

Meeting Pack

South West London Integrated Care Partnership

13 July 2022
12:00 – 13:00pm
Via Microsoft Teams

NHS South West London Integrated Care Partnership

Wednesday 13 July 2022

12:00pm – 1:00pm

Via Microsoft Teams

AGENDA

No.	Time	Agenda Item	Sponsor	Enc
1.		Welcome, Introductions and Apologies	Chairs	
2.	5 mins	Declarations of Interest All members and attendees may have interests relating to their roles. These interests should be declared in the register of interests. While these general interests do not need to be individually declared at meetings, interests over and above these where they are relevant to the topic under discussion should be declared. It is expected that all members of the ICP will abide by the standards and behaviours set out in their respective organisations Code of Conduct and Standards of Business Conduct.	All	01
3.	5 mins	Chairs welcome to the Integrated Care Partnership	Chairs	Verbal
4.	10 mins	Draft Terms of Reference for the Integrated Care Partnership	Chairs	02
5.	20 mins	Core20PLUS5 –Reducing health inequalities in SWL	Gloria Rowland	03

6.	10 mins	Public Questions - by email Members of the public are invited to ask questions, in advance by email, of the Committee relating to the business being conducted today	Chairs	
7.	5 mins	Any Other Business	All	
<p><u>Date & time of next meeting</u> Wednesday 5 October 2022 17:30pm – 19:30pm Hotel Antoinette, The Broadway, Wimbledon, SW19 1SD</p>				

NHS SOUTH WEST LONDON INTEGRATED CARE SYSTEM - REGISTER OF DECLARED INTERESTS - JULY 2022

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Millie Banerjee	Chair of SWL Integrated Care System Chair of the ICB Board Joint Chair of the ICP Board Member of the Remuneration and Nominations Committee	Y	Compass Well-Being	1				1 Paid Chair of Compass Well-being a social enterprise wholly owned by East London Foundation Trust with a mission to support the citizens	12.05.2021	Present	1 Internet declared. Compass does not operate in SWL. If that changes I will take appropriate action
Sarah Blow	ICB Chief Executive ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee	Y	1. LAS				1	1. My son is a band 3 call handler for LAS outside of SWLondon	Jan-22	Present	Individually determined
Karen Broughton	Deputy Chief Executive / Director of People & Transformation ICB Board Member ICP Board Member Attendee of the Remuneration and Nominations Committee	N	Nil Return								
Dr Gloria Rowland	Chief Nursing and Allied Professional Officer and Director for patient outcomes ICB Board Member ICP Board Member Attendee of the Quality Oversight Committee Attendee of the Finance and Planning Committee	Y	1. Nursing and Midwifery Council 2. Care Embassy Consultancy & training Ltd - Director 3. Grow Nurses & Midwives Foundation 4. NHSE&I (London Region) 5. Turning the Tide	2	1 4 5	3		1 Associate Council Member (2 days a month) 2. Director (Husband owns the Company) 3. Chair of Trustee for a charity 4. Chair of Maternity & Neonatal critical review implementation programme 5. Report Author and founder	1. 08.12.20 2. 21.01.17 3. 15.11.21 4. 15.11.21 5. 15.11.21	1-5 Present	Ensure Board dates do not conflict
John Byrne	Executive Medical Officer ICB Board Member ICP Board Member Attendee of the Quality Oversight Committee Attendee of the Finance and Planning Committee	N	Nil Return								
Helen Jameson	Chief Finance Officer ICB Board Member ICP Board Member Attendee of the Finance and Planning Committee Attendee of the Audit and Risk Committee	N	Nil Return								
Dr Nicola Jones	Partner Member Primary Medical Services ICB Board Member ICP Board Member	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHCIC) 4. Convenor, Wandsworth Borough Committee 5. Primary Care Representative, Wandsworth 6. Co-Chair Cardiology Network, SWL ICS 7. Clinical Director Primary Care, SWL ICS	1 3 4 5	2 6			1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHCIC other than those of other member GPs.	1. 1996 2. 2020 3. 2018 4. 2022 5. 2022 6. 2022 7. 2022	1-7 Present	Adherence to COI policy
Ruth Dombey	Partner Member Local Authorities ICB Board Member Joint Chair of the ICP	N	Nil return								
Ian Thomas	Participant Member Local Authorities ICB Participant ICP Member	Y	to follow								
Charles Alexander	Provider Chair he Royal Marsden NHS Foundation Trust ICP Member	tbc	to follow								

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Dino Padhanani	Sutton Place Member GP and Sutton Place Convenor ICP Board Member	Y	1. Mulgrave Road Surgery 2. Chair of Sutton Primary Care Networks (Sutton Federation) 3. Clinical Director Central Sutton Primary Care Network 4. Transition Place Leader (Primary Care Place Representative) for Sutton & Executive Lead for Community Services, Sutton Health & Care 5. Chair Integrated Care Partnership Board for Sutton Place (Transitional) 6. SWL Primary Care Provider Alliance (early declaration subject to PPA Board ratification on 9.2.22)	1 2 3	4 5 6			1. GP Principal. Practice is a shareholder of Sutton Primary Care Networks 2. GP Practice is a Member 3. Clinical Director 4. Transitional Place Leader & Executive Lead for Community Services Sutton Health and Care 5. Chair Integrated care Partnership Board for Sutton 6. Sutton Representative SWL Primary Care Provider Alliance (subject to ratification by PPA Board on 9.2.22)	6. 9 February 2022 (subject to ratification by PPA Board).	Present	Declared discuss where relevant with the Conflicts of Interest Guardian
Gillian Norton	Provider Chair St. George's & Epsom & St Helier Hospitals ICP Board Member	Y	1. Representative Deputy Lieutenant London Borough of Richmond 2. Chair London Borough of Richmond Voluntary Fund			1 2		1. Representative Deputy Lieutenant London Borough of Richmond 2. Chair London Borough of Richmond Voluntary Fund	2016 2018	ongoing ongoing	
Mike Bell	Provider Chair Croydon Healthcare Services ICP Board Member	Y	Chair of Lewisham and Greenwich NHS Trust. Director MBARC Ltd which works with a range of public sector bodies including those, such as NHS England, which commission services from Croydon Health Service NHS Trust: <input type="checkbox"/> Strays Management Consulting, Senior Associate Consultant <input type="checkbox"/> ZPB Consulting Ltd, Senior Advisor <input type="checkbox"/> DAC Beachcroft LLP Senior Leadership & Governance Advisor <input type="checkbox"/> Visiba Health SL, Chairman UK Advisory Board	1				Chair of Lewisham and Greenwich NHS Trust. Director MBARC Ltd which works with a range of public sector bodies including those, such as NHS England, which commission services from Croydon Health Service NHS Trust: <input type="checkbox"/> Strays Management Consulting, Senior Associate Consultant <input type="checkbox"/> ZPB Consulting Ltd, Senior Advisor <input type="checkbox"/> DAC Beachcroft LLP Senior Leadership & Governance Advisor <input type="checkbox"/> Visiba Health SL, Chairman UK Advisory Board			
Carol Cole	Provider Chair Central London Community Healthcare ICP Board Member	Y	1. Chair of Together for Mental Wellbeing 2. Trustee, Age UK			1 2		1. Chair of Together for Mental Wellbeing 2. Trustee, Age UK	2017 2020	To date To date	
Sukhvinder Kaur-Stubbs	Provider Chair Hounslow and Richmond Community Healthcare ICP Board Member	tbc	to follow								
Anne Beasley	Provider Chair South West London & St. George's Mental Health Trust ICP Board Member	tbc	to follow								
Cllr Yvette Hopley	Croydon Health & Wellbeing Chair ICP Board Member	Y	1. Cabinet Member for Health & Adult Social Care (Croydon) 2. Chairman Health & Wellbeing Board (Croydon) 3. Governor for South London and Maudsley NHS Foundation Trust – Croydon 4. Member Croydon Adult Social Services Users Panel 5. Member Croydon Safeguarding Board 6. Member Croydon Voice of the People 7. Member Croydon Adult Social Services Review Panel 8. Member Autism Board 9. Vice Chairman South East Cancer Help Centre 10. Rotary Community Consortium – Started to offer support during COVID	1 2 3 4 5 6 7 8 9		10		1. Cabinet Member for Health & Adult Social Care 2. Chairman Health & Wellbeing Board 3. Governor for South London and Maudsley NHS Foundation Trust – Croydon 4. Member Croydon Adult Social Services Users Panel 5. Member Croydon Safeguarding Board 6. Member Croydon Voice of the People 7. Member Croydon Adult Social Services Review Panel 8. Member Autism Board 9. Vice Chairman South East Cancer Help Centre 10. Rotary Community Consortium – Started to offer support during COVID	May 2022 May 2022 May 2022 May 2022 May 2022 May 2022 May 2022 May 2022 May 2022 May 2013 May 2020	Present Present Present Present Present Present Present Present Present Present Present	
Cllr Andreas Kirsch	Kingston Health & Wellbeing Chair ICP Board Member	tbc	to follow								
Cllr Peter McCabe	Merton Health & Wellbeing Chair ICP Board Member	tbc	to follow								

Name	Current position (s) held in the ICB .	Do you have any interests to declare? (Y or N)	Declared Interest (Name of the organisation and nature of business)	Financial Interest	Non-Financial professional Interest	Non-Financial Personal Interest	Indirect Interest	Nature of Interest	From	To	Action taken to mitigate risk
Cllr Piers Allen	Richmond Health & Wellbeing Chair ICP Board Member	Y	1. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 3. Chair of Richmond Health & Wellbeing Board 4. Elected member for London Borough of Richmond upon Thames; Lead member for adult social care, health & public health; Chair, Adult Social Services, Health & Housing Committee, LBRuT 5. Lead for Health, Wellbeing & Adult Care (including Public Health) — London Councils 6. Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council) 7. Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse for Guy's & St Thomas' NHS Foundation Trust	1		2 3 4 5 6	7	1. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 3. Chair of Richmond Health & Wellbeing Board 4. Elected member for London Borough of Richmond upon Thames; Lead member for adult social care, health & public health; Chair, Adult Social Services, Health & Housing Committee, LBRuT 5. Lead for Health, Wellbeing & Adult Care (including Public Health) — London Councils 6. Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council) 7. Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse for Guy's & St Thomas' NHS Foundation Trust	1 July 2022 1 July 2022 23 May 2022 7 June 2022 23 May 2022 March 2021	Current Current Current Current Current Current	Compliance with ICB Col Policy Compliance with ICB Col Policy Compliance with ICB Col Policy Compliance with ICB Col Policy Compliance with ICB Col Policy Compliance with ICB Col Policy Compliance with ICB Col Policy
Cllr Graeme Henderson	Wandsworth Health & Wellbeing Chair ICP Board Member	tbc	to follow								
Anna Popovic	Director of Children's services ICP Board Member	tbc	to follow								
Annette McPartland	Director of Adult Social Services ICP Board Member	tbc	to follow								
TBC	Director of Public Health ICP Board Member	tbc	to follow								
Caroline Dwyer	Growth & Economy ICP Board Member	tbc	to follow								
Brenda Scanlon	Croydon Place Member Chair of Age UK Croydon ICP Board member	tbc	to follow								
Dr Sy Ganesaratanam	Merton Place Member GP Medical Director Merton Federation ICP Board Member	tbc	to follow								
Shannon Katiyo	Wandsworth Place Member Director of Public Health ICP Board Member	N	Nil Return								
TBC	Kingston Place Member										
TBC	Richmond Place Member										
Liz Meerabeau	Healthwatch Representative Chair of Kingston HealthWatch ICP Board Member	N	Nil Return								
Kathryn Williamson	Voluntary Sector Representative Director of Richmond CVS ICP Board Member	tbc	to follow								

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	13 th July 2022	Agenda No	4
Report Title:	Terms of Reference for the South West London Integrated Care Partnership (SWL ICP)		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of People, SWL ICB.		
Report Author:	Andrew Demetriades Programme Director: ICS Development		
Presented for:	Review and agreement		
Executive Summary:	<p>The Health and Care Act 2022 requires all Integrated Care Boards and each responsible local authority/ies to establish a joint committee for the Board's area (an "Integrated Care Partnership")</p> <p>The South West London Integrated Care Partnership (SWL ICP) is being established at system level by the NHS and local government as equal partners and is a statutory committee of the SWL Integrated Care System.</p> <p>The SWL ICP will comprise of representatives of the Integrated Care Board, our local authorities, our NHS providers, the VCSE and Healthwatch with specific responsibilities for helping to set and oversee strategic direction for our system. The partnership will have a focus on improving the health and wellbeing of the population, reducing health inequalities and improve the care, health and wellbeing of the people in South West London.</p> <p>The SWL ICP will have a specific responsibility for the development of an 'Integrated Care Strategy' for the whole South west London population to improve system-wide health and care outcomes and experiences, and influence the wider determinants of health, including healthier environments and inclusive and sustainable economies.</p> <p>The ICP will champion inclusion and transparency and be focused on demonstrating progress in reducing inequalities and improving outcomes. It will also support place and neighbourhood-level engagement, ensuring the ICP is connected to the needs of every community.</p> <p>Integrated care Partnerships (ICP's) as a minimum must consist of:</p> <ul style="list-style-type: none"> (a) one member appointed by the Integrated Care Board, (b) one member appointed by each of the responsible local authorities, and (c) any members appointed by the Integrated Care Partnership. <p>ICP's may determine its own procedures (including quorum).</p> <p>In line with the duties expressed in the Health and Care Act 2022, a draft terms of reference has been produced for review and agreement by the Partnership.</p>		
Recommendations:	Members of the SWL ICP are asked to review and approve the draft terms of reference for the committee		

NHS South West London Integrated Care Partnership

DRAFT TERMS OF REFERENCE

June 30 2022

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South West London Integrated Care Partnership DRAFT Terms of Reference July 2022

1. Purpose

The South West London Integrated Care Partnership (herein referred to as the ICP) is a partnership across South West London, established by the South West London Integrated Care Board and the six South West London Local Authorities as equal partners, with a focus on aligning purpose and ambitions to support the residents of South West London. It is formed as a joint committee between the South West London ICB and the Six local authorities.

The ICP will facilitate joint action to improve health and care outcomes, to influence the wider determinants of health and broader social and economic development. Together, the Integrated Care Board (ICB) and the ICP forms the new statutory Integrated Care System (ICS).

The ICP has a primary responsibility for developing the South West London Integrated Care Strategy for the whole population. The future strategy will be built from local assessments of needs and will be focused on improving health and care outcomes, reducing inequalities, and ensuring inclusion.

While the ICP has no formal delegated powers from its constituent organisations, it will provide leadership, oversight, and support for system-wide activities, playing a key role in ensuring joint accountability to our population.

The ICP builds on the previous South West London Health & Care Partnership and the existing joint strategies and approaches that have been jointly developed across the partnership aimed at improving the health and well-being of the population including Joint strategic needs assessments, health and wellbeing strategies and Place based Local health and Care Plans.

For the avoidance of doubt, it is not a function of the ICP to duplicate the statutory functions of constituent organisations.

2. Responsibilities

The responsibilities of the Integrated Care Partnership are to:

1. Develop the SWL Integrated care strategy for the South west London population
2. Ensure the integrated care strategy:
 - a) Is focused on reducing the inequalities that our population faces
 - b) Uses the best available evidence and information, including the joint strategic needs assessments and health and wellbeing strategies of local authorities
 - c) Is built 'from the bottom up' taking account of health inequalities, local assets and resources locally at Place level
 - d) Ensure all partners are involved in strategy development and delivery.
 - e) Is underpinned by insights gained from our communities
 - f) Benefits from strong clinical and professional input and advice.

The ICP will consider national guidance on the development of system wide Integrated care strategies, so it has regard to its responsibilities and effectively discharges these appropriately.

The Partnership will agree joint action to improve health and care services in South West London (SWL) and agree where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to:

- a) helping people live more independent, healthier lives for longer
- b) taking a holistic view of people's interactions with services across the system and the different pathways within it
- c) addressing inequalities in health and wellbeing outcomes, experiences, and access to health services
- d) improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
- e) improving the life chances and health outcomes of babies, children, and young people
- f) improving people's overall wellbeing and preventing ill-health

The ICP will enable closer integrated health and care services – so that people receive seamless care across health, social care, housing, education, and other public services (including those delivered by independent providers), and between different NHS providers.

The ICP will bring together integrated data sets – which all partners can contribute and have access to in order to inform planning and the delivery of services for the benefit of communities – to understand and be driven by local population wants and needs.

The ICP will use Population Health Management and other data/information sources to set priorities, and inform the SWL 'integrated care strategy', to improve system-wide health and care outcomes and experiences, and

influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

The ICP will agree system-wide priorities and the contribution required from all partners to deliver them.

The ICP will champion integrated approaches and strengthen our collective approach to improving longer-term health and wellbeing outcomes. For example, across education, housing, environment, transport, employment, and community safety; as these wider social determinants of health, and others, have a significant bearing on the health and wellbeing of communities and health inequalities, particularly for people experiencing deprivation-poverty.

The ICP will support place-based partnerships and coalitions with community partners to act on the wider determinants of health in local areas and identify opportunities for wider partnerships, or action that should be taken at a SWL-level, to strengthen a collective approach to improving health inequalities and targeting the wider determinants of health. It will support place and neighbourhood-level engagement, ensuring the system is connected to the needs of every community.

The ICP will agree action to support social and economic development at a SWL level.

The ICP will agree how partners' collective resources will be targeted at the areas which will have the greatest impact on outcomes and inequalities.

The ICP will champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.

The ICP will develop, agree, and monitor delivery of partnership priorities ensuring and reach agreement on priority work programmes and workstreams that would benefit from a cross partnership approach

3. Membership of the Partnership

Co-Chairs

- Chair Integrated Care Board
- Council Leader for Health

Health Members

- Integrated Care Board Chief Executive Officer
- Integrated Care Board Population Health Director
- Integrated Care Board Chief Finance Officer
- Integrated Care Board Deputy CEO

- NHS Provider Chairs representatives covering Acute, Community, Mental Health, and Tertiary services.
- Primary Care Representative

Local Authority Members

- Elected members – Borough Health and Wellbeing Board Chairs
- Chief Executive Officer Representative
- Director of Adult Social Services Representative
- Director of Children's Services Representative
- Director of Public Health Representative
- Executive Director representative - Growth and Economy

Place Members

- 6 Place Representatives

Other Members

- Clinical Senate Co-Chairs
- Deputy Chief Executive, SWL ICB
- Healthwatch Representative
- Voluntary Sector Representative

Other partners will be invited to join on specific agenda items and working groups.

4. Voting



The Integrated Care Partnership will operate in an inclusive and consensual way. It is envisaged that issues will, in nearly all circumstances, be taken forward through this consensual approach.

A vote by Integrated Care Partnership members would only be taken in the instance that the Integrated Care Partnership could not reach a consensual view. In the event of a vote each member of the ICP would have one vote each.

5. Working and Task Groups

To support the delivery of the Integrated Care Partnership's strategies and priorities, sub-committees and time limited task and finish groups will be set up.

The ICP will have a number of jointly established committees with

the ICB which report to both the ICB and the ICP: As these are joint committee their Terms of Reference need to be co-designed. This will be taking place over the coming months, and we will bring back the final proposed Terms of Reference to a future ICP meeting for consideration:

- a) **People and Communities Engagement Assurance Committee** provides assurance to the both the SWL Integrated Care Board, and Integrated Care Partnership that the duty to involve has been met. It will provide advice on engagement plans and activities to ensure they meet best practice and are inclusive of those that are seldom heard, experience health inequalities and/or have protected characteristics.
- b) **SWL People Committee** brings partners together to assess the Integrated Care System (ICS) people issues and challenges. It ensures that SWL meets the NHS National People requirements. It oversees the development of the ICS People Strategy and Priorities and agrees, oversees, and drives the delivery of SWL ICSs people actions.
- c) **SWL Digital Committee** is responsible for developing the Digital Strategy for the ICS and setting key focus workstreams, investment prioritisation, funding approach, stakeholder engagement and supplier strategy.
- d) **SWL Clinical Senate** the Clinical Senate is responsible for setting the clinical strategy for South West London. The Senate reviews progress towards the SWL Five-Year Plan, sets clinical priorities, shares good practices, and brings working groups together to assure delivery and consider cross-working group issues. The Senate explores clinical innovation opportunities and where agreed, will commission a small number of clinical reviews each year to improve care.
- e) **SWL Health Inequalities Committee** responsible for setting the strategic vision and goals for the health inequalities programme across the ICS. It will provide oversight on the implementation of the London Equity strategy and local key workstreams which will support work to reduce health inequalities. The Committee provides leadership and steer to the Equality, Diversity and Inclusion delivery group for matters escalated to the Board and embeds system partnership and community-centred approaches to health and wellbeing at Board level

Working groups and task and finish groups will report into the Integrated Care Partnership and provide written updates on their progress.

Sub-committee/groups and task and finish groups will be reviewed on an annual basis.

6 Operational Arrangements

6.1. Frequency of meetings

Meetings will generally be held quarterly. Formal meetings will be held at least four times a year. Meetings will be arranged annually and publicised on the Integrated Care System web site.

A schedule of meetings will be published by the secretariat.

6.2. Duration of meetings

Meetings will generally last for 2 hours although will be varied according to need.

6.3. Agenda and papers

Minutes will be taken of meetings. The agenda and papers for meetings will be prepared by the ICP Secretariat in consultation with the ICP co-chairs and circulated electronically no later than five clear days in advance of the meeting on the on the Integrated Care System web site.

6.4. Transparency

Meetings (other than any informal workshops / seminars) will take place in public, and minutes of the meeting will be posted on the Integrated Care System web site.

6.5 Quorum

Quoracy of the meeting will be:

- 1 ICP Co-Chair
- 4 Health Members
- 4 Local Authority Members
- 3 Place Members

6.6. Accountability and Reporting

The ICP shall make any such recommendations to the ICB where it deems appropriate on any area within its remit where action or improvement is needed.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the ICP co-chairs for review prior to formal agreement by the ICP at its meetings.

A programme of reporting and progress updates will be agreed by the ICP to ensure its responsibilities and work programme are accounted for. Updates on progress and the business of the ICP will be reported to constituent organisations by members and separately to the ICB through the ICB Co-chair.

7. Code of conduct and conflict of interests

The obligation to register disclosable pecuniary interests applies to all Members who will be asked to declare any interests in all matters under consideration and on a general basis declare any interests in the Register of Interests.

All members of the Board will abide by the standards and behaviours set out in their respective organisations code of conduct and standards of business Conduct.

8. Review

The Integrated Care Partnership's terms of reference will be reviewed at least annually and will next be reviewed July 2023.

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	13 th July 2022	Agenda No	5
Report Title:	CORE20PLUS5 –Reducing health inequalities in SWL		
Lead Director/ Manager:	Dr Gloria Rowland, Chief Nursing and AHP Officer & Executive Director for Patient Outcomes		
Report Author:	Dr Gloria Rowland, Chief Nursing and AHP Officer & Executive Director for Patient Outcomes, SWL ICB June Okochi, Deputy Director of Quality Improvement, SWL ICB		
Presented for:	Noting and discussion		
Executive Summary:	<p>The aim of the CORE20PLUS5 report is to update the ICP Board on the development and delivery of the health inequalities agenda at system level and to provide assurance that, in line with the NHS Operating Plan guidance for ICS, we continue to focus on preventing ill-health and tackling health inequalities by redoubling efforts on the five priority areas set out in guidance in March 2021 and delivering on the CORE20PLUS5 approach.</p> <p>The report outlines the agreed priorities by the Health Inequalities Board for the system to narrow the inequalities gap and improve equity of access, experience and outcomes.</p> <p>The King’s Fund describes health inequalities as ‘avoidable, unfair and systematic differences in health between different groups of people’ and can be analysed looking across 4 main categories: socio-economic, geography, specific characteristics, and socially excluded groups (2021).</p> <p>Our ambition in SWL is to continue to provide high quality care, tackle inequalities and improve outcomes in access, experience and care for population regardless of who they are and where they live. We will plan, deliver, and evaluate our programmes of work within the context of the newly formed Integrated Care System (ICS), aligned to wider national and regional equity and equality policies and plans.</p> <p>In line with the CORE20PLUS5 approach, we are recruiting community connectors to adapt the Asset Based Community Development (ABCD) model in the most deprived communities of SWL to build capacity and deliver targeted based interventions for those with the poorest outcomes.</p>		
Recommendations:	<ul style="list-style-type: none"> • The ICP Board is asked to note the full report and system areas of focus to tackle reduction of inequalities. • The ICP Board is asked to note the risks and challenges to delivery and be assured that there are mitigations to managing system risks through the existing health inequalities governance arrangements. 		

Improving Health Inequalities SWL's CORE20+5

An inclusive and innovative approach to care.

Presented by:

Dr Gloria Rowland, SWL ICS Chief Nursing & AHP Officer and Executive
Director of People Outcomes
& ICS Senior Responsible Officer for Health Inequalities

Introduction

- ❑ Over the last 12 months, South West London (SWL) has established governance and oversight arrangements to tackle health inequalities in SWL.
- ❑ A key deliverable was the establishment of the Equality Diversity and Inclusion (EDI)/Health Inequalities Board in December 2021.
- ❑ The Board has been working to steer the strategic direction of the health inequalities programme as well as **agree the priorities to tackle inequalities.**
- ❑ All six Places have refreshed their Health and care plans and a core priority for each Place is tackling health inequalities at borough level. The CORE20 insights are being aligned to JSNAs.
- ❑ SWL is engaged with the London and national HI governance and assurance processes.
- ❑ Directors of Public Health are aligned to the Board, the Delivery Group and lead the development of the system wide HI metrics.
- ❑ SWL's priorities are aligned to the Strengthening Communities and Anchor Institutions committees

Our commitment to tackling Health Inequalities

ICB System Board & Delivery Group

We have developed and created a space that allows leaders and organisations from across our system to come together to focus on inequity (*using the learning from COVID-19) and fighting for fairer health and care for all*)

Place based work

Places are responsible for the planning of their population needs and tackling inequalities.

Places have invested in a number of programmes led by the Community and Voluntary Care Sector that target our most deprived communities through proactive support, advocacy, prevention and community connections



People &
Communities

Core20PLUS5 & its relationship with Population Health Management

We are working towards using data relating to health outcomes to inform the allocation of resources to the areas of our population that have the greatest need. Starting with the CORE20PLUS5 programme

Asset Based Community Development

We use the ABCD methodology to educate and empower the most vulnerable people in our communities regarding their health. We co-produce and co-deliver culturally sensitive health checks and prevention programmes in local communities

Our Priorities to tackle health inequalities



Immediate Priorities



1. **ICB Health Inequalities strategy** will align to delivery of Mayor of London's strategy and Core20PLUS5 programme
2. **Development of antiracism framework** and action plan- *aligned to NHS Observatory Race and Health report*
3. **Learning disabilities** equalities
4. **Elective recovery-** equalities plan
5. **Outcomes dashboard** – metrics for measurement
6. **Improved data coding** e.g ethnicity, LGBTQ



Medium to Long Term Priorities

1. **Anchor Institutions** and Strengthening Communities
2. **Levelling up initiatives** – to reduce poverty deprivation in collaborative with Local authorities
3. **Improve rates of our Black and ethnic minority staff in senior leadership positions** both clinical and non-clinical working with our HR/Workforce across the system

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Core20

(339k population)

Remaining80

(1.35m population)



35|38

Median



64|70

Healthy Life Expectancy



82|84

Life Expectancy

Age

Ethnicity



Borough



Long-Term Conditions



16%|14%

Asian



2 in 10 are in C20

24%|7%

Black



4.5 in 10 are in C20

12%|11%

Other



2 in 10 are in C20

48%|68%

White



1.5 in 10 are in C20

50% of C20 population are **Croydon** residents.

40% of **Croydon** residents are in C20

In contrast, only **4%** of residents in **Richmond** and **2%** in **Kingston** are in C20

29.5%

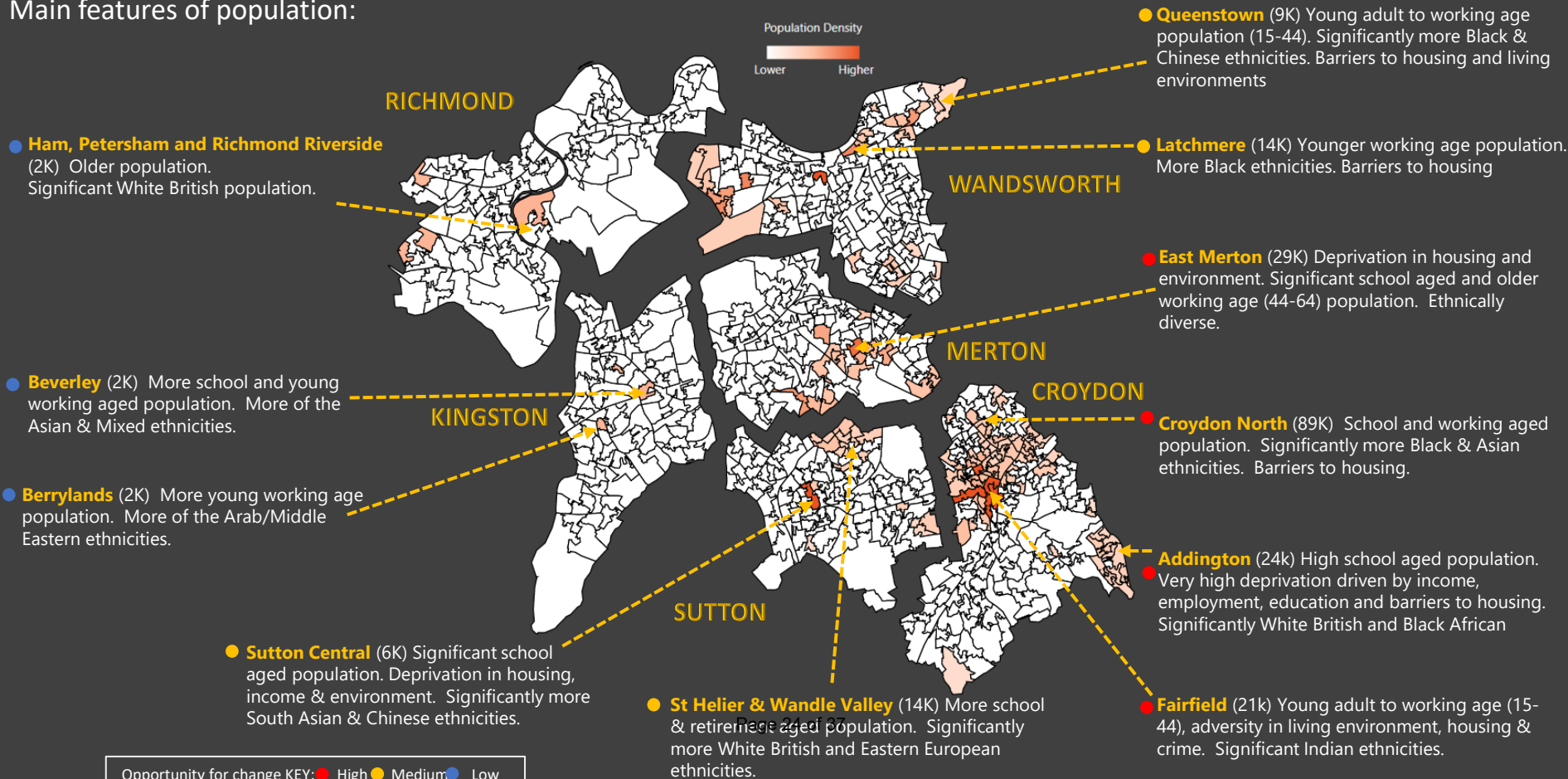
have a Long-term Condition

28.6%

have a Long-term Condition

Where are our Core20 population of 340k located?

Main features of population:





Diabetes (18,578 patients in Core20)

An average Core20 individual is:



34% more likely to be diagnosed diabetic



4 years younger. Average age: **61**



1 BMI points higher. Average BMI: **31**



10% less likely to meet all treatment targets.
Achievement: **31%** (Target: **45%**)



x2 more likely to be south Asian than White



Hypertension (33,141 patients in Core20)

An average Core20 individual is:



3% more likely to be diagnosed with hypertension



6 years younger. Average age: **63**



1.4 BMI points higher. Average BMI: **30**



4% less likely to meet all treatment target.
Achievement: **51%**



COPD (5,894 patients in Core20)

An average Core20 individual is:



28% more likely to be diagnosed with COPD



4 years younger. Average age: **69**



0.7 BMI points higher. Average BMI: **27**



x5 more likely to be White than Asian and Black



Mental Health (4,422 patients in Core20)

An average Core20 individual is:



67% more likely to be diagnosed with mental health condition



1 years younger. Average age: **51**



1 BMI points higher. Average BMI: **29**



✓ No adversity in meeting treatment targets.
Achievement: **26%**



Maternity

An average Core20 mother is:



2.5 years younger. Average age: **38**



0.9 BMI points higher¹. Average BMI: **26.3**
(overweight range 25 – 29.9)



x2 more likely to be currently smoking¹.
8% compared to 4% in Remaining 80



✓ No significant adversity for mothers booked
into Continuity of Carer pathway²



Obesity (37,336 patients in Core20)

An average Core20 individual is:



43% more likely to be Obese



1 BMI points higher. Average BMI: **36**



42% more likely to be diagnosed with a LTC



3 years younger. Average age: **50**



x1.6 more likely to be Black than Asian (where Asian is
lowest) and White 49% more likely to be Obese
compared to R80

¹ sourced from latest GP records, not at time of delivery

² sourced from MSDS (deliveries between April 2019 and September 2021)

Core20 Long Term Conditions

- NDA Diabetes
19530
6%
- QoF Hypertension
34902
10%
- QoF COPD
4764
1%
- QoF Mental Health
3358
1%

Number of residents in Core20 (with LTCs:
 Diabetes, Hypertension, COPD, Mental Health)

34,945	1 LTC
11,577	2 LTCs
949	3 LTCs
14	4 LTCs

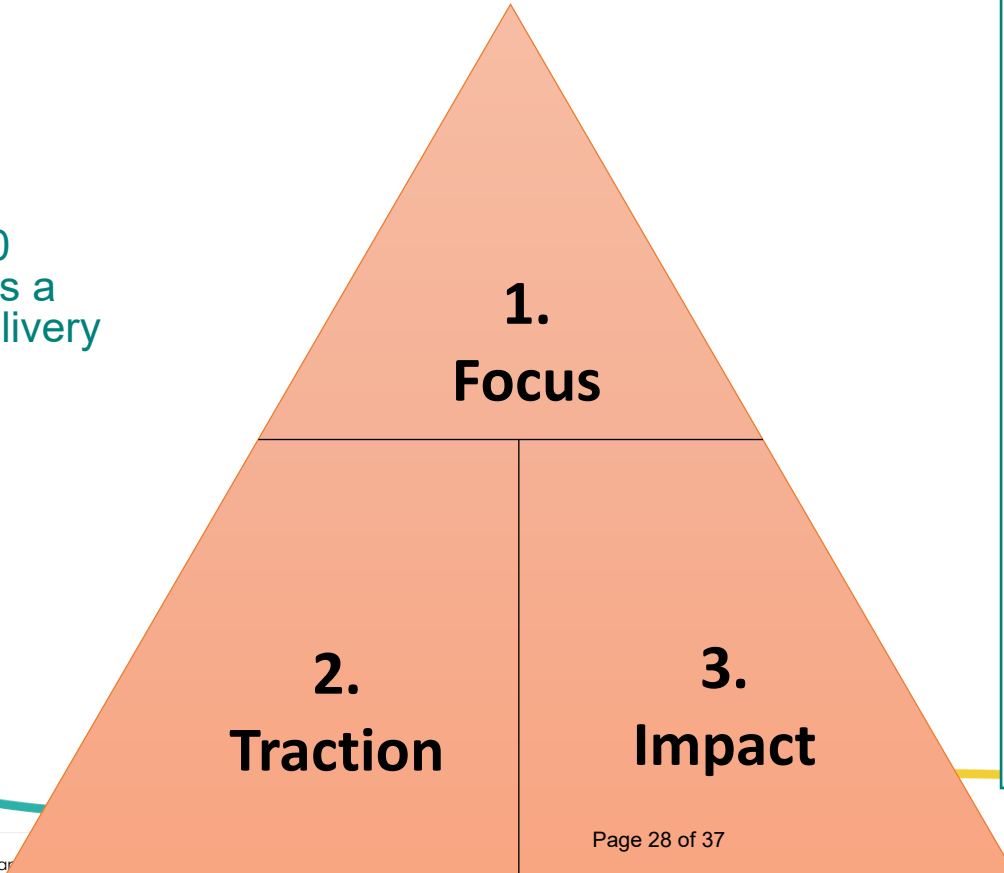
Profiles of the 14 residents with all 4 LTCs

- All age 50 +
- Mostly Males
- Predominantly White British, followed by Mixed ethnicities
- Mostly live in Croydon (Addington, Waddon), Wandsworth (Latchmere) and Kingston (Berrylands).
- Most with medium risk of hospitalisation



And so what?... We adopted a QI methodology to our Core20PLUS5

The CORE20 Programme is a multi-year delivery approach



- Strength based approach – building on existing models and programmes.
- Co-production through engagement with those communities impacted the most from design, improvement and evaluation.
- Data driven improvement – start with data, end with data!
- Connectors Programme through the Asset based community development (ABCD)

The role of the VCSE & Community CORE20 Connectors

Examples of how we are tackling inequalities at hyper-local level in SWL communities

Sutton's Core Connectors Programme by Sutton Healthwatch & Sutton NHS

Use of Core Connectors as a hyper-local solution in target CORE20 areas and for PLUS5 priority groups.



Areas of Focus

CORE20 priority areas

Roundshaw, St Helier, Central Sutton

COREPLUS5 priority groups

Housing estates and homeless]

Solution:

- [Identified local assets in each of the targeted wards
- Working in collaboration with community members (connectors) on ways to maximise existing assets; ie. Shanklin Village in Central Sutton hold a monthly coffee afternoon with residents in the community hall; agreed to use this resource to offer chair exercises and healthy eating advice.

Key solution agreed and delivered:

1. Agreed to hold health and wellbeing events in the 3 deprived areas and listen to community members to address their health and wellbeing needs'
2. Three events have taken place to date
3. Develop a monthly health and wellbeing schedule to work with the communities and co-produce solutions

Impact:

- Delivered three health and wellbeing events to date
- Established a health and wellbeing programme in Central Sutton which includes a focused topic on diabetes/hypertension etc. plus exercise.
- Scheduled wide Sutton community connector meeting for 7th July to set weekly/monthly mentoring sessions and discuss health and wellbeing activities for all the cohorts

Kingston's Connectors programme

SWL ICS Health Inequalities Core Connectors Programme

Use of Core Connectors
as a hyper-local solution
in target CORE20 areas
and for PLUS5 priority
groups.

Date:

28.05.2022

Borough:

Korean Community, New
Malden

Organisation:

Korean Seniors and KVA

Areas of Focus

CORE20 priority areas

Type 2 Diabetes, CVD
and Mental Health

COREPLUS5 priority groups

Korean, Tamil, Mosque,
Homeless, Black /African

Solution:

The Korean Community have trained health coaches who are qualified to carry out, height, weight, BMI and blood pressure. We want to utilize this training to intervene early when it comes to Type 2 Diabetes and CVD. We aim to share our data with the PCN so they can intervene in necessary cases. The Korean Community have also identified the need of Mental health intervention needed and we are working with them on providing space and events that support / promote Mental health awareness and wellbeing.

Key solution agreed and delivered:

1. Regular health check drop-in's teamed with Community walks to help tackle Type 2 diabetes and CVD
2. Bi-weekly lunch time concerts to provide social interaction and relaxation to promote positive Mental Wellbeing.

Impact: May 28th Event

This event was so successful and very busy. Doctors travelled from Leeds and Manchester to support this event. Height, weight, BMI, Hearing tests, nutrition, blood pressure and Glucose measures were taken by Drs. and given to the patients in the form of a referral letter. This was to tackle the temporary issues we have with sharing data with the PCN. The walking group has been set up to promote social engagement and fitness, so far it has been successful. The bi-weekly concerts are in the early stages but have been a great step towards a communal approach of promoting positive mental health

Korean health Drop in Kingston

- 200 people attended this event.
- Health coaches and Korean Dr's from all over the UK attended.
- Local PCN came and assisted with conversations around nutrition.
- KVA attended to support and evidence.

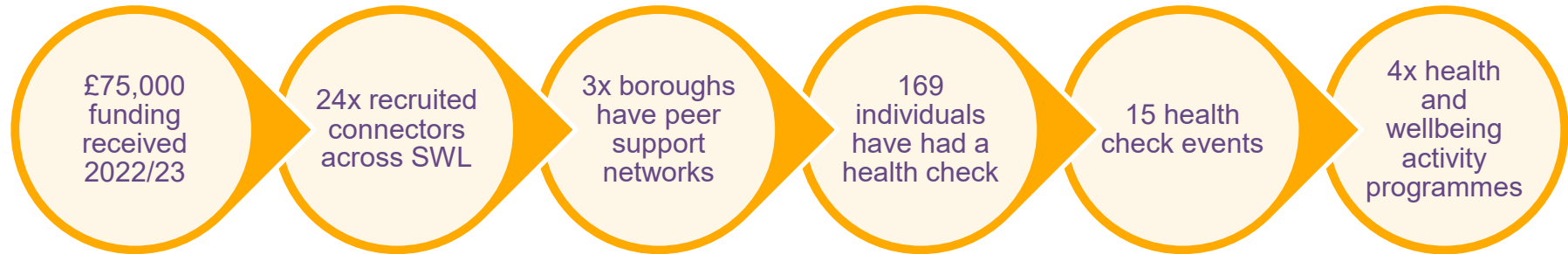


Croydon's health check events – held by Community Connectors

Croydon Free Health Check Events: Focus on Hypertension & Diabetes



Q1 2022/23 outputs from SWL Community Connectors Programme



Key challenges

- ❑ **Finances and resources:** Funding and resourcing is required to deliver community targeted interventions that will narrow the inequalities gap for our population specifically where we have more deprived boroughs and communities in SWL. Without preventative interventions, those impacted including the sickest communities within our population stand the risk of poorer outcomes and therefore costing the SWL health and care economy more in the next 3-5 years.
- ❑ **Data coding remains a challenge nationally and for SWL:** We know there are challenges to recording and coding data accurately such as ethnicity, sexual orientation, physical disabilities, autism, loneliness and isolation etc. In line with the NHS Operating guidance, Systems are asked to continue to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning.
- ❑ **Long term conditions:** Currently, 794,284 out of 1,785,675 (44%) individual assessments have not been made. In terms of patient numbers, around 168,841 out of 213,502 (79%) individual patients have not had all assessments made in relation to SMI, COPD, Diabetes and Hypertension. These assessments were paused as a result of COVID-19. However, SWL has not recovered back to pre-COVID levels and this remains a risk for our CORE20 patients and those who are yet to be diagnosed.
- ❑ **Commitment and pace:** Tackling health inequalities should be everyone's priority and not just a function to be delivered by those who lead work programmes within the system. We need all providers of health and care services across the system to be committed to this agenda and working in collaboration to improve outcomes for our communities.

Next steps

- Develop our SWL Health Equity strategy using existing data from JSNA and Health & Care plan.
- Develop and adapt a need-based resource allocation matrix framework for SWL to enable a fair distribution of investment to communities who are most impacted.
- Development and delivery of our ICS HI system dashboard.
- Expand the connectors model in SWL and increase community capability and co-production e.g. SWL is developing maternity connectors in addition to the programme to tackle inequalities in women from Black and ethnic minority backgrounds and vulnerable women using the CORE20 approach.
- Work towards recovery of Long Term Conditions (LTCs) metrics- increase in detection and assessments.
- Use insights from our engagement framework to support those in the CORE20 communities through the role of connectors, champions and community builders.
- Continue working with our Local authorities to identify communities not registered under GP data but could be within our CORE20 population e.g gypsy /traveller, homeless communities

Thank you.

For any other information or enquiries contact
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