

Meeting Pack

South West London Integrated Care Partnership

12 January 2023
5.30pm to 7.30pm

Hotel Antoinette, The Broadway,
Wimbledon, SW19 1SD

NHS South West London Integrated Care Partnership

Thursday 12 January 2023

17:30 – 19.30

Hotel Antoinette, The Broadway, Wimbledon, SW19 1SD

AGENDA

No.	Time	Agenda Item	Sponsor	Enc
1.		Welcome, Introductions and Apologies	Sarah Blow	
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; 5 October 2022	Sarah Blow	02
4.	30 mins	Shaping our Integrated Care Partnership priorities: A Partnership Discussion Document	Andrew Demetriades, Karen Broughton & Charlotte Gawne	03
5.	15 mins	SWL Social Care Workforce Strategy	Samantha Mason	04
6.	20 mins	SWL Innovation Fund 2022/23 Update and revised Approach for 2023/24	Karen Broughton	05
7.	20 mins	SWL Health Inequalities Fund update	Gloria Rowland	06

8.	10 mins	Public Questions - by email Members of the public are invited to ask questions, in advance by email, relating to the business being conducted today.	Sarah Blow	
9.	10 mins	Any Other Business	All	

Date & time of next meeting

Wednesday 19 April 2023

17:30 – 19:30

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 Member of Recovery & Sustainability Board	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 People Board Member Member of Recovery & Sustainability Board	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 People Board Member	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 6. BG Healthcare Group	2 6	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 6. Director	1. 08.12.20 2. 21.01.17 3. 15.11.21 4. 15.11.21 5. 15.11.21 6. 27.10.22	1-6 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 Member of Recovery & Sustainability Board	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 People Board 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. 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								
Dino Pardhanani	Sutton Place Member GP and Sutton Place Convenor ICP Board Member	Y	1. Primary Care Representative, Sutton Place 2. Clinical Director Central Sutton Primary Care Network 3. NED (Chair) of Sutton PCNs CIC 4. NED SWLPPA CIC 5. Mulgrave Road Surgery – GP Principle	3 4 5	1 2			1. Primary Care Representative, Sutton Place 2. Clinical Director Central Sutton Primary Care Network 3. NED (Chair) of Sutton PCNs CIC 4. NED SWLPPA CIC 5. Mulgrave Road Surgery – GP Principle	1 July 2022 1 July 2019 1 July 2021 1 July 2022 1 Nov 2004	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 3. Member of the UK Commission on COVID Commemoration			1 2 3		1. Representative Deputy Lieutenant London Borough of Richmond 2. Chair London Borough of Richmond Voluntary Fund 3. Member of the UK Commission on COVID Commemoration	2016 2018 21/07/22	ongoing ongoing 31/03/23	
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	
Ann Beasley	Provider Chair South West London & St. George's Mental Health Trust ICP Board Member Chair of Recovery & Sustainability Board	Y	1. Vice Chair, St George's University Hospitals NHS Foundation Trust 2. NED, Epsom and St Helier University Hospitals NHS Trust 3. Company Director, Alzheimer's Trading Limited 4. Trustee, NHS Providers	1 2	3 4			1. Vice Chair, St George's University Hospitals NHS Foundation Trust 2. NED, Epsom and St Helier University Hospitals NHS Trust 3. Company Director, Alzheimer's Trading Limited 4. Trustee, NHS Providers	Oct 2016 Jun 2021 Oct 2021 May 2020	to date To date To date To date	

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 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 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 Katlyo	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
Sabah Hamed	Kingston HWBB Chair ICP Board Member	N	Nil return								
Fenella Merry	Director of Resources ICP Board Member	N	Nil return								
Sir Douglas Flint	Provider Chair The Royal Marsden NHS Foundation Trust ICP Member	N	Nil return								
Stephen Phaure	Voluntary Sector reps ICP board member	N	Nil return								
Sarah Burns	Voluntary Sector reps ICP board member	tbc	to follow								
Yemisi Gibbons	Provider Chair Croydon Healthcare Services ICP Board Member	Y	1. Chair, Owner – Soma Healthcare Ltd – Private sector social care provider 2. Non-Executive Director – Oxleas NHS Foundation Trust 3. Non-Executive Director – North East London (NELFT) Foundation Trust 4. Registrant member of Fitness to Practice Committee – General Pharmaceutical Council	1 2 3 4				1. Chair, Owner – Soma Healthcare Ltd – Private sector social care provider 2. Non-Executive Director – Oxleas NHS Foundation Trust 3. Non-Executive Director – North East London (NELFT) Foundation Trust 4. Registrant member of Fitness to Practice Committee – General Pharmaceutical Council	Apr 2012 Jan 2017 May 2021 Mar 2014	Ongoing 31st Jan 2023 31st Jan 2023 Ongoing	
Alyssa Chase-Vilchez	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
Mike Jackson	Participant Member Local Authorities CEO of Richmond & Wandsworth LA ICB Participant ICP Member	N	Nil return								

Draft MINUTES
South West London Integrated Care Partnership
5th October 2022 17.30-18:30
via Teams Meeting

Chair: Cllr 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
Brenda Scanlan (BS)	Croydon Place- Chair of Age UK Croydon
Carol Cole (CC)	Vice-Chair, CLCH
Carolyn Dwyer (CD)	Director of Growth, Regeneration and Development (Sutton)
Dino Pardhanani (DP)	Sutton Place- GP and Place convenor
Gillian Norton (GN)	Chair- St Georges
Gloria Rowland (GR)	Chief Nurse & Allied Professional Office/Director for Patient Outcomes)
Graeme Henderson (GH)	Wandsworth HWBB Chair
Ian Thomas (IT)	Health CEO representative - CEO, Kingston Borough Council
Jo Farrar (JF)	Richmond Place
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
Michael Bell (MB)	Chair - Croydon University Hospital
Nicola Jones (NJ)	GP- Primary care representative
Peter McCabe (PM)	Merton HWBB Chair
Piers Allen (PA)	Richmond HWBB Chair
Ruth Dombey (RD)	ICP Chair , Leader of SWL Councils (Leader Sutton Council)
Sabah Hamed (SH)	Kingston, HWBB Chair
Sarah Blow (SB)	SWL ICB CEO
Sayanthan Ganesaratnam (SG)	Merton Place -GP Medical Director - Merton Federation
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	
Charles Alexander (CA)	Chair - RMH
Shannon Katiyo (SK)	Wandsworth Place -Director of Public Health
In Attendance	
Andrew Demetriades	Programme Director: ICS Development
Anne Price	ICP/ICB Committee Officer
Debbie Frazer	ICP/ICB Support Officer
Jitendra Patel	ICB/ICP Board Secretary
Charlotte Gawne	Executive Director of Communications and Engagement, SWL ICS

No.	AGENDA ITEM	Action by
1.	Welcome and Apologies	
	<p>The Chair(s) welcomed everyone to the 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	
	<p>A declaration of interest register was included in the meeting pack. There were no further declarations relating to items on the agenda.</p>	
3.	Minutes of the last meeting dated 13 July 2022	
	<p>The minutes of the inaugural meeting dated 13 July 2022 were agreed as an accurate record of the meetings</p>	
4.	Review of updated Draft Terms of Reference (ToR) for the Integrated Care Partnership	
	<p>RD confirmed following the discussions at the IPC meeting the ToR have been reviewed and updated.</p> <p>In summary the updated ToR :</p> <ul style="list-style-type: none"> • Ensures transparency and champion inclusion. • Ensures the active role and participation of the voluntary and community sector. • Ensures the voice of service users and carers is heard and the importance of co-production. • Actively promotes place-based/neighbourhood engagement to gather local insights in the development of the Integrated Care Strategy. <p>It was noted the ToRs will kept under review and be the subject of an annual review.</p> <p>Members of the SWL ICP received and approved the draft terms of reference for the committee.</p>	
5.	National Guidance and local approach to the development of the SWL Integrated Care Strategy	
	<p>The Committee received the report from KB and the following key points were noted :</p> <ul style="list-style-type: none"> • All ICPs are required to publish an Interim Integrated Care Strategy by December 2022. • The Department of Health and Social Care has produced guidance on the preparation of Integrated care strategies. Further detailed guidance on shared outcomes is expected by April 2023. 	

- The guidance outlines the statutory requirements of the ICP in relation to preparation of the integrated care strategy and purpose.
- ICPs first interim strategy's will not be assessed by NHSE although it is likely to be an element of evidence that the CQC will look at in assessing the work of the ICS.
- The strategy will be based on needs assessments built up from joint strategic needs assessments, health and wellbeing board strategies and Local health and Care Plans from local Boroughs.
- The strategy should acknowledge where needs are best addressed at an ICS-level and complement but not replace or supersede what is happening at Borough level.
- The strategy must be published, and copies distributed to all partner organisations.
- The guidance outlines a number of areas to consider in developing the Integrated Care Strategy, for example creating a sustainable workforce, prevention and population health, working with Anchor Institutions ,joint working and Section 75 pooled budgets.
- The ICP strategy should address both the physical and mental needs of local people particularly where system wide interventions could be the most effective.
- The strategy must acknowledge groups under-represented in assessments of need (inclusion health), for example, rough sleepers, travelling communities and migrants.
- The strategy should use a 'life course' approach. SWL will be continuing to build on the 'Start well, Live well, Age well' vision.

KB highlighted one of the key messages that emerged from the SWL listening events held before the creation of the ICP was to ensure the ICP focused on a small number of areas that made a difference rather than trying to do too many things simultaneously.

AD outlined the proposed phased approach, including :

- Analysis of local needs, strategies and gathering views to help build future priorities
- Determining priorities
- Testing our thinking through
- Delivery Planning
- Implementation

	<ul style="list-style-type: none"> • The establishment of a Strategy Delivery Group to ensure joint leadership in the development of the Integrated Care Strategy. <p>RD highlighted the complexities of the work, and the range of experience and insight members of the partnership board will bring to inform the local joint strategic needs assessments. The role of the partnership board will be to ensure there is a two-way communication and conversations feeding into the ICB and work at place in the Boroughs.</p> <p>In response to questions raised by MB :</p> <p>KB confirmed as ICPs are in different stages of development the assurance process, at this point there does not require NHSE regulatory approval.</p> <p>SB confirmed Section 75 is not an either /or discussion and is dependent on Local Authorities agreeing to put their money into Section 75, a discussion that the NHS is keen to have.</p> <p>SB advised as Chair of the South London Specialised Board it is recognised that specialised services are wider than one individual ICS. The SWL Specialised Services Board includes Surry and Sussex. Noting this is work in progress and delegation of specialised services will not take place until 2023/24.</p> <p>KB asked for nominations and agreed to canvas outside of the meeting to identify a Trust Representative to join the Strategy Delivery group.</p> <p>Regarding the wider collaboration work, KB confirmed this will take place during January to March 2023. The work will identify where the best place for delivery is and where collaboration will make the biggest difference and is the right thing to do. The ICP will be instrumental in making sure the strategy is pitched right, doing the right things and taking the right targeted action to make the biggest difference for the population of SWL.</p> <p>The Board noted and approved 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.</p>	
6.	Update on ICP Needs Assessment group work	
	<p>AD introduced and presented the following updates:</p> <p>As agreed at the first ICP meeting a system wide task and finish group has been convened to review the exiting SWL needs analysis and assessments, Health and Wellbeing Board strategies, joint strategic needs assessments and local Health and Care Plans.</p> <p>The ICB Quality team have completed a mapping exercise of priorities contained in local JSNA's, HWB Strategies and Local health and Care Plans</p> <p>External support has been sourced to support the review and the task and finish group have met weekly since August.</p> <p>The ICP were asked to note the work programme is not to validate the wok that has already been completed but to identify if there are common threads emerging</p>	

	<p>from local plans and to capture all available data to give a picture of health needs across SWL.</p> <p>IL reported outputs from the initial meetings have focused on identifying what would be best to deliver across the ICS footprint versus place and agreeing priorities based on need for action that will make the biggest difference. Wider determinants of health, for example, housing, education, air quality will be used as well as disease prevalence and healthcare utilisation.</p> <p>The Board noted the update.</p>	
7.	Supplementary ICP guidance on :	
	The Board received and noted the supplementary guidance reports.	
7.1	<p><u>ICP guidance on Health and Wellbeing Boards (HWB)</u></p> <p>Members of the SWL ICP were asked if there are any additional mechanisms that need to be put in place to strengthen ways of working and partnership arrangements?</p> <p>The following key points were raised in discussions:</p> <ul style="list-style-type: none"> • The ICB/P were not formally asked to contribute to the draft guidance consultation. • Are there other enablers, for example, IT and information that could help accelerate partnership working ? In response KB confirmed this will be reviewed as part of the ICP Strategy development work. • Individual Boroughs will need to decide if it is desirable for Place Committees and HWBs meet as Committees in Common. 	
7.2	<p><u>Principles for Health Oversight and Scrutiny Committees (HOSCs) engagement with ICPs</u></p> <p>Members of the SWL ICP were asked if there are additional mechanisms the ICP should establish to strengthen effective partnership working with HOSCs ?</p> <p>The following key points were raised in discussions:</p> <ul style="list-style-type: none"> • The importance of making sure that scrutiny and oversight are a core part of how both the ICB and the ICP operate was highlighted, including having sight of the Health and Oversight and Scrutiny forward plans and agendas to ensure the ICB/P are proactive. • To avoid duplication , SWL ICB/P will work through the joint SWL HOSC not individual Borough's. 	
7.3	<p><u>Principles for ICP engagement with Adult Social Care sector engagement</u></p> <p>Members of the SWL ICP were asked if there are additional mechanisms the ICP should establish to strengthen effective partnership working with the adult social care sector?</p> <p>The following key points were raised in discussions:</p>	

	<ul style="list-style-type: none"> The current financial pressures will be an important part of the conversations going forward to ensure resources are shifted into prevention and early intervention to support individuals and the NHS. There is common agreement that work needs to start with actionable measures that will make a difference to people's lives. 	
8.	Future funding arrangements to support ICP priorities	
	<p>SB presented the highlights from the report and the following comments and questions were received.</p> <p>RD confirmed following the need to progress quickly and take Chairs action this year due to time pressure, going forward time must be given for local community and voluntary groups to come together and think about how they can make joint bids on specific targeted groups of people that could make a real difference to their work and have a real impact on people's lives.</p> <p>KW highlighted the extremely tight deadline for submission of bids which disadvantaged the smaller voluntary sector organisations. SB assured members as much time as possible will be given for notification and submission of bids in the future and acknowledged the timelines for this year's bids were not ideal but unavoidable due to the short timescales.</p> <p>Members of the SWL ICP noted the ICP Chairs action for the approval of the 2022/23 Investment Fund Approach.</p> <p>Members of the SWL ICP endorsed the high-level approach for 2023/24 and proposed timeline.</p> <p>Members of the SWL ICP supported the establishment of an ICP working group to develop a detailed approach and determine the criteria for the allocation of funds for 2023/24.</p>	
9.	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	
	There were no questions from members of the public received in advance of the meeting.	
10.	Any Other Business	
	There was no further business for discussion.	
	Date of next meeting	
	<p>Wednesday 12th January 2023 17:30pm – 19:30pm Hotel Antoinette, The Broadway, Wimbledon, SW19 1SD</p>	

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	12th January 2023	Agenda No	4
Report Title:	Shaping our Integrated Care Partnership priorities : A Partnership Discussion Document		
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. Charlotte Gawne, Executive Director of Communications and Engagement, SWL ICS		
Presented for:	Review and approval		
Executive Summary:	<p>The Integrated Care Partnership (ICP) is required to produce an initial Integrated Care Strategy to set the strategic direction for health and care services across the whole geographic area of the Integrated Care system, including how the NHS and local authorities can deliver more joined-up, preventative, and person-centred care for their local population.</p> <p>The ICP considered the published Department of Health and Social Care guidance on Integrated Care Strategy development at its October meeting. The guidance sets out its purpose; processes for producing the strategy; its content; and the publication and review of the strategy. The guidance sets out what that the integrated care strategy will be informed by the Health and Wellbeing Board's Joint Strategic Needs Assessments and should draw on other data sources, to build a holistic understanding of their local populations' health and care needs.</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– developed by Health and Wellbeing Boards – should focus on what can be delivered at 'place' and in communities. Integrated Care Partnerships and Health and Wellbeing Boards have statutory commitments to deliver both of their strategies separately; although it is important these are aligned.</p> <p>The attached Integrated Care Strategy Discussion Document has been produced as part of the first stage in developing the ICP's Integrated Care Strategy. It explains the process the ICP has followed to date in developing its initial priorities including the process we have been through to understand the key challenges, review the data, the evidence and principles around health need, as well as considering the views and concerns of local people across our six places.</p> <p>At the November meeting and seminar, the ICP Board reviewed the initial priorities, and partner and community feedback on these.</p> <p>In the light of workshop feedback, these priorities have been refined and it is proposed that the following priorities should form the basis of future joint working:</p>		

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

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

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

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

- Equality, diversity, and inclusion including tackling racism and discrimination
- Championing the Green agenda for example sustainability, air quality, and responding to climate change and related health issues
- Tackling and reducing health inequalities in everything we do
- Elevating patient, carers, and community voices

Through the discussion document we want to seek partner views on:

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

	<p>It is recognised that the ICP has further work to do before finalising the strategy and we will continue to develop it in collaboration with partners.</p> <p>The responses to the key questions and views expressed through engagement on the document will be reviewed at the ICP's April meeting and that the feedback received will inform the development of the final Strategy to be published in Summer 2023.</p>
<p>Recommendations:</p>	<p>The Integrated Care Partnership (ICP) Board is asked to note the work undertaken to develop the ICP's initial Integrated Care Strategy.</p> <p>The ICP is asked to review the attached discussion document and support the seeking of partner views on the priorities proposed.</p>



**South West
London
Integrated
Care System**

Shaping our Integrated Care Partnership priorities: A partnership discussion document

January 2023

Foreword

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

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

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

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

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

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

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

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

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

Cllr Ruth Dombey

Chair of South West London
Integrated Care Partnership

Sarah Blow

Chief Executive Officer
South West London Integrated Care System

1. Introduction

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

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

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

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

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

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



2. Working together with our six Places



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

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

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

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

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

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

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

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

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

Target our focus on:

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

We must access:

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

Outcomes

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

Co-design

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

Constraints

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

Impact areas to think about

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

Enablers

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

Approach

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

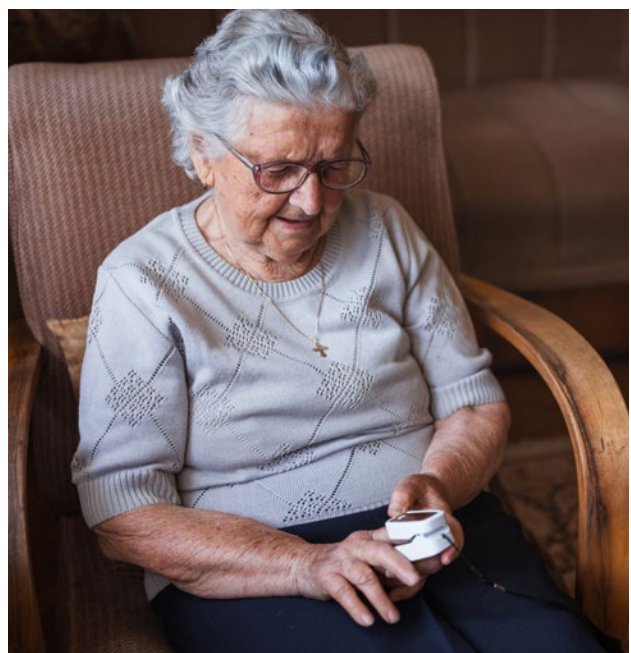
3. Listening to our partners and communities, assessing need and determining priorities

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

3.1 Listening to the views and concerns of local people

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

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



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

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

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

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

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

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



People and communities: views and concerns

COST OF LIVING CRISIS

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



NEW!

DIVERSITY AND INCLUSIVITY

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

NEW!

EMPLOYMENT



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

NEW!

DEMENTIA



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

NEW!

GREEN AND ENVIRONMENTAL CONCERNS



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

VOLUNTARY AND COMMUNITY SECTOR CAPACITY



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

SUPPORT FOR CARERS



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

REFERRALS AND WAITING TIMES



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

GPs AND DENTISTRY



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





COMMUNICATION, NAVIGATION AND SIGNPOSTING

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



TRUST IN PUBLIC SERVICES

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



NEW!

DIGITAL EXCLUSION

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

e and
unities



NEW!

SOCIAL ISOLATION

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



MENTAL HEALTH SERVICES

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



SERVICE AVAILABILITY AND DEMAND

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

NEW!

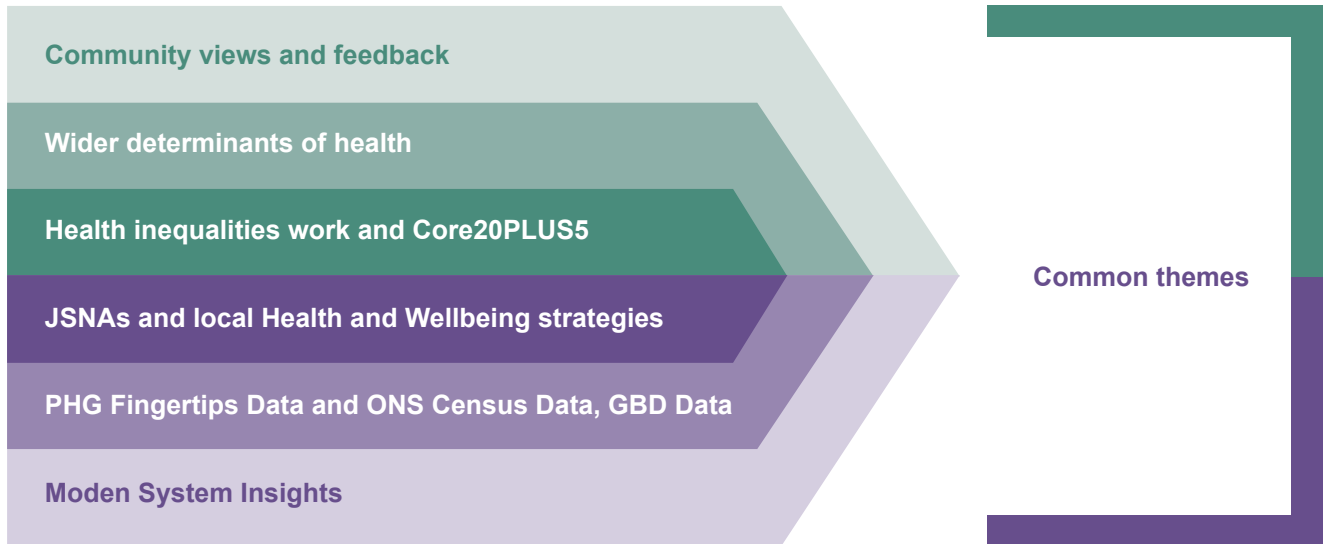
New topic



Added view

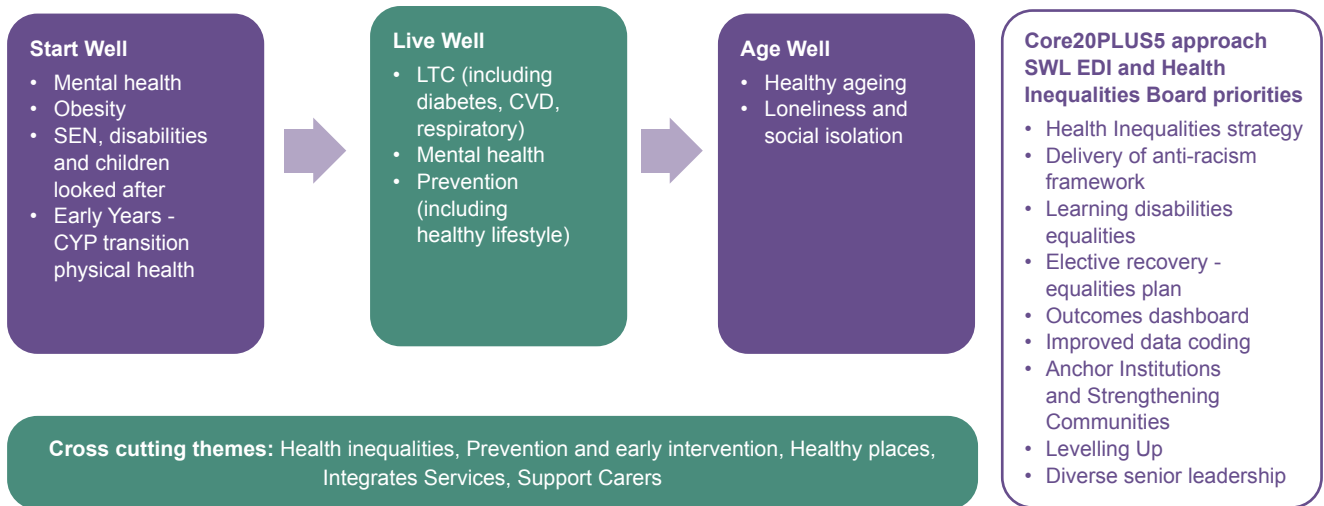
3.2 Assessing Need – Health and Wider Determinants

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



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

Common priorities across SWL places are as follows:



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

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

The needs assessment found:

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



MENTAL HEALTH

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

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



LONG TERM CONDITIONS

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



CANCER, SCREENING AND VACCINATIONS

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



HEALTHY LIFESTYLES

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

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



SUPPORTING CARERS AND INCLUSION HEALTH GROUPS

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

Indicators of the wider determinants of health



GOOD WORK

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



OUR SURROUNDINGS

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

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



MONEY AND RESOURCES

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

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



HOUSING

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

Household overcrowding is than it is nationally.

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



EDUCATION AND SKILLS

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



FOOD, DIET, AND WEIGHT

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



TRANSPORT

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



FAMILY, FRIENDS, AND COMMUNITIES

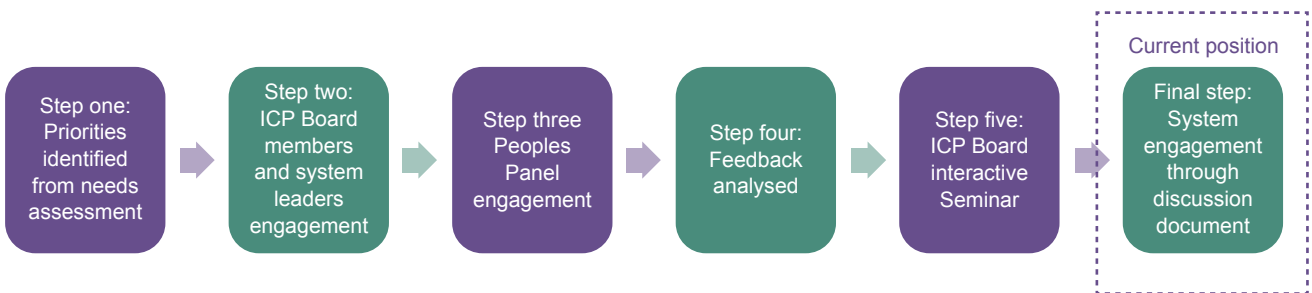
People in South West London reported **feeling lonely during the pandemic more than the national average**.

3.3 Determining Priorities

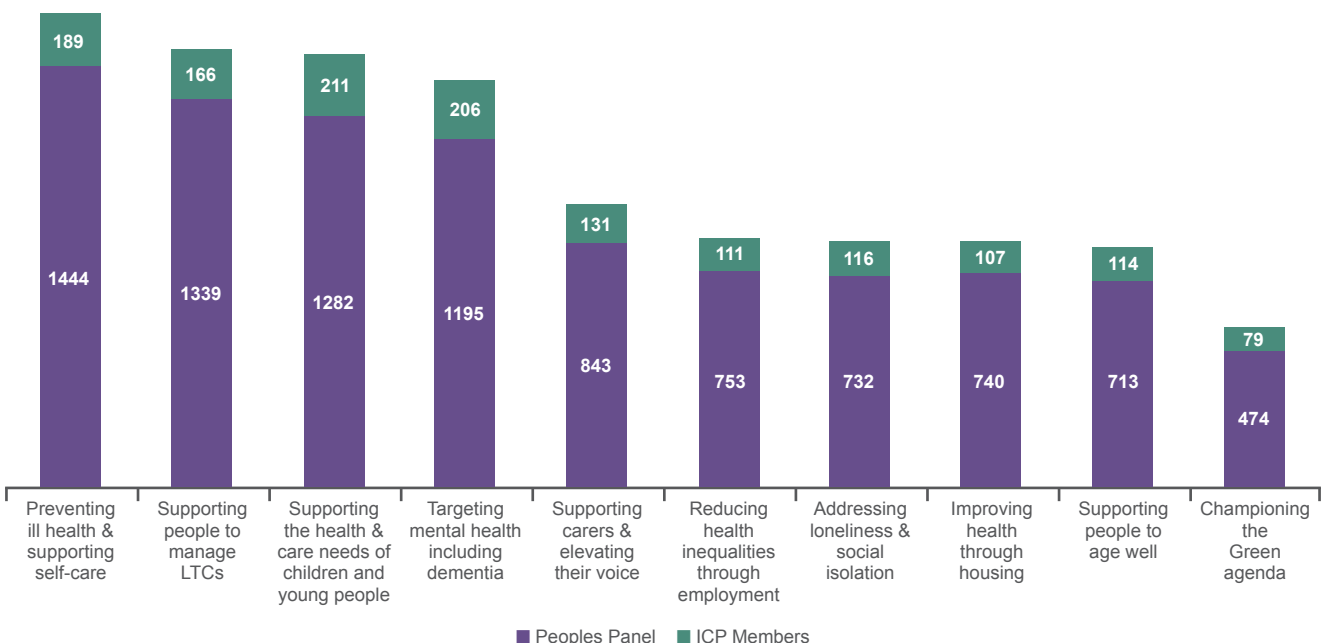
Our review of the health needs assessments, existing Joint Strategic Needs Assessments, Place health and care plans, Health and Well-being board strategies, and the views of people and communities, identified the following ten priorities:

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

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



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





4. Recommended ICP Priorities

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

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

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

- **Equality, diversity, and inclusion** including tackling racism and discrimination
- **Championing the Green agenda** for example sustainability, air quality, and responding to climate change and related health issues
- **Tackling and reducing health inequalities** in everything we do
- **Elevating patient, carers, and community voices**

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

Four emerging work programmes have been identified:

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

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





5. Seeking your views and feedback

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

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

Please send your organisational or place response to XXX by Friday 10 March 2023

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

Appendix 1

SWL ICP Needs Assessment Group

Scope of work

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

Membership

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





Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	12th January 2023	Agenda No	5
Report Title:	SWL Social Care Workforce Strategy		
Lead Director/ Manager:	Sam Mason, Health and Care Lead, South London Partnership		
Report Author (s):	Sam Mason, Health and Care Lead, South London Partnership		
Presented for:	Information		
Executive Summary:	<p>Having a high quality, sustainable social care workforce in South West London is a significant challenge with increasing demand, high levels of turnover and vacancies, low pay, reward and status, new models of care and skills gaps.</p> <p>In response, SWL local authorities supported by South London Partnership (SLP) have recently completed and published an Adult Social Care Workforce Development Strategy. This identifies areas for joint action across local authorities and wider partners including employers/care providers, education and training providers, employment services and NHS that will help deliver a more sustainable social care workforce. The recommendations include creating partnership infrastructure to support the delivery of the strategy, coordinated, joint activity to raise the profile of jobs and careers in social care, developing pathways to support under-represented groups into social care jobs, facilitating employers and education and training providers to work together and targeted initiatives to improve retention and support career development.</p> <p>The purpose of this item is to highlight this strategy and the work underway to deliver its recommendations to the ICP to ensure alignment with and feed into discussions on the development of 'workforce' as an initial system wide priority in the ICP's Integrated Care Strategy.</p>		
Recommendations:	Members of the SWL ICP are asked to note the strategy and consider how they can support its delivery, in particular opportunities for alignment and adding value through the development of the Integrated Care Strategy 'workforce' priority.		



SWL Social Care Workforce Strategy Overview

Sam Mason – South London Partnership
January 2023

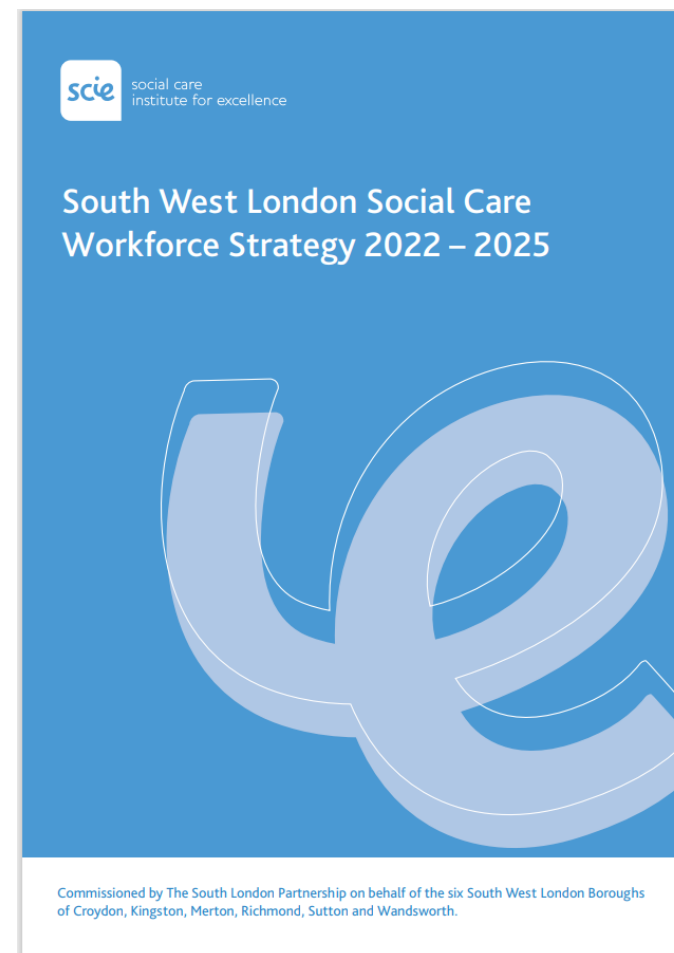


CROYDON



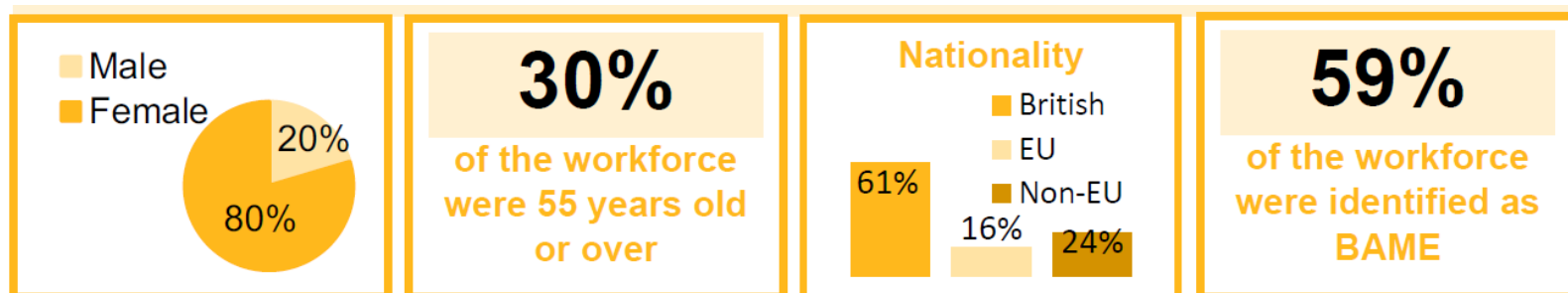
Introduction

- There are chronic problems in recruiting and retaining a sufficient and skilled social care workforce in South West London significantly risking the availability and quality of care and sustainability of the social care sector
- Low skill, low pay and reward status of the sector makes the sector unattractive with competition from other high demand sectors
- The number of social care jobs is projected to increase significantly over the next 5-10 years along with demand for new skills and new ways of working
- The social care workforce challenge is a national issue with a significant focus in recent national policy
- In response SWL boroughs have developed a joint **social care workforce development strategy** to identify what collective action – by them and with wider partners including NHS, care providers, training and education and employment support providers can do to help address this challenge. SCIE working with Skills for Care helped develop the Strategy which can be found [here](#)
- A **South West London Social Care Academy Hub** which aims to support Londoners into good jobs in the social care sector is being established as part of the Mayor’s Academies Programme, due to start Jan/Feb 2023.



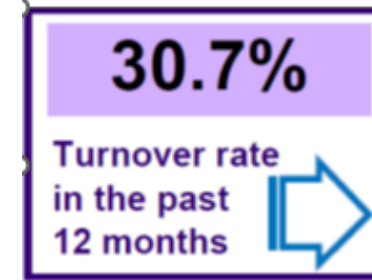
The Adult Social Care Sector in South West London

- **36,000** jobs in social care in SWL, the third biggest employer
- Large majority - **34,000** employed in the independent sector
- Majority direct care workers – in residential and domiciliary care
- Continued growth - 21% growth since 2012 with a further growth of 10,000 jobs (approx. 30%) by 2035
- Ageing workforce – 30% aged over 55, average age 47
- Predominantly female workforce – 80% female
- Reliance on EU and Non EU workers – 39% in 20/21
- Black, Asian and Minority workers made up 59% of workforce
- High proportion of small providers
- Considerable variation between SWL boroughs



The Challenge

- **High level of turnover and vacancies** - average turnover in 2021 was 31% with this rising to 40% for those in first year in role, 10.6% vacancy rate cf 7.6% in England
- **Increasing demand** – ageing population and more working age adults who require social care support
- **Low pay** – average hourly pay for care workers is less than half that of the general economy, and less than the London Living Wage
- **Low status and reward**
- **Significant skills gaps** – only 40% of direct care workers have a relevant qualification at level 2 or above
- **Poor conditions** – 39% of people in sector have zero hours contracts, 53% for care workers
- **Lack of career development opportunities**
- **Attraction of other sectors** - strong competition for staff
- **High costs of living** – cost of housing and transport



Strategic Issues

- There are examples of positive action to support social care workforce development across SWL boroughs, e.g.
 - Sutton Care Works – pop up shop in Sutton Town Centre
 - Croydon Works
 - Merton Towards Employment
 - Kingston ESOL training to support social care workforce
- However, not consistent enough or of a sufficient scale to address the scale of the issue
- Activity tends to be ad hoc and uncoordinated both locally and across SWL
- Insufficient priority and resource within LAs given to social care workforce
- Investment relatively low, project based and time limited
- Some positive examples from other sectors to build upon – i.e. where have built strong connections to local authority brokerage teams and employment support partners
- Opportunity to link to existing borough and sub-regional employment and economic support infrastructure

Recommendations – Summary

- Create the infrastructure to support the delivery of the Strategy
- Develop and align South West London authorities' social care Workforce Strategies
- Promote social care employment career opportunities, develop routes into social care employment and address underrepresentation and inequalities in the social care workforce in South West London
- Work with social care employers to develop targeted initiatives to improve retention of social care employees
- Refine local authority social care provider quality assurance to include co-designed (with social care employers) recruitment and retention measures
- Create a South West London social care workforce dashboard to track the impact of Workforce Strategy action
- Influence and contribute to local and national debates about value and reward for people working in social care
- Coordinate South West London action to develop new ways of working (new models of care) that promote independence and wellbeing and manage demand for social care support.
- Develop the South West London Social Care Academy to support Londoners hardest hit by the pandemic to get skills, experience and good work in social care
- Take action in South West London to implement the workforce strategy outlined in People at the Heart of Care
- Reduce barriers to employment (in social care) such as the cost of housing and transport
- Work together in South West London to identify and deploy resources and funding to address social care workforce challenges.

SWL Social Care Workforce Strategy - Recommendations (1)

	Overarching Recommendation	Detailed Recommendations
1	Create the infrastructure to support the delivery of the Strategy	<ul style="list-style-type: none"> • Create Social Care Workforce Board to oversee the delivery and development of the Strategy, comprising of people who use social care support, social care employers, education and skills training providers, and Local Authority adult social care, skills and employment and economic development leads (<i>Year 1 – by end Nov 22</i>) • Delivery Group convened by SWL Workforce Lead, comprising of Workforce Board Members (<i>Year 1 – by end Nov 22</i>) • South London Partnership to provide infrastructure and support for coordination and sub-regional developments • Build partnerships with employers to support strategy delivery, initially through a Task and Finish Group (<i>year 1 – end Jan 23</i>)
2	Develop and align South West London authorities' social care Workforce Strategies	<ul style="list-style-type: none"> • SWL Local Authorities to create social care workforce strategies and ensure Council action is noted in corporate strategies. These strategies to be owned by Directorates that host economic development and skills (<i>By Autumn 23</i>) • Local Authorities should sign up to the South West London Social Care Workforce Strategy as a starting point and develop their own bespoke local strategies to address local priorities and context. (<i>By August 23</i>)
3	Promote social care employment and career opportunities and develop routes into social care employment and address underrepresentation and inequalities in the SWL social care workforce	<ul style="list-style-type: none"> • LAs to take a coordinated and sub-regional approach to the development and use of promotional materials (<i>By August 23</i>) • The promotion of wider opportunities for health and care career pathways linked to ICS workforce development plans. The development of South West London routeways into employment to include apprenticeships, traineeships, Level 1 Care Awards and graduate programmes. • Ensuring skills and education provider resources, training and support in SWL area are known to potential social care workers (<i>23/24</i>) • Work with social care service providers, schools and colleges to develop advice and careers guidance and support informed decisions to apply for and take up social care roles (<i>23/34</i>) • Development of initiatives to attract underrepresented groups in the workforce, for example men and young men. To address inequalities for people from black, Asian and minority communities in senior roles. • Work with London ADASS Proud to Care Programme (<i>from year 1</i>)

Recommendations (2)

4	<p>Develop Targeted Initiatives to Improve Retention of Social Care Employees</p> <p><i>Especially those in early stages of career who are most at risk of leaving their roles</i></p>	<ul style="list-style-type: none"> • Social care and education and training providers and colleges to design an enhanced induction programme and supported first year in employment for social care employees. Involve workforce in co-design. Focussed on young people new to social care <i>(By Aug 23)</i> • Schools, providers and colleges to develop practical work experience with Social Care Ambassadors to promote the scheme <i>(By Aug 23)</i> • Connect employers to education providers to support ongoing practice development opportunities for social care staff. To include focus on access to support such as ESOL, digital learning platforms and learning support <i>(By Aug 23)</i>
5	<p>Local Authority Provider Quality Assurance to include Workforce Indicators</p>	<ul style="list-style-type: none"> • Inclusion of recruitment and retention and staff training and support as part of Local Authority provider QA standards to ensure a focus on recruitment, retention and support for employees as part of contractually linked quality assurance. These standards should align with the LGA key staff wellbeing steps recommended for employers and include the workforce race equality standards as an expectation of employers in South West London <i>(by Aug 24)</i> • Co-design (by LA QA leads) of workforce KPIs/measures <i>(by Aug 24)</i>
6	<p>(Develop and Use) A SWL Social Care Workforce Dashboard</p>	<ul style="list-style-type: none"> • SLP to produce a Partnership dashboard to track impact of the strategy, to highlight unwarranted variation and to inform review and refreshing of the workforce strategy with KPIs chosen from available Skills for Care Data (for reporting to DASSs and ASC Workforce Partnership Board annually as part of Partnership governance). <i>(By March 23)</i> • Annual report to highlight progress and unwarranted variation and progress against strategy recommendations and strategic opportunities. <i>(First report July 23)</i>

Recommendations (3)

7	<p>Influence and contribute to local and national debates about value and reward for people working in social care</p>	<ul style="list-style-type: none"> • Promoting the strategy to raise the profile of social care workforce structural issues and influence national policy and resourcing • Using the strategy within SLP Local Authorities to support and inform cross Council support and social care workforce initiatives as part of corporate plans. • A social care workforce focus in Local Authority Corporate Plans to reflect strategy objectives for April 2023 <i>(by April 23)</i> • DASSs to table workforce strategy as part of their council’s annual corporate planning programme • A communication strategy to launch and update on the strategy as it develops <i>(by Mar 23)</i> • Building the workforce strategy into the ICS workforce (People) plan. <i>(by July 23)</i> • Each SLP Authority to have Social Care Workforce Strategies and approved by (Sept 23) with associated action in corporate plans.
8	<p>Collaborative South West London Action to develop new ways of working</p> <p>Developing new models of support as part of ICS strengths-based and preventative strategies.</p>	<ul style="list-style-type: none"> • Mapping strategic intentions for development of new ways of working and mapping of new roles including social prescribers, Information Advice and Guidance professionals, Care Navigators and Voluntary, Local Area Coordinators and Community and Social Enterprise roles. <i>(by July 23/March 24)</i> • A South West London wide approach to developing employment opportunities and training and skills for new ways of working in adult social care. <i>(by July 24)</i>
9	<p>Develop the South West London Social Care Academy</p>	<ul style="list-style-type: none"> • SLP to support South West London Local Authorities in the development and delivery of the GLA funded Social Care Academy in South West London as part of the Mayor’s Academies Programme <i>(Year 1 delivery to start Jan 23, delivery to March 25)</i>

Recommendations (4)

10	<p>Take South West London wide action to implement the workforce strategy outlined in People at the Heart of Care</p>	<p>Working with HE and FE providers to develop a South West London training offer that aligns with the national social care workforce strategy in 'People at the heart of care' <i>(by Sept 23)</i></p> <p>Contribute to the development of the proposed new Knowledge and Skills Framework and career structure <i>(by Sept 23)</i></p> <p>Working with employers and training providers to promote and develop apprenticeship opportunities <i>(by Aug 24)</i></p> <p>Working with employers and education providers to maximise the impact of new Portable Care Certificates and skills passports, ensuring alignment of the South West London Social Care Workforce strategy with new KSF and development of associated learning and development offer <i>(by Aug 24)</i></p>
11	<p>Take action across South West London to mitigate barriers to employment such as the cost of housing and transport</p>	<p>These initiatives will seek to support practical barriers to careers in care relating to cost of housing and travel (including parking). This will start with mapping and development of resources that address barriers to social care employment <i>(Aug 23)</i></p> <p>Mitigating barriers through access to transport and parking and housing support e.g. key worker accommodation in line with national and London wide initiatives and launch of South West London authorities action to social care workers. <i>(Sept 24)</i></p> <p>Engage with Housing Associations providing support for key workers to collate housing support offer</p>
12	<p>Work together in South West London to deploy resources and funding to address social care workforce challenges</p>	<p>Map current investment and subsequently the development of shared social care workforce investment priorities across South West London <i>(Jan 23)</i></p> <p>Collating and monitoring the collective investment from partners to establish the shared resource baseline and shared investment principles. <i>(Feb 23)</i></p> <p>Agreeing joint investment priorities and infrastructure and programme management funding for years 2 & 3 of the Strategy <i>(by Mar 24)</i></p>

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	12th January 2023	Agenda No	6
Report Title:	SWL Innovation Fund 2022/23 Update and revised Approach for 2023/24		
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>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 health and wellbeing across South West London, capturing community energy and enthusiasm for real health benefits. The approach to this year's scheme was approved by the SWL Integrated Care Partnership (ICP) Board in October 2022 after receiving Chair's action for the approval to launch the scheme in September 2022.</p> <p>A rapid approach was adopted for year 1 (22/23) to enable funding awards to take place within quarter three, and for year 2 (23/24) onwards a revised approach is recommended to encourage system wide innovation. The investment fund is comprised of two streams: the Innovation Fund and the Health Inequalities fund. This paper is focussed on the Innovation Fund.</p> <p>The funding for Innovation Fund schemes in 2022/23 was £4.9m in total. The theme for the Innovation Fund 2022/23 was winter sustainability and resilience, with a rapid award process containing simple criteria.</p> <p>This paper provides an update on the progress to date on the Innovation Fund, the details of the process and activities undertaken and the themes of the successful awards. The paper also describes learning from stakeholder feedback and proposes a revised approach for the 2023/24 Innovation Fund.</p> <p>The paper also provides details of all successful schemes in Appendix A.</p>		
Recommendations:	<p>The Integrated Care Partnership (ICP) Board is asked to note the Innovation Fund progress and process undertaken this year to deliver the Innovation Fund and to note the schemes that have been awarded funding.</p> <p>The ICP is asked to review and support the process for 2023/24 should future funding be agreed.</p>		



SWL Innovation Fund

**2022/23 update and
recommended revised
approach for 2023/34**

A report by:
Angela Flaherty

**Strategy and Transformation, South West London
Integrated Care System**

SOUTH WEST LONDON INTEGRATED CARE BOARD

14 January 2023

South West London Innovation Fund

1. Introduction

SWL Integrated Care Partnership (ICP) Board have established an Investment Fund to support the delivery of ICP's Strategic Priorities. The funding aims to give partners the opportunity to suggest innovative projects that could have a big impact on health and wellbeing across South West London, capturing community energy and enthusiasm for real health benefits. The approach to this year's scheme was approved by the SWL ICP Board in October 2022 after receiving Chair's action for the approval to launch the scheme in September 2022.

A rapid approach was adopted for year 1 of the fund (22/23) to enable funding awards to take place within quarter three, and for year 2 (23/24) onwards a more revised approach is recommended to encourage system wide innovation. The investment fund is comprised of two streams: the Innovation Fund and the Health Inequalities fund. This paper is focussed on the Innovation Fund.

The theme for the Innovation Fund 2022/23 is winter sustainability and resilience, with a rapid award process containing simple criteria. The criteria for this year's Innovation Fund required bidders to:

- Clearly demonstrate how they would improve sustainability and/or increase resilience across health and care over the 2022/23 Winter period
- Clearly demonstrate impact on health and care
- Describe how the bid supported collaboration across the SWL
- Be a new scheme or preparatory work for a 'Proof of Concept' funding in 2023/24, and we informed applicants that applications could not be for core services or activities funded through other routes.

The funding for Innovation Fund schemes was £4.9m in total for 2022/23.

This paper provides an update on the progress to date on the Innovation Fund, the details of the process and activities undertaken and the themes of the successful awards. The paper also describes the learning from a stakeholder feedback event and proposes a revised approach for the 2023/24 Innovation Fund.

2. Innovation Fund Approach and Award Outcomes 2022/23

2.1. Innovation Fund Approach 2022

We started the Innovation Fund process in September 2022, as this was the first year of running the Innovation Fund we were unable to estimate accurately how many applications we would receive and how long the process would take to fully enact. Figure one below describes the process we have been through and details the activities undertaken at each stage.

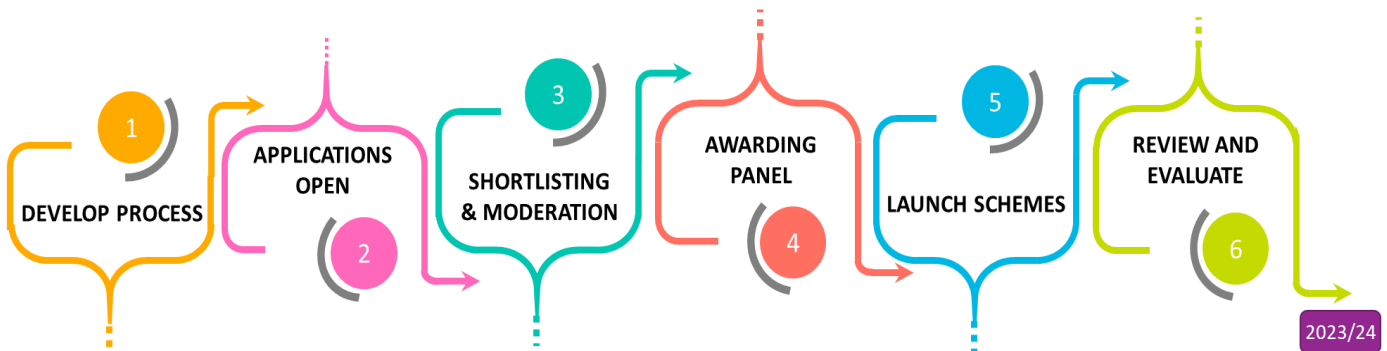


Figure 1: The process for this year's Innovation Fund

Stage 1: The process for 2022/23 investment fund was developed and agreed at ICP Board. The 2022/23 Fund comprised of the Health Inequalities fun and the Innovation Fund.

Stage 2: The ICP committee agreed the criteria and application processes for Health Inequalities and Innovation Fund as separate but parallel processes. It was also agreed that this year's focus for the Innovation Fund would be on winter resilience and sustainability. The applications opened on the 27 September for four weeks, closing on 28 October 2022.

Stage 3: The Innovation Fund shortlisting process took place on 31 October 2022 and considered 167 applications totalling £24.8m. Short listers, in pairs, considered each bid against a set of criteria and agreed: which applications should be shortlisted for this year; proof-of-concept schemes for next year; and schemes not to be taken forward. Subject matter experts (SMEs) were called upon to review the bids for clinical priority and to ensure no duplication with current schemes. Where additional information was required from bidders, this was communicated and fed into the process.

Stage 4: A panel comprised of key ICP Board members and stakeholders was held on 21 November to discuss, review, and agree successful bids. These were split by value, and shortlisted bids exceeding £200k were invited in person to the panel. Following the panel, there was rapid follow up with applicants to ensure finances were costed for the remainder of the year and to answer any panel queries.

Stage 5: The outcome of panel was communicated to all applicants. Finance colleagues supported the launch of successful schemes, and the reporting process was developed.

Stage 6: The process was reviewed with the ICB Senior Management Team, panel members, place leads and applicants, to assess what worked well and what could be improved. This learning was collated and fed into the recommended process for next year's Innovation Fund.

2.2. Innovation Fund Award Outcomes

As mentioned above the key focus for this year’s Innovation Fund was to support winter resilience and sustainability and to make an impact in this financial year. The shortlisting criteria had a particular focus on winter resilience and is detailed below:

Sustainability: Demonstrate how the scheme would improve sustainability across health and care over the Winter 2022/23 period, e.g., helping support people in their home and helping them to keep well.

Impact: Demonstrate how the scheme would positively impact on winter resilience (e.g., improving experience, reducing cost) on health and care in South West London.

Value: Detail the value of funding required and provide a high-level breakdown of costs.

Deliverability: Was delivery realistic winter; were there potential delays to mobilisation and delivery of the scheme, e.g., recruitment processes, procurement time, workforce issues, digital engagement.

Collaboration: Describe how the scheme supported collaboration across the ICP and which teams and partners would be involved.

After stage one shortlisting, 45 applications were selected (before moderation and SME review), totalling £6.6m. Following stage two shortlisting (moderation, SME review and collation of any additional application information required), 29 bids totalling £3.4m were agreed to be taken to the awarding panel.

The awarding panel met in November 2022 and agreed 25 bids, and post financial revisions these bids totalled c. £2.1m. The panel made three rejections and one bidder withdrew. As there was underspend on the fund the ICB senior management team identified a further 11 bids totalling c. £600k to be taken forward. This made a total of 36 bids totalling £2.7m. A summary of all successful schemes is provided in Appendix A

The range of bid values from the 36 successful applications to support winter resilience in SWL are shown in table 1. The status on bids following shortlisting, moderation and awarding panel is shown in table 2.

Value range	Number of bids in range	Total value of bids in range
0-£50k	17	£478,972
£50k-£100k	11	£765,903
£100k-£200k	6	£950,909
£200k-£300k	2	£495,932
Grand Total	36	£2,691,717

Table 1: the range of shortlisted bids value

Final Status on bids	No of bids	Bid Value
Defer to next year's scheme	17	£2,127,334
Explore further proof of concept	26	£3,766,577
Not to be taken forward this year	60	£10,041,894
Potential suitable for alternative funding stream	35	£5,526,243
Shortlisted	29	£3,412,998
Total of applications received	167	£24,875,045
Panel awarded with revised costs	25	£2,080,027
Further schemes approved for 22/23	11	£611,689
Total awarded	36	£2,691,717

Table 2: the status of all bids following shortlisting, moderation and awarding panel

Chart 1 below shows the distribution of submitted vs bids shortlisted bids by organisation type or location. Note, most VCSE bids came through place and are recorded as so below.

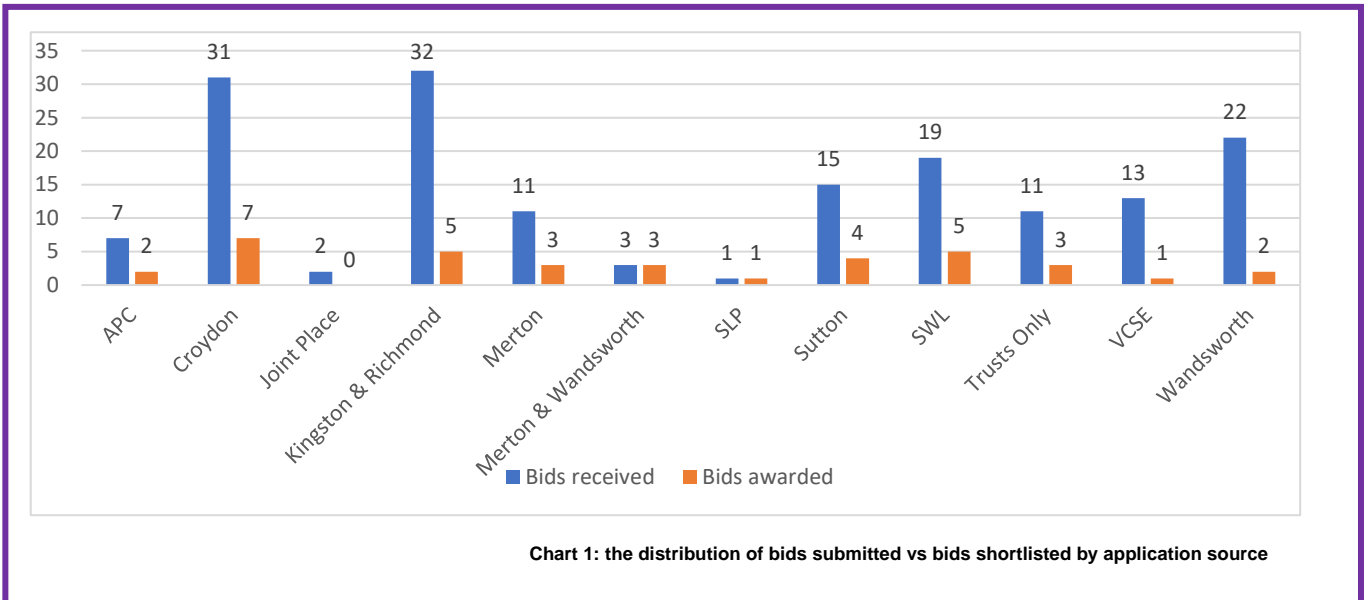


Table 3 below shows the comparison of total applications received and the shortlisted applications by category of the schemes, including number of bids, bid value and percentage of total.

Category	Submitted		Shortlisted		Agreed at panel with cost revisions		Further 2022/23 schemes agreed		Grand total awarded		
	No. bids	No. bids	Value	No. Bids	Revised value	No. Bids	Revised value	No. Bids	Revised value	% of awarded value	% of awarded bids
Adult Mental Health/LD	15	1	£100,000	1	£66,666	1	£10,000	2	£76,666	6%	3%
Community & Care Homes	18	1	£91,494	1	£73,000			1	£73,000	3%	3%
CYP & Maternity	22	2	£317,598	2	£31,311	1	£46,000	3	£77,311	8%	10%
Health & Wellbeing	11	1	£35,957	1	£35,957	1	£32,008	2	£67,965	6%	2%
LTCs	14	2	£536,400	2	£358,400	1	£39,145	3	£397,545	8%	16%
Older People	25	6	£1,475,248	6	£802,051	3	£294,730	9	£1,096,781	25%	35%
Patient Flow	22	7	£675,471	7	£542,668	2	£87,477	9	£630,145	25%	22%
Prevention	6	-	-	-	-	1	£70,000	1	£70,000	3%	2%
UEC	3	1	£13,500	1	£13,500			1	£13,500	3%	0%
Other (e.g., digital)	31	4	£167,330	4	£156,474	1	£32,329	5	£188,803	14%	6%
Grand Total	167	29	£3,412,998	25	£2,080,027	11	£611,689	36	£2,691,717	100%	100%

Table 3: the comparison of submitted vs shortlisted bids for each category

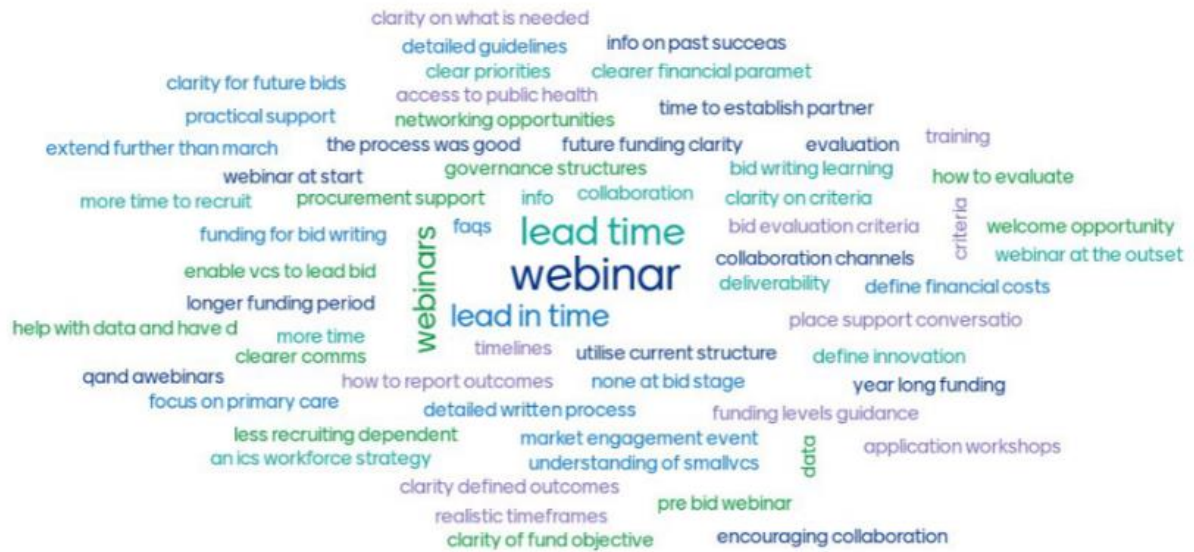


Figure 4: stakeholder feedback on what would make the bidding process easier and help support a stronger bid

4. Revised approach for the Innovation Fund 2023/24

4.1 Innovation Fund Process

The Innovation Fund attracted many innovative projects across the system; therefore, it is proposed that the fund is continued next year, subject to funding being made available. If there is agreement to fund the Innovation programme, it is recommended that it is aligned to the ICP priorities and will be targeted to deliver accordingly.

Taking feedback into consideration we have redesigned the process for 2023/24. The process starts after agreeing 2023/24 ICP Priorities and the confirmation of 2023/24 Innovation Funding. The recommended process below considers stakeholder feedback and allows sufficient time for robust and inclusive engagement across our partnership and the development of innovative and collaborative ideas.

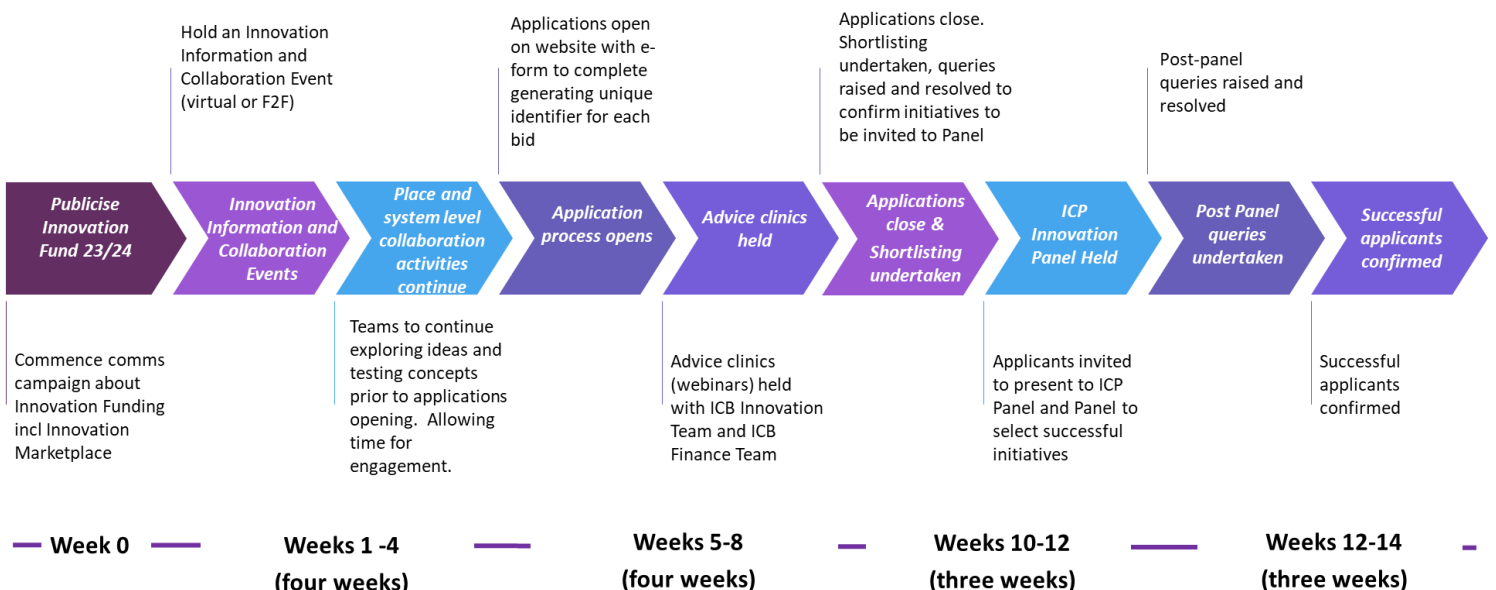


Figure 5: Proposed new process for the innovation fund in 2023/24

4.2 Detailed improvements to process

As referenced in the revised process above, and in response to stakeholder feedback and learning from this year's process, we have provided further detail below on number of improvements described.

4.2.1 Innovation Information and Collaboration Event

An event for all stakeholders across SWL is proposed to provide an opportunity to come together to:

- share information about the Innovation Fund and the process for 23/24,
- outline the ICP strategic priorities,
- discuss emerging ideas (aligned to the strategic priorities) in groups to foster collaboration and innovation, and
- provide advice and guidance on how to approach applications including finance and data information.

4.2.2 Communication methods

Applicants have suggested that more in depth communication with bidders would be an improvement, with a web-based e-application form to generating unique identifier for each bid to enable tracking. This would enable clearly defined stages with associated timescales that can be updated rapidly.

Additional improvements include clear contact information for Place Leads and other ICB contacts in addition to webinars throughout the process and a regularly updated frequently asked questions document to be published.

4.2.3 Application forms and financial information

Additional information will be included in the next process and include worked examples of completed bids, a workforce costing tool for NHS roles and a detailed financial template to reduce follow-up queries

5. Recommendations

The Integrated Care Partnership (ICP) Board is asked;

- To note the 2022/23 Innovation Fund progress and process undertaken this year to deliver the Innovation Fund
- To note the schemes that have been awarded funding.
- To review and support the recommended Innovation Fund process for 2023/24, subject to funding being made available

Author: Angela Flaherty

Role: Transformation Director

Date: January 2023

Appendix A: Summary of schemes

Innovation fund awarded schemes

Name and award	Bid summary	Cohort/ Area
Frailty Support via PCNs	This pilot aims to improve quality of life and reduce risk of hospital admission for the housebound living with frailty. Housebound patients with severe/moderate frailty will be identified using risk stratification and prioritised on clinical need and time since last review. PCNs will assign the best-placed health care professional (HCP) to visit the patient also offering a visit from an Age UK Living Well Health and Wellbeing Co-ordinator (LWHWC). A weekly discussion (coordinated by PCN care coordinators) facilitates communication between partners around the patient including a GP from their own practice, ensuring that prompt action is taken to prevent deterioration.	Older People, Merton
Prevention of Admissions for CKD Patients	Patients with Chronic Kidney Disease (CKD) and heart failure [CKD-HF] will be identified from outpatient clinics, Emergency Department (ED) and Same Day Emergency Care pathways. These patients will be trained by a specialist heart failure nurse to self-monitor weight, pulse, temperature, and blood pressure at home, and to administer the subcutaneous furosemide medication. This will reduce ED admissions for fluid overload.	Patient Flow, Trusts
Respiratory Digital Self-Management	This scheme will increase clinical capacity and empower SWL Asthma and COPD patients to self-manage via digital self-management support. The funding will be used to work alongside the SWL Respiratory Clinical Network, patients, local authority, volunteer organisations, and the technology provider to expand the SWL digital self-management solution to co-produce asthma and COPD self-management module(s). It will be available to all SWL asthma and COPD patients (or their carers) across all patient touch points to educate and empower them to self-manage.	LTCs, SWL
Together CYP hubs	Together CYP (Children and Young People) Hubs, a collaborative “proof of concept” innovation that will reduce system pressures and support CYP in Merton and Wandsworth this winter. This scheme will deliver proactive routine paediatric care to at-risk population. The scheme will develop the Together clinics and multidisciplinary team meetings in 3 Primary Care Networks (PCNs) and set up four CYP hubs across East Merton and Wandsworth in the most deprived areas.	CYP & Maternity, Merton & Wandsworth
Search Engine Marketing (SEM) for Prevention Services	This scheme will develop Search Engine Marketing (SEM) for key terms to drive uptake of prevention services and demand diversion through search for Southwest London. An SEM is an internet marketing technique that allows us to promote a specific webpage or service by increasing its visibility in Google’s search engine results (when people make a relevant search). This algorithm would enable a user in SWL to search for a term (e.g. ‘sore throat’) and be diverted to appropriate self-care or relevant service (e.g. community pharmacist, extended access).	Prevention, SLP
Respiratory Hublet to reduce Admissions in Winter	This scheme will deliver a respiratory hublet to reduce hospital admissions this Winter. The scheme will target patients with asthma and/or COPD aged 18 years and over with co-morbidities or vulnerability. The model is aligned to the London Respiratory Clinical Network Respiratory Hublet Service specification.	Merton, Patient Flow

Name and award	Bid summary	Cohort/ Area
Support Coordinator Trial	The proposed scheme aims to support both community Neuro OT & social services and release time back to them to perform tasks that require a registered professional. The Support Coordinator will act as a bridge between health and social care by visiting patients within 24-48 hours following discharge.	Long Term Conditions, SWL ICS
Boosting physical activity levels	The scheme aims to create opportunities for people to boost their physical activity levels and make social connections, using community assets to improve health outcomes. The scheme will 1) co-produce a range physical activity opportunities that meets their needs 2) Increase access to health promoting services taking a 'Making Every Contact Count' approach and enabling early intervention in any health issues identified issues 3) support VCS organisations to increase the numbers of individual accessing their services.	Health & Wellbeing, London Borough of Kingston
Staywell Home from Hospital Support Service	This scheme will set up a home from hospital service for older people in Kingston. The service will provide a joined-up, personalised experience to older people, and will offer a guided conversation to identify what the person wants or needs and set out a support plan. This could be offered post-discharge or pre-discharge on hospital wards, involving relatives/carers as required.	Kingston & Richmond, Older People
Kingston Carers' Health & Wellbeing Improvement Programme	The Kingston Upon Thames Carers' Health & Wellbeing Improvement Programme will actively increase take-up of the holistic health and wellbeing offer that is delivered across Place by Royal Borough of Kingston Upon Thames and partners across health (Kingston Hospital NHS Foundation Trust, New Malden Primary Care Network) and the voluntary and community sector (Kingston Carers' Network - KCN).	Health & Wellbeing, Kingston, and Richmond
Independence and Inclusion scheme - Merton	Merton Centre for independent living aims to run an independence and inclusion scheme to allow provision of general instructed advocacy support to local Deaf and Disabled people and help them to access the health care and services needed to maintain their wellbeing and independence.	Other-advocacy support, VCSE Merton
End of Life Care (EOLC)/ Frailty programme	Consisting of 3 components, the aims include offering the best of geriatric medicine and palliative care together for patients approaching end of life with severe frailty, dementia and / or other advanced serious conditions. A focus on training 5 Reconnectors to align patient needs with social needs to reduce isolation. And train 10 EOLC workers (Douglas) to work in community to offer support to family/patients over what matters most.	Older People, Kingston & Richmond Place
Winter Fit	This scheme will pilot a winter care programme to all over 65s in community pharmacies across Southwest London. Called 'Winter Fit', this holistic package of support will utilise a Making Every Contact Count to provide information, support and referrals to winter related programmes such as winter warmth, prevention of falls, social and activity groups and frailty support services.	Older People, SWL
Urgent Together Clinics	"Urgent Together Clinics". The aim of these clinics would be to: 1) Increase access for urgent advice and care for unwell children closer to home in primary care, 2) Work as an integrated team with our expert paediatric colleagues to provide urgent care for children in the community, 3) Through integrated working upskill our workforce to identify children who can be safely managed in the community and those who need hospital assessment, and 4) Reduce A&E attendance by improving access and experience for parents and carers	CYP & Maternity, Wandsworth

Name and award	Bid summary	Cohort/ Area
Supporting High Intensity Use (HIU) in M&W	The scheme will implement a dedicated HIU service hosted by our VCSE providers Merton Connected and Wandsworth Enable. The funding will be spent on recruitment of two HIU leads to reduce inappropriate activity, primarily to Emergency Department (ED), non-elective admissions, GP appointments, London Ambulance Service callouts and 111 calls by identifying, supporting, and signposting to appropriate services.	Patient Flow, Merton & Wandsworth
SWL Aging Well Intensive Behavioural Support Service	This scheme aims to create an overarching 'SWL Aging Well Intensive Behavioural Support Service', providing a range of behaviour support services to the 6 boroughs. This pilot would commission behavioural support for potential residents without a placement and then provide support to transition into the new Care Home placement. The project will also create a new pathway to reduce placement breakdowns, delayed discharges, provide behavioural support and additional training to 70 Care Homes	Older People, SWL
Realign the rehab pathway through Mary Seacole Ward (MSW) £175,604	The aim of the proposal is to provide an enhanced therapy programme and early social work support to suitable users that transcends traditional service boundaries and potentially utilising technological support, enabling faster throughput through MSW and decreasing the risks associated with an extended hospital stay.	Patient Flow, Merton & Wandsworth Place
Accelerate the use Urgent Care Plans for people in SWL who live with frailty and multiple LTCs	The aim of this initiative is to identify as many frail and multiple Long Term Condition (LTCs) patients as possible in each borough for one PCN and complete Urgent Care Plans to avoid unplanned hospital admissions, provide care and support tailored to individuals' wishes and ensure patients' safety by having access to one set of information and so Increase resilience across health and care over the Winter period for 2022/23.	Older People, SWL ICB
The Care Home Trusted Assessor	This scheme will test a care home trusted assessor model with Sutton 65+ 26 care homes (16 nursing and 10 residential) and three extra care supported accommodations; Dymond, Cloverdale and Belsize. The Care Home Trusted Assessor will be employed by the care home sector and located within the discharge hub at St Helier Hospital, and will support and facilitate timely and safe discharges from hospital to care homes.	Community & Care Homes, Sutton
Homeless Healthlink UK	This scheme is a digital inclusion programme for people experiencing homelessness in Richmond, Kingston, Wandsworth, and Sutton. The project will support rough sleeper's digital access and skills development, by applying it to the specific focus of health literacy development and confidence for improved self-care.	Digital, SWL
Housing Officer and Innovation Manager	This project will aim to support patients who are medically fit for discharge, but who cannot safely be discharged because they are facing homelessness or require minor/low level adaptations to their home environment. Therefore, the project aims to prevent bed-blocking and additional pressures at St Helier during the winter.	Patient Flow, Sutton Place
Frailty Support Officer	This scheme will support those who are living in older age who may face challenges due to their frailty, requiring support from a number of agencies, increasing their access to social, practical and wellbeing support for them to maintain independence for as long as they are able, and to support the ambition of reducing their need for health interventions, and ensuring they have access to health and care support when they need it. The service will provide support through a Frailty Support Officer to support Sutton residents who are identified	Older People, Sutton

Name and award	Bid summary	Cohort/ Area
	as Frail (5 and over on the Rockwood scale) who may need longer term support to navigate the health and social care system.	
Understanding & Reducing Loneliness / Cheam & Sutton	This scheme will fund 2 health and well-being coordinators to carry out the following: 1) Case identification of elderly living alone through health and social care searches, home visits to the elderly carrying out a comprehensive geriatric assessment, 2) Discussing an advanced care plan with residents and carers, 3) Ensuring those that are digitally excluded have alternative ways of accessing care, 4) Assessing issues around cost of living and heating during winter with assistance of charities, 5) Asking about loneliness and connecting to neighbours and community activities, and 6) Optimising the community pharmacy network who often see the elderly population more frequently.	Older People, Sutton
Rapid Response Tenancy Support	The Rapid Response Tenancy Support scheme is designed to prevent worsening of clients existing health conditions and reduce re-admission by offering immediate interventions to clients whose tenancies are showing the first signs of breaking down and to resolve issues before they escalate.	Adult Mental Health/ Learning Disabilities, Croydon Council
Carers Information Service (CIS) - increasing proactively identifying potential crises	This scheme aims to reduce admissions to Croydon University Hospital by providing support for carers in crisis. The funding will provide a boost to enable the service to deliver a bigger impact by shifting their focus to proactively identifying potential crises as well as widening their reach and working with the maximum number of clients within the given timeframe. The scheme will enable the Carers Information service to set up a new service, the Carers Crisis Prevention Service (CPPS) to support carers with short and long-term caring duties.	Carers, Croydon
Help Is at Hand	This scheme aims to create an easily accessed preventative crisis service to be offered to parents/carers/guardians/foster carers/adoptive parents living in the Borough of Croydon. Funding will be used to recruit a skilled parent/carer support worker who can provide immediate winter crisis support/advice delivered via phone, face to face and online, thereby reducing GP and Emergency Department contacts.	Children, Young People & Maternity, VCSE-Croydon
'Living Independently for Everyone' (LIFE) programme	This scheme will pilot a service in partnership with voluntary services with during the hospital's busiest period to engage with residents referred to the Council's front door and through a single point of access to prevent hospital admissions, re-admissions and to support hospital discharges. The funding will be spent on VSCE to visit patients in their homes.	Patient Flow, Croydon
Advance Care Planning for People with Frailty	The scheme for Croydon will support early identification, holistic assessment (including frailty scoring) support and personalised care planning for people with frailty avoiding the need for acute intervention through working with new frailty team this consists of an ED liaison consultant leading on the development of the Frailty SDEC; along with 2 ED based Advanced Frailty Practitioners and a total team of 6 locality-based frailty practitioners.	Older People, Croydon
Pallittrigger – supporting Advance Care Planning for	The scheme for Croydon will build upon the work undertaken by the Croydon Health Services Palliative Care team on the development of 'Pallittrigger', a tool to aid palliative care referrals from ED. The funding is for a Band 7 nurse to attend ED Board rounds to identify people	Other – End of Life, Croydon Place

Name and award	Bid summary	Cohort/ Area
People attending ED	likely to benefit from the Pallittrigger tool, and associated discussion around care plans.	
Waiting Lists Analysis - Proactive Identification and Support	The aim of the scheme is to pilot if additional cases for proactive Multidisciplinary Team interventions could be identified from waiting lists, especially Adult Social Care Over 65's, Domiciliary Physiotherapy, Occupational Therapy and Falls Service. The scheme will target residents on different services' waiting lists across Adult Social Care and Croydon Health Services	Patient Flow, Croydon
Development of a reablement centre	This scheme will initiate "RISE +", a service that supports older people on the ward in hospital, on discharge and at home. RISE + will reach out specifically to St George's and to Kingston Hospitals and initiate an "on ward" service from RISE+ staff and volunteers who will support the nursing staff on the older peoples wards through pastoral and practical support	Patient Flow, Wandsworth
SGH respiratory nursing team expand to weekend working	The scheme aims for the respiratory nursing team expand to weekend working to support and facilitate improved management and discharge. The scheme will support an 8-week pilot of 'bank' weekend working, including staff from St George's Hospital and community respiratory team. This will improve outcomes for COPD/Asthma, hypertension, and Pulmonary Rehabilitation.	Patient Flow, St George's University Hospital FT
Preventing Infection in Neurological Conditions (PrINCe Project)	The PrINCe project will provide anticipatory care plans to patients with neurological conditions to enable them to self-manage urinary tract infections more efficiently, and at an earlier stage. This scheme will undertake a 12-month pilot for proof of concept of this model which aims to reduce patient reliance on in-person services, and resultantly reduce preventable hospital admissions and long bed stays. It has been shown to be successful elsewhere in the country and for other conditions.	LTCs, APC
Changing the way gynaecology services are delivered in SWL	This proof of concept project will co-produce the SWL Women's Health Hubs to try and tackle the health issues that affect most women for most of their lives which if not tackled can affect their ability to attend school, work or undertake caring responsibilities. The SWL Women's Health Pilot will look to bring together women's health services into a community setting closer to those women who find it hardest to access them. This will help to sustain their wellbeing (including mental health and providing social support around finances, housing etc..) and enable them to receive the care they need.	Other, APC
Emergency Department Check-In (EDck.in)	The scheme aims to improve the ED smartphone self-check-in system called EDck.in, by improving accessibility to the digitally excluded, e.g. non-English speakers, and patients with visual impairment and poor literacy skills. The system reduces manual administration processes and associated queuing and by improving access.	Urgent & Emergency Care, St George's University Hospital FT
Bipolar Support	This scheme will deliver: Four self-management courses for those living with bipolar across the boroughs of Wandsworth, Kingston, Merton, and Richmond, and four peer support groups for those affected with bipolar across the boroughs of Wandsworth, Kingston, Merton, and Richmond.	Adult Mental Health /LD. VCSE

Meeting Title:	South West London Integrated Care Partnership (SWL ICP)		
Date:	12th January 2023	Agenda No	7
Report Title:	South West London Health Inequalities Fund – Update paper		
Lead Director/ Manager:	Dr Gloria Rowland - Integrated Care System (ICS) Chief Nursing and Allied Health Professional Officer/ SRO Health Inequalities, South West London Integrated Care System		
Report Author (s):	June Okochi – Deputy Director for Quality Improvement, South West London Integrated Care Board Vhenekayi Nyambayo – Head of Inequalities, South West London Integrated Care Board		
Presented for:	Review		
Executive Summary:	<p>Tackling health inequalities is a core commitment of South West London Integrated Care Board (SWL ICB) and this includes how we address inequalities through a lens of poverty, anti-racism, adversity trauma and resilience in line with our values and our moral duty to deliver social justice.</p> <p>In 2022/23, NHS England invested £200 million to ICSs to tackle health inequalities. An allocation of £4.3 million was provided to SWL ICS. No formal confirmation has been received as to whether this funding is recurrent. The additional funding should help systems to maintain work to reduce health inequalities, such as the ‘NHS Five priority actions’ and ‘Core20PLUS5’, while achieving financial balance and elective recovery.</p> <p>Of the £4.3 million, we are investing £1.6 million of this into system-wide health inequalities programmes, and £2.7 million was made available to boroughs/places for local projects and programmes using evidence and needs based approach.</p> <p>We received 82 expressions of interest, and in total, over 50 health inequalities place-based and system-wide projects and programmes were successful. Funding for the approved schemes will be released, and there will be regular reporting and assurance arrangements to monitor progress and impact on our local population.</p> <p>This paper provides an update on the South West London Health Inequalities Fund (22/23), with the following information:</p> <ul style="list-style-type: none"> • Needs based Funding allocation approach • Expression of interest process, funding award and outcome • Feedback and lessons learnt on the process • An appendix with lists of successful projects and programmes 		
Recommendations:	The Integrated Care Partnership (ICP) Board is asked to note the update, the process and projects and programmes awarded health inequalities funding, and to support the process should this funding be recurrent in future financial years, noting the lessons learned from the process in 2022/23.		



South West London Health Inequalities Fund

2022/23 Update

A report by:
Dr Gloria Rowland

**Integrated Care System (ICS) Chief Nursing and Allied Health
Professional Officer/ SRO Health Inequalities, South West
London Integrated Care System**

South West London ICP Committee

12 January 2023

South West London Health Inequalities Fund (22/23)

Introduction

Tackling health inequalities is a core commitment of South West London Integrated Care Board (SWL ICB) and this includes how we address inequalities through a lens of poverty, anti-racism, adversity trauma and resilience in line with our values and our moral duty to deliver social justice.

We are proud of the existing work that has taken place across the SWL boroughs to tackle health inequalities. We want to build on and scale up the work that has been delivered at system, Place and neighbourhood levels to continue to reduce health inequalities especially at a time where more people continue to be impacted by the current cost of living crisis and an increasing fuel and food poverty crisis.

Over the last 16 months, 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 (HI) Board in December 2021. The Board has been working to steer the strategic direction of the health inequalities programme as well as agree the long-term priorities to tackle inequalities. The **key priorities** include:

- Development and delivery of our Integrated Care System (ICS) **Equity Strategic Delivery Plan** aligning to **Health and Care Plans and the Mayor of London's strategy embedded by the CORE20PLUS5 approach (adults and children and young people)**.
- **Strengthen and enable the role of our communities** and the VCSE to improve trust in services through proactive co-production of people with lived experience including increased Board presence to inform decision making.
- **Developing our Anchor Institutions structures** and programmes of work at both Place and system to tackle and reduce socio-economic inequalities.
- **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
- **Delivery of antiracism framework** and action plan- aligned to NHS Observatory Race and Health report and the Messenger Report 2022.
- **Improve ethnicity data coding** to ensure we are accurately monitoring the impact of programmes on our population.

1. National investment direction

In 2022/23, NHS England invested £200 million to ICSs to tackle health inequalities. An allocation of £4.3 million was provided to SWL ICS. No formal confirmation has been received as to whether this funding is recurrent.

The national team set clear criteria on how the allocation is to be spent:

- The additional funding should help systems to maintain work to reduce health inequalities, such as the [NHS five priority actions](#), the [Core20PLUS5 approach](#), while achieving financial balance and elective recovery.
- Funding is expected to be directed towards the services and populations who face the largest inequalities in access, experience and outcomes, recognising the need for local level flexibility to target the funding where it is most needed to narrow the healthcare inequalities gap, and allow for local creativity and innovation.

2. Guiding principles of how we developed our allocation

- The resource aligned to CORE20 was based on equity with the commitment that places use that resource to target high deprivations applying the principles of universal proportionalism.
- We were guided by population health data and need, driven by subsidiarity at place
- We were driven by the need to add value to our ICS through a renewed lens of development, leadership and accountability to meet the ICS's four objectives.
- We focused on communities and partnerships between our VCSE organisations and health partners to maximise reach into communities with the highest level of need.
- We ensured our leaders of public health and local authorities were equal partners in the development of place-based plans
- We acknowledged that co-production with our communities, service users and residents had to be factored in the process of developing local plans.
- In the spirit of maximising taxpayers' money and this investment, we will focus on evaluation of impact to ensure return of investment in prevention, reduction of morbidity, increased access and utilisation of health and care services.

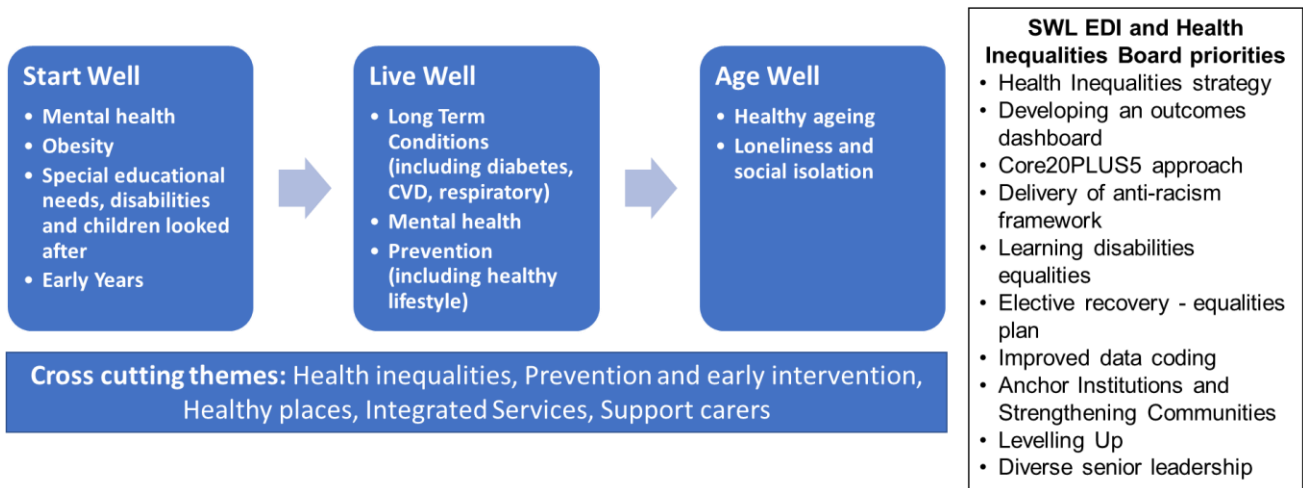
3. Health and care needs

We conducted an integrated care partnership needs analysis mapping exercise between August and September 2022. The needs-based assessment reviewed:

- All six Place/borough Health and Care plans
- All six Place/borough Health and Wellbeing strategies
- Six Place/borough Joint Strategic Needs Assessments
- Provider Collaborative plans

These local strategies supported the place-based partnerships and the ICS in providing a clear narrative on the utilisation of resources and how they are aligned to specific local population needs, and how they align with the priorities for the Core20PLUS5 agenda and SWL ICS health inequalities programme. Figure 1 shows the common priorities across the SWL using a life course approach.

Figure 1 – SWL integrated care partnership needs analysis mapping exercise (September 2022)



4. South West London’s allocation model

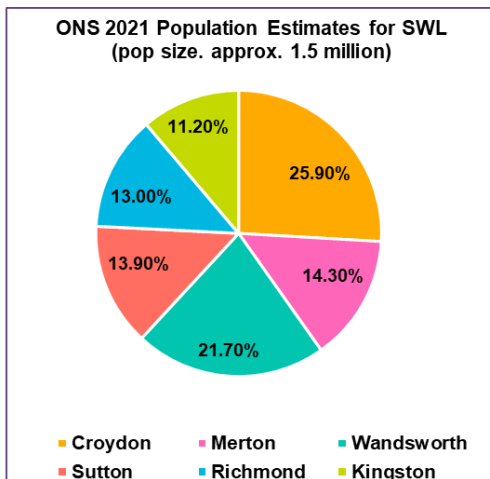
Data and population health management have been key drivers in driving the evidence to develop our needs-based allocation model. In July 2022, a needs-based allocation matrix was co-developed with advice from the national team directing us to an ICS who had adopted best practice. The allocation matrix was presented at the July SWL ICB Health Inequalities Board and was agreed to be utilised for the allocation of the investment based on need.

Our Health Inequalities allocation from NHS England was a total of £4.3 million, of which £1.6 million is allocated for system-wide health inequalities programmes, and £2.7 million for boroughs/places for local projects and programmes using a needs-based approach (see Figure 2):

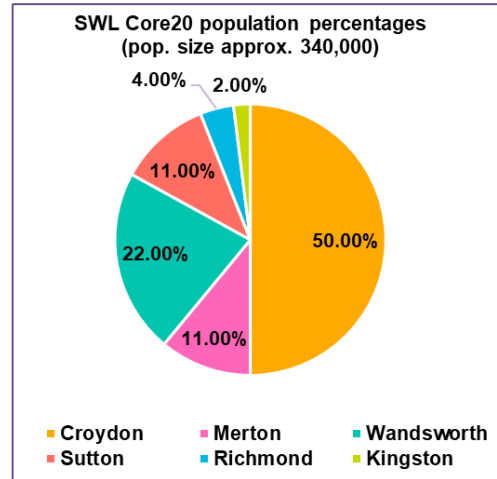
Figure 2 – Funding allocation approach for Places/Boroughs

- 1) Office for National Statistics (ONS) population size
- 2) CORE20 population
- 3) PLUS population groups

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)



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

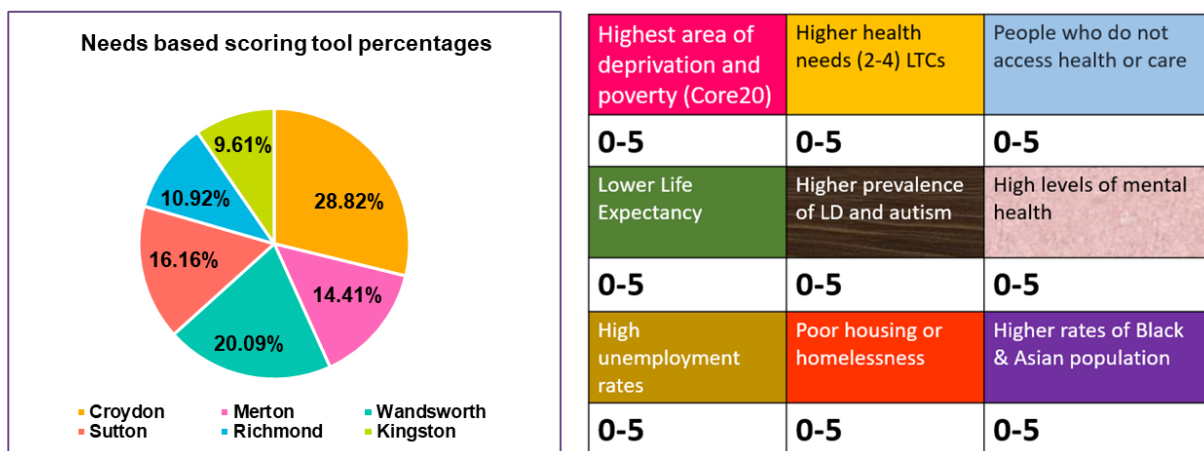


Table 1 – Funding allocation for Places/Boroughs and ICS Collective projects and programmes

Need-based approach	Total allocation to six SWL Places/Boroughs
ONS population size to be spent on place-based health inequalities projects/programmes	£774,000
CORE20 population	£1,410,400
PLUS population	£528,900
Total	£2,713,300 (63.1%)
ICS collective place-based programmes (do once for six Places/Boroughs)	£1,339,880 (31.16%)
Sub-total of Place and ICS collective projects/programmes	£4,053,180

4.1. In line with 'priority 5' of the Five priority actions of the NHS equality operating plan for systems to strengthen leadership and accountability, we allocated funding to develop our leadership, development of our staff and improve accountability across SWL with the ambition to build an equity fellowship programme that will upskill staff and create greater awareness of inequalities.

Table 2 - Leadership, development and accountability across SWL to support and upskill the system

ICS allocation description	Total allocation
<ul style="list-style-type: none"> Evaluation of system and place-based programmes Equity fellowship and staff development for SWL staff 	£246,820 (5.74%)
Total of all programmes	£4,300,000

The table below gives a summary of the funding allocation for SWL ICS

Table 3 – South West London Funding allocation summary

Place	Place allocation totals • Wider health inequalities projects • CORE20 population • PLUS population	ICS Collective projects and programmes (once for all 6 places)	
KINGSTON	£165,707.35	Additional community connectors across SWL	£385,000
RICHMOND	£214,776.17	SWL Anti-racist framework and implementation	£120,000
MERTON	£342,043.03	Prescriptions for Care Leavers	£100,000
WANDSWORTH	£584,487.92	Flu vaccines for inclusion health groups	£28,000
CROYDON	£1,058,100.06	CYP Oral health inequalities	£31,100
SUTTON	£348,185.46	Learning disabilities Connectors	£60,000
TOTAL	£2,713,300.00	EMHIP - Improving equality in Mental Health for Black and ethnic minorities (St George's and SLaM)	£500,000
		Improving Ethnic Minority Access to SWL Fertility Services	£12,000
		Evaluation and impact	£103,780
		Leadership, development and accountability across SWL to support and upskill the system	£246,820
		TOTAL	£1,586,700

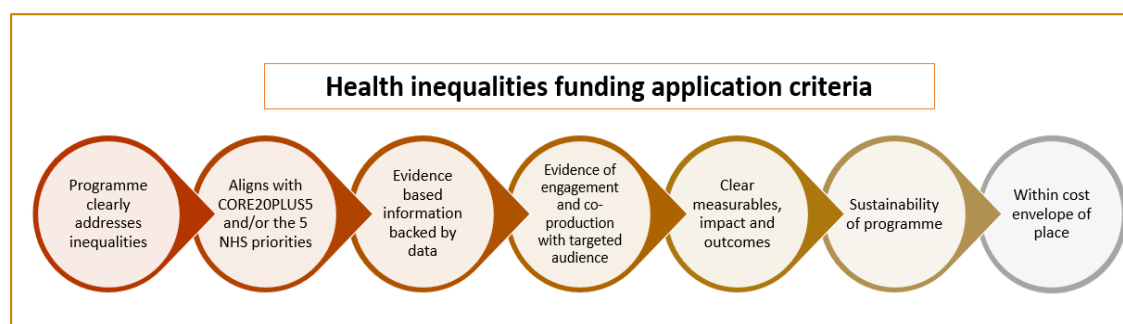
Total funding for SWL ICS - £4,300,000

4.2. Place-based process

In September 2022, the funding was allocated to boroughs using a needs based approach, with an opportunity for SWL partners to express an interest for funding to deliver projects/programmes aligned with the [Five priority actions of the NHS equality operating plan](#) and populations within their [Core20PLUS5](#). Expressions of Interest required approval and sign off by the NHS Place Executives and Directors of Public Health to be considered for review by the funding panel.

4.3. Expression of Interest criteria

As mentioned above, place-based expressions of interest had to meet the national requirements associated with the funding. Therefore, the expression of interest process was developed to meet the following criteria:



5. Health inequalities funding award and outcome

5.1. SWL received a total of 82 expressions of interests from all six places. 52 met the criteria and were shortlisted, and 26 were not shortlisted (as they were not signed by the NHS Place Executives and Directors of Public Health). 46 were successful, and eight were not approved as they did not meet the funding criteria. Four expressions of interest from Richmond are awaiting final moderation.

5.2. There were two panel meetings that held in October 2022. A shortlisting panel and a decision panel. The panels were a diverse group of professionals across the system. We had GPs, acute representation, mental health representation, Local authority Directors of Public Health (DsPH), Local Authority representation, Place Leads, executive members of the ICB, members of the VSCE organisations and patient representation. The groups were coordinated by members of the ICB quality team.

5.3. All expressions of interest received on time were reviewed by the shortlisting groups and scored with an outcome. The scoring criteria included:

- 1 – Not met (no information provided)
- 2 – Limited information
- 3 – Partially met (key information provided but further detail needed)
- 4 - Satisfactory (key information with some detail provided)
- 5 – Fully met (comprehensive information provided)

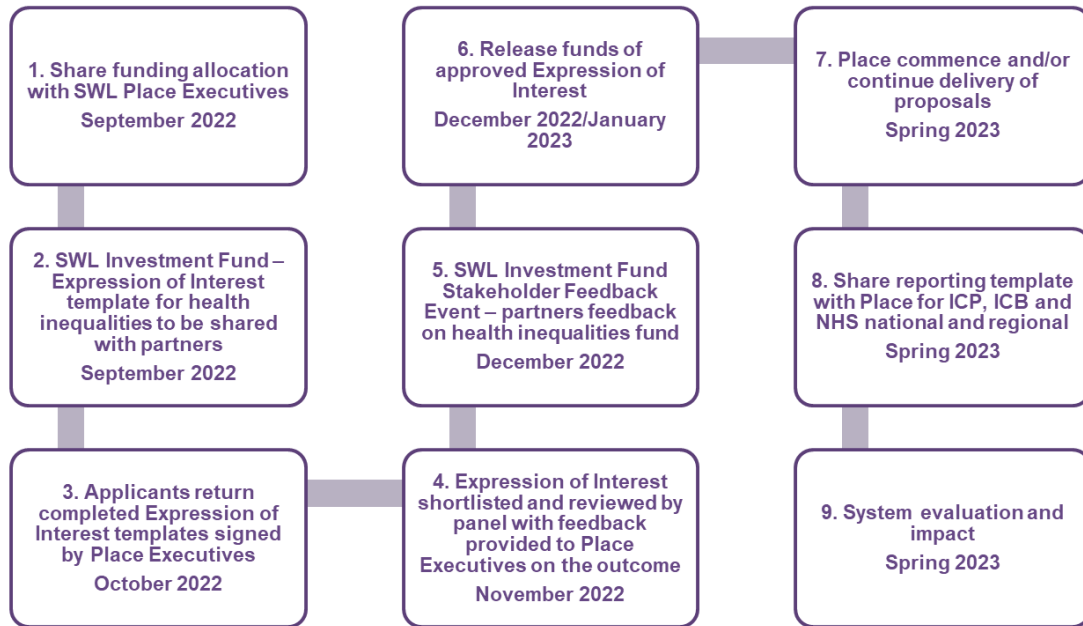
Table 4 below provides outcomes of all place-based expressions of interests, and Figure 3 provides a flowchart of the funding process

Table 4 - Outcomes of Place-based expressions of interests

Place(s)	Total received	Total shortlisted (signed/endorsed by Execs)	Approved	Not approved	Awaiting moderation
Croydon	6	5	5	0	0
Merton	21	10	10	0	0
Wandsworth	24	14	14	0	0
Merton & Wandsworth	1	1	1	0	0
Richmond	6	2 (and 4 are awaiting moderation)	2	0	4
Kingston	10	9	7	2	0
Richmond & Kingston	2	2	1	1	0
Sutton	8	6 (in 1 form)	6 (in 1 form)	0	0
SWL-wide	4	3	0	3	0
TOTAL	82	52 (and 4 are awaiting moderation)	46	6	4

Figure 3 - Flowchart of the health inequalities funding process

Process flowchart



6. Health inequalities programmes mapped against national and local funding criteria

A wide variety of strong and diverse bids were received and that is testament to the system’s appetite and commitment to tackle health inequalities for their local population. Some of programmes include:

Core20 population	<ul style="list-style-type: none"> Programmes to tackle deprivation and poverty focused on adults and Children and Young People
PLUS groups	<ul style="list-style-type: none"> Programmes focused to target Black, Asian and other minority ethnic communities Physical disabilities Learning disabilities and autism Homeless and rough sleeping communities Refugee and asylum seekers Care leavers
5 clinical areas	<ul style="list-style-type: none"> Significant focus on mental health from many applications Other programmes focused on Maternity and Cancer General themes around Prevention and managing Long Term Conditions, including Hypertension and lipid optimal management, and Respiratory
Other areas	<ul style="list-style-type: none"> Fuel poverty Sickle cell disease Menopause support Support for Carers Social prescribing
NHS five priority actions	<ul style="list-style-type: none"> Digital inclusion

	<ul style="list-style-type: none"> • Accelerating preventative programmes that proactively engage those at greatest risk of poor health outcomes (e.g. healthy weight, physical activity)
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7. Feedback process

All place executives, DsPH and Expression of Interest programme leads received a formal letter from the SRO of Health inequalities advising them of the outcome of their EOIs. Where applications were provisionally approved, the panel members requested further information and where criteria were met, applications were subsequently approved. Where criteria were unmet, communication was shared regarding the reasons.

7.1. Lessons learned

During the decision panel event, the SRO for health inequalities chaired a live feedback session and stakeholders were given the opportunity to provide detailed feedback about the end-to-end process of the health inequalities funding expressions of interest.

7.2. What worked well?

- Developing a health inequalities allocation model
- Having a place-based led approach
- Allocation was needs and evidence based
- A diverse panel membership of shortlisters
- A clear scoring criterion based on national criteria
- Simplicity of the form and clarity on process
- A wide range of projects from different organisations
- Most proposals were credible and robust in tackling health inequalities

7.3. What could have been improved?

- Timeline was a constraint (nearing the end of the financial year)
- Both processes for health inequalities and innovation fund running concurrently
- Some confusion around both processes
- Convoluted bureaucracy around releasing the funding to implement programmes
- Resource implications

7.4. Future consideration

- Early planning
- Clinical input in writing the Expressions of Interest
- Value for money as a key criterion for shortlisting
- Webinar launch with Q&A for future funding opportunities
- Supporting organisations with bid writing/infrastructure for delivery
- Knowledge of existing commissioned services across SWL to avoid duplication of funding
- Scaling up impactful pilot projects across the system
- Managing proposals across multiple boroughs
- Sustainability of projects/programmes (funding)

7.5. Conclusion

This is the first time we have undertaken this funding process for health inequalities. We appreciate that it might not be a perfect process, however, it was fit for purpose given the short turnaround timeline. The feedback and learning from this process we have received will be taken to account in future.

In addition, a joint learning event for the Innovation Fund and Health Inequalities Fund was held on 14th December 2022 to receive wider feedback on what went well and what did not. The event was chaired by the CEO of the ICS and was attended by panel members, bidders, place, provider, Local authority and VSCE stakeholders who participated in both the health inequalities and innovation fund application process. A variety of feedback was received on what went well and areas where we could improve. The overarching theme on areas of improvement was on the timeliness of planning. Further details on the outcome of the event can be found in the Innovation Fund report.

Appendix – List of successful health inequalities projects and programmes

Croydon

Organisation(s)	Project/programme summary
LB Croydon on behalf of a wider partnership	A Tier 3 weight management service for children and young people (ages 4 to 18 and 25 for Special Educational Needs and Disabilities), targeted to those with higher rates and risk of obesity, and the development of obesity related long term conditions. This includes children and young people from deprived areas (Core20 population), black ethnic groups, learning disabilities and autism.
Asian Resource Centre for Croydon and Croydon BME Forum	To empower people with Long Term Conditions and promote awareness and create a more user-led self-management to allow people with long-term diseases to have access to opportunities to develop the confidence, knowledge and skills to manage their conditions better.
Croydon Health Services NHS Trust	To establish a high quality, specialist multidisciplinary adult Tier 3 weight management programme for adults registered with a Croydon GP, which understands the lifestyle and culture of Croydon's communities.
Croydon BME Forum in partnership with Asian Resource Centre for Croydon	To establish a mobile Mental Health & Wellbeing Hub will be established to provide a new service option for BME groups.
Age UK Croydon	To utilise the information and evidence of the skills and experience that Age UK Croydon have, to run a community based Healthier Lifestyles programme to support preventative interventions.

Kingston and Richmond

Organisation(s)	Project/programme summary
Connect: North Korea	Build self-sufficiency, resilience and sustainability of the North Korean community over winter 2022/2023 through a set of community outreach activities.
Churchill Medical Centre as part of CCOB Primary Care Network	Understanding and documenting past medical history, previous experience, language(s) spoken and specific health needs as well as ensuring appropriate screening and vaccinations we aim to improve the health outcomes for this highly vulnerable and disadvantaged group.
Kingston Voluntary Action	Additional voluntary sector social prescribing activities during winter 2022/2023
Refugee Action Kingston	Improve health resilience amongst people seeking asylum and refugees
Chessington & Surbiton Primary Care Network and Surbiton Health Centre Primary Care Network	Addressing digital exclusion, long term conditions identification, poor mental and physical health in young men, poor access to maternity and children's services and use of A & E services in lieu of primary care in the Gypsy Roma Traveller community
Kingston Carers' Network	Offering early engagement and improving access to carer support and improve utilisation of the full range of practical and wellbeing resources
Kingston Voluntary Action (Superhighways)	Scale up existing digital inclusion support to Kingston residents
NHS Kingston & Richmond Places, with Ruils, Staywell, Primary Care Networks, Thinking Works, LB Richmond upon Thames Public Health & Royal Borough of Kingston Public Health	Support Kingston and Richmond residents who are going to be particularly vulnerable from fuel poverty this winter
Silverfit	Healthier ageing through the provision of socially based exercise classes in Richmond
Crossroads Care Richmond	Increase the carers workforce to meet existing and new need and to directly reduce our waiting list

Richmond projects/programmes awaiting moderation

Organisation(s)	Project/programme summary
SPEAR London	Build upon our partnership with the Primary Care Team, which has sought to increase vaccination uptake and decrease vaccine hesitancy amongst those experiencing homelessness and seeking asylum across South West London.
The Cambrian Community Centre	Improve health and community strength and reduce social isolation by providing and facilitating exercise and leisure activities. We welcome everyone but particularly those who may be disadvantaged by health, age, disability, social or economic circumstances.
Ruils	Build on the local skills, knowledge and experience that Ruils already holds in relation to targeted health promotion work within the most deprived areas of the borough. This funding will enable us to develop existing projects further, outreaching to the most isolated residents, holding Community Conversations and bringing health to their doorsteps.
Homelink Day Respite Care	Our programme will specifically reach out to older people and their carers in the deprived areas within the London Borough of Richmond, focusing on Core20 areas.

Sutton

Organisation(s)	Project/programme summary
Sutton Health and Care, LB Sutton, Community Action Sutton, Primary care Networks, People Arise Now, Sutton Mental Health Foundation, Sutton African Cultural Organisation and Self-Management UK	<ul style="list-style-type: none"> • Proof of concept to develop a personalised care approach for the Core20Plus5 "111" cohort with more than 3 long term conditions • GP and nurse mobile clinics targeting homeless population based on existing work with St Mungo's • Targeted estate-based health and wellbeing outreach delivered on four estates situated within areas of deprivation with focus on detection of hypertension and mental health and wellbeing • Community development participatory research

Merton and Wandsworth

Organisation(s)	Project/programme summary
Merton Connected, St Georges Mental Health Trust, SWL ICB	Co-production project to identify people with lived experience to review the data in the Population Health Management EMHIP dashboard alongside the lived experience to coproduce interventions to reduce ethnic inequalities in mental health.
LB Merton Public Health, SWL ICB, Merton Connected	Build community networks and infrastructure to coproduce prevention initiatives to encourage increase physical and social activity in Merton.
Association for Polish Family	Targeted engagement work to improve awareness and health access for East Merton's Eastern European community.
LB Merton Public Health, East Merton Primary Care Network	To scale-up the children and young people social prescribing pilot into a Primary Care Network to address this unmet need in the borough and prevent further exacerbation and escalation of these health issues facing children and young people.
Age UK Merton	<ul style="list-style-type: none"> • Support people who are housebound due to anxiety or depression project will providing information, coaching and supporting people to be more physically active, join services, groups and activities in the community. • To enhance and expand the provision of physical exercise activities for older people in Merton
Wimbledon Guild & Ethnic Minority Centre Mitcham	To provide both online and face to face counselling for people from black and minority ethnic groups who are underrepresented in people accessing therapy.
Ethnic Minority Centre	Workshops on Health-by-health professionals and exercises to improve health inequalities and build confidence.
St Georges Hospital	Pilot new community outreach services to support children from black and minority ethnic community who have sickle cell.
Morden Primary Care Network	Pilot to roll out social prescribing for people with learning disability, creating connections between PCN and learning disability community sector.
BlindAid	To provide outreach/community-based support for isolated, blind and visually impaired people living in Wandsworth.

Battersea Primary Care Network, Wandsworth Community Empowerment Network, Wandsworth Training Hub, Wandsworth local authority	Community Health and Wellbeing Workers: Brazil Model at the Doddington and Rollo Estates in Battersea. The model is based on the successful Brazilian Health Strategy and builds on the successful implementation of this model in Westminster and other parts of the UK.
Wandsworth Care Alliance	To contribute to a national Healthwatch study on perinatal mental health and to pursue participants in a hope that this can contribute to insight and recommendations for the development of perinatal mental health services in Wandsworth and the Core20 maternity work.
NHS Mental Health team Wandsworth	<ul style="list-style-type: none"> • Developments and embedding of domestic violence and abuse (DVA) leadership and subject matter expertise Trust-wide and across the system with partners. • Canerows BME peer involvement + GP sessions working with specifically with Muslim women.
Thinking Works and LB Wandsworth	To establish a pathway for referrals from the Winter Warmth service to appropriate stakeholders and partners.
Share Community Ltd	To provide a stable, calming environment for students who are demonstrating more distress when they access our services to adults with learning disabilities and autism.
Paul's Cancer Support	To support people in Wandsworth and beyond with cancer, as well as their carers and family members. The aim of this project will be to ensure that refugee and migrant populations in the borough have access to cancer support either in person or online via engagement with their local community.
Battersea Alliance & BLSW11	To deliver drop-in counselling services, providing advice and emotional, support, group therapeutic activity sessions for young people building emotional literacy, peer mentoring training and support groups.
Elays Network	Create Mental Health first aiders, introduce awareness, advice and access support, raise awareness for healthy behaviours and lifestyle changing.
SPEAR London	Bringing together health and wellbeing services and organisations within one community venue, for increased accessibility by homeless people in Merton and Wandsworth.
Be Enriched	To collect data from service users, distribute healthy start vouchers to canteen guests, conduct focus groups and hear from community members regarding healthy food consumption affected by cost and access.
Live Karma Yoga	To provide sessions and opportunities that are accessible to all, embracing diversity and celebrating difference through utilising wellness practices.
Enable	Helping people cope with the 'symptoms' of the menopause by providing personalised care for women going through the menopause in Wandsworth, provide emotional support, goal setting initiatives, confidence building on how to speak to health professionals about 'symptoms' and raise awareness.
West Wandsworth PCN	Health and Wellbeing Hub (aimed at addressing the CORE20PLUS5 clinical outcomes), as well as being a site for the delivery of local wellbeing initiatives from Voluntary and Community sector colleagues.

SWL Collective projects/programmes

Title	Summary
Anti-racism framework	A long-term commitment from the SWL system to be an anti-racist organisation
Health Equity Academy Fellowship	To develop leaders, clinicians, managers and general workforce on raising awareness of inequalities as well as providing an opportunity for them to be local health equity champions/fellows.
<u>Core20PLUS Connectors Programme</u>	Recruit additional Core20PLUS Connectors across SWL, building on the Wave 1 cohort and NHS national funding. SWL is scaling up the model to sustain outcomes for the Core20PLUS population.
<u>Ethnicity and Mental Health Programme (EMHIP)</u>	Expand the Ethnicity in Mental Health Project (EMHIP) project across SWL
Learning Disabilities (LD) Connectors	To have SWL Connectors in the community co-producing and co-designing with people with a learning disability. <i>Scope of clinical area(s) of focus (CYP and Cancer) to be confirmed.</i>
Tackling NHS prescriptions poverty for care leavers	To fund free prescriptions for SWL Care leavers to tackle prescription poverty
CYP oral health	Offer Babies, children and young people their families or carers a continuing programme of education and support.

2000 Flu vaccines for inclusion health groups	2000 Flu vaccines for inclusion health groups
Improving Ethnic Minority access to SWL Fertility services	Support the SWL Evidence Based Interventions (EBI) Project which aims to improve black and ethnic minority access to SWL assisted conception services.
Evaluation and impact	Evaluation of system and place-based programmes