

Meeting Pack

South West London Integrated Care Partnership

05 October 2022
17:30 – 18:30pm
Via Microsoft Teams

NHS South West London Integrated Care Partnership

Wednesday 05 October 2022

17.30pm – 18.30pm

MS Teams

AGENDA

No.	Time	Agenda Item	Sponsor	Enc
1.		Welcome, Introductions and Apologies	Cllr Ruth Dombey	
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	Minutes of the last meeting dated 13th July 2022	Cllr Ruth Dombey	02
4.	5 mins	Review of updated Draft Terms of Reference for the Integrated Care Partnership	Cllr Ruth Dombey	03
5.	15 mins	National Guidance and local approach to the development of the SWL Integrated Care Strategy	Andrew Demetriades & Karen Broughton	04

6.	5 mins	Update on ICP Needs Assessment group work	Dr Iona Lidington/Andrew Demetriades	Verbal
7.	10 mins	Supplementary ICP guidance on : a) ICP guidance on Health and wellbeing boards b) Principles for Health Oversight and Scrutiny Committee engagement with ICPs c) Principles for ICP engagement with the Adult Social care sector engagement	Andrew Demetriades & Karen Broughton	05
8.	10 mins	Investment Fund Approach	Sarah Blow	06
9.	5 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	Cllr Ruth Dombey	
10.		Any Other Business	All	

Date & time of next meeting

Wednesday 12 January 2023

17:30pm – 19:30pm

Hotel Antoinette, The Broadway, Wimbledon, SW19 1SD

NHS SOUTH WEST LONDON INTEGRATED CARE SYSTEM - REGISTER OF DECLARED INTERESTS - August 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
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 Member of the Quality Oversight Committee Member 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 Member of the Quality Oversight Committee Member 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								
Jo Farrar	Partner Member Community Services Member of the ICB Board Member of ICP Board Richmond Place Member	Y	1. Chief Executive Kingston Hospital NHS Foundation Trust	1				1. CEO of Provider Trust in SWL	1 2019	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
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 Halder Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Batterssea 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 5	2 4 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 Dodds	Place Member Richmond ICB Board Member ICP Board Member	N	Nil Return								
Ian Thomas	Participant Member Local Authorities ICB Participant ICP Member	Y	to follow								
Jonathan Bates	Chief Operating Officer Participant of the of the ICB Board Member of the of the Quality Oversight Committee Member of the of the Finance and Planning Committee	Y	1. Spouse provides primary care consultancy and interim support to a range of organisations.				1	Spouse provides primary care consultancy and interim support to a range of organisations.	Autumn 2020	Present	Highlighted potential conflict to the Accountable Officer
Charles Alexander	Provider Chair he Royal Marsden NHS Foundation Trust ICP Member	tbc	to follow								
Population Health Director	Vacant ICP Member	tbc	to follow								
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

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
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: □ Strays Management Consulting, Senior Associate Consultant □ ZPB Consulting Ltd, Senior Advisor □ DAC Beachcroft LLP Senior Leadership & Governance Advisor □ 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: □ Strays Management Consulting, Senior Associate Consultant □ ZPB Consulting Ltd, Senior Advisor □ DAC Beachcroft LLP Senior Leadership & Governance Advisor □ 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	Y	1. Chair of Thames Water Customer Challenge Group 2. Chair of Regeneration for London Legacy Development Corporation 3. Board Member Regulator for Social Housing 4. MD of Engage – Building Networks of Trust 5. Governor of the Leathersellers Federation of Schools	1 2 3 4		5		1. Chair of Thames Water Customer Challenge Group 2. Chair of Regeneration for London Legacy Development Corporation 3. Board Member Regulator for Social Housing 4. MD of Engage – Building Networks of Trust 5. Governor of the Leathersellers Federation of Schools	July 21 2018 July 21 2012	2018	
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 2013 May 2020	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								
Cllr Piers Allen	Richmond Health & Wellbeing Chair ICP Board Member	Y	1. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convener of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convener 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 8. Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre)	1		2 3 4 5 6 7 8		1. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convener of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convener 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 8. Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre)	1 July 2022 1 July 2022 23 May 2022 23 May 2022 7 June 2022 23 May 2022 March 2021 23 Aug 2022	Current Current 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 Compliance with ICB Col Policy
Cllr Graeme Henderson	Wandsworth Health & Wellbeing Chair ICP Board Member	N	Nil return								
Anna Popovic	Director of Children's services ICP Board Member	N	Nil return								
Annette McPartland	Director of Adult Social Services ICP Board Member	N	Nothing to declare								
Iona Lidington	Director of Public Health ICP Board Member	tbc	to follow								
Caroline Dwyer	Growth & Economy ICP Board Member	Y	1. Non Executive Director Shoreham Port Authority 2. Non Executive Director Jersey Development Company 3. Member Office of Road and Rail Regulation Expert Panel 4. Commissioner National Preparedness Commission	1 2 3		4		1. Non Executive Director Shoreham Port Authority 2. Non Executive Director Jersey Development Company 3. Member Office of Road and Rail Regulation Expert Panel 4. Commissioner National Preparedness Commission	2014 2021 2020 2021	To date To date To date To date	
Brenda Scanlon	Croydon Place Member Chair of Age UK Croydon ICP Board Member	tbc	to follow								
Dr Sy Ganesaratnam	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								
Nick Merrifield	Kingston Place Member ICP Board Member	Y	1. Director, Kingston GP Chambers Ltd 2. Clinical director, New Malden and Worcester Park PCN 3. Spouse works for The Health Foundation, which awards grants and does consultancy work	1. 2.			3	1. Director, Kingston GP Chambers Ltd 2. Clinical director, New Malden and Worcester Park PCN 3. Spouse works for The Health Foundation, which awards grants and does consultancy work	2011 2010 2021	To date To date To date	Recuse from relevant decisions, declare within a meeting if relevant
Liz Meerabeau	Healthwatch Representative Chair of Kingston HealthWatch ICP Board Member	N	Nil Return								

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
Kathryn Williamson	Voluntary Sector Representative Director of Richmond CVS ICP Board Member	Y	1. Director (Chief Officer) of Richmond CVS, a charity supporting the voluntary and community sector in Richmond 2. Member of the Richmond Health & Wellbeing Board as VCS representative 3. Member of Richmond Place Committee as VCS representative	1	2 3			1. Director (Chief Officer) of Richmond CVS, a charity supporting the voluntary and community sector in Richmond 2. Member of the Richmond Health & Wellbeing Board as VCS representative 3. Member of Richmond Place Committee as VCS representative	2017 2013 2021	To date To date To date	
Sabah Hamed	Kingston HWBB Chair ICP Board Member	N	Nil return								
Fenella Merry	Director of Resources ICP Board Member	tbc	To follow								

MINUTES
South West London Integrated Care Partnership
13th July 2022 12:00-13:00
via Teams Meeting

Co - Chairs: Millie Banerjee and Ruth Dombey

Members:	Designation & Organisation
Ana Popovici (AP)	Director of Children's Services
Ann Beasley (AB)	Chair - SWL & St Georges MH Trust
Annette McPartland (AM)	Director of Adult Social Services
Carol Cole (CC)	Vice-Chair, CLCH
Carolyn Dwyer (CD)	Director of Growth, Regeneration and Development (Sutton)
Gillian Norton (GN)	Chair- St Georges
Gloria Rowland (GR)	Chief Nurse & Allied Professional Office/Director for Patient Outcomes)
Graeme Henderson (GH)	Wandsworth HWBB Chair
John Byrne (JB)	SWL ICB Executive Medical Director
Karen Broughton (KB)	SWL ICB Deputy CEO/Director of People
Kathryn Williamson (KW)	Voluntary Sector rep - Director Richmond CVS
Liz Meerabeau (LM)	HealthWatch representative - Healthwatch Kingston
Millie Banerjee (MJ)	ICP Co-Chair , Chair SWL ICB
Peter McCabe (PM)	Merton HWBB Chair
Piers Allen (PA)	Richmond HWBB Chair
Ruth Dombey (RD)	ICP Co-Chair , Leader of SWL Councils (Leader Sutton Council)
Sabah Hamed (SH)	Kingston, HWBB Chair
Sarah Blow (SB)	SWL ICB CEO
Shannon Katiyo (SK)	Wandsworth Place -Director of Public Health
Sukhvinder Kaur-Stubbs (SKS)	Chair in Common of Kingston Hospital Foundation Trust and Richmond and Hounslow Community Healthcare
Yvette Hopley (YH)	Croydon HWBB Chair
Apologies	
Brenda Scanlan (BS)	Croydon Place- Chair of Age UK Croydon
Charles Alexander (CA)	Chair - RMH
Dino Pardhanani (DP)	Sutton Place- GP and Place convenor
Ian Thomas (IT)	Health CEO representative - CEO, Kingston Borough Council
Jo Farrar (JF)	Richmond Place
Michael Bell (MB)	Chair - Croydon University Hospital
Nicola Jones (NJ)	GP- Primary care representative
Sayanthan Ganesaratnam (SG)	Merton Place -GP Medical Director - Merton Federation
In Attendance	
Andrew Demetriades	Programme Director ICS Development
Anne Price	ICP/ICB Committee Officer
Ben Luscombe	Chief Operating Officer, SLW ICS
Chana Gurvinder	Corporate Service Manager

Charlotte Gawne	Executive Director of Communications and Engagement, SWL ICS
Neil McDowell (NM) <i>for Helen Jameson</i>	Chief Finance Officer, SWL ICS

No.	AGENDA ITEM	Action by
1.	Welcome and Apologies	
	<p>The Chair(s) welcomed everyone to the inaugural Board meeting of the SWL Integrated Care Partnership (ICP).</p> <p>Apologies received are noted above, and with no further apologies the meeting was quorate.</p>	
2.	Declarations of Interest	
	A declaration of interest register was included in the meeting pack. There were no further declarations relating to items on the agenda.	
3.	Chairs welcome to the Integrated Care Partnership (ICP)	
	<p>The Chair(s) welcomed new Board members, staff and members of the public to the first ICP Board meeting.</p> <p>As an introduction, RD highlighted the opportunities going forward for the ICP by bringing together the NHS, Local Government, Voluntary and Community Sector and Healthwatch, to address the health inequalities brought to the forefront during Covid-19 pandemic in practical and meaningful ways.</p> <p>The ICP will breakdown silo working, ICP members will stop thinking from the point of view of their own organisations and start thinking about outcomes for the people living in SWL, to make a meaningful difference, and shifting funding towards prevention and early intervention.</p> <p>The people living in SWL will have the opportunity to make choices and understand the opportunities that are available enabling them to make decisions about their lives that will impact on both their mental and physical health.</p>	
4.	Draft Terms of Reference (ToR) for the Integrated Care Partnership	
	<p>KB provided an overview of the development of the ToR for the ICP in line with the duties expressed in the Health and Care Act 2022.</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>Comments from members highlighted the need to have stronger reference to the Voluntary and Community sector, and the voice of service users and carers referenced to emphasising the aim of co-production.</p> <p>It was noted no reference to any resourcing committee was included.</p> <p>Three areas highlighted for further consideration in the ToR included identifying and escalating risks to the achievement of the development of the ICP strategy, formal review of the performance of the Board and the ability to obtain legal or other professions advice on any matters in the remit of the Board as they emerge.</p> <p>Permission for members to send a deputy to attend meetings and vote in their absence will need to be discussed.</p> <p>It was agreed a timeline against the responsibilities and activities of the ICP Board should be agreed and documented.</p> <p>In response, KB thanked members for their feedback and confirmed a revised ToR will be circulated for further review and approval at the next meeting.</p> <p>Members of the SWL ICP received and noted the draft terms of reference for the committee.</p>	
<p>5.</p>	<p>Core20PLUS5 – Reducing health inequalities in SWL</p>	
	<p>GR presented the report 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, the system continues 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 outlined 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>A number of comments were received from the Board.</p> <p>The importance of early engagement with Voluntary Sector colleagues during the initial set up and design of programmes to ensure they are relevant to local communities was highlighted.</p>	

	<p>GR assured the Board there is a focus on babies, children and young people and a children and young people’s board has been convened, co-chaired by ICP member, Ana Popovici.</p> <p>The need to assess the needs of minority minorities was highlighted, by demonstrating a good understanding of minority groups specific needs to ensure they are not hidden or lost in the population shown as ‘others’ when setting priorities.</p> <p>GR was asked to give assurance that the granular knowledge of all minority groups and how or why they are the reflected in the plans and priorities.</p> <p>A key challenge for the ICP will be to identify those people in the system it does not know about because they have not presented themselves to the services available in SWL. The most significant gains at a population level will be made by putting measures in place to identify those people to prevent them from developing disease in the first place by managing risk factors.</p> <p>The ICP should be embedding health inequalities at a community level in terms of civic interventions that cover the whole population, for example reviewing policies, strategies, and delivery of commissioned services with an inequality lens to support the whole population to stay healthy.</p> <p>Borough representatives were asked to ensure everyone living in their borough understands the importance of registering with a G.P. to make sure data is inclusive. As communities become more diverse and arrive from many parts of the world where it is not normal procedure to register with a GP.</p> <p>The importance of looking at trends in individual cohorts as health has improved far greater in the more advantaged communities noted.</p> <p>In response to comments and questions received, GR assured the Board she will respond to specific questions outside of the meeting. In reference to other minority groups GR confirmed a deep dive is needed to understand the data and agreed for the need to change the culture in the system to embed health inequalities into everything we do and reviewing how the system approaches health inequalities impact assessments.</p> <p>The Board noted the report and system areas of focus to tackle reduction of inequalities.</p>	
<p>6.</p>	<p>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</p>	
	<p>The Chair invited questions members of the public from the live stream.</p> <p>It was noted that due to technical issues with the live broadcast, questions from the public will be noted and responded to outside of the meeting.</p> <p>In response to a question received by email in advance of the meeting, SB confirmed, as a system all committees and groups set up will be focused on delivery, identifying key priorities whilst ensuring there is no duplication. SB highlighted integrated working is about working together across the system, not doing things multiple times.</p> <p>In response to the points raised relating to digital exclusion, SB confirmed from an NHS perspective the system will ensure people will have access to services</p>	

	without digital technology, either by face to face consultations or by telephone, whilst supporting people who can access services digitally to make best use of the 'digital revolution'.	
7.	Any Other Business	
	There was no further business for discussion.	
8.	Date of next meeting	
	Wednesday 5 October 2022 17:30pm – 19:30pm Hotel Antoinette, The Broadway, Wimbledon, SW19 1SD	

DRAFT

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	5 th October	Agenda No	Item 4
Report Title:	Updated Terms of Reference for the South West London Integrated Care Partnership (SWL ICP)		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Andrew Demetriades, Programme Director: ICS Development Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Review and agreement		
Executive Summary:	<p>Following the last meeting of the SWL ICP the Terms of reference have been updated to reflect key amendments suggested at its meeting on the 13th July 2022.</p> <p>The changes include specific references to the role of the ICP in:</p> <ul style="list-style-type: none"> • Championing inclusion and transparency • Ensuring the active role and participation of the voluntary and community sector • Ensuring the voice of service users and carers is heard and the importance of co-production • Actively promote place-based/neighbourhood engagement to gather local insights in the development of the Integrated Care Strategy. <p>Proposed sub-group arrangements have also been revised to provide flexibility in establishing future sub-group arrangements linked to the development of the Integrated Care Strategy and key workstreams which will be determined in due course.</p> <p>The Terms of Reference will kept under review and will be revised accordingly in due course subject to any locally agreed changes to the role of the Board, planned changes in national guidance, proposed changes in membership and/or SWL wide governance arrangements.</p> <p>The Terms of Reference will be formally reviewed on annual basis.</p>		
Recommendations:	Members of the SWL ICP are asked to review and approve the updated draft terms of reference for the committee		

NHS South West London Integrated Care Partnership

DRAFT TERMS OF REFERENCE

October 2022

For review

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South West London Integrated Care Partnership Updated Terms of Reference October 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, its focus is to 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 overall purpose of the ICP is to bring together organisations and representatives to reduce health inequalities and improve the care, health and wellbeing of the people in South West London.

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. The ICP Strategy will be produced to ensure it fulfils its statutory requirements in line with national guidance and timeframes.

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 wellbeing 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 care 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 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. 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 actively promote place-based/neighbourhood engagement so that local insights can inform the development of the Integrated care Strategy.

The ICP will actively ensure that the voluntary and community sector, and the voice of service users and carers, are pivotal to the work of the ICP and its way of working.

The ICP will develop, agreed, 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 ICP 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 ICP 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 ICP strategy and priorities, delivery groups and time limited task and finish working groups will be established as necessary to ensure the Integrated care Partnership can fulfil its duties.

Delivery groups and task and finish groups will provide written updates on their progress to the ICP as required.

Delivery groups and task and finish groups will be reviewed on an annual basis to ensure that the governance arrangements continue to be fit for purpose

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 two 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:	5 th October 2022	Agenda No	Item 5
Report Title:	Guidance and local approach to the development of the SWL Integrated Care Strategy		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Andrew Demetriades, Programme Director: ICS Development Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Review and approval		
Executive Summary:	<p>The ICP will be required to produce an Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the ICS, including how commissioners in the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.</p> <p>The Department for Health and Social Care (DHSC) has produced guidance on the preparation of Integrated care strategies https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies The guidance covers an introduction to the strategy and its purpose; processes for producing the strategy; its content; and the publication and review of the strategy.</p> <p>The guidance sets out that the integrated care strategy will be informed by local Joint Strategic Needs Assessments (JSNA's). ICPs' should use these assessments, but also carry out further research and draw on other data sources, to build a holistic understanding of their local populations' health and care needs including those groups who are underrepresented in assessments of need including those covered by the term 'inclusion health'. Inclusion health groups typically include people experiencing homelessness, people who sleep rough, vulnerable migrants, Gypsy, Roma and Traveller communities and sex workers, as well as victims of modern slavery, people with drug and alcohol dependency and those in touch with the criminal justice system.</p> <p>Integrated care strategies are encouraged to focus on activity that can be delivered by systems at system (or cross-system) level, while Joint Local Health and Wellbeing Strategies (JLHWSs) – developed by Health and Wellbeing Boards (HWBs) – should focus on what can be delivered at 'place' and in communities. ICPs' and HWBs have statutory commitments to deliver both of their strategies separately; although it is important these align.</p> <p>ICPs should engage with local Healthwatch organisations; local people and communities; providers of health and social care services; the voluntary, community, and social enterprise (VCSE) sector; local authority and ICB leaders; and wider organisations and partnerships to ensure a wide range of people are able to engage and input into the production of the strategy. This process of engagement should be continuous and alongside the development of the integrated care strategy.</p>		

	<p>The government has recognised that the contents of the strategy will vary from system to system but expects agreeing shared outcomes within the ICS, quality improvement, and joint working under section 75 of the NHS Act 2006, to be important aspects of all strategies.</p> <p>The guidance outlines some key areas to consider when producing the strategy, including: personalised care; addressing disparities in health and social care; population health and prevention; health protection; babies, children, young people and their families, and healthy ageing; workforce; research and innovation; health-related services; and data and information sharing.</p> <p>ICPs will need to consider revising their strategy when they receive a new JSNA, and are encouraged to work with HWBs, local authorities and ICBs to align the timelines of their strategies with the expected five-year joint forward plan which will be produced by the end of March 2023</p> <p>All ICPs should publish an Interim Integrated Care Strategy by December 2022.</p> <p>To support the co-ordination and delivery of the Integrated Care strategy we will need to ensure there is a co-ordination and delivery group that reflects the key members of the partnership and ensure this is jointly led by executive leads from Health, Local Authorities and other key partners. It is therefore proposed that we establish a Strategy Delivery Working Group to oversee the production of the strategy. This is likely to include joint executive leads (NHS/LA's) plus others who will have key inputs and ownership of specific elements of the development and authorship of the Integrated care strategy.</p> <p>In line with the guidance, it is proposed that the ICP develops an initial strategy discussion document setting out its high level strategic intentions and its initial priorities. The discussion document would be subject to process of engagement and consultation in the first quarter of 2023 prior to final publication.</p> <p>As part of the first phase of strategy development work, It is proposed that an ICP seminar will be held later in November to consider the outcome of the needs analysis work as well as the views of ICP stakeholders on key so that the partnership consider what might be potential priorities.</p> <p>The attached supporting presentation slides provide a summary of the national guidance and sets out the proposed local approach to developing the SWL Integrated care strategy including the phases of development and engagement including timelines for its production.</p> <p>This phased approach will seek views on priorities as part of a continuous process of engagement and input from ICP members to ensure we gather evidence, opinions and insights across the partnership.</p>
<p>Recommendations:</p>	<p>Members of the SWL ICP are asked to:</p> <ol style="list-style-type: none"> 1) Review the summary of the national guidance on the preparation of Integrated Care Strategies

- | | |
|--|--|
| | 2) Approve the proposed local approach to the development of the SWL Integrated Care Strategy including the creation of a strategy delivery working group to co-ordinate the production of the strategy. |
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National Guidance on the preparation of Integrated Care Strategies

Proposed South West London approach to developing our ICP Integrated care strategy

South West London Integrated Care Partnership

5 October 2022

Integrated Care Partnerships (ICPs) are required to publish an initial strategy by December 2022

DHSC have now issued guidance on the ICP Strategy. We have drawn out a number of key points from the guidance to shape the development of the approach to deliver the SWL ICP Strategy. The guidance recognises that ICSs are in different stages of development and that the first ICP strategy may be in a lesser state of maturity due to this and due to the tight timescales for production. The guidance proposes that an **interim strategy is produced by December** but that this more about the 'Why and What' rather than the 'When and How' which will develop later. ICP's first interim strategies will not be assessed.

Statutory requirements of the Integrated care Partnership in relation to preparation of the integrated care strategy:

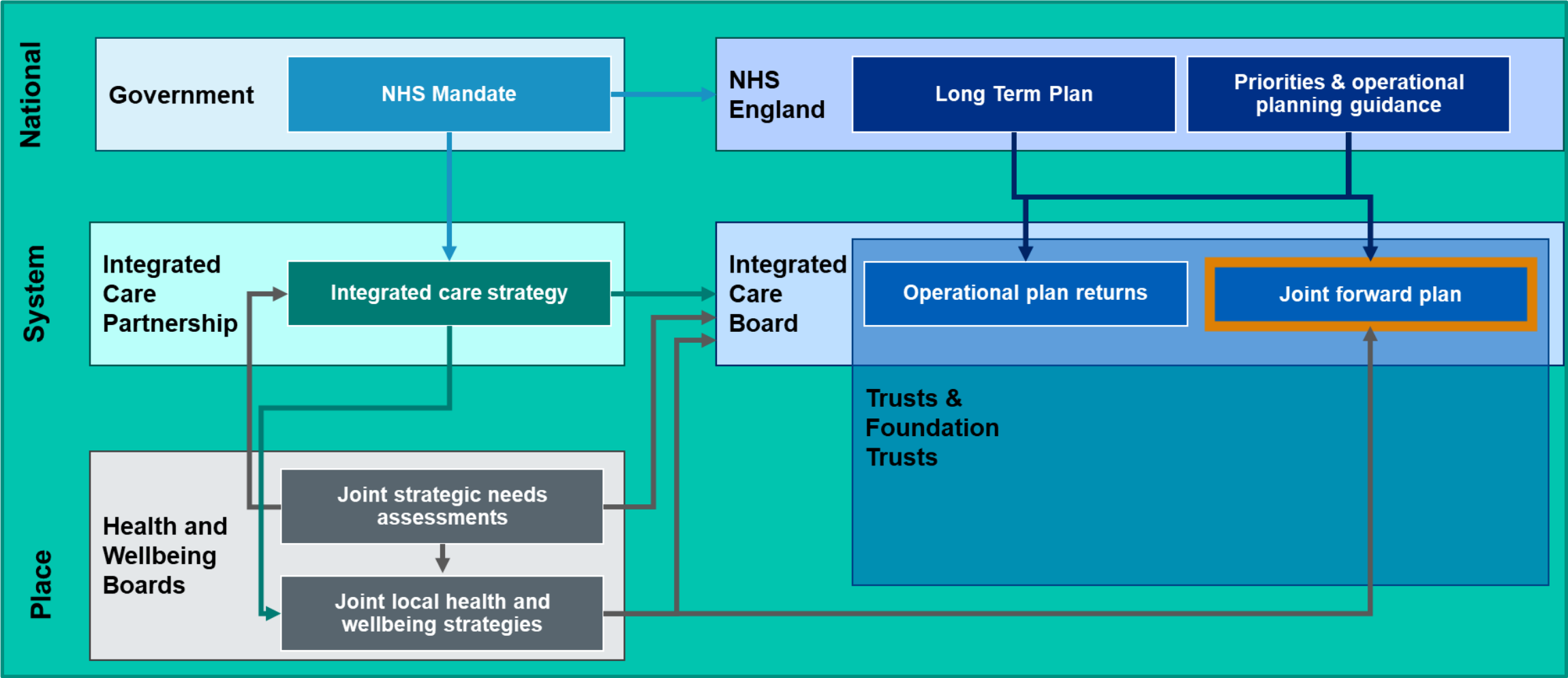
- Must set out how the **'assessed needs'** from the **joint strategic needs assessments are to be met** by the functions of the ICB, NHSE or partner local authorities
- Must consider whether needs could be **more effectively met with a section 75 arrangement**
- Must have **regard to the NHS mandate** (unless compelling or exceptional reasons not to do so)
- Must involve **local Healthwatch organisations** whose areas coincide with or fall wholly/ partly in the ICPs area; and **people who live and work in the area**
- Must **publish the strategy** and **distribute copies to each partner local authority and each ICB** that is partner to one of those local authorities
- Must consider **revising the ICS** whenever they receive a **new joint strategic need assessment**

ICPs have a legal duty to ensure the strategy is prepared to meet the statutory requirements outlined above

Purpose of the Strategy

- Opportunity for Joint **working with a wide range of ICS partners** to co-develop **evidence-based, system-wide priorities**
- Priorities should be aimed at **improving the public's health and well being** and **reducing health inequalities**
- Intended to address **how assessed needs can be met within the ICS** through commissioning and the provision of quality services by its statutory organisations. The strategy should complement the production of **local strategic needs assessments** and **joint local health and wellbeing strategies**, produced by the relevant health and wellbeing boards
- The ICP should encourage partners to **ensure decisions and delivery are occurring at the right level** when producing the strategy
- It should acknowledge where **needs are best addressed at an ICS-level** and **complement but not replace/supersede** priorities outlined at a local level

The ICP Integrated Care Strategy will be built from existing needs assessments, strategies and plans and through the ICP will drive the development of the Joint Forward Plan



Integrated Care Strategy : Key headlines



Evidence of need

- The integrated care strategy should address **the physical and mental needs of local people** of all ages identified in the joint strategic needs assessments, **particularly focusing on where system-wide interventions would be the most effective**
- It should also **acknowledge groups under-represented in assessments of need (inclusion health)** and support ICS statutory organisations to **identify and meet the needs of all persons**, in respect to accessing health services. E.g. action to improve health and care for people who are socially excluded, experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma) stigma and discrimination, people experiencing homelessness, people who sleep rough, vulnerable migrants, Gypsy, Roma, and Traveller communities and sex workers, the victims of modern slavery, people with drug and alcohol dependency and people in touch with the criminal justice system
- Should consider using a **'life course'** approach by considering the critical stages such as conception through to early years, transitions between life phases, or settings where large differences can be made in promoting or restoring health and wellbeing, and closing the disparities in health and wellbeing.

Shared outcomes

Should focus on developing **priority outcomes, based on the needs identified in the Joint Strategic Needs Assessments**, to bring focus to the system, and driving progress on the most important outcomes for the local population. **The DHSC will set out further detail on shared outcomes, by April 2023.**

Involving people and organisations

In order to draw upon best practice and guidance across the ICS, **widespread stakeholder engagement and co-production** will be essential.

Development of the strategy must **involve local Healthwatch organisations** and people living and working in the area covered by the ICP. The organisations that should be involved and the nature and level of their involvement will be up to the individual ICPs

Publication and review

- ICPs are responsible for publishing the integrated care strategy and making it readily available and accessible across the ICS
- Refresh of the strategy will be required at intervals to ensure alignment with other policies / guidance e.g. joint strategic needs assessments
- The ICP should regularly review the impact of the strategy within the system and its delivery by the ICB, NHSE and local authorities

Other areas to consider in developing the Integrated Care Strategy

Personalised Care

Integration of services to create a more flexible and personalized service for people who draw on health and adult social care services

Health protection

Allocating health protection responsibilities to system partners to deliver improved outcomes to communities, e.g. infection prevention measures, immunisation, emergency preparedness

Research and innovation

Utilise research and practice-based evidence to effectively assess population needs, explore the most effective ways to address these needs, and support the reduction of health inequalities

Wider organisations

The strategy should include a statement on integration with other services such as employment support and housing authorities that impact on health and wellbeing but are not health or social care services.

Disparities in health and social care

Outline ways to address unwarranted variations in population health, access, outcomes and experiences

Babies, children, young people, their families and healthy ageing

Responding to the needs of the whole population of all ages, e.g. family hubs with a whole-family approach through integration with wider health related services

'Health-related' services

Encouraging closer integration with non-health or social care services that could affect the wider determinants of health, e.g. housing/ employment

Anchor Institutions

Strategies should explore the role that local government, NHS, other large employers and partners play as anchor institutions, and the potential to benefit communities and enhance socio economic conditions.

Population health/ prevention

Exploring opportunities to work jointly and use collective resources across partners to support prevention of physical and mental ill-health, and health and wellbeing across the population

Workforce

Outlining the next steps to achieving an integrated one workforce' approach across health and adults social care, designed to support improved ways of working and patient-focused care

Data and information sharing

Developing digital infrastructure, building data quality and digital capability to inform decision making, and improving compliance with confidentiality laws and data protection obligations

Joint working and section 75

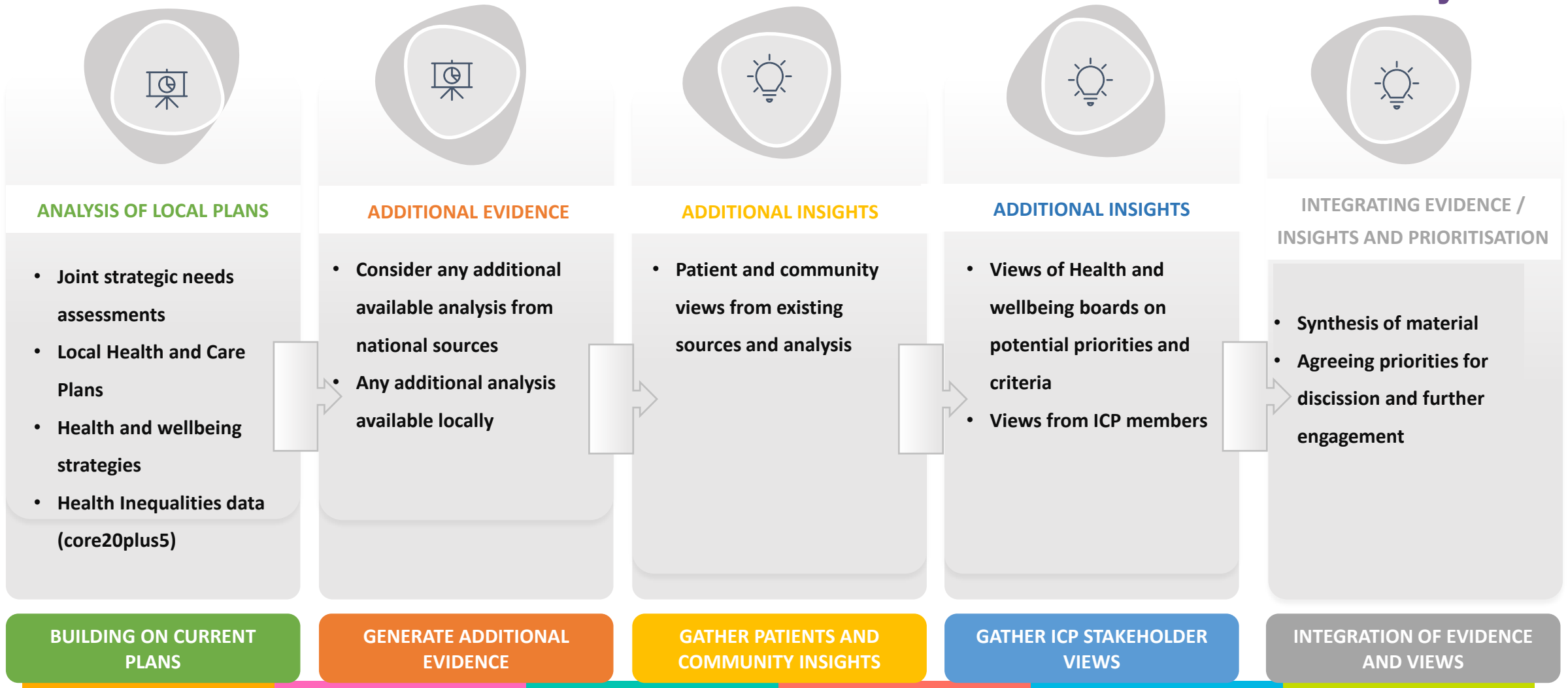
The ICP must consider whether needs could be better met through an arrangement, such as the pooling of budgets. ICPs should make recommendations on section 75 arrangements as part of strategies.

We need to take a phased approach to developing the SWL ICP Integrated Care Strategy

Understanding Need	Determining ICP Priorities	ICS Delivery Planning	Final ICP Strategy publication and mobilisation
August – October	November- December	January –March	April
<ul style="list-style-type: none"> • Convene Needs assessment group • Mapping of all needs analysis sources • Undertake initial health needs analysis • Development of initial themes for sharing with the ICP • Presentation of emerging themes to ICP 	<ul style="list-style-type: none"> • Convene ICP Strategy Delivery Group • Collation of available insights -patients and communities • Further needs analysis and completion • Gathering feedback from ICP stakeholders • ICP consideration of Needs analysis • Development of Prioritisation framework • Undertake prioritisation process • Preparation of ICP Strategy Discussion Document • Publication of ICP Strategy discussion Document 	<ul style="list-style-type: none"> • Engagement on the ICP Strategy discussion document • Consider feedback and refine priorities • Review and refine ICP governance to support delivery of the strategy • Produce Strategy priority workstream delivery plans • Input to joint forward plan and alignment 	<ul style="list-style-type: none"> • Publication of final Integrated Care Partnership strategy • Mobilising delivery plans • Reporting programme in place to enable oversight from the ICP

Throughout the strategy development process, we will seek to ensure there is an ongoing conversation about the development of our strategic intentions and priorities as an ICP. A monthly co-chairs ICP update will also be shared ICP members and stakeholders

Analysis of local needs, strategies and gathering views to help build future priorities



We propose establishing a Strategy Delivery Group to ensure joint leadership of the development of the Integrated Care Strategy



To support the **co-ordination and delivery of the Integrated Care strategy** we need to ensure there is a co-ordination and delivery group that reflects the key members of the partnership and ensure this is jointly led by executive leads from Health, Local Authorities and other key partners.

It is proposed that we **establish a Strategy Delivery Working Group** to oversee the production of the strategy. This is likely to include joint executive leads (NHS/LA's) plus others who will have key inputs and ownership of specific elements of the development and authorship of the Integrated care strategy.

ICP DPH Executive Lead
ICP Executive Lead Adult Social Care
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
ICB Director of Communications and engagement
ICP Primary Care lead
ICB Director of Health and Care In the community
Programme Director: ICS Development
ICP Health watch Executive lead
ICP Voluntary Sector lead

It is proposed that we consider a phased approach to seeking views on ICP priorities through a process of gathering evidence, opinions and insights across the partnership

We need to explore **gaps in care, unwarranted variation, and disparities in health and care outcomes and experiences between parts of the population** and understand **opportunities where system wide action** could be effective in improving these, including **addressing the wider determinants of health and wellbeing, and preventing ill-health and future care and support needs.**

It is proposed that we would write to **all ICP Stakeholders** including Health and Wellbeing Boards, Place and wider representatives asking several key questions:

- *What do ICP members think should be the top priorities for the ICP where system wide action could be effective in addressing our key challenges and opportunities across South West London?.*
- *What criteria might we use to help us decide on our future ICP Integrated Care strategy priorities?*

Views received from ICP stakeholders would be considered alongside the evidence and analysis from the needs assessment work in helping the ICP determine its priorities **at a proposed ICP workshop on the 23rd November.**

At the session we would aim to triangulate the needs analysis with the further information gathered and determine some initial priorities for further dialogue and engagement across the partnership.

A further period of engagement and testing of priorities would be undertaken when the ICP has published the initial integrated strategy as a **discussion document.**

Developing the SWL Integrated Care Strategy : Summary points for reflection

- We need to take a **phased approach to the strategies development** through understanding need, determining priorities, delivery planning and eventual implementation
- ICP priorities for action should focus on **where scale can make a difference**, complementing and not superseding local place based plans and priorities.
- We need to ensure the **right level of engagement** in developing the strategy involving a broad range of ICP stakeholders.
- We need to **allow the partnership time to develop its thinking and planning** as a new body and recognise this is a **transitional year** -our fuller strategy and approach as an ICP will take time to develop.
- Our strategy, whilst reflecting consideration of the guidance, should be in the form of a **discussion document** setting out our **ambitions, emerging priorities and areas for collective action.**

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	5 th October	Agenda No	Item 7a
Report Title:	ICP Guidance on Health and Wellbeing Boards		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Andrew Demetriades, Programme Director: ICS Development Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Discussion		
Executive Summary:	<p>The responsibilities of Health and Wellbeing Boards (HWBs) outlined in the Health and Social Care Act 2012 are:</p> <ul style="list-style-type: none"> • assessing the health and wellbeing needs of their local population • publishing a JSNA and joint local health and wellbeing strategy • promoting greater integration and partnership working. <p>Guidance on Health and Wellbeing Boards had not been updated since 2013. In July 2022, Health and Wellbeing Boards draft Guidance for Engagement was published by The Department of Health and Social Care. https://www.gov.uk/government/publications/health-and-wellbeing-boards-draft-guidance-for-engagement/health-and-wellbeing-boards-draft-guidance-for-engagement-questions-for-engagement. The engagement document's purpose is to align HWBs with the Health and Care Act 2022.</p> <p>The publication focuses on the role of HWBs in enabling effective system and place-based working and provides clarification about their role within systems</p> <p>The guidance recommends that systems build on the work of HWBs to ensure that action at a system-wide level adds value to what is being done at place.</p> <p>The guidance suggests five principles for Partners to adopt when developing relationships, including:</p> <ul style="list-style-type: none"> • building from the bottom up • following the principles of subsidiarity • having clear governance • ensuring that leadership is collaborative • avoiding duplication of existing governance mechanisms <p>The document outlines that HWBs and ICPs are expected to work collaboratively in the preparation of the integrated care strategy to tackle challenges that are best dealt with at a system level. HWBs must consider whether to revise the JLHWS when they receive the integrated care strategy, and ICPs should use the insight and data held by HWBs when developing their strategy.</p> <p>A series of questions are being asked by the DHSC of Health and Wellbeing Boards prior to final publication of the guidance.</p>		
Recommendations:	<p>Members of the SWL ICP are asked to review the guidance and consider:</p> <ol style="list-style-type: none"> 1. The relationship of the ICP to Health and Wellbeing Boards. 		

	<ol style="list-style-type: none">2. Whether there are any additional mechanisms that need to be put in place to strengthen ways of working and partnership arrangements.3. To consider the final response to engagement on the guidance once this is published including any responses from local Health and wellbeing boards.
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Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	5 th October 2022	Agenda No	Item 7b
Report Title:	Principles for health oversight and scrutiny committee oversight and engagement with ICPs		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Andrew Demetriades, Programme Director: ICS Development Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Discussion		
Executive Summary:	<p>In July 2022, <i>Health overview and scrutiny committee principles guidance</i> was published by The Department of Health and Social Care. https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles</p> <p>The guidance sets out expectations for how Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs), local authority health overview and scrutiny committees (HOSCs) and other local system partners will work together to ensure that systems are locally accountable to their communities.</p> <p>The guidance outlines five principles for effective partnership working to ensure the benefits of scrutiny are realised, which are:</p> <ul style="list-style-type: none"> • Outcome-focused – a strategic approach to consider the best way to scrutinise and evaluate the key strategies and outcomes of system partners. • Balanced – ICBs and ICPs should take an inclusive and future-focused approach to agreeing scrutiny arrangements, while at the same time ensuring HOSCs can be reactive and responsive to issues in local communities. • Inclusive – System partners should work with HOSCs to ensure local people’s needs and experiences are considered when commissioning and delivering health services. • Collaborative – communities, providers and planners of health and care services should help to inform the strategic direction of HOSCs in their areas. • Evidence-informed – health and care providers and commissioners should respond positively and constructively to requests for information from HOSCs. <p>In South west London, we already have well established Place and ICB wide relationships with HOSCs where there is regular scrutiny on a range of health related issues.</p>		
Recommendations:	Members of the SWL ICP are asked to consider the guidance and consider if there are additional mechanisms the ICP should establish to strengthen effective partnership working with HOSCs.		

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	5 th October 2022	Agenda No	Item 7c
Report Title:	Principles for engagement with the adult social care sector		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Andrew Demetriades, Programme Director: ICS Development Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Discussion		
Executive Summary:	<p>In July 2022, <i>Expected ways of working between integrated care partnerships and adult social care providers</i> was published by The Department of Health and Social Care. https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships/expected-ways-of-working-between-integrated-care-providers-and-adult-social-care-providers</p> <p>The guidance sets out a series of four engagement principles for Integrated Care Partnerships (ICPs) and adult social care (ASC) providers to guide their work together. It serves to ensure ASC providers are involved as essential partners within the ICP and therefore the development of the integrated care strategy.</p> <p>The principles at the centre of the guidance are:</p> <ul style="list-style-type: none"> • Partnership – ASC providers are critical partners in planning, delivering, and improving care and outcomes, and should be fully engaged in the strategic planning of the ICP. • Inclusion – ICPs and providers should collectively support the whole ASC voice to be heard. • Subsidiarity – ICPs and ASC providers should build on existing place-based partnerships and foster new working relationships within their local communities. • Knowledge sharing – ICPs should share good practice across places and systems to improve health and care services. <p>These principles, alongside guidance for ICBs and HWBs, will help to ensure ASC providers are involved in service planning across England.</p>		
Recommendations:	Members of the SWL ICP are asked to consider the guidance and consider if there are additional mechanisms the ICP should establish to strengthen effective partnership working with the adult social care sector.		

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	05 October	Agenda No	Item 8
Report Title:	ICP Investment Fund approach		
Lead Director/ Manager:	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Report Author (s):	Angela Flaherty, Transformation Director Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB.		
Presented for:	Review and approval		
Executive Summary:	<p>The attached slide deck details:</p> <ul style="list-style-type: none"> • The approach for the award of funds for the ICP Investment Fund 2022/23 • The value of the Investment Fund for 2022/23 and details of committed spend • A high level approach for the Investment Fund for 2023/24 for discussion and agreement with SWL ICP Committee. <p>The Investment Fund aims to give partners the opportunity to apply for funding for innovative projects and health inequality initiatives to improve the health and wellbeing, capturing community energy and enthusiasm for real health benefits.</p> <p>This year we have two parts to the Investment Fund which are both non-recurrent for the financial year 2022/23:</p> <p>(1)The Innovation Fund: £4.9 million</p> <p>This is aimed at supporting innovation and sharing best practice across South West London.</p> <p>(2) The Health Inequalities Fund: £2.7 million</p> <p>The Health Inequalities Fund has been awarded by NHS England to tackle Health Inequalities (Core20+5) across South West London. This funding is for implementing targeted health inequalities interventions for local populations. Place based partnerships within SWL will receive an allocation of the funding using a needs-based approach.</p> <p>We are asking for applications for this year's funding to support and increase sustainability and resilience over winter, for example, developing home escorting or settling services. We are particularly keen to support voluntary sector-led initiatives.</p> <p>Each element of the fund has a separate application form, criteria and panel but both are aligned to the same dates.</p> <p>For 2023/24, we are currently unable to state the specific value for the Investment Fund but are expecting similar values to be awarded for 2023/24 for Health Inequalities and Prevention, we should receive confirmation of these values later this financial year. For the Innovation Fund, NHS and statutory</p>		

	<p>partners need to agree the value of the Innovations Fund for next year but hope to be able to fund to a similar level</p> <p>For 2023/24 we are proposing a more collaborative approach to the Investment Fund and have suggested a high level process. We are seeking support from the ICP to create a sub-group to work through the detail of the process including the selection criteria.</p>
<p>Recommendations:</p>	<p>Members of the SWL ICP are asked to:</p> <ol style="list-style-type: none"> 1) Note ICP Chairs action for the approval of the 2022/23 Investment Fund Approach 2) Endorse the high-level approach for 2023/24 and proposed timeline 3) Support the establishment of an ICP working group to develop a detailed approach and determine the criteria for the allocation of funds for 2023/24

ICP Investment Fund Approach

5th October 2022

1. Executive Summary

This slide deck outlines:

- The approach for the award of funds for the ICP Investment Fund 2022/23
- The value of the Investment Fund for 2022/23, details of committed spend
- A high level approach for the Investment Fund for 2023/24

We have received **ICP Chair's action for the approval** of the approach proposed for 2022/23.

Members of the SWL ICP Committee are formally asked to:

- 1) Note ICP Chairs action for the approval of the 2022/23 Investment Fund Approach
- 2) Endorse the high level approach for 2023/24 and proposed timeline
- 3) Support the establishment of an ICP working group to develop a detailed approach and determine the criteria for the allocation of funds for 2023/24.

2. ICP Investment Fund Introduction

Overview

SWL ICS have established an Investment Fund to support the delivery of ICS Strategic Priorities. The funding aims to give Partners the opportunity to suggest innovative projects that could have a big impact on local health and wellbeing, capturing community energy and enthusiasm for real health benefits.

Approach

We are proposing a rapid approach for Year 1 to enable funding awards to take place within Q3 and for Year 2 onwards a more collaborative approach aimed at encouraging system wide innovation.

Year 1: 2022/23

Theme: Winter Sustainability and Resilience

Award process: Rapid Process with simple criteria

Remaining funding streams available:

- Innovation Fund
- Health Inequalities

Years 2-4: 2023-25

Theme: to be determined by the ICP

Award process: Shared annual process across all funding streams with varying criteria specific to funding requirements (e.g. HI)

Funding streams available:

- Innovation fund
- Health Inequalities tbc
- Green Plan Funding tbc
- Prevention Funding tbc
- Others TBD

3. ICP Investment Fund Detail

The total fund is comprised of the following funding allocations however the two funds available for the Investment Award process in 2022/23 are the Innovation Fund and Health Inequalities Fund. We are currently unable to state the specific value for the 2023/24 fund

but are expecting similar values to be awarded for 2023/24 for Health Inequalities and Prevention, we should receive confirmation later this financial year. For the Innovation Fund, NHS and statutory partners need to agree the value of the Innovations Fund for next year but hope to be able to fund to a similar level.

The table below details the four funds for 2022/23 and currently committed schemes;

Funding Type	Funding Source	Value 2022/23	Value remaining 2022/23	Amount and details of schemes already allocated
Innovation fund (Recurrent)	This fund has been created by allocating spend at the beginning of the financial year from the NHS budget	£4,955,641	£4,955,641	None allocated
Health Inequalities Fund (Non-Recurrent)	NHSE Health Inequalities Funding allocation. SWL share of £28m London pot (15%)	£4,318,000	£2,713,300	£1,339,880 system wide programmes £246,820 Overarching System capability/ Strengthening Leadership and Accountability
Green Plan Funding (Non-Recurrent)	ICB funded	£500,000 Capital	0	Bids submitted and shortlisting in progress
Prevention Funding (Non-Recurrent)	<ol style="list-style-type: none"> NHSE System Development Funding (SDF) NHS E CVD Funding NHS England Digital Funding NHS England Digital Funding 	£1,800,000 comprised of; <ol style="list-style-type: none"> £1, 100,000 (£665,000 2022/23) £200,000 £100,000 £400,000 	0	Fund fully allocated; <ol style="list-style-type: none"> SWL-wide smoking cessation programme to support SWL Acute trusts, Maternity services and MH trust smoking cessation services South London Diabetes Book & Learn Service for patients with Diabetes via GP or self-referral Piloting SWL-wide CVD Prevention Programme offering National exemplar & digital exclusion pioneer digital self-management offering that delivers via self-referral, Primary Care, Community, Trust, A&E and Place requirements and signposts to local prevention offerings

4.1 ICP Investment Fund Award Process 2022/23 Approach: Process and Criteria

We need to adopt a pragmatic and rapid approach for 2022/23 focussed on achieving sustainability and increasing resilience over Winter. This will increase the feasibility of the fund being allocated and spent by year end. We are anticipating that a number of these initiatives would be voluntary sector lead e.g. home escorting/settling services and that we may therefore issue a higher number of low value awards.

We propose following the process and timeline below;



Winter Sustainability and Resilience Scheme criteria

Applications will need to meet the following criteria;

- Clearly demonstrate how they would improve sustainability and/or increase resilience across health and care over the Winter period for 2022/23
- Clearly demonstrate impact on health and care
- Supports collaboration across the ICS
- Be a new scheme OR preparatory work for a 'Proof of Concept' funding in 2023/24
- Applications cannot be for core services or activities funded through other routes.

Applications for the Health Inequalities Fund will need to meet specific additional criteria.

4.2 ICP Investment Fund Award Process 2022/23 Approach: Selection Panels

Selection Panels

We are proposing the creation of two selection panels with the following members lead by the respective funding streams SROs;

Innovation Fund SRO: Karen Broughton, Deputy Chief Executive/Director of Transformation and People

Panel Members

1. Karen Broughton
2. ICP Chair/Member
3. Director of Public Health
4. ICS Finance lead
5. ICP Executive Medical Director
6. ICS Chief Operating Officer
7. VCSE Representative
8. Health Watch Representative
9. Director of Transformation

Health Inequalities SRO: Gloria Rowland, SWL Chief Nursing and Allied Health Professional Officer, Director of Patient Outcomes

Panel Members:

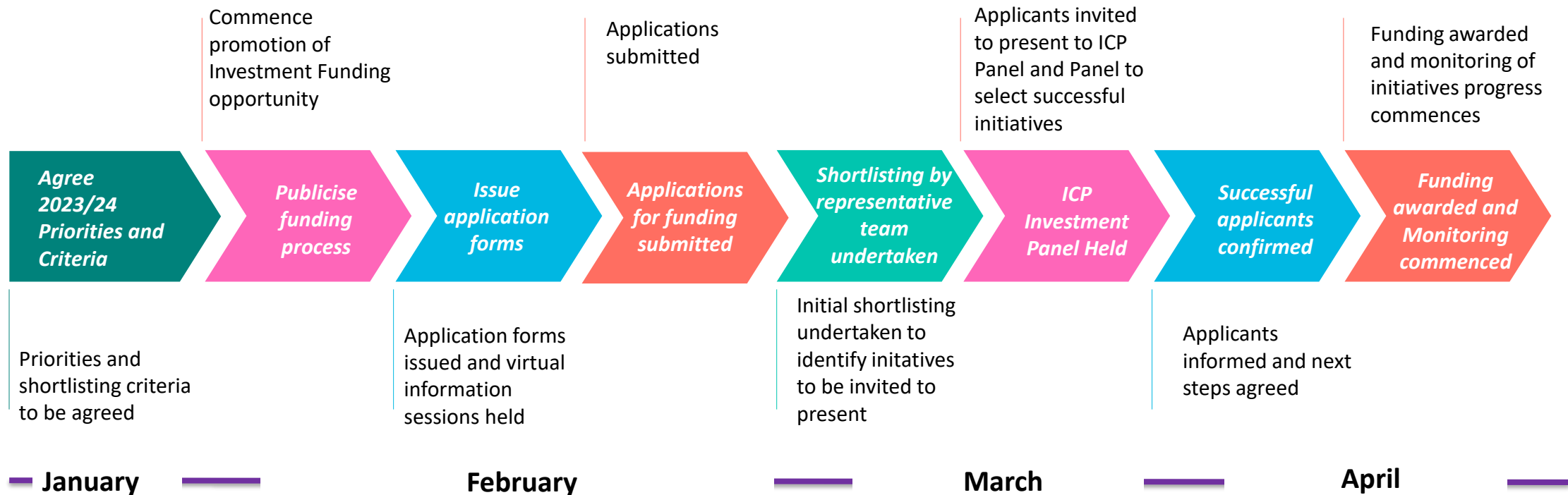
1. Gloria Rowland
2. ICP Chair/Member
3. Local authority Directors of Public Health (DsPH)
4. A Local authority Director of Adult Social Care (DASC)
5. A Local authority Director of Children's Services (DCS)
6. SWL PCN Lead
7. Healthwatch Representative
8. VCSE Representative
9. Patient Representative
10. ICS Finance Lead

Panel dates are in process of being determined.

5. ICP Investment Fund Award Process 2023/24: Building partnership collaboration and innovation



The approach for 2023/24 starts in Q4 of 2022/23 and allows sufficient time for engagement across our partnership and the development of innovative and collaborative ideas;



- This approach could be adapted to be enacted twice a year creating an additional opportunity for teams to submit ideas.
- We are proposing the creation of an ICP working group to determine the criteria for the allocation of funds for 2023/24

6. Support Required

Members of the SWL ICP are asked to:

- 1) Note ICP Chairs action for the approval of the 2022/23 Investment Fund Approach
- 2) Endorse the high level approach for 2023/24 and proposed timeline
- 3) Support the establishment of an ICP working group to develop a detailed approach and determine the criteria for the allocation of funds for 2023/24
- 4) Support the cascade of information for applications to the 2022/23 Investment Fund
- 5) Support participation in the Selection Panels for the 2022/23 Investment Fund.

Appendix A: South West London Health Inequalities funding allocation approach 2022/23 (1 of 3)

Ahead of the 2022/23 financial year, an additional £200 million was made available to the NHS. Allocations were determined using a health inequalities and unmet need adjustment based on age-standardised avoidable mortality, as per previous allocations, with **South West London receiving £4.3 million**. The additional funding should help systems to maintain work to reduce health inequalities, such as the [Five priority actions](#) and [Core20PLUS5](#), while achieving financial balance and elective recovery.

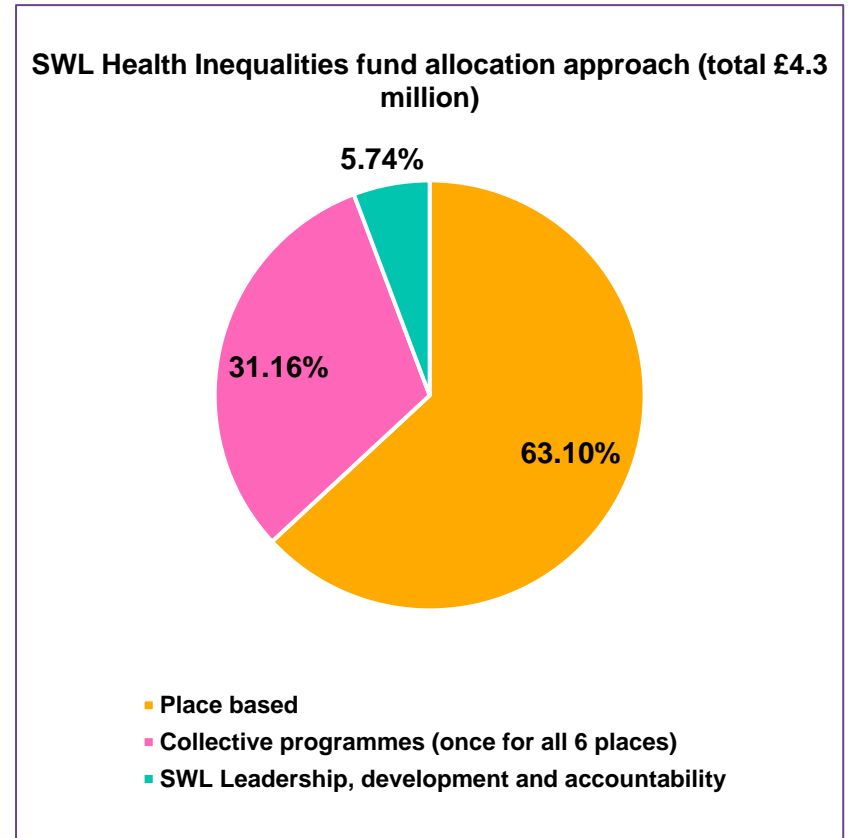
Our approach to allocating the fund is as follows:

63.1% (£2,713,300) to be **Place based** with:

- Wider place based health inequalities projects (£774,000)
- CORE20 population - Place based (£1,410,400)
- PLUS population - Place based (£528,900)

31.16% (£1,339,880) to be for **ICS Collective projects and programmes**
(once for all 6 places)

5.74% (£246,820) for **Leadership, development and accountability**
across SWL to support and upskill the system

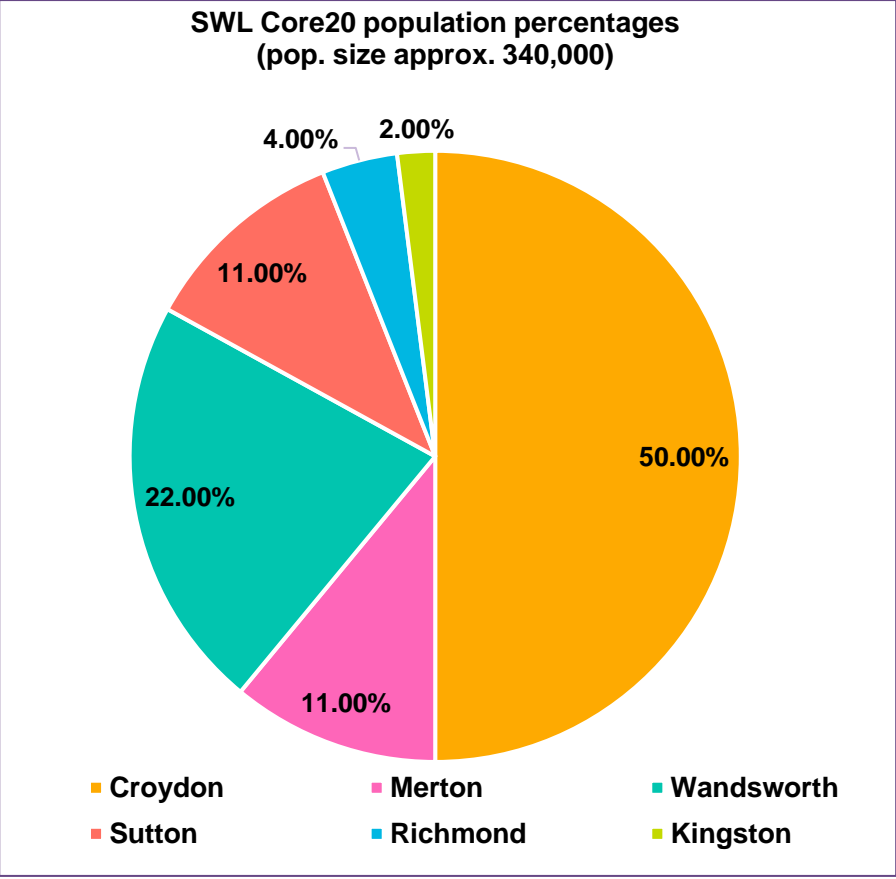
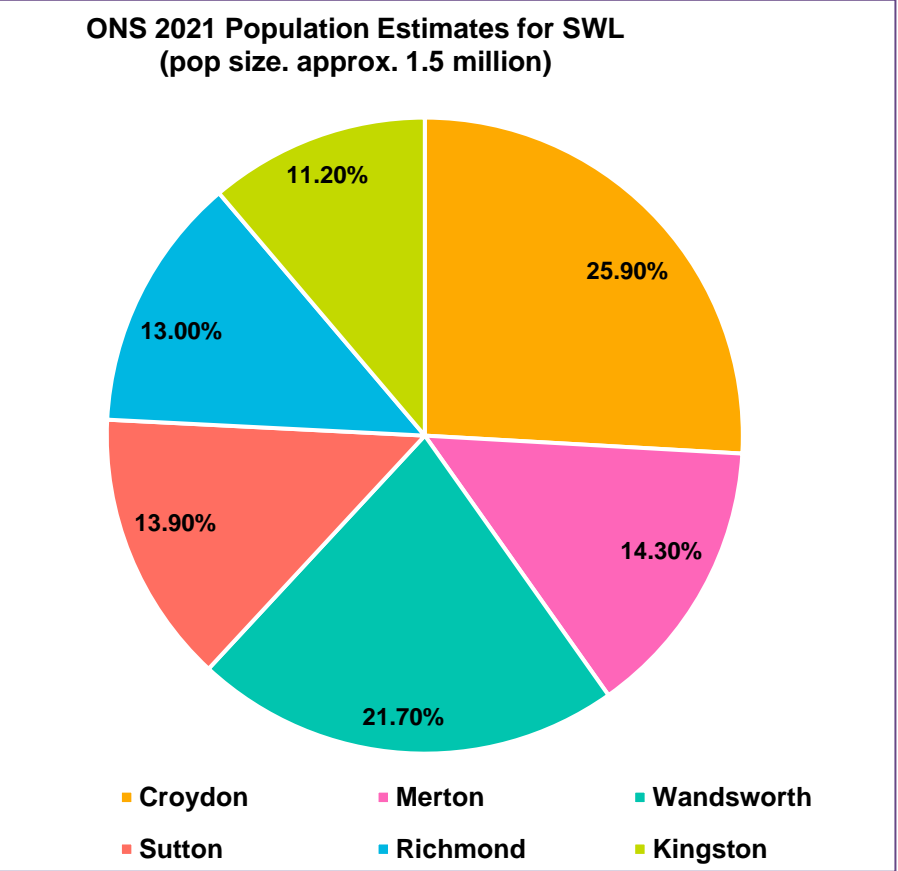


Appendix A: South West London Health Inequalities funding allocation approach 2022/23 (2 of 3)



Wider place based health inequalities projects: £774,000 is divided amongst Place using ONS 2021 population estimate percentages

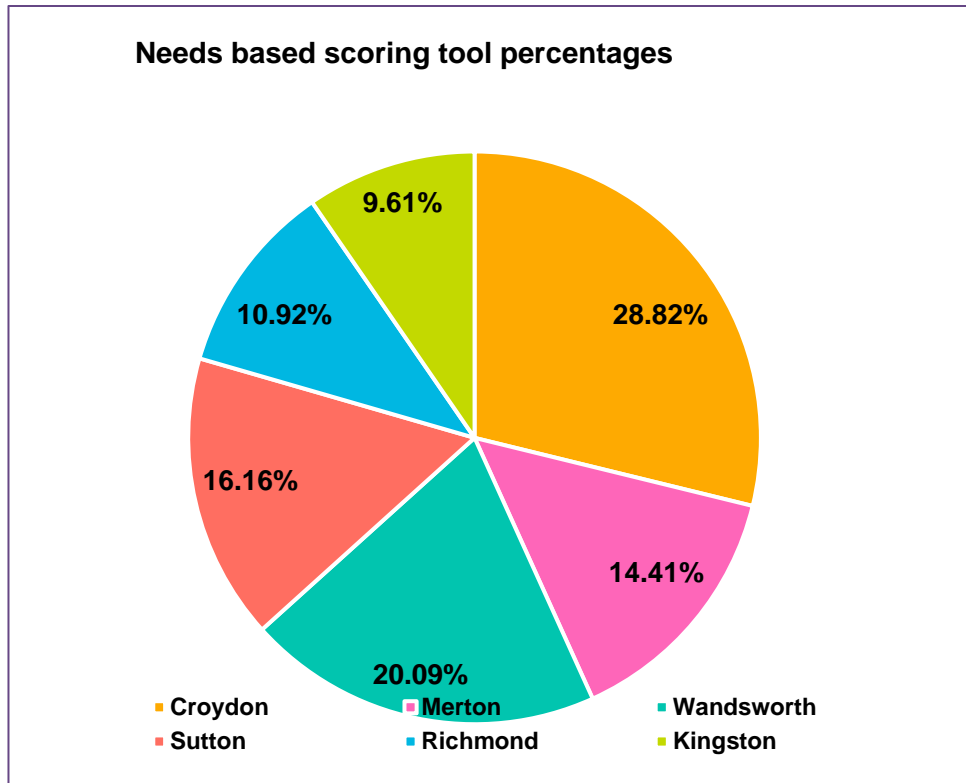
CORE20 population: £1,410,400 is divided amongst Place using the SWL Core20 population estimates (Source: Core20 infographics)



Appendix A: South West London Health Inequalities funding allocation approach 2022/23 (3 of 3)



PLUS population: £528,900 is divided amongst Place using a needs based scoring tool (on the right hand side). To help inform scoring, we used sources e.g. Core20 infographics, ONS, SWL Health Insights, Trust for London data, PHE Fingertips



Highest area of deprivation and poverty (Core20)	Higher health needs (2-4) LTCs	People who do not access health or care
0-5	0-5	0-5
Lower Life Expectancy	Higher prevalence of LD and autism	High levels of mental health
0-5	0-5	0-5
High unemployment rates	Poor housing or homelessness	Higher rates of Black & Asian population
0-5	0-5	0-5