



**South West
London
Integrated
Care System**

**Shaping our Integrated
Care Partnership priorities:
A partnership
discussion document**

January 2023



Foreword

This discussion document is the product of great conversations with health and care partners across South West London, our statutory organisations like NHS and Local Authorities, and our voluntary sector partners, Healthwatch colleagues, and our local communities. It is clear that in listening to all our partners we share a real determination to improve the health and wellbeing of our residents.

We are clear that the key to health and care improvement lies in each of our six Place partnerships. These partnerships work together to address the health and care needs of local people, and our Local Health and Care Plans form the foundation for action.

Over the past five years, we have grown as a partnership and strengthened how we do things together. By working together at scale across South West London when it is right to do so, we really make a difference as we can focus our efforts and investment on shared priorities.

There are areas of deprivation within all our six boroughs, and we know that many local people are really struggling. We need to harness this sense of urgency to support our populations over winter, but also make sure we don't lose focus on the longer term. We must focus on prevention and early intervention for mental health and physical health, so people stay healthier for longer, and have less need to access services.

We recognise that with the financial situation for all of us becoming more challenging, matched with the health and care need from local people increasing, we need to work differently and better together.

This discussion document explains the journey we have been on to understand each other's challenges, review the data, the evidence and principles around health need, as well as considering the views and concerns of local people across our six places.

There was strong agreement from our partnership board members that we should focus our collaborative effort for the first year, on a significant area of challenge where there is opportunity to work together across our South West London system. We are proposing that 'workforce' should be this focus and specifically around:

- making South West London a great place to work to help keep our existing staff
- targeted action around difficult to recruit to roles
- designing our future workforce with new or different roles needed for the future
- supporting local people into employment to reduce health inequalities

We hope you will let us know your views on this proposal, and the other proposed areas of focus for joint working, as well as your thoughts on how we engage our communities and staff so our plans are co-designed by the people they will impact the most.

Cllr Ruth Dombey

Chair of South West London
Integrated Care Partnership

Sarah Blow

Chief Executive Officer
South West London Integrated Care System

1. Introduction

The South West London Integrated Care Partnership (ICP) want people in our boroughs to **Start Well; Live Well; Age Well**.

Our Partnership brings together organisations across our South West London boroughs - Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth to:

- prevent ill health;
- support people to thrive, live more independent lives and manage their health to stay well;
- reduce the health inequalities that exist;
- improve health, wellbeing and outcomes for our residents;
- provide the very best health and care services by working together to provide seamless care to those who need it; and
- get the best value from our resources

Our ambition is to make real and tangible improvements in health and care for local people. To do this we need to be clear about where to focus our collective action. The ICP Board agreed to follow a phased approach to developing a strategy for the ICP and the diagram below and this document summarises our work so far.

This discussion document is the first stage in the development of our South West London Integrated Care Strategy. It describes how we have assessed the needs of our population and sets out our thoughts on the priorities for the ICP. The full Integrated Care Strategy will be developed based on your feedback and published in Summer 2023.

As part of our ongoing engagement and joint development of the strategy we are keen to hear our partner organisations views on the priorities proposed in this discussion document.



2. Working together with our six Places



South West London is comprised of six Places where partners come together to address the health and care needs of their local populations. Their priorities for action are brought together in Local Health and Care Plans. Our Integrated Care Partnership is anchored in our places and their priorities which have been built up from Local Joint Strategic Needs Assessments, as well as Health and Wellbeing Strategies.

Copies of our local health and care plans can be found on our website [here](#).

ICP partners are clear that we should only take South West London-wide action 'at-scale' where there is strong evidence that focussing our effort and resources would deliver the biggest improvements for local people. The ICP Board discussed the following principles to help determine which areas we should focus on:

- 1 **Need:** Is there a significant or compelling need at South West London level and does this theme address any unmet need or inequity?

- 2 **Prevention:** Is there an opportunity to prevent ill health and encourage people to take responsibility for their own health?

- 3 **Deliverability:** Is there any existing programme of work we could accelerate in order to maximise impact on the population?

- 4 **Strategic fit:** Is there multiagency energy and commitment to proceed with this as a theme?

- 5 **Productivity:** Will this theme make better use of resources, or provide better or enhanced value?

The Board are clear that any action that we agree at South West London level will not duplicate what is happening to drive improvement at Place. The following important considerations were identified by the board:

Target our focus on:

- The greatest impact and tangible outcomes
- Getting the basics right
- Good communication
- Patient satisfaction
- Workforce retention

We must assess:

- Achievability vs impact
- What is best done at scale
- What will reduce inequalities
- What addresses the highest need

Outcomes

- Ensure a positive impact on health outcomes
- Evidence progress, some outcomes are long-term so we must utilise the use of proxy measures
- Ensure positive impact on whole system finance, including social care
- Ensure we benefit the greatest number of people, weighted to support smaller populations
- Assess to what extent the issue will be in 5/10 years; prioritise interventions with most long-term impact
- Address Core20PLUS5
- Develop a prevention framework to put health, social care and wellbeing on more equal footing
- Promote future benefit-quality of life

Co-design

- Listen to the voices of people and carers
- Seek service user and community opinion
- Use deliberative approaches like citizens panels
- Ensure that our priorities are supported by public and community voice

Constraints

- Be realistic about capacity and capability of workforce to deliver
- Reduce dependence and cost in the system by specifically reducing inequalities
- Sustainable models for the green agenda
- Agree which interventions empower and enable independence

Impact areas to think about

- Address wider determinants over a longer timeframe
- Impact on environmental footprint
- Impact on health life expectancy of the target group
- Confront health inequalities and measure outcomes for local populations
- Grasp opportunities for prevention, early intervention and holistic care
- Early intervention is key

Enablers

- Accelerate digital change
- Use of public health evidence and local insights
- Population health management
- Workforce

Approach

- Pragmatism over perfection; a rolling programme of common issues that lead to whole system approaches and be pragmatic with what is possible to deliver
- Explicitly set out to learn and adapt
- Specify the added value of delivering at SWL level vs place; subsidiarity
- Value is also about stopping things that have limited value; we must assess what is working
- Take a holistic approach to prioritisation

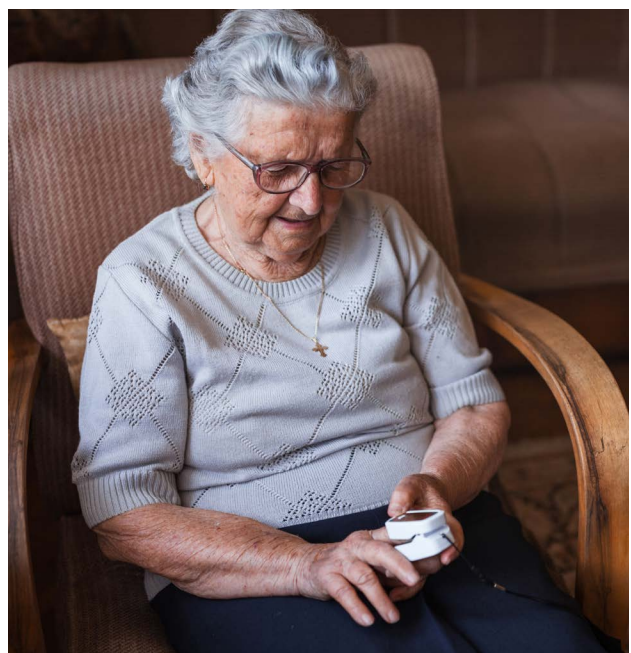
3. Listening to our partners and communities, assessing need and determining priorities

In assessing the needs of our population and determining priorities we have listened to: our local public health experts; ICP Board members; South West London System Leaders; Local Communities. In addition, we have reviewed existing Joint Strategic Needs assessments (JSNAs), Health and Wellbeing Board Strategies and health outcomes and considered the wider determinants of health.

3.1 Listening to the views and concerns of local people

The views and concerns of local people and communities have been key in helping us work together to decide our priorities. During autumn 2022, we asked all our South West London partners to share existing insight and engagement reports developed over the last 12 months. We were particularly keen on reports that describe what matters most to local people in their health, care and wellbeing.

We reviewed over 100 reports from partners including Healthwatch, the voluntary and community sector, NHS Trusts, Public Health,



Place councils and Place-based engagement teams. This in-depth analysis of all our community insight helped inform the development of the proposed priorities for our Integrated Care System Strategy laid out in this discussion document.

Views of local people and communities were pulled together as part of this review with the themes that emerged illustrated in the diagram on pages 8 and 9.

Alongside this analysis, we asked ICP members and key partners and our South West London People's Panel to prioritise a set of 10 draft focus areas that emerged from the needs assessment. Our South West London People's Panel is made up of over 3000 people reflecting the demographics of each place. 170 members of the

people panel gave us their detailed views about our proposed priorities.

This helped us gather views on the potential future priorities, ambitions and challenges we face in improving health and well-being and reducing health inequalities across South West London.

Partners were asked to respond to four questions, the first ranked the emerging potential ten priority areas for us to work together on across South West London. The other questions asked Partners about our ambitions and challenges, and the criteria we could use to decide our priorities



People and communities: views and concerns

COST OF LIVING CRISIS

- ! Affecting people's mental health and ability to live a healthy lifestyle - from early years to older age
- ! Accessibility of services - transport and affordability
- ! Financial support through the crisis - help to know about and access the funds that are available to support them – lack of trust contributes to this, not just about signposting
- Concerns about feeding families and heating homes
- Concerns about housing - lack of availability and affordability
- Homelessness on the increase
- Higher risk of certain health conditions - putting extra pressure on NHS services - particularly mental health services and increasing health inequalities



NEW! DIVERSITY AND INCLUSIVITY

- Unconscious bias training
- Encourage conversation about transparency on cultural differences
- Be prepared to make changes
- Ensure systemic issues are investigated and tackled

NEW! EMPLOYMENT



- Pathways to employment after covid, for carers, people with learning disabilities
- Support for local economies, including local businesses and job growth

NEW! DEMENTIA



- Variability of support services across SWL
- Information needs to be in one place, support from one point of contact

NEW! GREEN AND ENVIRONMENTAL CONCERNS



- Access to clean, green spaces
- Traffic and poor air quality barriers to healthy living
- Active travel

VOLUNTARY AND COMMUNITY SECTOR CAPACITY



- ! Capacity and resource across the sector
- Important to hear from small & large organisations
- Broader representation is needed

REFERRALS AND WAITING TIMES



- Challenges getting timely referrals and long waiting times for mental health, children and young people's mental health and outpatient services
- Patients left chasing updates and not being clear who to contact about their referral. How can we support and provide more information and updates for patients about status of their referral

SUPPORT FOR CARERS



- Carers' voices need to be elevated and need for carers to be considered as essential part of support and decision making

GPs AND DENTISTRY



- Availability of appointments, waiting times including face-to-face
- Variation in access across and within boroughs





COMMUNICATION, NAVIGATION AND SIGNPOSTING

- Signposting, navigation and a single point of access where possible
- ! • Sufficient information to know where to get help, all in one place
- People's ability to look after their own health and wellbeing (self-care), with ability to ask professionals questions or and contact to help navigate where necessary
- ! • Lack of materials in accessible formats, including for people with a learning disability, translations, sight impaired
- Transition between services - need for joined up approach across health and care – 'tell us once' approach
- Missing letters and not keeping patients informed about delays and changes to appointments



TRUST IN PUBLIC SERVICES

- In public sector organisations and professionals amongst some communities
- ! • Trust issues higher in areas of inequalities and those from Black, Asian and Minority Ethnic backgrounds
- ! • Need to build trust in services, based on experiences people have had before



NEW!

DIGITAL EXCLUSION

- Shift to digital services has left some population groups facing digital exclusion
- Need multiple points of access and to retain options for face to face contact

e and
unities



NEW!

SOCIAL ISOLATION

- Social isolation for older people and adults with learning disabilities
- Also for carers and younger adults and children



MENTAL HEALTH SERVICES

- Long service waiting times, need interim support
- Access, hard to navigate, more support needed in some communities and services need to be culturally competent
- Children and young people's mental health - access, waiting times, substance misuse



SERVICE AVAILABILITY AND DEMAND

- Perceptions that additional services are wanted and are not always delivered
- Concern around service availability of services/sites in some areas
- Multiple engagement requests with tight timescales and low resources affect communities ability to be involved
- Priority for local people that we feedback how their feedback has influenced the provision of services

NEW!

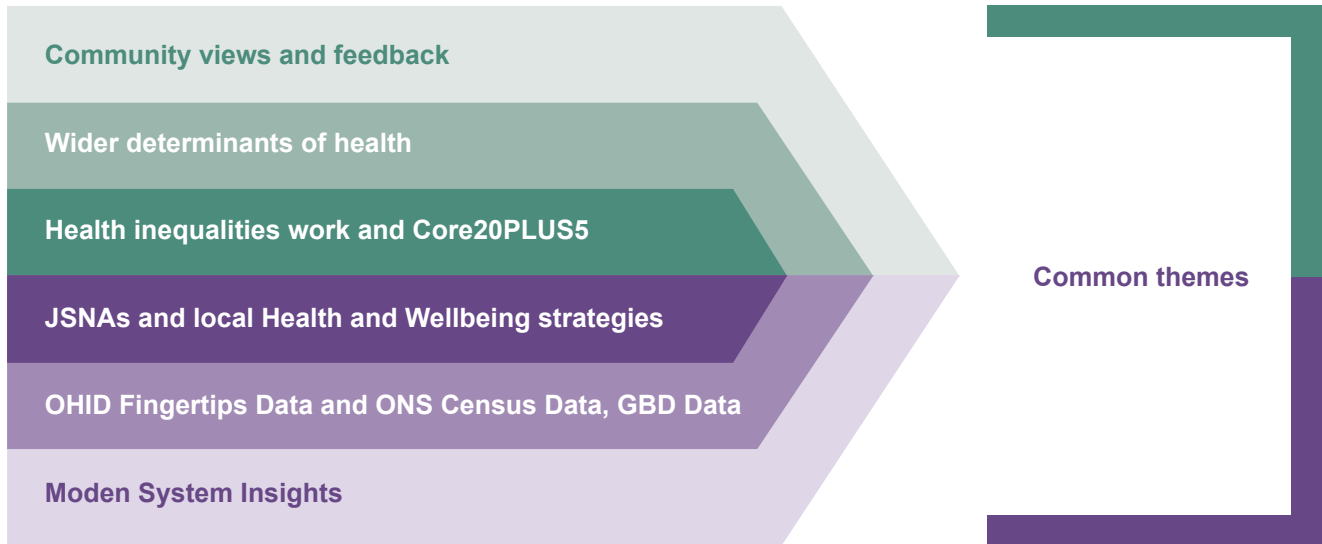
New topic



Added view

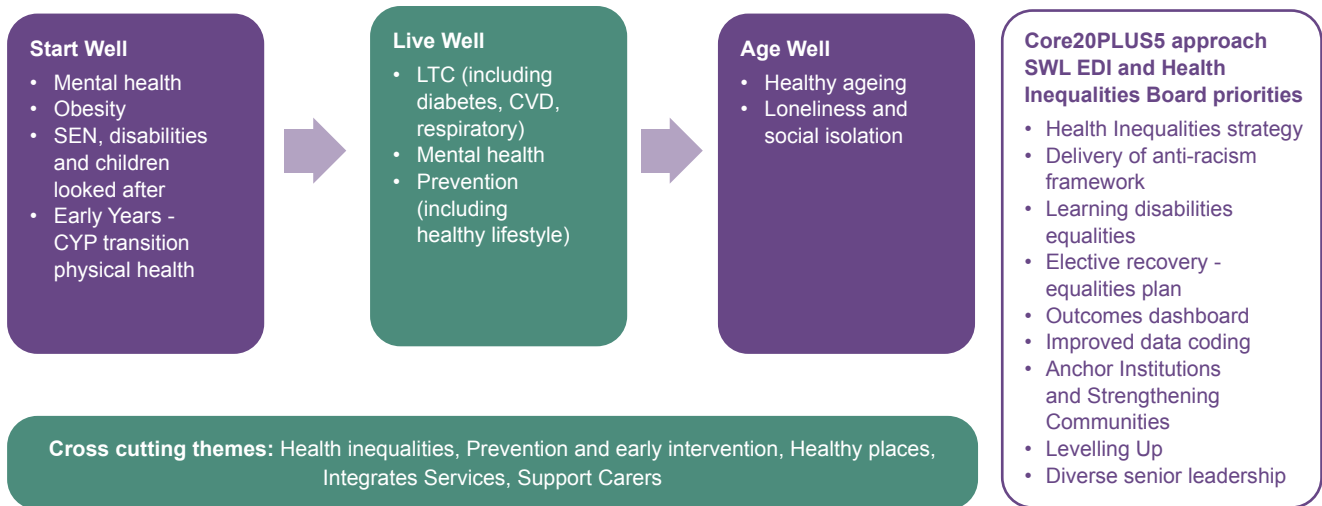
3.2 Assessing Need – Health and Wider Determinants

To support the development of the priorities, the Integrated Care Partnership Board brought together a Needs Assessment Group. The full scope of the group and its membership are given in appendix 1, in summary the group considered the following:



The group also mapped local priorities and plans that are set out in each of Place Local Health and Care plan to identify common themes and actions. This is summarised below:

Common priorities across SWL places are as follows:



Copies of our local health and care plans can be found on our website [here](#).

A summary of the completed needs assessment for South West London can be found on our website [here](#).

The needs assessment found:

Indicators of health variation from our needs analysis based – some overarching themes



MENTAL HEALTH

Admissions for self-harm are **higher than the national and regional average**.

Prevalence of depression varies significantly within Places, **an average of 12.7% difference** between the GP practice with the highest and lowest prevalence.



LONG TERM CONDITIONS

Ischaemic heart disease, cerebrovascular disease, COPD, diabetes, and MSK conditions are the **top contributors to DALYs and mortality in SWL**.



CANCER, SCREENING AND VACCINATIONS

Cancer screening uptake is **below regional and national average**, and deaths under 75 due to malignant neoplasm are **above the London and national average** in 5 of the 6 Places. Cancer is the **number 1 cause of mortality in South West London**.



HEALTHY LIFESTYLES

Smoking, alcohol, high BMI (Body Mass Index), high fasting blood glucose, and hypertension are the **leading causes of DALYs in SWL**.

Overweight and obesity rates almost double between Reception and Year 6 and then again to adulthood in all 6 Places.



SUPPORTING CARERS AND INCLUSION HEALTH GROUPS

Further analysis or modelling may be required to identify unmet need as **often people in these vulnerable groups are not accessing healthcare** and so are not reflected in the data available.

Indicators of the wider determinants of health



GOOD WORK

The number of people claiming out of work benefits in August 2022 is still **50% higher than pre-pandemic**.



OUR SURROUNDINGS

Air pollution is **higher than the national average**.

Access to private and public green space was **one of the lower scoring indicators in the ONS** (Office for National Statistics) (Office for National Statistics) health index.



MONEY AND RESOURCES

22.7% of our population earn below the London Living Wage.

In 2020, **9.8% of households were in fuel poverty**. Average household energy bills have risen from £764pa in 2021 to approximately £3500pa in 2022.



HOUSING

Affordability of home ownership **has worsened since 2002**.

Household overcrowding is than it is nationally.

The rate of households in temporary accommodation in South West London is **more than double the national average**.



EDUCATION AND SKILLS

The number of 16–17-year-olds not in education, employment, or training (NEET) is **better than the national average**.



FOOD, DIET, AND WEIGHT

Obesity rates double between Reception and Year 6, then again to adulthood.



TRANSPORT

The Percentage of adults walking for travel 3 days per week **fell between 2017/18 and 2019/20**.



FAMILY, FRIENDS, AND COMMUNITIES

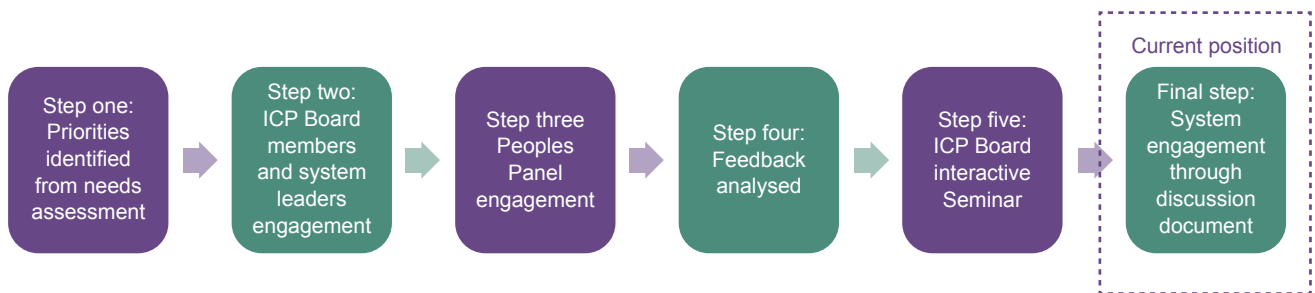
People in South West London reported **feeling lonely during the pandemic more than the national average**.

3.3 Determining Priorities

Our review of the health needs assessments, existing Joint Strategic Needs Assessments, Place health and care plans, Health and Well-being board strategies, and the views of people and communities, identified the following ten priorities:

- Addressing loneliness and social isolation by empowering and connecting communities
- Championing the Green agenda for example sustainability, air quality, and responding to climate change and related health issues
- Improving health through housing
- Preventing ill health and supporting self-care
- Reducing health inequalities through employment for example NHS and local authorities as Anchor Institutions
- Supporting carers and elevating their voice
- Supporting people to age well including frailty and falls
- Supporting people to manage long-term conditions for example diabetes, chronic obstructive pulmonary disease (COPD), muscular-skeletal (MSK), ischaemic heart disease
- Supporting the health and care needs of children and young people including early years, children and young people’s mental health, disabilities, looked after children, obesity, dental decay, and alcohol
- Targeting mental health including dementia and addressing anticipated increase in need

The Integrated Care Partnership Board agreed the following process for determining priorities:



During November, we tested the needs assessment and the potential priorities with ICP Board members, partners, and members of the People’s Panel, asking them to rank the emerging priority areas and also whether there were other areas that should be considered. The responses were analysed and presented at a deliberative ICP seminar in November. The combined results of this feedback are shown below:





4. Recommended ICP Priorities

The ICP Board reviewed the initial priorities, and partner and community feedback on these, at its November Seminar. The priorities for the Integrated Care System are now proposed below:

- **Tackling and reducing health inequalities** we will continue to work across organisations, places, neighbourhoods to tackle health inequalities in everything we do
- **Preventing ill-health, promoting self-care and supporting people to manage their long-term conditions** including a focus on healthy eating, physical activity, smoking and alcohol misuse and mental wellbeing and link up with offers in the community. Supporting people to manage long-term conditions for example diabetes, COPD, MSK, ischaemic heart disease
- **Supporting the health and care needs of children and young people** including looked after children, reducing obesity, dental decay, alcohol misuse, mental health, and wellbeing particularly the transition to adult mental health service
- **Targeting Mental Health** including Dementia, addressing the anticipated increase in need, improve children and young people's mental health and emotional wellbeing, transition to adult Mental Health services, admission prevention pathways and discharge for children and young people in crisis, disabilities
- **Community based support for older and frail people** including addressing loneliness and social isolation and improving their experience, health and wellbeing and preventing hospital admission and when in hospital to support them to get home quickly

The following cross-cutting areas of focus are proposed to underpin the delivery of our future priorities:

- **Equality, diversity, and inclusion** including tackling racism and discrimination
- **Championing the Green agenda** for example sustainability, air quality, and responding to climate change and related health issues
- **Elevating patient, carers, and community voices** including co-production of improvement and design of services

In discussion with the ICP Board it was agreed that, given its importance in every priority and organisation, that tackling our system wide workforce challenges should be our ICP focus for the first year.

Four emerging work programmes have been identified:

- **Making SWL a great place to work** to improve the retention of our existing people and attract new staff into South West London
- **Targeted action around difficult to recruit to roles**
- **Designing our future workforce** identifying new or different roles that will be needed to support health and care in the future
- **Supporting local people into employment** to reduce health inequalities, supporting the cost of living, and help tackle poverty

To drive action, it is proposed to establish a new combined South West London People Board which will be jointly convened by the NHS and Local Authorities and include higher and further education providers, local employers, training and skills providers, including our voluntary and community sector partners.





5. Seeking your views and feedback

This discussion document sets out the proposed priorities for the South West London Integrated Care System. We are seeking partner views on:

- The recommended ICP priorities and any specific actions that you feel should be built into their future delivery plans
- The four proposed workforce programmes and the key workforce challenges your organisation would like the programmes to incorporate (for example, difficult to recruit to posts that would benefit from a system focus, new roles needed for the future etc)
- Any other areas that should be considered for partners to work on at-scale that should be included in the final ICP Strategy

Please send your organisational or place response to swl.partnershipoffice@swlondon.nhs.uk by Friday 10 March 2023

We recognise that we have further work to do before finalising the strategy and we will continue to develop it in collaboration with partners. Our plan is to use the feedback to inform the development of the final Strategy which we will publish in Summer 2023.

Appendix 1

SWL ICP Needs Assessment Group

Scope of work

- Producing a system wide analysis of health needs drawn for SWL to provide a holistic, evidenced based assessment of need
- Analysing the needs assessment work that already exists in SWL including place based Joint Strategic Needs Assessments (JSNAs) Health and Wellbeing Strategies, Local Health and Care plans and wider Health inequalities and population health analysis
- Undertaking any wider analysis required using available local or national evidence that may support the identification of future needs and any gap analysis
- Providing the ICP with insights and recommendations on potential priorities it may wish to consider as part of developing its future areas of focus and action
- Considering any evidence that emerged during covid and the perceived effects of covid including wider effects on personal and societal wellbeing and support

Membership

- ICP DPH Executive Lead
- Directors of Public Health for each place
- ICP Executive Lead Adult Social Care
- SLP Consultant in Public Health medicine
- ICP Executive Lead Children's services
- ICB Deputy CEO/Director of Transformation and People
- ICB Executive Medical Director
- ICB Chief Nurse and Allied Professional Officer
- ICP Primary Care lead
- ICB Director of Health and Care In the community
- Programme Director: ICS Development
- ICP Health Watch nominated representative
- ICP Voluntary Sector lead
- Place Senior Management representatives





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