

Meeting Pack

South West London Integrated Care Partnership

4 October 2023
5.30pm to 7.30pm

MS Teams

South West London Integrated Care Partnership Board

Wednesday 04 October 2023
17.30 to 19:30

Location: MS Teams

	Time	Agenda Item	Sponsor	Enc
01	17.30	Welcome, Introductions and Apologies	Co-Chairs	
02		Declarations of Interest <i>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.</i>	All	01
03	17.35	Minutes, Action Log and Matters arising. Minutes and actions arising from the SWL ICP Partnership meeting held on the 20 July 2023	Co-Chairs	02
04	17.40	Delivery of the South West London Integrated Care Partnership Strategy	Karen Broughton	03
05	17.45	Development of ICP outcomes framework	John Byrne	04
06	18.00	South West London Investment Fund: Progress Update	Karen Broughton	05
07	18.05	Approach to Forward Agenda Planning for the Integrated Care Partnership Board	Karen Broughton	06
08	18.15	Any Other Business	All	
09	18.20	Public Questions - Members of the public are invited to ask questions relating to the business being conducted today in items 1-8. Priority will be given to those received in writing in advance of the meeting.	Chair	

	Time	Agenda Item	Sponsor	Enc
	18.25	COMFORT BREAK		
10	18.30	NHS England Consultation on proposals for the future location of very specialist cancer treatment services for children who live in South London and much of South East England	Dr Chris Streater	07
11	19.10	Public Questions - Members of the public are invited to ask questions relating to the business being conducted today in item 10. Priority will be given to those received in writing in advance of the meeting.	Chair	
12	19.25	Meeting close	Chair	

Next Meeting: 24 January 2024: Hotel Antoinette, 249-263 The Broadway, Wimbledon SW19 1SD

NHS South West London Integrated Care Partnership
Register of Declared Interests (October 2023)

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
Elaire Clancy	Chief Nursing Officer ICB Board Member ICP Board Member Quality & Oversight Committee Member People Board Member	Y	1. Langley Park Girls School 2. 1930 Fund for District Nurses			1 2		1 School Governor Langley Park Girls School 2 Trustee 1930 Fund for District Nurses	1. Sept 2017 2. Dec 2022	ongoing	Declared and discussed where relevant with conflicts of Interest Guardian
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	1. 01/01/2022	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 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 Member of the People and Communities Engagement Assurance Group (PCEAG)	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 2. Hounslow and Richmond Community Healthcare NHS Trust 3. Churchill Medical Centre GP Practice	1 2		3	3	1. CEO of Provider Trust in SWL 2. CEO of Provider Trust in SWL 3. Partner is the Practice Manager	1. 2019 2. 2021 3. 11 Sept 23	Present	Declared and discussed where relevant with Conflicts of Interest Guardian 3. Exclude from any discussion or decision that directly impacts on the Churchill Practice.
Dr Nicola Jones	Partner Member Primary Medical Services ICB Board Member ICP Board Member Member of the People and Communities Engagement Assurance Group (PCEAG)	Y	1. Managing Partner Brocklebank Practice, St Paul's Cottage Surgery (both PMS) and The Haider Practice (GMS) 2. Joint Clinical Director, Brocklebank PCN 3. Brocklebank PCN is part of Battersea Healthcare (BHIC) 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 7	2	6		1. Practices hold PMS/GMS contracts. Dr Nicola Jones holds no director post and has no specific responsibilities within BHIC other than those of other member GPs.	1. 1986 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								
Dr 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
Dr 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	
Mike Bell	ICB Board Chair ICP Board Co-Chair	Y	1. Lewisham and Greenwich NHS Trust 2. Director at MBARC Ltd (Research and consultancy company which works with central and local government and the NHS). Current clients are: -Welsh Government - Financial Inclusion and Social Justice services since 2013 - ongoing -NEL ICS - Executive Coaching - since 2020 - ongoing -NCL ICS - Primary Care development - May 2022 - 2023 -Hisa Health Care - Chair UK advisory Board Jan 2022 ongoing -Surrey Physion - Strategic Adviser Feb 2023 ongoing -WA Communications - Strategic Adviser Mar 2023 ongoing -DAC Beachcroft - Strategic Adviser April 2020 ongoing -ZPB - Strategic Adviser 2018 ongoing -Rinnova - Strategic Adviser 2022 ongoing	1. 2.				1. Chair of Lewisham and Greenwich NHS Trust 2. Director of MBARC Ltd	1. Jul 2022 2. 2013	Present	Declared and discussed where relevant with Conflicts of Interest Guardian
Dr 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	

NHS South West London Integrated Care Partnership
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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 Convenor of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 3. Chair of Richmond Health & Wellbeing Board 4. Elected member for London Borough of Richmond upon Thames; Lead member for adult social care, health & public health; Chair, Adult Social Services, Health & Housing Committee, LBRUT 5. Lead for Health, Wellbeing & Adult Care (including Public Health) – London Councils 6. Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council) 7. Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse for Guy's & St Thomas' NHS Foundation Trust 8. Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre) 9. Member of Liberal Democrats 10. Twickenham & Richmond Liberal Democrats 11. Member of the Science & Innovation Working Day	1	9 10 11		7	1. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 2. Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee 3. Chair of Richmond Health & Wellbeing Board 4. Elected member for London Borough of Richmond upon Thames; Lead member for adult social care, health & public health; Chair, Adult Social Services, Health & Housing Committee, LBRUT 5. Lead for Health, Wellbeing & Adult Care (including Public Health) – London Councils 6. Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council) 7. Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse for Guy's & St Thomas' NHS Foundation Trust 8. Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre) 9. Member of Liberal Democrats 10. Twickenham & Richmond Liberal Democrats - Chair (2015 - 2020), Executive (2020 - onwards) 11. Member of Science & Innovation Party	1 July 2022 23 May 2022 23 May 2022 7 June 2022 23 May 2022 March 2021 23 Aug 2022 1985 2020	Current Current Current Current Current Current Current Current Current	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 Scanton	Croydon Place Member Chair of Age UK Croydon ICP Board Member	tbc	to follow								
Dr Sy Ganesaratanam	Merton Place Member GP Medical Director Merton Federation ICP Board Member	tbc	to follow								
Shannon Katiyo	Wandsworth Place Member Director of Public Health ICP Board Member	N	Nil Return								
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 HWBD 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								
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 Member of the People and Communities Engagement Assurance Group (PCEAG)	N	Nil return								
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
20 July 2023, 17:30-19:00
MS teams

Chair: Cllr Ruth Dombey and Mike Bell

Members:	Designation & Organisation
Health Members	
Mike Bell (MB)	ICB Chair
Sarah Blow (SB)	Chief Executive Officer (CEO), SWL ICB
Helen Jameson (HJ)	Chief Finance Officer, SWL ICB
Nicola Jones (NJ)	Primary Care Services representative - GP
Ann Beasley (AB)	Provider Chairs representative – Chair, SWL and St George's Mental Health NHS Trust
Yemisi Gibbons (YG)	Provider Chairs representative – Chair, Croydon Health Services NHS Trust
Gillian Norton (GN)	Provider Chairs representative – Chair, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust
Dr John Byrne (JB)	Executive Medical Director, SWL ICB
Sir Douglas Flint (DF)	Provider Chairs representative - Chair, The Royal Marsden Hospital NHS Foundation Trust
Sukhvinder Kaur-Stubbs (SKS)	Provider Chairs representative – Chair in Common of Kingston Hospital NHS Foundation Trust and Hounslow and Richmond Community Healthcare NHS Trust
Elaine Clancy (EC)	Chief Nurse, SWL ICB
Local Authority Members	
Cllr Ruth Dombey (RD)	ICP Co-Chair – Chair, Sutton Health and Wellbeing Board
Cllr Piers Allen (PA)	Chair, Richmond Health and Wellbeing Board
Cllr Graeme Henderson (GH)	Chair, Wandsworth Health and Wellbeing Board
Cllr Peter McCabe (PM)	Chair, Merton Health and Wellbeing Board
Cllr Sabah Hamed (SH)	Chair, Kingston Health and Wellbeing Board
Ana Popovici (AP)	Director of Childrens Services
Mike Jackson (MJ)	Chief Executive, London Borough of Richmond and London Borough of Wandsworth
Carolyn Dwyer (CD)	Growth and Economy representative - Strategic Director of Development, Growth and Regeneration, Sutton Council
Annette McPartland (AM)	Director of Adult Services representative - Director of Adult Social Care and Health, Croydon Council
Iona Lidington (IL)	Director of Public Health representative, Kingston Council - Director of Public Health / Assistant Director Healthy & Safe Communities, Kingston Council
Place Members	
Dr Nick Merrifield (NM)	Kingston Place - Primary Care Development Lead - GP
Brenda Scanlan (BS)	Croydon Place - Chair of Age UK Croydon
Shannon Katiyo (SK)	Wandsworth Place - Director of Public Health, Richmond and Wandsworth Councils

Participant	
Alyssa Chase-Vilchez (ACV)	HealthWatch representative - SWL Healthwatch ICS Executive Officer
Sara Milocco (SM)	Voluntary Sector representative – VCSE Director for the Alliance
In Attendance	
Rachel Flagg (RF)	Programme Director: ICS Development, SWL ICS
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICS
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Angela Flaherty (AF)	Transformation Director, SWL ICS
Michelle Rahman (MR)	Director of Transformation - Sutton Place Team, SWL ICS
Karen Barkway (KBa)	Head of Primary and Community Care Transformation, Croydon (Central Locality), SWL ICB
Samantha Mason (MS)	Health and Care Programme Lead, South London Partnership
Amit Patel (APa)	CEO, Merton Sutton and Wandsworth LPC. CEO, Croydon LPC
Anne Price (APr)	Corporate Services (ICS)
Apologies	
Jo Farrar (JF)	Richmond Place - Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead
Cllr Yvette Hopley (YH)	Chair, Croydon Health and Wellbeing Board
Dino Pardhanani (DP)	Sutton Place - Committee Convenor - GP
Karen Broughton (KB)	Deputy CEO/Director of Transformation and People, SWL ICB
Carol Cole (CC)	Provider Chairs representative - Chair, Central London Community Healthcare NHS Trust
Fenella Merry (FY)	Director of Resources for Wandsworth and Richmond LA's
Sayanthan Ganesaratnam (GS)	GP Medical Director - Merton Federation

No.	AGENDA ITEM	Action by
1.	Welcome and Apologies	
	The Chair welcomed everyone to the meeting. Apologies received were noted and with no further apologies the meeting was quorate.	
2.	Declarations of Interest	
	A declaration of interest register was included in the meeting pack. There were no further declarations relating to items on the agenda. The ICP noted the register of declared interests.	

3.	Minutes of the last meeting dated 19 April 2023	
	<p>The minutes of the last meeting held on 19 April 2023 were agreed as an accurate record.</p> <p>There were two actions on the Action Log, both of which had been closed.</p>	
4.	South West London Integrated Care Partnership Strategy	
	<p>RF presented the report and a short video of the ICP Conference held on 24 May 2023 was shown.</p> <p>MB thanked workstream leads and colleagues who participated in the conference and asked for feedback and comments.</p> <p>SM suggested that the SWL Strategy needs to embed the voluntary sector in the workforce development chapter in a way that enables the voluntary sector to engage and also highlighted the opportunities of a transferable workforce between organisations, particularly when a high percentage of the Innovation Fund is going towards workforce development.</p> <p>NJ as co-chair of the Frail and Elderly People group at the workshop reported the group had wide representation from across the system including people from within the community with experience of being carers or relatives of older people and they were all were highly motivated to improve the lives and health of frail and older people. The group agreed to focus on four areas: social isolation, fall prevention, dementia and carers and actions were agreed for all four areas. NJ confirmed the area chosen to take forward and represent the legacy of the event was to make SWL dementia friendly.</p> <p>AB congratulated the team on the production of a readable document, and requested a one-page summary of what will be different in 2028 as a result of the strategy. In response RF asked if SM could be more involved in the ongoing development of the Workforce Workstream and be a member of the Task and Finish group. RF noted that a one-page summary of what will be different in 2028 will be part of the next stage.</p> <p>In the prevention workstream, JB noted that part of the discussions revolved around a whole system approach to obesity amongst many other things, and it was recognised that one of the three key enablers to delivering this workstream was community empowerment. In response to SM's earlier comment, JB noted that there was a role for the voluntary and community sector in this enabler and there was a need to identify a way to support and commission them to provide some of their services as part a whole system approach.</p> <p>DF suggested that with such an ambitious strategy it might be helpful to identify the risks and challenges and set these out in a one-page plan and to think about areas of the system that people could focus on and areas where people could come together and lobby others to be successful in delivering the ambitions.</p> <p>AP said system partners will need to work collaboratively, collectively, boldly, and fundamentally different to address the shared priorities, noting the biggest asset, as well as the biggest risk, is the workforce in SWL.</p>	

	<p>CD reported the key message from the workforce workstream was the need to focus on a few actions, in addition to initiatives that are already in place, that could make a measurable difference.</p> <p>RD agreed the subgroups need to focus on what will make a difference and to think about where the partnership can bring added value and reported that the six HWBB Chairs have volunteered to be sponsors of each of the six priorities, noting as elected members they will each bring the voice of their communities. The HWBB Chairs are in discussions to agree which workstream they will be sponsoring.</p> <p>BS commented, if the system is taking a whole systems approach one of the most important elements is working with key organisations such as the independent sector. It was noted that as the majority of the social care workforce are working in private sector organisations their involvement is critical.</p> <p>RF thanked the Board for their constructive feedback and comments and confirmed regular updates on the challenges and identified risks will be brought back to a future meeting.</p> <p>The ICP Board approved the ICP Strategy.</p>	
<p>5.</p>	<p>South West London Integrated Care Partnership Governance</p>	
	<p>RF presented the report which outlined the proposed arrangements for subgroups of the ICP Board to enable delivery of actions agreed as part of the ICP Strategy.</p> <p>MB noted the proposal reflects previous discussions with regard to taking actions forward and ensuring people are engaged.</p> <p>YG raised the importance of reflecting the crossovers between mental health, children and young people and health inequalities in the governance arrangements to prevent silo working.</p> <p>IL highlighted the previous agreement to move health inequalities from a cross cutting theme to be a priority, noting prevention and self-care and long-term condition will have a health inequality theme. The need to avoiding duplication and joining up pieces of work was also noted.</p> <p>In response to a comment about the workforce proposals in the document from SKS, RF confirmed that there is learning and sharing between different practitioners to get the value out of the partnership. The NHS People Board and Social Care Workforce group will continue to exist and working groups would feed into them. There would also be a wider membership including the voluntary sector.</p> <p>In response to a comment from SM highlighting the importance of the green agenda as a cross cutting priority, RF suggested that each working group could have a named champion whose role would be to ensure all cross-cutting themes are being considered. MJ suggested one way of addressing the cross-cutting themes and have clear outcomes would be to develop an outcomes framework.</p>	

	<p>In response to a comment from DF related to the authority to make decisions, MB said the partnerships strength is people voluntarily choosing to work together because of the benefits that it can deliver to local populations.</p> <p>The ICP Board approved the proposed ICP governance. The ICP Board approved the review of the sub groups Terms of Reference. The ICP Board agreed that a joint Senior Responsible Officer confirmed for each workstream.</p> <p>MB confirmed the outcomes of the review will be presented at a future meeting.</p>	
<p>6.</p>	<p>South West London Investment Fund</p>	
<p>6.1</p>	<p><u>SWL Innovation Fund 2022/23 Scheme Progress report</u></p> <p>AF presented the report which outlined the current status of the Innovation Fund 2022/23 schemes including details of the nine completed schemes.</p> <p>The ICP Board noted the progress of the Innovation Fund Schemes.</p>	
<p>6.2</p>	<p><u>Innovation Fund Project Spotlight 2022/23</u></p> <p>AF introduced the projects and introduced the leads who were invited to share learning and present the key highlights from their schemes.</p> <p><u>SWL Winter Fit</u></p> <p>CH joined the meeting and presented the key highlights and results from the 'Winter Fit' scheme.</p> <p>CH explained 'The 'Winter Fit' scheme is a 15-minute bespoke intervention provided by SWL pharmacy staff to customers aged 65 years and older, allowing for opportunistic public health interventions. The majority of conversations related to winter warmth and cost of living support. A total of 10,000 interventions took place within a four-week periods across SWL. Feedback from customers was overwhelmingly positive and expressed feelings of being 'listened to' and supported.</p> <p>CH confirmed all pharmacy staff reported a willingness to continue their role in supporting customers.</p> <p><u>Cheam & South Sutton Integrated Neighbourhood Team: Loneliness Project</u></p> <p>MR joined the meeting and presented a case study, achievements and recommendations from the 'Loneliness Project'.</p> <p>MR introduced the UCAL Loneliness Score and explained people with scores of 6-9 are lonely, and explained loneliness has adverse health outcomes similar to obesity and smoking. It was noted that a number of community spaces in Cheam and South Sutton have been repurposed into social hubs, within walking distance of people's homes.</p>	

	<p><u>Supporting Advanced Care Planning for people attending Croydon Health Services (CHS) Emergency Department</u></p> <p>KBa joined the meeting and presented an overview of the project.</p> <p>The palliative care trigger was developed by CHS team, and the innovation funding provided dedicated resource for a four-month period Monday to Friday to review patients as they attended A&E to understand their needs, enable them to start making choices and improve their quality of life. System impacts included reductions in unnecessary/unwanted A&E attendances and hospital admissions at end of life.</p> <p>KBa highlighted the lack of care plans in the BMA community, therefore early identification and development of that plan significantly reduces the likelihood of dying in hospital.</p> <p>Key learning is early review of patients making a difference to individuals and their families, improved symptom, and pain management, and supporting people into community care, meaning less reliance on acute care.</p> <p>RD thanked colleagues for their presentations and demonstrating the value of the investment fund.</p>	
6.3	<p><u>SWL Investment Fund Revised Approach for 2023/24</u></p> <p>AF presented the report which outlined a revised approach to the allocation and award process for the 2023/24 Investment Fund.</p> <p>In response to a comment from JB, AF noted that the paper had proposed the 2023/24 health inequalities funding stream, with 75% of the allocation allocated to existing schemes for the next two financial years and the remaining 25% for new schemes. The new ICP priorities fund will be targeted to support delivery of the ICP strategic plan and priorities.</p> <p>RD proposed the setting up a depository section on the ICS website as a reference for others to benefit from learning from schemes.</p> <p>SM asked if invitations to apply for funds could be publicised in September to avoid the holiday period and to confirm by December 2023 if funding would be continued for those schemes which are currently funded. AF thanked SM for her comments and confirmed the points raised will be considered. AF welcomed SM's offer to become more involved in the ICP Workforce Strategy group.</p> <p>JB confirmed an evidence-based system evaluation programme is needed for exiting projects at both system and Place level to ensure value for money and welcomed the suggestion that Place are involved by giving their perspective.</p> <p>Following discussion around bidding for funds from national charities, SM confirmed the local voluntary sector tends to engage with medium sized local charities not the larger national charities when bidding for funds. Local charities know their communities and need to be part of the conversations and delivery. PM said many of the larger charities will only give to other registered charities not partnership like the ICP and it was key that the partnership know the charities</p>	

	<p>criteria. RD said the partnership could have a lead charity to act and bid on their behalf.</p> <p>RD thanked SM for her comments and proposed further conversations to look at other London funding sources that the partnership could bid against.</p> <p>AP commented following the publication for the Joint Forward Plan awards from the Innovation Funds can now take a more strategic approach across the partnership, taking a longer view and ensuring sustainability.</p> <p>ACV asked is there is an expectation that those applying for continuation of funding have a plan for scaling up. ACV also commented that all projects must address health inequalities and going forward this should be one of the selection criteria and, to ensure best value for money, all projects should be subject to external evaluation. In response, JB highlighted the very successful smaller projects that would not be eligible to scale up, for example, the digital programme for the homeless within the community and there needs to be a balance.</p> <p>The ICP Board: Approved the approach for the Health Inequalities Fund for 2023/24. Approved the approach for the ICP Strategic Priorities Fund for 2023-25 Supported the process for 2023/24.</p>	
7.	The Voluntary, Community and Social Enterprise (VCSE) Alliance in the Partnership	
	<p>MB welcomed Sara Milocco (SM), the newly appointed VCSE Director for the Alliance.</p> <p>GC introduced the item highlighting engagement with the voluntary sector is key to the success of the ICS partnership, bringing together all of their expertise and unique perspective and resources, noting many hundreds of vulnerable people and families in the community rely on the voluntary sector.</p> <p>SM presented the report to update the Board on the work of the SWL Voluntary, Community and Social Enterprise Alliance.</p> <p>MB thanked SM for her presentation noting the alliance allows the partnership to speak to many organisations through the one alliance.</p> <p>The ICP Board noted the report.</p>	
8.	Any Other Business	
8.1	<p><u>Future agenda items</u></p> <p>Following discussions key points noted:</p> <ul style="list-style-type: none"> • Scheduling in a 'Market place' at the end of future meeting to showcase specific priorities, for example, inviting a voluntary sector organisation to raise awareness and meet the range of professionals. • Co-design of future agendas to make sure there is allocated time for discussions to take place. 	

	<ul style="list-style-type: none"> Building a forward plan to incorporate items that need to be explored in greater detail, for example the future of paediatric services across SWLondon, estates, buildings and zero carbon footprint. <p>ACTION: Agenda and forward planning to be discussed outside of the meeting.</p>	RD, MB
9.	Public Questions	
	No questions had been received.	
10.	Date of next meeting in public	
	4 October 2023 17:30 – 19:30 Hotel Antoinette, Wimbledon	

DRAFT

ICP Board - Action Log

Date: 25 September 2023

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
20.07.2023	ICP-05	AOB	Agenda and forward planning to be discussed outside of the meeting	Ruth Dombey and Mike Bell	Oct-23	Approach to agenda planning on the 4th October agenda for discussion.	Closed

South West London Integrated Care System

Name of Meeting	Integrated Care Partnership Board		
Date	Wednesday, 04 October 2023		
Title	Delivery of the South West London Integrated Care Partnership Strategy		
Lead Director (Name and Role)	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Rachel Flagg, Director, Integrated Care Partnership Development		
Agenda Item No.	04	Attachment No.	03
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The purpose of this report is to update the Integrated Care Partnership Board on progress with development and delivery of the South West London Integrated Care Partnership Strategy and to ask the Board to approve the approach to reporting.

Executive Summary

The South West London Integrated Care Partnership (ICP) strategy 2023-2028 was agreed at the ICP Board meeting on 20 July. The strategy is available on the ICS website here:

<https://www.southwestlondonics.org.uk/publications/south-west-london-integrated-care-partnership-strategy/> and will be publicly launched shortly.

Key Issues for the Board to be aware of

Since the strategy was agreed in July, partners have made progress on developing detailed delivery plans for the next 18 months and on setting up the arrangements for workstream oversight. An update on progress is included in the attached paper. Delivery plans and Terms of Reference for ICP sub-groups will be finalised during October and will be shared with the Board for information following agreement by the sub-groups.

The proposal is that the ICP Board receives a high-level update on progress from the workstream sub-groups, as well as any risks and issues to be escalated, for all the workstreams, at each quarterly meeting. A draft reporting template is attached at Annex 2.

In addition, there will be a rolling programme of more in-depth discussions on each of the workstreams starting in January. The strategy and related action plans will be refreshed annually, taking into account any new Joint Strategic Needs Assessments.

Recommendation

The Board is asked to:

- Note the update on development of delivery and oversight arrangements for the South West London Integrated Care Partnership strategy.
- Agree the proposed arrangements for reporting to the ICP Board on delivery of the strategy.

Conflicts of Interest

No conflicts have been identified.

Corporate Objectives

This document will impact on the following Board Objectives

The strategy sets out our areas of focus and collective actions in relation to the strategic priorities agreed by the ICP Board.

Risks

This document links to the following Board risks:

There is a risk that the strategy cannot be fully delivered due to financial constraints and capacity within the partner organisations. Other risks and mitigations are set out in the attached paper.

Mitigations

Actions taken to reduce any risks identified:

All partners are asked to prioritise existing system resources towards delivery of the strategy.

The ICP investment fund will also provide an opportunity for additional resources to be agreed to support the delivery of the strategy.

Financial/Resource Implications

See risks and mitigations above.

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

As part of delivery plans, we will identify where EIAs may be necessary in relation to specific projects.

What are the implications of the EIA and what, if any are the mitigations

None at this time.

Patient and Public Engagement and Communication

There is a chapter in the ICP strategy that sets this out.

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	ICP Board	12/01/2023	ICP Strategy discussion document presented
	ICP Board	19/04/2023	Amendments to ICP strategic priorities agreed
	ICP Board	20/07/2023	ICP Strategy agreed
Supporting Documents	Annex 1: Update paper on ICP strategy delivery Annex 2: Draft reporting template for ICP strategy workstreams		

SOUTH WEST LONDON INTEGRATED CARE PARTNERSHIP BOARD

4 October 2023

Delivery of the South West London Integrated Care Partnership (ICP) Strategy

1. Introduction

The ICP strategy was agreed by the ICP Board on 20 July. In the weeks following the Board meeting, we have agreed joint Senior Responsible Officers (SROs) for each of the workstreams – one from local government and one from the NHS. SROs will, or have, met to discuss the next steps for delivery of our partnership actions, covering:

- Delivery plans for their workstreams for the remainder of 2023/24 and 2024/25
- Outputs and outcomes to be achieved through the delivery of the actions
- The potential of the ICP Priorities Fund to support delivery of the actions
- The role of their ICP Board champions and how they will keep them informed
- Arrangements for delivery and oversight of their workstream, including membership of their ICP sub-group that is representative of the whole partnership

2. Involvement of the Voluntary and Community Sector and Healthwatch

During the last year the South West London Voluntary, Community and Social Enterprise (VCSE) Alliance has been established to develop a robust partnership, to work alongside and influence all levels of our health and social care structures. The VCSE Alliance will be a key strategic partner on the development and delivery of the ICP Strategy and will be a key mechanism to enable the wider community and voluntary sector to be key partners in the workstreams and delivery of actions.

Our South West London Healthwatch partnership brings together our six independent Healthwatch organisations and will help to ensure that patient and carer experience is embedded across our ICP workstreams.

3. Work programme update

Tackling and reducing health inequalities

The SROs for this workstream are John Byrne, Executive Medical Director for the Integrated Care Board, and Imran Choudhury, Director of Public Health for the London Borough of Sutton.

ICP Board sponsors for this workstream are Cllr Peter McCabe, Merton Health and Wellbeing Board Chair and Yemisi Gibbons, Chair of Croydon Health Services NHS Trust.

The delivery plan for the next 18 months will focus on how we can work in partnership to deliver positive change on the wider determinants of health for particular communities most affected by health inequalities.

The actions related to London Living Wage and the anti-racism framework will be led from the workforce workstream to avoid confusion or duplication.

The Terms of Reference for the existing Inequalities and EDI Board have been reviewed and the next steps for this sub-group will be clarified shortly.

Preventing ill health, promoting self-care and supporting people to manage their long-term conditions

The SROs for this workstream are John Byrne, Executive Medical Director for the Integrated Care Board and Iona Lidington, Director of Public Health for the Royal Borough of Kingston upon Thames.

ICP Board sponsors for this workstream are Cllr Graeme Henderson, Wandsworth Health and Wellbeing Board Chair and Gillian Norton, Chair of St George's, Epsom and St Helier University Hospitals and Health Group.

The key deliverables for year one and two are focused on developing a whole system approach to healthy weight across local government, the NHS and the voluntary and community sector. A piece of work to draw out existing work on this, across the boroughs and organisations in the partnership, and the opportunities to better join up are the first key tasks.

Terms of Reference for the sub-group for this workstream have been developed.

Supporting the health and care needs of children and young people

The SROs for this workstream are Elaine Clancy, Chief Nurse for the ICB and Jonathan Williams, Director of Children's Services for the London Borough of Sutton. Cllr Sabah Hamed, Kingston Health and Wellbeing Board Chair and Dr Sayanthan Ganesaratnam will be ICP Board sponsors for this workstream.

The work to agree a delivery plan for the next 18 months is underway, clarifying the first key system actions to address our common challenges, such as provision of therapies and supporting young people approaching adulthood, particularly the most vulnerable.

The delivery plan will also capture ongoing work for 2023/24 and 2024/25 at system level to support better outcomes across maternity services and next steps for children with long term conditions.

The SROs are reviewing the terms of reference for the existing system group for Children and Maternity to ensure it is able to focus on oversight of the agreed partnership actions.

Positive focus on mental wellbeing

Amy Scammell, Director of Strategy for South West London St George's NHS Trust and Sam Morrison, Interim Director of Adult Social Services for the Royal Borough of Kingston upon Thames are the SROs for this workstream.

The ICP Board sponsors are Cllr Piers Allen, Richmond Health and Wellbeing Board Chair and Ann Beasley, Chair of South West London St George's NHS Trust.

The delivery plan focuses initially on mapping existing activity around the areas of focus and agreeing where partnership action at system level can add most value

There is a relatively new South West London Mental Health Strategy Delivery Group, which is being reviewed to allow it to effectively oversee delivery of the ICP strategy action plan.

Community based support for older and frail people

Annette McPartland, Corporate Director for Adult Social Care and Health for Croydon Council and Tonia Michaelides, ICB Director of Health and Care in the Community are the SROs for this workstream.

Cllr Yvette Hopley, Chair of the Croydon Health and Wellbeing Board and Dr Dino Pardhanani are the ICP Board sponsors.

The delivery plan for the next 18 months will include appointing the ICP Board carers' champion and working across the six places to understand our baseline in terms of existing activity related to supporting carers and making South West London dementia friendly, so we are clear where we can have the most impact in partnership.

There is a delivery oversight group meeting monthly to drive the work and report in to the ICP Board.

Tackling our system-wide workforce challenges

The SROs for this workstream are Karen Broughton, Deputy Chief Executive/Director of Transformation and People for the ICB and Carolyn Dwyer, Strategic Director - Development, Growth and Regeneration, London Borough of Sutton.

The ICP Board sponsors are Cllr Ruth Dombey, Chair of the Sutton Health and Wellbeing Board and co-chair of the ICP Board and Sukhvinder Kaur-Stubbs, Chair of Kingston Hospital NHS Foundation Trust.

The delivery plan for the next 18 months will focus on three difficult to recruit roles, develop our work on supporting local people into work in South West London, specifically on apprenticeships and getting young people into jobs in health and care, and make it easier for people to access and apply for jobs.

A working session with a wide range of stakeholders was held on 19 September 2023, focusing on the year one delivery plan. The Group considered the mapping work that has been carried out to understand what is already happening across the system in these areas and the opportunities to work together to better connect local people with vacancies in our different sectors. The group identified a need to make it easier for residents to access jobs in health and care and remove some of the barriers that prevent people from applying and securing the roles we need to fill.

4. Risks to delivery

The key risks and issues are set out below, with their potential impact and mitigations. The risks to delivery are largely well managed, but adequate resourcing remains a challenge and a live discussion between system leaders.

Risk/issue	Potential impact	Mitigation
There may be a lack of capacity within the system to deliver on new programmes of work.	Unable to deliver on ambitions and limited impact on residents.	This is mitigated to an extent by the ICP Priorities Fund which will provide an opportunity to bring in additional resources. System leaders continue to discuss the approach to adequate resourcing.
There is a risk that due to other pressures on the system or new national/local priorities, progress on delivering the ICP strategy is slow or limited. London Mayoral and General elections in the next two years could also disrupt the work of the partnership	Limited benefits for residents. Reduced commitment from partners.	Clear arrangements around SROs, ICP sub-groups and ICP Board reporting to drive delivery. Mapping of business cycles in the NHS and local government to be completed to understand and plan around known pressures, including planning for periods of purdah.
There is a risk of duplication between existing work at place level and system-wide plans	Sense of confusion or lack of clarity Waste of scarce resources	Initial baselining is part of delivery plans to ensure we are bringing together and building on existing work
There is a risk of duplication where more than one workstream has	Sense of confusion or lack of clarity	Delivery planning is pulling out these potential risk areas to ensure clarity

identified a similar area of focus or action.	Waste of scarce resources	
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5. Recommendation

The Board is asked to:

- Note the update on development of delivery and oversight arrangements for the South West London Integrated Care Partnership strategy.
- Agree the proposed arrangements for reporting to the ICP Board on delivery of the strategy.

South West London Integrated Care Partnership: Priority Delivery Highlight Report



ICP Priority	
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SROs	
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Workstream leads	
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Date of report	
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Summary of progress this period

Overall status RAG		
Progress	Resource	Risk/issue

Deliverables due this quarter						Output metrics			Outcome measures			
ID	Deliverable	Activities	Lead	Progress	RAG	Deliverable metric(s)	Previous	Current	Overall outcome	Baseline	Current	Target

Deliverables due next quarter	
ID	Deliverable

Key risks and/or issues (top 3)			
R/I	Description	RAG	Mitigation

South West London Integrated Care System

Name of Meeting	Integrated Care Partnership Board		
Date	Wednesday, 04 October 2023		
Title	Development of ICP outcomes framework		
Lead Director (Name and Role)	Dr John Byrne, Executive Medical Director, SWL, Integrated Care Board		
Author(s) (Name and Role)	Dr Catherine Heffernan, Director for Health Improvement, SWL ICB and SWL Public Health Consultant, South London Partnership		
Agenda Item No.	05	Attachment No.	04
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The purpose of this paper is to suggest an outcomes framework to assist the workstream leads of the South West London Integrated Care Partnership Strategy 2023-28 in linking their activities with what they want to achieve (outcomes).

Executive Summary

The South West London Integrated Care Partnership strategy was agreed at the ICP Board meeting on 20 July 2023.

The strategy consists of key priorities and each priority has a workstream with delivery plans, which the respective partners are working on. Key to any delivery plan is measuring its impact, i.e. knowing if the deliverables have been successful in achieving the aims. However, there are an array of outcomes that people can use and different outcomes are meaningful to different stakeholders. The intention of the outcomes framework is to provide some principles to help clarify and standardise usage of outcomes across the workstreams incorporating workstream's delivery outputs, intermediate outcomes, long term outcomes and national indicators.

Key Issues for the Board to be aware of

Development of the workstreams in ongoing and the workstreams are at different stages of development. There is a risk that the collation of different workstreams' outcomes may result in a large volume of heterogenous indicators or that there may be a disconnect between aims and usage of existing public statistics.

Recommendation

The Board is asked to:

- Discuss and approve the proposed framework.
- Note that the next steps will involve working with each workstream leads to devise their outcome measurements with completed plans for the next ICP meeting.

Conflicts of Interest

No conflicts have been identified.

Corporate Objectives

This document will impact on the following Board Objectives

The strategy sets out our areas of focus and collective actions in relation to the strategic priorities agreed by the ICP Board.

Risks

This document links to the following Board risks:

There is a risk that the strategy cannot be fully delivered due to financial constraints and capacity within the partner organisations. There is also a risk that outcomes developed may be too far removed from the action plan deliverables. This can be mitigated through moderation of applications of the outcomes framework.

Mitigations

Actions taken to reduce any risks identified:

All partners are asked to prioritise existing system resources towards delivery of the strategy.

The ICP investment fund will also provide an opportunity for additional resources to be agreed to support the delivery of the strategy.

Financial/Resource Implications

See risks and mitigations above.

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

An EIA has not yet been undertaken for this framework but all delivery plans will be subject to an EIA.

What are the implications of the EIA and what, if any are the mitigations

None at this time.

Patient and Public Engagement and Communication

There is a chapter in the ICP strategy that sets this out. Healthwatch and VSCE alliance will be involved in the outcomes development.

Previous Committees/Groups

Enter any Committees/Groups at which this document has been previously considered

Committee/Group Name
Date Discussed
Outcome
Supporting Documents

Annex 1: Paper on the proposed outcomes framework

SOUTH WEST LONDON INTEGRATED CARE PARTNERSHIP BOARD

4 October 2023

Development of ICP outcomes framework

1. Introduction

The [South West London Integrated Care Partnership strategy 2023-2028](#) was agreed at the ICP Board meeting on 20 July 2023. The strategy consists of five key priorities and 4 cross-cutting areas of focus. It also outlines the overall outcomes the Integrated Care Partnership (ICP) hopes to achieve:

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

Each priority has a workstream with named SROs and delivery plans, which the respective partners are working on.

The purpose of this paper is to suggest an outcomes framework to assist the ICP Strategy workstream leads to link their activities with what they want to achieve (outcomes). The intention is to provide some guidance to help clarify and standardise usage of outcomes across the workstreams incorporating workstream's delivery outputs, intermediate outcomes, long term outcomes and national indicators.

2. Background

Outcomes are important for understanding the difference our strategy can make to our South West London (SWL) population. By 'outcomes', we mean the change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions.¹ Typically changes in our SWL population are measured through official statistics or nationally published indicators – e.g. NHS Outcomes Framework, Public Health Outcomes Framework. However, there is a time lag in the publication of these statistics and as they are influenced by a myriad of factors (including the production of statistics), it can be difficult to directly link the implementation of the objectives in the ICP Strategy with changes in these statistics. In addition, different partners will measure success with different outcomes.

Outcomes favoured in population health (e.g. reduction in hospitalizations or A&E attendances) may differ to those considered most salient by the target groups.² There is also the challenge of demonstrating that the deliverables (outputs) from each priority workstream's delivery plan are resulting in the desired benefits or changes (outcomes).

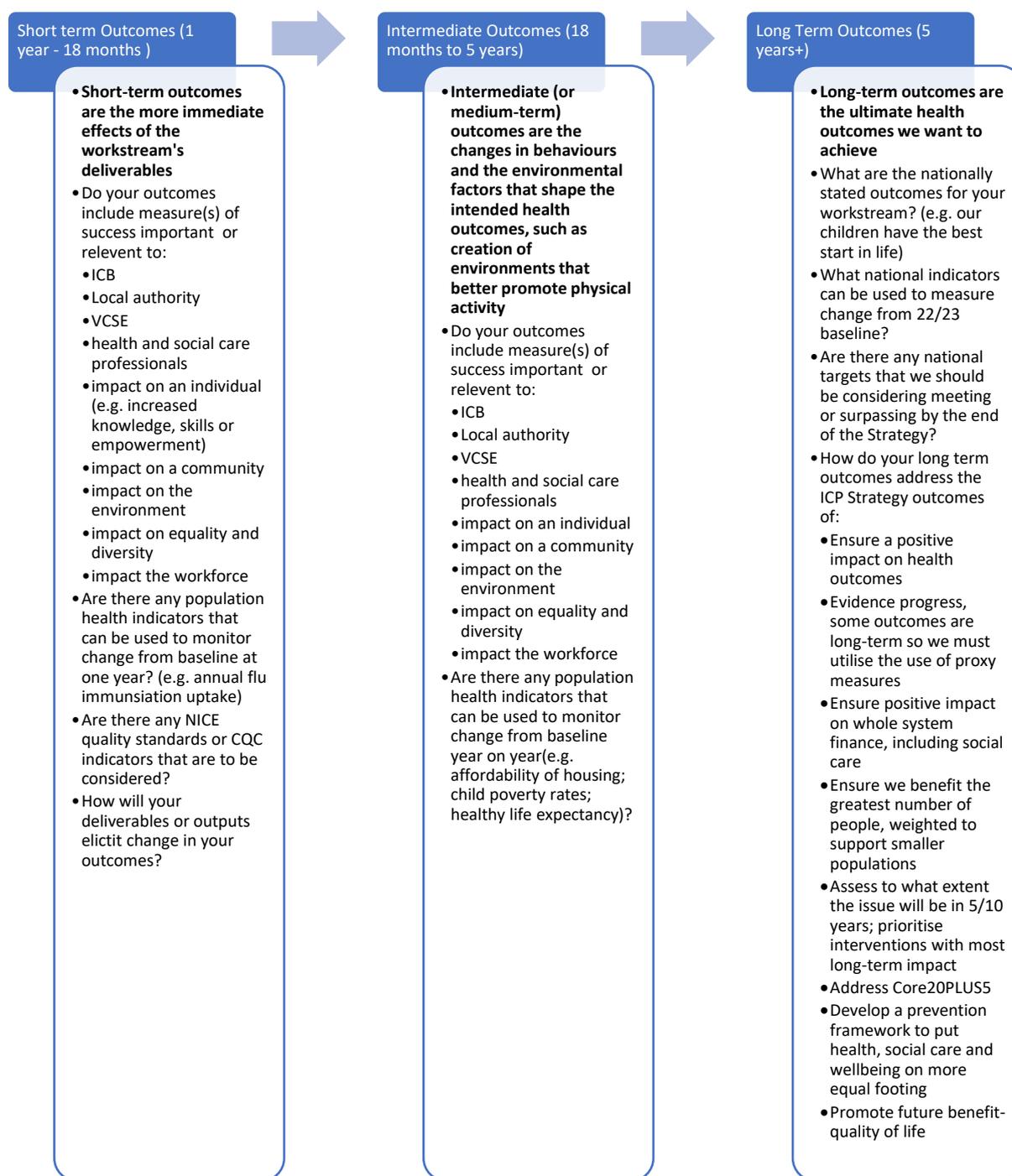
3. Outcomes Framework

An outcomes framework is an approach that can enable a range of partners to track progress, change and impact so that success may be aggregated and compared. Because the implementation of the ICP Strategy requires a range of stakeholders and partners, there is a need to coordinate impact measurements, as each organisation or partner has different ways of measuring outcomes and different perspectives on what is a meaningful difference. Tracking long term impacts is also important. Ultimately, we want the ICP strategy to bring about sustained improvement to the baseline population needs outlined in Chapter 2 of the Strategy.

Instead of prescribing outcomes to each workstream, provision of an outcomes framework can enable workstream partners to devise their own outcomes but allows us to measure impact of the strategy with consistency. There are a number of different tools that used within an outcomes framework such as outcomes triangle, results chains and logic models.³

For the development of outcomes for the ICP Strategy, it is proposed that initially we use a simplified set of principles that can help workstreams participants to link their activities to short-term, intermediate and long-term outcomes (see Figure 1 below).

Figure 1 : Principles for SWL Outcomes Framework

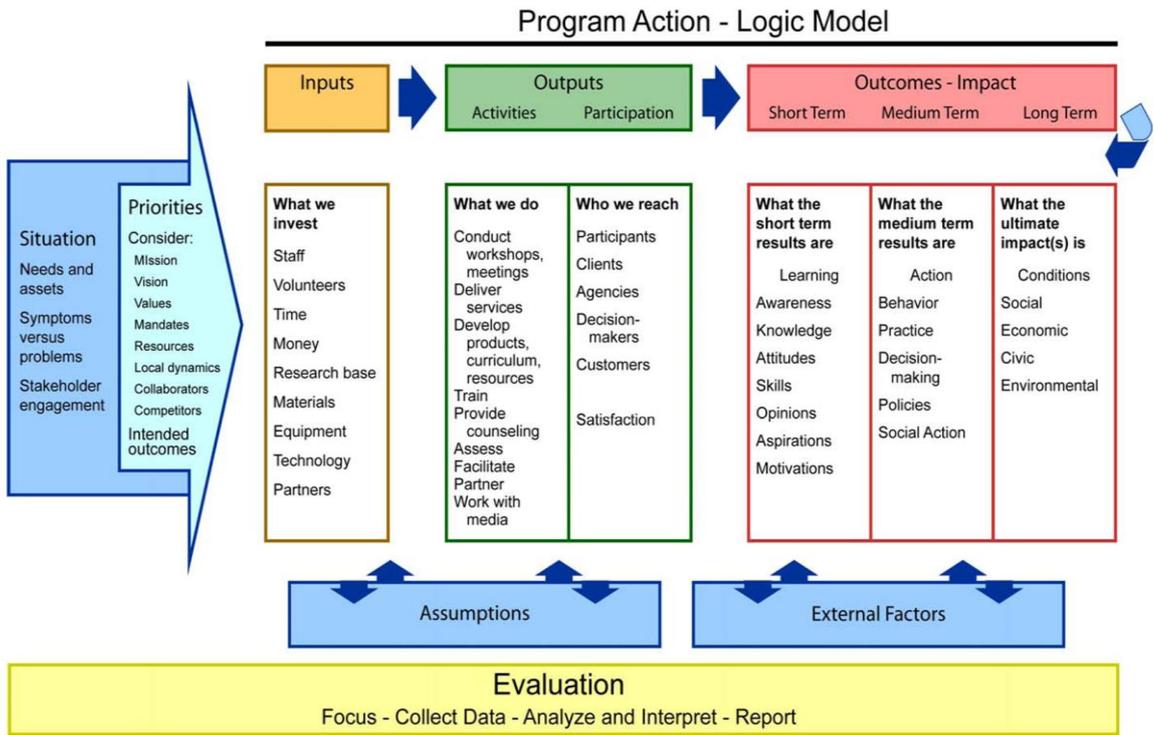


Workstream leads will then use a logic model approach (see Figure 2 below) to design and finalise their outcomes.

Figure 2 : Logic Model (based on University of Wisconsin Logic Model)

PROGRAM DEVELOPMENT

Planning – Implementation – Evaluation



Once outcomes are agreed, visual representation of outcomes triangles can then be used for each workstream (see Figure 3 below for generic version). Overall, the outcomes framework will form the basis of monitoring and evaluation as well as informing partnership planning on how to work together to bring about jointly owned success.

Figure 3 : Generic Outcomes Triangle



4. Next Steps

Work has commenced with the workstream leads on devising their delivery plans, including output and outcome measures. It is hoped that by having a consistent approach to outcome measurements, the articulation of the benefits of the different initiatives is improved and workstream leads and partners are enabled to shape their initiatives to deliver maximum value. Production of completed delivery plans will reflect more considered outcomes, resulting in rich evidence on the progress and impact of the ICP strategy on the SWL population from the 1st year to beyond 2028.

5. Recommendation

The Board is asked to:

- Discuss and approve the proposed framework.
- Note that the next steps will involve working with each workstream leads to devise their outcome measurements with completed plans for the next ICP meeting.

¹ [introduction-to-health-outcomes \(hfma.org.uk\)](https://www.hfma.org.uk/introduction-to-health-outcomes)

² Morton KL, Atkin AJ, Corder K, Suhrcke M, Turner D, van Sluijs EM. Engaging stakeholders and target groups in prioritising a public health intervention: the Creating Active School Environments (CASE) online Delphi study. *BMJ Open*. 2017 Jan 13;7(1):e013340.

³ [Outcome Frameworks for Health Improvement: Welcome \(healthscotland.com\)](https://www.healthscotland.com/outcome-frameworks-for-health-improvement)

South West London Integrated Care System

Name of Meeting	Integrated Care Partnership Board		
Date	Wednesday, 04 October 2023		
Title	SWL Investment Fund: Progress Update		
Lead Director Lead (Name and Role)	Karen Broughton, Deputy CEO/Director of Transformation and People, SWL Integrated Care Board.		
Author(s) (Name and Role)	Angela Flaherty, Transformation Director SWL Integrated Care Board.		
Agenda Item No.	06	Attachment No.	05
Purpose	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

Purpose

This paper provides a brief update on the mobilisation of the Investment Fund 2023-25.

Executive Summary

South West London Investment fund was established in September 2022 to support the delivery of the 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. This year we have two parts to the Investment Fund:

- **ICP Priorities Fund (formerly Innovation Fund) Process**

The new ICP Priorities Fund for 2023-25 will be targeted to support delivery of the Integrated Care Partnership's strategic plan and priorities. The ICP Priorities Fund has a budget of £5 million over two financial years until March 2025.

- **The Health Inequalities Fund**

The Health Inequalities Fund will be targeted on reducing Health Inequalities (Core20+5) across South West London. £4.3 million funding is available for 2023/24 with a similar value anticipated for 2024/25. Successful schemes will be authorised to run until the end of March 2025.

We will be opening for new applications on Monday 2 October and closing for applications on Friday 10 November (six working weeks). In response to feedback from last year's process we have created an online portal for applications to both funds.

We will be holding an Investment Fund information event on Monday 2 October to provide more detail on the application process for both funds. In addition to the information event, we be holding a number of collaboration sessions for specific cross cutting themes and priority areas within the ICP Priorities Fund to foster new relationships and develop innovative ideas. These sessions will

be open to all stakeholders across SWL. The details of these sessions will be provided on the Investment Fund web page and portal.

Recommendation

The Board is asked to:

- Note the progress made on mobilising the Investment Fund and the plans for opening to applications.

Conflicts of Interest

None have been identified

Corporate Objectives

This document will impact on the following Board Objectives

The Innovation Fund support the core purpose of the ICP and is aligned to planned ICP priorities.

Risks

This document links to the following Board risks:

None have been identified

Mitigations

Actions taken to reduce any risks identified:

None have been identified

Financial/Resource Implications

None noted

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

This is not required at this stage

What are the implications of the EIA and what if any are the mitigations

None have been identified

Patient and Public Engagement and Communication

None has been identified. Specific engagement will be undertaken as part of future prospective applications and as part of local implementation plans.

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has	The Integrated Care Partnership Committee	12/01/2023	Approved

been previously considered	The Integrated Care Partnership Committee	19/04/2023	Approved
	The Integrated Care Partnership Committee	20/07/2023	Approved

Supporting Documents	Innovation Fund 2023/24: Progress Update
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SOUTH WEST LONDON INTEGRATED CARE BOARD

4 OCTOBER 2023

SOUTH WEST LONDON INVESTMENT FUND 2023 - 25 UPDATE

1. Introduction

South West London Investment fund was established in September 2022 to support the delivery of the ICP's Strategic Priorities. The fund aims to give partners the opportunity to suggest innovative projects that could have a big impact on health and care across South West London. This year we have two parts to the Investment Fund:

- **ICP Priorities Fund (formerly Innovation Fund)**

The new ICP Priorities Fund for 2023-25 will be targeted to support delivery of the Integrated Care Partnership's strategic plan and priorities. The fund is divided into two categories with the following distribution of monies:

- Category 1: ICP Workforce priority has an 80% allocation of funding.
- Category 2: Remaining ICP priorities and cross cutting themes focussed (excluding Health Inequalities – please see below) has an allocation of 20% of the funding.

The ICP Priorities Fund has a budget of £5 million over two financial years until March 2025.

- **The Health Inequalities Fund**

The Health Inequalities Fund will be targeted on reducing Health Inequalities (Core20+5) across South West London. The Health Inequalities fund for 2023-25 will be focussed on existing and new projects with a distribution of funding of 75% for existing schemes and 25% for new schemes. Place based partnerships within SWL will receive an allocation of the funding using a needs-based approach. Successful schemes will be authorised to run until the end of March 2025.

£4.3 million funding is available for 2023/24 with a similar value anticipated for 2024/25.

This paper provides an update on the preparatory activities for launching the Investment Fund for 2023-25 applications.

2. Approach for the Investment Fund 2023-25

2.1 Process for 2023/24

To improve alignment of the approaches for both funding streams it was agreed at the ICP Board in July 2023 to the adopt the process outlined below (updated with dates).

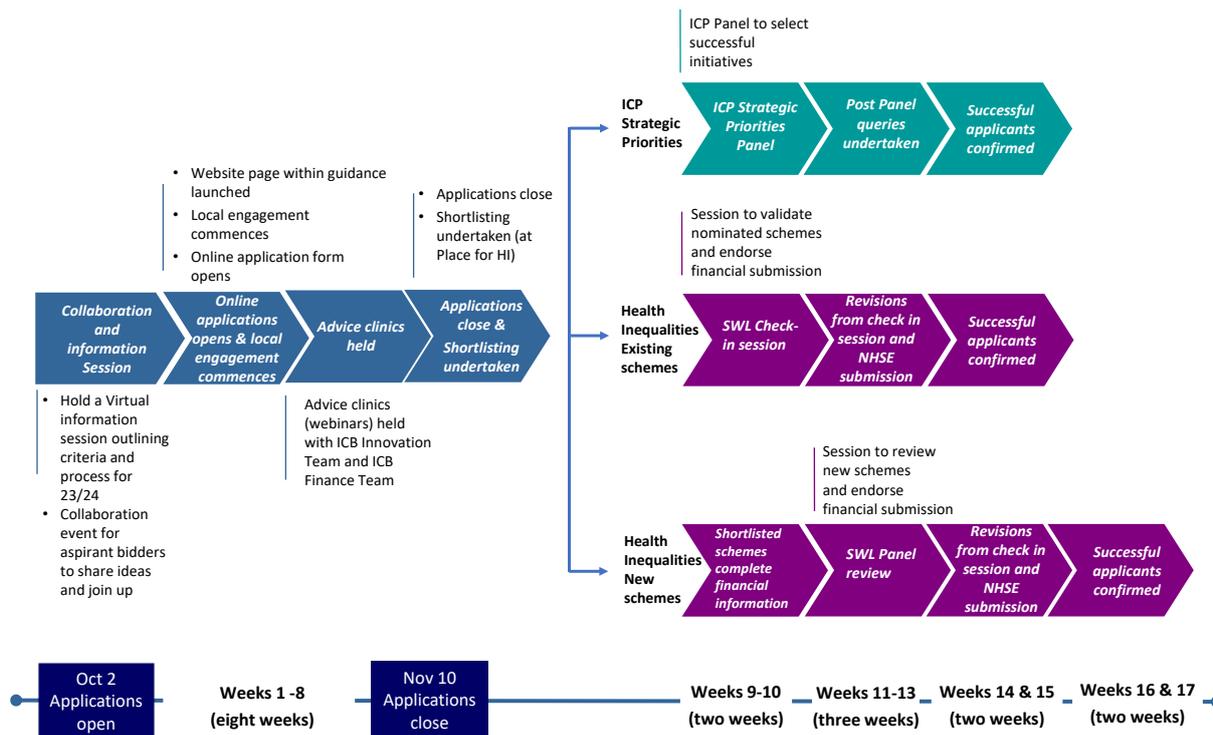


Figure 1. Investment Fund Approach: Health Inequalities and ICP Strategic Priorities Funds

The process above shows that we will open for new applications on Monday 2 October and close for applications on Friday 10 November (six working weeks). Shortlisted applicants will be invited to attend a virtual panel which will be held in late November 2023.

Please note the process for confirming which current Health Inequalities schemes will continue into 2024 is currently underway.

3 Encouraging and supporting applications

To ensure we receive a broad range of high-quality, innovative applications we need to provide sufficient information and opportunities for engagement and collaboration over the coming months. Key to this are our local voluntary and community sector organisations, in the first year of the Investment Fund, we recognise that our Places were able to involve the local voluntary and community sector organisations in the process. This year the SWL VCSE Alliance will further enable the sector to be involved at the early stages of developing local bids to ensure they are able to collaborate fully in the process.

As referenced in the April 2023 Board paper there are number of supporting activities that will be undertaken during the application process.

3.1 Information and Collaboration Events

We be holding an Investment Fund information event on Monday 2 October to provide more detail on the application process for both funds. At this event we will also provide advice and guidance on how to approach applications including finance information.

We have identified from discussions with the SWL VCSE Alliance that, for a number of the cross-cutting themes and priority areas within the ICP Priorities Fund, additional

opportunities for collaboration would be helpful to foster new relationships and develop innovative ideas. These sessions will be open to all stakeholders across SWL. The details of these sessions will be provided on the Investment Fund web page and portal.

3.2 Support for applications

In response to feedback from last year's process we have created an online portal for applications to both funds. Each fund has a clearly signposted online application form that can be saved and returned to before submission, the portal contains information on how to apply and also how to access technical support. A detailed financial template has also been established to reduce follow-up queries.

In addition to the portal, we will hold a series of online advice sessions during the application period to answer questions and provide support and guidance.

4 Recommendations

The Integrated Care Partnership Board is asked to:

- Note the progress made on mobilising the Investment Fund and the plans for opening to applications.

South West London Integrated Care System

Name of Meeting	Integrated Care Partnership Board		
Date	Wednesday, 04 October 2023		
Title	Approach to forward agenda planning for the Integrated Care Partnership Board		
Lead Director (Name and Role)	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
Author(s) (Name and Role)	Rachel Flagg, Director, Integrated Care Partnership Development		
Agenda Item No.	07	Attachment No.	06
Purpose	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input type="checkbox"/>

Purpose

The purpose of this report is to seek agreement from the Integrated Care Partnership Board (ICP) on the approach to developing a forward agenda plan for the ICP Board.

Executive Summary

At the ICP Board meeting on 20 July 2023, there was a discussion about the approach to forward agenda planning for the Board. There was an action agreed that there should be further thought given to this outside the meeting and that it should be brought back to the Board.

Key Issues for the Board to be aware of

The approach to forward agenda planning recommended to the Board is as follows:

- A six-monthly or annual ICP Board agenda planning session to be held via Teams, with the first one to be held in November 2023.
- Outside of that, requests and suggestions for additional agenda items are to be discussed with the chairs.

ICP agenda items should have a clear link to the four key aims of the Integrated Care System which are:

- Improving outcomes in population health and health care.
- Tackling inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Helping the NHS to support broader social and economic development.

The following are suggested as standing items from January 2024:

- ICP strategy delivery highlight report (covering all workstreams) – for noting, except by exception for risks and issues.
- Rolling programme focused on the ICP Strategic Priorities for discussion.

- Receipt of local Joint Strategic Needs Assessment/Health & Wellbeing Boards (JSNAs/HWB) strategies and new Core20 reports.

At the July meeting of the ICP Board, there was a suggestion of running Voluntary and Community Sector 'market-place' sessions, linked to the focus of the agenda, to raise awareness and make connections across the system. This is being discussed with the Voluntary Community and Social Enterprise (VCSE) Alliance who would lead on coordinating this activity.

Recommendation

The Board is asked to:

- Agree the proposed arrangements for agenda planning for the Board.
- Note the draft forward plan attached, to be discussed at the proposed Board agenda planning meeting in November.

Conflicts of Interest

No conflicts have been identified.

Corporate Objectives

This document will impact on the following Board Objectives

The forward plan is based around the four key purposes of the Integrated Care System and oversight of delivery of the agreed ICP strategy.

Risks

This document links to the following Board risks:

There is a risk that there is not enough time to cover all the issues partners would like to discuss in a two-hour quarterly meeting

Mitigations

Actions taken to reduce any risks identified:

Presentations are kept to a minimum to allow maximum time for discussion and the number of agenda items per meeting is limited.

There is an opportunity to hold ICP Board seminars outside of formal Board meetings to allow more time for discussion if there is an appetite for this.

Financial/Resource Implications

Small additional cost of hiring an additional room to host proposed 'marketplace' sessions for South West London Voluntary and Community Sector.

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

No.

What are the implications of the EIA and what, if any are the mitigations

None at this time.

<p>Patient and Public Engagement and Communication</p>	<p>The forward agenda plan focuses on the delivery of the ICP strategy, which is grounded in what local people have told us. Healthwatch and the VCSE Alliance will have an opportunity to review and comment on the agenda forward plan.</p>
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<p>Previous Committees/Groups Enter any Committees/Groups at which this document has been previously considered</p>	<p>Committee/Group Name</p>	<p>Date Discussed</p>	<p>Outcome</p>

<p>Supporting Documents</p>	<p>Annex 1: Draft forward plan for discussion at proposed Board Agenda Planning session</p>
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Outline forward plan for ICP Board October 2023-April 2024



Date	Proposed agenda items	Purpose of the item	Link to four purposes of the ICS
October 2023	<p>Development of ICP strategy workstreams & delivery plans; Development of the outcomes framework</p> <p>Investment fund update</p> <p>Paediatric cancer services</p>	<p>Update Board on progress since July and test the approach to reporting and outcomes development with the Board</p> <p>Update Board on next steps for launching the investment fund</p> <p>ICP Board to receive presentation from NHS England and give feedback as part of the public consultation process.</p>	<p>Improving outcomes in population health and healthcare & tackling inequalities</p>
January 2024	<p>Focus on three workstreams: Mental Wellbeing, CYP, Inequalities</p> <p>Anti-racism framework</p> <p>Joint approach to inspection regime/readiness</p>	<p>Board to receive delivery plans and terms of reference for sub-groups.</p> <p>To discuss the potential for a system-wide approach to anti-racism in health and care</p> <p>To be developed</p>	<p>Improving outcomes in population health and healthcare & tackling inequalities</p> <p>Tackling inequalities in outcomes, experience and access</p>
April 2024	<p>Focus on three workstreams: Workforce, Older People, Prevention</p> <p>Hospital and Primary Care estate One Public Estate programme tbc</p>	<p>Board to receive delivery plans and terms of reference for sub-groups - all six workstreams to have been covered by the April meeting.</p> <p>To discuss the ICB's infrastructure strategy (covering hospitals and primary care). Possibility of including the One Public Estate programme in this item.</p>	<p>Improving outcomes in population health and healthcare & tackling inequalities</p> <p>Enhancing productivity and value for money</p>



Outline forward plan for ICP Board July 2024-April 2025



Date	Potential item	Purpose of the item	Which of the ICS four key purposes does this map to?
July 2024	Focus on CYP and Mental Wellbeing Item on cross-cutting theme – Green Agenda SWL Anchor development	Start of rolling programme of two workstreams and one cross-cutting theme in focus per meeting, drawing out a particular areas for discussion by the board to accelerate delivery or unblock issues Discussion on health and care organisations in SWL as anchors in our communities supporting broader social and economic development – cross-system item	Improving outcomes in population health and healthcare & tackling inequalities Supporting broader social and economic development
October 2024	Focus on prevention and inequalities Item on cross-cutting theme - EDI Review of ICP delivery & ICP strategy refresh	Drawing out particular areas for discussion by the board to accelerate delivery or unblock issues and/or a deep dive into a topic of interest within these themes Review of impact one year on from the launch of the strategy – what have we achieved? How we need to refresh our approach for 25/26?	Improving outcomes in population health and healthcare & tackling inequalities
January 2025	Focus on older people and workforce Item on cross-cutting theme – patient and carer voice Updated strategy and delivery plans for 25/26	Drawing out particular areas for discussion by the board to accelerate delivery or unblock issues and/or a deep dive into a topic of interest within these themes For the Board to agree strategy refresh and delivery plans for the coming year	Improving outcomes in population health and healthcare & tackling inequalities
April 2025	Focus on CYP and Mental Wellbeing	Drawing out particular areas for discussion by the board to accelerate delivery or unblock issues	Improving outcomes in population health and healthcare & tackling inequalities

Name of Meeting	Integrated Care Partnership Board
Date	Wednesday, 04 October 2023
Title	NHS England consultation on proposals for the future location of very specialist cancer treatment services for children who live in south London and much of south east England.
Lead Director (Name and Role)	Dr Chris Streather Regional Medical Director and Chief Clinical Information Officer, NHS England – London Ailsa Willens Programme Director, Principal Treatment Centre Reconfiguration Programme, NHS England - London
Author(s) (Name and Role)	NHS England Programme Team

Purpose

The purpose of this paper is to update the South West London Integrated Care Partnership Board on the progress of the work that NHS England (London and South East regions) has been leading with partners to identify a future location for the Principal Treatment Centre for south London and much of south east England such that very specialist cancer services are compliant with NHS England's national service specification for Principal Treatment Centres.

NHS England (London and South East regions) will share background information, an overview of the case for change, process so far, an overview of the two options, and details of our public consultation which launched on 26 September 2023.

NHS England has provided a supporting slide pack and the consultation document (launched 26 September 2023) as reading material. Much more information is now in the public domain as part of the public consultation and can be found [here](#).

Executive Summary

Background

The current children's cancer centre is provided in partnership between The Royal Marsden NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust. The service the Principal Treatment Centre provides is safe and high quality. The teams on the two sites work very hard to make sure children with cancer get safe, joined-up care.

Very specialist cancer treatment services for children, like those at The Royal Marsden, are now required to be on the same site as a children's intensive care unit that can give life support to the most unwell children. This is a clinical requirement, set out in the national [service specification](#) for Principal Treatment Centres. This is to end hospital transfers of very



sick children with cancer from the specialist centre for intensive care, eliminating the added risks and stress these transfers bring, and ensure specialist cancer treatment services are capable of giving innovative treatments, such as CAR-T, that require intensive care on site.

As a specialist cancer hospital, The Royal Marsden does not have a children's intensive care unit. These units are always on sites used by tens of thousands of children every year because intensive care teams need to see high volumes of very sick children to maintain their specialist skills and expertise. This wouldn't be possible at The Royal Marsden due to the smaller number of children who need treatment there.

Specialist cancer services for children currently provided at The Royal Marsden therefore need to move to a hospital which has a children's intensive care unit and other specialist children's services on site.

Summary of work to date

In 2020, working in partnership with NHS England South East, NHS England London established a reconfiguration process with the ambition of identifying the best location to provide specialist children's cancer services for the future. This has been led by a Programme Board with membership including the South West London ICB Chief Executive and Chief Executives from St George's University Hospital NHS Foundation Trust; and The Royal Marsden.

NHS England undertook a robust evaluation process to identify a long list to a short list of potential solutions, followed by an evaluation and scoring process to appraise the shortlisted options. This drew on the expert knowledge and experience of clinicians, parents, charities, staff, managers and research leads, including independent experts in children's cancer care and research.

Over the period April – August 2023, NHS England undertook a period of pre-consultation engagement during which we heard from over 680 individuals and communicated with a range of organisations to gather feedback. This has helped shape and inform our proposals for public consultation.

The consultation will help to answer the question: "Where should the proposed future children's cancer centre be?"

The Proposals

NHS England (London and South East regions) are consulting on two options for the future Principal Treatment Centre. Both already have a children's intensive care unit and other specialist children's services, which are rated 'Outstanding' by the Care Quality Commission. Under both proposed options, all conventional radiotherapy services for the future children's cancer centre (instead of some, as now) would be provided by University College London Hospitals NHS Foundation Trust.



The consultation proposes two options for the location of the future Principal Treatment Centre:

- Evelina London Children's Hospital, which is part of Guy's and St Thomas' NHS Foundation Trust, and is in Lambeth in south east London, with conventional radiotherapy services at University College Hospital in central London; or
- St George's Hospital, which is part of St George's University Hospitals NHS Foundation Trust, and is in Tooting in south west London, with conventional radiotherapy services at University College Hospital in central London.

Under both options, children's cancer services would relocate from The Royal Marsden to the chosen site. Depending on the decision, some specialist children's cancer services currently provided by St George's Hospital might move too.

With the experience and expertise of specialist children's cancer teams on the same site as children's intensive care specialists, surgical teams and other children's specialties, our vision for the proposed future centre is that it will build on all the strengths of the existing service, give best quality care and achieve world-class outcomes for decades to come.

There will be no sudden changes to jobs, roles, or how children and young people receive care. The future children's cancer centre would not be ready until at least 2026. NHS England recognise, as with any move of service, that there would be some challenges we need to focus on managing, and planning for these is already underway. The move would be carefully planned with the full involvement of current teams and clear information for parents and families.

Consultation launch:

NHS England launched the public consultation on Tuesday 26th September and it will be open for 12 weeks, closing at midnight on 18 December 2023.

The consultation aims to share lots of information about our proposals and invite feedback, as well as ideas for making proposed changes go smoothly. We are open-minded about both options and open to any other evidence that the public may share.

NHS England will only make a decision on the location of the future centre after hearing the views that come forward during the public consultation and taking account of all relevant data, evidence and other factors.

Overview and Scrutiny:

In early 2023, further to engagement activity, South West London and Surrey Joint Health Overview and Scrutiny Committee (JHOSC) determined that this service change was considered substantial for their population and wished to be formally consulted. Alongside South West London and Surrey (JHOSC) we are also consulting with South East London



JHOSC; and engaging with Health and Overview Scrutiny Committee's across the catchment area. NHS England will continue to engage and consult with South West London and Surrey JHOSC and sub-committee over the coming period in line with preferences. It is anticipated that we will meet with the sub-committee around the time of our mid-point consultation review.

The Board is asked to:

Discuss and note the work undertaken thus far as part of the reconfiguration process; consider the purpose of public consultation and how organisations in the South West London Integrated Care Partnership may contribute; note next steps that the NHS England Programme Team are planning on taking and consider any further information or engagement that would be helpful for the NHS England Programme Team to provide.



Proposals for the future location of very specialist cancer treatment services for children in south London and much of south east England

Background briefing

27 September 2023

South West London Integrated Care Partnership meeting on
Wednesday 4 October 2023



Contents

1. Background and context
 2. Overview
 3. Public consultation timings and next steps
- Appendices

1. Background and context



Background and context

- Specialist children's cancer services in England are led and coordinated by Principal Treatment Centres.
- The Principal Treatment Centre for children living in Brighton and Hove, East Sussex, Kent, Medway, south London and most of Surrey is provided in partnership between The Royal Marsden NHS Foundation Trust at its site in Sutton, and St George's Hospital in Tooting, south west London.
- The service they provide is safe and high quality. But the very specialist cancer treatment services at The Royal Marsden are not on the same site as the children's intensive care unit, which is at St George's Hospital.
- National clinical requirements for [Principal Treatment Centres](#) are set by NHS England. They say very specialist cancer treatment services for children – like those at The Royal Marsden – MUST be on the same site as a level 3 children's intensive care unit and other specialist children's services. This is non-negotiable.
- The current Principal Treatment Centre does not and cannot comply.



Why things need to change (1)

The five main reasons why specialist children's cancer services at The Royal Marsden need to move are:

Hospital transfers of very sick children for intensive care add risks and stress

- Every year, a small number of very sick children who need intensive care are transferred eight miles from the specialist children's unit at The Royal Marsden's Sutton site to St George's children's intensive care unit at Tooting.
- This is done safely. But urgent transfers of very sick children to another hospital for level 3 intensive care services that can give life support, even in a special children's ambulance with an expert team on board, add risks to what is already a very difficult situation. These risks can only ever be managed. Transfers of very sick children also put added stress on patients, parents, and the staff involved.

The intensive care team is not currently able to provide face to face advice on the care of children on the cancer ward

- Currently, the Principal Treatment Centre's intensive care specialists are at St George's Hospital while most specialist care for children with cancer is at The Royal Marsden. Some children every year have to be transferred by ambulance from The Royal Marsden to the cancer ward at St George's Hospital as a precaution, in case they suddenly get worse and need intensive care. It can be disruptive and stressful for them.
- Intensive care specialists can't work closely with specialist cancer teams to help children stay well enough to avoid intensive care if they are not all on the same site.

Why things need to change (2)

The five main reasons why specialist children's cancer services at The Royal Marsden need to move are:

There is a need to improve children and families' experience when patients require intensive care and other specialist children's services

- Some specialist children's services needed by children with cancer are not on site at The Royal Marsden. Staff at The Royal Marsden arrange for children to attend or be safely transferred to other hospitals as needed.
- Parents and staff say having to get to know new members of staff at different locations, especially at a time of crisis, can increase families' anxiety and distress.

As already described, the current Principal Treatment Centre does not and cannot meet national requirements

- The national service specification for Principal Treatment Centres was approved by NHS England in 2021 after being developed by patients, parents and professionals, and must now be implemented.

Although it offers a wide range of innovative treatments, the current Principal Treatment Centre is excluded from giving a specific type of new treatment, and others expected in the future

- Innovative cancer treatments are bringing new hope for children and families. Some have a greater risk of complications – such as too big a response from a child's immune system – that could require urgent support from an on-site intensive care team. As a result, they can only be given at children's cancer centres on the same site as a children's intensive care unit. The current Principal Treatment Centre is excluded from giving a specific type of new treatment because it does not have an intensive care unit. Other similar treatments are expected in the future.



Why things need to change (3)

While The Royal Marsden currently provides high quality conventional radiotherapy treatment for children as part of their care, the proposed move of specialist children's cancer services to either Evelina London or St George's Hospital, alongside advances in radiotherapy, means we propose this service is provided differently in the future.

This is because:

- It would be difficult to sustain the conventional radiotherapy service for children at The Royal Marsden without the staff and facilities of the Principal Treatment Centre on site (and which it is an integral part of)
- Radiotherapy services for children are changing. More children will be treated with proton beam therapy in the future; this means we expect the number of children requiring conventional radiotherapy services to fall making a high-quality service at The Royal Marsden even harder to sustain.

This means that:

- Both options in our consultation propose that children's conventional radiotherapy moves from The Royal Marsden to University College Hospital in central London.
- Proton beam therapy is already provided at University College Hospital. Bringing all radiotherapy services together in a larger centre would create opportunities to improve outcomes for children in the future.
- Our proposals do not affect radiotherapy services for teenagers and young adults or adults provided at The Royal Marsden.

Who the changes would affect

Around 1,400 children, almost all aged one to 15, are under the care of the Principal Treatment Centre for south London and much of south east England at any given time. (It will continue to care for older children if that is best for individual patients.)

More than 60% of the centre's patients are from outside London.

In 2019/20, 35 children were transferred from The Royal Marsden to St George's because they needed or might need intensive care.



1,373 children were treated by the Principal Treatment Centre in 2019/20



536 had inpatient care (they were admitted to The Royal Marsden or St George's for day care or a stay of at least one night)



1,367 had outpatient care (they came to The Royal Marsden or St George's for an appointment)



84 had intensive care (15 came from The Royal Marsden, others were at St George's or transferred from their local shared care unit)



41 had conventional radiotherapy at The Royal Marsden.

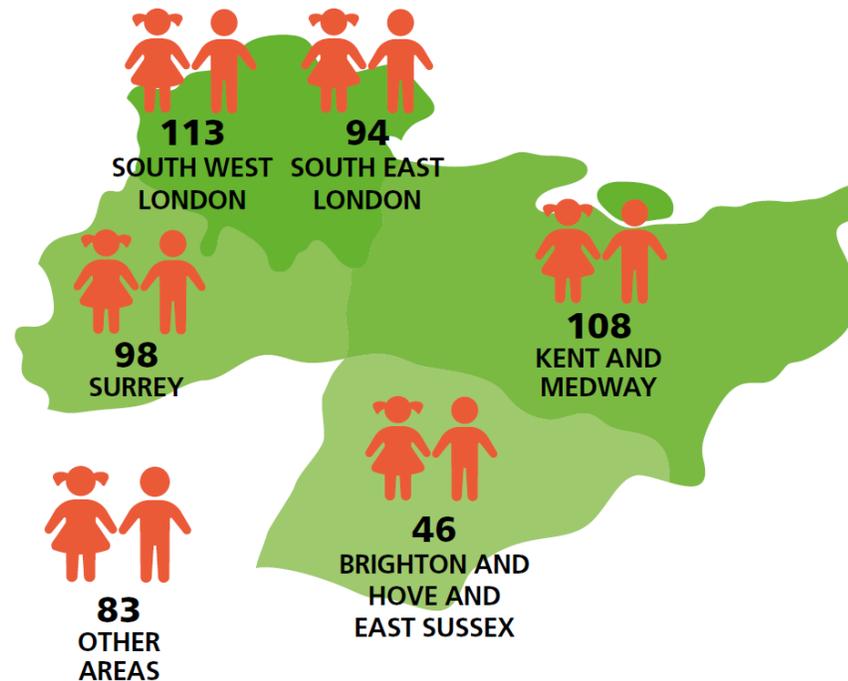
Children requiring an inpatient stay in hospital

In 2019/20 the Principal Treatment Centre treated 536 children as inpatients. Children also receive some of their care closer to home in local shared care units.

The map shows where these children live.

- **113** children from south west London
- **108** children from Kent and Medway
- **98** children from Surrey
- **94** children from south east London
- **46** children from East Sussex and Brighton and Hove
- **83** children from other areas.

The number of children attending for outpatient care followed a similar pattern.



Catchment area for the Principal Treatment Centre providing specialist cancer services for children in south London and much of south east England

2. Overview



Where we've been and where we are now



A formal reconfiguration process is required when moving a significant service from one site to another to ensure all stakeholders have the opportunity to review and comment on the case for change, clinical model and proposals.



Shortlisted options (1)

Over the past three years, we have engaged widely with patients, families, staff, cancer charities, patient groups, cancer specialists and health and care partners across the catchment area, to find out what is important to them about these services and to get their input into our process.

We followed a best practice approach to identifying the possible ways the Principal Treatment Centre could be provided in the future. We identified 'fixed points' and 'hurdle criteria' which were applied to a long list of eight possible solutions. This resulted in two potential locations for the future centre:

- **Evelina London Children's Hospital in Lambeth, south east London, run by Guy's and St Thomas' NHS Foundation Trust** with conventional radiotherapy services at University College Hospital
- **St George's Hospital, in Tooting, south west London, run by St George's University Hospitals NHS Foundation Trust** with conventional radiotherapy services at University College Hospital

Both locations deliver outstanding rated children's services, and both could deliver a future Principal Treatment Centre that meets the service specification.

- Both propose that conventional radiotherapy services for children currently provided at The Royal Marsden move to University College Hospital, central London, meaning that all radiotherapy services for children in south London would be provided there in the future, instead of only some, as now.



Shortlisted options (2)

Four advisory groups and an independent clinical review group helped us develop evaluation criteria to compare and assess the two options for the future Principal Treatment Centre.

Four panels of experts – cancer specialists and other doctors and nurses, parents, representatives of children’s cancer charities, researchers and other experts – reviewed the two options against key areas. Both options scored highly but Evelina London Children’s Hospital scored higher. On this basis, at this stage in the process, Evelina London is the site we prefer for the future Principal Treatment Centre.

However, we are open-minded about both options and open to any other evidence the public may share.

No decision will be made until the public consultation has concluded, the feedback analysed, and all relevant data, evidence and other factors, including the consultation responses, have been carefully considered.



Impact on travel times

Families have told us that travel times and access to the new Principal Treatment Centre are important.

An independent travel analysis looked at journey times and found:

- Both options are very similar, or faster, to get to by public transport than to The Royal Marsden now, for the vast majority of people
- By road, for many going to St George's Hospital and most going to Evelina London, the journey time would be longer
- For University College Hospital it is a similar picture – it is faster to get to by public transport and slower by road than The Royal Marsden for most people



Support with travel

There would be a range of measures to support people with increased travel:

- help to plan journeys to hospital, including easy to understand information in different languages
- financial support to help with travel costs such as ULEZ charges
- non-emergency transport services for patients and their families
- space for families to stay
- easy arrangements at the site, including for dedicated parking and drop-off
- convenient appointment times, more care closer to home, strong communication between different teams, and (where appropriate) online or phone appointments

There are other things that could be done to reduce any negative impact of the proposed changes. We are keen to hear more from families during consultation about this important issue and to work with them on measures to support with travel.



Benefits

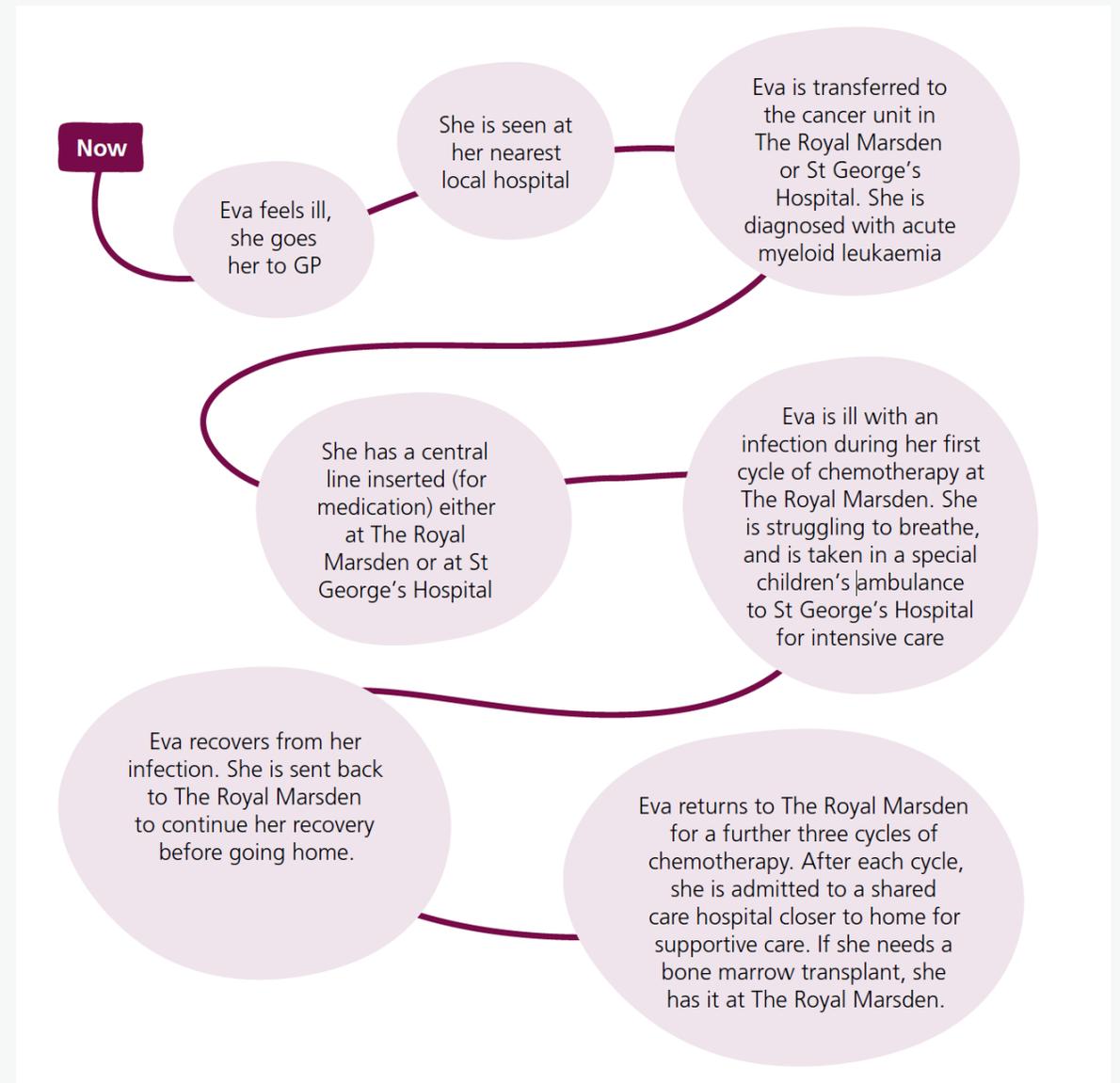
Once a decision has been made, whether the future Principal Treatment Centre were at Evelina Children's Hospital or St George's, it would:

- end hospital transfers of very sick children with cancer from the specialist centre, who need or might need intensive care, eliminating the added risks and stress these transfers bring
- enable children to get more of their care on the specialist cancer ward and minimise the number of children admitted to intensive care, which can be stressful for children and families
- have more services on the same site than now, improving experience for many children and families
- meet the national requirements and be capable of offering cutting-edge treatments that need intensive care on site
- make it easier for different specialist teams treating the same child to work closely together, improving care for children and supporting new kinds of research
- make it easier for cancer and non-cancer specialists to learn from each other and share learning, and support future recruitment and retention of staff.

Case study: Eva's story

(*this is an example – not the story of an actual patient)

Eva is an 11-year-old girl who lives with her parents in Hastings, East Sussex. She has acute myeloid leukaemia. Her specialist cancer care is led by The Royal Marsden NHS Foundation Trust.





Eva's care in the future

(*this is an example – not the story of an actual patient)

At the future Principal Treatment Centre, children's cancer services currently at The Royal Marsden would be on the same site as children's intensive care.

Staff from the children's intensive care unit would be able to support the medical and nursing team looking after Eva on the cancer ward. This may mean she does not need to go to the children's intensive care unit.

If her symptoms get worse and she does need intensive care, there would be no journey by ambulance to another hospital: she would simply be moved to the intensive care unit nearby. Cancer specialists would be able to visit Eva regularly to monitor her progress and advise the intensive care team throughout her time in intensive care.

Wherever she is in the hospital, the key members of staff involved in her treatment and the same team of play specialists and teachers would all continue to see Eva regularly.



Ensuring a smooth transition

Wherever the future Principal Treatment Centre is located, it will be important that the move of the service is as smooth as possible.

Following consultation, and once a location is decided, detailed planning will be undertaken. Some of the things this will focus on are:

- maintaining the current level of research activity and funding at the new centre
- supporting as many staff as possible from the current service to move to the future cancer centre and feel part of the new organisation
- ensuring The Royal Marsden has strong plans for continuing providing teenage and young adult services and that the move from children's cancer services to teenage and young adult services (usually around the time of a child's 16th birthday) continues to go smoothly.

With any service change, it is also important to consider its impact on other NHS services and patient care.
For more information see our consultation document.

3. Public consultation and next steps





Timescales and next steps

We have undertaken a period of pre-consultation engagement to inform our approach to public consultation.

The public consultation launched on 26 September and is planned to last 12 weeks, ending at midnight on 18 December.

Details of how to provide feedback have been shared with patients, families, staff and key stakeholders. Our communications on this will continue.

Once the consultation has ended, the consultation responses will be analysed by an external organisation and written up in a report which will be made publicly available.

The decision on the future location of the Principal Treatment Centre will be taken by NHS England leaders after hearing the views that come forward during the public consultation and taking account of all other relevant data, evidence and other factors.

Services would not move until at least 2026. We expect all the preparations for the future Principal Treatment Centre to take place within two and a half years, including building work, equipping the centre and putting everything in place for a safe, smooth transfer.



How you and the public can get involved (1)

There will be a number of ways for the public, members of staff, key partners and stakeholders to share their views during the consultation period. This will include online public events, a survey, focus groups, targeted interviews and community meetings.

We are publicising the consultation through a range of channels – through health networks, via current services and hospital sites, in the media, social media and through more traditional routes such as posters in cancer units.

We would be grateful if you could share details of how to find out more and respond to the consultation with relevant stakeholders; through your website, social media accounts and so on. A toolkit to support this is available.



How you and the public can get involved (2)

Full details are available on our website:

www.transformationpartnersinhealthandcare.nhs.uk/childrenscancercentre

This includes:

- The full consultation document, summary version and easy read version
- The feedback questionnaire
- The pre-consultation business case
- Details of meetings and events
- Extra information

How the public can contact us during consultation:

Phone: 0800 135 7971

Email: england.childrenscancercentre@nhs.net

Appendices

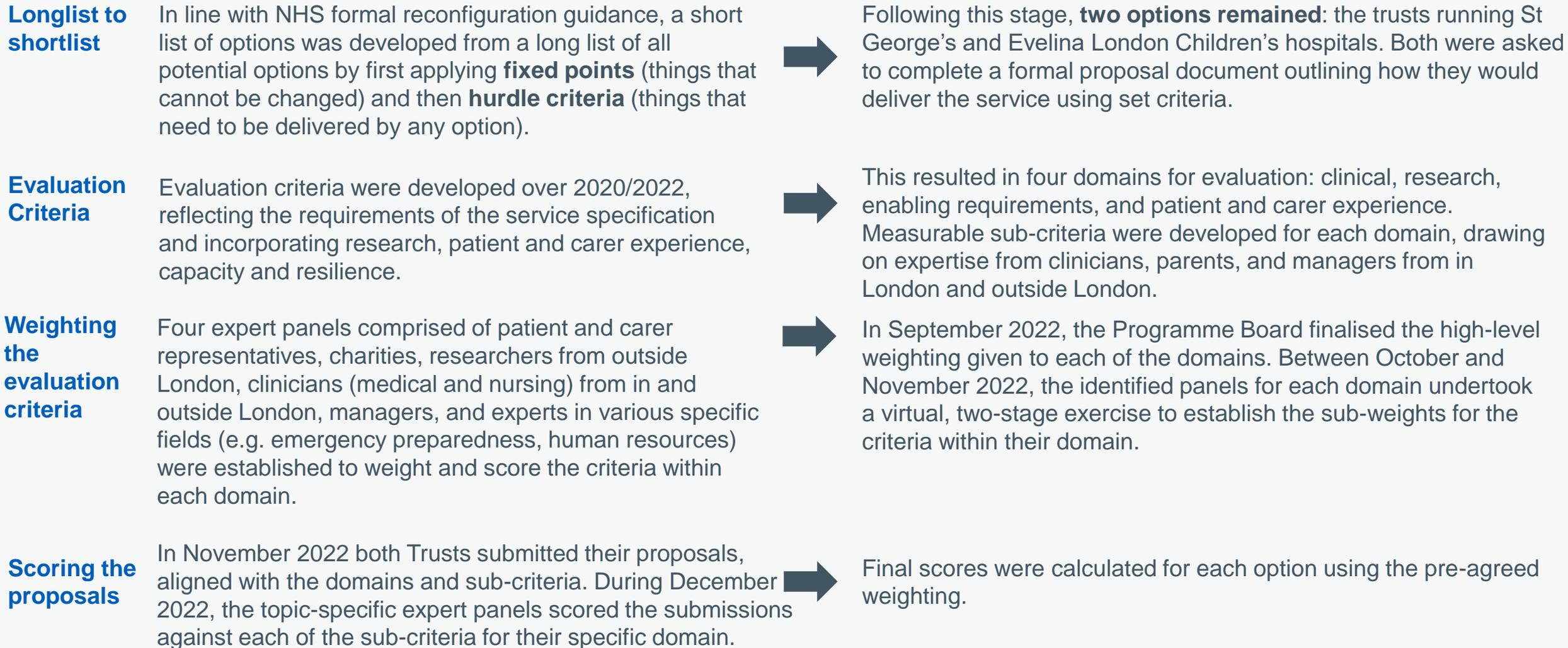
Options appraisal process





An overview of the options appraisal process

We have already run an option appraisal process – consisting of four elements:



Equality and Health Inequality Impact Assessment

Equality and Health Inequality Impact Assessment: Process

Purpose of the EHIA

To support meeting legal duties including the Public Sector Equality Duty (Equality Act 2010) and the Health and Social Care Act (*to have regard to the need to reduce inequalities between persons in access to, and outcomes from healthcare services*)

What changes are we assessing the impact of?

A change in location of the current Principal Treatment Centre and the implications of this change on patient travel arrangements including travel time, complexity of journey (including parking arrangements) and cost.

Additional considerations:

- the prospect of the service change process itself
- the prospect of a new environment and aspects of onsite accessibility
- other potential benefits

The EHIA takes a non-comparative, population-based approach.



Which population groups were considered in terms of experiencing differential impacts?

Those with a protected characteristic as specified in the Equality Act 2010, or who typically face health inequalities, including those living in deprived areas or families on low incomes (EHIA document contains full list).

For each group, using the information referenced below, plus professional and personal experience, the sub-group assessed any potential differential impacts of the proposed changes in relation to both the Public Sector Equality Duty and inequalities in access to, and outcomes from the service.

Sources of information used:

1. An equalities profile for the Principal Treatment Centre catchment population
2. A travel time analysis report
3. Qualitative insight collected through patient engagement activities

Equality and Health Inequality Impact Assessment: Overall findings



Impacts of travel time differences on health inequalities (access)

When comparing travel times to the current Principal Treatment Centre main site (The Royal Marsden) to either future option, travel time analysis shows:

- there are differential positive impacts for children living in the most deprived areas and rural areas when travelling by public transport.
- there are differential negative impacts for children living outside London or in rural areas when driving.



Other impacts Several population groups (full list in EHIA) may experience a differential impact in terms of:

- complexity or cost of their journey
- uncertainty brought on by the prospect of the service change process itself
- on-site accessibility

For example, patients and/or families:

- where a family member is disabled (or has a spectrum disorder)
- who are on a low income/living in more deprived areas
- with poor literacy and/or language barriers
- who experience digital exclusion

The Equalities profile document includes an estimated quantification of the size of each population group within the PTC catchment area.

Benefits for improving outcomes and reducing inequalities:

Compliance with the service specification will mean that healthcare related outcomes (in terms of patient experience and safety) are likely to be enhanced through receipt of co-ordinated, holistic care with a reduced requirement for treatment transfers at a time of crisis and the risk that certain types of transfers involve.

While this will benefit all children attending the Principal Treatment Centre, the EHIA sub-group concluded that there may be a differential positive benefit for certain groups who may have a higher need for additional paediatric specialties (e.g. those with complex cancer care needs, co-morbidities, who are disabled or have or other conditions) or with communication difficulties (e.g. language barriers or poor literacy) where the reduced need for treatment transfers/multi-site appointments may be beneficial.

Equality and Health Inequality Impact Assessment: Public transport and driving times (South West London)



On average, the residents of most boroughs within South West London would see a reduction in travel time to either Evelina London or St George's via public transport, compared to travelling to The Royal Marsden.

Due to their proximity to the current Principal Treatment Centre, residents of Sutton, Epsom and Ewell, would see an increase in travel times in the region of an additional 15 to 30 minutes.

Residents of Croydon could also see small increases in journey time.



On average, the residents of most boroughs within South West London would see an increase in travel time for driving compared to travelling to The Royal Marsden.

Residents would, on average, experience an increase in journey time of 18 minutes to Evelina and no change to St George's. However, this masks a difference between the boroughs where Sutton, Merton, Croydon and Kingston see increases of up to 30 minutes in driving time compared to decreases or no change for Wandsworth or Richmond.

Lots more information on our work in this area, including consideration of travel to University College Hospital is available in our consultation materials.

Equality and Health Inequality Impact Assessment: mitigation & next steps

It is important to note that the travel analysis can only capture impacts in terms of travel time. It is not possible to systematically quantify impact in terms of complexity of journey, reliability of transport services and costs. **The most important aspect of the EHIA is the recommendations for mitigation.** The EHIA sub-group has put forward a range of potential systems, processes or programmes that could serve to mitigate the adverse impacts of a longer, more complex, more costly journey.

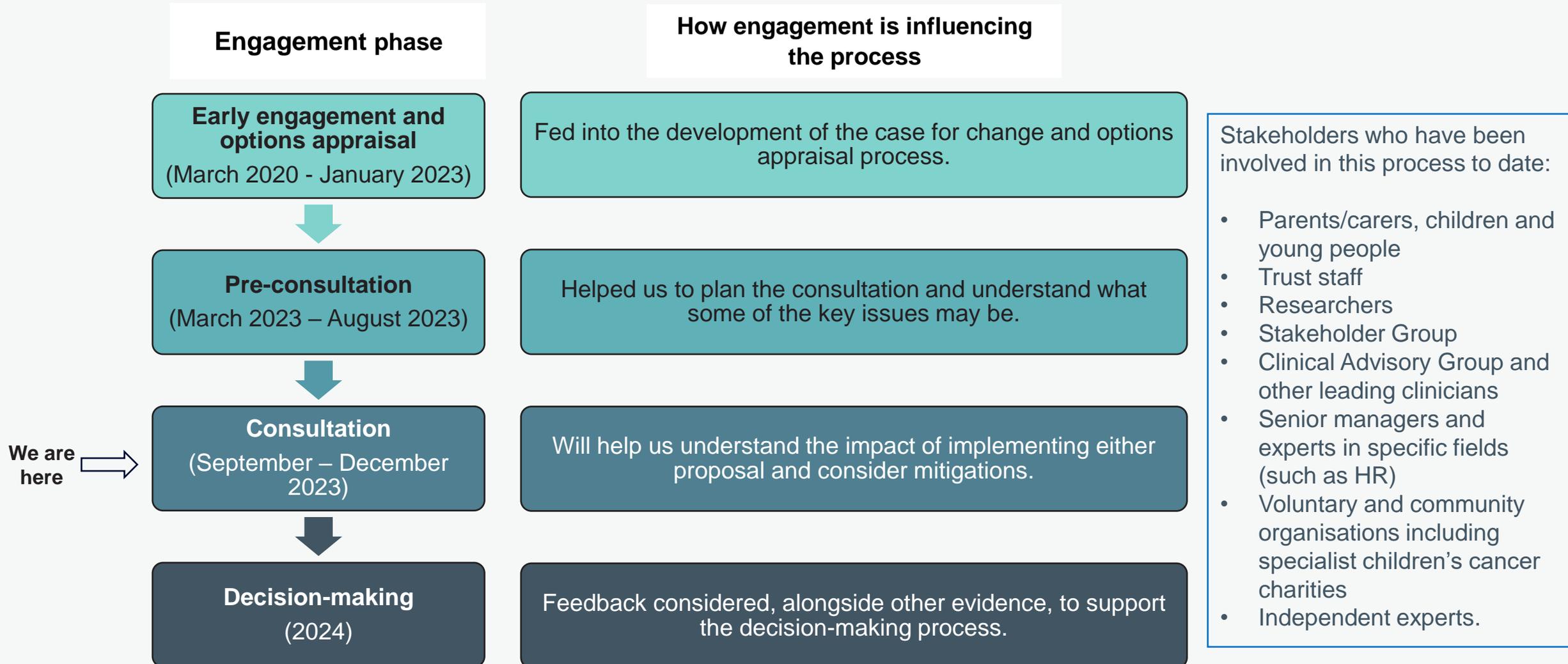
The main themes include:

1. Systems and processes aimed at helping patients and families plan their journeys to hospital, including provision of inclusive and accessible information and translation services.
2. Systems and processes aimed at reducing the financial impact of travel, such as reimbursement schemes for travel costs (including ULEZ charges) or supporting patients to access other financial support.
3. Transport services provided directly to patients and their families (with clear eligibility criteria) and family accommodation.
4. High quality onsite accessibility arrangements, including parking and drop-off facilities.
5. Other aspects of care planning including flexibility for appointment times, shared care closer to home, strong communication systems between different health and social care teams, and remote (non face to face) appointments (that take into account aspects of digital capability)
6. An excellent implementation plan for the service change process, to support patients through the transfer period, with high quality continuity of care. Implementation plans should consider meeting NHS duties around health inequalities and take a Core20Plus5 approach.



Pre-consultation engagement

How feedback has informed our approach to date



Early engagement

Early public engagement (March 2020 - March 2023)

Purpose: Seek early feedback about experiences of the current service and understand important features for a future service.

Activities:

- **2 surveys** – online and via staff on wards
- **9 Meetings with our Stakeholder Group** – of parents and charities
- **Over 60 contacts** (through our independent Chair of the Stakeholder Group) with parents/carers /caregivers – a combination of meetings, individual conversations with parents (telephone or virtual) and email contacts - to support their participation and engagement
- **Panel of parents** participated in the options appraisal process – scoring aspects of the patient experience domain
- **2 parent representatives** involved in reviewing the Equality and Health Inequalities Impact Assessment

Impact of engagement: Fed into the development of the case for change and influenced options appraisal criteria and weightings

Reach and representativeness

Through our early engagement work, **we heard from over 250 children, young people and families** through our surveys from:

- a broad range of geographies across the PTC catchment area, including in SWL and Surrey
- a range of ages of parents and children
- 33% of survey respondents were from Mixed/Multi Ethnic, Asian, Black Ethnic Groups or other Ethnic groups

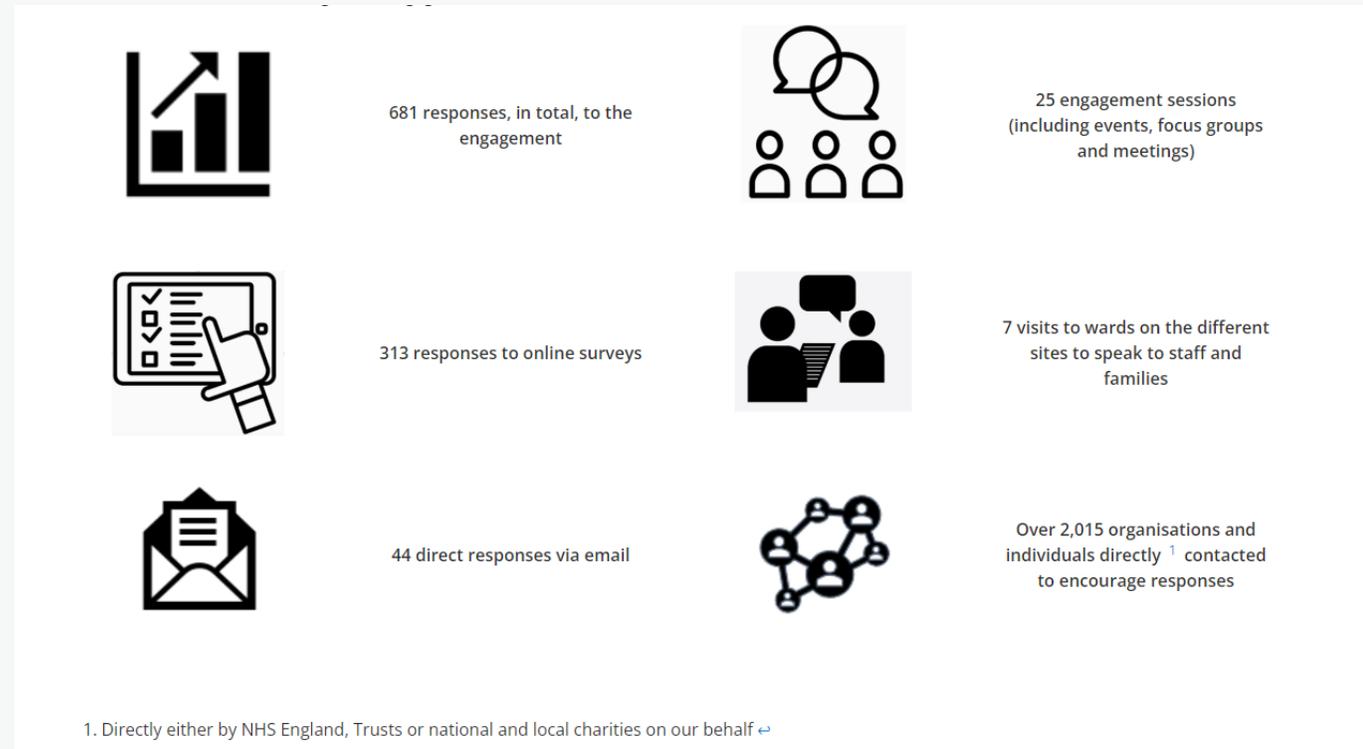
Our future focus has been on reaching a wide range of views – many currently in the service may not be affected in the future. Conversely, some families who currently know nothing about the service may be impacted if they need to use the service in future.

Pre-consultation engagement

Pre-consultation (April to August 2023) helped us to refine and update our consultation materials, inform our consultation plan and build our understanding.

We engaged on a 1:1 basis, via email, through surveys or at meetings – mostly with those with direct experience of receiving or providing the service as well as voluntary and community organisations and specialist children's cancer charities. Including people:

- from a range of ages (both of children, young people and parents/carers)
- who have physical or mental health conditions, disabilities, or illnesses other than their cancer
- are from black, Asian and other ethnic minority communities
- who do not speak English as their first language
- who have had experiences of receiving treatment at, or working for, the current Principal Treatment Centre





Equalities groups

Organisations contacted during pre-consultation engagement, identified in our Integrated Impact Assessment:

- Specialist children and young people (CYP) cancer charities/groups (including parent-led organisations)
- Youth Forums/Councils/Parliaments
- Healthwatch organisations
- Maternity Voice Partnerships
- Mental health umbrella organisations
- Black and minority ethnic forums/ groups
- Pan-geography organisations supporting refugees or asylum seekers, people with addiction and/or substance misuse issues, people involved in the criminal justice system, people experiencing homelessness, and gypsies or travellers
- Learning disability and autism groups
- Groups supporting people with physical impairments
- Carers (young and adult)
- Community groups in the most deprived areas within the catchment area.