfiguration	A digital maturity assessment conducted in June served as the basis for updates to the ICS Strategy, focusing on cloud and cyber solutions to improve collaboration and alignment across the network.
Travel Reduction and Remote Fixes	Efforts to reduce travel and enhance remote fixes include the implementation of Virtual Desktop Infrastructure (VDI) in Primary Care and better asset management, reducing the need for site visits and improving travel coordination to lower the carbon footprint.
Change and Sustainability	In order to ensure ongoing alignment with commercial and sustainable targets, the SWL Digital team will be integrated into the SWL Change and Sustainability Governance process, supporting the continuous development and implementation of strategies that promote sustainability goals.

Project Management Office (PMO)

The Digital PMO provides a strategic point of control ensuring that Digital programmes and projects align to this strategy. ICB Projects/Programme management will be administered based on industry best practices (i.e. Prince2, Agile, ITIL V4 etc) and the Digital Directorate will provide support to all ICS organisations as required. The initiatives which have been highlighted on the DTIP will follow an agreed assurance process, with formal governance intending to foster a collaborative, cohesive and transparent approach. This approach will be scalable, allowing potential network/ collaboration with all programme PMOs within the ICS to support transparency and reduce duplication to deliver value for money whilst enabling local and Place-based innovation to flourish. The ICB Digital, Data / BI, GPIT / Corporate teams are working towards a singular project/ programme standard of governance throughout the directorate where appropriate by:

- Standardised templates and detailed process diagrams illustrating the 'typical' touchpoints and considerations throughout the project/programme lifecycles i.e. Discovery, Business Case, Bid, Procurement etc.
- Encouraging the use of "pre project checklists" which can be referenced when teams may be looking to take forward any ideas or bid for any funding, allowing a more complete understanding of any potential pre-requirements for consideration i.e. PM requirements, funding requirements, timelines etc.
- Aligning internal processes and best practices where convergence opportunities have been identified.

Benefits and Prioritisation

Throughout this strategy we have described the high-level benefits we expect the Digital priorities to deliver. As an enabler, the delivery of the Digital programmes of work will be aligned to the ICS transformation priorities and expected to deliver benefits through: the implementation of integrated health and care; improvements to clinical safety for patients and their outcomes; as well as improving productivity, financial sustainability, workforce productivity and estates utilisation.

Business Case Development

To deliver this strategy, each of the priorities as detailed by the 'SWL Digital North Star' will need a programme of work with robust business cases developed, which will follow the appropriate business case format aligned to scale and governance through the Steering groups formulised within the ICS. The work will be co-produced with other transformational and enabling groups within the ICS and in particular, service users with staff or citizens or both. Business cases will include clearly defined benefits at the outset along with the process for realising and reporting progress in delivering them.

Communications

The ICS current communication and engagement channels will continue to be utilised to support the delivery and participation required, in delivering against the strategy.

Costs

- Funding for investment in Digital programmes is expected to continue to be from multiple sources:
- External funding from central NHS bodies (NHS England, NHS Digital, NHSX) accessed through a bidding process
- Internal ICS capital funds accessed through various internal Boards
- NHS England allocations for certain services (e.g. GP IT services)
- Funds provided by charitable foundations linked to then NHS (e.g., The Royal Marsden Cancer Charity)
- Revenue funding from the ICS or Acute Trusts to support the ongoing, in-life costs of delivered solutions

Next steps include a 5-year reasonable assessment of the financial requirements to support and deliver the agreed Digital strategy to provide guidance to the ICS for digital capital, non-recurring revenue & revenue financial planning/ budgeting and to support Region in their discussions with NHS/DHSC/Treasury over the NHS settlement.

Appendix 1: Acronyms

AHSN: Allied Health Science Network

BOT: An Internet bot, web robot, robot or simply bot, is a software application that runs automated tasks over the Internet and is commonly used for improved customer contact

DSCRO: Data Services for Commissioners Regional Offices

EPR: Electronic Patient Record (e.g., Cerner Millennium)

HSCN: Health and Social Care Network

ICS: Integrated Care System

IG: information Governance

ISO: The International Organisation for Standardisation develops and publishes worldwide technical, industrial, and commercial standards

ITIL: The IT Infrastructure Library (ITIL) is a library of volumes describing a framework of best practices for delivering IT services.

KPI: Key Performance Indicators

LAN: Local Area Network

LHCR(E): Local Health and Care Record (Exemplar)

MDT: Multi-Disciplinary Team

NHS: National Health Service

PACs: Picture Archiving and Communication System

PCN: Primary Care Network

PHM: Population Health Management

PHP: Population Health Platform

PHR: Population Health Record

RBAC: Role-Based Access Control

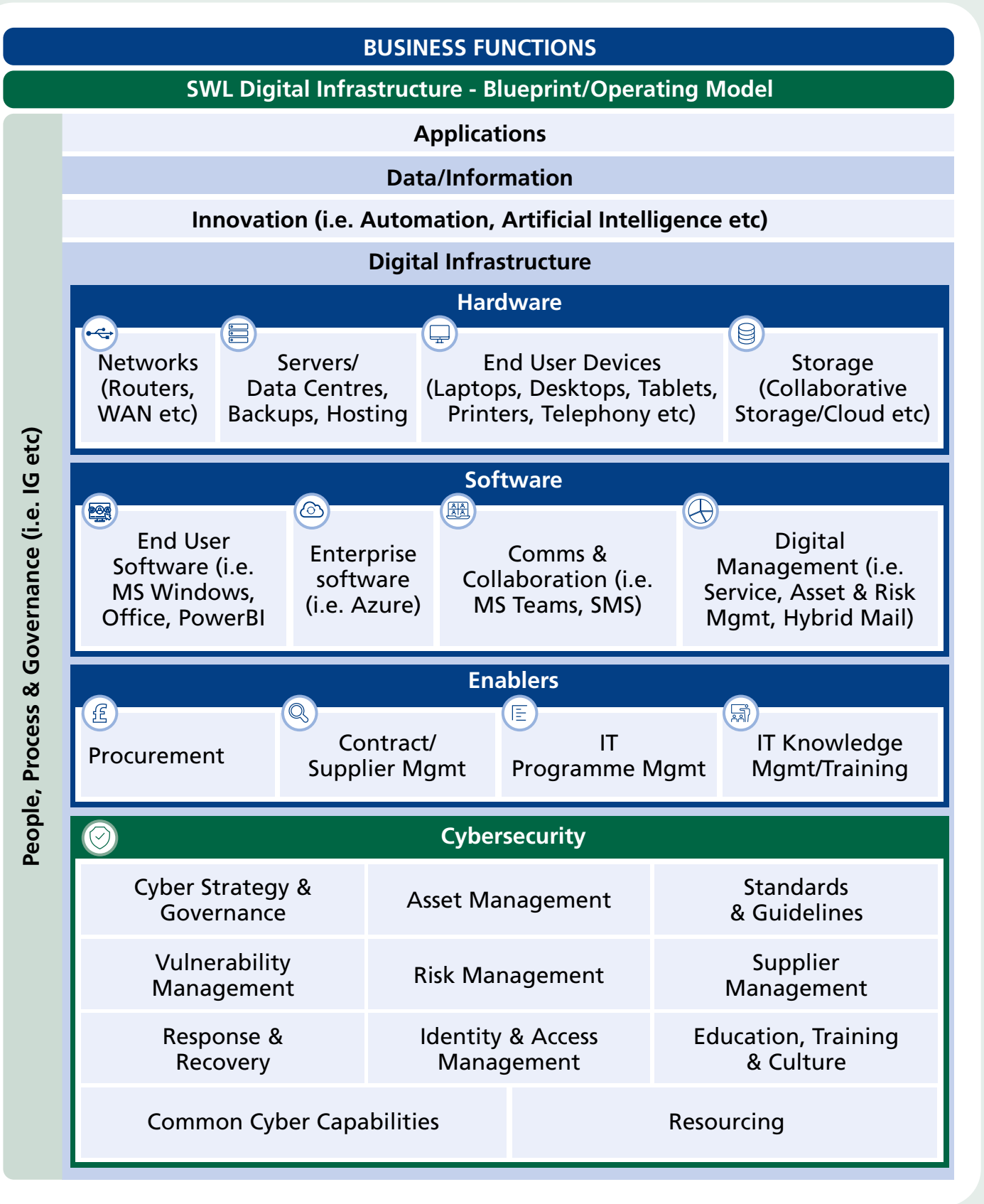
TCO: Total Cost of Ownership

WAN: Wide Area Network

Appendix 2: Glossary of Key Terms

- **Digital Exclusion:** Refers to the lack of access, skill and capabilities needed to engage with devices or digital services that help people participate in society.
- **Digital Inclusion:** The approach for overcoming exclusion by addressing the barriers to digital, such as opportunity, access, knowledge, and skills; not only a matter of technological access; it is an essential component of efforts to address health inequalities and promote equitable healthcare access for all.
- **Individuals:** The recipients of Health and Care services in SWL.
- **Interactive Personal Health & Care Record:** The Personal Health Record enabling individuals to manage and improve their healthcare outcomes.
- **Longitudinal Record:** The complete patient health and care record and journey of all Individuals in SWL, organised in a consistent an easily accessible format, for use by both SWL ICS Clinicians and Individuals. Provides the key building block of the Population Health Platform.
- **Population Health Platform:** The Longitudinal Record coupled with the Data Science and Analytics tools that together enable ICS's to deliver insight-driven transformation of Health and Care (i.e., Population Health Management – see below).
- **Population Health Management:** NHS England defines Population Health Management as 'an emerging technique for local health and care partnerships to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources'.

Appendix 3: SWL Digital Infrastructure Blueprint



Appendix 4: SWL Digital Enterprise Architecture Blueprint

PURPOSE

Ensure the strategic alignment of technology with healthcare goals, enabling the delivery of integrated, patient-centric care across Integrated Care System.

VISION

Open Standards	Interoperability	Interoperability	Security & Sustainability	Built for Future

VISION

Assurance	Technology Adoption	Systems Design	Compliance

SERVICE LINES

Standards	Tooling	Principles	Security	Integration

CORE THEMES

- Standards & Principles
- Digital First Applications
- Governance & Assurance
- Secure by Design
- Harmonisation of Tooling
- Automation & Interoperability
- Collaboration & Co-Design
- Technology Adoption & Cloud First

OPERATING OBJECTIVES

ESTABLISH

- Principles & Standards
- Governance
- Strategic Alignment

MANAGE

- Co-design Strategic Architecture
- Assurance & Design Authority coordination

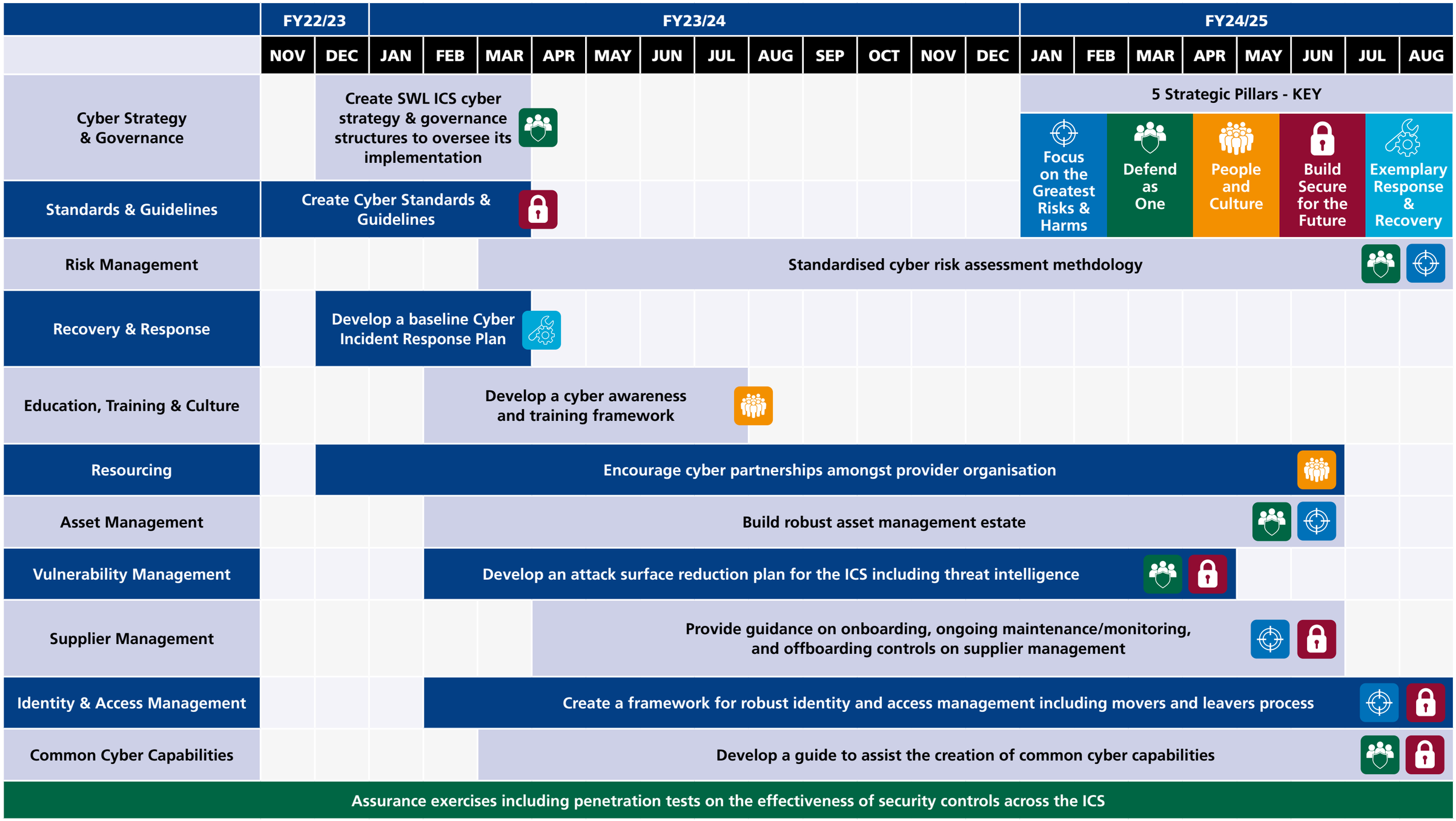
ENHANCE

- Adoption of scalable & Secure Technologies
- Interoperability

DELIVER

- Promotion of System-wide Architecture best practise
- Coordinated Assessments/Reviews
- Future state architecture

Appendix 5: SWL Cyber Roadmap (2023-2025)



Appendix 6: SWL Cyber Security Architecture Blueprint

PURPOSE

Coordinate a secure and resilient ecosystem for safe healthcare delivery across South West London Integrated Care System.

VISION

Focus on greater Risks & Harms	Defend as One	People & Culture	Built Secure for Future	Exemplary response & Recovery

APPROACH

Physical Controls	Administrative Controls	Technical Controls	Governance, Risk & Compliance

SERVICE LINES

Identify	Protect	Detect	Respond	Recover

CORE THEMES

- Cyber Strategy & Governance Structure
- Risk Management
- Response & Recovery
- Education, Training, Culture & Resourcing
- Intelligence Driven Threat & Vulnerability Management
- Asset/Identity/Access Management
- Supply Chain Management
- Cloud First

OPERATING OBJECTIVES

ESTABLISH

- Policies/ Standards/ Guidelines
- Secure Confgi
- Monitoring
- Incident Management

MANAGE

- Communication
- System-wide coordination
- Risks & Issues

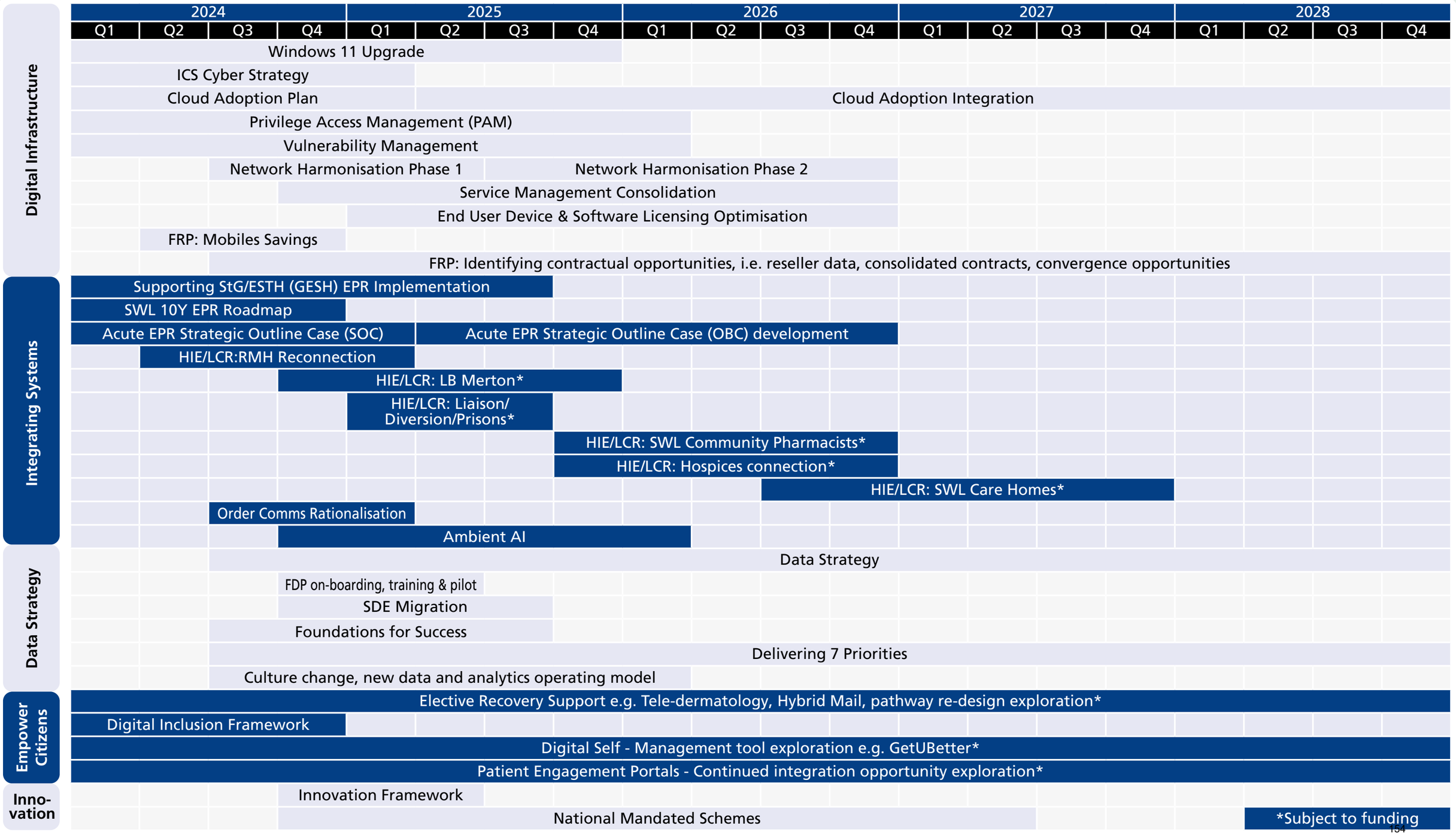
ENHANCE

- Security controls
- Resilience measures
- Intelligence

DELIVER

- Assessments/Reviews
- Support remediation
- Education & Awareness
- Assurance

Appendix 7: SWL Digital Transformation Investment Plan 2024 – 2027 (Infrastructure)



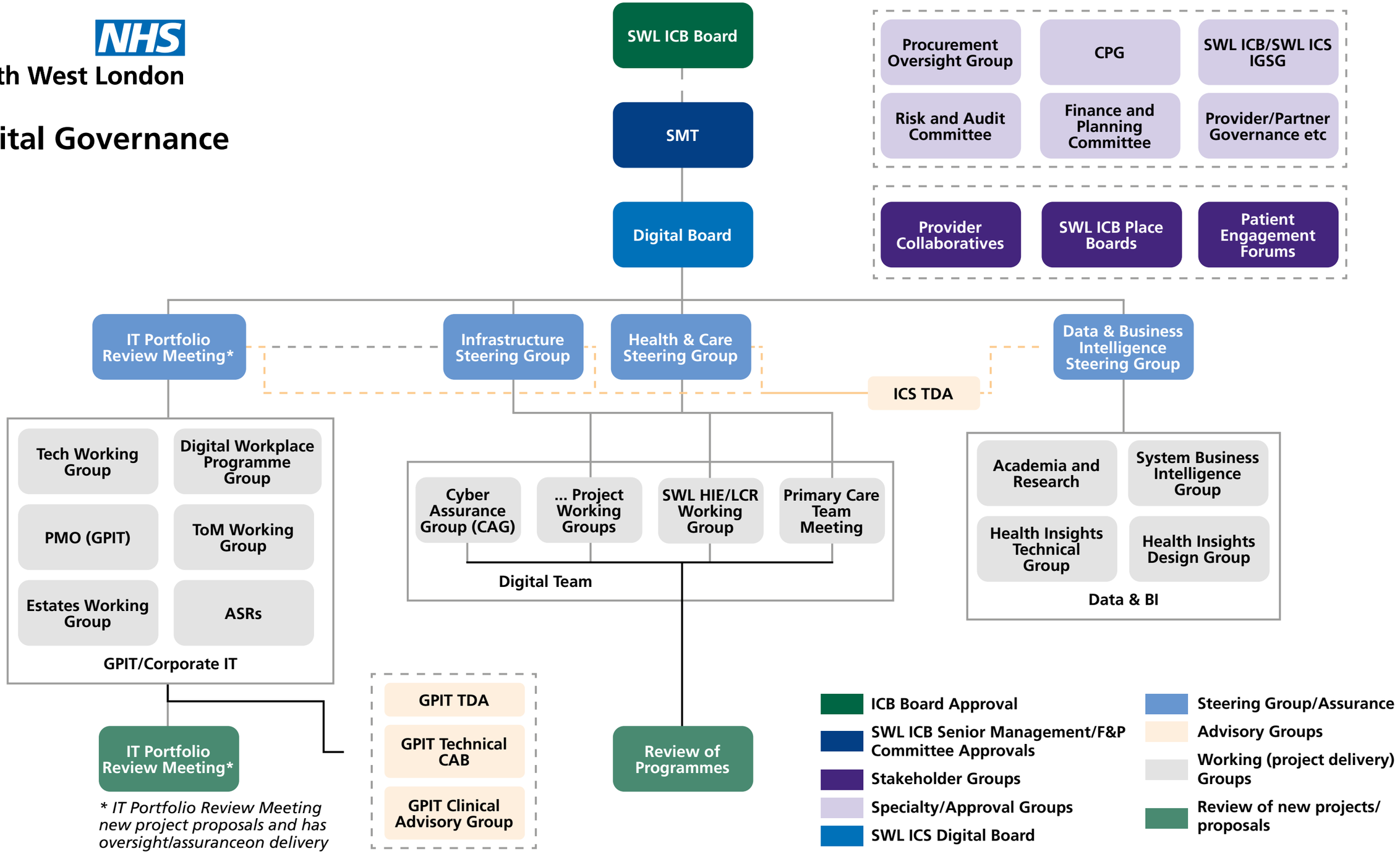
Appendix 8: ICS Digital Programme Risks And Mitigations

Programme Risk	Programme Mitigations
Degree of change: in working practices, roles and citizen engagement with NHS supported by Digital programmes	Manage Programme through established and accepted NHS change management processes
Funding: Availability of timely capital and revenue funding across all settings and pan-system	• Clarity of future funding streams over 5 year period from National to enable forward planning. • Continue working closely with NHSE OneLondon re: pan-London and national initiatives. • Clear process on benefits realisation.
Capacity to deliver - Digital: Timely and appropriate resourcing for digital programme teams	• Clear and effective resource processes for skilled digital staff and interims as agreed • Access to expertise market through effective procurement and governance processes
Capacity to deliver - system: Timely and appropriate resourcing for digital programme teams within providers and IT Service providers	• Senior sponsorship of programmes, quality programme planning, good stakeholder management, effective programme governance. • Continued focus on London and SWL IG towards ICS and London level agreements
Stakeholder Management: Breadth of stakeholder management to deliver digital programmes	• Senior officer sponsorship of programmes, effective liaison with other ICS programmes supporting change programmes, especially workforce and commissioning • Effective citizen through existing and developing channels
Programme dependencies on other NHS Digital and other related programmes	Continued senior management liaison with NHSE/ and OneLondon
Supplier capacity and availability	• Support from NHS Procurement throughout procurement cycle • Close engagement with NHSD support for critical supplier management

Appendix 9: SWL ICS Digital Governance Structure

NHS
South West London

Digital Governance



** IT Portfolio Review Meeting new project proposals and has oversight/assuranceon delivery*

Appendix 10: SWL ICS Digital Inclusion Toolkit

South West London Integrated Care System (ICS) is committed to ensuring its population can understand, participate, and contribute to their own healthcare through the use of digital, and that staff have the right skills and capabilities to provide quality patient care.

The ICS recognises that it must take initiative to tackle the issue of digital isolation across its six boroughs, with the aim to achieve digital equality and fully realise the benefits that digital can have on people's health and wellbeing.

In the UK, it is estimate that eleven million people (20% of the population) lack basic digital skills, or do not use digital technology at all. These people tend to be older, less educated and in poorer health than the rest of the population meaning that they are also some of the heaviest users of health and social care services.

To help ensure digital health and social care services do not disadvantage the digitally excluded, care must be taken to implement interventions that help support digital inclusion, as well as ensuring non-digital alternatives are always available for those who can't, or do not wish to, access health and social care services digitally. A digitally inclusive SWL does not aim to replace in-person interactions with the NHS, but rather offer our patients the flexibility to access NHS services according to their individual preference.

In 2023, NHS England published a framework for NHS action on digital inclusion. The framework identified five domains where action is needed, outlined below.

Access to devices and data so that everyone can access digital healthcare if they choose to

Accessibility and ease of using technology, so that digital content and products are co-designed

Skills and capability so that everyone has the skills to use digital approaches and health services

Beliefs and trust so that people understand and feel confident using digital health approaches

Leadership and partnerships so that digital inclusion efforts are co-ordinated to help reduce health inequalities

This toolkit has been produced to support digital inclusion across SWL ICS, and to provide those responsible for designing and delivering digital health and care services with the tools needed to improve access and support for those who are, or are at risk of becoming, digitally excluded.

Collaboration with our partners in Local Authorities and Voluntary, Community and Social Enterprise (VCSE) organisations is essential to realising this goal. Together, we can work towards a digitally inclusive South West London.

This toolkit outlines our approach and recommendations for supporting digital inclusion. It serves as a resource for all our organisations to use to reduce digital exclusion in healthcare.

Our approach to Digital Inclusion, includes the following 5 components:

1. Inclusion in Digital Strategy

2. Inclusive Digital Projects

3. Communication and Publicity

4. Leverage Resources and Commercial Opportunities

5. Increase Visibility and Reporting

Our **recommendations** include:

Targeted Outreach and Education Programmes

Enhanced Digital Infrastructure Access

User-Friendly Support Services

Promotion and Utilisation of the NHS App

Please see the SWL ICS Digital Inclusion Toolkit for more information.

Appendix 11: References

Lord Darzi Independent Report (September 2024)

Letters from Rt Hon Wes Streeting and Amanda Pritchard (October 2024)

London Region Digital Maturity Assessment (September 2024)

What Good Looks Like Framework (October 2021)

SWL ICB Joint Forward Plan (2023-2028)

SWL NHS Infrastructure Strategy (July 2024)

SWL Cyber Security Strategy (2024 - 2030)

SWL ICB ICT Strategy (2025-2028)

SWL ICS Digital Inclusion Toolkit (May 2024)

The governments 2023 mandate to NHS England

Figure 13 **The Ten Design Principles of Integrated Care in the IPCHS** (2022)

SWL Digital Workforce Strategic Plan (April 2022)

SWL Green Plan (2024)

Figure 15 **Arden & GEM CSU Integrated Support Model**

NHS South West London
Integrated Care Board

2024/25 Partnership Delivery Agreements and Update on the Collaboratives and Place

Agenda item: 7

Report by: Jonathan Bates and Karen Broughton

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

This paper is to update the Board on the partnership delivery agreements for 2024/25, and the achievements to date of the provider collaboratives and Place.

Executive summary

The partnership delivery agreements were put in place in July 2022 and are updated annually to reflect new operating plan priorities. The agreements describe the responsibilities of the collaboratives/Place, their priorities for the coming year and how they align to the ICB/ICP priorities.

The main changes in this year's agreements are:

- Updated priorities as per the 2024/25 operating plan guidance.
- Clearer idea and direction of objectives the collaboratives are best placed to deliver, given the past two years' experience (post-pandemic, ICBs established and restructured).
- Better understanding by the collaboratives, Place and the ICB of their respective roles and how they fit alongside each other within the health and care landscape.

.

Key Issues for the Board to be aware of

The provider collaboratives and Place have reported their achievements this past year via ICB meetings with NHS England (for provider collaboratives) and SMT (for Place updates twice a year). Some headline achievements are.

- **RMP**
  - Analysis of population health data to identify variation across community cohorts in how early/late patients are diagnosed with cancer. RMP are using this data to focus efforts in particular communities to encourage earlier identification and presentation of symptoms.
  - Commissioned targeted lung screening of high-risk patients rolled out in Croydon, Wandsworth and Merton.

- **APC**
  - The fourth Community Diagnostic Centre (CDC) opening at New Addington, and significant diagnostic capacity added to the system over the last few years supporting overall diagnostic access standard.
  - Strong performance on Elective Recovery Fund (ERF) delivery in Q1 to secure required Cost Improvement Programme (CIP) through additional work this year; theatre utilisation continues to improve (capped at 82%).

- **MHPC**
  - Significant collaborative work to develop and strengthen partnership arrangements between the SWL Mental Health Trusts – including a collaboration agreement and more formalised governance arrangements to support the SWL Mental Health Provider Collaborative.
  - Joint work with South East London (SEL) colleagues to contribute to south London-wide programmes through the South London Partnership (SLP) – with significant pathway improvements already embedded including significant reductions in out of area placements (e.g. 36% fewer forensic patients out of area across south London).

- **Place updates include:**
  - Achievements against the 2023/24 Partnership Delivery Agreement.
  - A look forward to 2024/25 – the Place priorities and how they help achieve the outcomes of the Partnership Delivery Agreement.
  - The approach each Place is taking to refreshing the Local Health Care Plans with timelines for completion.
  - The risks, challenges and opportunities that each Place has identified for the coming year.
  - A spotlight on areas of achievement.

Recommendation

The Board is asked to:

- Note the updates on the 2024/25 partnership delivery agreements and the achievements to date of the provider collaboratives and Place.

Governance and Supporting Documentation

Conflicts of interest
No conflicts of interests to report

Corporate objectives
The Partnership Delivery Agreements are core documents for the delivery of the corporate objectives:

- Improving outcomes in population, health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance Productivity and value for money
- Help the NHS support broader social and economic development.

Risks
Links to the following BAF risks:

- RSK-001 Delivering access to care (NHS Constitution Standards).
- RSK-014 Financial Sustainability
- RSK-037 Urgent and Emergency Care
- RSK-087 System Quality Oversight

Mitigations

- The provider collaborative programmes track some of the constitutional standards as measures of their success, particularly around elective care.
- The productivity element of collaborative-led programmes are a key feature of the Financial Recovery Plan. The ICB supports the collaboratives and Place through the appropriate system financial and commissioning frameworks.
- The mental health provider collaborative is working with the Urgent and Emergency Care (UEC) programme to improve the 72-hour waits in Emergency Department (ED) and reduce crisis presentations to Accident & Emergency (A&E). Place is linked in via the local UEC delivery boards and the Integrated Care programmes, focussed on A&E avoidance and improving flow out of hospital (discharge).
- The ICB Quality directorate has established governance at Place; Quality leads are in discussion with collaboratives about how to make best use of provider and collaborative governance for quality oversight.

Financial/resource implications
N/A

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
N/A

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome
SMT	July and October dates	Approved for Board

Final date for approval
Not required

Supporting documents
In the papers

Lead director
Karen Broughton, Jonathan Bates

Authors
Suzanne Bates

South West London Integrated Care System

2024/25 Partnership Delivery Agreements - update on Place and Provider Collaboratives

31 October 2024

Suzanne Bates

Contents

For any queries, please contact
suzanne.bates@swlondon.nhs.uk

1. 2024/25 Partnership Delivery Agreements

South West London Integrated Care System

To enable the six South West London places and the three provider collaboratives (Royal Marsden Partners (Cancer Alliance), Acute Provider Collaborative and South London Partnership (Mental Health Collaborative)) to enact the accountability and responsibility delegated to them by the ICB Board, partnership delivery agreements were put in place in July 2022.

The agreements are updated annually to reflect new operating plan priorities and where the collaboratives and Place are in their journey to delegation.

The RM Partners (Cancer Alliance) and Acute Provider Collaborative agreements were signed off at SMT in July 2024, and the Place and Mental Health Collaborative agreements in October 2024.

The agreements describe the responsibilities of the collaboratives/Place, their priorities for the coming year and how they align to the ICB/ICP priorities.

The main changes in this year's agreements are:

- ✓ Updated priorities as per the 2024/25 operating plan guidance.
- ✓ Clearer idea and direction of what the collaboratives are best placed to deliver, given the past two years' experience (post-Pandemic, ICBs established and restructured).
- ✓ Better understanding by the collaboratives, Place and the ICB of their respective roles and how they fit alongside each other within the health and care landscape.

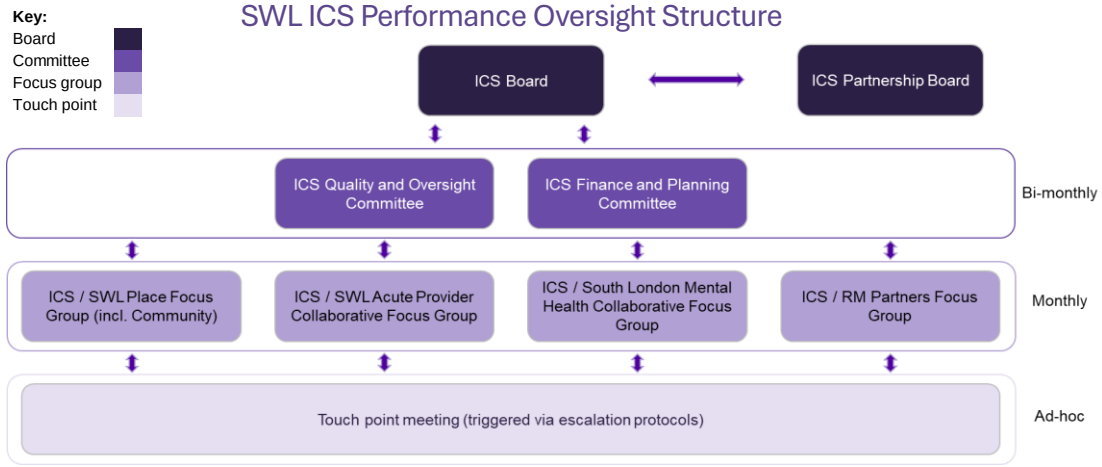
Work to update the agreements for 2025/26 will begin in Q4. The agreements will need to reflect the 2025/26 operating plan guidance and the priorities of the government's upcoming 10-Year Health Plan, as well as continued local priorities.

2. The ICB has governance arrangements to support Place and the collaboratives in their development and to gain assurance of delivery

The ICB Oversight Framework is underpinned by the partnership delivery agreements, within which there are agreed deliverables and KPIs. Progress and performance against these (soft intel and data) are reported to the ICB via a regular cycle of focus group meetings.

The collaboratives have regular focus group meetings with the ICB. These feed into the Quality & Performance Oversight Committee and the Finance & Planning Committee, and are informed by reporting of the agreed KPIs, soft intelligence and other working meetings (Place, programme, performance and other meetings). Meeting frequency is reviewed annually and adjusted according to how well developed each collaborative is.

There is detailed two-way dialogue; risks are escalated, performance challenges are discussed, best practice and lessons learned are shared.



The meeting agendas are structured around the Partnership Delivery Agreements and the agreed deliverables and metrics within them. At each meeting, there are discussions around the agreed metrics that are off plan/target and not improving. Collaboratives/Places articulate their challenges, mitigations, and escalate risk where they need ICB input. Places share ideas about what has worked in their respective patches and suggest where things could be done once across the system.

3. The ICB works in partnership with Place and the collaboratives at all levels

South West London Integrated Care System

ICB Board

As well as ICB boards and committees, **there is other governance that enables execs across the ICB, providers and Place to work together.**

SMT

The Strategy team and ICB-led programmes work with providers, the collaboratives and Place to align and deliver collective strategic priorities.

The APC and RM Partners fund dedicated ICB B.I. analysts, who have not only analytical skills but also subject matter expertise to support specific programmes.

The ICB Chief Finance Officer and Finance directorate work closely with providers, the provider collaboratives and Place. As delegation develops, we continue to support the collaboratives and Place via appropriate financial governance.

Finance & Planning Committee

The ICB Chief Nurse and Quality directorate work closely with providers and Place. Provider collaboratives have visibility of the Quality structures for the ICB, providers and Place, attending as required.

Quality & Performance Oversight Committee

The Chief Operating Officer and COO directorate work closely with providers and the provider collaboratives. The Commissioning Operations, Planning, and Oversight & Assurance teams work closely with providers and the collaboratives. There is also joint working with Place for community services and interfaces of community with secondary care.

4. RM Partners has continued to deliver against its national mandate in 24/25

South West London Integrated Care System

- **RMP have increased the proportion of patients diagnosed at stages 1&2 from 58% in 2018 to 61% in 2023 in SWL** – this remains one of the highest nationally.
- **Closely worked with SWL providers to maintain strong performance against all Cancer Waiting Times Standards and are consistently one of the top 3 systems nationally**. No RMP providers are currently in tiering support by NHSE and, in past instances where this has happened, RMP offered close support to ensure Trusts recovered quickly.
- **RMP is able to achieve the above as it maximises its well-established governance** which comprises of a senior represented collaborative bi-monthly SWL Cancer Board to set strategic direction and is underpinned by more frequent Trust level interactions to deliver the vision and react to system challenges.
- **RMP is consistently a national leader for new innovation and rollout**, and past achievements include; piloting FIT for symptomatic referrals, mpMRI for prostate and first to achieve population coverage for Vague Symptom clinics.

More recent achievements include:

- **Established the first SWL community breast pain clinic in January**, to divert high numbers of breast pain referrals (that are not likely to be cancer) to the more appropriate setting of the community
- **Health inequalities: Using population health data to identify variation across community cohorts in how early/late patients are diagnosed with cancer**. Using this data to focus efforts on particular communities to encourage earlier identification and presentation of symptoms.
- **Targeted Lung Health Checks (InHealth commissioned by RM Partners):** Targeted screening of high-risk patients rolled out in Croydon, Wandsworth and Merton.

5. The Acute Provider Collaborative and the acute Trusts have delivered a number of important workstreams over the last year

South West London Integrated Care System

- **Strong performance on Elective Recovery Fund delivery** to secure financial and activity requirements through additional work this year; theatre utilisation continues to improve (capped at 82%)
- **Progress on Community Diagnostic Centres** – opening fourth CDC at New Addington – significant diagnostic capacity added to the system over the last few years supporting overall diagnostic access standards
- **Single Point of Access (SPOA) arrangements close to implementation for ENT and ophthalmology** – movement towards a single waiting list
- **Tangible progress on outpatient efficiency** including outpatient follow-up rates, Patient Initiated Follow Up and Advice & Guidance
- **Governance revised to improve joint and informed decision making**, such as ensuring weekly dialogue with COOs
- **With fewer clinical networks there is greater clarity on priorities** on a network-by-network basis – the APC's revised management arrangement has helped with this
- **Closer working with the ICB on decommissioning services** – e.g. urology and dermatology from GP Chambers
- **Cohesive working with primary care clinical leads on end-to-end pathways**
- **Increased focus on waiting list growth**; regular championing of text validation of the non-admitted PTL has reduced the waiting list by 3% each time enacted

6. The Mental Health Provider Collaborative sits within South London Mental Health and Community Partnership (SLP), which has delivered on strategic priorities this year

South West London Integrated Care System

- Joint work with SWL ICB and wider system partners to develop and launch the **first SWL MH Strategy** in July 2023
- Development and approval of a **comprehensive business case around Complex Care (mental health rehabilitation) phase 2** – this went live for SWL in April 2023 and builds on the success of the phase 1 implementation in previous years (phase 1 has resulted in 100+ service users being stepped down to less restrictive environments across south London)
- Development of **comprehensive business cases in both perinatal MH and Adult Eating Disorders** to support additional provider collaborative working in these areas – building on the success of specialist provider collaboratives in these pathways and enabling whole-pathway approaches to transformation
- Significant collaborative work to develop and **strengthen partnership arrangements** between the SWL MH Trusts – including a collaboration agreement and more formalised governance arrangements to support the SWL MHPC
- Development and delivery of the **Quality Transformation Plan** for mental health acute inpatient and rehabilitation pathways, with significant investment in improving engagement, care and outcomes for patients across SWL in a three year programme (24/25 – 27/28)
- **Joint work with SEL colleagues to contribute to south London-wide programmes through the SLP** – with significant pathway improvements already embedded including significant reductions in out of area placements (eg 36% fewer forensic patients out of area across south London)

7. Place update: Achievements against the 23/24 Partnership Delivery Agreements (PDAs) 1/2

South West London Integrated Care System

Support and Development of PCNs

Croydon: All primary care networks (PCNs) submitted and implemented improvement plans for access. KMP PCN achieved 91% of all contacts receiving a same day appointment; 7% an appointment within 2 weeks; 2% within 3 weeks. Support programmes with PCNs in place, e.g., diabetes recovery (67% achievement, which is 16% above national average) and hypertension recovery (over 77% achievement of target).

Merton & Wandsworth: All primary care networks have completed primary care access recovery plans. Across Merton and Wandsworth enhanced access services are offering an additional 2,645 appointments per week (966 Merton and 1679 Wandsworth). Primary Care Networks are piloting work to support social prescribing for children and young people with learning disabilities building on the adult model.

Sutton: Sutton primary care networks provides a single voice for primary care with decisions shaped by the four PCN Boards. Sutton PCNs lead delivery of skin lesion, gynae (women's health) and proactive multi-disciplinary team delivery on behalf of the Sutton Alliance as part of the core set of alliance services under pinned by an alliance agreement

Kingston & Richmond: The Proactive Anticipatory Care (PAC) model is being delivered across all PCNs with over 1,00 patients have been discussed in the last year. Outcomes show that for patients on PAC caseload, utilisation of unplanned care services reduces by 50%, and length of hospital stays for unplanned non-elective reasons reduces by 57%. Engagement is underway to support development of integrated neighbourhood teams, including the launch of education programmes.

Joining up health and care

Croydon: The NHSE Frontrunner programme for discharge and reablement pathway, now in implementation phase to reduce length of stay and improve reablement. Length of stay has decreased from 11.25 in March 2024 to 10.43 in May 2024 (0.8 reduction overall).

Merton & Wandsworth: Urgent Community Response Service – a significant increase in the number of people seen and within 2 hours. In 2022-23 - 864 referrals with 657 (78%) seen within 2 hours. In 2023-24 this increased to 1,576 referrals and 1,288 (85%)

Sutton: Joined up access to EMIS clinical records system across community services, social care and primary care. Delivery of GP extended access paediatrics clinics at neighbourhood level in partnership with Epsom & St Helier to support winter delivery. The implementation of cloud-based telephony and paramedic home visiting service has enabled delivery with the 2-hour community response team.

Kingston & Richmond: To provide better and more joined-up care to our local people – Kingston Hospital and HRCH merged to form Kingston and Richmond NHS Foundation Trust on 1st November. Discussions are also underway with primary care colleagues in both boroughs in how we can work more closely in an alliance arrangement to further integrate care and improve outcomes for our populations. HRCH was successful in a bid to deliver community immunisations for children and young people across South London which is a significant expansion of current provision.

7. Place update: Achievements against the 23/24 Partnership Delivery Agreements (PDAs) 2/2

South West London Integrated Care System

Proactive support of people and families

Croydon: Proactive Care model developed, with practices supported on proactive case finding, as part of our Integrated Neighbourhood Teams model of care. In the past 12 months (June 23-May 24) the MDT discussed 1,671 new cases and undertook 3,980 case reviews.

Merton & Wandsworth: : The Health and Care Plan 2022–24 and the Inequalities Fund work has included focus on unpaid carers, with 3,762 unpaid carers registered on GP Practice systems (increase of 27% since April 2022). In addition, BlindAid Sight Support Service in Wandsworth has provided outreach/community-based support for isolated, blind and visually impaired people living in Wandsworth. 140 beneficiaries supported through over 1,000 contacts.

Sutton: Implementation of the Brazil model, community champions, community connectors supporting proactive outreach to seldom heard communities, aligned to the SWL health equity programme.

Kingston & Richmond: Continued working with Head teachers across to address challenges with managing children and young people waiting for a CAMHS assessment, all NHS providers worked together to develop an information sharing package to support schools to help children and families waiting. We have developed an online repository of all local support for children and young people with emotional health needs, making this resource accessible in school through a QR code. Health and care organisations are working with schools to enable staff to access training.

Local contribution to health, social and economic development

Croydon: Anchor activity underway across the partner organisations including supporting local people into jobs in health and care and sustainable development e.g. CHS decarbonisation and the Levelling Up projects the town centre

Merton & Wandsworth: Falls Prevention –, there has been a 19% reduction (Apr-Dec 2023 compared to the previous year) in the rate of emergency admissions for falls in people aged 65+ . The data also shows that Wandsworth is in the bottom quartile for the rate of emergency admissions for falls in people aged 65+ nationally (for the period Jan – Dec 2023).

Sutton: Increased health promotion activities and educational campaigns targeted at the four housing estates (Shanklin, Benhill, Roundshaw and Carshalton) e.g. healthy eating sessions and blood pressure checks have increased from 184 residents to 581 residents in the last year.

Kingston & Richmond: Engaged a local voluntary sector organisation to attend existing community events and health and wellbeing fairs to provide health checks to local residents. Through this work we have identified 138 people at risk of hypertension and linked people with non-medical needs such as social isolation, mental health, benefits advice, education, employment and healthy lifestyle advice with social prescribers and wellbeing activities.

NHS South West London
Integrated Care Board

Medicines Optimisation

Agenda item: 8

Report by: Dr John Byrne, Chief Medical Officer

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

The Paper outlines the structure of the Medicines Optimisation team in South West London (SWL) post restructure detailing current and future workstreams.

Executive summary

The paper lays out the following:

- The structure of Medicines Optimisation team.
- The overarching financial envelope for Medicines Optimisation spend across South West London including Acute and Community.
- Comparative benchmarking data on community spend including by place (borough).
- An explanation of what the three arms of the Medicines Optimisation team do.
- An explanation of recent achievements and priorities going forward for each of the three teams.
- Some brief highlights of successful projects and programmes.

Key Issues for the Board to be aware of

The paper is not constructed as a financial ‘deep dive’ as this is done through regular monitoring at Finance and Investment Committee (FIC) however we can speak to the data and the various workstreams under way, but have given some high level information on the Medicine Incentive Scheme (MIS)

- The paper flags the ongoing work in Hybrid Closed Loop work (hot topic and source of complaints)

- Implications of National Institute for Health and Care Excellence (NICE) updates on Obesity medication
- Ongoing work with regard to developing community pharmacy service offerings for direct patient care.

Recommendation

The Board is asked to:

- Note contents of this report

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
None

Corporate objectives
This document will impact on the following Board objectives:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access

Risks
No specific risks as information including financial spend would be in the public domain. Financial cost pressure are managed through finance subcommittee work

Mitigations
Not applicable

Financial/resource implications
Financial governance overseen in more detail through FIC

Green/Sustainability Implications
Covered off in areas related to Medicines waste initiative and smarter prescribing

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not applicable

Patient and public engagement and communication
Not applicable

Previous committees/groups

Committee name	Date	Outcome
SMT	6 November 2024	

Final date for approval
Not applicable

Supporting documents
Attached presentation

Lead director
Dr John Byrne, Chief Medical Officer

NHS South West London
Integrated Care Board

Author

Helen Porter, Chief Pharmacist

NHS
South West London

SWLMO Team Board Update

November 2024

Contents

- Team overview
- Medicines Expenditure in SWL
- Medicines Optimisation opportunities in SWL
- Primary Care and Transformation in focus
- Medicines Use and Safety in focus
- Medicines Value and Productivity in focus

Overview

NHS
South West London

- The Chief Pharmacist has recently started in post and will provide strategic leadership for Medicines Optimisation across SWL. They will lead the transition from 6 place based and a high-cost drug team to one Medicines Optimisation team, united on purpose and priorities to ensure the ICS achieves its core objectives by the safe and effective use of medicines.
- The transition from seven teams to one Medicines Optimisation team creates agility to collaborate across the system whilst still providing expertise at place.
- The new structure represents a reduction in capacity and requires staff to work in a different way as a team and with partners. It is important we take the time to establish and embed new ways of working to ensure people in SWL continue to get the most out of their medicines.
- The team is reaching out into networks, re-connecting and establishing new relationships across the ICB, SWL, London and at national level.

SWL Medicines Optimisation Team

NHS South West London

SWL Medicines Optimisation (MO) Team

Medicines Use and Safety

- **Quality:** Polypharmacy/overprescribing, Antimicrobial stewardship, Formulary, Sustainability, End of Life Care, Link with ICB Quality team , NICE guidance / TA implementation (as appropriate)
- **Safety:** Shared Care/Transfer of Care, Medicines Safety Network, Medication errors, MKAD alerts/PSIRF/LFPSE, MHRA alerts, NatPatA safety alerts, Medicines Shortages, National Safety Priorities, Controlled Drugs
- **Governance**: IMOC, IFR, Clinical Governance, Risk Register (Meds op), PGDs/PSDs, Lead on IMO website, Lead on complaints, FOIs, MP letters, PALS, DPIA
- **Care homes**: Support development of PCN CDs/ARRS/practice pharmacists to deliver Enhanced Care in Care Homes including provision of training, Provision of medicines optimisation expertise relating to care homes for other programmes and safeguarding in care homes, Engagement with Local Authorities inc. Joint Intelligence Groups, LD

Primary Care and Transformation

- **First port of call** for primary care MO queries
- Supports **implementation** of SWL schemes and workplans that involve medicines
- **Supports the roll out of** medicines related programmes in primary care
- Provides the primary care MO perspective on **development of ICB programmes / projects / workstreams** as required
- Interfaces with **primary and community** care providers
- Leads on **Community Pharmacy** including **implementation of national and local initiatives to improve access to care**
- Leads on **Pharmacy Workforce**.
- **Advises** primary and community care clinicians on the **safe, quality, evidence based and cost effective choices of medicines to support individual patient centred care.**
- **Leads** on the **delivery** of medicines related efficiencies **in primary care**
- **Supports the implementation of** workstreams developed by **clinical networks in primary care**

Medicines Value and Productivity

- Identify / implement / monitor implementation of data driven medicines optimisation (MO) **efficiencies**
- Work in partnership with hospital clinicians to implement NICE Technology Appraisals) (government directive) for ICB commissioned hospital **high cost drugs (HCDs) (**mostly)
- Develop SWL drug **pathways / policies** to ensure drugs (including HCDs) are used in line with national guidance, clinical evidence while optimising patient outcomes and value for
- Implement / audit / benchmark pathways / policies/ guidelines through use of various **digital technology / data tools** to:
  - reduce unwarranted variation
  - provide clinical stewardship
  - monitor patients' clinical outcomes
  - deliver system savings
- Horizon scan, plan, forecast and monitor medicines **budgets** with finance
- SWL **nutrition** strategy and deliver on MO dietetic priorities for primary care

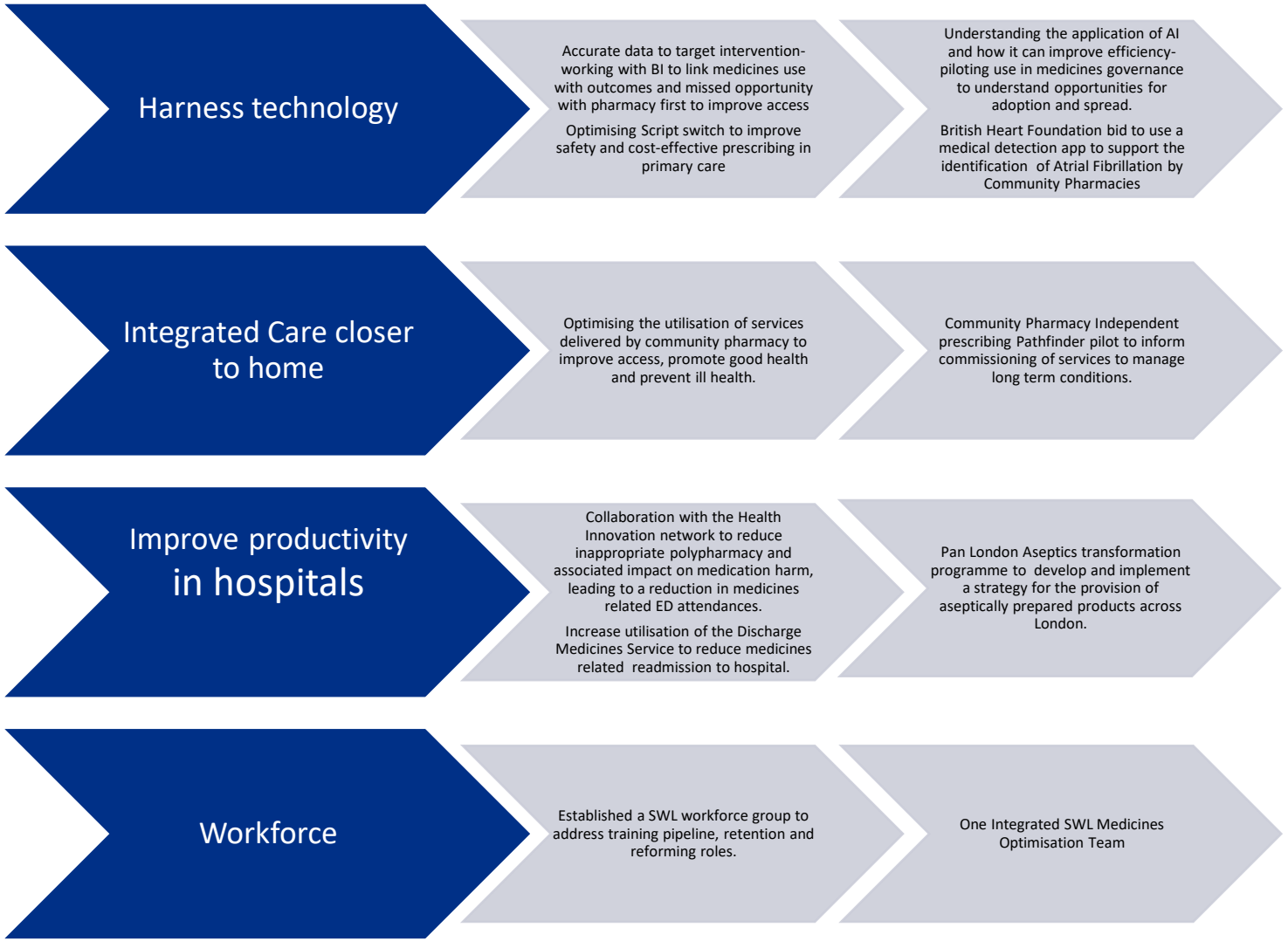
The key shifts in healthcare: role of medicines optimisation

NHS South West London

Embracing digital transformation	Accurate data to target intervention-working with BI to link medicines use with outcomes and missed opportunity with pharmacy first to improve access Optimising Script switch to improve safety and cost-effective prescribing in primary care	Understanding the application of AI and how it can improve efficiency-piloting use in medicines governance to understand opportunities for adoption and spread. British Heart Foundation bid to use a medical detection app to support the identification of Atrial Fibrillation by Community Pharmacies
Moving care from hospital to community	Optimising the utilisation of services delivered by community pharmacy to improve access, promote good health and prevent ill health.	Community Pharmacy Independent prescribing Pathfinder pilot to inform commissioning of services to manage long term conditions.
Treatment to prevention	Implementation of Hybrid Closed loops. Delivery of healthy weight strategy by making Tirzepatide available to our population	Management of High cost drugs as a retained function within the delegation of specialised commissioning

The 10-year Health Plan:role of medicines optimisation

NHS South West London



NHS
South West London

Prescribing Costs and Spend

Medicines expenditure in SWL

NHS
South West London

Our allocated budget for health and care, for 2024/25, in South West London, is £3.5billion.

The total spend on drugs is £0.6 billion.

Primary Care prescribing accounts for 40% of total drug spend and secondary care the remaining 60%.

Secondary care expenditure is higher due to the use of comple high cost drugs and therapies.

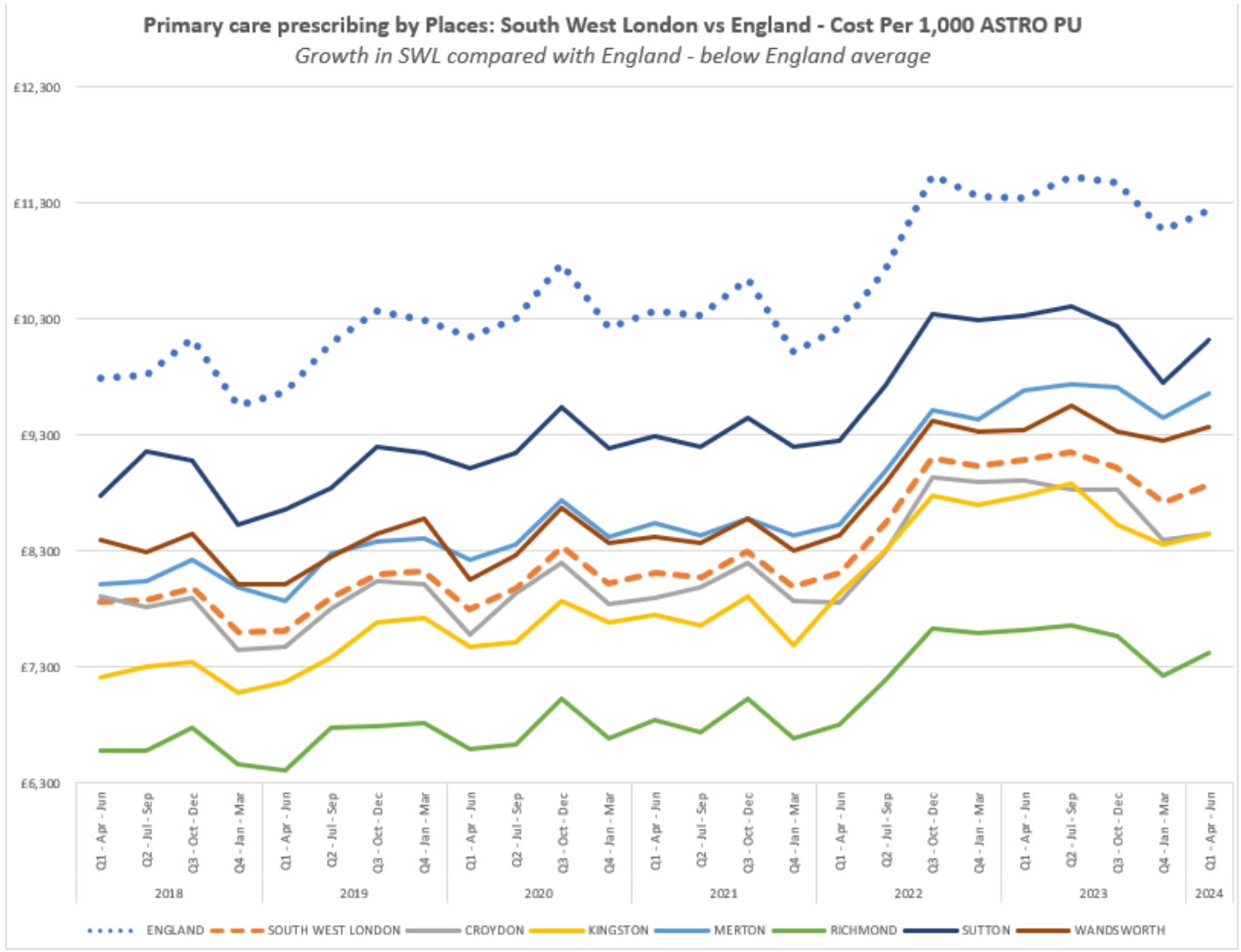
How does SWL Primary care prescribing compare: SWL Places vs England

NHS South West London

This shows the normalised spend per weighted population for SWL Places over 5 years and compares them to the averages for SWL and for the whole of England.

This provides an opportunity to review the differences at Place level that might be justified, or highlight opportunities for alignment in the approach to prescribing

- Justified; e.g. demographics, deprivation
- Opportunities for alignment of approach; e.g. patient pathways, models of medicines support, incentive scheme



Ref: ASTRO PU = Age, Sex, and Temporary Resident Originated Prescribing Unit – used to 'weight' populations; /1000 ASTROPU – used to 'normalise weighted population'

Data Source – Actual Cost per ASTRO PU Jun 2024

Cost pressures in primary care

NHS South West London

- 3.1% more items were prescribed than expected in April-August 2024 at a cost of £2.6m. Population growth is running at around 0.5% for the last two years, so is not the full driver of the increase in items.
- The average cost per item over this period has been £8.11. This is lower than the target of £8.40, but was £7.90 in April and £8.30 in August so the under-spend is unlikely to be sustainable.
- NCSO costs fell over the course of 2023/24, but have risen from £274k in March to £660k in August.
- Uptake of new drugs due to implementation national and local pathways and guidance, including the transfer of prescribing into primary care from secondary care and private health care, and the drive to identify undiagnosed long-term conditions
- Management of patients with high acuity of chronic disease and late presentation post the covid pandemic
- Other possible cost drivers
  - •High turnover of staff due to workforce challenges across health and social care; education on good medicines management is lost and in constant need especially in care homes
  - •Risk of reduced access community pharmacies (leaving the market) increasing need to access GP and subsequent prescription
  - •Cost of living crisis means patients are less able to purchase self-care medicines resulting in such medicines being prescribed on the NHS, even when Community Pharmacy Consultation Service is used

NHS
South West London

Primary Care and Transformation In Focus

Primary Care and Transformation

NHS South West London

Key achievements last 6 months

- Developed and launched a SWL wide Medicines Improvement Scheme including individual prescribing practice budgets across all practices
- Launched a SWL Medicine Optimisation intranet page for GP practices to facilitate easier communication
- Introduced 'Pharmacy First' with PCN Leads in both Community Pharmacy and Primary Care Networks to support implementation
- Initiated Community Pharmacy Independent Prescribing pathfinder sites in Sutton supporting the management of hypertension and women's health initially.

Priorities for next 6 months

- Plan, develop and launch a new Medicines Improvement Scheme for 25/26
- Establish robust relationships with Place teams and other stakeholders to support integrated neighbourhood teams
- In collaboration with partners, develop an ICS pharmacy workforce strategy and increase the number of designated prescribing practitioners (DPPs).
- Educate patients on the new Community Pharmacy services to reduce health inequalities and improve access

SWL Medicines Improvement Scheme (MIS) 2024/25

NHS South West London

- Successfully developed and implemented the first SWL-wide Medicines Improvement scheme (MIS), in collaboration with key partners including Exec Place leads and Place Clinical directors, Local Medical Committee, GP Practices, ICB finance team.
- The aim was to provide a structured approach to key medicines optimisation quality and cost effectiveness initiatives across SWL with awards made to practices for engagement and achievements.
- Focus on **high-quality** prescribing, ensuring **safety** through adherence to local/national guidance, and supporting sustainable healthcare with **cost-effective prescribing**.
- **Patient centred-focus**: all the efforts and incentives are ultimately aimed at improving patient outcomes and ensuring the safe, effective use of medicines.
- MIS comprised of 3 elements:
  - **Engagement** – with the MO team, attending webinars, and active participation in MIS
  - **Financial** – achievement of indicative GP practice prescribing budget
  - **Prescribing Metrics** – include national and local medicines optimisation priorities
- Resources have been developed to support delivery as well as webinars to provide detailed information and answer questions

Pharmacy Workforce

South West London

- The strategic aim is to develop a SWL pharmacy workforce model, that is fluid and flexible and able to deliver on new and emerging models of care across the system.
- A key focus for 24/25 is supporting local implementation of the national pharmacist education reforms by partnering with key stakeholders (e.g. NHSE Workforce, Training and Education, SWL Training hub, GP practices, community pharmacists and provider trusts), to raise the profile and understanding across all sectors that they need to contribute to training new pharmacists to ensure a sustainable pipeline for the future. From 2025/26 there will be an
  - Increased need for clinical placements to support undergraduate programmes.
  - Requirement from 25/26 intake for Trainee Pharmacists to all have a Designated Prescribing Practitioner (DPP) during their foundation year.
- The ICB MO team is participating in a London-wide expansion of the national "Teach and Treat" pilot. The focus of this is to increase the number of independent prescribers and DPPs within the community pharmacy sector over the next year to support the education reforms.
- To continue to undertake pharmacy workforce mapping to identify priority areas of focus for future elements of workforce planning and transformation.

SWL Community Pharmacy Landscape

NHS South West London

275 Pharmacies

One-off -recruitment of 6 Pharmacy First change managers for one year (local funding) with PCN level engagement leads (national funding) to pump prime service

Smoking Cessation Services (SCS). Trust referral into CPs. 115 pharmacies. Started across GESH and RMH. Then Croydon and now Kingston

Discharge Medicines Service (DMS) referrals from trusts to every CP to support medicines reconciliation and reduce re-admissions.

Independent Prescriber (IP) Pathfinder until March 25. Across two PCNs and three Sutton pharmacies. Pathways for Hypertension and Women's Health. Go-live Aug 2024.

Millions of patients will receive quicker, more convenient access to NHS care from their high street pharmacy, thanks to a major expansion of services under a radical plan to improve access to primary care

264 registered for **Pharmacy First** started 31 Jan 2024

Nearly 3500 **clinical pathway consultations (Aug 2024)**

One **LPC** across six places

133 delivering Tier 1 & Tier 2 **CONTRACEPTION** service.

7,734 Pharmacy First consultations in Aug 2024 = appts saved

257 delivering **BP check service** ~12000 BP checks/quarter

Nearly 1500 **minor illness consultations (Aug 2024)**

There are a 100 more pharmacies than GP practices in SWL, providing an estate to support the provision of access of care across weekdays, evenings & weekends.

Improving access through Community Pharmacy

NHS South West London

Independent Prescriber (IP) Pathfinder

Runs until March 2025 across 2 PCNs and 3 Sutton pharmacies. Pharmacists are prescribing for Hypertension and Women's Health. It has been running since **Aug 2024**.
Across **3** pharmacies, **85 patients so far** have fed back:

93% are very likely to recommend to family friends (with zero unlikely or very unlikely) due to

- Proximity to home
- Having a longer consultation

94% patients would like more clinics from community pharmacy

Pharmacy First (PF)

There has been a steady increase in clinical pathway consultations since the start of the service in February 2024. The average number of referrals was **7734** in August 2024**.**

Pharmacy First Change Managers	Recruited via SDF funding so far in Merton, Wandsworth & Richmond in place	2-3 session per week to support utilisation across both GP practices and pharmacies	Remaining places to be recruited to in next 4 weeks. First meeting Sept 2024
Pharmacy First PCN leads (joint post)	Recruited across 38 PCNs (with some gaps) via NHS E funding	Report to change managers. Aim to increase PCN comms channels via 3-point action plan	SWL wide Pharmacy First PCN lead event to set expectations 16 Oct 2024
GP Practice Pharmacy First Incentive Scheme	Supported via SDF funding to get practice websites with PF information	Patient led triage link for PF on GP practice landing page texted/emailed to all patients in SWL	Deadline to participate 30 Oct 2024, working with change managers to encourage sign-up
Pharmacy Services Dashboard	Working with BI, London teams and external providers to create SWL/London-wide	Meetings in Oct 2024 with two providers and NHS London to enable	Aim to create dashboard by end of Dec 2024

Winter Fit service

NHS South West London

Winter Fit: Funded by SWL Innovation Fund, 'Winter Fit' intervention was delivered as a pilot scheme across the 6 places of SWL. This was a collaboration between LPC, South London Partnership and the ICB, with the ICB supporting governance process in terms of contract set-up and finance arrangements. Winter Fit was based on the premise that the community pharmacist has a central role in community engagement and support around the older population, supporting the population via a MECC intervention introducing social prescribing from community pharmacies. **Whilst 102 pharmacies signed up, 80 completed training and within 4 weeks across SWL reaching 9922 interventions between Feb 22nd and March 22nd 2023**

Winter Fit' demonstrated the key role pharmacies play in prevention and protection of older SWL residents.


'Winter Fit': Pilot of the key role community pharmacy plays in prevention and protecting our older population during winter

Dr Catherine Heffernan, Amit Patel, Nisha Patel, and Dina Thakker

AIM: To demonstrate the value of community pharmacy in:
- helping the older population to be 'winter fit' during the winter period
- integrating and personalising care around the patient
- supporting the local community to cope with winter pressures
- reduce burden on healthcare by preventing avoidable admissions

BACKGROUND: Funded by SWL Innovation Fund, 'Winter Fit' intervention was delivered as a pilot scheme across the 6 boroughs of SWL. This was a collaboration between LPC, South London Partnership and the ICB, with the ICB supporting governance process in terms of contract set-up and finance arrangements. Winter Fit was based on the premise that the community pharmacist has a central role in community engagement and support around the older population. Community pharmacies are highly accessible, located in the heart of communities where people live, work and shop and many pharmacies are open for extended hours in the evenings. As well as the opportunistic possibilities, a substantial proportion of over 65s have repeat prescriptions and are regular customers.

METHOD	Inputs	Process	Outputs	Outcomes
Measures	Staff training Staff time and resources Contracting Set up of EMIS	Use of EMIS (Pharmoutcomes) Winter Fit Steering Group No of pharmacies that signed up	No. active pharmacies & location No. interventions given Type of interventions given Referrals Demographics of customers	Increased pharmacy connectedness with local community. Customer enabled to take action with advice
Methods	Online survey with pharmacies	Document analysis of minutes Interviews with pharmacies	Descriptive analysis of EMIS	Customer interviews Pharmacy staff interviews

RESULTS

Whilst 102 pharmacies signed up, 80 completed training and10,000 interventions given within 4 weeks across SWL reaching 9922 between Feb 22nd and March 22nd 2023 (some people got the intervention twice but covered different topics the 2nd time). Vast majority of customers were aged 75+ years (N=5311). 88.7% of the conversations were on winter warmth, followed by warm places (80.4%) and cost of living support (72.4%). Conversations used a MECC approach and so were guided by what the customer wanted to have information on. Over half of all conversations included what was available for care in the home, increasing connectedness and prevention of falls and respiratory illnesses. 14.3% were referred onwards to a GP, social prescriber, or social support.

The most active pharmacies were in low socio-economic areas with the least activity in the least deprived areas. This was due to staff thinking they may embarrass customers if they raised winter warmth etc. Analysis of the pharmacy feedback showed that whilst some staff struggled differentiating between MECC and signposting (asking for leaflets etc.), pharmacies adapted the training materials to curate and talk through what was meaningful to their customers, building upon their relationship with members of their communities. Customers were also followed up and feedback from customers was overwhelming positive, expressing feelings of being 'listened to' and supported.

CONCLUSION

'Winter Fit' is a holistic support package for customers aged 65 years and older on key issues that can help them stay fit and healthy throughout the winter months and out of hospital. It utilizes a Making Every Contact Count (MECC) approach (e.g., 'how are you today? It's a bit chilly out there...) covering topics like winter warmth, cost of living, fall prevention, social and activity groups, and frailty support services.

'Winter Fit' demonstrated the key role pharmacies play in prevention and protection of older SWL residents. This should be built upon, and pharmacies more widely used in personalised care and social prescribing, helping their local communities live healthier and longer. The collaboration between the ICS and Pharmacies with project support and a digital referral pathway demonstrated pharmacies are well placed for delivery of patient-centred services.

Healthy Weight (1)

- Healthy Weight is a strategic priority in South West London, with an aim as a system is to help all SWL residents and patients achieve and maintain healthy weight.
- The team have been key stakeholders collaborating with health improvement colleagues to deliver the on the following :
  - Delivery of the SWL healthy weight workshop in June 2024 and presenting at the health equity board in July 2024.
  - Active participation in national and regional calls to discuss the NICE funding variation proposal.
  - Exploration of alternative and innovative service models of delivery that includes a weight management pathway that includes access to Tirzepatide treatment that is solely in a primary care setting, through use of community pharmacy and a digital wrap-around service.

Healthy Weight (2)

A major piece of work the team have been involved in is scoping the impact of delivering the draft NICE guidance for Tirzepatide by :

- Determining the size and scale of the eligible population for SWL with colleagues from the business intelligence team.
- Reviewing existing tier 3 specialist weight management services capacity to deliver and the potential impact of a fully remote digital offering, currently available under the right to choice framework.
- Managing communications to patients, the public and our local clinicians
- Providing feedback to the national team on the proposed funding variation and disparities with existing NICE guidance for similar interventions, e.g. Semaglutide for managing overweight and obesity TA875

Hybrid Closed Loop (HCL) Implementation (1)

NHS South West London

NICE (National Institute for Health Care and Excellence) published guidance on Hybrid Closed-Loop in people with type 1 diabetes (TA943) in Dec. 2023. This recommended HCLs in the following type 1 diabetes cohorts: all children and young people, people who are pregnant or planning a pregnancy and, in adults unable to maintain steady blood glucose levels with existing diabetes technology.

Note :

- HCL systems are only recommended if they are procured through the NHS contractual framework and in line with the 6 principles set out in the NHS England's HCL implementation plan.
- From 2024/25 each ICB can access capped funding to support HCL implementation. Reimbursement will be based on data submitted to the National Diabetes Audit and National Paediatric Diabetes Audit.

Hybrid Closed Loop (HCL) Implementation (2)

NHS South West London

The Medicines Optimisation Team in collaboration with SWL provider Trusts have led on coordinating system-wide delivery of SWL HCL implementation. This has included:

- Working with provider clinicians to produce and submit the ICB's High level HCL implementation plan to NHSE by Feb 2024. This outlines how SWL will meet the needs of its population over the 5- year rollout period ensuring equity of access in a phased manner that prioritises for early implementation cohorts shown to have the greatest benefit.
- Liaising with our communication and engagement colleagues to develop an HCL specific web-page to assist management of queries from patients, the public and clinicians as to where SWL is with implementation.
- Collaborating with NHS Supply Chain to understand which suppliers are on the national framework and which of our SWL Trusts have signed up to the framework.

Hybrid Closed Loop (HCL) Implementation

NHS South West London

The Medicines Optimisation Team is also :

- Reminding local providers of the importance of signing up to the national framework for HCL devices and also to complete their submission to NDA and NPDA data returns on time so that the system can access its full NHS reimbursement allocation.
- Revising blueteq forms for insulin pumps so that it aligns to the NICE TA 943 and is inclusive of all devices on the national framework.
- Working in partnership with the Pan London HCL implementation group and other colleagues to ensure SWL has a consistent approach to implementation and modelling population data where possible.
- Acting as a conduit between the regional diabetes team and local providers regarding data and financial flows.

NHS
South West London

Medicines Use and Safety In Focus

200

Medicines Use and Safety

South West London

Key achievements last 6 months

- Establishment of Medicines Optimisation Safety Improvement and Learning Network (MOSILN)
- Programme of work to implement requirements of MHRA regulatory requirements to improve safety of prescribing of valproate and topiramate in women of child -bearing potential, and male patients to reduce harm to babies born to women prescribed valproate/topiramate
- Inclusion of Antimicrobial Resistance indicators in Medicines Improvement Scheme
- Establishment of Polypharmacy community of practice as part of Health Innovation Network Polypharmacy programme

Priorities for next 6 months

- Identification of gaps and improvement plan to implement MHRA safer prescribing of valproate/topiramate requirements
- Building from polypharmacy ideas generation, linking with Discharge medication service, social prescribing and other programmes as appropriate
  - Promotion of RPS toolkit
  - Development of polypharmacy work programme including dashboard for SMRs undertaken and numbers of medicines taken by cohorts of patients, correlating with avoided healthcare resources, sustainability (waste)
- Inclusion of Safety and quality indicators in review of Medicines Improvement Scheme
- Review Terms of Reference and operational elements of Integrated Medicines Optimisation Committee (IMOC)
- Develop programme of work to improve medicines sustainability
- Improve supply of End-of-Life care medciines thorugh Community Pharmacies (Winter pilot)

Medicines Governance

- Integrated Medicines Optimisation Committee (IMOC) is the strategic decision-making committee for medicines optimisation in SWL
  - An ICS partnership committee responsible for the oversight, implementation and performance management of strategic decisions
  - Acts under the delegated authority of SWL ICB with annual reporting to the Quality and Performance Oversight Committee (QPOC)
  - Annual report 23/24 presented to QPOC October 2024
    - Has continued to provide strategic decision making on medicines for SWL ICS throughout the organisational change
    - Approved 16 guidelines, 18 policies and 22 NCE Technology Appraisal pathways
    - Sub-groups of IMOC established and terms of reference approved
      - Finance Medicines Optimisation Group
      - SWL ICS Medicines Optimisation Safety, Improvement and learning network (MOSILN)
    - Joint Formulary Committee (JFC) accountable to IMOC – assessed the clinical effectiveness of 29 new medicines, and 87 NICE Technology Appraisals implemented
    - Accessible format
    - Includes consideration of Core 20 plus 5
    - Exploring use of AI (Co-pilot) to support administration of the commitee

Medicines Safety

NHS South West London

- Establishment of Medicines Optimisation Safety Improvement and Learning Network (MOSILN)
  - Multidisciplinary, multi-sector
  - Focus on shared learning and improvement
- Implementation of MHRA alerts across the SWL system
  - Improving the safety of prescribing of Valproate and Topiramate in women of children-bearing potential, and male patients
- Management of medicines shortages across the system
- Reviews of medicines related incidents and Make a Difference (MKAD) alerts to theme and develop improvement programmes of work

Polypharmacy

NHS South West London

- Working with the Health Innovation Network (HIN) to deliver Polypharmacy work programme to
  - Support healthcare professionals to identify patients at potential risk and facilitate better conversations about medicines
  - Reduce inappropriate polypharmacy
  - Reduce variation in prescribing
  - Reduce medicines waste and improve sustainability
- 3 Polypharmacy Communities of Practice events held.
  - Utilising Polypharmacy data comparators to understand PCN risks and identify patients for prioritisation for structured medication review
  - Identify opportunities and priorities for interventions
    - support the review of patients prescribed high risk medicines which put them at greater risk of community acquired acute kidney injury and may result in patient harm and hospitalisation
    - Review of users of high dose /long term Opioids (targeted work to outliers) to reduce accidental death
    - Review of patients prescribed long term antidepressants and/or hypnotics to improve outcomes and reduce dependence and harm through drug interactions
  - Training through evidence-based polypharmacy Action Learning Sets (ALS)

Antimicrobial Stewardship

NHS South West London

- The development of antimicrobial resistance (AMR) is a global problem. Previous national and local work has reduced antibiotic use in primary and secondary care but AMR remains a leading cause of hospital admission and death in the UK
- AMR priorities in SWL align to NHS Oversight Framework and include targets for primary care to reduce volume of inappropriate prescribing and to reduce prescribing of broad spectrum antibiotics as a proportion of total antibiotic prescribing . In secondary care, the focus is to switch from IV to oral antibiotics as soon as it is clinically appropriate to increase hospital bed capacity, increase nursing capacity, reduce unnecessary drug expenditure, reduce carbon footprint of medicines, and reduce healthcare-associated bloodstream infections
- Action plan for improvement includes
  - Inclusion of AMR indicators in MIS
  - Ongoing review of prescribing volume and targetted support as necesary
  - Integration of AMR with Pharmacy First
  - Development of SWL Antimicrobial pharmacist network, and active participation in London network
  - Ongoing review and update of management of infections in primarycare guidelines
  - Promotion of World antimicrobial awareness week - 18th-25th November.

Improving sustainability in prescribing

NHS South West London

- Reduce carbon footprint of inhaler prescribing.
  - Review of formulary and prescribing guidelines to
    - Increase the use of dry powdered inhalers and reduce pMDI prescribing
    - Promote inhaler recycling
- Reduce medicines waste
- Work with SPIN Fellows (GPs)
- Links with reducing inappropriate polypharmacy programme

NHS
South West London

Medicines Value and Productivity In Focus

Medicines Value and Productivity

NHS South West London

Key achievements last 6 months

- Developed and launched a SWL wide Medicines Improvement Scheme including individual prescribing practice budgets across all practices ensuring equity
- Transformed and automated the way we use governance and assurance platform (Blueteq®) which:
  - allows us to audit patient outcomes from ICB commissioned very high cost drugs
  - provides intelligence to further improve pathways and clinical practice
- Developed and updated various drug pathways in collaboration with hospital clinicians/clinical networks
- Set up SWL Nutrition Network to provide a platform for collaborative management of prescribed nutrition products across primary, secondary and community care. SWL dietitians are presenting a paper on the results of their work demonstrating their value in supporting primary care clinicians to manage patients taking nutritional supplements effectively at a national conference.
- Delivered efficiencies by optimising the use of biosimilar medicines

Priorities for next 6 months

- Work with Business Intelligence team led Pharmacy Technicians and analyst to link medicines data with hospital and primary care data to identify priority medicines optimisation areas for 2025/26, focussing on patient health outcomes and reducing health inequalities
- Identify priority areas to help plan, develop and launch a new Medicines Improvement Scheme for 25/26
- Prepare for medicines implications of specialised commissioning delegation

High Cost Drug (HCD) Pathways

NHS South West London

- Work collaboratively with SWL clinicians via Acute Provider Collaborative (APC) to improve health outcomes by developing SWL HCD pathways which:
  - reduce unwarranted variation
  - provide clinical stewardship
  - monitor patients' clinical outcomes
  - deliver system savings
- Operate a locally reformed governance and assurance platform (Blueteq®) to ensure HCDs are used in line with national guidelines and agreed pathways, audit patient outcomes which provides intelligence to further improve pathways and clinical practice.
- Operate a virtual Multidisciplinary Team (MDT) process, across all relevant SWL hospitals for patients who don't respond or stop responding to multiple HCDs to ensure the best next strategy is chosen for individual patients by sharing the clinical expertise across SWL
- Are an exemplar for regional and national work e.g.:
  - Neighbouring regions (other areas of London, Surrey etc.) look at our pathways and ways of working to adapt or adopt for their own populations
  - Leading work to establish best practice by sharing SWL ophthalmology audit data with NHS England to inform commissioning recommendations and considerations about the affordability of new treatments.
  - Input to national groups and guideline development

SWL High Cost Drug (HCD) Pathways

NHS South West London

Developed and updated the following SWL HCD pathways:

- Rheumatoid arthritis
- Ankylosing Spondylitis
- Psoriatic Arthritis
- Wet Age-related Macular Oedema
- Diabetic Macular Oedema
- Macular Oedema secondary to Retinal Vein Occlusion
- Choroidal Neovascularisation (CNV) associated with pathological myopia
- Psoriasis
- Migraine
  - Episodic
  - Chronic
- Inflammatory bowel disease
  - Crohn's Disease
  - Ulcerative Colitis
- Atopic dermatitis

Developed in collaboration with the Acute Provider Collaborative and clinical networks to ensure access to medicines, including specialist/HCD fits within pathways and with NICE guidance

NHS
South West London

Any questions or comments?

Thank you for listening.

NHS South West London
Integrated Care Board

Finance and Planning Committee update

Agenda item: 9a

Report by: Jamal Butt, Non Executive Member SWL

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

To provide the Board with an overview of the key issues discussed at the Finance and Planning Committee at its October meeting.

Executive summary

The Finance and Planning Committee has met once since the last update to the ICB Board, on 15 October 2024. The meeting was quorate and chaired by Jamal Butt. It discussed the following key items:

ICS Business

Continuing Healthcare (CHC) Deep Dive review

- The Committee was provided with a detailed overview of the CHC service focused on Performance, Finance and Workforce.
- The Committee discussed current performance as well as key delivery risks and noted the recent work with our Local Authorities to audit 60 cases across the 6 boroughs.

Planning 2025/26 approach

- The Committee discussed the planning approach for 2025/26. In particular, the development of transformation plans to support the system financial recovery. These are going to be developed and overseen by the new Missions Board. The Committee will report to future Board meetings with progress updates update, including any key risks.

ICS Financial Outturn and Recovery Plan updates

- The Committee received the Month 5 SWL NHS system financial position which reported a deficit of £86.3m which is £7.4m adverse to plan. The adverse position is driven by industrial action, cyber-attack mutual aid and Royal Marsden Hospital (RMH) paediatric income. The Committee discussed ongoing challenges to reduce our system workforce.
- The key risk to the delivery of the NHS system financial position for 2024/25 remains the development and delivery of recurrent savings including planned workforce reductions.
- An update on the Capital plan for 2024/25 was received, noting that year to date (YTD) spend at M5 is behind plan by £36.5m overall, in part due to uncertainty in funding following a reduction to the system envelope by NHSE of circa £10m and other national funding sources in Q1.

Operational Plan Delivery

- The Committee received the Month 4 SWL system report against the operating plan deliverables. It noted that against planned care metrics, SWL continues to perform well compared to other ICBs in London. The system continues to be under pressure for 12 hour waits in Emergency Departments (ED) and with respect to Mental Health and 72-Hour ED breaches where the system is an outlier.

ICB Business

ICB Month 5 finance update

- The Committee received an update on the M5 ICB financial position. It noted that the ICB is on plan to deliver a £3.06m surplus, although there a number of risks across the portfolio that need to be mitigated during the year. These include growth in complex CHC and mental health placements as well as delivery of the savings recurrently.

Budget setting

- The Committee was provided with oversight of the ICB budget setting process. It noted that current Place plans are being refreshed against the ICBs recurrent allocation which will indicate the size of the efficiency ask.

Business cases and contract awards

- The Committee reviewed business cases and contract awards in line with the ICB governance arrangements and responsibilities of the Committee.

Recommendation

The Board is asked to:

- Note the Committee report.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
- Delivering the financial plan
- Delivering the ICS operational plan

Risks
None as a result of this paper

Mitigations
None as a result of this paper

Financial/resource implications
None as a result of this paper

Green/Sustainability Implications
None as a result of this paper

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
None as a result of this paper

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome
Finance and Planning Committee	15 October 2024	

Final date for approval
N/A

Supporting documents
- None

Lead director
Helen Jameson, SWL ICB

NHS South West London
Integrated Care Board

Author

Kath Cawley, Director of Planning, SWL ICB

NHS South West London
Integrated Care Board

SWL NHS Finance Report M6

Agenda item: 9b

Report by: Helen Jameson, CFO

Paper type: information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

This report is brought to the Board to:

1. Provide an update as at month 6 on the ICB financial position against its internal budget.

2. Provide an update as at month 6 on the South West London (SWL) NHS system financial position, including the updated Capital Departmental Expenditure Limit (CDEL) forecast in line with the reduced system envelope.

Executive summary

As at month 6 the ICB financial position is a £1.0m surplus with Forecast Outturn (FOT) on plan to deliver a £3.1m surplus. The efficiency plan is being met, although £9m of it is non recurrent which will need to be made recurrent for 2025/26.

The SWL NHS ICS year to date position is £7.7m adverse to plan driven by: industrial action impact on lost elective income (£1.9m); additional costs and lost income at St George's Hospital (SGH) resulting from the cyber-attack in South East London (£0.9m); shortfall in Royal Marsden Hospital (RMH) paediatrics income from NHSE (£1.0m) and shortfall in efficiency delivery at Epsom & St Helier (ESH) and SGH (£3.4m).

The FOT is reported in line with plan, however, within this there are a number of significant risks, including:

- Delivery of the circa £250m efficiency plans, which equates to over circa 5.7% of costs, including a reduction in workforce. To date we are spending more than we have planned on pay costs.
- Impact of any further industrial action and/or critical incidents
- Inflationary pressures in excess of those assumed in the plans.
- The system continues to face operational pressures in relation to demand for urgent care and mental health services which could lead to increased costs.
- To deliver the efficiency target organisations have committed to delivering a 5% increase in Elective Recovery Fund (ERF) activity.

As a consequence, Trusts have been asked to develop plans to mitigate circa £80m of identified risks. These plans are updated and reviewed each month with varying risk levels across programmes, which includes some that are very high risk. We are currently working to strengthen all schemes to minimise the risk to increase the level of assurance.

At month 6 efficiency delivery was £100.2m, £5.2m adverse to plan. Within this, recurrent efficiency was £16.7m adverse and non-recurrent efficiency was £11.5m favourable. Total Whole Time Equivalents (WTEs) have reduced month on month but are still above plan. The plan assumed a significant reduction in month 4 from efficiency schemes, which has not been achieved and this remains a significant risk.

Year to date capital spend is behind plan by £38m, largely resulting from a slower start in the year than planned due to the reduction to the SWL CDEL envelope of circa £10m and other national funding by NHSE. A reforecast of the SWL CDEL plan has been agreed with Trusts in light of NHSE's review of capital programmes and the Government's review the New Hospitals Programme (NHP) and reflected in the M6 FOT. The system has identified mitigations to manage 2024/25 risks. This will be kept under review should there be further clarity re future funding.

Key Issues for the Board to be aware of

- The SWL system is reporting year to date a £7.7m adverse position to plan, largely due to industrial action and efficiency delivery shortfall.
- WTEs are down month on month, but the plan assumed a greater reduction.
- The SWL system is under the agency cap trajectory.
- There remains significant risk to the delivery of the financial plan and the savings programme included within it.
- There is a planned underspend against the core SWL CDEL envelope to facilitate the transfer CDEL credits generated from asset sales into future years. The Government policy to enable this carry forward is now at risk of changing and it is now preferrable that systems and regions manage carry forward locally. SWLStG has deferred a sale at the Department of Health and Social Care's (DHSC) request (£4.5m). The overall carry forward is now £50.9m instead of £55.4m. £31.9m of CDEL can be swapped with SEL (SEL will repay SWL next year or on a profile that suits the SWL plan). The remaining £19m is subject to national agreement under the current policy so remains a risk.

Recommendation

The Board is asked to:

1. Note the ICB month 6 position.
2. Note the ICS revenue month 6 position.
3. Note the ICS YTD capital position and updated forecast position at M6 2024/25.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
Achieving Financial Sustainability.

Risks
Achieving Financial Plan for 2024/25

Mitigations
- Enhanced grip and control actions have been implemented across SWL NHS organisations.
- Recovery and Sustainability Board management and oversight of financial position.
- Financial Recovery Plan developed.
- Finance and Planning Committee will scrutinise the ICB's financial performance.
- Each SWL NHSE organisation financial governance processes.
- NHS Trust and ICB Chief Executive scrutiny and leadership is focused on financial delivery.
- Measures taken by individual organisations and collectively to identify additional efficiency programmes.

Financial/resource implications
Within the report.

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
N/A

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome
SMT	24 October 2024	Noted

Final date for approval
N/A

NHS South West London
Integrated Care Board

Supporting documents
SWL Finance Report M6 2024-25

Lead director
Helen Jameson

Author
Helen Jameson

NHS
South West London

SWL NHS Finance Report M6

November 2024

Contents

NHS South West London

NHS
South West London

The ICB internal position

ICB financial overview month 6

Key Messages:

- The ICB position as at 30th September 2024 is a £1.0m surplus with FOT on plan to deliver a £3.1m surplus.
- The efficiency plan is being met although £9m of it is non recurrent which will need to be made recurrent for 2025/26. Work continues to identify further recurrent opportunities.
- Acute services is showing a favourable position of £1.1m to annual plan, mainly related to independent sector providers.
- Mental health services has some significant pressures mainly related to high cost placements where we are looking for potential mitigations.
- For CHC we are reporting an overspend as some pressures are starting to emerge. This deterioration is due to the level of new placements not timeliness of reviews and assessments where we continue to work to meet national guidance/KPI's.
- Within community services we are seeing signifiant pressures on neuro rehabilitation patients, although this is being mitigated to some extent through workforce underspends.
- Primary care is showing a YTD and FOT underspend on prescribing which is mainly related to the starting plan being set higher than exit run rate from 2023/24. This underspend is offsetting the delegated primary care overspend which we had assumed would be mitigated by PCSE (Capita) carrying out list size cleansing. NHS England have confirmed that this has been partially undertaken and we are working with them to verify the impact on the delegated budget.
- The DOPs budget has a YTD and FOT overspend of £1.1m, with both delegated dental and pharmacy overspending. Further to this the dental ringfence value is greater than the allocation creating a £1m unmitigated pressure.

Targets:

- The ICB is on target to meet the £3.1m planned surplus although noting some risks.
- Month 5 SLAM data has been used to estimate a system ERF position of 114% which is above the system target set by NHSE but below the average annual system plan to deliver 115%. In order to deliver the system plan for 2024/25 more activity will need to be delivered in future months, a risk compounded by industrial action at the end of June.
- Mental Health Investment Standard has been provided for in the plan and has been added into contract values where applicable.
- Running costs are within target.
- Better payments practice code of paying 95% of invoices within 30 days is being achieved
- At the end of the month cash in the bank was within the 1.25% draw down limit

ICB high level budget reporting month 6

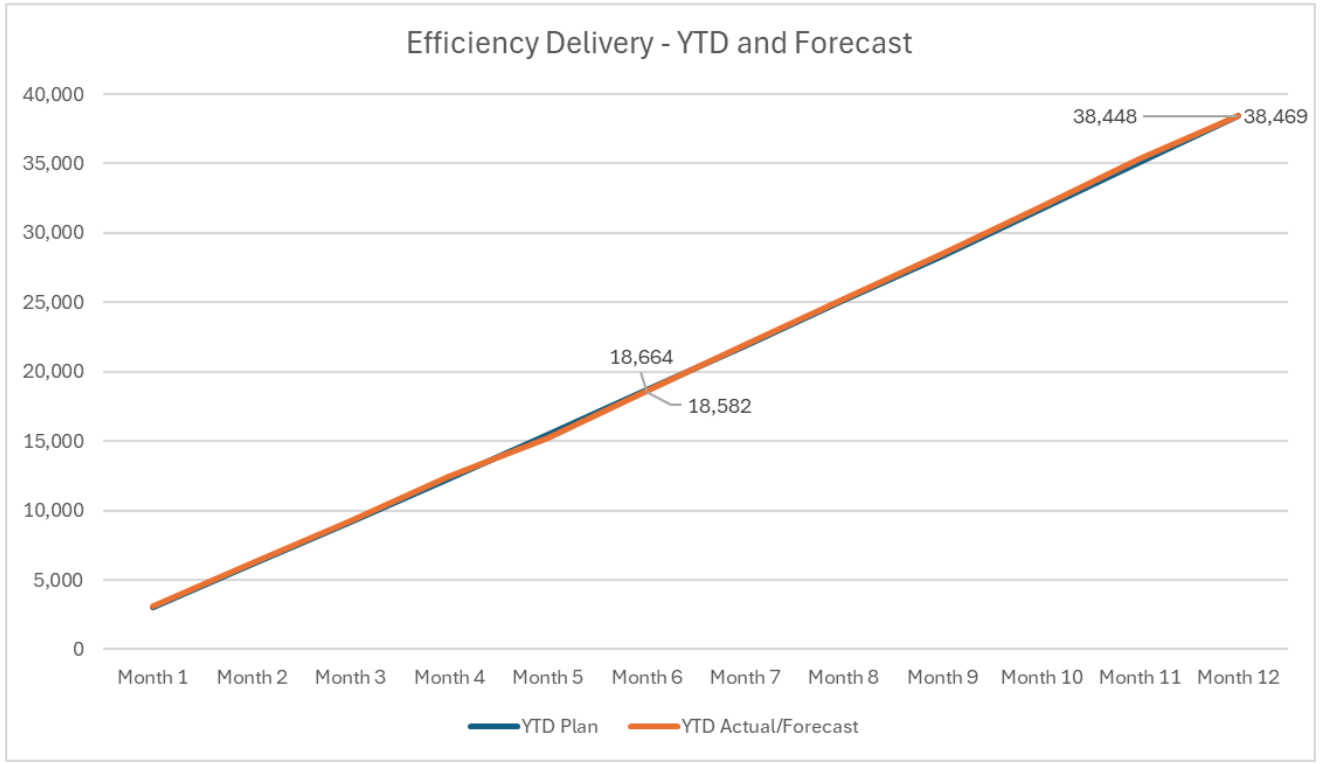
NHS South West London

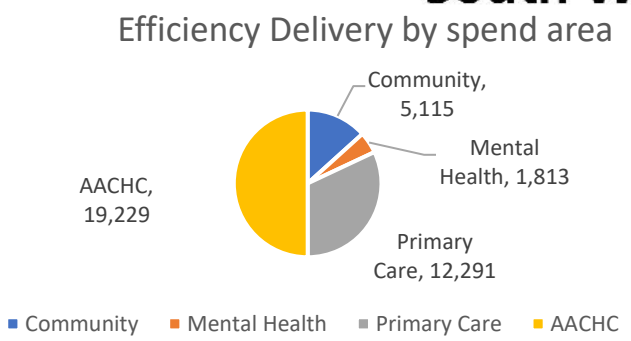
Allocation and Expenditure	Sum of YTD Budget £000s	Sum of YTD Actual £000s	Sum of YTD Variance £000s	Sum of Annual Budget £000s	Sum of Forecast Outturn £000s	Sum of Forecast Variance £000s
Total Allocation (Income)	**£1,751,244**			**£3,539,609**		
Expenditure:						
Acute Services (NHS & non NHS)	£949,161	£948,836	£325	£1,884,260	£1,883,152	£1,108
Community Health Services	£134,792	£134,979	-£188	£269,132	£269,084	£48
All Age Continuing Healthcare	£81,876	£82,146	-£269	£163,753	£164,245	-£493
Corporate & Other	£37,551	£35,187	£2,364	£134,599	£133,378	£1,221
Mental Health	£186,340	£186,564	-£225	£373,713	£374,113	-£400
Primary Care (Incl Prescribing & Delegated)	£360,572	£362,579	-£2,007	£711,093	£712,572	-£1,479
Total Expenditure:	**£1,750,292**	**£1,750,292**	**£0**	**£3,536,549**	**£3,536,544**	**£5**
Surplus/(Deficit)	**£952**			**£3,060**		

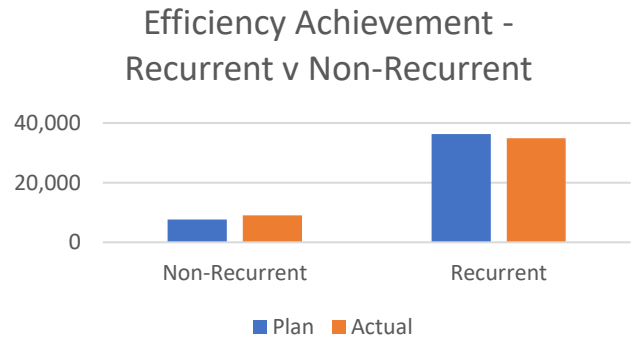
SWL Overview: (favourable/-adverse variance)

- Overall SWL ICB position is on plan to deliver projected surplus of £3.1m, with a YTD surplus of £1.0m.
- Within primary care there is an underspend on prescribing as the plan was set higher than the 2023/24 exit run rate, although this is offsetting delegated primary care pressures.
- Corporate and other budgets are underspent YTD by £2.4m with the majority due to underspends on vacant posts (£4.7m) offset by the cost of displaced staff (£3.8m). It is expected that the underspend will not continue at the same rate as posts are recruited to, which is reflected in the forecast.
- For mental health we are reporting an adverse YTD position on mental health placements.

Overview of SWL ICB's efficiency plan







Narrative –

- The efficiency plan is on course to deliver in line with the £38.5m target.
- £9m of the forecast savings are non-recurrent in nature. Work continues to identify further recurrent opportunities.
- Key priorities for the next month:
  - Monthly monitoring meetings with place and functional leads have commenced, to review progress against 2024/25 plan and begin discussion about20 25/26 opportunities.
  - To confirm the position on non-recurrent mitigations with the aim of offsetting recurrent savings that have slipped.

NHS
South West London

The SWL NHS system revenue position

SWL NHS system revenue position

NHS South West London

Month 6 Position:

- At 6 SWL system reported **a year to date position of £35.4m deficit which is £7.7m adverse to the plan.** The plan has been updated for deficit support funding received in year (as per NHSE guidance).
- The YTD adverse position is driven by:
  - Industrial action impact on lost elective income (£1.9m);
  - Additional costs and lost income at SGH resulting from the cyber-attack in South East London (£0.9m);
  - Shortfall in Royal Marsden paediatrics income from SpecComm (£1.5m);
  - Shortfall in efficiency delivery at St Georges and Epsom & St Helier (£3.4m).

Risks:

Whilst our forecast outturn remains on plan there **remains significant risks,** which will have to be mitigated if we are to achieve our 2024/25 financial plan (see risk position on next slide)

To mitigate these risks, all organisations have developed in year recovery plans which are updated each month and shared with the Missions Board.

Workforce

- The total operating expenditure and whole time equivalents have reduced, month on month However, they are **not reducing at the pace the plan requires**, which is leading to adverse variances against plan at month 6. **In part this is due to operational pressures across the system, for example, escalation beds, corridor care, enhanced and specialist care.**
- **Agency costs are £2.2m adverse year to date,** although this is **within the agency cap** set by NHSE. In addition, the agency run-rate is reducing; agency costs are £4.2m in M6 compared to £5m at M5.

Month 6	Surplus / (deficit) YTD		
£m	YTD Plan	YTD Actual	YTD Variance
CHS	-1.2	-1.2	0.0
ESHT	-7.2	-9.4	-2.2
KHT	-8.2	-8.5	-0.3
SGH	-8.7	-12.4	-3.7
HRCH	-1.2	-1.1	0.0
SWL StG	-0.5	-0.5	0.0
RMH	-1.7	-3.2	-1.5
Trusts Total	**-28.6**	**-36.3**	**-7.7**
SWL ICB	1.0	1.0	0.0
SWL System	**-27.7**	**-35.4**	**-7.7**

Risks to Delivery

Risk	Description	Mitigation: Mitigation plans to recover the YTD run rate have been developed by all organisations and will be updated each month. Key actions are included below:
Delivery of the c.£250m efficiency plans, which equates to over c.5.7% of costs (Opex), including a reduction in workforce of 1,285 WTEs.	**As the system continues to face operational pressures** in relation to demand for urgent care and **mental health services**, organisations are not able to reduce the costs as planned, especially around workforce. SWL are currently behind plan on delivering our efficiency and there remains a material amount that is at an early stage of development (£37m), with £2m still unidentified. We are also **seeing a shift from recurrent to non-recurrent savings** which if continues could make 2025/26 extremely challenging.	• Enhancement of workforce controls, including review of vacant posts and investments, to bring WTE trajectory back towards the plan. • Tighter controls on discretionary non-pay. • Accelerate existing efficiency and income recovery plans that are in development.
Run-rate pressures	In addition to the CIP risk, there are also run-rate cost pressures; the **increases in costs to maintain services** which are largely driven by operational pressures.	• Further QIA based review and formal challenge of baseline pressures led by execs, to ensure spend is appropriate for safety issues identified. Identify operational actions to reduce safety risk. • Business case review for reversal or optimising benefits
Delivering a **5% increase in ERF activity**	To deliver the efficiency target organisations have committed to delivering a **5% increase in ERF activity**. Our acute organisations are on track to do this, but this will be challenging over winter.	• Review at a trust level to minimise the costs to be incurred in generating additional elective income in 2024/25, as well as maximising that income
Inflationary pressures in excess of those assumed in our plans.	1) Pay pressures – risk that the funding for the pay award at month 7 will not be enough to cover the full cost. 2) Non pay pressures due to inflation being above funding	• In depth review of funding when received at M7 to understand any shortfall and communicate to NHSE. • Ensure new contracts are procured using full appropriate NHS framework methodology and follow all procurement best practice. Grouping together of NHSE organisations when initiating new tenders to procure VFM and economies of scale discounts.
Industrial actions (IA) not funded	1) Risk of further un-funded IA 2) ICSs have received funds to cover the costs of extra staffing during the industrial action to date, however, this did not include funding to cover the loss of ERF income.	• Currently reported as a overspend YTD
Dental ring fence achievement	1) NHS England have set ICB's a minimum expenditure level to spend on Dentistry known as the ringfence value 2) This ringfence value is more than the allocation that the ICB received on delegation.	• We are working with NHS England to correct the allocation or revise the dental ring fence value

SWL NHS system mitigation plan

NHS South West London

How will we mitigate our risks:

In SWL we worked across the system to produce in-year mitigation action plans to help us to minimise the risks we face.

- The plans are updated monthly at an organisational level and continued to be shared across SWL to ensure all opportunities have been exhausted at each organisation as well as to ensure consistency of approach.
- The mitigations fall into four categories.
    1. **Stopping future spend**
    2. **Reducing pay spend**
    3. **Reducing non-pay spend**
    4. **Operational performance mitigations – increases in ERF, productivity and going further faster**
    5. **Income and technical**
- **Currently to meet our 2024/25 financial plan we have:**
    - **£79.7m identified mitigation actions**. This is a slightly higher than last month (£78.6) due to increased risks in mental health placements and delegated budgets at the ICB.
    - **£8.5m unidentified mitigations** driven by, Industrial Action, cyber, paediatric income at RMH. Although this figure is reduced from month 5 (previously £9.5m) there is a new £1m additional risk from the ICB to reflect that the nationally derived dental ring fence is more than allocation received

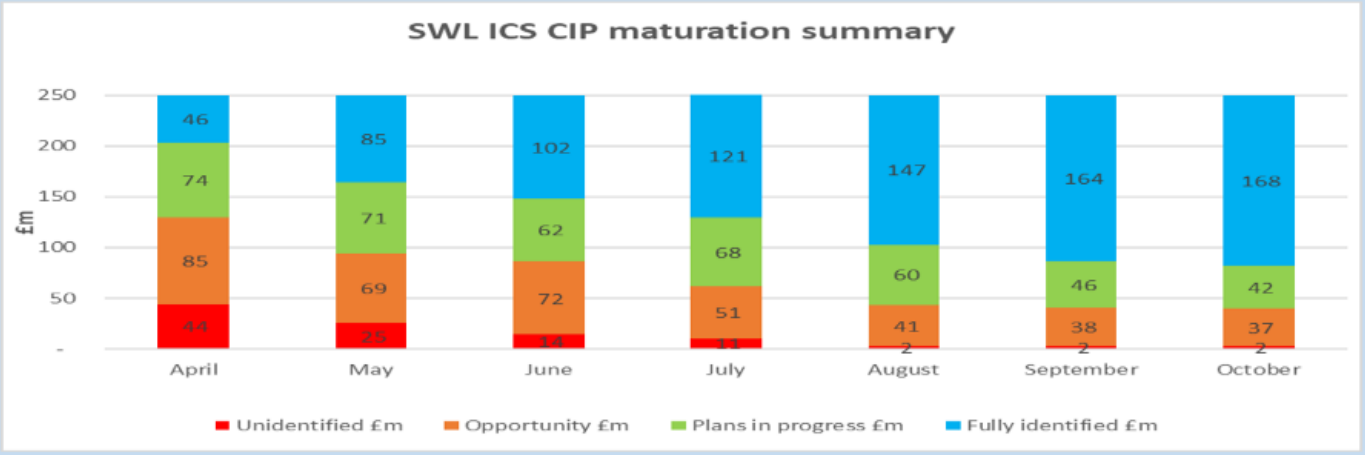
  The mitigation plans have varying risk levels across programmes; this includes some that are very high risk.

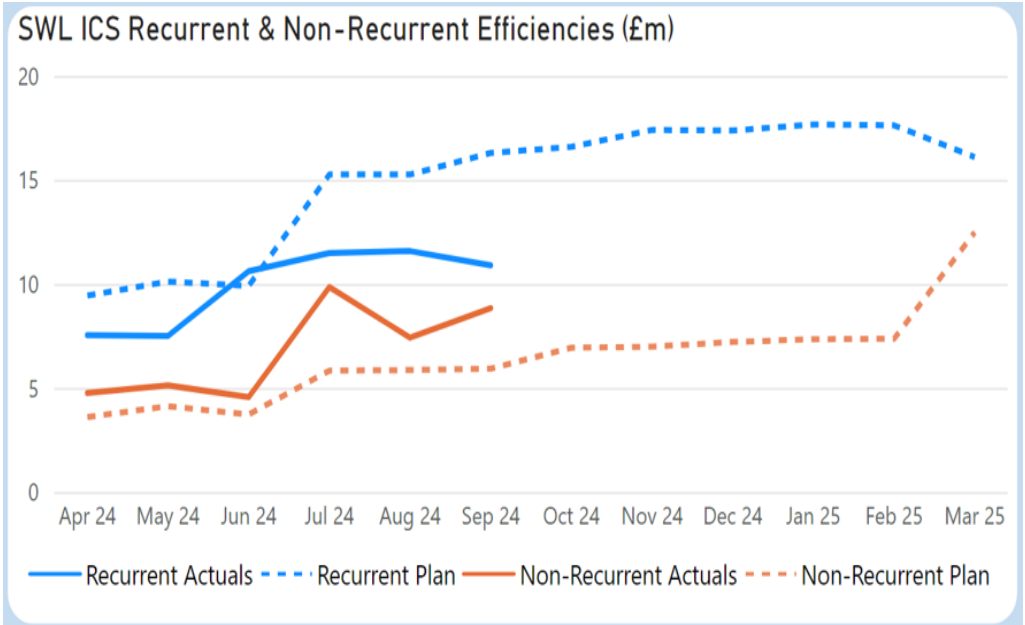
Governance

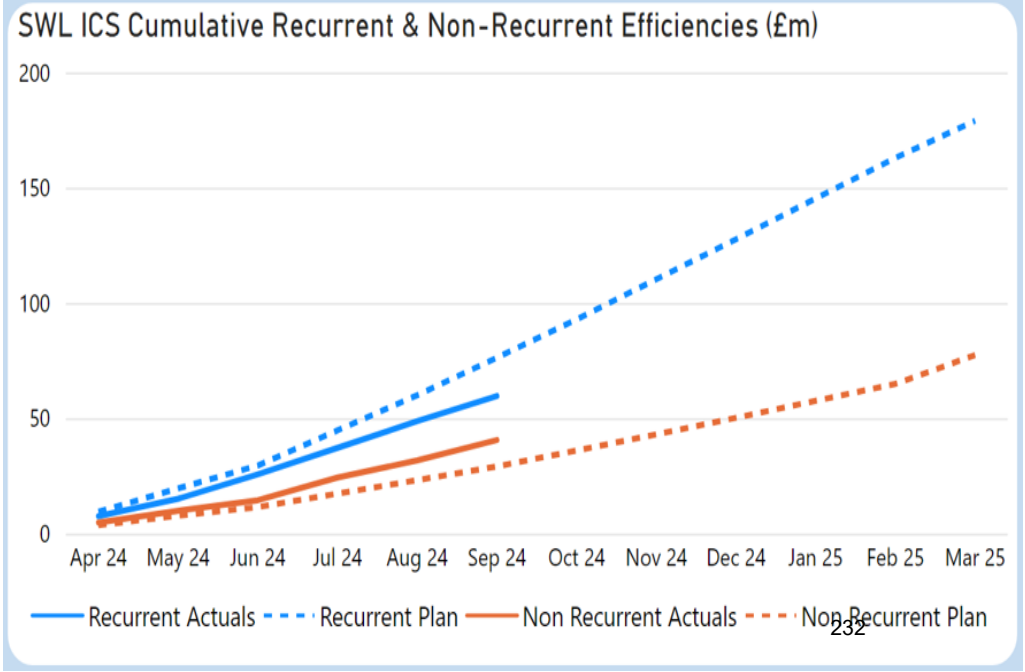
- The actions are being reviewed and monitored on a monthly basis by the missions board (previously recovery board) which is attended by SWL CEOs and CFOs.
- Organisations also have taken plans through their internal governance, including their finance committees. The largest risks remain in our acute trusts, with **trusts** reporting that **a significant amount of the executive team focus has been committed to agreeing and developing recovery plans; plans are taken through their executive group meeting or internal recovery boards for review, action and monitoring prior to finance committees.**

Efficiency – 2024/25 planned CIPs

- The total system efficiency plan for the year is £256m, of which £85m (33%) is anticipated to be non-recurrent.
- **To M6 efficiency delivery was £100.2m, £5.2m adverse to plan**. Within this, recurrent efficiency was £16.7m adverse and non-recurrent efficiency was £11.5m favourable.
- The bar graph below illustrates the maturation of the CIP programme since April. Although the plan contains delivery risk, there has been significant work since March to progress plans through to blue (fully identified).
- Consequently, **the unidentified / opportunity element of the plan has reduced to £39m, with £210m of the plan at blue and green.**
- The graphs opposite demonstrate that we are **above plan on non-recurrent CIP but below plan on recurrent CIP**. If this shift from one to the other continues it will result in an increased challenge to the financial position in future years.
- When mapping planned WTE reductions to planned efficiency, **providers are currently showing that 440 of the proposed c.1,300 WTE reduction for 2024/25 are fully identified**



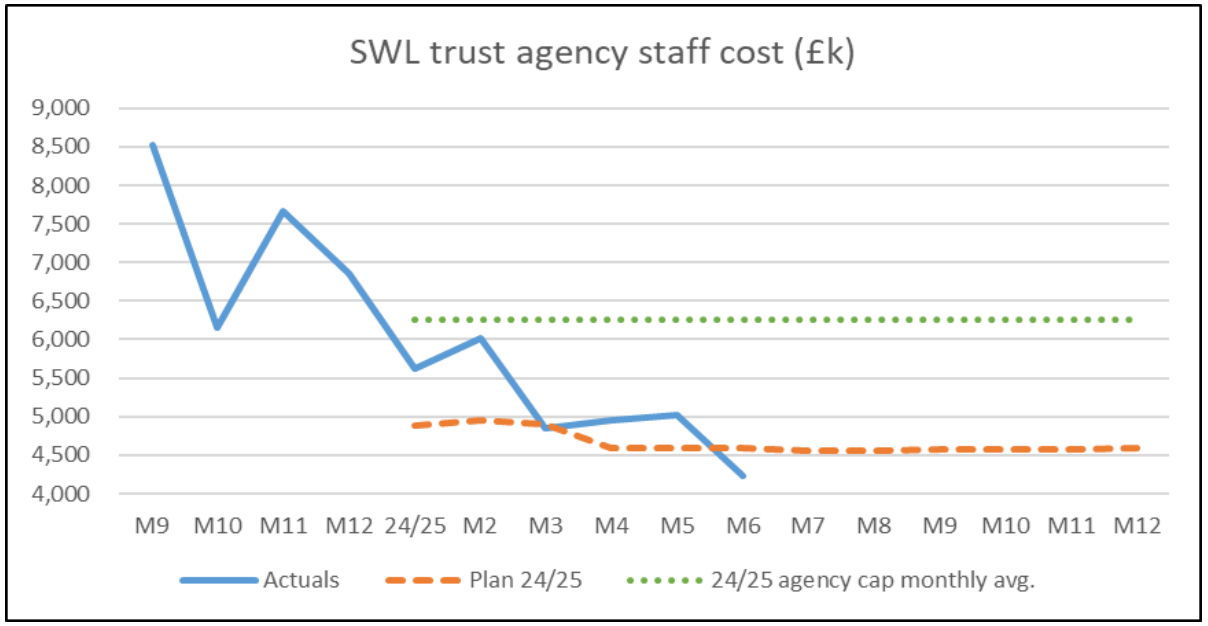


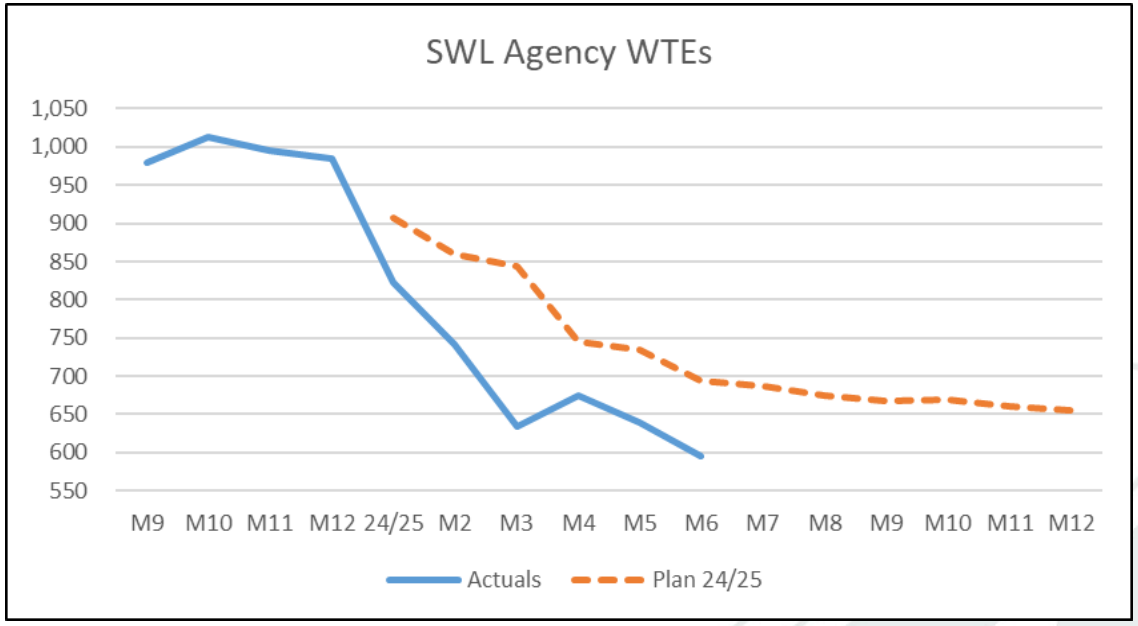


SWL NHS system workforce - agency

NHS South West London

- Agency costs are higher than plan year to date by £2.2m (8%) but within the agency cap set by NHSE. Costs have decreased month on month, after falling in Q1.
- The plan spend has been set below the system agency cap.
- Agency costs are adverse at all Trusts except SGH and RMH YTD, however, are close to the challenging plan trajectory set.
- Agency WTEs have reduced month on month and are now 100 below the plan.





NHS
South West London

The SWL system capital position

SWL NHS System YTD Capital Position

NHS South West London

- YTD spend is behind plan by £38m, largely resulting from a slower start in the year than planned due to the reduction to the SWL CDEL envelope of c.£10m and other national funding by NHSE.
- The difference between the planned phasing and in-year timing of IFRS16 leases is also impacting the YTD position.
- Trusts are taking action to accelerate delivery within the SWL CDEL plan in line with the Month 6 reforecast agreed with system partners.
- The outcome of the New Hospitals Programme review is not yet known and due to uncertainty of funding, expenditure has been slowed to limit the system's exposure.
- Primary care capital expenditure is broadly in line with YTD plan.

	SWL CDEL			IFRS16 CDEL			National CDEL			Total CDEL		
Month 6	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance
CHS	2.2	3.6	1.4	0.0	0.0	0.0	2.4	0.1	-2.3	4.6	3.7	-0.9
ESHT	8.3	5.6	-2.7	0.9	1.5	0.6	8.2	5.4	-2.8	17.4	12.6	-4.8
KHT	6.6	5.9	-0.7	0.0	-0.5	-0.5	4.8	0.0	-4.8	11.4	5.4	-6.0
SGH	12.3	6.1	-6.2	3.0	0.6	-2.4	8.9	0.7	-8.2	24.2	7.4	-16.8
HRCH	0.9	0.6	-0.2	0.0	2.1	2.1	0.0	0.0	0.0	0.9	2.7	1.9
SWL StG	14.3	13.2	-1.1	5.1	0.0	-5.1	4.3	4.3	-0.0	23.7	17.5	-6.3
RMH	6.5	5.6	-0.9	3.3	0.0	-3.3	1.1	0.0	-1.1	10.9	5.6	-5.3
Trust total	**51.0**	**40.6**	**-10.4**	**12.4**	**3.8**	**-8.6**	**29.6**	**10.5**	**-19.2**	**93.1**	**54.8**	**-38.2**
ICB	0.6	0.2	-0.3	4.5	4.5	0.0	0.0	0.0	0.0	5.1	4.7	-0.3
SWL System	**51.6**	**40.8**	**-10.8**	**16.9**	**8.3**	**-8.6**	**29.6**	**10.5**	**-19.2**	**98.1**	**59.6**	**-38.6**

SWL NHS System FOT Capital Position

NHS South West London

- A reforecast of the SWL CDEL plan has been agreed with trusts in light of NHSE's review of capital programmes and the Government's review the New Hospitals Programme (NHP) and reflect in the M6 FOT. The system has identified mitigations to manage 2024/25 risks by deferring or pausing on uncommitted spend and reallocating CDEL to support committed spend. This will be kept under review should there be further clarity re: future funding.

- The reported FOT position appears overspent, due to how NHSE requires CDEL credits to be reflected differentially in the plan and FOT. However, FOT is in line with available funding (we have adjusted to remove the 5% overcommitment that was permitted in plan at the start of the year). Additional digital primary care funding of £2.8m that has been secured and aspirational national funding of £6.9m included in KHFT's plan has been deferred.

- Plan and revised FOT assume a planned underspend against the core SWL CDEL envelope in order to transfer CDEL credits generated from asset sales into future years. The Government policy to enable this carry forward is now at risk of changing and it is now preferrable that systems and regions manage carry forward locally. SThe timing of one sale has slipped into 2025/26 (£4.5m). So the overall carry forward is now £50.9m instead of £55.4m. £31.9m of CDEL can be swapped with SEL (SEL will repay SWL next year or on a profile that suits the SWL plan). The remaining £19m is subject to national agreement under the current policy so remains a risk.

	SWL CDEL			IFRS16 CDEL			National CDEL			Total CDEL		
Month 06 FOT	**FY Plan**	**FOT**	**Variance**	**FY Plan**	**FOT**	**Variance**	**FY Plan**	**FOT**	**Variance**	**FY Plan**	**FOT**	**Variance**
CHS	12.6	8.7	-3.9	2.5	2.5	0.0	11.9	11.9	0.0	27.0	23.1	-3.9
ESHT	14.6	19.2	4.5	4.8	4.8	0.0	21.7	21.7	0.0	41.2	45.7	4.5
KHT	13.2	12.8	-0.4	1.9	1.9	0.0	9.6	2.7	-6.9	24.7	17.4	-7.3
SGH	32.9	30.0	-3.0	4.6	4.6	0.0	17.8	17.8	0.0	55.3	52.4	-3.0
HRCH	1.7	1.7	-0.1	2.4	2.4	0.0	0.0	0.0	0.0	4.1	4.1	-0.1
SWL StG	-0.9	22.4	23.3	8.4	8.4	0.0	10.1	10.1	0.0	17.6	40.9	23.3
RMH	14.3	14.9	0.6	3.3	3.3	0.0	1.1	0.0	-1.1	18.8	18.2	-0.5
Trust total	**88.5**	**109.6**	**21.1**	**27.9**	**27.9**	**0.0**	**72.2**	**64.2**	**-8.0**	**188.6**	**201.8**	**13.1**
ICB	2.6	5.3	2.8	4.5	4.5	0.0	0.0	0.0	0.0	7.1	9.8	2.8
SWL System	**91.1**	**115.0**	**23.8**	**32.4**	**32.4**	**0.0**	**72.2**	**64.2**	**-8.0**	**195.7**	**211.6**	**15.9**

NHS
South West London

Summary

Summary of financial position

NHS South West London

- The Board is asked to:
  - Note the ICB financial position for M6 2024/25
  - Note the ICS revenue position for M6 2024/25
  - Note the ICS YTD capital position and updated forecast position at M6 2024/25

The Board is also asked to consider if any additional information/format changes should be presented in future finance reports.

NHS South West London
Integrated Care Board

Quality & Performance Oversight Committee Update

Agenda item: 9c

Report presented by: Mercy Jeyasingham, Non-Executive Member & Chair of the Quality & Performance Oversight Committee

Paper type: For information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday,13 September 2024

Purpose

To provide the Board with an overview from the Non Executive Member Chair of the Committee regarding the key quality matters discussed at the South West London (SWL) ICB Quality and Performance Oversight Committee (QPOC) meeting on 9 October 2024.

Executive Summary

The Quality and Performance Oversight Committee has met once since the last update to the ICB Board, on 9 October 2024. The updates below are following consideration and discussion of key items at the meeting:

Quality and Performance Risk Register

The Committee reviewed the Quality and Performance risk register noting no new significant changes since the last meeting.

South West London (SWL) ICB Performance Report

The Committee noted the SWL ICB Performance report. The following key areas of challenged performance were discussed:

- SWL continues to have the fewest long waiting patients in London, however, the ICB has seen increases in 65 weeks and 78 weeks in June and work is now focused on having fewer patients waiting more than 65 weeks by October.
- SWL ICB continues to have the highest number of 12-hour breaches in London and is the third highest nationally.
- 111 Calls volumes increased to 38,032 in July and whilst the number of abandoned calls increased slightly to 2.9% it is still within the 3% target.

The following areas were identified as areas of improvement:

- A&E 4-hour performance remained relatively stable in July, at 77.1%, exceeding the NHSE target of 76%.
- The number of patients in acute inpatient beds over 21 days reduced in June by 86 to 757, the lowest in 6 months.

- Less than 6 week waits for diagnostics continued to improve to 87.7% in June, SWL performance being highest out of the five ICBs in London.

The Committee noted the improvement of Severe Mental Illness (SMI) annual health checks reporting 74% of patients with a SMI had received all six annual health checks, exceeding the trajectory of 65%.

Update on NHS Oversight Framework and Tiering Update for SWL
The Committee received an update on the NHS Oversight Framework and Tiering, noting that there was no change in the past year to the overall segmentation scores. SWL ICS was noted to be in the best tier for urgent and emergency care (Tier 3), along with the other London ICSs which despite the significant non-elective pressures across the system, overall performance is good in some areas relative to other ICSs nationally.

Long waiters update: Clearance of 65 week waits by end of October 2024
The Committee received an update on long waiters noting that SWL is a positive outlier with fewer long waiters compared to other ICSs. The focus is on reducing 65-week waits by end of October 2024 and addressing the risks associated with prioritising the longest waiters.

SWL ICB Quality Report
The Committee received the SWL ICB quality report noting the following key updates:

- St Georges Hospital Emergency Department (ED) quality review visit which took place in July. The review is now complete and the ICB has identified 10 recommendations which have been accepted by the Trust. The Trust are now developing an action plan, and a follow up visit is planned.
- Pressures continue across all emergency departments and urgent and emergency care in all Trusts across SWL and work continues to mitigate the quality and safety risks. An Urgent and Emergency Care (UEC) assurance report was provided to ICB Board in September.
- There are significant long waits in Children and Adolescent Mental Health Services (CAMHS) across SWL for mental health and neuro services, particularly for Children and Young People (C&YP) in Croydon. Croydon Health Services (CHS) and South London and Maudsley (SLaM) are working towards reducing the backlogs and staying connected with children and families while they wait.
- The Medical examiner statutory status went live on 9 September 2024. Most SWL general practices have onboarded to the process and work to onboard the few remaining practices is ongoing.
- Croydon Place has had an ‘Inspecting Local Authority Children’s Services’ inspection and the report findings and recommendations once finalised will come back to the Committee.

SWL Integrated Medicines Optimisation Committee (IMOC) Annual Report
The Committee **approved** the Integrated Medicines Optimisation Committee Annual Report 2023-24, noting its oversight of achievements.

South West London Children and Young People (CY&P) update
The Committee received an overview of the SWL Children and Young People Programme, including key achievements, challenges, and opportunities for improvement and greater integration with the ICP and ICB priorities. The Committee noted the progress made but also the need to continue to raise priorities for children and young people alongside adults. The Committee also noted that paediatric waiting times, beyond (Special Educational Needs and Disabilities) SEND and CAMHS

would be included in performance reporting. It was noted that a new Clinical Lead is shortly joining the ICB and will link with quality and performance teams to identify the biggest areas of risk and challenges in SWL which may not match the national priorities. The Committee **noted** the update.

Antimicrobial Resistance
The Committee received an overview on reducing antimicrobial resistance through better prescribing practices, patient education, and monitoring key performance indicators in primary and secondary care. The Committee discussed the cultural changes needed to change prescribing patterns. The Committee **noted** the update.

Quality and Performance Workplan 2024/25
The Committee reviewed the workplan for 2024/25.

Recommendation

The Board is asked to:

- Note the Quality and Performance Oversight Committee report.

Governance and Supporting Documentation

Conflicts of interest
None.

Corporate objectives
Quality is underpinned by everything we do in SWL ICB. Quality supports the ICB's objectives to tackle health inequalities, improve population health outcomes and improve productivity.

Risks
Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.

Mitigations
The mitigations of the quality risk are included in the corporate risk register.

Financial/resource implications
Balancing system efficiency across SWL without compromising patient safety and quality.

Green/Sustainability Implications
Not Applicable.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiency.

Patient and public engagement and communication
We work closely with Quality and Safety Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector the voices of our population and using this insight to improve organisations to ensure we are listening to quality.

Previous committees/groups

Committee name	Date	Outcome
SWL Quality & Performance Committee (QPOC)	9 October 2024	Noted

Final date for approval
Not applicable

Supporting documents
None

NHS South West London
Integrated Care Board

Lead Director
Elaine Clancy, Chief Nursing Officer

Authors
June Okochi, Director of Quality
Charity Mutiti, Deputy Director of Quality

NHS South West London
Integrated Care Board

Quality Report

Agenda item: Item 9d

Report by: Elaine Clancy, SWL ICB Chief Nursing Officer

Paper type: for information

Date of meeting: Wednesday, 20 November 2024

Date published: Wednesday, 13 November 2024

Content

Purpose

The purpose of the report is to:

- Provide the Board with an overview of the system quality picture across South West London (SWL), highlighting key risks identified at the SWL ICB's Quality and Performance Oversight Committee (QPOC), Quality and Operational Management Group (QOMG) and the System Quality Council (SQC) held in September 2024.
- Provide the Board with assurance that mitigations are in place to manage quality risks and that the system continues to make improvements to improve safety and quality through an increased learning culture.

Executive summary

The report provides an overview of the quality of services within the SWL Integrated Care System. The focus of the report is to provide the ICB Board with an update of emerging risks and mitigations, provide an outline of continuous improvements and provide assurance that quality risks and challenges are being addressed appropriately. The report covers the period of July and August 2024, unless stated otherwise.

Key issues for the Committee to be aware of:

- **St Georges Hospital (SGH) CQC Emergency Department (ED) quality review visit:** The ICB conducted a quality review visit in July 2024. The review has been completed, and there are ten considerations and recommendations proposed by the ICB. The Trust has accepted the review recommendations and are developing an action plan. A follow up review visit to ED at SGH is planned.

- **Urgent and Emergency Care:** Continued pressures across all ED and Urgent & Emergency Care (UEC) services. Work continues across SWL to mitigate quality and safety risks. A UEC assurance report was provided to ICB Board in September 2024.

- **Child and Adolescent Mental Health Services (CAHMS) Long wait list:** There are significant CAHMS long waits across SWL for mental health and neuro services, particularly for children and young people (CYP) in Croydon. Trusts are working towards reducing the backlogs and keeping in touch with children and families while they wait.

- **Medical Examiner (ME) Statutory Status**: The Medical Examiner statutory status went live on 9 September 2024. This means that all deaths in the community or acute settings that are not required to be referred to the coroner (non-coronial deaths) now need to be scrutinised by a medical examiner. Most SWL general practices have onboarded to the process. Work is ongoing to support the few remaining practices to onboard.

- **Antimicrobial Stewardship (AMS**): There is a safety requirement to reduce broad spectrum antibiotic consumption to an agreed baseline. Epsom and St Helier University Hospitals NHS Trust (ESTH) invited NHS England in August 2024 to support with a review of their AMS and support improvement as the Trusts are outliers in London. The report for ESTH has been shared and the Trust is working on the actions with support from the ICB's medicines optimisation team.

- **Inspecting Local Authority children's services (ILACS) for Croydon:** On 7 October 2024, Ofsted notified Croydon Local Authority of an ILACS inspection. ILACS inspections are carried out by Ofsted and usually focus on the effectiveness of Local Authority services and arrangements. Health partners in Croydon were required to contribute to the process. Croydon Place quality team has worked collaboratively with health partners to coordinate our health response to the inspection. The outcome of the inspection will be shared with QPOC once finalised.

Recommendations

The Board is asked to:

- Be assured that the exceptions highlighted within the report have been presented and discussed at the Quality and Performance Oversight Committee (QPOC) in October, Quality Operational Management Group (QOMG) in September and all escalations have been reported into the System Quality Council in September.
- Place Quality Groups have been established and are in development and risks will be identified closer to place for providers of health and care.
- Be assured of continuous improvements which have progressed, some of which are highlighted in the report to improve outcomes for patients across SWL.

Governance and Supporting Documentation

Conflicts of interest
None

Corporate objectives
Quality is underpinned by everything we do in SWL ICB. Quality supports the ICB's objectives to tackle health inequalities, improve population health outcomes and improve productivity.

Risks
Quality risks are included in the SWL ICB Corporate risk register and escalated to the Board Assurance Framework where appropriate.

Mitigations
The mitigations of the quality risk are included in the corporate risk register.

Financial/resource implications
Balancing system efficiency across SWL without compromising patient safety and quality.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An EIA has been considered and is not needed for this report. However, EIAs are being completed as part of the process in identifying system efficiencies and where significant change is service delivery or care pathways impact patients and staff.

Patient and public engagement and communication
We work closely with Quality and Safety Patient Partners, patients and public including specific impacted communities linking with our Voluntary Care Sector organisations to ensure we are listening to the voices of our population and using this insight to improve quality.

Previous committees/groups

Committee name	Date	Outcome
SWL ICB Quality Operational Management Group (QOMG)	19 September 2024	Internal directorate review and assurance
SWL System Quality Council	10 September 2024	Providers escalation report presented and noted.
Quality and Performance Oversight Committee (QPOC)	9 October 2024	System Quality Oversight

Supporting documents
Quality Report

NHS South West London
Integrated Care Board

Lead director
Elaine Clancy, Chief Nursing Officer

Author
June Okochi, Director of Quality

SWL System Quality Report
ICB Board

1. Introduction

This report provides an overview of the quality of services within the South West London (SWL) Integrated Care System (ICS). The purpose of the report is to provide the SWL Integrated Care Board (ICB) with an update of emerging quality risks impacting the delivery of high-quality care, an outline of where continuous improvements have been made and assurance that risks and challenges are being mitigated. The report covers the period of July and August 2024 (unless stated otherwise).

Areas of Focus

- **St George's Hospital NHS Foundation Trust (SGH) Care Quality Commission (CQC) Emergency Department (ED) quality review visit:** The ICB conducted a quality review visit in July 2024. The review has been completed, and there are ten considerations and recommendations proposed by the ICB. The trust has accepted the review recommendations and are developing an action plan. A follow up review visit to ED at SGH is planned.

- **Urgent and Emergency Care (UEC):** Continued pressures across all ED and UEC services. Work continues across SWL to mitigate quality and safety risks. A UEC assurance report was provided to ICB Board in September.

- **Child and Adolescent Mental Health Services (CAHMS) Long wait lists:** There are significant long waits for CAHMS across SWL for mental health and neuro services, particularly for children and young people in Croydon. Both mental health Trusts are working towards reducing the backlogs and keeping in touch with children and families while they wait.

- **Medical Examiner (ME) Statutory Status**: The Medical examiner statutory status went live on 9 September 2024. This means that all deaths in the community or acute settings that are not required to be referred to the coroner (non-coronial deaths) now need to be scrutinised by a medical examiner. Nearly all SWL general practices have onboarded to the new process. Work is ongoing to support the few remaining practices to onboard.

- **Antimicrobial Stewardship (AMS**): There is a safety requirement to reduce broad spectrum antibiotic consumption to an agreed baseline. Epsom and St Helier University Hospitals NHS Trust (ESTH) and Croydon Health Services (CHS) are outliers in London. A visit was undertaken by NHS England to ESTH in August 2024 and the report has been shared with the Trust which is working on the actions with support from the ICB medicines optimisation team.

- **Inspecting local authority children's services (ILACS) Croydon:** Croydon Local Authority have recently been inspected by Office for Standards in Education, Children's Services and Skills (Ofsted) in October 2024 for children's services. These inspections are carried out by Ofsted and focus on the effectiveness of local authority services and arrangements in meeting the needs of children. The inspection focus was on children looked after and care experienced adults. Health partners were involved and required to

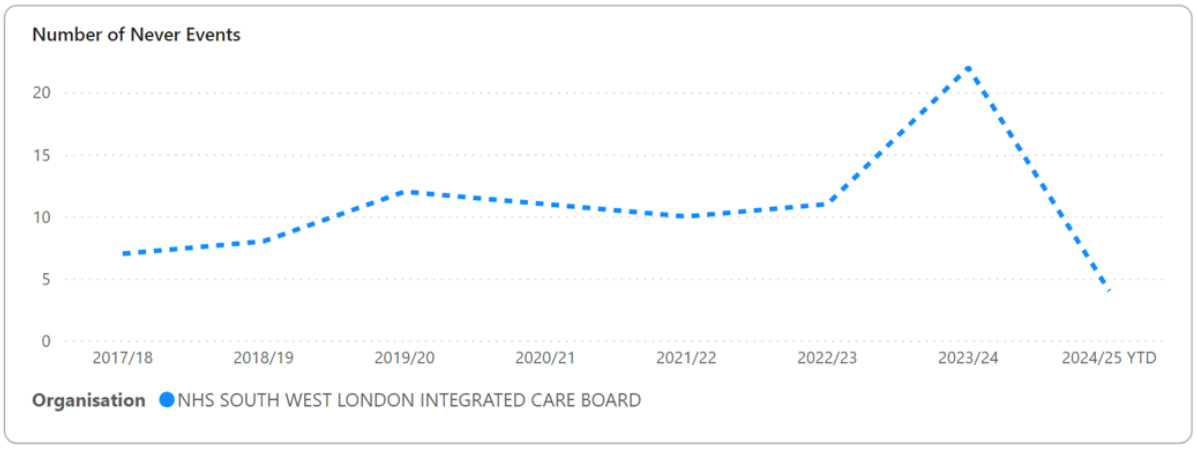
participate with the inspection process. The outcome of the inspection will be published on 3 December 2024 and will be shared with the SWL ICB Quality and Performance Committee (QPOC).

2. Key Safety and Quality Updates

2.1. **SGH ED quality review visit:** Following a national letter on pressures across EDs from NHS England, a review was jointly commissioned by the Chief Nursing Officers of the SWL ICB and the St George's, Epsom, and St Helier Hospital Group (GESH). The purpose of the quality review (QR) visit was to support SGH to assess, review and identify improvements that may be required to ensure patient safety, patient experience and clinical effectiveness is upheld within the ED.

During the time of the visit, there were no immediate risks to patient safety identified, neither were there any serious concerns relating to patient care. There were areas identified which needed improvement, some of which had been identified by staff prior and during the visit. Ten considerations and recommendations were made by the reviewing team for the trust to action. GESH CNO has accepted the report and are creating an action plan in response to the recommendations with a view to plan a follow up visit in winter. The detailed report is going through the ICB's governance in October 2024.

2.2. **Never events (NEs)**
A single NE was reported in August 2024 by Kingston Hospital NHS Foundation Trust, wrong site surgery. This brings the total of NEs for SWL to six for the first half of 2024/25. The table below shows the current NE trend for SWL over the last eight years.



Graph 1: SWL Never Events

In September 2024 GESH reported three NEs; x1 retained foreign object from ESTH, x1 retained foreign object and x1 wrong site surgery from SGH. These events will be reflected in the next reporting period. The ICB Quality Team will revisit discussions with GESH with regards to effectiveness of improvement actions implemented as part of the continuing ICB support.

2.3. **Mental Health: Child and Adolescent Mental Health Services (CAHMS) Long wait lists:** There are significant concerns with current CAHMS mental health and neuro services wait list across SWL particularly for children and young people (CYP)

in Croydon with children waiting more than 39 weeks to be seen. Backlog reduction funds (non-recurrent) have been identified by the SWL ICB for 2024/25.
South London and Maudsley (SLAM) has provided assurance that they are taking all the steps to mitigate safety issues resulting from the long waits, including the 28-day contact target and use of technology and digital models. Their mitigating actions also include:

Phase 1 - September/October 2024

- External partner will commence conducting care need/risk assessment with circa 700 families waiting more than 52 weeks.
- Increase capacity to Croydon CAMHS to reduce backlog on waiting list.

Phase 2 - 2025/26

- Identify funds to increase capacity not only for initial contact but also for diagnosis and treatment.
- Based on agreed funding, reset capacity and model trajectory for Croydon – Mental Health and Autism services.

2.4. **Length of stay (LoS) across SWL EDs**: The current waits for mental health beds pose a continued challenge to safely manage our unwell patients on medical inpatient wards and this is for both children and adults awaiting a mental health bed. The numbers are increasing month on month. Long stays in ED cause delay to treatment and negatively impact on patients' recovery and outcomes.

2.5. **SWL Mortality Summary:** The ICB presented the mortality deep dive report to the NHS England London Region mortality meeting in August 2024 and this was well received. NHS England supported the plan to create a SWL mortality learning group. It was noted that SWL, are outliers in suicides numbers across London. Sutton Place partners are taking steps to review the data to understand causation and put interventions in place to improve the rates. The SWL Suicide Steering Group continues to work with the mental health Trusts, the suicide prevention public health and partners to implement strategies.

2.6. **Mortality and the Medical Examiner (ME) Function Statutory Status**: The medical examiner function is now statutory for ICBs (including primary care) as of 9 September 2024. Work has been ongoing for 12 months in primary care to become compliant. Below are SWL ICBs onboarding numbers for general practices across our four ME services. The ICB continues to support MEs to engage the remaining practices.

Progress status as of 9 Sept 2024 (ICB summarised progress numbers provided by each ME office)	**Referring cases regularly:** The GP practice has gone beyond testing the process and is referring cases	**Referral process tested:** The GP practice has made at least one referral (even if they have not referred others)	**GP Practice has started engagement:** Engaged positively with the ME office. This could be at early stages (eg working out process, meeting to agree principles) but **no test referrals have taken place**.	**GP Practice not engaged:** For example, the GP practice has either not agreed to discuss processes or has not responded to invitations to meet ME and made a referral	**Total practices**
Kingston	0	13	6	1	20
Richmond	0	15	9	1	25

Merton	20	0	1	0	21
Wandsworth	23	8	5	2	38
Croydon	38		2	5	45
Sutton	21				21

Table1: SWL Summary Medical Examiner GP on-boarding process

2.7. Medicines Safety

2.7.1. **Antimicrobial Stewardship (AMS):** There is a requirement to reduce broad spectrum antibiotic consumption by 10% from the 2017 calendar year baseline. Many hospitals are struggling to achieve this and ESTH and CHS are significantly more challenged in London. NHSE visited ESTH to review challenges and potential solutions. The outcome of ESTH has been shared and areas for improvement are themed mainly around strategy, leadership governance, workforce capacity and capability, formulary and guidelines, data and digital resources. The ICB medicines optimisation team will support the Trust on its action plans. Detailed updates were provided to QPOC in October 2024.

2.7.2. **Medicines Optimisation Safety Improvement and Learning Network (MOSILN):** The SWL ICS MOSILN was established in June 2023 as a cross-sector forum to support the delivery of national and local medicines safety priorities. The group reports to SWL Integrated Medicines Optimisation Committee (IMOC) and The Quality Operational Management Group (QOMG). In September 2024 QOMG approved the updated terms of reference. MOSILN has focused on improvement of safety and quality and sharing learning across the system by bringing all part of the system together.

2.7.3. **SWL Integrated Medicines Optimisation (IMOC) Annual Report:** SWL IMOC has been in place for over three years its governance includes annual reporting to the QPOC. The September QOMG reviewed the annual IMOC report which outlined the work of SWL IMOC in 2023/2024. The report is being presented to the QPOC in October 2024.

2.8. Infection and Prevention Control (IPC), August 2024 update

- **Outbreaks and clusters:** There are small outbreaks of Norovirus while acute respiratory infections (including Covid-19 and para influenza) continue to be reported in healthcare and social care settings. Covid-19 clusters and outbreaks have resulted in some bed/bay closures in acute and community hospitals which are managed by local IPC teams and supported as required by the UK Health Security Agency (UKHSA) and the SWL ICB IPC lead.

- **Measles**: High levels of measles continue to be seen in London. In August 2024, Wandsworth reported the highest number of confirmed cases in the last six months (n=120). However, Croydon are now peaking with the highest number reported monthly cases (n=18) ahead of Wandsworth (n=10). The remaining SWL boroughs have small numbers apart from Richmond with no cases in August 2024. The whole of London has now been moved into a category 3 response which means follow up of contacts is restricted to the vulnerable i.e. <1 years, pregnant people, immuno-suppressed patients and healthcare workers.

- **Monkeypox:** Due to the increase of cases in other parts of world, on 19 August 2024, the UK declared monkeypox as an enhanced incident which will help to ensure that resources are available if cases are identified in the UK. Border Control have been advised and clear pathways agreed for further cascading. Sexual health clinics continue to offer vaccination to those eligible based on the "Green book". Plans are underway to deliver the vaccine intradermally, which allows smaller doses to be given and more vaccine dose extraction per vial. Training is planned for staff as this requires specific competencies. New UKHSA national guidance and pathway for emergence of monkeypox in the UK was published on 5 September 2024, this has been cascaded through the system to key partners and providers.

- **ICB antiviral pathways for seasonal flu outbreaks for 2024/25**: UKHSA contacted ICB medicines optimisation team to share the latest seasonal flu antiviral pathway to enable timely support for flu outbreak management in community settings especially for the most vulnerable and those who are immunosuppressed (such as those living in care homes and pregnant people). The ICB Deputy Chief Pharmacist is liaising with the IPC lead, immunisation team and other colleagues to map out roles, functions and processes.

3. Maternity

3.1. **Respiratory Syncytial Virus (RSV) vaccination roll out in maternity - SWL readiness.** RSV vaccination is being rolled out in England and is available to pregnant women at 28 weeks or later, and older people. All Trusts have been offered the support from the Healthier Together website to assist in sharing information with women and birthing people for the RSV roll out.

All Trusts except for SGH commenced roll out in September 2024 and have a signed Patient Group Directive (PGD) in place.

- CHS has staff allocated to support the roll out.
- ESTH are awaiting database reporting assignment.
- Kingston is recruiting 0.6 WTE band 5 nurse to support with the roll out.
- SGH: The ICB is having ongoing discissions regarding the roll out and recruitment of a 0.4 WTE band 5 to support implementation.

3.2. The communications and engagement teams have done some work to engage communities and use digital channels to promote this initiative. What the team have achieved:

- Shared messaging and materials with community networks and stakeholders through our Place and SWL newsletters.

- Promoted materials from the national toolkit across our social media channels.

- Have plans to incorporate as part of our winter engagement fund voluntary community, faith and social enterprise (VCFSE)-led activities.

- Our winter campaign digital communications are based on national and regional campaigns and encourages vaccine uptake across the board, as well as a focus on flu/Covid-19/RSV.

The team are also planning new content as part of winter based on frontline staff stories - this will feature information about immunisations including the perspective of a hospital consultant on people hospitalised with viruses.

4. Continuing Healthcare (CHC)

4.1. **Workforce Transformation**: SWL ICB, Hounslow and Richmond Community Healthcare (HRCH) and Yourhealthcare (YHC) administrative and clinical staff have joined together under a single operating model from 1 October 2024. Following the necessary engagement and notice period, all bar one member of the workforce transferred to the ICB. A comprehensive induction programme has been completed and clinical staff are now back into the community undertaking assessments and reviews in the revised structure.

5. Other regulatory updates

5.1. **Joint Targeted Area Inspection (JTAI) for Richmond**: The Richmond JTAI outcome was published on 6 September 2024. Some of the key 'Health areas for Improvement'' were highlighted as follows:

- Quality of partner agency referrals to the single point of access (SPA), specifically the use of professional curiosity and the details given about children's circumstances and their lived experiences.
- The oversight of safeguarding in KHFT emergency department to ensure that safeguarding procedures are consistently followed.
- The consistency of feedback to all partners following contacts to SPA and in the recording by all partners of referral outcomes and strategy meeting outcomes.

Partners in Richmond will take forward the recommendations and work with the wider partnership to ensure improvements are made.

5.2. **Inspecting local authority children's services (ILACS) for Croydon Place:** ILACS inspections are carried out by Ofsted and usually focus on:

- the effectiveness of local authority services and arrangements to help and protect children and enable families to stay together and get the help they need.
- the experiences and progress of children in care wherever they live, including those children who return home.
- the arrangements for permanence for children who are looked after, in stable, loving homes, including adoption.
- the experiences and progress of care leavers.

Croydon has completed its inspection process by Ofsted and there was a focus on children looked after and care leavers. As a result of this targeted focus, health partners were required to participate in the inspection process and submitted evidence as required. Physical and mental health needs of children looked after were assessed. An outcome report will be provided in ear to QPOC once the inspection report has been published.

6. Improvements update

The following are some improvements our providers have implemented in this reporting period to make services safer for patients and improve the experience of patients and SWL workforce.

Provider	Improvements made
St George's Hospital	• The Trust continues to report zero methicillin resistant staphylococcus aureus (MRSA) bacteremia for the year. • A mental health team in the emergency department is now live. Psychiatric Liaison Team (PLT) have fed back that there has been an

	improvement in information sharing. They have been able to discharge patients sooner due to support from the new team who have provided information to them regarding patient's presentation. The team have also been able to engage patients in discharge planning, by building relationships and discussing safety planning. This has been done in collaboration with PLT and is a marked quality improvement. • Incidents of violence and aggression linked to Right Care Right Person have reduced since the commencement of joint meetings with the Metropolitan Police Mental Health team and the Associate Director of Mental Health.
Kingston Hospital	• **Cardiac Investigations Unit** - A newly refurbished cardiology diagnostic centre opened to patients at Kingston Hospital in July 2024. The purpose-built unit offers a wider range of diagnostic tests including electrocardiograms (ECGs), cardiology tapes, blood pressure monitoring and event recorders, a Rapid Access Chest Pain Clinic (RACPC), cardiology pre-assessment, pacing and implantable loop recorders (ILR), and exercise tolerance testing, in one dedicated space within the hospital. This refurbishment has resulted in an improved environment for patients and for staff and supports NHS England's aim to expand Community Diagnostic Centres (CDCs), improve access to scans and tests, and reduce waiting times.
SWL St George's Mental Health Trust	• South London Mental Health and Community Partnership (SLP) Provider Collaboratives Co-production and Involvement Strategy launch**:** SLP hosted a special event to launch and discuss using the new service user/lived experience co-production and involvement strategy for the four SLP Provider Collaboratives - forensic (adult secure), CAMHS (Tier 4 - inpatients), adult eating disorders and perinatal.
Croydon Health Services	• All clinical assessments met or exceeded their respective targets in the reporting period. This includes two of the quality priorities for 2024/25; improving venous thromboembolic (VTE) assessments, and malnutrition universal screening tool (MUST) assessment/nutrition and hydration for patients. • The trust has launched a Quality Transformation programme focusing on maintaining fundamental standards of care, strengthening quality governance and oversight as well as embedding clinical quality improvement.
Central London Community Healthcare	• London South Bank University has established a new Research, Engage, Academia, Community and Technology (REACT) Innovation Centre, which is a community-based project driven by industry, academia and local community teams. Their primary focus is on delivering innovative and scalable solutions to the real challenges being faced within healthcare/tech, energy and sustainability. The Research and Development Team have initiated exploratory discussions with the lead professors at REACT who are keen to work with CLCH to identify challenges, generate ideas, develop solutions, and conduct joint projects. • The Merton Dementia Team are currently providing a new way of supporting people with dementia and their carers. At the same time as the person with dementia is receiving group CBT therapy, the carer is invited to join a workshop exploring different aspects of caring for a

	person with dementia and support and advice is provided. Feedback from attendees has been extremely positive. • Merton Health Visiting has been accredited by United Nations International Children's Emergency Fund (UNICEF) as being 'Baby Friendly' and received a gold accreditation. The team has worked with the infant feeding service as part of their continued work to support breastfeeding and parent infant relationships.

7. Recommendations

The Board is asked to:

- Note the content of the quality report and be assured that risks are being managed through the appropriate governance and escalation arrangements between providers and the ICB.
- Be assured that the exceptions highlighted within the report have been presented and discussed at the Quality Operational Management Group (QOMG), to the System Quality Council which was also held in September 2024 and at QPOC in October 2024.
- Be assured that the risk review cycles continue to identify and mitigate new and existing risks. This includes the risks in Board Assurance Framework.
- Place Quality Groups have been established and are in development and risks will be identified closer to place for providers of health and care with escalations to the ICB where appropriate.

NHS South West London
Integrated Care Board

ICB Performance Report – September 2024

Agenda item: 9e

Report by: Jonathan Bates, Chief Operating Officer

Paper type: For information

Date of meeting: Wednesday, 20 November 2024

Date published: Wednesday, 13 November 2024

Content

Purpose

The purpose of this report is to provide Board Members with oversight and assurance in relation to the overall performance and quality of services and health care provided to the population of South West London. The report highlights the current operational and strategic areas for consideration.

Executive summary

The ICB Performance Report provides an overview of performance against constitutional standards at an ICS level and, in some cases, at the Provider level. This report focuses on performance for July 2024 and August 2024 using nationally published and local data.

Key Issues for the Board to be aware of

Key areas where SWL has seen improvements in performance:

- **South West London (SWL) primary care increased GP appointments in July to meet unusually high summer demand;** July is a month that normally sees a seasonal decrease. There were 14% more appointments than at the same time last year. **Performance for GP appointments delivered within 14 days in July was reported at 93%,** above the 92% target, and has been on an upward trajectory since April.

- **That demand was reflected in A&E; despite higher than usual activity this summer, A&E 4-hour performance improved slightly in August, to 78.4%**, continuing to exceed the NHSE

target of 78% by the end of March 2025. Performance ranged from 80.5% at St George's to 76.5% at Croydon Hospital, pushed up by a strong non-admitted non-elective performance.

- **Improving Access to Psychological Therapies Access (IAPT)** performance across quarter 1 in 2024/25 was marginally below trajectory, however a compliant position was achieved in July.

Key issues for the Board to be aware of:

- **SWL continues to have the fewest long waiting elective patients in London, however, the ICB has seen increases** in the following cohorts:
  - 289 patients waiting over 65 weeks against a trajectory of 11 in July.
  - 39 patients waiting over 78 weeks against a zero target.

  The ICB and APC are working closely with providers to meet the revised trajectory of 166 patients waiting over 65 weeks at the end of September 2024, mainly through increased capacity and improved productivity. Provisional September data indicates that SWL is very close to their plan.

- **12-hour A&E breaches in July saw a reduction of 100 from the previous month yet remain the highest in London and now the second highest nationally.** Continuous flow and integrated care programmes continue to target improved inpatient flow and discharge, focusing on hospital discharge processes, improved coordination with system partners around complex discharges, and use of virtual wards for expedited discharge as well as admission avoidance.

- **Severe Mental Illness Physical Health Checks** performance reduced from 74% in quarter 4 of 2023/24, to 61% in quarter 1 of 2024/25, a reduction that was anticipated due to a national change in the data source. Nevertheless, this is still above the 60% trajectory and is the second highest performance of London ICBs.

Recommendation

The Board is asked to:

- Note the contents of this report

Governance and Supporting Documentation

Conflicts of interest
No specific conflicts of interest are raised in respect of this paper.

Corporate objectives
This document will impact on the following Board objectives:

- Meeting performance objectives across the SWL ICS
- Improving outcomes in population, health and healthcare

Risks
Poor performance against constitutional standards is a risk to the delivery of timely patient care.

This document links to the following Board risks:

- RSK-001 Delivering access to care (NHS Constitution Standards)
- RSK-037 Urgent and Emergency Care.

Mitigations
Action plans are in place within each Programme workstream to mitigate poor performance and achieve compliance with the constitutional standards, which will support overall patient care improvement.

Actions taken to reduce any risks identified:

- For long waiting patients: Increased capacity, focus on productivity by APC-led elective care programmes, mutual aid, transformation led by clinical networks.
- For 12-hour A&E breaches: Continuous flow programmes within each of the Trusts and continuation of Winter focus and bed capacity, further processes by South West London and St Georges for mental health patients to reduce Delayed Transfers of Care and prevent admissions.
- For Severe Mental Illness Physical Health Checks: NHSE region have advised due to the change in data source, 2024/25 data should not be compared to previous year. Local SMI Steering Groups continue to look for opportunities to improve against this national priority.

Financial/resource implications
Compliance with constitutional standards, will have financial and resource implications

Green/Sustainability Implications
N/A

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
N/A

Patient and public engagement and communication
N/A

Previous committees/groups

Committee name	Date	Outcome
SMT	24 October 2024	Noted

Final date for approval
N/A

Supporting documents
ICB Performance Report – September 2024

Lead director
Jonathan Bates

Author
Suzanne Bates

South West London Integrated Board Report

September 2024

DATE REFRESHED : 20-09-2024

SRO: Jonathan Bates

NHS South West London

Commentary on Data

NHS South West London
Integrated Care Board

- The South West London Integrated Board report presents the latest published and unpublished data assessing delivery against the NHS Constitutional standards and locally agreed on metrics. These metrics relate to acute, mental health, community and primary care services and other significant borough/Place level indicators.
- Data is sourced through official national publications via NHS England, NHS Digital and local providers. Some data is validated data published one month or more in arrears. However, much of the data is unvalidated (and more timely) but may be incomplete or subject to change post-validation. Therefore, the data presented in this report may differ from data in other reports for the same indicator (dependent on when the data was collected).
- The report contains current operating plan trajectories.
- This is the current iteration of the Integrated Care Board Performance Report and the number of indicators will continue to be reviewed and refined as work progresses to develop reporting within the Integrated Care Board (ICB).
- Data Quality Issues:
    - From April, the Out of Area Placements Mental Health measure changed nationally to count the number patients rather than bed days, the data from April has not been published. The data will be updated when nationally available.
    - The latest national data publication for Childhood Immunisations has been delayed until September.
    - Data on 45-minute handovers is from London Ambulance Service and has not been validated by South West London Trusts.

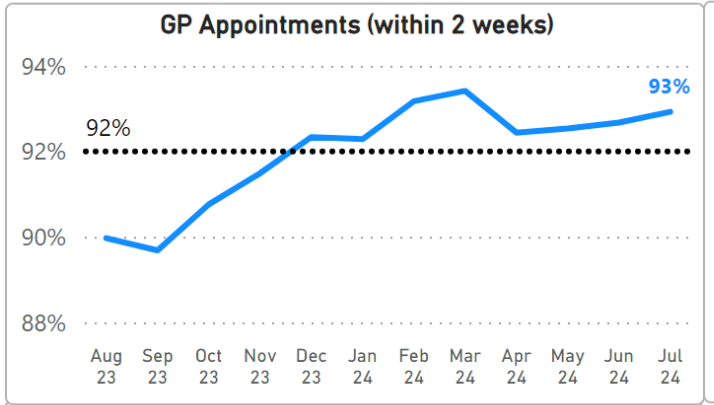
Key Findings

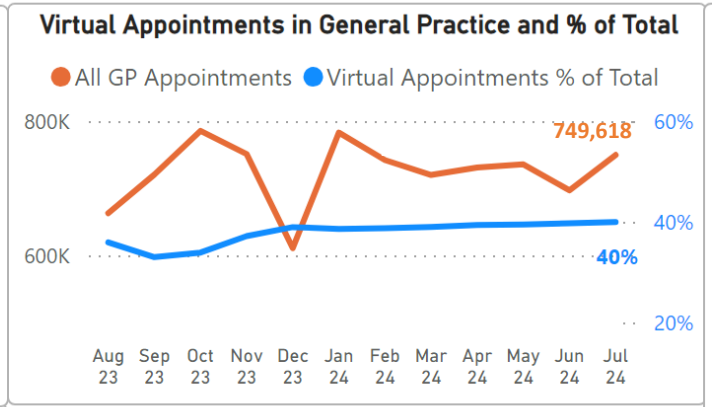
NHS South West London
Integrated Care Board

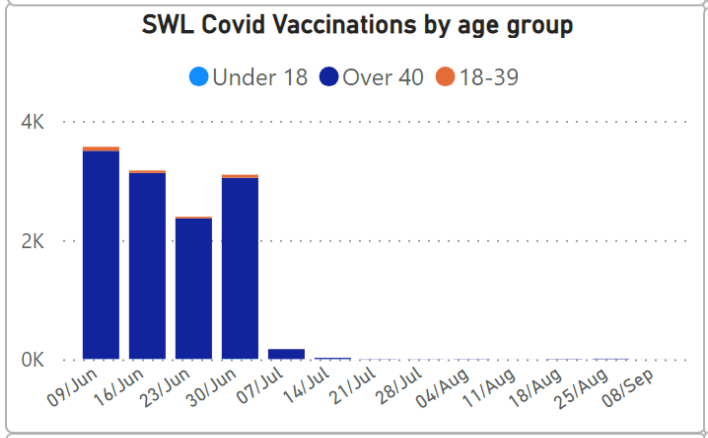
- **South West London (SWL) primary care increased their GP appointments in July to meet unusually high summer demand;** July is a month that normally sees a seasonal decrease. There were 14% more appointments than at the same time last year. Performance for GP appointments delivered within 14 days in July was reported at 93%, above the 92% target and on an upward trajectory since April.
- **Similarly, urgent and emergency care continued to see the unusually high A&E attendances** sustained over spring and summer, reflecting London and national trends. The reason for this is not yet fully understood; a surge in respiratory infections in the spring is thought to be among the drivers of this increase. Although August attendances decreased, they were 11% higher than at the same time last year. Performance increased to 78.4%, ranging from 80.5% at St George's to 76.5% at Croydon Hospital, pushed up by a strong non-admitted non-elective performance. The volume of 111 calls decreased in August, and there was a corresponding decrease in the percentage of abandoned 111 calls to 2.6%.
- **Emergency care pressures are on the admitted non-elective pathway, due to inpatient flow; 1,969 patients waited over 12 hours from 'decision to admit' to admission in August.** Although this is a decrease of 100 on last month, this was the highest number of 12-hour breaches of the London ICSs and the second highest nationally. To reduce the time to treatment and discharge, the system is focusing on its Continuous Flow programmes and the utilisation of virtual wards. All Same Day Emergency Care (SDEC) services in SWL are now receiving patients directly from the London Ambulance Service (LAS) under the Trusted Assessor model. Virtual wards had an occupancy of 70% towards the end of August. The system has invested in a range of initiatives to reduce front end pressures, including frailty at the front door and additional therapy and pharmacy services.
- **Unvalidated figures show that in August, there were 116 x 12-hour breaches in emergency departments for patients awaiting a mental health bed**, a decrease of 22 since July. Actions to support improvement include additional hostel beds and private sector beds, bed prioritisation scoring and focussed flow improvement work to address coordination within mental health providers and across partner organisations.
- **SWL ICS continues to be a positive outlier for cancer performance.** On the 28-Day faster diagnostic standard, performance was 83.4%, above the 77% standard and the highest in London. Performance against the 62-day aggregated performance standard was 78.5% against a standard of 85%, the highest in London. Referrals continue to far exceed 2019/20 levels.
- **SWL also continues to be a positive national outlier for planned care performance and long waits.** However, the volume of 52-week waits have increased over summer due to industrial action in June, the usual seasonal impact of summer holidays and patient choice, and unusually high non-elective demand (non-elective patients utilising shared resources such as beds, diagnostics etc). 21% of 52-week waits are Gynaecology patients, mainly at Epsom and Croydon; the two Trusts have increased capacity, and the longer-term trend has been a reduction of this patient cohort. Fortnightly NHS England regional meetings have been established with SWL ICB to closely track the reduction of 65-week waiters by the end of October. Provisional September data indicates that SWL is very close to its planned trajectory for 65-week waits.
- **In Quarter 1, 61% of Severe Mental Illness patients received all six annual health checks, exceeding the trajectory of 60%.** However, this represented a 12.8 percentage-point drop on Q4 due to a change in the national data source. London region encouraged ICBs to submit local trajectories below the 75% national target in the expectation of this change. Operationally, work in Primary Care continues to proactively contact patients for their annual health checks.
- **In Quarter 4, SWL continued to surpass London for childhood immunisation uptake**, with an outcome of 89% for the 12-month cohort of children. The highest uptake continues to be in Kingston and Sutton, averaging 91%. The MMR (Measles, Mumps and Rubella) MECC Service (making every contact count) went live from 5th August with 107 operational pharmacies across SWL and has seen 390 interventions in the first week. The MMR London Enhanced service project is on track and site assurance visits are taking place.

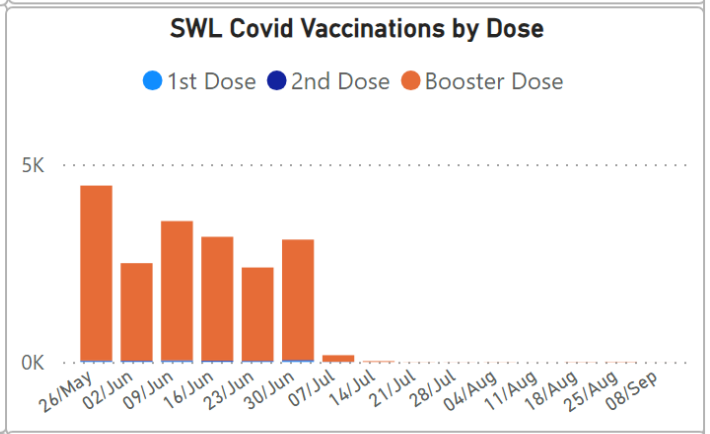
Domain: Primary Care

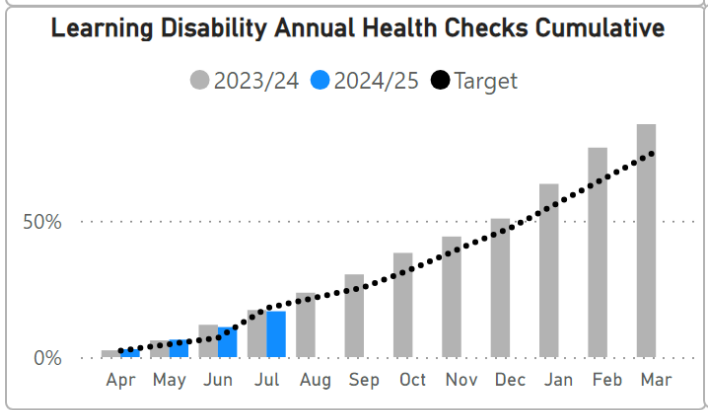
NHS South West London
Integrated Care Board

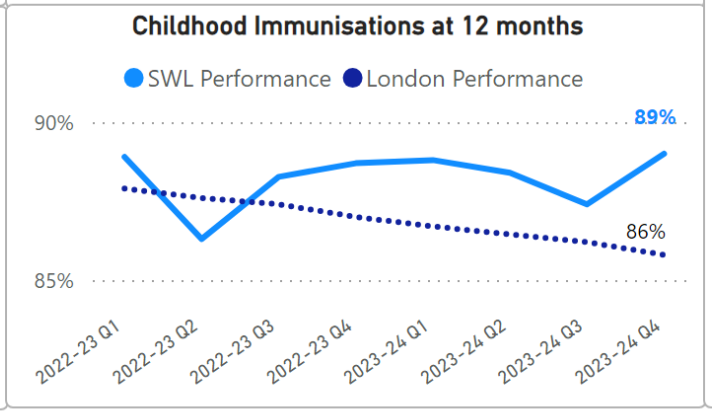












GP Appointments
In July last year, the number of appointments decreased from around 700,000 in June to 658,251; this July, they increased from around the same June value to 749,618 in response to this year's increased demand. Of these appointments: 58% were face-to-face consultations, 46% were delivered the same day and 93% were delivered within 14 days (including same day).

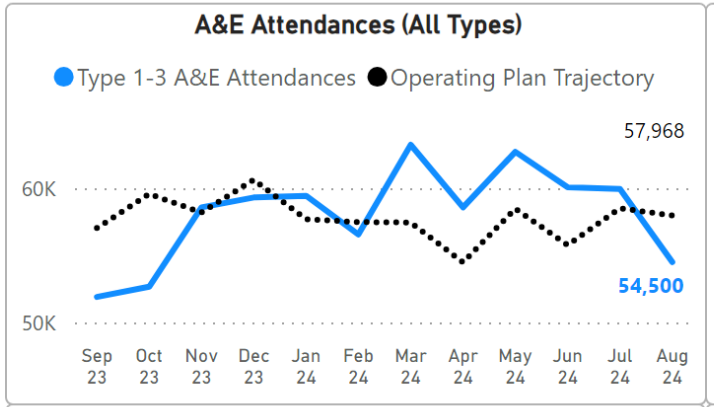
COVID Vaccinations
Preparations for Autumn have been completed, eligible cohorts are adults aged 65 years and over, older adult residents in a care home and persons aged 6 months to 64 years in a clinical risk group. An offer will also be made to frontline staff. The eligible cohort for Autumn totals 450,000 patients with a forecasted uptake of 41%. There are 157 sites approved to administer the vaccine; 120 community pharmacies and 24 Primary Care Network groupings. South West London will receive initial stock provision in excess of 77,000 doses.

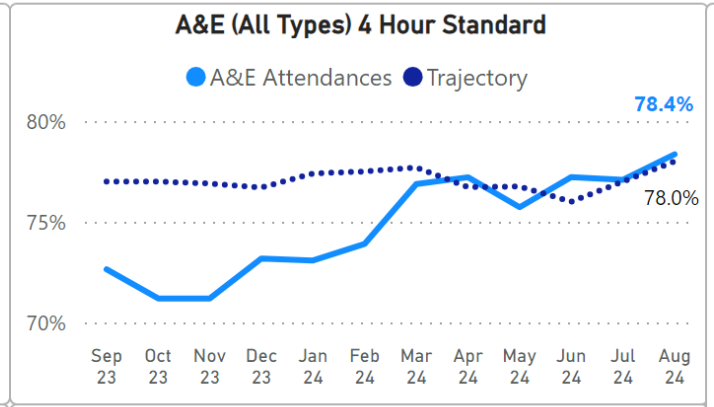
Learning Disability Annual Health Checks (AHCs)
Progress against plan is just below target with 16.8% Annual Health Checks delivered in July against target of 18%. Historically, engagement with Primary Care, supported by GP clinical leads, has been good. The end of year target remains achievable.

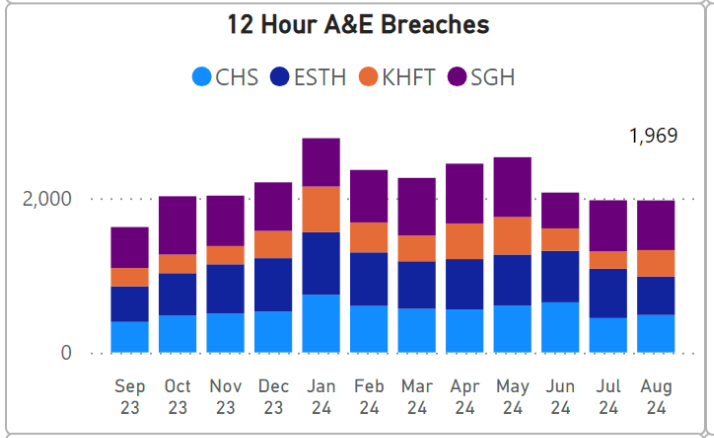
Childhood Immunisations
The Q4 12-month immunisation uptake has improved since the previous quarter with SWL continuing to surpass London, averaging 89%. Highest uptake continues to be in Kingston and Sutton averaging 91%. Coverage at 24 months averages 84%. There will be 2 services delivering measles, mumps and rubella (MMR) vaccinations within Community Pharmacies. Firstly, MMR London Enhanced service (13 pharmacies in SWL to deliver MMR vaccinations) and secondly, MMR MECC Service (making every contact count, 100+ pharmacies) to have dedicated conversations with parents. Site assurance visits are taking place to ensure that sites are ready to deliver the service.

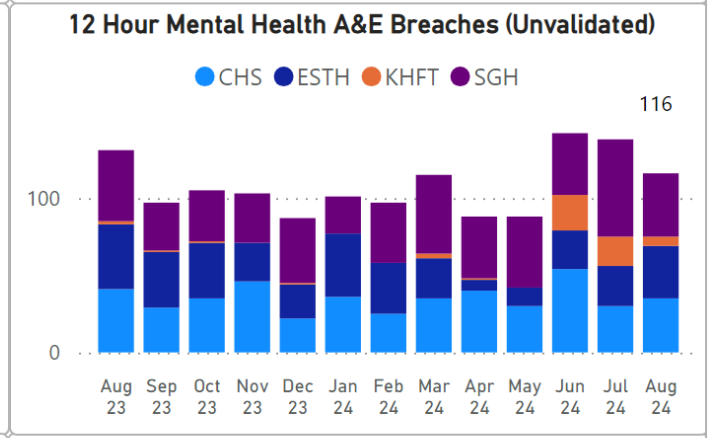
Domain: Urgent and Emergency Care

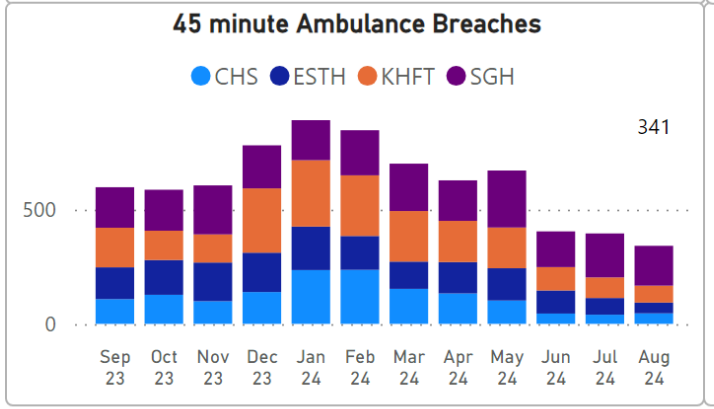
NHS South West London
Integrated Care Board

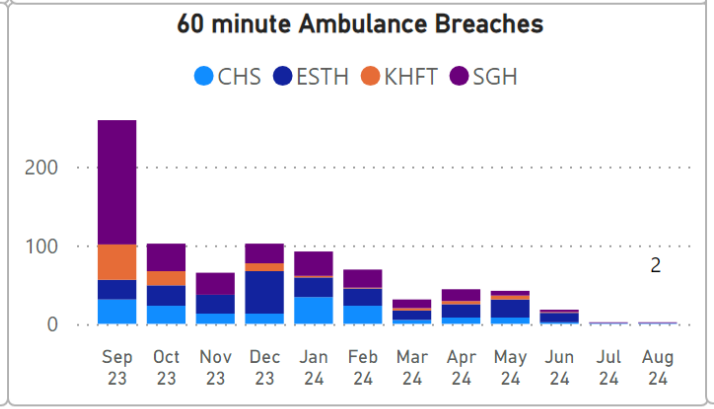












Accident & Emergency (A&E) Attendances and performance

In August, A&E attendances were 11% higher than at the same time last year. Unlike previous years, the high volumes of attendances in Winter did not reduce in Spring but were maintained and even increased during Spring-Summer. The 4-hour wait improved to 78.4%, slightly above the plan. South West London's priority is to appropriately reduce non-elective length of stay to free up capacity that will be used to reduce the waiting time in A&E, improving the flow of patients through the hospital. The Winter Plan has been agreed across key stakeholders. Operational measures have been defined that will help the system maintain standards of care during peak winter challenges.

12 Hour breaches

The number of physical breaches remained high in August; 41% higher than at the same time last year, though there was a decrease in mental health (MH) breaches. SWL continues to focus on improving the MH crisis pathway for patients, reducing the need to attend A&E and improving access to more appropriate MH services. This is being achieved through pathway changes such as:

- The London Section 136 hub, where staff can review service user history, crisis plans and ensure individuals are directed to a suitable place of safety, including;
- Step-down hostel capacity – a staff-supported 24 hr community environment
- Additionally, the 111 MH pathway which helps patients to access mental health professionals earlier, access local crisis resolution and home treatment teams for an urgent assessment.

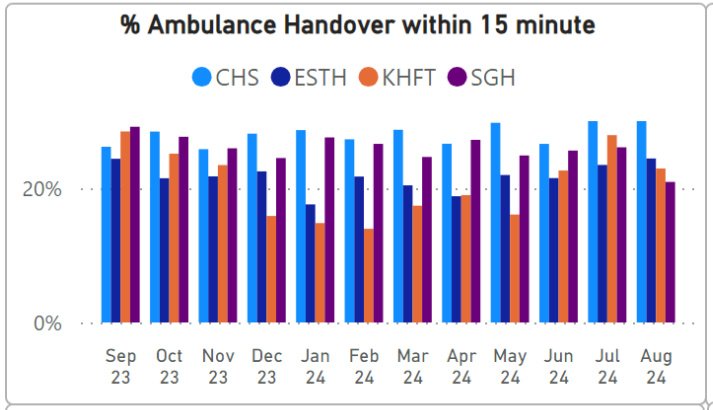
SWL continues to improve how we communicate across different partners so that care is coordinated quickly and clearly.

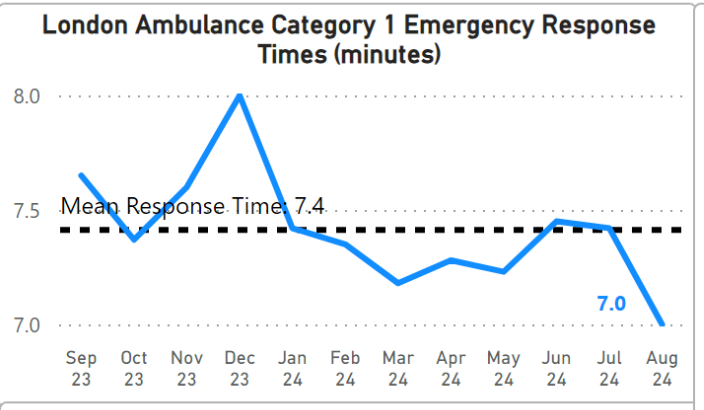
Ambulance handovers

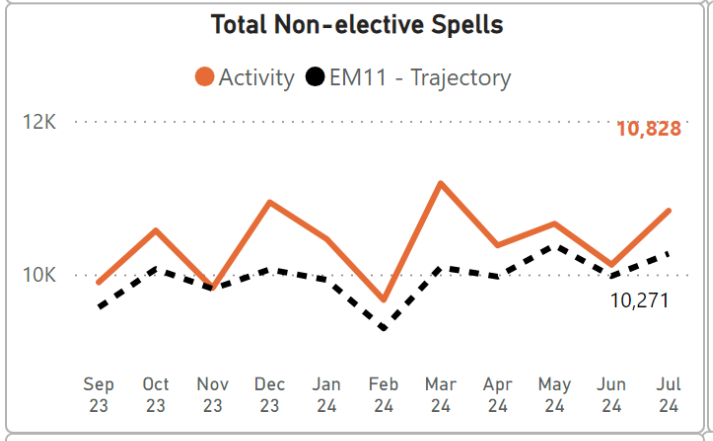
45-minute breaches reduced in August to the lowest levels since the 45-minute protocol was launched 11 months ago, and there were only two 60-minute breaches after a consistent decrease from 600+ over the past two years. All providers continue to support the 45-minute handover, noting the challenges this presents to acute trusts, often requiring additional nursing and bed space to support cohorting. Most local systems have allocated part of their Winter funds to support this additional resource requirement. SWL now has all its Same Day Emergency Care services receiving patients directly from the London Ambulance Service (LAS) under the Trusted Assessor model. This helps reduce handover delays.

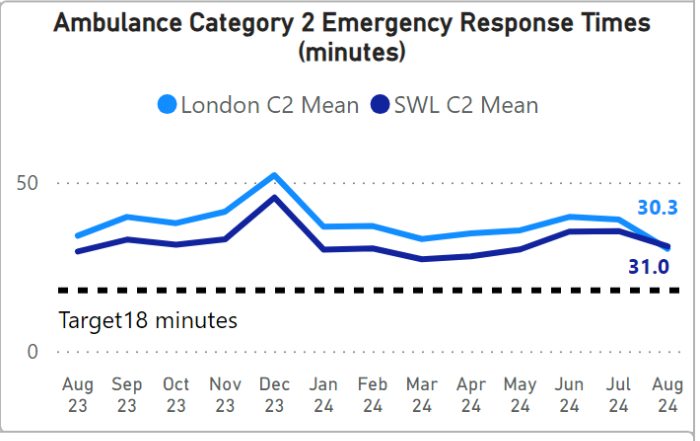
Domain: Urgent and Emergency Care

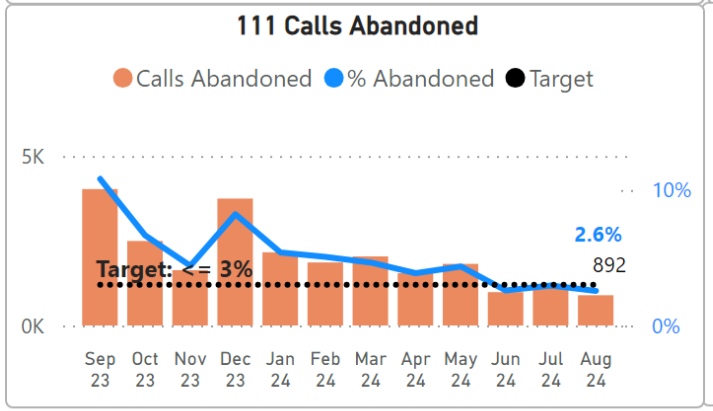
NHS South West London
Integrated Care Board

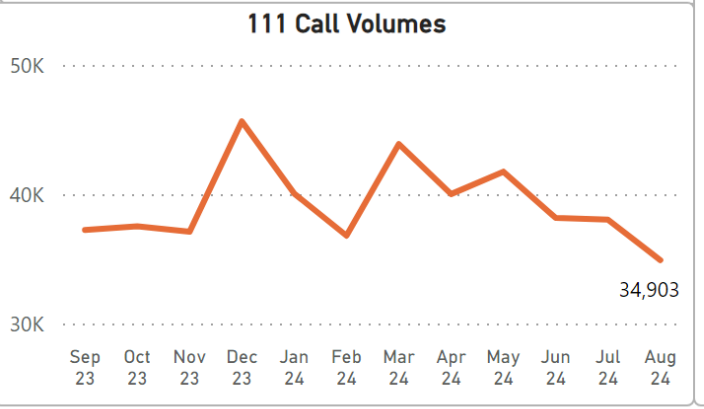












Ambulance Response Times
Mean response times for Category 1 at London level decreased to 7 minutes. South West London's (SWL) performance was 7 minutes 10 seconds, faster than at any time in the last two years.

The mean Category 2 response for London reduced in August to 30.3 minutes. SWL performance also reduced to 31.0 minutes, however, this remains just above the Urgent Emergency Care Recovery Plan target of 30 minutes. The system is committed to reducing waits for all patients and getting crews back on the road via the 45-minute Ambulance Handover protocol amongst other work to reduce delays.

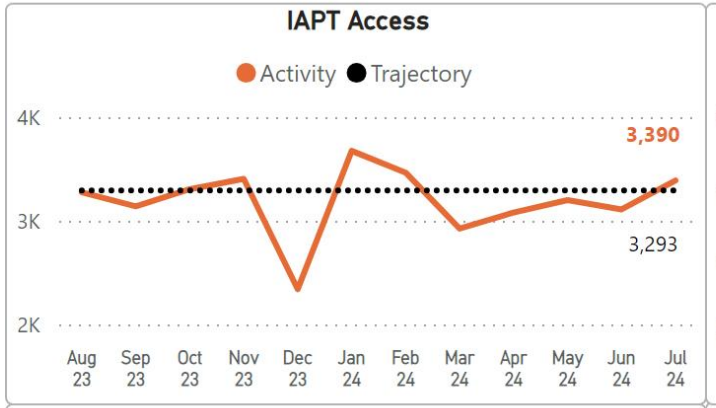
Non-elective spells
The number of non-elective spells increased in July consistent with forecast demand yet higher than expected. This is one of the metrics monitored for delivery of the national priority to reduce length-of-stay.

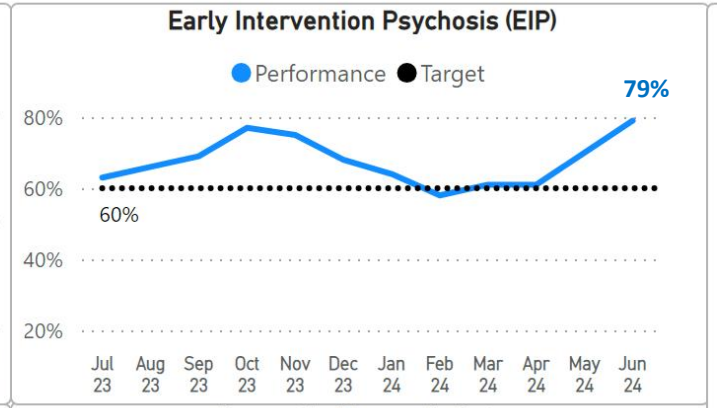
111 Calls
Call volumes decreased from 38,032 in July to 34,903 in August. Abandoned calls improved to 2.6%, maintaining the target of within 3.0%. The average time to answer was 68 seconds in August, which has increased from previous months (July was 65). This could be linked to workforce as the fill rate was lower in August due to more staff taking annual leave.

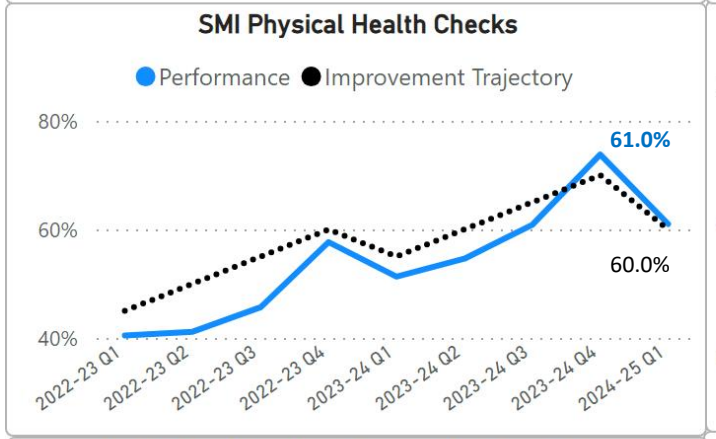
Despite this small increase in call answering times, PPG has made good progress in the last few months with more alignment to the contract in terms of rota fill, and a continued focus on call-handling times and adherence to schedule. LAS has been focusing on productivity management and oversight, greater performance, and additional coaching and support for the teams to work on bringing their KPIs in line with target levels.

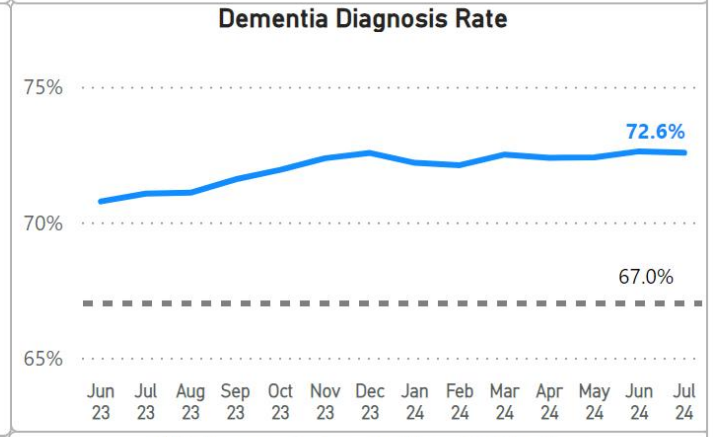
Domain: Mental Health Services

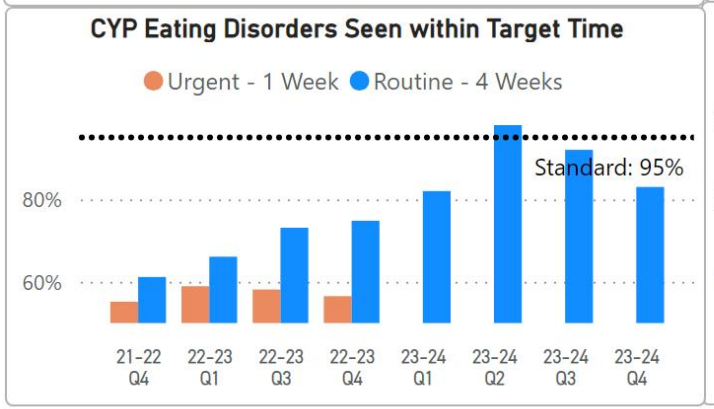
NHS South West London
Integrated Care Board

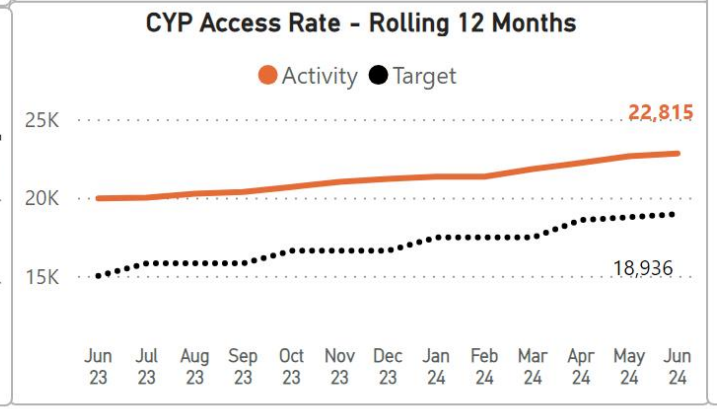












Improving Access to Psychological Therapies Access (IAPT)
Performance across quarter one was marginally below plan and has been on an upward trajectory with a compliant position reported in July. Text messaging has been used to promote IAPT services, and providers are seeking to make full use of all assessment capacity.

Early Intervention in Psychosis
Performance was above target in June and July (provisionally 85%). Recruitment is ongoing, which will ensure delivery and South West London & St George's (SWLSTG) continue to look for opportunities to optimise referral process and digital solutions.

SMI Physical Health Checks
In Quarter 1, 61% of Severe Mental Illness patients received all six annual health checks, exceeding the trajectory of 60%. However, this represented a 12.8 percentage-point drop on Q4 due to a change in the national data source; a similar impact was seen in other ICBs. London region encouraged ICBs to submit local trajectories below the 75% national target in the expectation of this change. Operationally, work continues in primary care to proactively contact patients to attend their annual health checks.

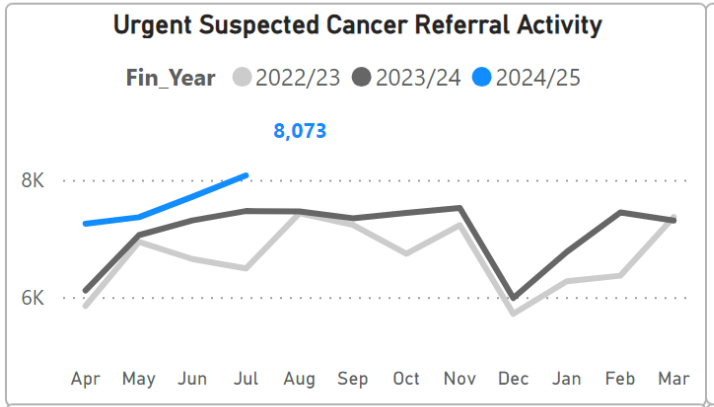
Dementia Diagnosis rate
SWL continues to maintain good performance levels (72.6%) exceeding both the national target of 66.7% and the London ambition of 70%.

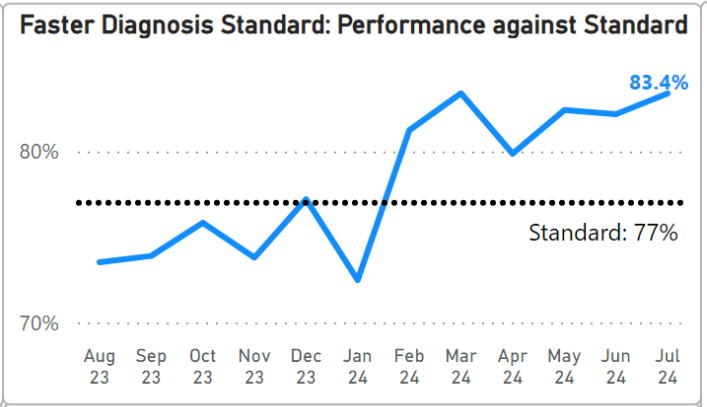
Children and Young People's Eating disorders
Performance for quarter 3 and 4 dropped below the 95% target. The reduction in performance is related to increased referrals and reduced staffing. Recruitment is underway to address the capacity issue.

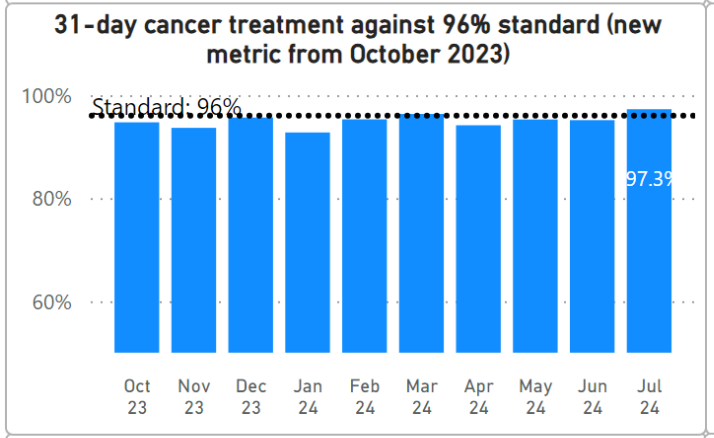
Children and Young People's Access rate
Performance levels have consistently improved month on month at a steady rate.

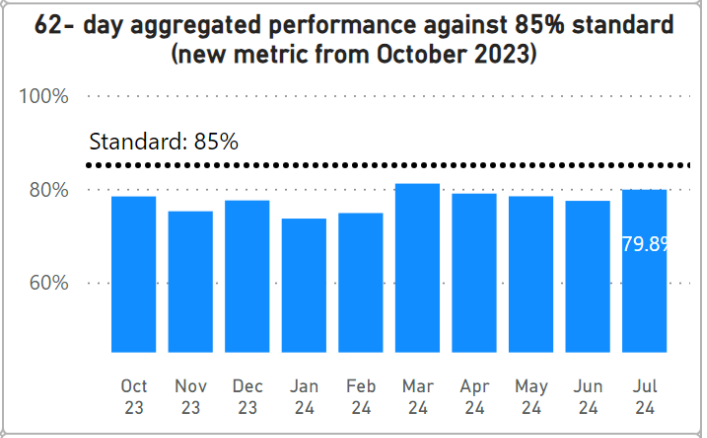
Domain: Cancer

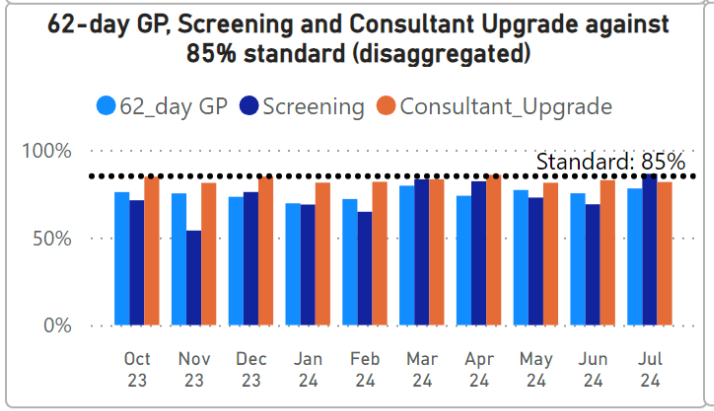
NHS South West London
Integrated Care Board

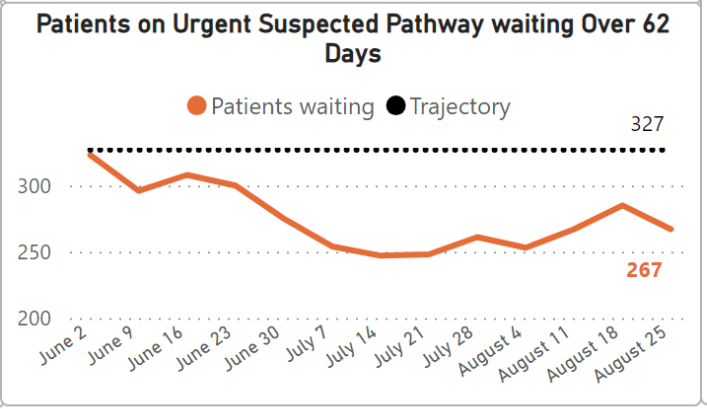












Urgent Suspected Cancer Referral Activity
Referral activity continues to exceed 2019/20 as well as 2023/24 levels and is following seasonal trends. Although no longer a constitutional standard from October 2023, South West London ICB achieved 79.9% in July for patients seen within 2 weeks on an urgent suspected cancer pathway.

Faster Diagnosis Standard
Faster diagnosis was met across each Trust with the overall SWL position being at one of its highest levels since the standard was introduced; it is also the second highest ICS performance nationally. Significant work and investment has supported the improvement over the past year through best practice pathways rollout in Urology, GI (gastrointestinal), Lung and Breast. The focus this year is on tele-dermatology, Gynaecology and Head and Neck. There remains a risk to delivery due to ongoing challenges with Breast at St George's, but this is being managed through a recovery plan with the Trust.

31-day cancer treatment standard
The standard was met for only the second time over the past year with July having much improved performance in both Breast and Urology pathways.

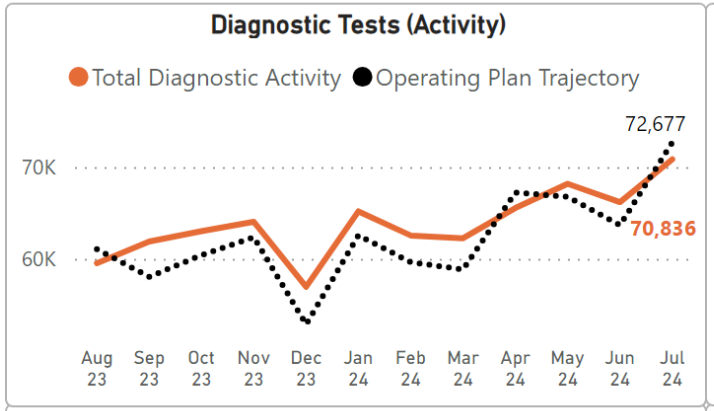
62-day aggregated standard
Whilst the ICB is one of the highest performing nationally, the sector is still below the 85% target. Particular challenges across all Trusts in Head and Neck, Gynaecology and GI. Royal Marsden Partners are undertaking audits and are planning improvements to Inter Trust Referral pathways in these three tumour sites.

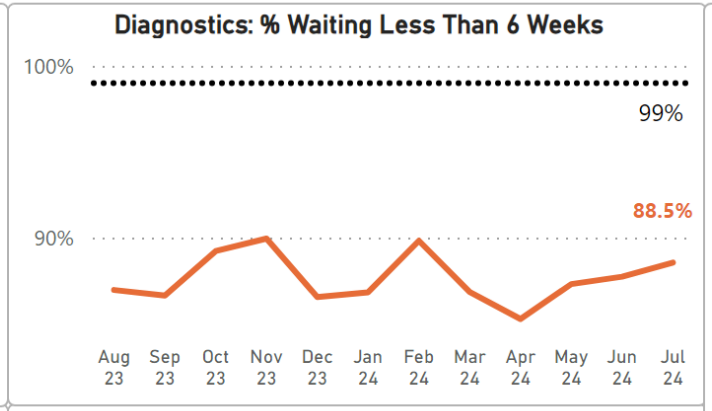
62-day GP, Screening and Consultant Upgrade against (disaggregated)
As above. Breast screening performance had much improved in July contributing to an overall improved position.

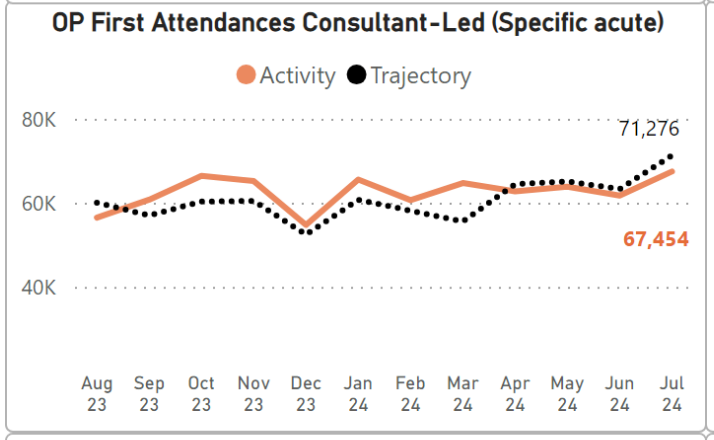
Patients on an Urgent Suspected Pathway waiting over 62 days
The number of patients waiting over 62 days continues to be well below expectation (not a monitored target in 2024/25).

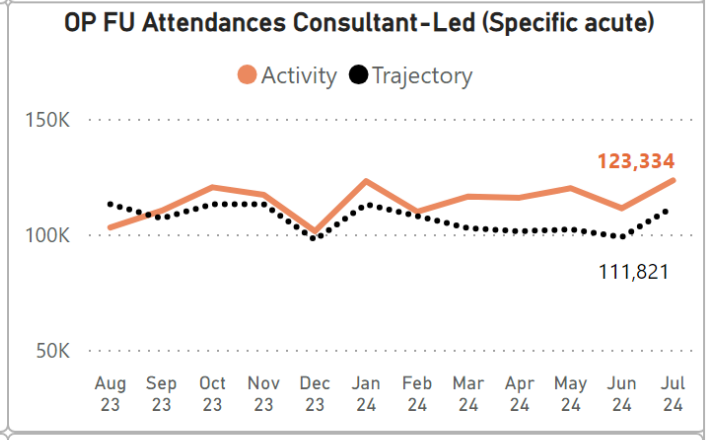
Domain: Outpatients and Diagnostics

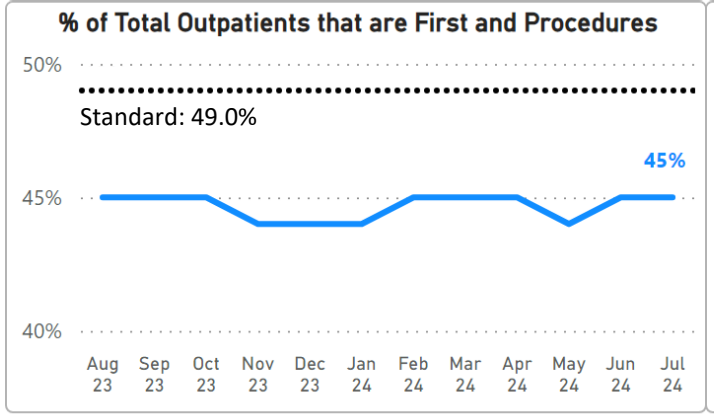
NHS South West London
Integrated Care Board

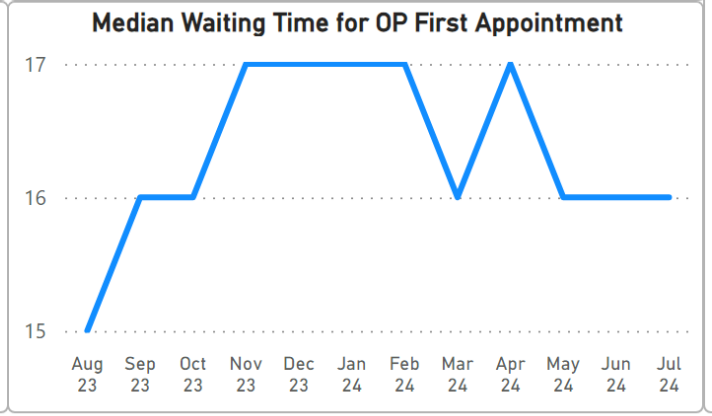












Diagnostic Activity (9 tests)
Whilst July saw activity below plan, year-to-date (YTD) activity has exceeded plan at 129%, even with audiology being 42% below plan. Action plans to increase audiology capacity are in place and being monitored by the transformation programme and the ICB.

% waiting less than 6 weeks (All tests)
South West London (SWL) achieved 89% in July, evidencing continuous improvement since April. Specific trusts and modalities continue to experience challenges. Kingston Hospital and Croydon Hospital have non-obstetric ultrasound (NOUS) backlogs. Kingston has a plan to recover by October 2024. Croydon also has backlogs in Gastroscopies and Colonoscopies, with recovery plans in place.

Consultant-led first outpatient attendances (Specific Acute)
Outpatients First Appointment performance was under plan by 8% in-month. Croydon and Royal Marsden are the only providers reporting activity levels over the plan in July.

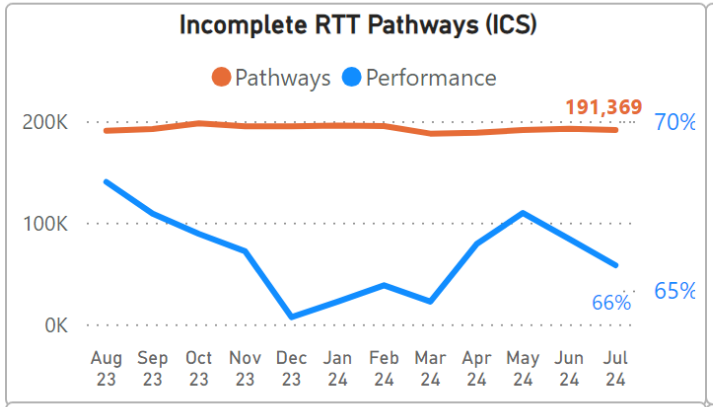
% of outpatients as firsts and procedures
The percentage of outpatient attendances as a first or procedure was 45% against national target of 49%. Under-performance was mainly driven by Royal Marsden (10% performance) due to the nature of cancer pathways, which require a sequence of follow ups.

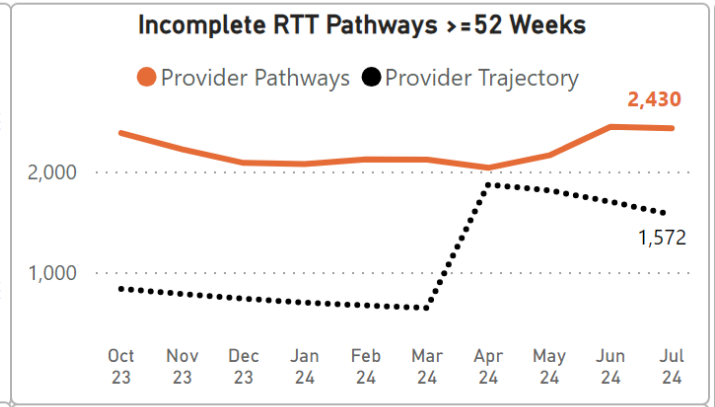
Median waiting time for outpatient (OP) first appointments

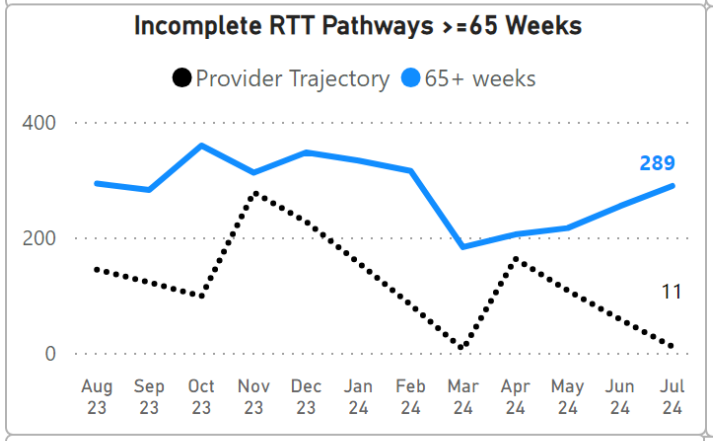
The median waiting time for high volume low complexity (HVLC) specialties is currently at 16 weeks. HVLC represents a significant proportion of acute elective demand, and includes ophthalmology, general surgery, trauma and orthopaedics, gynaecology, ear-nose-throat (ENT), urology and dermatology. The OP Transformation Programme oversees key improvements, including repurposing follow-up slots for first appointments, reducing 'did not attend' (DNA) rates and increasing patient-initiated follow-up (PIFU). SWL's non-admitted waiting list grew by 3.1% in the past year compared with 8% across London.

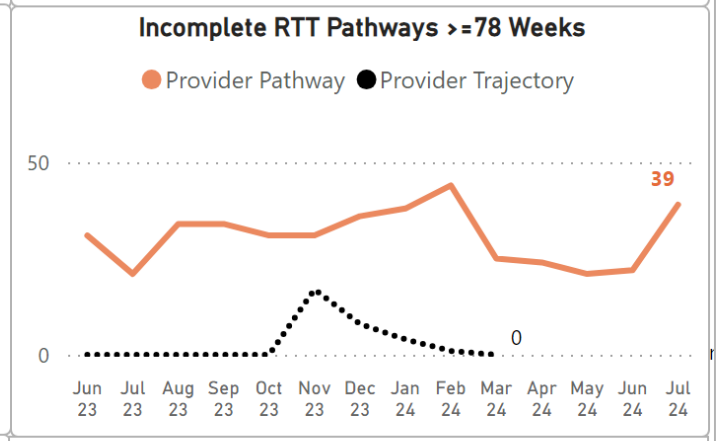
Domain: Planned Care

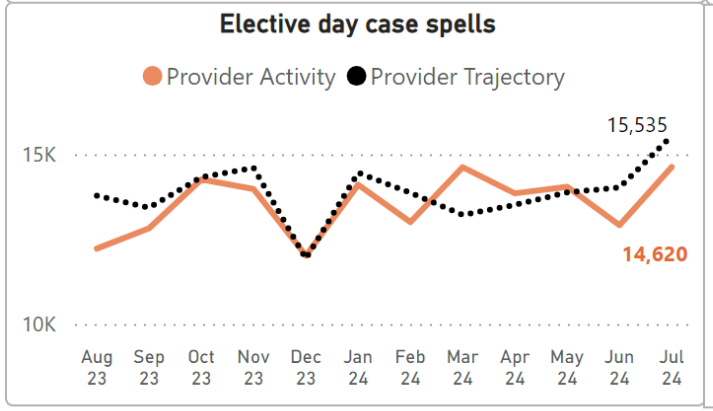
NHS South West London
Integrated Care Board

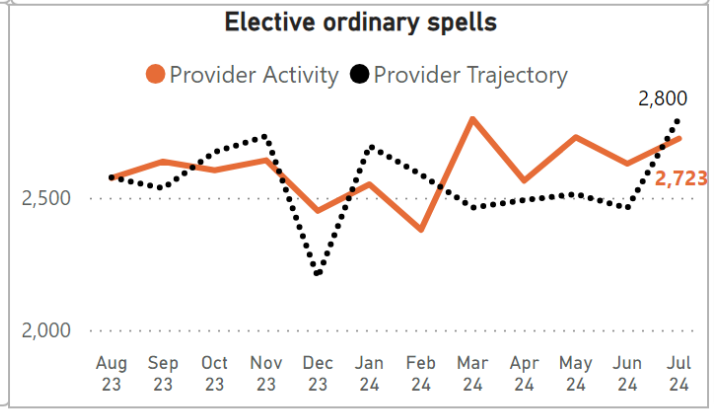












Incomplete waiting list pathways
In July, South West London (SWL) had 191,369 patients on an incomplete pathway awaiting treatment at hospital, within or outside of the local geography. Of these, 66% were waiting less than 18 weeks. The number of people registered to a SWL general practice and on a hospital waiting list grew by 2.7% over the past year, compared to the London average of 6.8%.

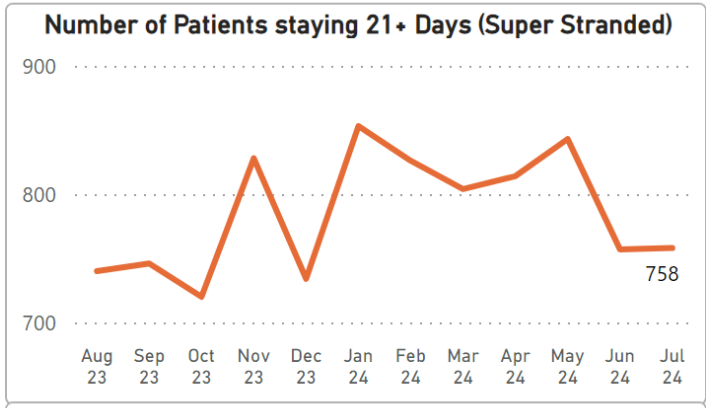
Long waiters – patients waiting over 52 weeks for treatment
SWL continues to have the fewest patients waiting over 52 weeks compared to other London systems, with 2,430 for July. However, this number has grown over summer due to high A&E admissions (non-elective patients utilising shared resources such as beds, diagnostics etc), industrial action in June and the usual seasonal impact of summer holidays and patient choice. Gynaecology has the greatest number of patients waiting over 52 weeks (515). Mitigations include increased capacity at Croydon and Epsom & St Helier.

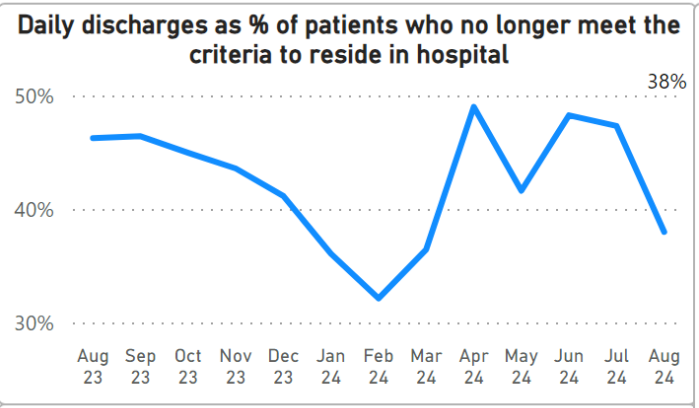
Long waiters – patients waiting over 65 weeks for treatment
There were 289 patients waiting over 65 weeks at SWL providers for treatment at the end of July against a trajectory of 11. Epsom and St Helier have the highest number (187) with most (114) in gynaecology. The NHS England national team is closely monitoring the clearance of patients waiting over 65 weeks by the end of September.

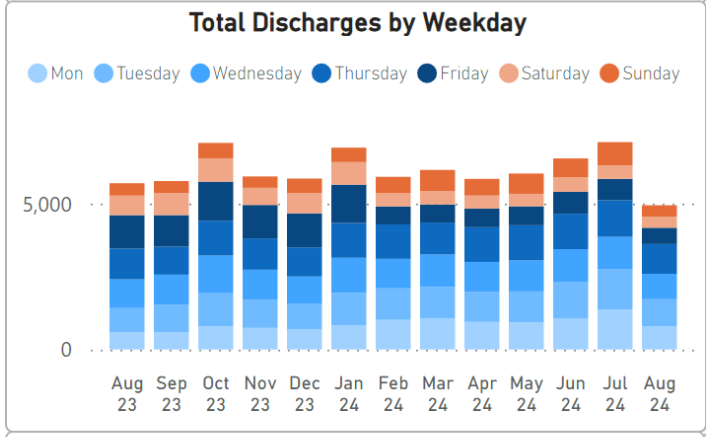
Elective day case spells & Elective ordinary spells
Day cases have an under-performance both in-month and year to date (YTD) by 6% and 3% respectively. For Ordinary Electives, under-performance is 3% against in-month plan but remains over the YTD plan by 4%. Under-performance levels across elective care is being impacted by reduced theatre capacity due to an unplanned estates issues at Epsom & St Helier along with industrial action at the end of June. The percentage split between day case and ordinary elective activity continues to remain marginally off the recommended 85%, a trend seen throughout 2023/24 (84%-day case and 16% elective). This is in part due to the number of long waiters, who tend to have a higher level of complexity than the routine patients treated quickly.

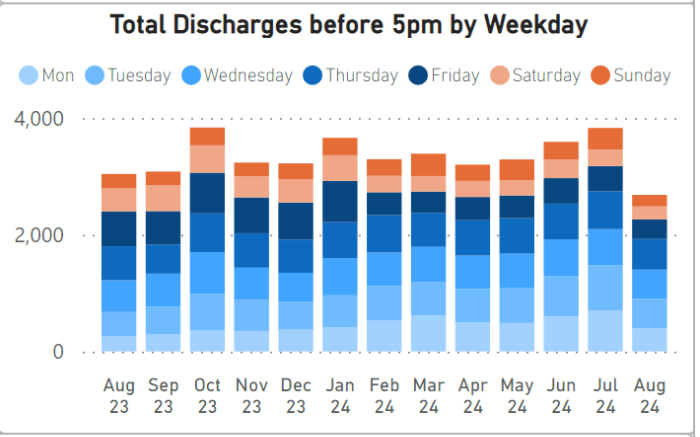
Domain: Integrated Care

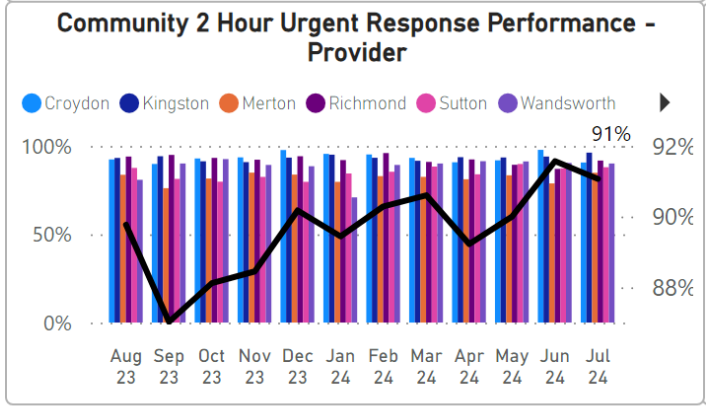
NHS South West London
Integrated Care Board

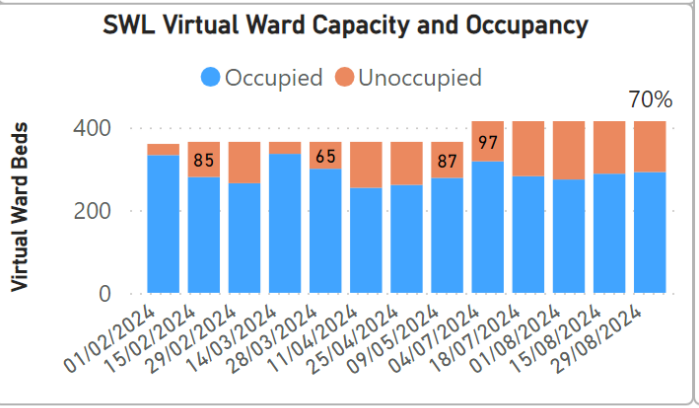












Patients with a length of stay over 21 days
The number of patients in acute inpatient beds over 21 days remains high, likely due to the increased volume and acuity of non-elective admissions this year. Data deep dives will be taking place to better understand barriers to timely discharge. The proportion of patients discharged who no longer met the criteria to reside (CTR) was 38% in July, a reduction of 9% since June. The programme are leading improvements in data quality across South West London (SWL), a priority within this work area.

Total discharges by weekday and before 5.00pm
All providers have improvement plans to increase hospital discharges before 5pm each day. These plans include optimal use of care transfer hubs, discharge lounges, partnership working, and ensuring that discharge teams include social worker availability at the weekend. Increased data quality and metrics are supporting additional interventions to support this work. Increasing discharges before 5pm is a key enabler to meeting the ambition of reducing hospital length of stay by 1.5 days.

2 Hour Urgent Community Response (UCR)
SWL's performance against national targets remains high, with 91% of all UCR referrals seen within 2 hours against the 70% target. Priorities include increasing referrals from Integrated Urgent Care services (London Ambulance Service, NHS111), and working closely with other services, including Virtual Wards, Same Day Emergency Care (SDEC) and others. Winter initiatives will include additional triage training for staff and extend opening hours.

Virtual Wards (VW)
Occupancy performance in August was 70% of beds occupied, a total of 290 patients and in line with expected seasonal reduction. Respiratory, frailty and heart failure patients are referred to virtual wards, with some local variation to additional pathways, with a step-up and step-down functionality.

NHS South West London
Integrated Care Board

Audit and Risk Committee Update

Agenda item: 09f

Report by: Martin Spencer, Non-Executive Member Chair, SWL ICB

Paper type: For information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

To provide the Board with updates from the Audit and Risk Committee

Executive summary

The updates reflect the discussion, agreement and actions at the meeting and are brought to the Board to provide an update on the progress and work of the Committee.

Key Issues for the Board to be aware of

Audit and Risk Committee

The Committee met on 23 October 2024. The meeting was not quorate and, therefore, no decisions were made. Following consideration and discussion of key items at the meeting, the updates below are highlighted.

1. Cyber Security Risk

The Committee received an update on the ICB's management of Cyber risks and noted the initiatives launched to reduce Cyber risks and collaboration with providers to co-ordinate Cyber activities to mitigate risk.

2. Risk Management Framework
The Committee reviewed the SWL Risk Management Framework, noting that the management of risk was now also reviewed at Place level, enabling shared learning and identification of collective system risks.

3. Board Assurance Framework and Corporate Risk Register
The Committee received and discussed the Board Assurance Framework and Corporate Risk Register.

4. Update on New Ledger for ICB
The Committee noted the progress on the implementation of the new ledger system – Integrated Single Financial Environment (ISFE2).

5. Internal Audit Progress Report
The Committee received a progress update on the Internal Audit work for SWL ICB.

6. External Audit Progress and Sector Update Report
The Committee received an update on the progress on: the external audit work for SWL ICB for the financial year 2024/25; the work planned, key deliverables and timelines; and sector updates.

7. Local Counter Fraud Specialist (LCFS) Report
The Committee received an update on progress since the last meeting, together with three benchmarking reports for information.

8. Single Tender Waiver (STW) report
The Committee received a report on Single Tender Waivers that had been approved since the last meeting.

9. Procurement Act Update
The Committee received the Procurement Act 2024 legislation which replaces and consolidates the four existing public procurement regulations and noted this had been delayed and is now due to come into effect late February 2025.

10. Freedom to Speak Up Update
The Committee received a verbal update

Recommendation

The Board is asked to:

- Note the key points discussed at the Committee meeting.

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
Not Applicable

Corporate objectives
This document will support overall delivery of the ICB's objectives.

Risks
Not Applicable

Mitigations
Not Applicable

Financial/resource implications
Noted within the committee updates and approvals in line with the ICB governance framework where appropriate.

Green/Sustainability Implications
Not Applicable

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not Applicable

Patient and public engagement and communication
Not Applicable

Previous committees/groups

Committee name	Date	Outcome
Not Applicable		

Final date for approval
Not Applicable

Supporting documents
Not Applicable

Lead director
Helen Jameson, Chief Finance Officer

Author
Maureen Glover, Corporate Governance Manager

NHS South West London
Integrated Care Board

Remuneration Committee Update

Agenda item: 9g

Report by: Mercy Jeyasingham, Non Executive Member

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

To provide the Board with updates from the Remuneration Committee, as a Committee of the Board.

Executive summary

The updates reflect the discussion, agreement and actions taken by the Remuneration Committee and are brought to the Board to provide an update on the progress and work of the Committee.

Key Issues for the Board to be aware of

An out of Committee decision was taken on 27 September to agree the following items:

- Approval of Very Senior Managers (VSM) uplift of 5% to be applied to October salaries and backdated to April 2024.
- Approval of the application of additional Spine points within Agenda for Change pay bands 8A to 9.

Recommendation

The Board is asked to:

- Note the update from the Committee.

Governance and Supporting Documentation

Conflicts of interest
N/A

Corporate objectives
This document will impact on the following Board objective:

- Overall delivery of the ICB's objectives.

Risks
N/A.

Mitigations
N/A.

Financial/resource implications
N/A.

Green/Sustainability Implications
N/A.

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
An EIA has been completed for the management cost reduction programme.

What are the implications of the EIA and what, if any are the mitigations?
The EIA for the management cost reduction programme outlines actions to support staff to find suitable alternative employment and reduce redundancies.

Patient and public engagement and communication
N/A.

Previous committees/groups

Committee name	Date	Outcome

Final date for approval
N/A.

Supporting documents
N/A.

NHS South West London
Integrated Care Board

Lead director

Karen Broughton, Deputy Chief Executive Officer/Director of Transformation and People, SWL ICB.

Author

Maureen Glover, Corporate Governance Manager

NHS South West London
Integrated Care Board

Chief Executive Officer's Report

Agenda item: 10

Report by: Sarah Blow, Chief Executive Officer

Paper type: Information

Date of meeting: Wednesday, 20 November 2024

Date Published: Wednesday, 13 November 2024

Content

Purpose

The report is provided for information and to update the Board on key issues not covered in other substantive agenda items.

Executive summary

At each Board meeting in public the Chief Executive Officer provides a brief verbal and/or written update regarding matters of interest to members of the Board and members of the Public.

Key Issues for the Board to be aware of

Delegation of Specialised Commissioning

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

This means from April 2025, subject to both national NHSE and local ICB approval, that approximately £366m of specialised commissioning budgets will be delegated to the ICB with the aim of integrating commissioning to achieve service, pathway, and population health benefits.

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

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

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

South West London Dental Day

On 9 October, the ICB held its first Dental Day, bringing together dentists, public health experts, Healthwatch, and community groups to address the challenges in accessing dental care across South West London. The event began a collaborative journey to improve dental services for our communities.

Significant progress has been made to improve access to dental care. Local dental services are recovering well from the impact of the pandemic. NHS dental hubs are now operating between 8 a.m. and 2 a.m., available to anyone with urgent dental needs. However, it is clear from discussions at the event that many still need help finding regular NHS dental care. When people are unable to get dental treatment early, they often turn to general practice or Accident & Emergency centres, which puts additional strain on the health system. Therefore, NHS South West London is working to ensure gaps in care and access are addressed quickly.

Thank you to everyone involved for making this first Dental Day a success.

Get Winter Strong

From the beginning of September 2024, the NHS will be rolling out a new vaccination for respiratory syncytial virus, RSV. The focus is on protecting older people aged 75 to 79, and newborn babies by offering pregnant women the vaccination. Recent analysis estimated that the programme launching this autumn could prevent 5,000 hospitalisations and 15,000 emergency department attendances for infants.

In line with expert advice, the NHS is also offering free Covid-19 and flu vaccines to those at greater risk of serious illness this autumn and winter. Flu vaccinations for pregnant women and children will commence from Sunday 1 September 2024. The main winter vaccination programme will start from Thursday 3 October 2024.

In South West London, there are 479,000 people eligible for the Covid-19 vaccination and 730,000 for the flu vaccination. Across the system, there are 150 active clinics taking place in pharmacies, hospitals, general practices, and via our roving team who will establish temporary clinics in areas of low uptake. School Age Immunisation Providers will work with Local Authorities to administer the flu vaccination programme in skills.

NHS 10 Year Health Plan

On 21 October 2024, Health and Social Care Secretary Wes Streeting announced a national conversation about the future of the NHS to share their experiences of our health service and help shape the government's 10 Year Health Plan. The 10 Year Health Plan will be underlined by the three 'big shifts' in healthcare: hospital to community; analogue to digital; and sickness to prevention. We are excited to be moving forward and welcome the conversation with our partners and communities.

Recommendation

The Board is asked to:

- Note the contents of the report

NHS South West London
Integrated Care Board

Governance and Supporting Documentation

Conflicts of interest
Not applicable

Corporate objectives
This document will impact on the following Board objectives:

- Overall delivery of the ICB's objectives.

Risks
Not applicable

Mitigations
Not applicable

Financial/resource implications
Not applicable

Green/Sustainability Implications
Not applicable

Is an Equality Impact Assessment (EIA) necessary and has it been completed?
Not applicable

Patient and public engagement and communication
Not applicable

Previous committees/groups
Not applicable

Final date for approval
Not applicable

Supporting documents
Not applicable

Lead director
Ben Luscombe, Director of Corporate Affairs

Authors
Ryan Stangroom, Lead Corporate Governance Manager