

# Meeting Pack

## South West London Integrated Care Partnership

24 January 2024  
5.30pm to 7.30pm

Hotel Antoinette, 249 – 263 The Broadway,  
Wimbledon SW19 1SD

# South West London Integrated Care Partnership Board

**Wednesday 24 January 2024**

**17.30 to 19:30**

**Location: Hotel Antoinette, 249-263 The Broadway, Wimbledon SW19 1SD**

	Time	Agenda Item	Board lead	Enc
01	17.30	<b>Welcome, Introductions and Apologies</b>	Co-Chairs	
02		<b>Declarations of Interest</b> <i>All members and attendees <b>may</b> have interests relating to their roles. <b>These interests should be declared in the register of interests.</b> 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	<b>Minutes, Action Log and Matters arising.</b> Minutes and actions arising from the SWL ICP Partnership meeting held on the 4 October 2023	Co-Chairs	02
04	17.40	<b>Delivery of the South West London Integrated Care Partnership Strategy</b>	Karen Broughton	03
05	17.50	<b>Focus on Prevention and Health Inequalities in SWL : Healthy Weight</b>	Iona Lidington John Byrne	04
06	18.25	<b>Development of SWL Anti-Racist Approach</b>	Sarah Blow	05
07	18.55	<b>Forward Agenda Plan for the Integrated Care Partnership</b>	Karen Broughton	06
08	19.00	<b>Any Other Business</b>	All	
09	19.05	<b>Public Questions</b> - Members of the public are invited to ask questions relating to the business being conducted today in items 1-7. Priority will be given to those received in writing in advance of the meeting.	Chair	

	<b>Time</b>	<b>Agenda Item</b>	<b>Board lead</b>	<b>Enc</b>
<b>10</b>	19.15	<b>Meeting close</b>	Chair	

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

SWL Integrated Care Partnership  
Declarations of Interest - as of 16 January 2024

Member	Role	Interest Type	Interest Category	Interest Description (Abbreviated)	Provider	Date Arise	Date Ended	Date Updated
Alyssa Chase-Wichez	SWL Healthwatch ICS Executive Officer	Nil Declaration				29/06/2023		
Ella Ropovic	Director of Childrens Services	Nil Declaration				27/11/2023		
Ann Beasley	Chair, SWL & St George's Mental Health NHS Trust	Declarations of Interest – Other	Financial	Chair	SWLSTG MH NHS Trust	01/04/2023		
		Declarations of Interest – Other	Financial	Chair	St George's NHS FT	01/04/2023		
		Declarations of Interest – Other	Financial	NEP	ESTM NHS Trust	01/04/2023		
		Declarations of Interest – Other	Non-Financial	Company Director	Alzheimer's Trading Limited	01/04/2023		
Annette McPartland	Director of Adult Social Care and Health, Croydon Council	Declarations of Interest – Other	Indirect	I am employed through Croydon council	Croydon council	29/11/2023		
Ashd Munkhik	Local Authority Finance Director Representative	To follow						
Brenda Scanlon	Croydon Place Member, Chair of Age UK Croydon, ICP Board Member	To follow						
Caroline Dwyer	Director of Growth, Regeneration regeneration and Development (Sutton)	Declarations of Interest – Other	Financial	Non Executive Director Shoreham Port Authority		2014		
		Declarations of Interest – Other	Financial	Non Executive Director Jersey Development Company		2021		
		Declarations of Interest – Other	Financial	Member Office of Road and Rail Regulation Expert Panel		2020		
		Declarations of Interest – Other	Non-Financial	Commissioner National Preparedness Commission		2021		
Carol Cole	Vice-Chair, Central London Community Healthcare NHS Trust	Declarations of Interest – Other	Non-Financial	1. Chair of Board of Together for Mental Wellbeing 2. Trustee of Age UK	1. Together for Mental Wellbeing 2. Trustee of Age UK	01/04/2023		
Dino Parthani	Clinical Chair Sutton	Declarations of Interest – Other	Financial	Mulgrave Road Surgery – GP Principal Practice is a shareholder of Sutton Primary Care Networks	Mulgrave Road Surgery	01/06/2021	15/11/2021	
		Declarations of Interest – Other	Financial	Chair of Sutton Primary Care Networks (Sutton Federation)	Sutton Primary Care Networks	01/06/2021	15/11/2021	
		Declarations of Interest – Other	Financial	Clinical Director Central Sutton Primary Care Network	Central Sutton Primary Care Network	01/06/2021	15/11/2021	
		Declarations of Interest – Other	Non-Financial	Transition Place Leader (Primary Care Place Representative) for Sutton & Executive Lead for Community Services, Sutton Health & Care	Community Services, Sutton Health & Care	01/06/2021	15/11/2021	
		Declarations of Interest – Other	Non-Financial	Chair, Integrated Care Partnership Board for Sutton Place (Transition)	Sutton Place	01/06/2021	15/11/2021	
	Convenor / Primary Care Representative Sutton Place	Declarations of Interest – Other	Financial	Mulgrave Road Surgery – GP Principal Practice is a shareholder of Sutton Primary Care Networks	Mulgrave Road Surgery	15/11/2021		18/08/2023
		Declarations of Interest – Other	Financial	Chair of Sutton Primary Care Networks (Sutton Federation)	Sutton Primary Care Networks	15/11/2021		18/08/2023
		Declarations of Interest – Other	Financial	Clinical Director Central Sutton Primary Care Network	Central Sutton Primary Care Network	15/11/2021		18/08/2023
		Declarations of Interest – Other	Non-Financial	Transition Place Leader (Primary Care Place Representative) for Sutton & Executive Lead for Community Services, Sutton Health & Care	Community Services, Sutton Health & Care	15/11/2021		18/08/2023
		Declarations of Interest – Other	Non-Financial	Chair, Integrated Care Partnership Board for Sutton Place (Transition)	Sutton Place	15/11/2021		18/08/2023
	GP Borough Lead for Sutton	Declarations of Interest – Other	Financial	Sutton is joining the SWL Primary Care Provider Alliance, which links borough providers of primary care at scale through a MDU, and meets as a board. In my role as Chair of Sutton PCNs, I will be Sutton representative on the SWL PPA. The intention will be to join the SWL PPA CC in due course which will change the interest	SWL PPA	09/02/2022	09/06/2022	
		Declarations of Interest – Other	Financial	Sutton representative of SWL Primary Care Provider Alliance. Director of SWL PPA CC	SWL PPA	09/06/2022		18/08/2023
		No Change to existing declarations				09/06/2022		
Douglas Flint	Chair, The Royal Marsden Hospital NHS Foundation Trust	Nil Declaration				29/11/2023		
Elaire Clancy	Chief Nursing Officer	Declarations of Interest – Other	Non-Financial	School Governor- Langley Park School for Girls	Langley Park School for Girls	01/04/2023		
		Declarations of Interest – Other	Non-Financial	Trustee for the 1930 Fund for District Nurses	1930 Fund for District Nurses	01/04/2023		
Gillian Norton	Chair, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust	Nil Declaration				19/12/2023		
Graeme Henderson	Chair, Wandsworth Health and Wellbeing Board	Nil Declaration				22/12/2023		
Helen Jameson	Chief Finance Officer	Nil Declaration				18/07/2022		
Iona Liddington	Director of Public Health / Assistant Director Healthy & Safe Communities, Kingston Council	Nil Declaration				03/04/2023		
		Nil Declaration				29/11/2023		
Jo Farrar	Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead	Declarations of Interest – Other	Financial	CEO of Provider Trust since September 2019	Kingston Hospital NHS Foundation Trust	03/04/2023		29/06/2023
		Declarations of Interest – Other	Financial	CEO of Provider Trust since December 2021	Hounslow and Richmond Community Healthcare NHS Trust	03/04/2023		29/06/2023
		Declarations of Interest – Other	Non-Financial	Partner is the Practice Manager (from 11/9/2023)	Churchill Medical Centre GP Practice	05/09/2023		
John Byrne	Executive Medical Director	Nil Declaration				01/07/2022		
		Nil Declaration				29/08/2023		
		Nil Declaration				22/09/2023		
Karen Broughton	Deputy Chief Executive/Dir of People & Transformation	Nil Declaration				01/04/2022		
Michael Bell	Independent Non Executive Chair	Declarations of Interest – Other	Financial	Chair of Lewisham and Greenwich NHS Trust since July 2022 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 • Voiba Health Care - Chair UK Advisory Board Jan 2022 ongoing • Surrey Physios - Strategic Adviser Feb 2023 ongoing • WA Communications - Strategic Adviser Mar 2023 ongoing • DAC Beachcroft - Strategic Adviser April 2020 ongoing • ZPB - Strategic Adviser 2018 ongoing • Rinova - Strategic Adviser 2022 ongoing	Lewisham and Greenwich NHS Trust MBARC Ltd	03/05/2023		
Nike Jackson	Chief Executive, London Borough of Richmond and London Borough of Wandsworth	Declarations of Interest – Other	Financial	CEO of Richmond & Wandsworth LA	Richmond & Wandsworth LA	03/04/2023		
Nick Merrifield	Primary Care Development Lead (Kingston)	Outside Employment		Director, KGPC since 2011, Kingston's GP Federation	Kingston GP Chambers	01/04/2022		03/10/2023
		Outside Employment		Clinical Director since July 2019	New Malden and Worcester Park PCN	01/04/2022		03/10/2023
		Outside Employment		Partner since 2009	Holmwood Corner Surgery	01/04/2022		03/10/2023
		Declarations of Interest – Other	Financial	I took part in an advisory board for Sanofi regarding possible ways of implementing national RSV vaccine rollout, in a consultancy capacity.	Consultancy	01/04/2022	01/12/2022	
Nicola Jones	Primary Care Provider Lead	Declarations of Interest – Other	Financial	Co-Chair Cardiology Network SWL	SWL	17/12/2021		05/06/2023
		Declarations of Interest – Other	Non-Financial	Joint Clinical Director, Brocklebank Primary Care Network	Brocklebank Primary Care Network	17/12/2021		05/06/2023
		Declarations of Interest – Other	Financial	My practices are part of Battersea Healthcare (BHIC)	Battersea Healthcare	17/12/2021		05/06/2023
		Declarations of Interest – Other	Financial	Managing Partner - The Haider Practice (GMS)	The Haider Practice	17/12/2021		05/06/2023
		Declarations of Interest – Other	Financial	Managing Partner Brocklebank Practice and St Paul's Cottage Surgery (both GMS)	Brocklebank Practice and St Paul's Cottage Surgery	17/12/2021	07/12/2022	
		Declarations of Interest – Other	Financial	Primary Care Representative, Wandsworth	GP Practice	01/06/2022		05/06/2023
		Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		05/06/2023
		Declarations of Interest – Other	Financial	Clinical Director Primary Care, SWL ICS	SWL ICS	01/06/2022		05/06/2023
		Declarations of Interest – Other	Financial	Partner- Brocklebank Practice and St Paul's Cottage Surgery (both GMS)	Brocklebank Practice and St Paul's Cottage Surgery	07/12/2022		05/06/2023
Peter McCabe	Cabinet Member for Health and Social Care - Merton Health & Wellbeing Chair	To Follow						
Philip Hall	Acting Chair in Common – Hounslow and Richmond Community Healthcare NHS Trust (HRCH) and Kingston Hospital NHS Foundation Trust	Outside Employment		Trustee of defined benefit pension scheme	Nursing & Midwifery Council	01/01/2024		
		Outside Employment		I undertake occasional paid consultancy work as a sole trader to various public sector bodies notably local government. Currently undertaking a contract for Surrey County Council.	Various	01/01/2024		
Piers Allen	Chair, Richmond Health & Wellbeing Board	Declarations of Interest – Other	Financial	Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee		01/07/2022		
		Declarations of Interest – Other	Non-Financial	Remuneration (TBD by ICB Remuneration & Nominations Comm) as non-Executive Convenor of Richmond Place Based Partnership Committee		01/07/2022		
		Declarations of Interest – Other	Non-Financial	Chair of Richmond Health & Wellbeing Board		23/05/2022		
		Declarations of Interest – Other	Non-Financial	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, LBRT		23/05/2022		
		Declarations of Interest – Other	Non-Financial	Lead for Health, Wellbeing & Adult Care (including Public Health) – London Councils		07/06/2022		
		Declarations of Interest – Other	Non-Financial	Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council)		23/05/2022		
		Declarations of Interest – Other	Indirect	Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse for Guy's & St Thomas' NHS Foundation Trust		01/03/2021		
		Declarations of Interest – Other	Non-Financial	Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre)		23/08/2022		
		Declarations of Interest – Other	Non-Financial	Member of Liberal Democrats		1985		
		Declarations of Interest – Other	Non-Financial	Twickenham & Richmond Liberal Democrats - Chair (2015 – 2020), Executive (2020 - onwards)		2020		
		Declarations of Interest – Other	Non-Financial	Member of the Science & Innovation Working Day				
Ruth Dombay	Leader of Sutton Council Leader of Sutton Council	Nil Declaration				03/04/2023		
Sabah Hamed	Chair, Kingston Health and Wellbeing Board	Nil Declaration				29/11/2023		
Sara Milocco	South West London Voluntary Community and Social Enterprise Alliance Director	Nil Declaration				29/06/2023		
Sarah Blow	SWL ICB Chief Executive Officer	Nil Declaration				02/13/2021		
		Declarations of Interest – Other	Non-Financial	My son is a call handler for IAS outside of SWLondon	IAS	01/04/2021		03/11/2023
Sayanithan Ganesaratnam	SWL Primary Care Clinical Lead Virtual Ward	No Change to existing declarations				07/06/2022		
		Declarations of Interest – Other	Financial	employed by Merton health as medical director. merton health are the borough PCN partners. I am also a corporate director of the company. My wife, Mariam Ganesaratnam is also the CEO of Merton Health	Merton Health	01/04/2022		18/08/2023
		Declarations of Interest – Other	Financial	employed by CH as their clinical director for community services in merton. this is a hybrid role with my merton health role to support the integration of primary and community services at a neighborhood level	central london community healthcare	01/04/2022		18/08/2023
		Declarations of Interest – Other	Financial	I am a PCN Clinical Director	East Merton Primary Care Network	01/04/2022		18/08/2023
		Declarations of Interest – Other	Financial	I am a GP Partner at a wide way medical centre.	wide way medical centre	01/04/2022		18/08/2023
		Outside Employment		Clinical Lead Virtual Ward - this is time limited until 28.2.2024	NHSE London Region	01/04/2023		18/08/2023
Shannon Katyo	Director of Public Health, Richmond and Wandsworth Councils (Wandsworth Place ICP Representative)	Nil Declaration				21/11/2023		
Yemai Gibbons	Chair, Croydon Health Services NHS Trust	Outside Employment		Private sector domiciliary care agency	Soma Healthcare	01/04/2023		
		Shareholdings and other ownership in		Over 25%	Soma Healthcare	01/04/2023		
		Shareholdings and other ownership in		Ordinary	CS Platforms	01/04/2023		
		Shareholdings and other ownership in		Over 25%	Cabinet Member for Health and Adult Social Care	Croydon Council	01/04/2023	
Yvette Hopley	Chair, Croydon Health and Wellbeing Board	Declarations of Interest – Other	Financial	Cabinet Member for Health and Adult Social Care	Croydon Council	01/04/2023		

**Draft Minutes**  
**South West London Integrated Care Partnership**  
**4 October 2023, 17:30-19:00**  
**MS teams**

**Co-Chairs:** Cllr Ruth Dombey and Mike Bell

<b>Members:</b>	<b>Designation &amp; Organisation</b>
<b>Health Members</b>	
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
<b>Local Authority Members</b>	
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
Annette McPartland (AM)	Director of Adult Services representative - Director of Adult Social Care and Health, Croydon Council
<b>Place Members</b>	
Dr Nick Merrifield (NM)	Kingston Place - Primary Care Development Lead - GP
Brenda Scanlan (BS)	Croydon Place - Chair of Age UK Croydon
Dino Pardhanani (DP)	Sutton Place - Committee Convenor - GP
Shannon Katiyo (SK)	Wandsworth Place - Director of Public Health, Richmond and Wandsworth Councils
<b>Participant</b>	
Alyssa Chase-Vilchez (ACV)	HealthWatch representative - SWL Healthwatch ICS Executive Officer

Sara Milocco (SM)	Voluntary Sector representative – VCSE Director for the Alliance
<b>In Attendance</b>	
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
Samantha Mason (MS)	Health and Care Programme Lead, South London Partnership
Maureen Glover (MG)	Corporate Services (ICS)
<b>Apologies</b>	
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
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 (FM)	Director of Resources for Wandsworth and Richmond LA's
Sayanthan Ganesaratnam (SG)	GP Medical Director - Merton Federation
Carolyn Dwyer (CD)	Growth and Economy representative - Strategic Director of Development, Growth and Regeneration, Sutton Council
Iona Lidington (IL)	Director of Public Health representative, Kingston Council - Director of Public Health / Assistant Director Healthy & Safe Communities, Kingston Council

No.	AGENDA ITEM	Action by
1.	<b>Welcome and Apologies</b>	
	The Chair welcomed everyone to the meeting. Apologies received were noted and with no further apologies the meeting was quorate.	
2.	<b>Declarations of Interest</b>	
	<p>A declaration of interest register was included in the meeting pack.</p> <p>The following members of the Board declared an interest in item 10 “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”:</p> <ul style="list-style-type: none"> <li>• Gillian Norton, Chair of St George’s.</li> <li>• Ann Beasley, although representing South West London St George’s on the Board, also Vice Chair of St George’s.</li> <li>• Piers Allen noted that his wife is Head of Nursing Cancer and supported Care and lead nurse at Guys and St Thomas Trust. Her remit is adult not paediatric services and her clinical group has separate governance arrangements from the Evelina clinical group.</li> <li>• Douglas Flint, Chair of the Royal Marsden.</li> <li>• Yvette Hopley, Vice Chair of the South East Cancer Support centre.</li> </ul>	

	The ICP Board <b>noted</b> the register of declared interests.	
<b>3.</b>	<b>Minutes of the last meeting dated 20 July 2023</b>	
	<p>With the exception of one minor amendment from Sara Milocco, the minutes of the last meeting held on 20 July 2023 were <b>agreed</b> as an accurate record.</p> <p>It was noted that the open action was on the agenda and was, therefore, closed.</p>	
<b>4.</b>	<b>Delivery of SWL ICP Strategy</b>	
	<p>Karen Broughton (KB) presented the report.</p> <p>KB thanked everyone involved in the delivery of the strategy document and Mike Bell (MB) thanked Health and Wellbeing Board Chairs and Trust chairs who have agreed to sponsor particular workstreams.</p> <p>The Board members discussed delivery of the Strategy and it was noted that there is a firm commitment to deliver this in SWL, although it was recognised that all organisations had capacity constraints and it would be important for everyone involved in the workstreams to be clear about the priorities and what should be focused on in the first instance that would make a difference for residents in SWL. Moving forward there was a requirement to ensure the different workstreams were an integral part of what partner organisations are doing and it was hoped that it would be possible to see what would add most value to the priorities that had been agreed by working together in an integrated way</p> <p>Sarah Blow (SB) also passed on her thanks to everyone and noted it was good to have an agreed strategy across the whole system in SWL, and to have identified areas of work that would achieve the best outcomes for people in SWL. This was a significant achievement and, over the next couple of years, there would be huge potential to see real benefits for local people.</p> <p>The ICP Board <b>noted</b> the update on development of delivery and oversight arrangements for the SWL ICP Strategy and <b>agreed</b> the proposed arrangements for reporting to the ICP Board on delivery of the strategy.</p>	
<b>5.</b>	<b>Development of ICP Outcomes Framework</b>	
	<p>John Byrne (JBy) presented the report and it was noted that Board members were supportive of the Outcomes Framework and the logic model.</p> <p>Alyssa Chase-Vilchez (ACV) was pleased to see the strong focus on collecting qualitative evidence and Healthwatch colleagues had a lot of base line information about how people were feeling and their experiences. Healthwatch would be doing 35 projects over the coming year in the community, many of which related to the ICP priorities.</p> <p>JBy responded to Dino Pardhanani's (DP) question about the business intelligence resource gap that exists at Place and noted the opportunity to think about how to use available resource to work across digital and business intelligence within his portfolio, where population health management would be taken into consideration.</p>	

	<p>Ann Beasley (AB) was pleased to see health and inequalities as one of the metrics and hoped the aspirations in SWL would include improving the quality years of people’s lives, putting back the year when they start to experience serious illness and reducing the gap between different ethnic groups. JBy noted that the disparities in terms of mental health were known and this became worse from an ethnic minority perspective. It was recognised that there was a need to improve or reduce the number of ill health years and looking at how this could be measured but this was one of the longer-term initiatives.</p> <p>SM noted that the Outcomes Framework was in line with evaluation systems already in place in the voluntary sector and asked whether the logic model approach could be applied to the monitoring and evaluation of the SWL Investment Fund. JBy recognised the need to evaluate impact of the Health Inequalities and ICP Priorities Funds.</p> <p>Sukhvinder Kaur-Stubbs (SKS) referred to the development of the prevention framework to put health, social care and wellbeing on an equal footing and asked whether any incremental steps could be taken before year 5 that would help shift resource in that direction. JBy noted that until a way was found to spend more money on prevention, health promotion and self-management, some of the challenges in health and social care would continue. It was recognised that everyone was operating in difficult times from a financial perspective, but in some ways that would create an opportunity to think and work differently.</p> <p>In response to Brenda Scanlan (BS) JBy noted that the workforce piece was a huge challenge and this was one of the reasons it had been made a key shared priority. It was recognised that resource was not only about shifting money in the system but there was a need to ensure the right workforce was in place to deliver services and the right approach to digital and innovation was being taken.</p> <p>Shannon Katiyo (SK) noted that one of the workstreams was in relation to tackling and reducing health inequalities and suggested that it would be helpful if an inequality lens could be applied across all the different areas being addressed by the strategy because inequalities occur on many different levels and across a broad range of issues. JBy responded that the CORE20PLUS5 approach might be helpful and noted that there was a need to be able to measure success against some of the key workstreams.</p> <p>The ICP Board <b>approved</b> the proposed framework and <b>noted</b> that the next steps would involve working with each workstream lead to devise their outcome measurements with completed plans for the next ICP Meeting.</p>	
6.	<b>South West London Investment Fund: Progress Update</b>	
	<p>KB presented the report.</p> <p>SM noted that this was an important fund which provided an opportunity to try new things and pilot innovation and asked whether next year it would be possible to consider adding funding from other stakeholders. SM also referred to the 75% of funding which went to existing schemes and noted if this was going to be repeated next year, voluntary sector organisations would appreciate more consistency across Places with regard to the administration of the schemes. KB said SM’s points would be taken on board and built into the processes.</p>	

	The Board <b>noted</b> the progress made on mobilising the Investment Fund and the plans for opening to applications.	
<b>7.</b>	<b>Approach to Forward Agenda Planning for the ICP Board</b>	
	<p>KB presented the paper.</p> <p>Board members noted the report and any comments on the Forward Agenda Plan would be taken outside of the meeting.</p> <p>SM took the opportunity to inform Board members that the leadership group of the Alliance had chosen mental health as its priority for the year and it was helpful for the Alliance to see where mental health would be discussed.</p> <p>The ICP Board <b>agreed</b> the proposed arrangements for agenda planning for the Board and noted the draft forward plan which would be discussed at the proposed Board agenda planning meeting in November.</p>	
<b>8.</b>	<b>Any Other Business</b>	
	There was no other business.	
<b>9.</b>	<b>Public Questions</b>	
	No written questions had been received.	
<b>10.</b>	<b>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.</b>	
	<p>Dr Chris Streather, Regional Medical Director and Chief Clinical Information Officer; Ailsa Willens, Programme Director, Principal Treatment Centre Reconfiguration Programme and Catherine Croucher, Consultant in Public Health presented the report. RD noted that the proposals on the consultation had been brought to the Board for discussion and that Board members would not be taking a view or taking a vote.</p> <p>Board members discussed the consultation and one of the key concerns was in relation to the wrap around support to families and how families would be supported, not only with transport costs, but with hotel accommodation and rental costs which could be quite costly. It was noted that both potential sites had robust arrangements for parents to stay overnight and they were given access to preferential parking. Arrangements were in place to support parents who had hardship and to help with travel costs. There were also active patient charities to help support parents in difficulty in these situations. An integrated impact assessment was also being developed which would look at the level of support provided to families and how this would fit in with any other benefit package that was being received. It was recognised that this was a priority and through the implementation phase there would be an opportunity to build on everything that was known in terms of concerns, risks and issues to develop detailed implementation plans and put as much support in place as possible.</p> <p>In response to Cllr Graeme Henderson, CS advised that the six test was always used for reconfiguration and the Mayor's office had started their exercise looking at some of the material. It was anticipated that academics from York University would be engaged who had great expertise and were detached from London.</p>	

	<p>Proposals had also been taken to a Joint Clinical Senate between South East England and London which helped to improve proposals during engagement.</p> <p>A question was raised Cllr Yvette Hopley (YH) in relation to where children would be treated who presented with neurological problems and CS responded that currently circa one quarter to one third takes place at St Georges and up to three quarters takes place at Kings, which includes the most complex cases. It was noted that the split between St Georges and Kings would remain whether the PTC was at St Georges or the Evelina.</p> <p>In response to ACW, CS confirmed that the differences between sites would be highlighted in the consultation as it was important for people to understand this in terms of being able to weigh up which site would be better.</p> <p>CS responded to Piers Allen's (PA) question about the risk at St Georges regarding the broader paediatric services in SWL, if the PTC moved to the Evelina. It was noted that the number of patients per year who would be looked after in the PTC was small compared to the number of children who were looked in total at St Georges and, therefore, it should not destabilise the rest of the service.</p> <p>In response to PA's question about whether consideration could be given to incorporating the Royal Marsden brand in the identity of the future provision, Cally Palmer (CP) responded that the Royal Marsden was open to the model that would work best for parents, children and staff. The Royal Marsden would not take something on under its brand unless welcomed by the chosen provider and there was also a question about responsibility for the governance of a complex in patient service. CP noted that once the location had been chosen a discussion could take place.</p> <p>Responding to Peter McCabe (PM) about whether sufficient weighting had been given during the evaluation to experience, CS noted that as much information as possible was shared and the views of people were listened to. Although experience of delivering cancer pathways was really important, other supporting services at St Georges and the Evelina e.g. renal and cardiac had to be taken into account.</p> <p>In response to PM's comment about a donation that had been included in one of the bids from the hospital's charity it was noted that it was not unusual for the charitable sector to contribute to NHS services. Affordability is a key concern when making a decision of this nature.</p> <p>The Board <b>noted</b> the work undertaken thus far as part of the configuration process.</p>	
11.	<b>Public Questions</b>	
	<p>One written question had been received from Trefor Hogg, in his role as Chair of the Surrey Adults and Health Select Committee. Mr Hogg asked whether a detailed study had been carried out on the impact of the two alternatives on the Southampton PTC as many parents from Surrey and Sussex might exercise their rights and opt to use Southampton PTC instead of either St George's or the Evelina; if a study had not been carried out was there an intention to do so and by when; if a study of the impact on the Southampton PTC indicates that impact is material, what actions will you take to ensure the Southampton PTC has</p>	

	<p>appropriate capacity and resources?; and please give full details of the support package you will put in place for parents to ensure that disadvantaged families are not put under excessive stress (financial and otherwise).</p> <p>CC responded to Mr Hogg’s question advising that patient choice was strongly linked to the shared care unit with formal links and networks set up with their appropriate PTC and generally for people across Surrey that would be into the current joint PTC at the Royal Marsden and St Georges. On travel alone, in combination with what is known about incidence of childhood cancer in the area, it did not look like a significant number of children would be affected. Patients and families do have a choice and they would need to make that choice with their clinician to make sure it was appropriate. There might be reasons, other than transport, why families would want choice and it was important that views were taken on board as part of this consultation.</p> <p>Three members of the public joined the meeting to share their own personal experiences with regard to the unique service provided by the Royal Marsden and to express their concerns in relation to the mandatory national service specification that had led to the decision to move the service to a location that had intensive care. Particular concerns were noted with regard to access, travel times to the proposed new sites; the risk of infection travelling on public transport; availability of level 3 critical care beds; and neuro surgery.</p> <p>In response to the family members CS noted that the debate currently being held was not about whether the service moved away from the Royal Marsden, but where it would be moved to. It was noted that the issue with regard to transport was important. In the evaluation 36% of points went to quality relating to outcomes and the best chance of survival which was the most important thing. The second was experience of patients, families and staff of which transport was an important factor. With regard to Level 3 beds both bids from the Evelina and St Georges satisfied the criteria set out but it was noted that the detail in relation to the number of beds were not available at the meeting. The points about neuro surgery had been covered earlier in the meeting. It was noted that all of the views received during the meeting would be taken on board as part of the consultation.</p> <p>In concluding the meeting RD thanked everyone for taking part in the conversation and noted that there would be opportunities for people to take part in other conversations before the consultation closed in mid-December. CP was asked to feed back to her team the very strong messages of appreciation that had been noted during the meeting about the excellent service and level of care received at the Marsden. The three members of the public who had attended were also thanked, their concerns had been noted and it was recognised that there was a need to ensure the best possible outcome from the consultation.</p>	
<b>12.</b>	<b>Date of next meeting in public</b>	
	24 January 2024, Hotel Antoinette, Wimbledon 17:30 – 19:30	

## ICP Board - Action Log

Date: 15 January 2024

**ALL ACTIONS HAVE BEEN CLOSED**

Date of Meeting	Reference	Agenda Item	Action	Responsible Officer	Target Completion Date	Update	Status
-----------------	-----------	-------------	--------	---------------------	------------------------	--------	--------

## South West London Integrated Care System

<b>Name of Meeting</b>	Integrated Care Partnership Board		
<b>Date</b>	Wednesday, 24 January 2024		
<b>Title</b>	Delivery of the South West London Integrated Care Partnership Strategy		
<b>Lead Director (Name and Role)</b>	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
<b>Author(s) (Name and Role)</b>	Rachel Flagg, Director, Integrated Care Partnership Development		
<b>Agenda Item No.</b>	04	<b>Attachment No.</b>	03
<b>Purpose</b>	Approve <input checked="" type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" 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.

### **Executive Summary**

The South West London Integrated Care Partnership (ICP) strategy 2023-2028 was publicly launched in October 2023 and is available on the ICS website here:

<https://www.southwestlondonics.org.uk/publications/south-west-london-integrated-care-partnership-strategy/>.

The Board agreed the approach to reporting on progress with delivery of the strategy at the ICP Board meeting on 4 October 2023. As agreed, the appendices to this paper include:

- Delivery plans for each of the strategic priorities up to March 2025.
- Draft Terms of Reference for each of the ICP sub-groups that oversee the strategic priorities.
- A highlight report for each of the strategic priorities, including risks and issues and mitigating actions being taken.

### **Key Issues for the Board to be aware of**

As well as the development of delivery plans and the formation of the sub-groups, a great deal of activity has taken place over the last period related to the South West London Investment Fund 2023-2025, which has been established by the ICB to support delivery of the ICP strategy and to focus on reducing health inequalities. The attached report provides a brief update on this, noting that more detail will be provided to the Board at the next meeting.

The report also summarises the ongoing engagement with the Voluntary and Community Sector and Healthwatch as key partners in the ICP.

## Recommendation

### The Board is asked to:

- Note the delivery plans and highlight reports for each of the ICP strategic priorities.
- Agree the draft Terms of Reference for the partnership sub-groups for each of the strategic priorities.
- Note the progress with the ICP Investment Fund

## 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:

Capacity to engage in and deliver on the actions in the ICP Strategy

### Mitigations

Actions taken to reduce any risks identified:

As set out in the section titled *Capacity in the system to engage in and deliver the actions*.

### Financial/Resource Implications

No further implications identified.

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

Not at this time.

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

n/a

### Patient and Public Engagement and Communication

n/a

<b>Previous Committees/Groups</b>	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
Enter any Committees/Groups at which this document has been previously considered			

<b>Supporting Documents</b>	Annex 1: strategy update Annex 2: delivery plan, highlight report and terms of reference for each priority
-----------------------------	---

## **Update to the South West London Integrated Care Partnership Board on delivery of the Integrated Care Partnership Strategy January 2024**

The South West London Integrated Care Partnership (ICP) strategy 2023-2028 was publicly launched in October 2023. Our ambition is to make real and tangible improvements in health and care for local people. The strategy outlines our priorities for change and the collective action we will take to improve health and care for the people of South West London across our agreed strategic priorities of:

- Reducing health inequalities
- Preventing ill-health, promoting self-care and supporting people to manage long-term conditions
- Supporting the health and care needs of children and young people
- Positive focus on mental well-being
- Community-based support for older and frail people
- Tackling our system-wide workforce challenges

Since the October meeting of the ICP Board, the Senior Responsible Officers and delivery leads have worked together to produce:

- Delivery plans for each of the strategic priorities up to March 2025.
- Draft Terms of Reference for each of the ICP sub-groups to oversee the delivery of the ICP's strategic priorities.
- A highlight report for each of the strategic priorities, including risks and issues and mitigating actions being taken.

### **Delivery plans**

As directed by the Board, workstream co-leads have focussed on developing a small number of first year actions where there is the greatest potential for system partnership action to make a positive difference. This approach also reflects the capacity that exists across the system to deliver new programmes of work.

The delivery plans for each of the strategic priority workstreams have been developed for the period up to March 2025. These plans specify the priority deliverables, the timeframe for delivery and the outputs and outcomes they aim to achieve. They have been developed to be 'plan on a page' style summaries with more granular workplans sitting under these.

'Tackling our system-wide workforce challenges' has been chosen by the Board as the year one priority, hence the delivery plan for this workstream up to March 2025 is more in-depth. For the other strategic priorities, some of the activity is the foundational work needed to map existing activity in the boroughs, pull out good practice and variation and agree how to close those gaps as a partnership.

Delivery plans and highlight reports are provided for the Board to note.

There is further work required to develop the measurement of outcomes, based on the approach to an outcomes framework agreed by the ICP Board at the October meeting. Discussions are ongoing with the ICB's Business Intelligence team to support with this.

### **ICP Sub Groups to drive delivery**

The delivery plans and development of outcomes measurement will be overseen by a partnership group for each of the strategic priorities. In some cases, these groups were pre-existing and have been reviewed to ensure they can also govern delivery of their respective ICP priorities. For others, where there was no suitable existing system-level group, a new partnership group has been set up specifically for this purpose.

The size and shape of sub groups varies, according to the other structures around it. For example, the oversight group for the Older People's workstream is a small group focused solely on delivery of the ICP action plan. It works closely with the existing South West London Frailty Network which has a broader membership including NHS Trusts and clinicians. Some of the ICP sub-groups have a bigger membership and a broader role, such as the Health Equity and Prevention Partnership, as a new system-level partnership group to oversee both the health inequalities workstream and the prevention, self-care and long-term conditions workstream.

Draft Terms of Reference for each of these ICP sub-groups are attached for the board to agree, noting that they are likely to develop over time as we test ways of working and partnership working matures.

### **In focus discussions on ICP priorities**

A rolling programme of in-focus items on each of the workstreams has been built into the Board's forward plan to allow for more in-depth discussion, with health inequalities and prevention the topic for this Board meeting.

### **ICP Board Sponsors**

ICP Board sponsors have been identified for each of the workstreams, from the NHS and Local Government. Sponsors have met with the Senior Responsible Officers to discuss delivery plans and how they would like to be involved in championing the partnership work.

### **Working in partnership with Healthwatch and the VCSE Alliance Partners**

The involvement of our people and local communities has been at the heart of the development of our Integrated Care Partnership (ICP) priorities. In particular the reach of our South West London (SWL) Voluntary, Community and Social Enterprise (VCSE) sector and our six Healthwatches in gaining invaluable insight on the views and concerns of local people which is central to our work. Key to our ongoing commitment is to have representatives at the core of our ICP priorities work we have representation on each of the Boards. These are:

#### **Prevention and Health Equity Partnership Group**

- John Azah, Kingston Race and Equalities Council (Kingston)

- Alyssa Chase-Vilchez Executive Officer (South West London Healthwatch representative)

#### SWL Mental Health Partnership Delivery Group

- Karen Stott, Off the Record (covers Merton, Croydon and Sutton)
- Alyssa Chase-Vilchez Executive Officer (South West London Healthwatch representative)

#### CYP and Maternity Partnership Group

- Alyssa Chase-Vilchez Executive Officer (South West London Healthwatch representative)
- VCSE representative to be agreed

#### Older People's Delivery Oversight Group

- Alyssa Chase-Vilchez Executive Officer (South West London Healthwatch representative)
- Shane Brennan, StayWell services (Kingston)

#### ICP Workforce Partnership Group

- Jason Lamont, Kingston Centre for Independent Leaving (Kingston)
- Roberto Mobile, Need2Succeed (Merton)
- Healthwatch have reviewed the Terms of Reference and collectively agreed not to have representation on this Group

### **Capacity in the system to engage and deliver actions**

A common issue with delivery of the workstream actions is the capacity across system partners. This issue has been mitigated in a number of ways:

- Focusing on a small number of system-level actions where collaborative action can make a positive difference.
- Focusing activity where there is a high degree of motivation for partners to engage. We are seeing this in the positive early engagement across the partnership in the workforce workstream.
- The South West London Investment fund 2023-2025, providing additional resource to delivery the aims of the ICP strategy.
- Leadership being provided jointly by Senior Responsible Officers in local government and the NHS for all the workstreams.
- Coordination across the workstreams provided by ICB Strategy Team and South London Partnership.
- Additional capacity from within the system agreed for particular workstreams where there are gaps, with agreement for short-term agency cover where there is no other option, funded through the ICP Priorities Fund 2023/24.
- Consideration of how the new ICB structure from April will support the ongoing work and gap analysis to see if there is a business case for additional fixed term roles in 2024/25.

We will keep the issue of capacity and resourcing under review and will assess the impact of the partnership work in the autumn, one year on from the launch of the strategy, at which point we can discuss whether a different approach is needed.

### **South West London Integrated Care Partnership Investment Fund**

The South West London ICP Investment Fund was established from funding agreed by the Integrated Care Board (ICB) during its financial planning process and is comprised of two parts:

- The ICP Priorities Fund for 2023-25 has a budget of £5 million and is targeted to support delivery of the Integrated Care Partnership Strategy, with 80% of the funding allocated to the ICP Workforce priority and the remainder made available for the remaining ICP priorities and cross cutting themes.
- The Health Inequalities Fund is 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. £4.3 million funding is available for 2023/24 with a similar value anticipated for 2024/25.

Applications opened on Monday 2 October and closed on Friday 10 November. During this period, there was a well-attended information session, with over 250 stakeholders joining from across South West London. We also held a number of collaboration sessions for specific cross cutting themes and strategic priorities within the ICP Priorities Fund to foster new relationships and encourage collaboration on innovative ideas.

The ICP Priorities Fund received 174 applications from a wide range of partners. Senior Responsible Officers and subject matter experts came together to assess the applications during November 2023, with final funding panels held in December 2023. 21 schemes have been confirmed as successful with a further 2 under final consideration.

More detailed information on the funded schemes and the learning from the process this year will be shared in the coming months, with an item on the ICP Board agenda in April 2024.

### **Action for the Integrated Partnership Board**

The Board is asked to:

- Note the delivery plans and highlight reports for each of the ICP strategic priorities.
- Agree the draft Terms of Reference for the partnership sub-groups for each of the strategic priorities.
- Note the progress with the ICP Investment Fund.

# Integrated Care Partnership Board January 2024

## Annex 2

Delivery plans, highlight reports and terms of reference for each priority



# Children and young people

- 1.1 Delivery plan
- 1.2 Highlight report
- 1.3 Terms of reference





# South West London ICP Strategy: CYP and maternity workstream

## Delivery plan December 2023-March 2025

Year one priority: Special educational needs and disabilities (SEND) System-wide deliverables (cont;d)	Timeframe for delivery	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know we've been successful?	
					Outputs	Outcomes
Set up an inclusive Park Run for CYP with SEND <ul style="list-style-type: none"> <li>• Inaugural Park Run held in Kingston- Nov 23</li> <li>• Extend communications to include more CYP with SEND – Q1 2024/25.</li> <li>• Develop easy read resources to support participants' understanding of the event – Q2 2024/25</li> <li>• Showcase with wider partners and gauge opportunity for expanding to other parts of SWL – Q3 2024/25</li> </ul>	Q4 2024/25	Head of SEND	Physical health/Inclusive park run for CYP with SEND	Reduces inequalities for children with SEND	Increased number of CYP with SEND taking part in Park Run	Improved health and social outcomes
Support delivery of the ICB and Local Authority Complex Children and Young People Project (funded by ICP Priorities Fund) <ul style="list-style-type: none"> <li>• Review how needs and risk are managed across SWL for children with the most complex of needs around mental health, trauma, SEND and autism.</li> <li>• Use findings from the review to inform decisions about how to best utilise spend for high cost placements and possible alternatives across the SWL region to improve outcomes for children with complex needs.</li> </ul>	Q4 2023/24 to Q4 2024/25	Jonathan Williams, DCS in Sutton	Working together to improve outcomes for children and young people with special education needs and disabilities	Reduces inequalities for children with SEND, which are more pronounced for those with the most complex needs	More cost effective solutions for children with complex needs	Improved outcomes for children with complex needs in health, social and education domains

# South West London ICP Strategy: CYP and maternity workstream

## Delivery plan December 2023-March 2025

Physical health, reducing inequalities for children looked after, maternity and early years System-wide deliverables	Timeframe for delivery	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know we've been successful?	
					Outputs	Outcomes
<p>Develop and implement approach to standardised care plans across SWL starting with asthma.</p> <ul style="list-style-type: none"> <li>Q1: Recruit project manager and establish working group, ToR and Project Plan.</li> <li>Q2: Agree place benchmarking exercise. Establish a hypothesis for the project following data collection and analysis</li> <li>Q3: Establish holistic pathway across all partners, including General Practices, schools and pharmacy.</li> <li>Q4: Sign off the school asthma plan</li> </ul>	Q4 2024/25	Head of CYP, ICB	Physical Health / Standardise care plans for LTCs	Monitoring of EDI data?	<p>Number of children with a school asthma action plan</p> <p>Number of school nursing asthma reviews</p> <p>Increased diagnosis of asthmas</p>	<p>Reduce number of attendances at A&amp;E for asthma management</p> <p>Reduce lost school days for children with asthma</p>
<p>Deliver plan to improve oral health for under 5s</p> <ul style="list-style-type: none"> <li>Q2: establish size of 0-5 cohort at risk of poor dental health, recruit Oral Health Champions, develop resource pack.</li> <li>Q3: implement network briefings with stakeholders and seek commitment, provide kit and roll-out in priority settings as determined during Q2.</li> <li>Q4: Review and analyse change in oral health practice</li> </ul>	Q2 2024/25	Head of CYP, ICB and Head of Early Years, Wandsworth Council	Physical Health/Preventative approach to oral health	Monitoring of EDI data	<p>Number of people from early years settings trained</p> <p>Number of toothbrush packs issued</p> <p>Number of children attending dental appointments</p>	Reduced extractions and emergency dental procedures for children
<p>Improve understanding of the health needs of our children and young people looked after across SWL</p> <p>By Feb 24: Scoping and planning with Named and Designated Nurses for children who are looked after (CLA) to plan and scope. From Feb 24 onwards: Work with public health on how JSNA can dovetail with identification of CLA health needs.</p> <p>Data to be reviewed on a quarterly basis, overview report to include key areas of health need and emerging themes.</p> <p>Overview report of years findings and outcome of JSNA to be completed after Q4, to include gaps in service provision, views and feelings of CYP and identification of any inequalities in service provision.</p>	Q4 2024/25	Designated Nurse for CLA tbc	Reducing health inequalities for children and young people, focusing on safeguarding, and looked after children	Voice of children looked after to influence plans	Identification of gaps in provision and system plan to address them	Reduced health inequalities for Children Looked After

# South West London ICP Strategy: CYP and maternity workstream

## Delivery plan December 2023-March 2025

Physical health, reducing inequalities for children looked after, maternity and early years (cont'd) System-wide deliverables	Timeframe for delivery	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know we've been successful?	
					Outputs	Outcomes
Deliver equity and equality strategy for maternity <ul style="list-style-type: none"> <li>• Improve communication with families &amp; between postnatal services, covering handover of care between secondary and primary care services, and between midwife and health visitor; use of interpreters and communication tools including the Baby Buddy app.</li> <li>• Implement learning from Core20 maternity core connectors working with local Maternity Voices Partnership</li> </ul>	Action plan reviewed Q3 2023/24  Delivery ongoing	Head of Maternity	Maternity and Early Years/Work together on national programmes and listen to different voices	Voice of parents from Core20 population	Evidence that service developments have been influenced by voices from Core20 population	Improved outcomes for babies and parents from Core20 population
Improve consistency of approach to infant feeding <ul style="list-style-type: none"> <li>• Dec 24 - CYP and maternity System Board to assess the implementation of the South West London Infant Feeding policy across the partnership and plan for improvement</li> </ul>	Q3 2024/25	Head of Maternity	Maternity and Early Years/prevention and early support	Monitoring of EDI data	Evidence of more consistent implementation of the infant feeding policy across ICS	Increased rate of breast-feeding

1.2 South West London Integrated Care Partnership: Priority Delivery Highlight Report

ICP Priority	<b>Children, Young People (CYP) and Maternity</b>	Senior Responsible Officers (SROs)	Elaine Clancy, Chief Nurse, Integrated Care Board (ICB) Jonathan Williams, Director of Children’s Services, London Borough of Sutton	Workstream leads	Maureen Fitzgerald-Hopkins, South West London ICB Sarah Awobiyi, South London Partnership	ICP Board sponsors	Dr Sayanthan Ganesaratnam (GP place rep Merton) Cllr Sabah Hamad, Chair of Kingston Health and Wellbeing Board	Date of report	January 2024
--------------	---	------------------------------------	---	------------------	--	--------------------	---	----------------	--------------

Summary of progress this period

**Set up of the ICP CYP and Maternity programme**

- Two workshop-style sessions have taken place with the SROs and workstream leads to refine the actions for year one and agree overall approach around adding value through sharing good practice to improve consistency of the offer for CYP in South West London and reduce health inequalities.
- The Terms of Reference for the existing South West London CYP and Maternity System Board have been reviewed to focus it on the core purpose of overseeing delivery of the partnership actions in the strategy and working groups for each of the areas of focus have been established.

**Progress on actions within the strategy**

- Supported development of successful bids for ICP Priorities Fund, including Britebox, a weekly meal kit with ingredients and recipe guide for families identified by schools/Councils as being at risk of food insecurity or experiencing health inequalities and a scheme to improve outcomes for children with complex needs, starting with a review that explores how needs and risk are managed across SWL for children with issues around mental health, trauma, autism and special educational needs and disabilities.
- Special Educational Needs and Disabilities: the inclusive Park Run for children with SEND was launched in November 2023.
- Physical health: SWL ICB communications team running a number of campaigns increase the awareness and uptake of childhood immunisations campaigns, localising where possible localising – working with communications leads in local government.
- Maternity: Equality and Equity Strategy developed.

Key deliverables due next quarter
Deliverable
<ul style="list-style-type: none"> <li>Relaunch the reshaped CYP and Maternity System Board</li> <li>Agree the phase 1 plan for provision of therapies for CYP with SEND</li> <li>Maternity core connectors working with local Maternity and Neonatal Voices Partnership and service leads to improve engagement and co-production for maternity and early years</li> <li>Develop easy read resources and extend comms to include more young people with SEND in the inclusive weekly Park Run.</li> </ul>

Key risks and/or issues (top 3)			
R/I	Description and impact	Mitigating actions	RAG after mitigation
I	Limited capacity in the ICB and particularly in local government to lead on and engage in delivery, which limits the potential impact on outcomes	Coordination support from South London Partnership and short term interim support agreed. New role in revised ICB structure from April 2024.	■
R	The actions are stretched across too broad a range of issues and are too small in scale to have a significant impact	Focusing year one attention on SEND and the known common issue of provision of therapies and working with the Mental Wellbeing workstream on the shared priority of complexity to maximise impact.	■

**South West London Children, Young People and Maternity Partnership Group  
Terms of Reference January 2024**

<b>Aim</b>	<p>The purpose of the South West London Children, Young People (CYP) and Maternity Partnership Group is to ensure delivery of the agreed actions for CYP and maternity in the South West London Integrated Care Partnership Strategy and the Joint Forward Plan for the NHS.</p> <p>The Group will work together to provide strategic leadership and oversight of the delivery plans at system-level, including monitoring workplans, agreeing effective actions to mitigate risks and developing and monitoring measurable outcomes to demonstrate impact.</p>
<b>Objectives</b>	<p>Our agreed areas of focus as a partnership group, as set out in the Integrated Care Partnership Strategy are:</p> <ul style="list-style-type: none"> <li>• Special Educational Needs and Disabilities (SEND)</li> <li>• Health inequalities – with a focus on looked after children and safeguarding</li> <li>• Physical health</li> <li>• Maternity and early years</li> <li>• Mental and emotional wellbeing of children and young people</li> </ul> <p>Working groups for each of these areas of focus are established and report into this Partnership Group.</p>
<b>Principles and ways of working</b>	<ul style="list-style-type: none"> <li>• We work together as equal partners, support our places to deliver, and collaborate at system level where it makes sense to do so.</li> <li>• We take an improvement approach that looks at strengths and areas of good practice, identifies unwarranted variation and increases the consistency of a high quality offer across the system.</li> <li>• We support places in innovating and scaling up effective approaches.</li> <li>• We focus on reducing health inequalities, prevention and early intervention.</li> <li>• We take a holistic approach, aiming to ‘think family’ and improve the join-up of physical and mental health.</li> <li>• We consider the views of children, young people, parents and carers at every stage of our work.</li> <li>• We champion the needs of children and young people and escalate risks to the Board when appropriate.</li> <li>• We address challenges collectively and find meaningful solutions to system-wide issues, agreeing timescales, reporting and escalation points</li> <li>• We ensure alignment and join up with other place ICS, regional and national programmes and reduce duplication as much as possible.</li> </ul>
<b>Accountability, reporting, and support</b>	<p>Reporting into:</p> <ul style="list-style-type: none"> <li>• SWL Integrated Care Partnership Board</li> <li>• SWL Integrated Care Board</li> </ul> <p>Linked committees/groups:</p>

	<ul style="list-style-type: none"> <li>• Place Committees</li> <li>• SWL ICB Quality and Performance Committee</li> <li>• SWL Local Maternity and Neonatal system (LMNS)</li> <li>• South West London Mental Health Partnership Delivery Group (which leads on CYP mental wellbeing)</li> </ul>		
<b>Membership</b>	<b>Name</b>	<b>Role</b>	<b>Organisation</b>
	Elaine Clancy	Chief Nurse	SWL ICB
	Jonathan Williams	Director of Children's Services	London Borough of Sutton
	Maureen Fitzgerald-Hopkins	Deputy Director, Nursing and Quality	SWL ICB
	Sarah Awobiyi	ICS Policy Lead	South London Partnership
	Paul Martland	Head of Child Health, Wellbeing and Early Help	London Borough of Wandsworth
	Alison Stewart	Head of SEND	SWL ICB
	Dr Richard Chavasse	Respiratory Consultant	St George's NHS Trust
	John Atherton	Director of Mental Health	SWL ICB
	Justin Roper	Director of Quality	SWL ICB
	Katie Nicholl	Head of Maternity	SWL ICB
	Rachel Flagg	Director of Integrated Care Partnership	SWL ICB
	Sara Milocco	Director	SWL VCSE Alliance
	TBC	Chief Executive/Director	A SWL VCSE organisation
	TBC	Public health lead for CYP	A SWL public health team
	TBC	Education rep	An AD for Education from one of the boroughs or a school rep
TBC	Children's Social Care	AD for Social Care	

		rep	from one of the boroughs
	TBC	EDI lead	Any SWL partner organisation
	TBC	Engagement lead	Healthwatch or comms and engagement lead from any SWL partner organization
	TBC	Head of Performance or BI	SWL ICB or a SWL borough
<b>Quoracy</b>	<p>The group will be considered quorate when the following members are present;</p> <ul style="list-style-type: none"> <li>• One of the two co-chairs</li> <li>• Senior representation from both local government and the NHS</li> </ul>		
<b>Agenda Standing items</b>	<p>This group oversees programmes of work for children and young people that are funded by the Integrated Care Partnership Priorities Fund.</p>		
<b>Meeting frequency and location</b>	<ul style="list-style-type: none"> <li>• Co-Chair: Elaine Clancy, Chief Nurse, SWL ICB</li> <li>• Co-Chair: Jonathan Williams, Director of Children’s Services, London Borough of Sutton</li> <li>• Frequency of meetings: Quarterly</li> <li>• Duration of Meeting: 1.5hrs</li> <li>• Location: Virtual meeting via MS Teams</li> </ul>		
<b>Review and monitoring</b>	<p>The ToR will be reviewed in March 2025.</p>		

# Workforce

- 2.1 Delivery plan
- 2.2 Highlight report
- 2.3 Terms of reference

1. Targeting difficult to recruit roles System-wide deliverables	Timeframe for delivery	Lead	Related action / area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
					Outputs	Outcomes
Identify three difficult to recruit roles to focus on	Completed Oct 23	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	Projects agreed that focus on the three agreed roles	Increased number of nurses recruited, reduction in agency spend
Promote recruitment of general practice nurses in primary care through significantly increasing placement opportunities for pre registration nurses enabling nurses to consider primary care nursing as a career destination.	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	A new rotational placement scheme, based in primary care, for nurses in training with 150 additional placement created.	Increased number of primary care nurses recruited
Engage with general practice nurses (GPN) in primary care to understand the challenges of working as a GPN and use this insight to inform the recruitment and retention of nurses in the future	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	A legacy of information to inform the development of a SWL GP retention strategy	Increased number of primary care nurses recruited and improvement in retention rates
Establish and run a leadership programme (focussed on working in community settings), for community nurses. This programme will incorporate best practice from 'Expectations of Line Managers in relation to people management, published by NHS England in November 2024 (subject to approval)	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	Delivery of a leadership programme to support the recruitment of community nurses.	Improved recruitment and retention of community nurses
Establish and run a mentoring programme for 30 community nurses for 2 hours a month over a 12 month period (subject to approval)	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	Delivery of a mentoring programme to support the recruitment of community nurses.	Improved recruitment and retention of community nurses
To increase training of Health and Social Care Workers (HSCWs) by 160 places to include 1) Essential skills for newly appointed staff and 2) Advanced training for more experienced staff	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	Delivery of eight training programmes (approx. 200 staff) to support the development of HCSW.	Improved recruitment and retention of HSCWs, reduced agency spend
Engage with care home nurses (and care home managers) to understand the challenges of working as a care home nurse and use this insight to inform the recruitment and retention of nurses in the future.	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	A legacy of information to inform the future recruitment and retention of Care Home nurses	Improved recruitment and retention of nurses in care home settings
Improve recruitment of care home nurses by supporting overseas care home workers with nursing qualifications to become registered nurses in UK (subject to approval)	April 24 - April 25	Una Dalton	Plan to tackle three difficult to recruit roles	More posts filled will improve access to and quality of services	50 new care home nurses registered	Fewer care home nursing posts vacant

## South West London ICP Strategy: Workforce Workstream Delivery Plan December 2023-March 2025

2. Making SWL a Great Place to Work System-wide deliverables	Timeframe for delivery	Lead	Related action / area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
					Outputs	Outcomes
Establish London living wage (LLW) task and finish group and map out current position on LLW across SWL ICS partner organisations and identify next steps	April 2024	Sam Mason/ Imran Choudhury	Mayor's good work standard and London Living wage across the partnership	Focus on LLW to help address poverty and inequalities	T&F group established with mapping completed and key actions identified	More partner organisations paying LLW
Finalise, agree and implement anti racism framework	June 2024 (tbc)	Sarah Blow (SRO); Melissa Berry	Anti-racism framework	Greater equality in workforce	Ensuring the work we are doing aligns clearly to the framework	Anti racist culture and practices established across the ICS
Improved NHS staff health and wellbeing offer with wider range of support including: - Comprehensive women's health offer building on menopause offer - Enhanced men's health offer - Review findings of the commissioned high cost of living survey across acute health providers to better understand staff impact and to identify sustainable interventions that will help and support retention (subject to funding)	by March 2025	Lorissa Page	Review SWL health and wellbeing offer	Addresses health inequalities by providing health and wellbeing offers that facilitate improved access to care, promoting workforce retention.	Retention of staff in the SWL system. Improved absenteeism figures. Reduction in the use of agency staff cover. Participation and engagement of HWB offers	Reduced turnover of staff in SWL system. Improved health and wellbeing of staff. Increased staff satisfaction. Better patient care.
Supporting staff across the ICS to achieve their career aspirations and to improve social mobility by working with partners to bridge any identified skills gap and future workforce needs aligned to the Long Term Workforce Plan.	by March 2025	Lorissa Page	Improve ease of movement between orgs	Ensures that some of the wider determinants of health are supported by supporting staff development offers that support our workforce to have better access to career progression opportunities to ensure they remain in the workplace.	Social Mobility Framework and toolkit & inclusive line managers	Inclusive management practice will improve equity, access and retention to level up the SWL workforce

<b>3. Supporting Local People into Work</b> <b>System-wide deliverables</b>	<b>Timeframe for delivery</b>		<b>Lead</b>	<b>Related action / area of focus in strategy</b>	<b>How does this support EDI/Green/resident voice</b>	<b>How will we know we've been successful</b>	
					<b>Outputs</b>	<b>Outcomes</b>	
Establish a SWL Apprenticeship Hub to bring together existing resources in system to: increase number of new apprenticeships available in health and social care, create clear pathways to these and promote vacancies to SWL residents, and work with higher education and training providers to improve the number of applications to apprenticeships for 16-24 year olds	Jan 24 - March 25		Una Dalton /Polly Persechino	Increase apprenticeships and work experience	Recruitment of a more diverse and locally representative workforce	New apprenticeships created	SWL residents starting new apprenticeships, more key vacancies filled with people with right skills
Develop and deliver a consistent and high quality work experience programme across the ICS, including a focus on underrepresented groups	Jan 24 - March 25		Lorissa Page / Polly Persechino	Increase apprenticeships and work experience	Inclusive approaches are central to this process, thereby ensuring EDI is considered and supports our aim to improve health inequalities.	New high quality work experience placements offered and taken up by under-represented groups	Increased number of people undertaking work experience placements securing permanent jobs in health and social care
Supporting health and care employer encounters and careers advice to secondary school and FE college pupils including; SL Careers Hub being the central point of contact and brokerage between employers and all secondary schools and FE colleges in South London; promoting and strengthening the Jobs That Care programme; and CPD for existing teaching/careers staff and working with managers to support them to develop good employer encounters	By March 25		Polly Persechino	Increase apprenticeships and work experience	Focus on supporting schools with highest numbers of pupils receiving free school meals	100 students having exposure to employers 100 students engaging in activities to understand range of roles in the sector	More younger people taking up jobs and careers in NHS and social care, greater awareness amongst young people and their families of the range of jobs and careers in NHS and social care
Offer paid placements in social care through the social care hub to support recruitment to hard to fill roles	By March 25		Sam Mason	Increase apprenticeships and work experience	Placements will be targeted at unemployed & under-represented groups	50 work placements delivered	Reduced hard to fill vacancies in social care
Support young SWL residents with experience of care to take-up training for nursing apprenticeships by providing support and finance whilst studying and helping their next steps into work	By March 25		Roehampton University	Employ young people in health and social care	Recruitment of a more diverse and locally representative workforce	Care experienced young people starting health and social care training	Care experienced young people completing training and starting work
Working with education partners to create training pathways aligned to job vacancies in the NHS and social care; and ensure engagement with employers to support transition into work from education. Promote the education and training available to local residents to encourage take-up	By March 25		Lorissa Page / Polly Persechino/ Sam Mason	Employ young people in health and social care / Making it easier to get a job in health and care in SWL	Recruitment of a more diverse and locally representative workforce	100 encounters with employers for those in education and training	Improve progression into work from education and training. More vacancies filled with suitably skilled people

# South West London ICP Strategy: Workforce Workstream

## Delivery Plan December 2023-March 2025

3. Supporting local people into work in health and care (continued)	Timeframe for delivery	Lead	Related action / area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
					Outputs	Outcomes
Coordinated SWL wide communications campaign to promote jobs and careers in health and social care to local people	Jan 24 - March 25	Una Dalton/Sam Mason	Making it easier to get a job in health and care in SWL	To include targeted comms and marketing for disadvantaged and underrepresented groups	Increased interest and applications for health and care jobs in SWL	Fewer vacancies, more local people taking up jobs in health and social care
Coordinated outreach into SWL communities, working closely with VCSE partners to support residents into training, job readiness, work experience and jobs in health and social care	By March 25	Lorissa Page / Polly Persechino	Making it easier to get a job in health and care in SWL	Focus on supporting schools with highest numbers of pupils receiving free school meals	Number of people supported starting training	More vacancies filled with suitably qualified people
Provide application support training for partners and applicants	Jan 24 - March 25	Lorissa Page	Making it easier to get a job in health and care in SWL	Inclusive approaches are central to this process, thereby ensuring EDI is considered and supports our aim to improve health inequalities.	Employability support provided	Upskilling and increase in applications for underrepresented groups
Work with employment and skills partners to help them focus effort on filling vacancies in NHS and social care, linked into existing and new programmes and that they understand the application process, jobs & careers in the NHS and social care	Jan 24 - March 25	Lorissa Page / Sam Mason / Polly Persechino	Making it easier to get a job in health and care in SWL	Inclusive approaches are central to this process, thereby ensuring EDI is considered and supports our aim to improve health inequalities.	Number of training session delivered	Employability partners actively support people to obtain jobs and careers in health and social care
Pilot and innovate the application/recruitment /interview process for a specific cohort i.e. HCSW, AHP, Specialist hospital, primary care	Jan 24 - March 25	Lorissa Page	Making it easier to get a job in health and care in SWL	Inclusive approaches are central to this process, thereby ensuring EDI is considered and supports our aim to improve health inequalities.	Streamlined process	Wider efficiencies and savings linked to the overall recruitment process to be identified
Hold an event for providers and employers in the health and social care system to increase understanding of the support available and coordination of the offer to residents and employers	By March 24	Polly Persechino	Making it easier to get a job in health and care in SWL	Focus on communities and groups with highest levels of unemployment, inactivity and disadvantage	50+ partners attending event and building understanding of health and care and skills and employment support activity	Greater awareness and join up of different activity in this area
Develop plans for an integrated health and social care Mayors Skills Academy when current (GLA) funding ends at end of March 25	By March 25	Lorissa Page / Sam Mason	Develop and integrated Health and Care Workforce Academy	Inclusive approaches are central to this process, thereby ensuring EDI is considered and supports our aim to improve health inequalities and social mobility for underrepresented groups.	Shared understanding and alignment to Mayor's skills Academy principles	Closing the health inequalities, social mobility & employment gap for people from under represented groups.

## South West London ICP Strategy: Workforce Workstream

### Delivery Plan December 2023-March 2025

4. Designing our Future Workforce System-wide deliverables	Timeframe for delivery	Lead	Related Action / Area of Focus in Strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
					Outputs	Outcomes
Review the NHS Long Term Workforce Plan and the Social Care Workforce Strategy when published next year, Summer '24 to identify key priorities for SWL	Mar 24 - Dec 24	Una Dalton/Sam Mason	Review the vision and workforce requirements to deliver	Will be considered as part of review	Paper identifying key priorities for SWL, where being covered, gaps	
Consider potential for blended roles in SWL where health and care roles are difficult to recruit, looking at the Manchester ICS pilot and local examples of integrated roles	By March 25	Lorissa Page	Review the vision and workforce requirements to deliver	To be considered as part of review	Paper on potential for introducing blended roles in SWL	

2.2 South West London Integrated Care Partnership: Priority Delivery Highlight Report

ICP Priority	<b>Workforce</b>	SROs	Karen Broughton – SWL ICB Carolyn Dwyer – LB Sutton	Workstream leads	Una Dalton – SWL ICB Sam Mason – South London Partnership	ICP Board sponsors	Cllr Ruth Dombey – LB Sutton / ICP Co-Chair <i>NHS Non-Exec sponsor - tbc</i>	Date of report	Jan 2024
--------------	------------------	------	--	------------------	--	--------------------	--	----------------	----------

Summary of progress this period

- Governance and delivery arrangements established: Partnership Group set up and met once with two monthly meetings planned. Delivery Group set up and meeting weekly, 3 task & finish groups – on Difficult to Recruit Roles, Making it Easier to Get a Job in Health and Care in SWL, Apprenticeships and Work Experience set up with membership drawn from across local authorities, SWL ICB, NHS, training providers, employment support organisations, VCSE – and meeting regularly
- Mapping of existing activity to identify how to join up and build on existing work and programmes – in particular the existing Health and Social Care Skills Hubs, South London Careers Hub, NHS Trusts work on apprenticeships, boroughs skills and employment support programmes and activity
- Development of multiple bids to ICP Priorities Fund supported with 12 successful bids including large scale projects on SWL Apprenticeship Hub, Supporting Care Leavers into Nursing Apprenticeships, paid work placements in social care, employer encounters and careers advice support to schools, supporting recruitment and retention of primary care, community and care home nurses
- Development of Year 1 delivery plan
- Exploration of project resource options with an interim project manager in place from early Jan
- Sponsor briefed and engaged

Key deliverables due next quarter

- | Deliverable   |
|---|
| <ul style="list-style-type: none"> <li>• Set up of the ICP Priorities Fund funded projects, drawing these into a cohesive programme</li> <li>• Event to bring partners from across system together to understand the range of skills and employment support on offer and how to work with one another</li> <li>• Partnership board to meet</li> <li>• Develop coordinated communications and marketing approach to promote jobs and careers in health and social care in SWL</li> </ul> |

Key risks and/or issues (top 3)

R/I	Description	Mitigating actions	RAG after mitigation
I	Insufficient project resource and capacity	Interim project manager recruited, options for post April under consideration. Funding for 12 projects expected from ICP Priorities Fund	■
R	Capacity of partners to engage	Building commitment and engagement through evidencing benefits	■
R	Complexity of the context with lots of activity in this area from many partners which need to join up / align with	Major focus on join up, mapping to understand wider activity, event to help all system partners understand who is doing what and working together	■

## South West London Workforce Delivery Group

### Draft Terms of Reference

<b>Aim</b>	<ul style="list-style-type: none"> <li>The South West London Workforce Delivery Group has been established to co-ordinate and drive delivery of agreed workforce related objectives as set out in the South West London Integrated Care Plan.</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>Co-ordinating and driving delivery of agreed workforce related objectives as set out in the South West London Integrated Care Plan.</li> <li>Define specific actions and detailed requirements for delivery of milestones in the ICP strategy year 1 delivery plan.</li> <li>Monitor progress against each of the workstreams within the year 1 delivery plan.</li> <li>Develop a delivery plan for year 2 and beyond – including milestones and specific actions – in support of the outcomes and ambitions defined in the strategy.</li> <li>Identify resource requirements for delivery and identify mitigations or revisions to the delivery plan where resources are constrained.</li> <li>Assess and mitigate risks to delivery, acting as a forum for initial escalation prior to onward escalation as required.</li> <li>Recommendations made by the group will be done so in line with the central principle that the best interests of the SW London system are paramount above the interests of any sole organisation within the system.</li> <li>Specific changes/decisions that impact an organisation, where required, will be approved through each sovereign organisation. Group members should bring organisational views to the meeting in a timely way to enable decisions to be made.</li> <li>Recommendations will be made to the SW London People Board and the Social Care Workforce Partnership Group on a regular basis – timings to be agreed.</li> <li>To gather and collate feedback from organisations within the SW London to feed into regional and national discussions via the co-chair or their nominated representative.</li> <li>To engage collaboratively with other relevant groups in SW London, and beyond, to share relevant information, intelligence, and best practice.</li> </ul>
<b>Accountability, reporting and support</b>	<ul style="list-style-type: none"> <li>The South West London Workforce Delivery Group will report to the Social Care Workforce Partnership Group and the ICP Strategy: Workforce Partnership Group and ultimately into the SW London People Board.</li> <li>The South West London Workforce Delivery Group will be supported by a wider Workforce Partnership Group made up of all partners in the system including LA/SLP, Education Providers, NHS Trusts, Primary Care, Voluntary Sector – meeting quarterly.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>For specific membership see <b>Appendix 1</b>.</li> <li>The group will be co-chaired by Karen Broughton, Deputy Chief Executive/ Director of Transformation and People, SW London ICS and Carolyn Dwyer, Strategic Director, Development, Growth and Regeneration, London Borough of Sutton.</li> </ul>
<b>Quoracy</b>	<ul style="list-style-type: none"> <li>The group will be quorate if at least one third of the membership is in attendance including one co-chair.</li> </ul>

<b>Decision making</b>	<ul style="list-style-type: none"> <li>The group will be a decision-making forum, jointly reporting to the SW London People Board and the Social Care Workforce Partnership Group.</li> </ul>
<b>Paper and Presentation guidelines</b>	<ul style="list-style-type: none"> <li>Agendas will be agreed with the co-chairs at least one week prior to a meeting.</li> <li>The agreed agenda and papers will be circulated at least 3 working days prior to a meeting and papers should only be tabled at the meeting by agreement of the co-chairs.</li> </ul>
<b>Meeting frequency and location</b>	<ul style="list-style-type: none"> <li>Monthly for one hour via Teams supported by weekly meetings as needed.</li> </ul>
<b>Review and monitoring</b>	<ul style="list-style-type: none"> <li>Updates and recommendations from the group will feed into the SW London People Board and the Social Care Workforce Partnership Group and will include key elements requiring decision, escalation of risk or co-ordination of specific required action to unblock slow progress.</li> <li>Financial performance will feed into SW London ICP Strategy: Workforce Partnership Group and ultimately into the SW London People Board and the Social Care Workforce Partnership Group.</li> <li>The terms of reference and composition of this group will be reviewed at least annually to ensure it remains fit for purpose.</li> </ul>
<b>Conflicts of Interest</b>	<ul style="list-style-type: none"> <li>Conflicts of Interest shall be dealt with in accordance with SW London guidance for managing conflicts of interest.</li> </ul>

v2 – 11/01/2024  
11 January 2023

## Appendix 1

Organisation	Name	Role
London Borough of Sutton	Carolyn Dwyer	(Co-Chair) Strategic Director – Development, Growth and Regeneration
South London Partnership	Polly Persechino	Head of Skills and Employment
South London Partnership	Sam Mason	Health and Care Programme Lead
London Borough of Sutton	Elizabeth Harris	Economic Development Lead
SW London ICB	Karen Broughton	(Co-Chair) DCE/ Director of Transformation and People
SW London ICB	Una Dalton	Programme Director – Workforce and Immunisations
SW London ICB	Sarah Rowan	Programme Manager – Workforce
SW London ICB	Rachel Flagg	Director, ICP Development
SW London ICB	Lorissa Page	Programme Director – Workforce, OD, and HR (interim)
South West London (SWL) Voluntary and Community Sector (VCSE) Alliance Director	Sara Milocco	Croydon Voluntary Action

# Positive mental wellbeing

- 3.1 Delivery plan
- 3.2 Highlight report
- 3.3 Terms of reference

# South West London ICP Strategy: Mental health workstream

## Delivery plan December 2023-March 2025

System-wide deliverables	Timeframe for delivery	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know we've been successful?	
					Outputs	Outcomes
1. Review outlining what is effective in preventing mental ill-health for CYP covering evidence base, service user, carer and professionals views and innovation/ pilot work.	March 2025	TBC	Increase our understanding of effective mental ill-health prevention for children and young people, by reviewing the evidence base, seeking feedback from service users, carers, and professionals, and measuring outcomes of innovation and pilot work.	Supports resident voice by aiming to increase prevention and early support available	Report on effective mental ill-health prevention for CYP	Clear view on where to invest in additional support
2. Approach to, and proposals for, investment in CYP MH	March 2025	TBC	Increase effective universal mental health and wellbeing support for children and young people in settings such as schools, primary care, and community services by taking a joint commissioning approach to service provision, guided and informed by data and our community voice.		Agreed list of areas and interventions to fund.	Increased prevention and early support in place for CYP.
3. Report outlining issues with transition and revised transition approach	March 2025	TBC	Improve transition of children and young people from child and adolescent mental health services (CAMHS) to adult mental health services by ensuring the right support is available and through better joined up working.	Supports resident voice by responding to previous feedback that transition from CYP to adult service could be better managed.	Clear transition policy Defined roles, responsibilities and expectations of CYP and adult MH services before, during and after transition	Improved experiences of CYP as they transition to adult services ?Reduced deterioration in adult services
4. System wide listening exercise held on healthy and unsafe environments with report on findings compiled	Sept 2024	TBC	Increase understanding of what makes different environments healthy and positive for mental wellbeing, both from a community and a services perspective.	Supports resident voice and EDI by asking for views from across communities. Supports green by focusing on environments.	Collated findings from engagement	Ability to design healthy environments.

# South West London ICP Strategy: Mental health workstream

## Delivery plan December 2023-March 2025

System-wide deliverables	Timeframe for delivery	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know we've been successful?	
					Outputs	Outcomes
<b>5. Delivery on SLL pledges and strengthened community networks in place with additional resource available.</b>	March 2025	TBC	Building on the South London Listens programme, increase community co-creation and empower communities to hold us to account by building on existing links, networks, and resources across the partnership.	Champions resident voice and contributes to EDI by valuing and including community groups across SWL.	23/24 and 2425 pledges delivered.	Positive feedback from communities.
<b>6. Two mental health communications campaigns carried out</b>	Sept 2024	TBC	Develop effective and coordinated communications campaigns to support positive mental wellbeing, sharing key messages such as “it’s okay not to be okay” alongside existing mental health and wellbeing support resources.	Supports resident voice and EDI by promoting effective communication across our communities.	3 campaigns by March 2025.	TBC
<b>7. Review completed outlining existing understandings/ definitions/ frameworks and service provision around complex needs. Service user group/s in place to support this work.</b>	March 2025	TBC	Address 3 actions under complex needs theme: <ul style="list-style-type: none"> <li>Improve our understanding of what is ‘complex’ and extend this to co-design a single person- centred framework that describes complex needs using common language across agencies.</li> <li>Review existing services for people with complex needs and develop plans for any improvements.</li> <li>Co-create definitions of outcomes with people with lived experience and ensure they are person-centred.</li> </ul>	Supports resident voice and EDI as people with complex needs have historically not been able to access services easily – a lack of joined up working can pervade providing the right, holistic support. In addition, those with complex needs are often found in the vulnerable groups in our communities – individuals with serious mental illness (SMI), those who are homeless, for example. These groups have worse health outcomes and suffer health inequalities.	Eventual single framework around complex needs that is adopted by SWL agencies. Clear measurement of outcomes, experience and access for those with complex needs to provide a baseline from which to measure improvements. Improved and extended service offers available.	TBC

3.2 South West London Integrated Care Partnership: Priority Delivery Highlight Report

ICP Priority	Positive mental wellbeing	SROs	Amy Scammell – Director of Strategy and Transformation, South West London St George’s (SWLStG) and Sam Morrison – Director of Adult Social Services, Kingston Council	Workstream leads	SWL Mental Health strategy leads and SROs	ICP Board sponsors	Ann Beasley – Chair, SWLSTG and Piers Allen – Place Convenor and Health and Wellbeing Board Chair, Richmond Council	Date of report	02.01.24
--------------	---------------------------	------	---	------------------	---	--------------------	---	----------------	----------

Summary of progress this period

- Confirmation of Senior Responsible Officers (SROs) and ICP Board sponsors.
- Development of 18 month plan to 31.03.25 and refinement of this into a ‘plan on a page’ with key actions for 2023/24 and 2024/25.
- Inclusion of priority work into the existing monthly SWL Mental Health Strategy Delivery Group and reporting of progress into the SWL Mental Health Partnership Delivery Group on a quarterly basis.
- Development of agreed connections with wider work programmes including South London Listens and the South London Mental Health and Community Partnership Complex Care Programme.
- Completed mapping of CYP MH services commissioned by SWL ICB.
- Carried out a strategic delivery and finance review around ICB investment into CYP MH from 2018/20 – 2023/24 and reviewed service pathways for key CYP MH areas in one partner – SWLSTG – as a pilot of work that could be widened. All of this work provides a basis for future CYP MH work in this priority area.
- Delivered the first MH campaign through joint working between the ICB and NHS MH partners.
- Supported development of bids for the ICP Priorities Fund, with a successful bid approved for Play Therapy packages for traumatised children aged 5 to 9 years old who have experienced Domestic Abuse across SW London. By extension, parents will also receive therapeutic support.

Key deliverables due next quarter

Deliverable
Focus remains on set up and securing progress towards deliverables due in Q2 2024/25.

Key risks and/or issues (top 3)

R/I	Description and impact	Mitigating actions	RAG after mitigation
I	There is limited capacity to structure and hold the programme of work which may limit impact	Work to be co-ordinated by SWL MH Strategy leads and SROs.	<span style="color: #008080; font-size: 1.2em;">■</span>
I	Lack of capacity within services to lead workstreams and deliver change will limit the impact of the programme.	Focus on foundational work in the initial delivery period.	<span style="color: #ff0000; font-size: 1.2em;">■</span>

**South West London Mental Health Strategy Delivery Group**

**Terms of Reference v1.1 10.11.23**

<p><b>Aim</b></p>	<p>NHS South West London (SWL) published its first Mental Health Strategy in July 2023 following an extensive period of engagement and development. The Strategy Delivery Group has been established to oversee and support delivery of the Strategy in year 1 and beyond. A focus on those who use mental health services and their carers and outcomes is at the heart of the SWL MH Strategy and its delivery objectives.</p> <p>The Strategy Delivery Group will support the implementation of the SWL Mental Health (MH) Strategy by:</p> <ul style="list-style-type: none"> <li>• specifying detailed requirements for milestones in year 1 and beyond</li> <li>• overseeing progress against milestones and unblocking issues as required</li> <li>• considering and identifying resource requirements for delivery</li> <li>• agreeing routine reporting and any required escalation to the SWL MH Partnership Delivery Group (SWL MH PDG).</li> </ul> <p>Since the publication of the MH Strategy the SWL Integrated Care Partnership (SWL ICP) has also published its strategy outlining a number of priorities. Positive mental wellbeing is one of these. The themes in the positive mental wellbeing priority align directly to the SWL MH Strategy and as such it the SWL MH Strategy Delivery Group will also oversee the delivery of this work.</p> <p>The Strategy Delivery Group will develop an ethos of collaborative working and support the SWL Integrated Care System to deliver its core ambitions to:</p> <ul style="list-style-type: none"> <li>• improve outcomes in population health and healthcare</li> <li>• tackle inequalities in outcomes, experience, and access</li> <li>• enhance productivity and value for money</li> <li>• help the NHS support broader social and economic development.</li> </ul>
<p><b>Objectives</b></p>	<p>The Strategy Delivery Group objectives are to:</p> <ul style="list-style-type: none"> <li>• Oversee and enable delivery of the SWL MH Strategy delivery plan in year 1 and future years.</li> <li>• Oversee delivery of the positive mental wellbeing workstream of the ICP Strategy.</li> <li>• Define specific actions and detailed requirements for delivery of milestones in the Strategy year 1 delivery plan.</li> <li>• Monitor progress against each of the 6 workstreams within the year 1 delivery plan.</li> <li>• Develop a delivery plan for year 2 and beyond – including milestones and specific actions – in support of the outcomes and ambitions defined in the Strategy.</li> <li>• Identify resource requirements for Strategy delivery and identify mitigations or revisions to the delivery plan where resources are constrained.</li> <li>• Provide a forum for resolving concerns connected to Strategy delivery.</li> <li>• Assess and mitigate risks to delivery, acting as a forum for initial escalation prior to onward escalation as required.</li> <li>• Develop regular reporting to the SWL MH PDG and iterate reporting based on PDG feedback.</li> <li>• Ensure that PDG sub-groups are aligned to the SWL MH Strategy and have a clear purpose and work plans in support of the delivery of the Strategy.</li> </ul>

<p><b>Accountability, reporting, and support</b></p>	<p>The Strategy Delivery Group will report into the SWL MH PDG. Formal progress reports on the SWL MH Strategy Y1 delivery plan (and subsequent years) will be provided to the SWL MH PDG on a quarterly basis.</p> <p>Key interdependencies include the following:</p> <ul style="list-style-type: none"> <li>• PDG Steering Groups</li> <li>• PDG Development Groups and Working Groups</li> <li>• Place MH groups</li> </ul> <p>Agendas and action logs will be maintained by <i>TBC</i>.</p>
<p><b>Membership</b></p>	<p>Core membership is as follows:</p> <p>SWL Integrated Care Board (ICB)</p> <ul style="list-style-type: none"> <li>• Director of MH Transformation</li> <li>• Children and Young People (CYP) MH Transformation Lead</li> <li>• Head of MH Transformation</li> <li>• Representative from ICP Strategy Team (tbc)</li> </ul> <p>SWLStG</p> <ul style="list-style-type: none"> <li>• Director of Strategy, Transformation and Commercial Development and co-chair for the SWL ICP Strategy positive mental wellbeing workstream (Chair)</li> <li>• Deputy Director of Strategy and Transformation</li> <li>• Programme Director – SWL MH Provider Collaborative</li> </ul> <p>SL&amp;M</p> <ul style="list-style-type: none"> <li>• Director of Strategy and Transformation</li> </ul> <p>Wider partners</p> <ul style="list-style-type: none"> <li>• Director of Adult Social Services, Royal Borough of Kingston-upon-Thames and co-chair for the SWL ICP Strategy positive mental wellbeing workstream</li> </ul> <p>Members will seek and accurately represent views where they act as representatives for wider groups.</p> <p>Wider professionals will be invited to attend for specific items and in support of the SWL MH Strategy Y1 delivery.</p>
<p><b>Quoracy</b></p>	<p>The meeting will be quorate with attendance by the Chair (or a nominated deputy) along with one representative from each provider trust and from the ICB.</p>
<p><b>Agenda Standing items</b></p>	<p>The Strategy Delivery Group will have a standard agenda covering the elements as follows:</p> <ol style="list-style-type: none"> <li>1. Delivery review by year 1 area against quarterly milestones             <ol style="list-style-type: none"> <li>a. CYP</li> <li>b. SMI and community models</li> <li>c. Future investment models</li> <li>d. Public mental health, prevention and early support</li> <li>e. Outcomes-based commissioning and delivery</li> <li>f. Governance, resourcing and leadership</li> </ol> </li> <li>2. Stakeholder engagement and involvement</li> <li>3. The SWL ICP 'positive mental wellbeing' workstream</li> </ol>

	<p>Reporting to the SWL MH PDG will be reviewed on a quarterly basis. Updates on the ICP Strategy positive mental wellbeing workstream will also be shared directly with the ICP Board via the ICP Director.</p> <p>Other agenda items will be included on an ad hoc basis as required.</p>
<b>Meeting frequency and location</b>	Monthly for 1 hour via Teams.
<b>Review and monitoring</b>	Terms of Reference to be reviewed after 12 months or earlier if deemed necessary as the SWL MH PDG evolves and as the SWL MH Strategy embeds.

# Older People

4.1 Delivery plan

4.2 Highlight report

4.3 Terms of reference

# South West London ICP Strategy: Older people workstream

## Delivery plan December 2023-March 2025

ID	System-wide deliverables	Timeframe for delivery	Lead(s)	Related action / priority area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
						Outputs	Outcomes
1	Provide support to the delivery of the ICP Priorities Fund projects that meant the ambitions of the Older People's Workstream	Q4 23/24 - Q4 24/25	Busayo Akinyemi (BA) ICB Programme Director - Integrated Care	2 bids have been supported through the ICP Priorities Fund - one focused on addressing falls and the other to provide support to unpaid carers	Both bids focus on reaching out to population groups who historically have been under represented in these services	<ul style="list-style-type: none"> <li>Both schemes mobilised in the timeframe agreed</li> <li>Regular reporting during the life of both schemes to ensure optimal impact and identifying any further transformation opportunities</li> <li>Learning from both schemes shared across SWL networks</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of people from historically underrepresented groups accessing services in the scheme focus areas</li> <li>Reduction the number of older people falls across SWL</li> <li>Increase in the number of unpaid carers identified and accessing services</li> </ul>
2	Desktop review of all 6 borough's dementia transformation plans including, strategies, work programmes, governance, partnership working, and range of services offered The findings of the review will feed into the delivery plan	Q4 23/24	Sally Khayat (SK) Adult Social Care Policy and Programme Manager SLP Partnership / BA	Making SWL dementia-friendly	An area of focus for the reviews will be identifying each borough's approach to securing the views from population who have historically been under represented in dementia services. The reviews will be supported be of population data identify priority areas to support the reduction in inequalities	<p>By the completion of the desk top reviews, we will have a suite of information that will help inform the SWL Dementia Partnership Group workplan. The review will:</p> <ul style="list-style-type: none"> <li>Identify any gaps in service provision, particularly those for population groups under represented in these services.</li> <li>Identify areas of good practice to share across SWL</li> <li>Identify any actions to take forward collectively across SWL.</li> </ul>	<p>We will have developed the 24/25 workplan focused on reducing inequalities for people living with dementia and their carers. By reducing inequalities, we will ensure people can remain at home for longer reducing the demand on services.</p> <p>We will have ensured that our workplans are shared with and where appropriate reflect the priorities of other workstreams in SWL, such as frailty. This will ensure optimal delivery of the outcomes, reducing duplication.</p>
3	Support the mobilisation of the schemes supporting unpaid carers through the Accelerating Reform Fund	Q4 23/24- Q1 24/25	SK/BA/ Annette McPartland (AM) – DASS Croydon	Supporting the wellbeing of unpaid carers	We know that some of our population groups are less likely to identify themselves as unpaid carers. The two projects being funded by the ARF will focus on increasing carer numbers from under represented population groups.	<p>Delivery of the 2 ARF schemes will deliver the following outputs:</p> <ul style="list-style-type: none"> <li>Supporting identification of carers through hospital discharge</li> <li>Running one stop shop sessions for carers</li> <li>Mainstreaming online carers assessments and reviews</li> </ul>	<p>We will achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>Increased number of unpaid carers identified with more people accessing support</li> <li>Identification of the support services most important to carers and the most effective approach to delivery</li> <li>Improved quality of life for carers</li> </ul>

# South West London ICP Strategy: Older people workstream

## Delivery plan December 2023-March 2025

ID	System-wide deliverables	Timeframe for delivery	Lead(s)	Related action / priority area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
						Outputs	Outcomes
4	Desktop review on support for carers in each borough – include respite, assessment models, identifying carers, carers services and services.	Q4 23/24	SK/BA	Supporting the wellbeing of unpaid carers	<p>One areas that the desktop will focus on is each borough's approach to increasing the number of people registered as unpaid carers particularly from under represented groups.</p> <p>This includes reviewing how carers feedback to establish the most effective approach to communication and which support services are most important</p>	<p>By the completion of the desk top reviews, we will have a suite of information that will help inform the SWL Carers Partnership Group workplan. The review will:</p> <ul style="list-style-type: none"> <li>• Increase our understanding of access to and the quality of support services for unpaid carers across SWL.</li> <li>• Identify examples of good practice to share across SWL</li> <li>• Identify any actions to take forward collectively across SWL.</li> </ul>	<p>Using the outputs of the review we will have developed the 24/25 unpaid carers workplan. The workplan will focus on increasing the number of unpaid carers identified with more people accessing support</p> <p>We will have ensured that our workplans are shared with and where appropriate reflect the priorities of other workstreams in SWL, such as frailty. This will ensure optimal delivery of the outcomes, reducing duplication.</p>
5	Develop the scope of ICP Unpaid Carers Champion Role	Q4 23/24	SK/BA/AM	Supporting the wellbeing of unpaid carers	<p>The purpose of the role is to ensure overall that the ICP strategy and workstreams reflect the needs of unpaid carers based on feedback received.</p> <p>The champion role will particularly focus on the needs of carers from under represented population groups.</p>	<p>The following outputs will be achieved:</p> <ul style="list-style-type: none"> <li>• An agreed scope that could be adopted for other ICP champion roles</li> <li>• The ICP strategy and associated workstreams reflects the needs of carers.</li> </ul>	<p>We will achieve the following outcomes by having the champion role:</p> <ul style="list-style-type: none"> <li>• ICP strategy reflects the needs of unpaid carers focusing on the support services most important to carers and the most effective approach to delivery</li> <li>• Improved quality of life for carers</li> </ul>
6	Complementing borough's plans for this year's carers week (10-16 <sup>th</sup> June 2024) develop a a system wide plan for the next annual carers' week to include how we encourage people to identify as carers and raise awareness of the health and wellbeing offer	Q1 24/25	SK/BA	Supporting the wellbeing of unpaid carers	<p>The focus of or approach for designing a range for system wide activities will be to on encouraging people to identify as carers and raise awareness of the health and wellbeing offer, particularly from under represented population groups</p>	<p>We will have a system wide plan that complements the borough plans for carers week which can be built on in future years. We will also be promoting the needs of carers across the SWL ensuring that we make the best opportunity of events such as the annual carers week.</p>	<p>We will achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>• Increased number of unpaid carers identified with more people accessing support</li> <li>• Identification of the support services most important to carers and the most effective approach to delivery</li> <li>• Improved quality of life for carers</li> </ul>

# South West London ICP Strategy: Older people workstream

## Delivery plan December 2023-March 2025

ID	System-wide deliverables	Timeframe for delivery	Lead(s)	Related action / priority area of focus in strategy	How does this support EDI/Green/resident voice	How will we know we've been successful	
						Outputs	Outcomes
7	Assess the feasibility of including social isolation as an identifier for people at risk within the proactive care models being rolled out across each of the SWL boroughs	Q4 23/24	Anca Costinas (AC) SWL ICB Lead Transformation Manager for Proactive Care/SK	Reducing and preventing social isolation in SWL communities	The numbers of people experiencing social isolation is generally under reported more so for some population groups than others. Any tools that are developed will ensure that they are able to identify anyone who could be experiencing social isolation	<p>We know that social isolation has a significant impact on a person's health and wellbeing.</p> <p>Developing a standard approach to include social isolation as a risk factor in proactive care models will enable early support to be place such as connection to community activates.</p>	<p>We will achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>An increase in the number of people who report experiencing social isolation</li> <li>Improvements in health and wellbeing of people experiencing social isolation leading to improved quality of life and a reduction in the use of health and care services.</li> </ul>
8	Assess the feasibility of the SWL Frailty Network to provide oversight to the delivery of the ICP strategy workplan to prevent falls in older people.	Q4 24/25	BA/ Viccie Nelson (VN) SWL ICB Associate Director of Transformation - Ageing Well	Working together to prevent older people having falls	<p>The ICP workplan is being developed using feedback from residents.</p> <p>One area of focus pf the plan will be increasing access to services from under represented population groups.</p>	<p>Building and complementing borough falls preventions plan the system wide workplan will:</p> <ul style="list-style-type: none"> <li>Identify any gaps in service provision, particularly those for population groups under represented in these services.</li> <li>Identify areas of good practice to share across SWL</li> <li>Identify any actions to take forward collectively across SWL.</li> </ul>	<p>By having a system falls prevention work plan we will be able to:</p> <ul style="list-style-type: none"> <li>Improve the falls prevention service offer across SWL</li> <li>Increase the number of people accessing falls prevention services</li> <li>Reduce the number of people requiring hospital admission and on going support due to experiencing a fall</li> </ul>

4.2		South West London Integrated Care Partnership: Priority Delivery Highlight Report							
ICP Priority	Community Based Support for Older and Frail People	SROs	Annette McPartland (Croydon Director of Adult Social Services and Tonia Michaelides (SWL ICB)	Workstream leads	Busayo Akinyemi (SWL ICB) and Sally Khayat (SLP)	ICP Board sponsors	Cllr Yvette Hopley (Croydon Health and Wellbeing Board Chair) and Dino Pardhanani (GP Place Lead, Sutton)	Date of report	January 2024

Summary of progress this period

In this period work on the Older People workstream has achieved the following:

- The oversight group for the workstream is established and has met monthly, with representation from ICP partners including the VCS and is looking at where membership needs to extend further.
- Submission of 2 successful bids to the ICP Priorities Fund: Bid 1 - 'Dance 2 Health' using creative dance to address major health challenges for older people's falls; Bid 2- training programme to support unpaid carers.
- A desk top review of all six boroughs' transformation plans for dementia has begun. This work is focused on reviewing strategies, delivery plans, approach to partnership working, and governance. An early insight from the review is that although boroughs are at different stages in their dementia improvement work, all work closely with ICB partners and the VSC on dementia strategies and transformation of services. An early recommendation from the review is that a SWL dementia partnership group is established. The focus of the group would be to provide a network for dementia leads across SWL to come together to share good practice and to explore collaborative approaches to tackle common challenges in relation to dementia e.g. provision of respite care, support for unpaid carers and housing.
- A similar desk top review is being completed, focused on six borough's approach to supporting unpaid carers including current services on offer and how boroughs identify unpaid carers.
- SWL boroughs have agreed to focus their Acceleration Reform Fund (ARF) on projects to support the increasing the numbers of people who are identified as unpaid carers and complete a carers assessment. We are looking to evolving the task and finish group established to complete the EOI for the ARF into a SWL partnership with the same focus as the SWL dementia partnership group.
- The findings of both these reviews will inform the workstream delivery plan for 24/25.
- Annette McPartland has been identified as the ICP Unpaid Carers Champion

Key deliverables due next quarter

Deliverable
<ul style="list-style-type: none"> <li>Support the delivery of the successful ICP Priorities Fund bids.</li> <li>Support mobilisation of the Accelerated Reform Fund projects dependent on outcome of the Expression of Interest.</li> <li>Assess the ability of proactive care rollout in all the places to deliver the actions on social isolation – and identify gaps</li> <li>Completion of the desk top reviews for dementia and unpaid carers.</li> <li>Review of population data to focus our work on unrepresented groups, supporting the reduction in inequalities</li> <li>Developing plans for carers week (10-16<sup>th</sup> June 2024)</li> <li>Develop the proposals for establishing SWL partnership groups for dementia and carers work with carers champion</li> <li>Continue to develop both the workstream oversight group together with developing the ICP Unpaid Carers Champion role.</li> </ul>

Key risks and/or issues (top 3)

R/I	Description and impact	Mitigating actions	RAG after mitigation
R	Insufficient capacity and resources could mean that actions can not be delivered	Support from South London Partnership and ICB teams. The oversight group to continue to monitor the workload and the resources required.	■
R	Planned activity duplicates other activity resulting in wasted resources and confusion	Regular conversation with other groups, including the DASS group, ICP Frailty network, Place Leads and comms leads	■
R	Lack of buy-in from the wider partnership resulting in limited impact	Engagement with the key groups named above. Review progress in six months to consider whether a different approach is needed.	■

**South West London Older People’s Oversight Group**

**Terms of Reference January 2024**

<p><b>Purpose</b></p>	<p>The South West London Older People’s Oversight Group has been established to oversee and support delivery of the actions in the South West London Integrated Care Partnership (ICP) Strategy relating to the strategic priority of community support for older people and frailty.</p> <p>The areas of focus are as follows:</p> <ul style="list-style-type: none"> <li>• Making South West London dementia friendly</li> <li>• Supporting the wellbeing of unpaid carers</li> <li>• Reducing and preventing social isolation</li> <li>• Working together to prevent older people having falls</li> </ul> <p>The delivery plan for the first year has a particular focus on the first two areas of focus.</p> <p>The Oversight Group will support the implementation of specific collective actions related to these areas of focus by:</p> <ul style="list-style-type: none"> <li>• specifying detailed requirements for milestones in year 1 and beyond.</li> <li>• overseeing progress against milestones and unblocking issues as required, escalating risks to the Integrated Care Partnership Board if necessary.</li> <li>• considering and identifying resource requirements for delivery.</li> <li>• refreshing the delivery plan on an annual basis.</li> </ul>
<p><b>Objectives</b></p>	<p>The Strategy Delivery Group objectives are to:</p> <ul style="list-style-type: none"> <li>• Oversee the delivery of the of the action plan.</li> <li>• Lead the development of the delivery plan, monitor progress and refresh as necessary.</li> <li>• Report progress to the ICP Board</li> <li>• Ensure alignment with other ICP Priorities and workstreams.</li> <li>• Ensure the cross-cutting themes are covered in the programme of work.</li> <li>• Oversee delivery of the older peoples’ schemes funded by the ICP Priorities Fund</li> <li>• Develop collaborative ways of working across the partnership.</li> <li>• Ensure this work builds on existing services and activity and doesn't duplicate.</li> <li>• Agree and oversee task and finish groups to take forward specific areas of work</li> <li>• Identify resources that will enable timely delivery of the actions with regular review of these.</li> <li>• Regularly engage and update ICP Board sponsors so they are able to contribute to the shaping of the workstream.</li> <li>• Ensure engagement and involvement of wider partners and stakeholders including service users.</li> <li>• Report to the wider system</li> <li>• Review deliverables against agreed outputs and escalate issues as required.</li> <li>• Review this Terms of Reference document as required.</li> </ul>
<p><b>Accountability, reporting and support</b></p>	<p>Key interdependencies include the following:</p> <ul style="list-style-type: none"> <li>• SWL Directors for Adult Social Care (ASC DASSs)</li> <li>• SWL Place Committees</li> </ul>

	<ul style="list-style-type: none"> <li>• SWL Frailty Network</li> </ul> <p>Agendas and notes will be maintained by the South London Partnership (SLP).</p>
<b>Membership</b>	<p>Core membership is as follows:</p> <p>SWL Integrated Care Board (ICB)</p> <ul style="list-style-type: none"> <li>• Tonia Michaelides: Director of Health and Care in the Community (<b>Co-chair</b>)</li> <li>• Rachel Flagg: Director, Integrated Care Partnership Development</li> <li>• Busayo Akinyemi: Programme Director – Integrated Care</li> </ul> <p>SWL Local Authorities (LAs)</p> <ul style="list-style-type: none"> <li>• Annette McPartland: Corporate Director- Croydon (<b>Co-chair</b>)</li> <li>• Lauren Rochat: Interim ASC Assistant Director- Kingston</li> </ul> <p>South London Partnership</p> <ul style="list-style-type: none"> <li>• Samantha Mason: Health and Care Programme Lead</li> <li>• Sally Khayat: Adult Social Care Policy and Programme Manager</li> </ul> <p><u>Wider partners</u></p> <ul style="list-style-type: none"> <li>• Shane Brennan- (Voluntary, Community and Social Enterprise (VCSE) Representative) Stay Well Services</li> </ul> <p>Members will seek and accurately represent views where they act as representatives for wider groups.</p> <p>Other members can be invites on an ad hoc basis, depending on agenda items.</p>
<b>Quoracy</b>	<p>The meeting will be quorate if the following are in attendance:</p> <ul style="list-style-type: none"> <li>• Chair (or a nominated deputy)</li> <li>• Representation from SWL LAs and the SWL ICB</li> </ul>
<b>Agenda Standing items</b>	<p>The Older People Oversight Delivery Group will have a standard agenda covering the elements as follows:</p> <ol style="list-style-type: none"> <li>1. Agree actions to move forward with the delivery plan</li> <li>2. Review progress against the delivery plan</li> </ol> <p>Other agenda items will be included on an ad hoc basis, as required.</p>
<b>Meeting frequency and location</b>	<p>Monthly for 1 hour via Teams.</p>
<b>Review and monitoring</b>	<p>These Terms of Reference were produced in January 2024 and will be reviewed after 12 months or earlier if deemed necessary as the SWL ICP Older People Oversight Group evolves.</p>

# Health Inequalities

5.1 Delivery plan

5.2 Highlight report

5.3 Terms of reference

# Health Inequalities Workstream

## Delivery plan October 2023-March 2025

Addressing the wider determinants of health and well-being Systemwide deliverables	Timeframe	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/ resident voice?	How will we know if we've been successful?	
					Outputs	Outcomes
Map current and potential adopters, identify stakeholders and partners and work to influence their adoption of London Living Wage	Mar-25	Catherine Heffernan/ Imran Choudhury/ Health Inequalities Delivery Group	We will work together across the system to accelerate the adoption of London Living Wage across our organisations and to create social value in our local economy		Baseline no of organisations with Living Wage and increase in numbers measured 6 monthly. Agreed accelerated timeline for commitment from organisations.	London Living Wage is adapted across boroughs and Trusts by March 2025
The Health Inequalities Delivery Group will use and improve the health equity dashboard, population health management and other public health intelligence to influence and drive improvements across primary care, mental health, secondary care etc. This includes use of health equity audits of services, mapping and embedding relevant NICE guidance to healthcare services ( <a href="https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities">https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities</a> ) and ensuring the evidence is implemented into pathways to reduce healthcare inequalities.	Mar-25	Catherine Heffernan/ Kehinde Adeniji/ Health Inequalities Delivery Group	We will work together to reduce healthcare inequalities in SWL by identifying, understanding and addressing inequities in accessing and uptaking health and care services and being more responsive to needs including those with learning disabilities and who are neurodiverse	The work of the Health Inequalities Delivery Group emphasizes health inequalities and disparities so we will be targeting the groups that need support the most. Our work will include resident voices on their perspectives on improve their health and access to healthcare and this supports EDI as there is a focus on at risk groups e.g. LD, SMI, deprived areas etc. Climate change has a big impact on health inequalities as those who are most disadvantaged are the ones who suffer the impact of climate change more. We will be working closely with those leading on the Green Agenda to ensure that this is covered in all SWL green plans.	<ul style="list-style-type: none"> <li>Agreed metrics to monitor changes (e.g. screening and immunisation, GP consultations, A&amp;E attendances, hospitalisations etc)</li> <li>Deep dives into or reports on outputs from healthcare strategies that address Core20plus5 (e.g. mental health strategy, primary care strategy, Trusts' clinical strategies)</li> <li>Progress report on implementation of anti-racist frameworks to bring about more culturally sensitive services</li> <li>March 2025 Core20plus5 profile will show improvements from 2022 baseline (as published in the JFP, 2023) although it is expected to see increased diagnoses rates in this population (e.g. increased hypertension case finding)</li> <li>Report on mapping and embedding NICE guidelines (NICE and health inequalities   What we do   About   NICE)</li> </ul>	By March 2025, we will have a baseline and a means to sensitively measure changes in health and healthcare inequalities. We will also have created an agreed SWL approach to monitor, track and evaluate progress on health inequalities across the partnership.

# Health Inequalities Workstream

## Delivery plan October 2023-March 2025

Health inequalities area of focus	Systemwide deliverables	Timeframe	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/resident voice?	How will we know if we've been successful?	
						Outputs	Outcomes
Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people	The Health Inequalities Delivery Group will monitor deliverables and evaluations of projects and review and disseminate case studies of success, thereby applying learning across the system	Sep-24	Catherine Heffernan/ Kehinde Adeniji/ Health Inequalities Delivery Group	We will oversee the use of 2023-25 NHSE healthcare inequalities monies (via the Health Inequalities Investment Fund) to ensure that financed innovation is helping to improve outcomes for our most vulnerable people and deprived areas	Supports the resident voice through greater engagement, listening, trust and building relationships at neighbourhood level	Evaluation reports from all funded SWL and Place based projects outlining success and areas of learning	By March 2025, learning from successful SWL innovations to improve healthcare inequalities (Core20plus5) will be shared and implemented in the system
Empowering our communities to improve their health and well-being	<ul style="list-style-type: none"> <li>The HI delivery group will oversee and evaluate:               <ul style="list-style-type: none"> <li>BeWell Hubs</li> <li>Core20plus5 connectors (using asset-based community development model),</li> <li>Brazil Model,</li> <li>Reach of personalised care (social prescribing/health coaches)</li> <li>Making Every Contact Count (MECC) across frontline staff</li> </ul> </li> <li>The HI delivery group will review and disseminate case studies of success in community asset based development and examples of best practice of community empowerment, such as South London Listens</li> <li>The HI delivery group will work with Healthwatch and other local voluntary, community and social enterprise (VSCE) organisations to maximise the opportunity to reach deep into communities affected by health inequalities so that they influence positive change</li> </ul>	Mar-25	Catherine Heffernan/Kehinde Adeniji/Thomas Herweijer/Health Inequalities Delivery Group	We will work with people, communities and Voluntary, community and social enterprise (VSCE) organisations so that our communities affected by health inequalities have the skills, resources and support to enable themselves to create solutions for themselves and their communities	Supports the resident voice through greater engagement, listening, trust and building relationships at neighbourhood level	<ul style="list-style-type: none"> <li>Increased uptake of NHS Health Checks (and other health checks) in Core20plus5 groups;</li> <li>Improved achievement of the 5 key metrics for social prescribing (GP appointment reductions etc);</li> <li>Increased evidenced use of MECC across frontline staff (e.g. community pharmacies, general practice etc) using RSPH Impact pathways for everyday interactions and <a href="https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources/mecc-evaluation-guide-2020">https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources/mecc-evaluation-guide-2020</a></li> <li>Increased evidence of use and feedback from BeWell Hubs</li> <li>Reduced preventable /inappropriate GP appointments (Brazilian Model output)</li> </ul>	Increased number of SWL initiatives that help empower communities to improve their health and wellbeing and increase health literacy

5.2 South West London Integrated Care Partnership: Priority Delivery Highlight Report

ICP Priority	Health Inequalities	SROs	Dr John Byrne Dr Imran Choudhury	Workstream leads	Dr Catherine Heffernan	ICP Board sponsors	Peter McCabe Yemisi Gibbons	Date of report	January 2024
--------------	---------------------	------	-------------------------------------	------------------	------------------------	--------------------	--------------------------------	----------------	--------------

Summary of progress this period

- Terms of Reference for the Health Equity Partnership Group was agreed by the ICP chairs and a NED chair sought to chair the group. This group is due to meet in January/February and will meet quarterly. This group aims to increase health equity in SWL and will oversee the delivery from its three delivery groups – Prevention, Health Inequalities and SWL Research Collaborative.
- The subgroup Health Inequalities Fund Delivery Group met twice in December 2023 and devised a terms of reference. They also drafted a delivery plan for partnership work on delivering the aims of the ICP Health Inequalities priorities. This group is an agile partnership group with core members, co-opting in additional members in accordance to the topic or area. Its role is to action the delivery plans for the Integrated Care Partnership Strategy and SWL Joint Forward Plan on health inequalities, healthcare inequalities and health disparities and is responsible for managing and monitoring the spend of NHSE healthcare inequalities funding in SWL including raising the profile of best practice interventions that make a meaningful contribution to local communities.
- Between September and December 2023, two funding processes were run for the SWL Health Inequalities Investment Fund. The first was for existing projects where expressions of interest were requested, reviewed by Place and projects proposed for continuation submitted to a SWL Panel. The second process was for new applications for funding and were Place Based. All successful projects will be funded to March 2025. Both processes were time and staff intensive. Eighteen new Place Based projects and 22 existing Place based projects were awarded. Two projects were agreed to be upscaled to SWL Level – SPEAR and the Brazilian Model. We continue to support our Core20plus5 Connectors (including maternity connectors) and EmHIP.
- We have identified a resource to help lead the delivery of the prevention and health inequalities workstreams of the ICP and are in the process of recruiting.
- SWL was successful in receiving research funding from NHSE to improve patient/public participation and diversity in research. Some of this money is being used to set up an inclusivity network to help voluntary sector to engage in research and evaluation, thereby contributing to and sharing best practice. This will help increase the effectiveness of our efforts to reduce health inequalities. We have also been delivering evaluation training to all successful project applicants.

Key deliverables due next quarter

Deliverable
<ul style="list-style-type: none"> <li>• All existing projects funded by the Health Inequalities Investment Fund are due to submit evaluations of the first year by April 2024.</li> <li>• Baseline measures set for all metrics.</li> <li>• Health Equity Dashboard updated.</li> </ul>

Key risks and/or issues (top 3)

R/I	Description	Mitigating actions	RAG after mitigation
R	HI projects are short-term (annual funding)	Projects supported to March 2025	
R	Constraints on measuring effectiveness of projects	Training up and supporting providers in monitoring and evaluating their projects and creating forums to share and implement good practice	
R	Partnership relationships are still forming	Setting up structures, identified SROs and time	54/104

# Prevention

6.1 Delivery plan

6.2 Highlight report

6.3 Terms of reference (see 5.3)





Systemwide deliverables	Timeframe	Lead	Related action/ area of focus in the strategy	How does this support EDI/Green/ resident voice?	How will we know if we've been successful?	
					Outputs	Outcomes
<ul style="list-style-type: none"> <li>• Increase access to and uptake of NHS Health Checks and increase uptake of local health improvement offers (LA, NHS, VCS)</li> <li>• Work to support better understanding of the characteristics, demographics, and cultural reasons for children and young people at risk of obesity</li> <li>• Work to prevent people from developing long-term conditions and early identification of people at risk or people who have developed long term conditions such as Type 2 diabetes through health and wellness checks in places of association and social housing estates</li> <li>• Build upon community empowerment approach, train and retain more health coaches, community health and wellbeing workers and link to social prescribers</li> <li>• Reduce barriers to the voluntary sector's ability to play a full role in supporting health and wellbeing, for example by working through issues of data sharing together and demonstrating longer term value for money.</li> <li>• Work together to secure long-term funding arrangements for voluntary sector programmes and services that are effective in connecting with our communities and improving people's health and wellbeing.</li> </ul>	31 March 2025	Catherine Heffernan/ Thomas Herweijer/ Kehinde Adeniji /Prevention Delivery Group	<p>Maximising the ability of the voluntary and community sector to support people to lead healthier lifestyles &amp; to build their capacity and funding</p> <p>Build on the work of social prescribing, community health and wellbeing workers and health coaches</p>	Supports the resident voice through greater engagement, listening, trust and building relationships at neighbourhood level	<ul style="list-style-type: none"> <li>• Increased uptake numbers of NHS Health Checks, especially amongst Core20plus5 groups and evidence of impact of interventions</li> <li>• Report on CYP at risk of obesity</li> <li>• Increased uptake of health and wellness checks in places of association and social housing estates compared to 2023 and evidence of follow-up/uptake of interventions</li> <li>• By March 25, every PCN has active connections to social prescribers, health coaches, community connectors and health and well-being community workers</li> </ul>	By March 2025, social prescribers and health coaches will be available in all GP Practices and the work of Core20plus5 connectors and Brazilian model will be widespread and sustainable
<ul style="list-style-type: none"> <li>• Create solutions for self-care which reflect the needs of different communities through meaningful co-production with those communities.</li> <li>• Continue to develop digital support to help people navigate what is available to support them when diagnosed with a long-term condition including the utilisation of social engine marketing to divert people to the right advice and care.</li> <li>• Make available digital care pathways to support all South West London residents through their personal healthcare journeys (by 2026/27).</li> <li>• Increase the use of digital care plans by training health and care staff and considering how more people can be encouraged to use them.</li> <li>• Increase access to training and equipment for people who are currently digitally excluded, where a digital offer is what they want.</li> <li>• Increase equity of access to self-care by improving visibility of what is on offer both digitally and in person, through a broad range of channels, for example, social media, faith and community groups, and sports organisations.</li> <li>• Work with the APC / clinical networks – to ensure embed prevention and weight management guidance/ signposting / pathways are embedded into clinical pathways e.g. MECC (start with those with conditions with highest prevalence / impact of obesity)</li> </ul>	31 March 2025	Catherine Heffernan/ Kehinde Adeniji /Prevention Delivery Group	<p>Developing personalised self-care for people with long-term conditions</p> <p>Embed prevention in the clinical pathways for all Long term conditions including diabetes, COPD, MSK, CVD and ischaemic disease</p>	Digital self-management will reduce demand on healthcare services, supporting the green agenda through reduced travel time	<ul style="list-style-type: none"> <li>• Review completed by Sept 2024 on existing self-care programmes in South West London,</li> <li>• Report March 2024 on role of community pharmacies in reducing digital exclusion amongst over 65s (NHSE REN funding) and arising plan to expand this work</li> <li>• Communications plan by June 2024 on improving visibility of what is on offer both digitally and in person, through a broad range of channels, for example, social media, faith and community groups, and sports organisations.</li> <li>• Report March 25 on how digital care pathways can support residents</li> </ul>	By March 2025, we have good understanding of what's available across SWL to support people in self-care for LTCs and temperature checks with different patient groups indicate an increase in awareness and health literacy around self-care

6.2	South West London Integrated Care Partnership: Priority Delivery Highlight Report								
ICP Priority	Prevention	SROs	Dr John Byrne Iona Lidington	Workstream leads	Dr Catherine Heffernan	ICP Board sponsors	C'llr G Henderson Gillian Norton	Date of report	January 2024

**Summary of progress this period**

- Terms of Reference for the Health Equity Partnership Group was agreed by the ICP chairs and a NED chair sought to chair the group. This group is due to meet in January/February and will meet quarterly. This group aims to increase health equity in SWL and will oversee the delivery from its three delivery groups – Prevention, Health Inequalities and SWL Research Collaborative.
- The subgroup Prevention Delivery Group has not yet met due to diary clashes but is due to meet for the first time in January 2024. This group is an agile partnership group with core members, co-opting in additional members in accordance to the topic or area. Its role is to action the delivery plans for the Integrated Care Partnership Strategy and SWL Joint Forward Plan on prevention.
- However, work continued to take place since September on embedding the NHS Tobacco Dependency Programme (based on the Ottawa Model) in SWL, the provision of prevention in Mental Health Strategy and Primary Care Strategy and on secondary prevention and early detection for long term conditions.
- There are steering groups for LTCs and Tobacco Dependency Programme which will report into the Prevention Delivery Group going forward.

Key deliverables due next quarter	Key risks and/or issues (top 3)			
Deliverable	R/I	Description	Mitigating actions	RAG after mitigation
<ul style="list-style-type: none"> <li>• SWL Health Weight Health Needs Assessment completed.</li> <li>• Report on digital exclusion project for over 65s by community pharmacies</li> <li>• Plan for improving uptake of health and wellness checks and NHS Health Checks across SWL</li> <li>• Communications plan for 2024 on improving visibility of what is on offer both digitally and in person, through a broad range of channels, for example, social media, faith and community groups, and sports organisations</li> </ul>	R	Partnership relationships are still forming	Setting up structures, identified SROs and time	
	R	Prevention work has in the past been affected by cost cuttings and lack of investment	The Health Equity Partnership will champion the importance of and its commitment to prevention and health inequalities	
	R	Health outcomes from prevention are often not immediate outcomes	The Prevention Delivery Group will utilise shorter term, proxy measures to detect changes	

**Southwest London ICS (SWL)  
Health Equity Partnership Group  
Terms of Reference 2023/24**

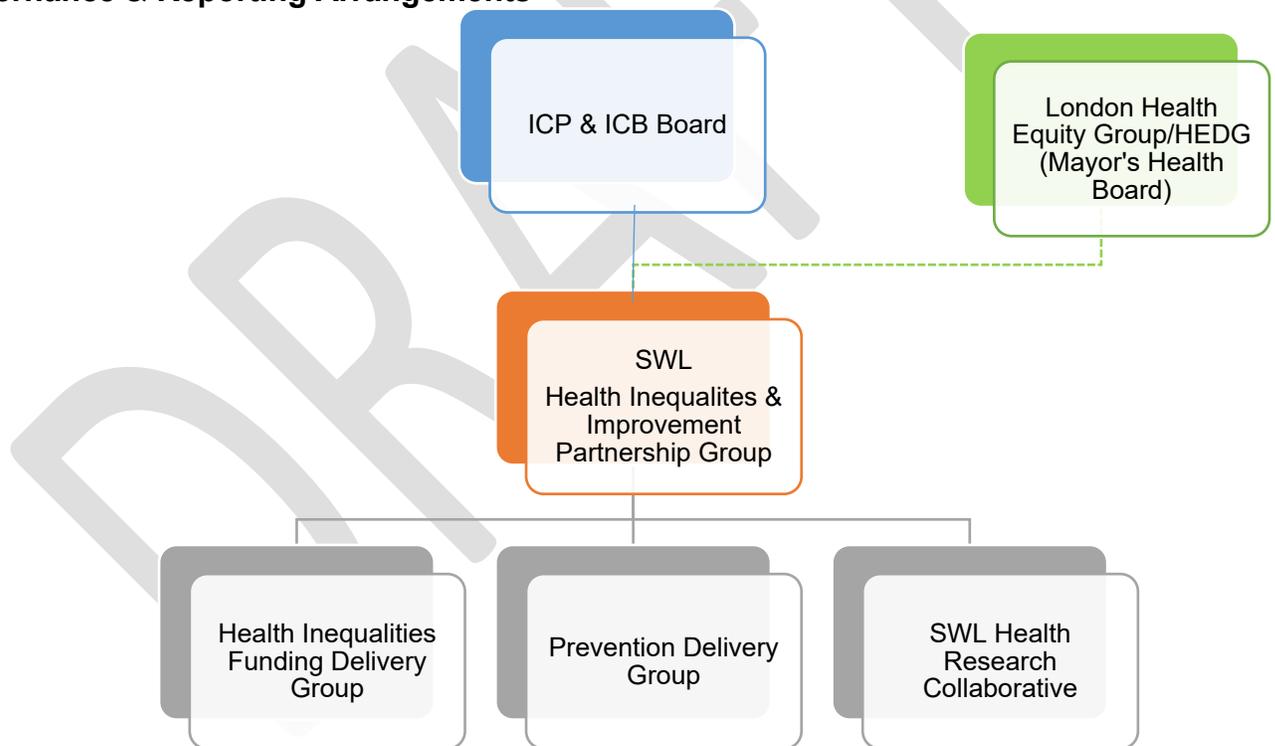
<p><b>Purpose</b></p>	<p>To work together to increase health equity in Southwest London (SWL). We will do this by tackling health inequalities, health disparities and healthcare inequalities so that every SWL resident irrespective of who they are or where they live are enabled to live longer, healthier and enjoy a good quality of life.</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>• To plan, implement and monitor the relevant deliverables of the SWL Joint Forward Plan and the Integrated Care Partnership Strategy.</li> <li>• To strive for health equity by delivering the strategic vision and priorities for the Health Inequalities programme across the SWL ICS, including the Core20PLUS5.</li> <li>• To provide collective strategic leadership, direction and oversight for the improvement of population health in SWL including the embedding of the NHS Long Term Plan’s aims on prevention at place and system levels.</li> <li>• To work together as a partnership across system and place to ensure that all local residents and workers can Start Well, Live Well and Age Well no matter who they are and what part of SWL they live in.</li> <li>• To contribute to the integrated care system’s aims of             <ul style="list-style-type: none"> <li>○ Improving population health and healthcare</li> <li>○ Tackling unequal access and outcomes</li> <li>○ Enhancing productivity and value for money</li> <li>○ Helping the NHS support broader social and economic development</li> </ul> </li> </ul>
<p><b>Objectives</b></p>	<ul style="list-style-type: none"> <li>• To deliver the aims of the ICP strategy and monitor the progress being made on the reduction of health inequalities and prevention:             <ul style="list-style-type: none"> <li>○ Addressing the wider determinants of health and well-being</li> <li>○ Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people</li> <li>○ Empowering our communities to improve their health and well-being</li> <li>○ Developing a whole-system approach to healthy weight and reducing obesity</li> <li>○ Maximising the ability of the voluntary and community sector to support people to lead healthier lifestyles</li> <li>○ Developing personalised self-care for people with long-term conditions</li> </ul> </li> <li>• To deliver the aims of the Joint Forward Plan on health inequalities and prevention and monitor the progress being made:             <ul style="list-style-type: none"> <li>○ Improving outcomes for our children, young people and adults in the Core20PLUS5 population</li> <li>○ Developing our health inequalities strategic delivery plan</li> <li>○ Developing our anchor institutions to tackle socio-economic inequalities</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Developing our anti-racism framework to address racial inequalities</li> <li>○ Using data, intelligence and population health management to improve outcomes and tackle inequalities for our population</li> <li>○ Strengthening our community engagement</li> <li>○ Delivering SWL’s statutory equality duties</li> <li>○ Deepening our understanding of our population and health inequalities</li> <li>○ Developing a healthy lifestyles pathway across SWL</li> <li>○ Protecting SWL population from communicable diseases and environmental threats</li> <li>○ Increasing support for the prevention and early diagnosis of chronic conditions</li> <li>● To promote and embed the use of population health management to improve population health</li> <li>● To advance health research in the SWL ICS</li> <li>● To ensure equitable access to high quality and appropriate health care including the Evidence Based Interventions Programme</li> <li>● To contribute to the ICS performance on the health inequalities components of the CQC ICS annual assessments</li> </ul>
<p><b>Accountability, reporting and support</b></p>	<ul style="list-style-type: none"> <li>● The Health Inequalities &amp; Improvement Partnership Group is accountable to the SWL Integrated Care Board and the Integrated Care Partnership. It will provide regular reports to both boards, providing assurance of the work being done on improving population health in South West London and escalating any areas of concern.</li> <li>● There are 3 delivery groups that operationalise the work of the partnership group and report into the partnership group: <ul style="list-style-type: none"> <li>○ <u>Health Inequalities Funding Delivery Group</u> <ul style="list-style-type: none"> <li>▪ This group is responsible for managing and monitoring the spend of health inequalities funding in SWL including raising the profile of best practice interventions that make a meaningful contribution to local communities</li> <li>▪ The group is a forum to share expertise, knowledge, and intelligence across SWL to share best practice and upskill all staff on health inequalities</li> </ul> </li> <li>○ <u>Prevention Delivery Group</u> <ul style="list-style-type: none"> <li>▪ This is an agile delivery group that focuses on delivering the aims for prevention and long-term conditions of the Joint Forward Plan, the ICP Strategy and the NHS Long Term Plan. It also has oversight of the NHS Prevention programme including the NHS Tobacco Dependency Programme.</li> </ul> </li> <li>○ <u>SWL Health Research Collaborative</u> <ul style="list-style-type: none"> <li>▪ This group consists of representatives from SWL academic institutions, research and development leads in providers, NIHR ARC, the Clinical Research Network and the Health Innovation Network.</li> <li>▪ Aim is to establish a research environment in SWL through delivery of a research plan that will grow research capacity in the system, identify and address the specific</li> </ul> </li> </ul> </li> </ul>

	<p>research needs in SWL, increase public participation and diversity, support SWL innovators with evaluations and work with ICP to help implement research findings.</p> <ul style="list-style-type: none"> <li>• Additional task and finish groups may be set up to focus on areas of interest identified by the partnership group.</li> <li>• This group brings together partners with shared goals for implementing the aims of the NHS Long Term Plan and the Integrated Care Partnership on improving population health and reducing health inequalities.</li> <li>• Accountability to each other will be achieved through agreed outcomes and outputs, prioritization of group's meetings and honoring our commitments to the aims and objectives of the group.</li> </ul>
<b>Membership</b>	<ul style="list-style-type: none"> <li>• Members are restricted to: <ul style="list-style-type: none"> <li>○ Executive Medical Director, SWL ICB (SRO for Health Inequalities &amp; SRO for ICP Prevention workstream)</li> <li>○ Director of Public Health, London Borough of Kingston (SRO for ICP Prevention workstream)</li> <li>○ Director of Health Improvement (ICB)/SWL Public Health Consultant, South London Partnership (SRO for ICP Health Inequalities workstream)</li> <li>○ Director of Public Health, London Borough of Sutton (SRO for ICP Health Inequalities workstream)</li> <li>○ Deputy Director for Transformation (Prevention &amp; Long-Term Conditions)</li> <li>○ Head of Transformation: Long Term Conditions &amp; Population Health Research Lead</li> <li>○ Head of Evidence Based Interventions &amp; Population Health Management, SWL ICB</li> <li>○ SWL Chief Digital Information Officer, SWL ICB</li> <li>○ Deputy Director for Quality Improvement, SWL ICB</li> <li>○ Place Directors</li> <li>○ Senior Representative from South London Partnership</li> <li>○ Senior Representative from OHID, London Region</li> <li>○ Senior Representative from UKHSA, London Region</li> <li>○ Senior Representative from Health Watch</li> <li>○ Senior Representative from VCSE</li> </ul> </li> <li>• Members will be responsible for attending each meeting and contributing to the agenda. Members can nominate deputies to attend on their behalf where attendance is not possible.</li> <li>• Minutes of meetings will be shared with members after each quarterly meeting.</li> </ul>
<b>Quoracy</b>	<p>Quorate membership consists of the chair and at least two senior representatives from SWL ICB and two Place representatives.</p>
<b>Agenda Standing items</b>	<ul style="list-style-type: none"> <li>• Situational analysis of prevention and health equity</li> <li>• Reports and escalation from the delivery groups</li> <li>• NHS Prevention Programme updates</li> </ul>

<b>Meeting frequency and location</b>	<ul style="list-style-type: none"> <li>• Meetings will be quarterly – April, July, October and January. A schedule of meetings will be circulated to members of the group.</li> <li>• Meetings may be held between the main meetings if a need is warranted.</li> <li>• All meeting papers will be circulated at least three days in advance of the meeting.</li> <li>• The agenda and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 5 working days of the meeting.</li> <li>• Agenda standing items will consist of reports from delivery groups, monitoring progress against the ICP strategy and JFP and deep dives into specific topics.</li> <li>• Agendas, minutes and papers will be stored on a specific site on NHS Futures Platform and on share point, providing a depositary and audit trail of the work being done on population health and health equity in SWL.</li> </ul>
<b>Review and monitoring</b>	Terms of reference to be reviewed in March 2024.

### Governance & Reporting Arrangements



## South West London Integrated Care System

<b>Name of Meeting</b>	Integrated Care Partnership Board		
<b>Date</b>	Wednesday, 24 January 2024		
<b>Title</b>	Focus on Prevention and Health Inequalities in SWL: Healthy Weight		
<b>Lead Director (Name and Role)</b>	Dr John Byrne, Exec Medical Director, ICB Iona Lidington, Director of Public Health, Royal Borough of Kingston		
<b>Author(s) (Name and Role)</b>	Dr Catherine Heffernan, Director of Health Improvement, ICB & SWL Public Health Consultant, South London Partnership		
<b>Agenda Item No.</b>	05	<b>Attachment No.</b>	04
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

### Purpose

The ICP has set prevention and health inequalities as strategic priorities across South West London. At each meeting of the ICP Board an update will be given delivering the actions agreed to meet these objectives. Healthy weight in South West London (SWL) is a priority within these objectives and is the focus for this 'in focus' item, to discuss how we move from current approaches to healthy weight to embedding the more effective systems approach.

### Executive Summary

Whilst SWL overall has lower proportions of the population with obesity/overweight compared to London and England, 1 in 3 of our age 10/11-year-olds have weights above healthy weight and, apart from Richmond, less than half of our adult population in our boroughs have healthy weight. The proportion of unhealthy weight is increasing.

We propose to shift the language from 'obesity' to 'healthy weight' in SWL as this does not incorporate those who may be underweight or those with normal BMI but unhealthy behaviours (e.g. high sugar or alcohol consumption). We also want to embed a system approach to healthy weight. This acknowledges that we live in an obesogenic environment and that to make a difference, we need to use a system thinking approach to healthy weight. By this, we mean each part of the system has a role to play in improving healthy weight and that applying a positive change in one part of the system can bring about positive changes in other parts. This moves us away from the old model of one team or group of people doing everything to each one of us playing a small but significant part in improving healthy weight.

### Key Issues for the Board to be aware of

- Despite the causes of obesity and unhealthy weight being complex, we can improve the level of healthy weight in our population if we adapt a system thinking approach.
- There are a large number of initiatives happening at Place and we need to think about where the greatest difference can be made.

- SWL public health teams have devised a set of prevention principles to help embed prevention in our care pathways and in our work. These are presented here for the ICP to endorse.

**Recommendation**

**The Board is asked to:**

- Discuss the suggested approach to a system thinking approach to healthy weight
- Agree the proposed prevention principles across SWL

**Conflicts of Interest**

None that we are aware of.

**Corporate Objectives**

This document will impact on the following Board Objectives

Improving health weight is a key prevention priority in the ICP strategy. There are also wide health inequalities pertaining to healthy weight.

**Risks**

This document links to the following Board risks:

Some healthy weight services (e.g. Croydon’s Tier 3 service) have short term, non-recurrent funding and are at risk of having limited impact.

**Mitigations**

Actions taken to reduce any risks identified:

We are undertaking a healthy weight needs assessment for SWL which will identify where we can make mitigations. We are also reviewing the NHS provision of what is traditionally known as Tier 3 and 4 services.

**Financial/Resource Implications**

There may be future financial implications from the Healthy Weight Needs Assessment around future provision of services that should have recurrent funding.

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

An EIA has not yet been completed but as part of the prevention delivery plan, a Healthy Weight Health Needs Assessment will be completed including a health equality assessment.

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

n/a

**Patient and Public Engagement and Communication**

Not yet.

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	n/a		

<b>Supporting Documents</b>	Healthy Weight Presentation
-----------------------------	-----------------------------



# Focus on Prevention and Health

## Inequalities in SWL: Healthy Weight

Dr John Byrne, Iona Lidington & Dr Catherine Heffernan

January 2024

## Purpose

- The ICP has set prevention and health inequalities as strategic priorities across South West London.
- Healthy weight in South West London (SWL) is a priority within these objectives and is the focus for this 'in focus' item, to discuss how we move from current approaches to healthy weight to embedding the more effective systems approach.

## Outline of Presentation

- Why are talking about Healthy Weight?
- Current Understanding of Healthy Weight in South West London
- What are we already doing?
- What more can we do? **Lots going on but not joined up.**

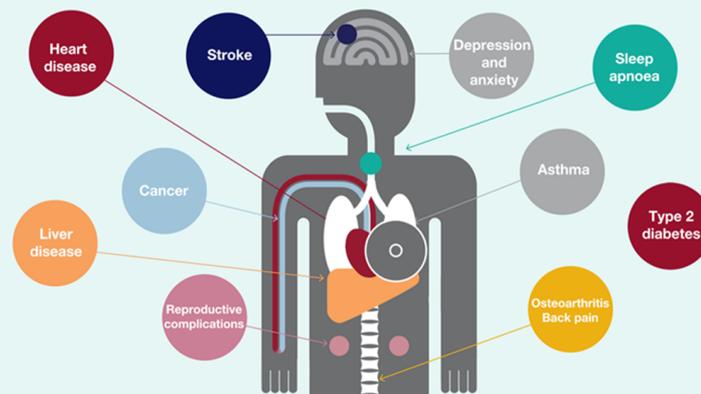
A child in year 6 from the most deprived part of the country is **twice as likely to be obese** as their counterparts from the most well off areas.



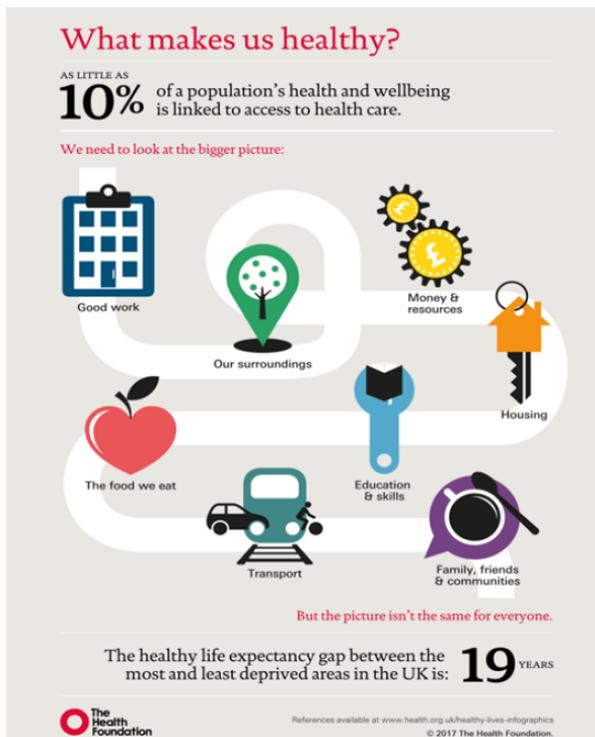
# Why are we talking about Healthy Weight?

- In SWL, we're striving to help everyone to achieve and/or maintain healthy weight through the ICP Strategy priority on prevention
- We are recommending that we move away from the language of 'obesity' as this does not incorporate those who may be underweight or those with normal BMI but unhealthy behaviours (e.g. high sugar or alcohol consumption)
- In the UK, being above healthy weight costs £98 billion a year (£63bn cost to people affected, £19bn cost to NHS and £15bn cost to society)
- Besides excess health care expenditure, there is an association between increasing BMI and economic costs such as lost productivity, lost work days, lower productivity at work, economic inactivity, mortality and permanent disability.

## Obesity harms health



# SWL Population's health is shaped by factors beyond access to health care



It's not your genetic code,  
it's your [post]code.

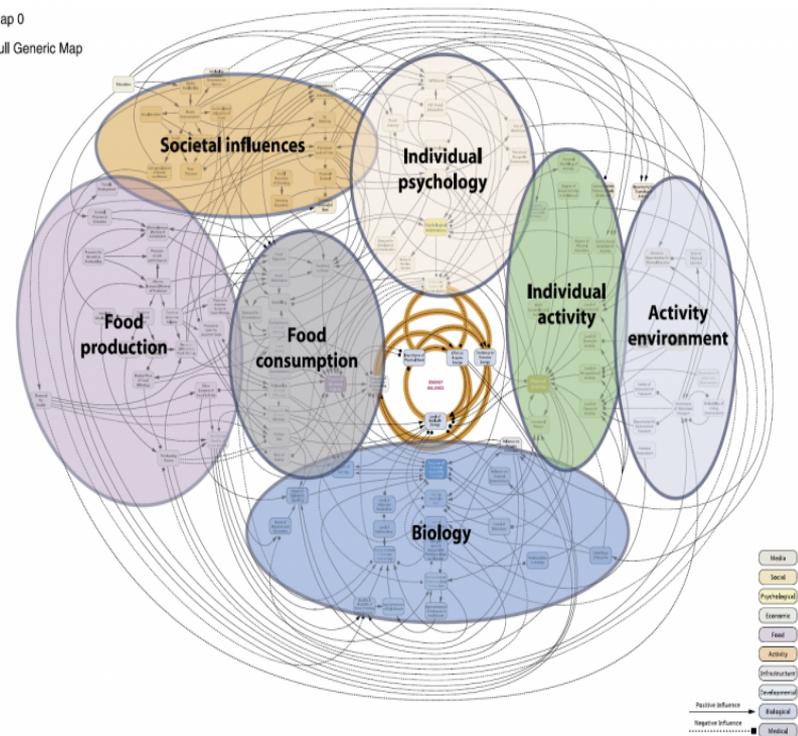
*Larry Cohen, Building a thriving nation*

# System Thinking Approach

- Improving healthy weight is a significant challenge for the ICS as it is a complex problem with numerous interconnections and elements.
- It is not as simple as eat less, move more.
- The most widely accepted model to explain the causes of obesity is the obesogenic environment (a socio-ecological view of obesity, in which individual behaviour is situated within a broader social context).
- The complexity of the issue can be off-putting.
- However, system thinking provides a way forward. This first incorporates system analysis to understand the relationships within the SWL system and system as a whole.
- Then to action change, each part of the system focuses on doing their role to improve the population's healthy weight. Essentially making a positive change in one part of the system can bring about positive changes in other parts of the system (like a domino effect).
- This means that every single one of us have a role to play in bringing about change to a complex issue like obesity and by joining up as a system, we can make a difference to our SWL population health.
- We plan to take a system approach through our prevention delivery plan.

Map 0

Full Generic Map



Source: Foresight Map (2017)

# Current Understanding of Healthy Weight in SWL



- SWL overall has lower proportions of the population with obesity/overweight compared to London and England (appendix one)
- However, a third of our age 10/11 year olds have weights above healthy weight and this proportion is increasing.
- In relation to adults, the new Quality Outcomes Framework (QoF) indicator enables us to gather information on the proportion who are obese (latest figures show 8%). However, caution is needed as there can be discrepancy in when the weight is recorded and may not be up-to-date.

# Current Understanding of Healthy Weight in SWL by borough

- Apart from Richmond, less than 50% of borough adult residents are estimated to have healthy weight
- There is variation across boroughs and within boroughs – e.g. in relation to children, 36% Year 6 children are above healthy weight in Merton, 35% in Wandsworth, 33% in Croydon, 31% in Sutton, 28.7% in Kingston and 23% in Richmond



Area	% Adults Healthy weight
Croydon	36.6%
Kingston upon Thames	44.4%
Merton	41.3%
Richmond upon Thames	51.5%
Sutton	37.1%
Wandsworth	46.5%
<b>London</b>	<b>41.1%</b>
<b>England</b>	<b>35.0%</b>

Source: Active Survey (2023)

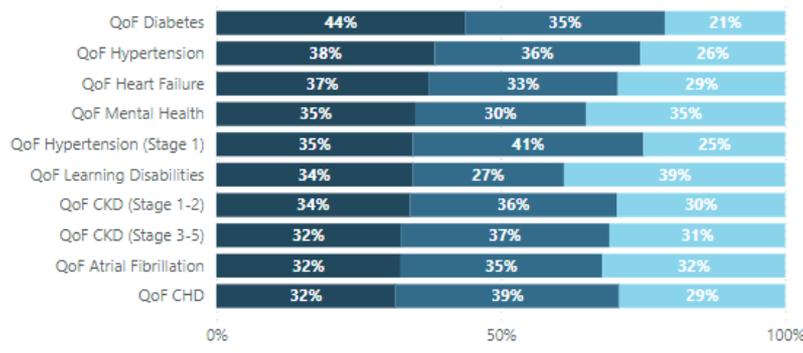
# Obesity & Health Inequalities in SWL

- In SWL, those adults aged under 30 years in Core20plus5 areas are 35% more likely to be obese. This proportion slightly decreases as we go up age groups.
- The increasing proportions of younger people being above healthy weight has big implications for our healthy life expectancy as we will have people living for longer in poorer health in our Core20plus5 groups

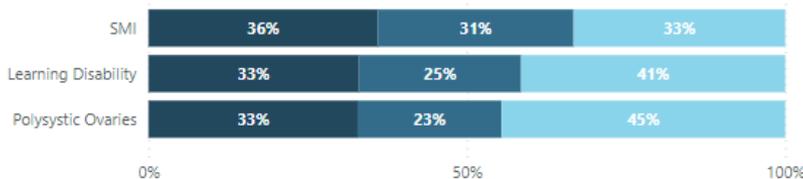
- There is information on BMI measurement (in past 5 years) for 65% of population on GP systems
- The majority of SWL residents recorded on GP systems with long term conditions are overweight and obese (see graph)

● % Obese ● % Overweight ● % Other

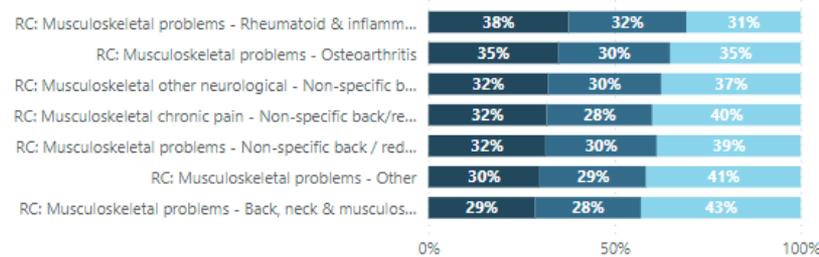
Top 10 QoF Registers by % Obese



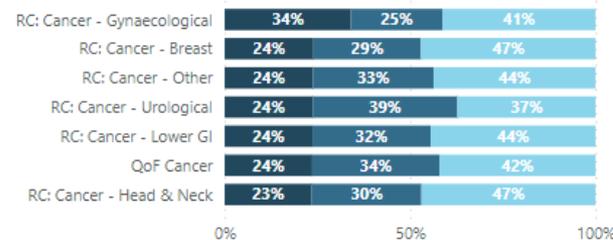
Other



MSK



Cancer



# What we are doing at Place

- Each borough has borough level healthy weight plans and strategies
- There are agreed pathways based on the Tiered Model (see appendix 2 for example from Richmond) but these need joining up for SWL
- Nationally there is a movement away from tiers to a more personalised and compassionate approach.
- Introduction of obesity drugs are also changing pathways and models of care for individuals.
- Large number of initiatives across each borough, for example

## Croydon:

- [Making every contact count](#)
- [Live Well Croydon | Croydon Council](#)
- [Healthwise at Waddon Leisure Centre \(better.org.uk\)](#)

## Kingston:

- [Connected Kingston](#)
- [Health and wellbeing – www.kingston.gov.uk](#)
- [Healthy Weight – www.kingston.gov.uk](#)

## Merton:

- [Merton - Get Active](#)
- [Merton Health & wellbeing service - One You Merton](#)

## Richmond & Wandsworth:

- Tier 1 Council provided services [Health Walks](#), [Disability sports and inclusive activities \(RISE\)](#), [Resources for physical activity at home](#), [Richmond Moves](#), [Healthy eating](#).
- RUILS Social Prescribers have a [directory](#) of community-based services that offer support to healthy eating and physical activity.

## Sutton:

- [Healthy lifestyles - Sutton Council](#)
- [Healthy diet, healthy weight - Sutton Council](#)

# What more can we do at Place?

## Improving Healthy Weight should be a priority for all local authority departments, education, voluntary sector and the NHS in SWL

- Encouraging Healthy Schools
- Better access to leisure & sport
- Influencing what people buy and eat
- Accessible and affordable food – e.g. social supermarkets
- Safe neighbourhoods
- Increasing green spaces & open spaces
- Increasing neighbourhood spaces, healthy town centres or high streets through town planning
- Designing homes and buildings to promote healthier living
- Improving active travel and public transport access
- Work together to use all assets of the local area and support a community-centred approach to tackling health inequalities



# Where can we make the biggest difference?



Friends, family and communities



Money and resources



Good work



Transport



Housing



Education and skills



Our surroundings

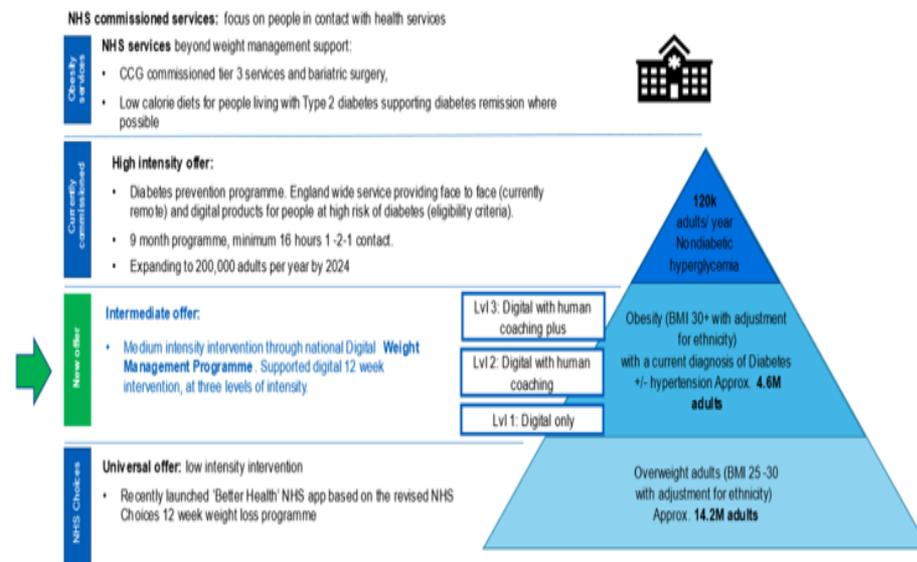


The food we eat

# What we are doing in SWL NHS

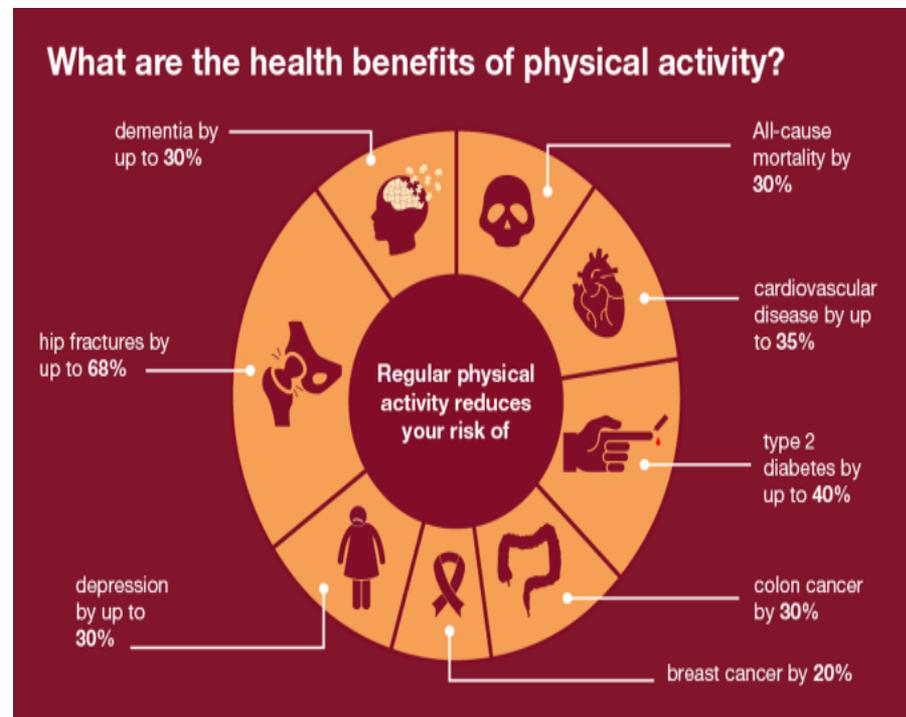
- NHS Digital Weight Management Programme
  - SWL ICB is in the top 10 referring ICBs with 79% of practices referring and 57% of eligible referrals taken up
- NHS low calorie diet programme
- Penthlon and Decathlon
- Weight checks in some community pharmacies
- No SWL commissioned Tier 3
- Tier 3/4 service in St George's

## The DWMP complements existing NHS weight management and Local Authority services



# What more we can do in Secondary Care?

- Supporting the prevention of smoking, alcohol and embedding good eating habits
- Active Hospital
  - embedding physical activity into routine care in secondary care settings to improve the clinical and quality of life outcomes of people accessing the services
  - Promoting the wellbeing of its staff
- Active Wards
  - Inpatient activity - increasing fitness and reducing length of stay
- For more information please see [Moving Medicine](#)



# What more can we do in primary care?

- People who are regularly engaging with healthcare professionals (those with, or at risk of, developing health conditions) are far more likely to be inactive
- 1 in 4 people would be more active if advised by a GP or nurse
- Brief healthcare professional intervention associated with 11% reduction in all cause mortality and patients' healthy behaviours maintained for 6+ months
- For more information please see [MECC](#), [Active Practice](#) and [Moving Healthcare Professionals](#)



Office for Health Improvement & Disparities

THE NATIONAL LOTTERY SPORT ENGLAND

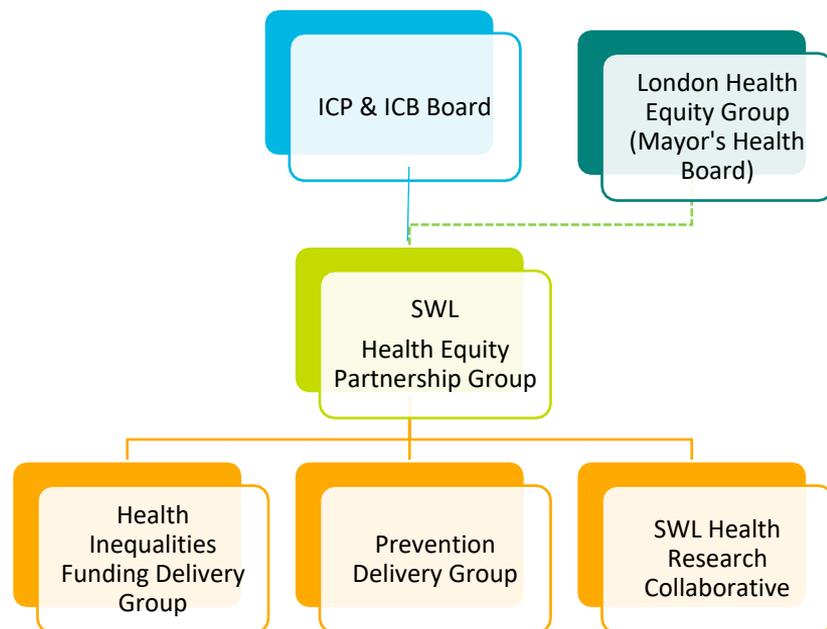
## Physical Activity for the Management and Prevention of Long Term Conditions

### FREE training for healthcare professionals

Expert Physical Activity Clinical Champions are delivering FREE, peer to peer 1-3 hours online training sessions to groups of healthcare professionals at a date and time to suit local needs e.g. Vocational Training Schemes, Protected Learning Time, lunchtime learning, etc.

Contact - [physical.activity@phe.gov.uk](mailto:physical.activity@phe.gov.uk)

# Our governance structure for improving healthy weight in SWL



- Healthy weight is the priority for the Prevention Delivery Group
- Every member on that group will contribute from their part of the system so that as a system's whole we will make a difference
- However, one group alone is not going to change things, we need everyone using a systems thinking approach to healthy weight

# Embedding Prevention

- Prevention is key to healthy weight and improving our population's health
- Local public health teams across SWL came together to agree a set of prevention principles to help to embed prevention in all services, projects and plans in SWL
- The following slide illustrates these principles and the ICP are asked to agree to adopt these

# Prevention Principles for South West London

These principles were developed by SWL local public health teams to help the planning and delivery of programmes and services that aim to improve population health in the 6 boroughs of Southwest London

Think Holistically	Think Public Health Risk Factors	Think Equity	Think Evidence Based	Think Collaboration	Think Empowerment	Think Sustainability	Think Digital	Think Climate
Consider physical and mental health and the wider determinants of health as part of a life-course approach	Prioritise preventative measures that will reduce health risk factors (e.g. obesity, smoking etc.) and reduce the burden on health and care services	Ensure that policies and programs are accessible, acceptable and available to all regardless of socioeconomic status, ethnicity, or other demographic factors	Base work on sound evidence and data. Plan evaluation early	Foster partnerships between health and care professionals, community organisations, and policymakers to maximise the impact of initiatives	Engage and empower individuals and communities to take an active role in their own health and wellbeing through education (improving health literacy) and codesign	Design interventions with sustainability in mind, considering resource allocation, assets, scalability, and long-lasting impact	Incorporate digital tools, telemedicine, wearables, health apps, and data analytics to ensure programmes reach broad audiences, and optimise outcomes	Integrate climate strategies into policies and programmes to mitigate risks to vulnerable groups

# The Board is asked to:

- Discuss the suggested approach to a system thinking approach to healthy weight
- Agree the proposed prevention principles across SWL

# Think Jigsaw!

**Thank you and  
discussion**



# Appendix 1: Current Understanding of Health Weight in SWL

Indicator	Period	South West London ICB - QWE		NHS regions (since ICB setup)	England		England		
		Recent Trend	Count		Value	Value	Value	Worst/ Lowest	Range
Reception prevalence of overweight (including obesity) (4-5 yrs)	2022/23	➔	2,525	18.5%	20.0%	21.3%	25.1%		17.2%
Year 6 prevalence of overweight (including obesity) (10-11 yrs)	2022/23	⬆	4,820	33.6%	38.8%	36.6%	43.4%		25.2%
Reception prevalence of obesity (including severe obesity) (4-5 yrs)	2022/23	➔	1,065	7.8%	9.3%	9.2%	11.8%		6.2%
Year 6 prevalence of obesity (including severe obesity) (10-11 yrs)	2022/23	⬆	2,970	20.7%	24.8%	22.7%	28.8%		12.8%
Reception prevalence of overweight (4-5 yrs)	2022/23	➔	1,460	10.7%	10.7%	12.2%	10.1%		14.1%
Year 6 prevalence of overweight (10-11 yrs)	2022/23	➔	1,850	12.9%	14.0%	13.9%	12.5%		14.7%
Obesity: QOF prevalence (18+ yrs) <span style="background-color: #28a745; color: white; padding: 2px;">New data</span>	2022/23	➔	111,249	8.0%	8.8%	11.4%	8.0%		15.4%
Reception prevalence of severe obesity (4-5 yrs)	2022/23	➔	285	2.1%	2.8%	2.5%	3.8%		1.4%
Year 6 prevalence of severe obesity (10-11 yrs)	2022/23	⬆	700	4.9%	6.4%	5.7%	8.4%		2.0%

## Appendix 2: Example from Richmond - Adult Weight Management Referral Pathway (June 2023)

### Assessment

1. Measure height and weight
2. Calculate BMI
3. Risk stratify (see table)
4. Ask about previous healthy weight interventions tried or current intervention
5. Provide brief advice and education (benefits of healthy weight to reduce risk of CVD, type 2 diabetes, dementia, and certain types of cancer)
6. Assess readiness to change
7. Motivational interviewing

Weight Class	Body Mass Index (BMI)	Risk stratification - Co-morbidities Present (refer to pre-assessment)	Tier
Healthy weight	18.5 kg/m <sup>2</sup> to 24.9 kg/m <sup>2</sup>		
Overweight	25 kg/m <sup>2</sup> to 29.9 kg/m <sup>2</sup>	<b>A</b> (Unless black African, African-Caribbean and Asian groups - BMI $\geq$ 27.5 kg/m <sup>2</sup> – go to category B)	Tier 1
Obesity I	30 kg/m <sup>2</sup> to 34.9 kg/m <sup>2</sup>	<b>B</b>	Tier 2
Obesity II	35 kg/m <sup>2</sup> to 39.9 kg/m <sup>2</sup>	<b>B, only C</b> if at least one of 5 co-morbidities – diabetes, CVD, hyperlipidaemia, Obstructive Sleep Apnoea, uncontrolled hypertension, <b>AND</b> must have completed a community –based service	Tier 2 –
			If C – then Tier 3
Obesity III	40 kg/m <sup>2</sup> or more	<b>C</b>	Usually go through Tier 3 for assessment and forward referral.

Not ready to change

Signpost to Council website on healthy lifestyle information, provide contact details of AWM provider if eligible and from at-risk groups

Ready to change

Risk category A

Risk category B

Risk category C

**Tier 1 - Universal interventions:** physical activity and healthy eating interventions, stop smoking services, IAPT services.

### Tier 2 – Structured Programmes

If pre-diabetic:

- NDPP or
- Decathlon (participating PCNs)

If diabetic, Low calorie diet

If none above apply:

- Adult Weight Management Service (priority at-risk groups)
- NHS Digital Weight Management
- Priority: Black, Asian and Minority Ethnic, and/or with a Learning Disability, and/or Low income

### Tier 3

Referral to multi-disciplinary programme (St George's Hospital)

### Tier 4

Bariatric Surgery

## South West London Integrated Care System

<b>Name of Meeting</b>	Integrated Care Partnership Board		
<b>Date</b>	Wednesday, 24 January 2024		
<b>Title</b>	Development of SWL Anti-Racist Approach		
<b>Lead Director (Name and Role)</b>	Sarah Blow, Chief Executive Officer, SWL ICB		
<b>Author(s) (Name and Role)</b>	Melissa Berry, Programme Director, Equality Diversity & Inclusion NHS South West London ICB Kate Wignall, Head of VCSE Sector Sustainability & Community Engagement		
<b>Agenda Item No.</b>	06	<b>Attachment No.</b>	05
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input checked="" type="checkbox"/>	Note <input type="checkbox"/>

### Purpose

The purpose of this paper is to ask ICP members to commit to our ambition to be an anti-racist health and care system in South West London, adopt this as a priority for the ICP, noting the reset of our approach and leadership changes. The success of this ambition is imperative to the ICP members' leadership and commitment to support and develop our approach in each members' respective organisations.

### Executive Summary

The attached paper seeks to:

- Build an understanding of what it means to be anti-racist and gain leadership support in developing an anti-racist health and care system.
- Understanding the challenge.
- Highlight work taken place so far.
- Share our focus over the coming months.

### Key Issues for the Board to be aware of

- An anti-racist approach is a priority for the ICB.
- The South West London Joint Forward Plan includes Equality, Diversity and Inclusion as a cross-cutting theme which is underpinned by an anti-racist approach and a development of a framework to be an anti-racist health and care system.
- The South West London Integrated Care strategy –has a cross cutting focus on Equality, Diversity and Inclusion including the tackling of racism and discrimination.

**Recommendation**

**The Board is asked to:**

- Commit to the development of an anti-racist approach for the South West London health and care system adopting it as an ICP priority.
- Offer leadership support and proactively champion an anti-racism approach in members' respective organisations.
- Note the next steps will involve a series of engagement with key partners.
- Receive regular updates on the progress of the anti-racist approach.

**Conflicts of Interest**

No conflicts have been identified.

**Corporate Objectives**

This document will impact on the following Board Objectives

This paper will impact on the ICP cross cutting theme Equality, Diversity and Inclusion.

**Risks**

This document links to the following Board risks:

By not working on becoming an Anti-Racist SWL we will stay the same

**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 the development of this Anti-Racism paper; EDI is a current theme throughout this paper

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

**Patient and Public Engagement and Communication**

Through our community engagement we will codesign and involve local people in our evolving our anti-racist approach and planned initiatives. This includes our voluntary, community and social enterprise organisations and Healthwatch who are key in supporting our reach to our diverse communities.

Previous Committees/Groups	Committee/Group Name	Date Discussed	Outcome
Enter any Committees/Groups at which this document has been previously considered	ICB Board Seminar	17/12/2023	Approach discussed
	Anti-racism strategy and implementation group – extended workshop session	8/01/2024	Approach discussed

<b>Supporting Documents</b>	Annex 1: Development of South West London Anti-Racist Approach
-----------------------------	--

## SOUTH WEST LONDON INTEGRATED CARE PARTNERSHIP BOARD

### 24 January 2024

#### Development of South West London Anti-Racist Approach

### 1. Introduction

The topic of racism is sensitive, uncomfortable, can challenge our traditional ways of thinking and has a profound impact on our workforce, local communities and patients. Taking a different, evidence-based approach to tackling racism is essential, and relevant for everyone regardless of their ethnic background or lived experience.

Racism is a system that unfairly disadvantages some individuals and communities, and advantages others. Racism also may be considered a fundamental determinant of health because it is a dynamic process that endures and adapts over time, and because it influences multiple mechanisms, policies, practices and pathways that ultimately affect health. The health consequences of living in a racially stratified society are illustrated by a myriad of health outcomes that systematically occur along racial lines, such as disproportionately higher rates of infant mortality, obesity, deaths caused by heart disease and stroke, and an overall shorter life expectancy for our Black communities in comparison with our White communities.

Disparities between ethnic minority and majority groups in housing, education, arrests, and court sentencing are believed to be due to racism, not simply to socio-economic sources. Addressing racism is central to eliminating racialised health disparities.

‘Racial discrimination affects people’s life chances negatively in many ways. For example, by restricting access to education and employment opportunities. People from Black and minority ethnic groups tend to have poorer socioeconomic circumstances, leading to poorer health outcomes. The stress associated with being discriminated against based on race directly affects people’s mental and physical health.’ (The Health Foundation, 2020).

#### *Structural racism and the health and care system*

Racism constitutes a barrier towards achieving equitable health and care and in a whole system this covers:

- **Access barriers to healthcare** - this includes language barriers, cultural differences, migration status, and implicit biases which impact communication between healthcare providers and ethnic minority patients, leading to delays in diagnosis and treatment.
- **Bias in clinical decision-making** - structural racism can result in implicit bias in clinical decision-making, which can negatively impact patient care including likelihood of referral for further investigations or receive specialist treatment.
- **Inequities in patient outcomes** - structural racism can lead to inequities in patient outcomes, with ethnic minority patients experiencing poorer health outcomes, diagnostic delays, receive suboptimal treatment, and experience worse outcomes for certain health conditions.

- **Workforce disparities** - structural racism can result in workforce disparities – underrepresentation in senior roles, overrepresentation in lower-paid and lower-status roles, more likely to experience bullying and harassment with impacts on the quality of care and worsened ability to meet the needs of diverse patient populations.
- **Lack of diversity in clinical trials** - structural racism can result in a lack of diversity in clinical trials, which can limit the generalisability of study findings and impact treatment options for diverse patient populations. This results in limited evidence-based treatment options for diverse patient populations.

### *Anti-racism definition*

Anti-racism is the practice of identifying, challenging, and changing the values, structures and behaviours that perpetuate systemic racism. Anti-racism is an active way of seeing and being in the world, in order to transform it. Being antiracist is based on the conscious efforts and actions to provide equitable opportunities for all people on an individual and systemic level.

People can act against racism by acknowledging personal privileges, confronting acts of racial discrimination, and working to change personal racial biases.

We oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care. We want to make anti-racism everyone's business; therefore, our long-term commitment for the South West London health and care system is to be an anti-racist system that aligns with the Mayor of London's London Anti-Racism Collaboration for Health (LARCH).

## **2. National and regional context**

In London health and care leaders have agreed the following vision:

London's Health and Care partners recognise that racism in its structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

Our organisations oppose all forms of racism and will actively work to dismantle racist and discriminatory policies and practices across all of health and care and work towards pro-race equity.

The five strategic commitments that underpin this, which are:

- **Leadership commitment:** to being anti-racist health and care systems and organisations, with Board representation, strategy development and the application of an anti-racist approach to policies.
- **Commitment to our ethnic minority workforce:** to support our ethnic minority staff and create enabling workplaces.
- **Commitment to target health equity:** to prioritise and deliver evidence informed, culturally competent interventions to narrow the gap, by reducing inequities people from ethnic minorities face in access, uptake, experiences and outcomes of our health and care services.
- **Commitment to becoming an anchor institution:** to leverage our positions as anchor institutions to tackle the wider determinants of inequality.

- **Commitment to our local communities:** to work with our communities to amplify their voices, in the decision, design and delivery of services, to rebuild trust and confidence.

The London Anti-Racism Collaboration for Health (LARCH) has been established to be a peer collaboration that seeks to address ethnicity-related health inequalities in London, by supporting and enabling better practice across London's health and care partners, including anti-racist approaches. The collaboration recognises, supports and builds on existing activity – providing opportunities for cross-sector learning, reflection and improvement, with community voice at its core.

LARCH is part of a commitment identified in both the [London Health Inequalities Strategy](#) and the [Building a Fairer City plan for London](#) and has been welcomed by the London Leaders and the London Health Board.

The NHS Race and Health Observatory works to identify and tackle ethnic inequalities in health and care by facilitating research, making health policy recommendations, and enabling long-term transformational change through innovative implementation practices.

### 3. South West London

The South West London ICB agreed to the development of an anti-racism approach to be one of the key priorities for the system in tackling health and race related inequalities. This was presented at the [July 2022 ICB Board](#) and commitment was made in the [May 2023 ICB Board](#).

The [South West London Joint Forward Plan](#) includes Equality, Diversity, and Inclusion as a cross cutting theme which is underpinned by an anti-racist approach and the development of a framework to become an anti-racist system. The [South West London Integrated Care Partnership Strategy](#) also has a cross cutting focus on Equality, Diversity and Inclusion, including the tackling of racism and discrimination.

The South West London Anti-racist Strategy and Implementation Group was established with system partners from NHS, local authorities and the voluntary, community and social enterprise sector. This group is chaired by the Non-Executive Director / Chair of the People Committee, SWL St George's Mental Health NHS Trust and Non-Executive Director at Croydon University Hospital.

### 4. Developing our approach to being an anti-racist health and care system in South West London

The ICB CEO for South West London ICB was appointed as the Senior Responsible Officer and the programme will be led by the Programme Director of Equalities, Diversity and Inclusion for South West London.

We are currently developing an anti-racist approach to support the ICB and its partners to be actively anti-racist. The aim of the approach will be to:

- tackle structural racism.
- support a long-term cultural shift towards being an anti-racist health and care system.
- understand the impact structural racism has on the experiences and opportunities of our staff and local communities, with particular focus on pro-

equity and reducing health inequalities by taking a system-wide approach to tackling this 'wicked problem' (complex problems that are highly resistant to solutions and that are characterised by high difficulty and disagreement about the nature and cause of the problem and their potential solutions).

Our core principles are:

- We want to be ambitious.
- We want to go beyond pledges and commitments.
- We want to align with good practice already taking place.
- We want the interventions to be community driven.
- We want SWL to be an anti-racist health and care system.

On 8 January, the Anti-racist Strategy and Implementation Group alongside a number of colleagues across the system met to reset our approach and codesign our next steps. We focussed on two key lines of enquiry; if South West London was known as an anti-racist health and care system, what would that look like and where do we begin?

A few highlights are outlined below.

- Leadership accountability and involvement
- Codesign with or local people and communities
- A South West London collaborative campaign
- Education programme to understand what an anti-racist health and care system would be
- Demonstrating the impact of anti-racist health and care system.

The emerging priorities were to:

- agree a collective definition of anti-racist in the context of a health and care system.
- build on existing programmes and ensure better join up with other related work that is also happening in the health and care system, for example the anchor programme, capital midwife programme, work happening with our public health teams, provider partners and workforce programmes.
- explore opportunities for anti-racist commissioning.

The ICB Board has funded two strands of work towards developing anti-racist system; racial insights and community engagement.

### *Race and ethnicity analytics*

Flair impact has been funded by SWL ICB, to lead on intelligence and diagnostics by performing data analytics on racial awareness, inclusion, behaviours and diversity in the workplace. Flair Impact ([www.flairimpact.com](http://www.flairimpact.com)) are technology experts who leverage the power of data to tackle racial bias in business, and will work with South West London health and care partners in the system over a three-year period. They help organisations to benchmark performance and lay the right foundations to measure and progress racial equity. Flair's offer complements and goes beyond existing ethnicity reporting approaches such as the NHS Workforce Race Equality Standards (WRES). This is a transformational integrated approach, unlike previous

metrics that are transactional, these measure will support us to be proactive in tackling racism in health and social care.

The Expressions of Interest will be launched on 31 January 2023. There is a requirement that a senior lead in each organisation is identified. A key part of this work is the discovery exercise where insights will be fed back to participating organisations.

### *Community engagement*

Kingston Race and Equalities Council are working in partnership with South West London health and care partners to develop our anti-racist approach. They will lead on engagement with our community and voluntary sector organisations to make sure that our approach is codesigned with our local people and communities ensuring it resonates and that initiatives have meaningful impact. We are currently planning further engagement across the health and care system over the next three months.

## **5. Next Steps**

The approach will be codesigned with partners across South West London, including our community and voluntary sector, Local Authority and NHS, in collaboration with our delivery partners, Flair Impact and Kingston Race Equalities Council. A partnership approach to this is key.

Next steps are to:

- align the current work and thinking with the London region, and national priorities on anti-racism development.
- work with Flair to gather race and ethnic analytics from our staff which covers all sectors across the ICS partners.
- Undertake a programme of engagement.
- Work with the Race Health Observatory and the London Mayor's office on the London Anti Racism Collaboration for Health (LARCH).

## **6. Recommendation**

The Board is asked to:

- Commit to the development of an anti-racist approach for the South West London health and care system adopting it as an ICP priority.
- Offer leadership support and proactively champion an anti-racism approach in members' respective organisations.
- Note the next steps will involve a series of engagement with key partners.
- Receive regular updates on the progress of the anti-racist approach.

## South West London Integrated Care System

<b>Name of Meeting</b>	Integrated Care Partnership Board		
<b>Date</b>	Wednesday, 24 January 2024		
<b>Title</b>	Forward agenda plan for the Integrated Care Partnership Board		
<b>Lead Director (Name and Role)</b>	Karen Broughton, Deputy Chief Executive/Director of Transformation and People		
<b>Author(s) (Name and Role)</b>	Rachel Flagg, Director, Integrated Care Partnership Development		
<b>Agenda Item No.</b>	07	<b>Attachment No.</b>	06
<b>Purpose</b>	Approve <input type="checkbox"/>	Discuss <input type="checkbox"/>	Note <input checked="" type="checkbox"/>

### Purpose

The purpose of this report is to update the Integrated Care Partnership (ICP) Board on the forward agenda plan for the ICP Board.

### Executive Summary

The ICP Board agreed in October that there should be an ICP Board agenda planning session via Teams. This took place on 29 November 2023. The notes of the meeting and amended forward agenda plan are attached for the Board to note.

### Key Issues for the Board to be aware of

During the seminar session, Board members commented on principles for agenda planning and these were amended accordingly. The principles as amended are as follows:

- The agenda should focus on the four key purposes of the ICS:
  - 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 agenda should be action-focused, around delivery of actions agreed in the ICP strategy and unblocking any issues.
- All items should have a clear link to the strategic priorities and/or the cross-cutting themes in the ICP Strategy.
- There should be an opportunity for topical subjects of concern to be included in the agenda.
- The agenda should not be dominated by items led by one partner.

- There should not be too many agenda items, presentations should be kept short, with plenty of time for discussion.
- The agenda should allow for the Board to shape and challenge, not just receive updates.
- The agenda should promote a culture of learning across South-West London.
- The co-chairs apply the principles when agreeing final agendas.

### Recommendation

#### The Board is asked to:

- Note the agenda planning session notes and the amended ICP Board forward plan.
- Note that additions to the forward plan can be made via the co-chairs during the year.
- Note the intention to hold ICP agenda planning sessions on an annual basis.

### 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.

If needed, there is an opportunity to hold ICP Board seminars outside of formal Board meetings to allow more time for discussion

### Financial/Resource Implications

None

### 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

<b>Patient and Public Engagement and Communication</b>	<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 have reviewed and commented on the agenda forward plan.</p>
--	--

<b>Previous Committees/Groups</b>	<b>Committee/Group Name</b>	<b>Date Discussed</b>	<b>Outcome</b>
Enter any Committees/Groups at which this document has been previously considered	ICP Board Seminar	29 November 2023	Draft forward plan amended

<b>Supporting Documents</b>	<p>Annex 1: Notes from the ICP Board seminar, 29 November Annex 2: Forward Plan for the ICP Board</p>
-----------------------------	---

**Draft Notes**  
**South West London Integrated Care Partnership**  
**Agenda Setting Session**  
**29 November 2023, 13.00 – 14.00**  
**MS teams**

**Co-Chairs:** Cllr Ruth Dombey and Mike Bell

<b>Members:</b>	<b>Designation &amp; Organisation</b>
<b>Health Members</b>	
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
Charlotte Gawne (CG)	Executive Director of Stakeholder & Partnership Engagement and Communications, SWL ICS
Ann Beasley (AB)	Provider Chairs representative – Chair, SWL and St George's Mental Health NHS Trust
Dr John Byrne (JB)	Executive Medical Director, SWL ICB
<b>Local Authority Members</b>	
Cllr Ruth Dombey (RD)	ICP Co-Chair – Chair, Sutton Health and Wellbeing Board
Cllr Graeme Henderson (GH)	Chair, Wandsworth Health and Wellbeing Board
Cllr Peter McCabe (PM)	Chair, Merton Health and Wellbeing Board
Carolyn Dwyer (CD)	Growth and Economy representative - Strategic Director of Development, Growth and Regeneration, Sutton Council
Iona Lidington (IL)	Director of Public Health representative, Kingston Council - Director of Public Health / Assistant Director Healthy & Safe Communities, Kingston Council
Cllr Yvette Hopley (YH)	Chair, Croydon Health and Wellbeing Board
Mike Jackson (MJ)	Chief Executive, London Borough of Richmond and London Borough of Wandsworth
<b>Place Members</b>	
Dr Nick Merrifield (NM)	Kingston Place - Primary Care Development Lead - GP
Brenda Scanlan (BS)	Croydon Place - Chair of Age UK Croydon
Dino Pardhanani (DP)	Sutton Place - Committee Convenor - GP
Shannon Katiyo (SK)	Wandsworth Place - Director of Public Health, Richmond and Wandsworth Councils
<b>Participant</b>	
Alyssa Chase-Vilchez (ACV)	HealthWatch representative - SWL Healthwatch ICS Executive Officer
Sara Milocco (SM)	Voluntary Sector representative – VCSE Director for the Alliance
<b>In Attendance</b>	
Rachel Flagg (RF)	Programme Director: ICS Development, SWL ICS
Ben Luscombe (BL)	Chief of Staff, SWL ICB
Samantha Mason (MS)	Health and Care Programme Lead, South London Partnership
Maureen Glover (MG)	Corporate Services (ICS)

<b>Apologies</b>	
Jo Farrar (JF)	Richmond Place - Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, Kingston and Richmond Place Executive Lead
Carol Cole (CC)	Provider Chairs representative - Chair, Central London Community Healthcare NHS Trust
Sayanthan Ganesaratnam (SG)	GP Medical Director - Merton Federation
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
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
Cllr Piers Allen (PA)	Chair, Richmond Health and Wellbeing Board
Cllr Sabah Hamed (SH)	Chair, Kingston Health and Wellbeing Board
Ana Popovici (AP)	Director of Childrens Services
Annette McPartland (AM)	Director of Adult Services representative - Director of Adult Social Care and Health, Croydon Council
Karen Broughton (KB)	Deputy CEO/Director of Transformation and People, SWL ICB
Fenella Merry (FM)	Director of Resources for Wandsworth and Richmond LA's

<b>No.</b>	<b>AGENDA ITEM</b>	<b>Action by</b>
<b>1.</b>	<b>Welcome and Apologies</b>	
	The Chair welcomed everyone to the meeting and apologies received were noted.	
<b>2.</b>	<b>Principles for agenda planning</b>	
	<p>The principles were agreed and the following points were noted during the discussion:</p> <ul style="list-style-type: none"> <li>• Most of the air time should be related to the ICP strategy and delivery but the agenda should also have space for topical issues to keep it relevant</li> <li>• The issue of estates would be a relevant item to discuss at a future meeting.</li> <li>• A new bullet point in the principles would be created to make sure the ICP had space to be responsive.</li> <li>• Reports in relation to the JSNA would be received for noting, highlighting any significant issues or changes that needed to be drawn to the Board's attention. The key point was to ensure ongoing strategic alignment, making sure when the SWL strategy was refreshed that any movement in local data was reflected. With regard to the Outcomes framework all of the co-leads for each strategic priority had been asked to consider how they would go about approaching development of their shared outcomes and that would come through their ICP Board sub groups.</li> </ul>	

	<ul style="list-style-type: none"> <li>The voluntary sector alliance would like to be involved in discussions about estates and to establish better collaboration with the voluntary sector.</li> </ul>	
<b>5.</b>	<b>Discussion of agenda plan – Board members’ feedback</b>	
	<p>A summary of the agenda plan for the next three meetings was presented and the following points were noted:</p> <ul style="list-style-type: none"> <li>The SWL Listens Programme linked to a number of the priorities and the suggestion was made to bring it to the meeting in April when there would be a focus on children, young people and mental wellbeing.</li> <li>The VSCE Alliance would be organising an event on mental health between January and March and could bring feedback from that as part of the April agenda.</li> <li>A request was made to consider housing for a future agenda as it had an impact on other social determinants of health. Two other suggestions for the agenda were: Anchor Organisations - how medium size private organisations could support initiatives; and a focus piece of work with the voluntary sector on health creation identifying wider funding routes to help health creation.</li> <li>It would be helpful to hear more from local government colleagues about the challenges and opportunities regarding health inequalities and wider determinants</li> <li>A lot of discussions and activity on wider determinants were at Place level and the suggestion was made to consider asking the Places to come to the ICP on a rotational basis. Another option would be to have more strategic conversations about the wider determinants of health. This would be reviewed for the late summer/autumn programme 2024.</li> <li>The suggestion was made to hold an event on the anniversary of the event that was held in May 2023 to show the progress that had been made.</li> <li>All of the topics in the Forward Plan for April and July were relevant to the voluntary sector and the suggestion was made that it would be helpful to have a voluntary sector section in the meeting, when an overview of what was happening in the sector and case studies for best practice could be shared.</li> <li>A lot had been heard about learning but it was not considered that this was reflected in the principles for agenda planning. It was considered that there was a risk of having an agenda so broad that it did not the address the core aims regarding delivery of the actions agreed in the strategy.</li> <li>It was recognised that there were significant organisational changes across SWL and a question was raised about whether this would impact on delivery of this agenda and whether this should be looked at as a separate item about how it feeds through the whole system.</li> </ul>	
<b>6.</b>	<b>Summary and next steps</b>	
	<p>Members of the Board were thanked for their suggestions for future agenda items and it was noted that these would be reviewed and incorporated, where appropriate, into the agenda. A report would be brought back to the January Board for noting.</p>	



South West  
London  
Integrated  
Care System

# Integrated Care Partnership Board

## Forward agenda plan

### January 2024



# Forward plan for ICP Board



Date	Proposed agenda items	Purpose of the item	Link to four purposes of the ICS
<b>April 2024</b>	<p>Focus on Children and Young People and Mental Wellbeing. To include South London Listens work &amp; feedback from VCSE Mental Health workshop</p> <p>SWL Investment Fund</p> <p>Hospital and Primary Care estate One Public Estate programme tbc</p>	<p>Board to give feedback on key highlights and challenges from these delivery plans</p> <p>To inform the board about projects funded by the ICP Priorities Fund and Health Inequalities Fund and expected outcomes.</p> <p>To discuss the ICB’s infrastructure strategy (covering hospitals and primary care) and the opportunities presented by the One Public Estate programme.</p>	<p>Improving outcomes in population health and healthcare &amp; tackling inequalities</p> <p>Enhancing productivity and value for money</p>
<b>July 2024</b>	<p>Focus on Workforce and Older People</p> <p>Item on cross-cutting theme – Green Agenda</p> <p>SWL Anchor development</p> <p>CQC assessments of Integrated Care Systems</p>	<p>Board to give feedback on key highlights and challenges</p> <p>Discussion on health and care organisations in SWL as anchors in our communities supporting broader social and economic development</p> <p>To discuss how we respond as a partnership, considering any areas for development in the way our system works together</p>	<p>Improving outcomes in population health and healthcare &amp; tackling inequalities</p> <p>Supporting broader social and economic development</p> <p>The CQC framework will assess the ICS across all four of these purposes</p>



## Forward plan for ICP Board continued

Date	Potential item	Purpose of the item	Which of the ICS four key purposes does this map to?
<b>October 2024</b>	Focus on Health Inequalities and prevention - Focus on wider determinants  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 do we need to refresh our approach for 25/26?	Improving outcomes in population health and healthcare & tackling inequalities
<b>January 2025</b>	Focus on CYP and mental wellbeing  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
<b>April 2025</b>	Focus on Workforce and Older People  Item on cross-cutting theme – green agenda	Drawing out particular areas for discussion by the board to accelerate delivery or unblock issues	Improving outcomes in population health and healthcare & tackling inequalities