

South West London Integrated Care Partnership Board

4 December 2024 - Agenda

Time: 16.00 to 18.00

Venue: Everyday Church, 30 Queens Road, Wimbledon, SW19 8LR

Date of next meeting: Wednesday, 5 March 2025

Date published: Wednesday, 27 November 2024

16.00: Item 1: Welcome:

Mike Bell – verbal update

- Apologies for absence
- Declarations of Interest
- Minutes of the meeting held on 24 January 2024

In Focus

16.10: Item 2: Delivering our South West London Mental Health and Wellbeing Strategic Priorities

Amy Scammell and Neil Balmer

16.35: Item 3: ICP Strategy Stocktake

Angela Flaherty and Sam Mason

For Discussion

16.55: Item 4: Connect to Work

Matthew Hamilton

17.05: Item 5: Preparation and Learning from Adult Social Care CQC Assurance

Annette McPartland and John Morgan

17.20: Item 6: ICP South West London Anchor Development

Jo Farrar and Matthew Hamilton

17.45: Item 7: Any Other Business

17.50: Item 8: Public Questions

Members of the public are invited to ask questions relating to the business being conducted today in items 2 to 6. Priority will be given to those received in writing in advance of the meeting.

Chair

18.00: Meeting Close

Chair

| Employee | Role | Interest Type | Interest Category | Interest Description (Abbreviated) | Provider | Date Arose | Date Ended | Date Updated |
|----------------------|---------------------------------------------------------------------|----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------|------------|--------------|
| Alyssa Chase-Vilchez | SWL Healthwatch ICS Executive Officer | Nil Declaration | | | | 19/08/2024 | | |
| Andreas Kirsch | DOI TO FOLLOW | | | | | | | |
| Ann Beasley | Chair, SWL & St George's Mental Health NHS Trust | Declarations of Interest – Other | Financial | Chair | SWLSTG MH NHS Trust | 01/04/2023 | | 21/05/2024 |
| Ann Beasley | Chair, SWL & St George's Mental Health NHS Trust | Declarations of Interest – Other | Financial | NED | St George's NHS FT | 01/04/2023 | | 21/05/2024 |
| Ann Beasley | Chair, SWL & St George's Mental Health NHS Trust | Declarations of Interest – Other | Financial | NED | ESTH NHS Trust | 01/04/2023 | | 21/05/2024 |
| Ann Beasley | Chair, SWL & St George's Mental Health NHS Trust | Declarations of Interest – Other | Non-Financial Professional | Company Director | Alzheimer's Trading Limited | 01/04/2023 | | 21/05/2024 |
| 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 | | 02/05/2024 |
| Asad Mustaq | Executive Director of Finance and Digital, London Borough of Merton | Nil Declaration | | | | 26/01/2024 | | |
| Asad Mustaq | Executive Director of Finance and Digital, London Borough of Merton | Nil Declaration | | | | 16/04/2024 | | |
| Brenda Scanlan | Chair of Age UK Croydon (Croydon Place ICP Representative) | Declarations of Interest – Other | Financial | I am the director of this company which provides freelance consultancy in health and social care. Current contracts are with Greenwich and Bexley Community Hospice, LB Bexley and LB Southwark. | Brenda Scanlan Consulting Ltd | 01/04/2023 | | |
| Brenda Scanlan | Chair of Age UK Croydon (Croydon Place ICP Representative) | Declarations of Interest – Other | Non-Financial Personal | As above - Trustee of AUKC. Associate Member ADASS | (1) Age UK Croydon - Trustee and Chair of Governance & Nominations; (2) ADASS Associate Member | 01/04/2023 | | |
| Brenda Scanlan | Chair of Age UK Croydon (Croydon Place ICP Representative) | Declarations of Interest – Other | Indirect | Spouse, Michael Kerin, is chair of Advisory Committee, Healthwatch, Lewisham. Spouse, Michael Kerin, is member Lewisham Care Partners Strategic Board. Spouse, Michael Kerin, member Health & Wellbeing Board, Lewisham. | Role of Spouse | 11/08/2024 | | |
| Charlotte Gawne | SWLEMT04 Exe Dir of Stakeholder Partnership Engagemt&Comms | Nil Declaration | | | | 01/04/2024 | | |
| Dino Pardhanani | SWLWPCLO1 Clinical Director (Sutton) | 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 |
| Dino Pardhanani | SWLWPCLO1 Clinical Director (Sutton) | Declarations of Interest – Other | Financial | NED (Chair) of Sutton Primary Care Networks CIC | Sutton Primary Care Networks | 15/11/2021 | | 18/08/2023 |
| Dino Pardhanani | SWLWPCLO1 Clinical Director (Sutton) | Declarations of Interest – Other | Financial | Clinical Director Central Sutton Primary Care Network | Central Sutton Primary Care Network | 15/11/2021 | | 18/08/2023 |
| Dino Pardhanani | SWLWPCLO1 Clinical Director (Sutton) | Declarations of Interest – Other | Financial | Sutton representative of SWL Primary Care Provider Alliance. Director of SWL PPA CIC. | SWL PPA | 09/06/2022 | | 18/08/2023 |
| Dino Pardhanani | SWLWPCLO1 Clinical Director (Sutton) | Declarations of Interest – Other | Non-Financial Professional | Clinical Director, Sutton Place, SWL ICB | Sutton Place | 15/04/2024 | | |
| Douglas Flint | Chair, The Royal Marsden Hospital NHS Foundation Trust | Nil Declaration | | | | 17/04/2024 | | |
| Elaine Clancy | SWLEMT05 Chief Nursing Officer | Declarations of Interest – Other | Non-Financial Personal | School Governor- Langley Park School for Girls | Langley Park School for Girls | 01/04/2023 | | 16/04/2024 |
| Elaine Clancy | SWLEMT05 Chief Nursing Officer | Declarations of Interest – Other | Non-Financial Personal | Trustee for the 1930 Fund for District Nurses | 1930 Fund for District Nurses | 01/04/2023 | | 16/04/2024 |
| Elaine Clancy | SWLEMT05 Chief Nursing Officer | Declarations of Interest – Other | Indirect | Son is an employee of Croydon Health services | Croydon Health Services | 01/07/2023 | | 16/04/2024 |

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| Gillian Norton | Chair, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust | Declarations of Interest – Other | Non-Financial Personal | Commenced in September 2016 and is ongoing. | Representative Deputy Lieutenant London Borough of Richmond | 16/04/2024 | | |
| Gillian Norton | Chair, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust | Declarations of Interest – Other | Non-Financial Personal | Commenced this role in 2018 and is ongoing | Chair London Borough of Richmond Voluntary Fund | 16/04/2024 | | |
| Graeme Henderson | Chair, Wandsworth Health and Wellbeing Board | Declarations of Interest – Other | Non-Financial Professional | I am Wandsworth's Cabinet Member for Adult Social Care and Public Health and Chair of Wandsworth's Health and Wellbeing Board. | Wandsworth Council | 01/04/2024 | | |
| Hannah Doody | DOI TO FOLLOW | | | | | | | |
| Helen Jameson | SWLEMT03 Chief Finance Officer | Nil Declaration | | | | 16/05/2024 | | |
| Ian Dodds | Director of Children's Services, Royal Borough of Kingston upon Thames and London Borough of Richmond of Thames | Nil Declaration | | | | 16/04/2024 | | |
| Imran Choudhury | Strategic Director of Public Health and Wellbeing, London Borough of Sutton | Nil Declaration | | | | 17/09/2024 | | |
| 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 | | 01/05/2024 |
| 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 December 2021 | Hounslow and Richmond Community Healthcare NHS Trust | 03/04/2023 | | 01/05/2024 |
| 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 | Non-Financial Personal | Partner is the Practice Manager (from 11/9/2023) | Churchill Medical Centre GP Practice | 05/09/2023 | | 01/05/2024 |
| John Byrne | SWLEMT06 Chief Medical Director | Nil Declaration | | | | 30/04/2024 | | |
| Karen Broughton | SWLEMT02 Deputy CEO/Exe Director of Transformation & People | Nil Declaration | | | | 16/04/2024 | | |
| Matthew Hamilton | DOI TO FOLLOW | | | | | | | |
| Michael Bell | SWLNEN01 Independent Non Executive Chair | Declarations of Interest – Other | Financial | Chair of Lewisham and Greenwich NHS Trust since July 2022. | Lewisham and Greenwich NHS Trust | 03/05/2023 | | |

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| Michael Bell | SWLNEN01 Independent Non Executive Chair | Declarations of Interest – Other | Financial | 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 – 2013 ongoing •NCL ICS – Primary Care development – May 2022 to 2023 •Visiba Health Care – Chair UK Advisory Board – Jan 2022 ongoing •Surrey Physio – Strategic Adviser – Feb 2023 ongoing •WA Communications – Strategic Adviser –Mar 2023 ongoing •DAC Beachcroft – Strategic Adviser – April 2020 ongoing •ZPB - Strategic Adviser – 2018 ongoing •Rinnova - Strategic Adviser –2022 ongoing •University Hospital Birmingham NHS Foundation Trust – Consultancy services – 2014 ongoing •NCL Training Hub – Ad-hoc facilitation – 2022 to 2023 •Baxter Healthcare Corporation – Chairing meeting – 2024 | MBARC Ltd | 03/05/2023 | | |
| Nick Merrifield | SWLKPCLO2 Deputy Clinical Director (Kingston) | Outside Employment | | Director, KGPC since 2011. Kingston's GP Federation | Kington GP Chambers | 01/04/2022 | | 02/05/2024 |
| Nick Merrifield | SWLKPCLO2 Deputy Clinical Director (Kingston) | Outside Employment | | Clinical Director since July 2019 | New Malden and Worcester Park PCN | 01/04/2022 | | 02/05/2024 |
| Nick Merrifield | SWLKPCLO2 Deputy Clinical Director (Kingston) | Outside Employment | | Partner since 2009 | Holmwood Corner Surgery | 01/04/2022 | | 02/05/2024 |
| Nick Merrifield | SWLKPCLO2 Deputy Clinical Director (Kingston) | Outside Employment | | Consultancy role, providing independent advice. I am not representing any organisation such as ICS, PCN or Federation but am doing so on a personal basis. Ad hoc paid role. No executive power. Not specific to any geographical area. | Visions 4 Health | 01/04/2024 | | 02/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Non-Financial Professional | Joint Clinical Director, Brocklebank Primary Care Network | Brocklebank Primary Care Network | 17/12/2021 | | 01/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Financial | My practices are part of Battersea Healthcare (BHCIC) | Battersea Healthcare | 17/12/2021 | | 01/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Financial | Managing Partner - The Haider Practice (GMS) | The Haider Practice | 17/12/2021 | | 01/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Financial | Convenor, Wandsworth Borough Committee | SWL ICS | 01/06/2022 | | 01/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Financial | Clinical Director Primary Care, SWL ICS | SWL ICS | 01/06/2022 | | 01/05/2024 |
| Nicola Jones | SWLWSQL01 Clinical Director Primary Care | Declarations of Interest – Other | Financial | Partner Brocklebank Practice and St Paul's Cottage Surgery (both PMS). | Brocklebank Practice and St Paul's Cottage Surgery | 07/12/2022 | | 01/05/2024 |
| Peter McCabe | DOI 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 | | 23/04/2024 |

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| Philip Hall | Acting Chair in Common – Hounslow and Richmond Community Healthcare NHS Trust (HRCH) and Kingston Hospital NHS Foundation Trust | 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 | | 23/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Elected member for London Borough of Richmond upon Thames; Lead member for adult social care, health & public health; Chair, Adult Social Services, Health & Housing Committee, LBRuT; Chair, Richmond Health & Wellbeing Board | London Borough of Richmond upon Thames | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Liberal Democrat Lead for Health, Wellbeing & Adult Care (including Public Health) – London Councils | London Councils | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Council of Governors, Kingston Hospital Foundation Trust (Local authority rep for Richmond Council) | Kingston Hospital Foundation Trust | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Spouse is Head of Nursing (Cancer and Supportive Services) and Lead Cancer Nurse (Adults) for Guy's & St Thomas' NHS Foundation Trust | GSTT | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Trustee/Director, The Mulberry Centre, Isleworth (Cancer Support Centre) | The Mulberry Centre | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Trustee for Richmond upon Thames Voluntary Fund | Richmond upon Thames Voluntary Fund | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | LA Governor for Trafalgar Schools Partnership | Trafalgar Schools Partnership | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Member of the Liberal Democrats 1985 Twickenham & Richmond Liberal Democrats: Co-Chair (2015-20); Executive (2020-23), Chair (2024-) Member of the Science & Innovation Policy Working Party | Liberal Democrats | 01/04/2023 | | 16/04/2024 |
| Piers Allen | Convenor for Richmond Place Committee | Declarations of Interest – Other | Non-Financial Professional | Member of the SWL ICP | South West London Integrated Care Partnership | 01/04/2023 | | 16/04/2024 |
| Sabah Hamed | Chair, Kingston Health and Wellbeing Board | Nil Declaration | | | | 07/10/2024 | | |
| Sara Milocco | South West London Voluntary Community and Social Enterprise Alliance Director | Nil Declaration | | | | 29/06/2023 | | |
| Sarah Blow | SWLEMT01 Chief Executive Officer | Declarations of Interest – Other | Non-Financial Personal | My son is a member of staff at Royal Marsden | LAS | 06/08/2024 | | |
| Sayanthan Ganesaratnam | SWLMPL01 Clinical Director (Merton) | Outside Employment | | Clinical Lead Virtual Ward - this is time limited until 31.3.2025 | NHSE London Region | 16/08/2024 | | |
| Sayanthan Ganesaratnam | SWLMPL01 Clinical Director (Merton) | Declarations of Interest – Other | Financial | I am a GP Partner at a wide way medical centre. | wide way medical centre | 16/08/2024 | | |
| Sayanthan Ganesaratnam | SWLMPL01 Clinical Director (Merton) | Declarations of Interest – Other | Financial | employed by clch 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 | 16/08/2024 | | |

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| Sayanthan Ganesaratnam | SWLMPCLO1 Clinical Director (Merton) | Declarations of Interest – Other | Financial | employed by Merton health as medical director. merton health are the borough PCN partnership. I am also a corporate director of the company. My wife, Mariam Ganesaratnam is also the CEO of Merton Health | Merton Health | 16/08/2024 | | |
| Yemisi Gibbons | Chair, Croydon Health Services NHS Trust | Outside Employment | | Private sector domiciliary care agency | Soma Healthcare | 01/04/2023 | | 17/09/2024 |
| Yemisi Gibbons | Chair, Croydon Health Services NHS Trust | Shareholdings and other ownership interests | | Ordinary Over 75% | Soma Healthcare | 01/04/2023 | | 17/09/2024 |
| Yemisi Gibbons | Chair, Croydon Health Services NHS Trust | Shareholdings and other ownership interests | | Ordinary Over 75% | CS Platforms | 01/04/2023 | | 17/09/2024 |
| 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 | | |
| Yvette Hopley | Chair, Croydon Health and Wellbeing Board | Declarations of Interest – Other | Financial | As Vice Chair I am involved in the financial decision making processes of SECHC. However the services provided by SECHC have local NHS recognition. | South East Cancer Help Centre | 02/05/2024 | | |

Minutes – NHS SWL Integrated Care Partnership Board

Minutes of a meeting of the NHS SWL Integrated Care Partnership Board held in public on 24 January 2024 at 17.30. Hotel Antoinette, 249-263 The Broadway, Wimbledon, SW19 1SD

Members

Co Chairs

Ruth Bailey, Non Executive member chaired the meeting

Mike Bell, ICB Chair

Health Members

Sarah Blow, Chief Executive Officer, SWL ICB

Karen Broughton, Deputy CEO/Director of Transformation and People, SWL ICB

Helen Jameson, Chief Finance Officer, SWL ICB

Nicola Jones, Primary Care Services Representative – GP

Ann Beasley, Provider Chairs Representative - Chair SWL and St George's Mental Health NHS Trust

Yemisi Gibbons, Provider Chairs Representative - Chair, Croydon Health Services NHS Trust

Gillian Norton, Provider Chairs Representative - Chair, Epsom and St Helier University Hospitals NHS Trust and St George's University Hospitals NHS Foundation Trust

D John Byrne, Executive Medical Director, SWL ICB

Phil Hall, Provider Chairs Representative - Chair in Common of Kingston Hospital NHS Foundation Trust and Hounslow and Richmond Community Healthcare NHS Trust

Elaine Clancy, Chief Nurse SWL ICB

Local Authority Members

Cllr Ruth Dombey, ICP Co-Chair – Chair, Sutton Health and Wellbeing Board

Cllr Piers Allen, Chair, Richmond Health and Wellbeing Board

Cllr Graeme Henderson, Chair, Wandsworth Health and Wellbeing Board

Cllr Yvette Hopley, Chair, Croydon Health and Wellbeing Board

Iona Lidington, Director of Public Health Representative – Kingston Council – Director of Public Health/Assistant Director Healthy and Safe Communities, Kingston Council

Carolyn Dwyer, Growth and Economy Representative – Strategic Director of Development, Growth and Regeneration, Sutton Council

Annette McPartland, Director of Adult Services Representative – Director of Adult Social Care and Health, Croydon Council

Place Members

Dr Nick Merrifield, Kingston Place – Primary Care Development Lead – GP

Brenda Scanlan, Croydon Place – Chair of Age UK Croydon

Dino Pardhanani, Sutton Place – Committee Convenor – GP

Shannon Katiyo, Wandsworth Place – Director of Public Health, Richmond and Wandsworth Councils

Participant

Alyssa Chase-Vilchez, SWL HealthWatch Representative

Sara Milocco, SWL Voluntary Sector Representative

In attendance

Rachel Flagg, Programme Director, ICS Development, SWL ICS

Charlotte Gawne, Executive Director of Stakeholder and Partnership Engagement and Communications SWL ICS
Ben Luscombe, Director of Corporate Affairs
Maureen Glover, Corporate Services Manager (ICS)
Samantha Mason, Health and Care Programme Lead, South London Partnership
Catherine Heffernan (for agenda item 5), Director of Public Health Improvement, ICVB and SWL Public Health Consultant, South London Partnership
Mellisa Berry (for agenda item 6), Programme Director, Equality Diversity and Inclusion SWL ICB

Apologies

Jo Farrar, Richmond Place – Chief Executive of Kingston and Hounslow and Richmond Community Healthcare NH Trust and Kingston and Richmond Place Executive Lead
Cllr Sabah Hamed, Chair, Kingston Health and Wellbeing Board
Cllr Peter McCabe, Chair, Merton Health and Wellbeing Board
Carol Cole, Provider Chairs Representative – Chair Central London Community Healthcare NHS Trust
Sayanthan Ganesaratnam, GP Medical Director – Merton Federation
Mike Jackson, Chief Executive, London Borough of Richmond and London Borough of Wandsworth
Sir Douglas Flint, Provider Chairs Representative – Chair The Royal Marsden Hospital NHS Foundation Trust
Ana Popovici, Director of Children's Services

1 Welcome and Apologies

- 1.1 The Chair welcomed everyone to the meeting.
- 1.2 Philip Hall was congratulated on his appointment as Acting Chair in Common across Hounslow and Richmond Community Healthcare NHS Trust (HRCH) and Kingston Hospital NHS Foundation Trust and was welcomed to his first ICP Board meeting.
- 1.3 Apologies received were noted and with no further apologies the meeting was quorate.

2 Declaration of Interests

- 2.1 A declaration of interest register was included in the meeting pack. There were no further declarations relating to items on the agenda.

The ICP Board **noted** the register of declared interests.

3 Minutes, Action Log and Matters Arising

- 3.1 The minutes of the meeting held on 4 October 2023 were **agreed** as an accurate record.
- 3.2 The action log was reviewed and it was noted that all actions had been closed.

4 Delivery of the South West London Integrated Care Partnership Strategy

- 4.1 Karen Broughton (KB) presented the report.
- 4.2 ICP Board members discussed the report and the following points were noted:

- The scale of ambition should be realistic and ongoing conversations would be held with each of the workstreams to ensure plans were deliverable.
- The consistency of coverage across the patch for children's dental health services was raised and it was suggested that information be brought back on this, noting that SWL ICB would be taking over responsibility for dentistry.
- Workforce is the main foundation of the strategy's action plan for the next year and a lot of activity is taking place. An event will be held in March to bring local partners together, led by the South London Partnership Integration Hub, with the aim of generating closer working across health, care, employment and training.
- There is a need to be realistic and pragmatic and recognise that it will not be possible to solve everything and that it is important to focus on those items that are really important. It was noted that there were other issues the partnership should not lose sight of, for example Modern Slavery, and consideration should be given to how these could fit into the work already being done across the six boroughs to ensure integration across the system.
- Standardisation and triangulation between the different workstreams are needed.
- Further clarity was requested about the role of ICP Board sponsors. Guidelines or information that could be shared between the different workstreams would be helpful.
- The importance of each programme having an Equalities Impact Assessment was noted. There might also be an opportunity to actively promote actions linked to the anti-racist commitment to the Strategy that would be discussed later in the meeting.
- Clarity was requested about the timeframes for the ICP Priorities Fund and Health Inequalities Fund. It would also be helpful to know who received the awards, what they were going to deliver and what elements of the plans these new projects would address. The Board noted that there were two more bids to review in relation to the Priorities fund and that a report would be brought back to the next meeting. Successful bidders for the Health Inequalities Fund had been notified before Christmas and the process was currently at the final Purchase Order sign off stage.

The ICP Board:

- **Noted** the Delivery Plans and Highlight Reports for each of the ICP strategic priorities.
- **Agreed** the draft Terms of Reference for the partnership sub-groups for each of the strategic priorities.
- **Noted** the progress with the ICP Investment Fund.

5 Focus on Prevention and Health Inequalities in SWL: Healthy Weight

5.1 John Byrne (JBy) and Iona Lidington presented the report, supported by Dr Catherine Heffernan, Director of Health Improvement, ICB & SWL Public Health Consultant South London Partnership.

5.2 ICP Board members discussed the report and the key points noted were:

- There was support for the decision to focus on healthy weight, rather than obesity, partly to recognise the impact of malnutrition and eating disorders. It was recognised that some people struggle with affordability of healthy food. It is possible to make nutritious meals relatively cheaply but people need information and expertise to do this.
- Consideration should also be given to improving people's physical access to healthy food, in terms of whether they can easily walk or get a bus to affordable shops.
- Examples were given of healthy weight and healthy eating good practice initiatives across SWL such as local cooking groups and community kitchens, many led by the voluntary sector. There is a need for the ICP's influence and support, as a partnership approach could make a real difference.
- There is an opportunity to support the culture of reducing sedentary behaviours in staff and patients and promoting physical activity.
- Integrated Neighbourhood Teams could be a new vehicle to enable the voluntary sector, primary care and community care to work more closely together.

- A systems thinking approach would help as we consider all the work that is happening at Place and how we can share good practice across South West London.
- Clarity was requested about next steps in terms of embedding the prevention principles to ensure that people who were designing services, writing policies and developing strategies consistently refer to and that the framework is understood.
- A holistic approach should be taken, maximising skills in all parts of the system, including community pharmacists and dental colleagues.
- Charlotte Gawne's team is developing an Insight Bank which will provide information about what the local communities in SWL are doing.
- It was recognised that there is an engagement challenge in relation to how to persuade people to do the right thing.

The ICP Board **discussed** the suggested approach to a system thinking approach to healthy weight and **agreed** the proposed prevention principles across SWL.

6 Development of SWL Anti-Racist Approach

6.1 Sarah Blow (SB) presented the report, supported by Melissa Berry, Programme Director, Equality Diversity & Inclusion SWL ICB

6.2 The ICP Board discussed the report and the key points noted were:

- The importance of being able to talk about issues in relation to racism and the need to understand what is not working and why.
- The lack of diversity on the Boards was recognised and although the six boroughs were increasingly diverse, at the higher levels of management this was not as representative as it should be. There is a need to listen to the people working for our organisations to understand where those obstacles are, to have a shared understanding of what anti-racism means and to work collectively together and share learning.
- There was a point about the importance of leaders in the system taking action rather than black and minority ethnic staff needing to lead the work.
- There will be a cohort of people who do not think we were doing the right thing by talking about anti-racism and also be a cohort of people who want to help but perhaps do not know how to help and both of these issues will need to be addressed.
- Listening, learning and sharing are important in order to understand what it was like to have grown up in different circumstances.
- The ICB are running a programme called *System Leaders of the Future* where people in leadership positions can open up their contacts and go a step further than reverse mentoring. The aim of the programme is more about sponsorship to help people get to where they want to go and achieve their goals.
- In response to a suggestion about incorporating an indicative trajectory to measure or monitor progress, it was noted that the ICB is working with Flair which will provide a base line insight into what is happening in our system and over a 3-year period it will be possible to assess what had been done. The Flair work is considered best practice and all of our organisations in the system were being asked to consider submitting expressions of interest to sign up to this. It was noted that the Flair Project is a data intelligence software with questions designed to test what people are experiencing around race and racism in the workplace and provides a benchmark. A presentation on Flair will be attached to the minutes of the meeting when they are circulated. Board members were asked for their commitment to this approach.

The ICP Board:

- **Committed** to the development of an anti-racist approach for the SWL Health and Care System adopting it as an ICP priority.
- **Offered** leadership support and proactively championed an anti-racism approach in members' respective organisations.
- **Noted** the next steps would involve a series of engagement with key partners.

- Would **receive** regular updates on the progress of the anti-racist approach.

7 Forward Agenda Plan, for the Integrated Care Partnership Board

7.1 KB presented the paper.

7.2 It was noted that it would be helpful to include the Outcomes Framework on the agenda and to bring progress made back to the Board.

The Board **noted**:

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

8. Any Other Business

8.1 John Byrne drew attention to the increase in cases of measles. It was noted that there was a need to take the learning from COVID and reach out into the community to encourage good choices in relation to immunisations.

9 Public Questions

9.1 No written questions had been received.

Next meeting in public: 24 April 2024, Hotel Antoinette, Wimbledon
17:30 – 19:30

Delivering our South West London Mental Health and Wellbeing Strategic Priorities

Agenda item: 2

Report by: Amy Scammell, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust and Neil Balmer, Programme Lead, South London Listens

Paper type: In focus

Date of meeting: Wednesday, 4 December 2024

Date published: Wednesday, 27 November 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

This paper focuses attention on the ICP Strategy Positive Mental Wellbeing priority area. It provides the Board with an opportunity to consider how we can best work in partnership around mental health in the context of the South West London NHS Mental Health Strategy, our work with our Voluntary, Community and Social Enterprise (VCSE) sector and the established South London Listens programme. The paper is for discussion and a number of questions have been posed for consideration.

Executive summary

The South West London NHS Mental Health Strategy was published in 2023 following a collaborative development process. The Strategy sets clear ambitions for change across the NHS over a 5-year period with six specific aims around prevention, children and young people, equity of access, experience and outcomes, workforce, co-production, and holistic care. The work to deliver the Strategy is organised into themes and progressed through an annual plan overseen by the South West London Mental Health Partnership Delivery Group.

We have a Positive Mental Wellbeing priority within the ICP Strategy with four key focus areas:

- Focus Area 1: Improving the mental wellbeing of children and young people (CYP)
- Focus Area 2: Enabling healthy environments that increase mental wellbeing

- Focus Area 3: Improving mental health literacy and reducing stigma
- Focus Area 4: Understanding complex needs

This work is focused on activities that will benefit most from a partnership approach and co-lead between the NHS and local government.

Key Issues for the Board to be aware of

Our VCSE partners are critical to delivering the work of the Strategy and we have made a commitment to value and support the development of strategic ways of working between the NHS and VCSE around mental health. We believe that doing this will increase community activation in delivery of the outcomes of our mental health strategy. We know that we can do this work as we have positive developments to build from – including South London Listens.

The South London Listens (SLL) programme aims to respond to challenges raised by our communities during 2020 and 2021. It operates a highly positive and successful approach using the power of community engagement and mobilisation organising to tackle the biggest barriers to good mental health and wellbeing across south London. SLL offers us a partnership model to move forward our mental health strategic delivery.

This paper concludes asking a series of questions for the ICP Board around what we can do to develop partnership and what interest/ appetite we might have for utilising the SLL programme and/ or community organising more generally.

Recommendation

The Board is asked to:

1. Reflect on how the South London Listens work has supported delivery of the mental health strategy.
2. Consider how we strengthen our listening and relationship-building (community organising) to support delivery of our SWL Mental Health Strategy and ICP Positive Mental Wellbeing Strategic Priority.
3. Advise how we strengthen our partnership with VCSE organisations and community groups more broadly to successfully deliver improvements in mental health for our communities.

Governance and Supporting Documentation

Conflicts of interest

N/A

Risks

N/A

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

No – not required. This is an update only.

Patient and public engagement and communication

No – not required. This is an update only.

Previous committees/groups

| Committee name | Date | Outcome |
|----------------|------|---------|
| | | |
| | | |
| | | |

Final date for approval

n/a

Supporting documents

Delivering our South West London Mental Health Strategy – activating our communities

Lead director

Amy Scammell, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust

Authors

Amy Scammell, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust
Neil Balmer, Programme Lead, South London Listens

Delivering our South West London Mental Health and Wellbeing Strategic Priorities – activating our communities

Amy Scammell, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust

Neil Balmer, Programme Lead, South London Listens



Our SWL NHS Mental Health Strategy

Development and management during 2022/23

A truly collaborative piece of work, this involved data analysis (providers and population), engagement with 1,000 people across our system and collective shaping of aims, themes and outcomes.

We have 6 aims:

1. Prevent mental illness and provide early support for recovery as we know this promotes good recovery and reduces the burden of ill-health.
2. Increase equity of access, experience and outcomes for all SW Londoners – reducing unwarranted variation and ensuring a fair and sustainable allocation of resources.
3. Better support and equip children and young people (CYP) and those that support them to manage their mental health and emotional wellbeing in the future.
4. Design a new model for mental health workforce including voluntary and community sector and peer support to tackle mental health recruitment and retention issues.
5. Expand bio-psycho-social care to address the mortality gap and the opportunity to increase years of quality life.
6. Co-produce delivery of this strategy with service users/residents in SWL, putting partnership with those who use services and those in our communities at the heart of everything we do.

Organising our work

We have developed four themes that will run through our strategy covering key elements determined through our understanding of the strategic landscape, the data analysis and engagement work:

1. Prevention and early support including:

- a) Support for children and young people and families
- b) Healthy environments
- c) Mental health literacy and reducing stigma

2. Bio-psycho-social model including:

- a) Physical healthcare for people with Serious Mental Illness and mental health support for people with physical health care conditions
- b) Neighbourhood teams & integration
- c) Complex needs & co-occurring issues

3. Inequalities including

- a) At risk communities
- b) Unwarranted variation

4. Timely access including:

- a) Least restrictive care & recovery
- b) Waiting times
- c) Transitions
- d) Discharge

Contributing to our integrated care system

The South West London Mental Health Strategy contributes to the four key purposes of our Integrated Care System in a number of ways:

1. Improve outcomes in population health and healthcare

- Sets 5 year and 10 year outcomes for delivery
- Aims to implement transformation and service improvements to improve recovery and wellbeing
- Involves service users and carers through our SWL Mental Health Partnership Delivery Group

2. Tackle inequalities in outcomes, experience and access

- Utilises data on population, need and inequalities across SWL
- Considers over and under representation in services
- Commits to anti-racism approach

3. Enhance productivity and value for money

- Reviews where investment has been made and what has been delivered for this
- Considers how to make services efficient and effective by developing core offers and utilising best practise
- Builds business cases for additional investment in mental health

4. Help the NHS support broader social and economic development

- Connected to wider integrated care partnership strategic thinking
- Develops approaches to anchor institutions and community involvement – eg South London Listens
- Supports recruitment initiatives into health and care

ICP Strategic Priority

Positive focus on mental well-being: Focus areas

The areas in the Positive Mental Wellbeing Priority of the ICP Strategy (listed below) are drawn from the wider SWL MH Strategy ensuring alignment and commitment to one core set of goals:

FOCUS AREA 1: Improving the mental wellbeing of children and young people (CYP):

ACTIONS:

- Increase understanding of effective prevention for mental wellbeing of CYP.
- Increase wellbeing provision in the community for CYP.
- Increase self-help and early diagnosis for CYP by normalising talking about mental wellbeing.
- Raise awareness of what is on offer in the community to support CYP mental wellbeing.
- Work in partnership to support transitions to adulthood.

FOCUS AREA 2: Enabling healthy environments that increase mental wellbeing:

ACTIONS:

- Increase understanding of healthy environments that increase mental wellbeing, including service user led assessment.
- Identify opportunities to make places better for mental wellbeing e.g. housing, workplaces, green space.
- Develop a culture of kindness and respect in South West London
- Create safe spaces for staff to reflect and debrief.

FOCUS AREA 3: Improving mental health literacy & reducing stigma:

ACTIONS:

- Increase community co-creation for mental wellbeing services.
- Develop shared communications campaigns on mental wellbeing.
- Map the current offer to create a directory of services.
- Make Every Contact Count so that when services are engaging with people, we consider mental health as well as physical or social needs.

FOCUS AREA 4: Understanding complex needs:

ACTIONS:

- Create a single person-centred framework for complex needs.
- Review services for complex needs and design an improvement plan.
- Co-create outcomes with people with lived experience of complex needs.

Our priorities

There is a wide variety of work being undertaken to support successful delivery of the Strategy. We can categorise this in three main ways:

1. Community engagement and activation

- Mental health literacy and anti-stigma campaigns
- Development of prevention and early support
- Co-production and involvement around complex needs
- Considering healthy and unsafe environments
- Development of our Voluntary, Community and Social Enterprise sector
- Development of community voice

2. Pathway improvement and transformation

- Development of core offers for Children and Young People, and adults
- Improvements to our urgent and emergency care services
- Reviewing transitions elements
- Developing holistic delivery around integrated neighbourhood teams

3. Enabling and technical work

- Development of improved resource allocation model reflecting needs
- Implementing standard outcome measurement
- Undertaking service reviews and evaluations and utilising data across all boroughs
- Developing 'one team' ethos

Our greatest opportunity for partnership working across our ICP is in this area

Developing our Voluntary, Community and Social Enterprise (VCSE) sector

We have made a commitment through our SWL Mental Health Partnership Delivery Group to value our VCSE partners.

We will do this through:

1. Developing a longer-term funding model to support VCSE organisations to act as both delivery and strategic partners
2. Developing a strategic framework to enable VCSE participation in our South West London Mental Health Provider Collaborative – as is happening in some other Integrated Care Systems
3. Collaboratively developing our risk appetite to innovate and trial new provision and ways of working
4. Communicating more effectively between ‘commissioners’ and VCSE ‘providers’
5. Sharing information and championing our VCSE sector as equal partners
6. Holding more in person events between NHS, local authorities and VCSE groups

All of these elements seek to strengthen our partnership working and increase community activation in delivery of the outcomes of our mental health strategy.

We know that we can do this work as we have positive developments to build from – including South London Listens.

South London Listens



Using the power of community organising to tackle the biggest barriers to good mental health and wellbeing across south London



10,000
local co-designers



3.7 million
people served

150+

voluntary, community and social enterprise organisations and community leaders

12 local authorities

Three NHS mental health trusts

Two Integrated Care Systems



Social isolation, loneliness and digital exclusion



Work & Wages



Children, young people and parental mental health



Access to Mental Health services



Housing

<https://www.southlondonlistens.org/>

South London Listens priority pledges

NHS and Local Authority leaders have made pledges on:

1. **Mental health and social isolation:** Continuing to resource and support BeWell organisations, that provide community mental health and organising support for people across south east London – improving signposting
2. **Work and wages:** Integrated Care Boards committing to publish action plans in 2024 on how they will become Living Wage Systems in next 3 years
3. **Children, young people and parents:** Ensuring young people and parents have the support they need, especially during their wait for Child and Adolescent Mental Health Services and maintaining up-to-date signposting to resources for parents.
4. **Housing:** Convening system partners to build an action plan which uses the evidence base of the impact of housing on health and wellbeing so that solutions can be identified and implemented.
5. **Race and migration:** Tackling racial disparities, especially for migrant communities, through expanding work on the safe surgeries initiative, and expanding the Community Embedded Worker programme

Be Well programme work

**be
well**

South London
citizens

427
champions
trained

63 Be Well
Orgs
launched

South London Listens

South West
London
Integrated
Care System

3105 people
engaged
monthly via Be
Well activities

Key functions:

- 1 Build relationships and provide a place for community members to talk to one another – developing activities and practices that seek to increase social connection, reduce social isolation, and improve wellbeing.
- 2 Offer practical support and signposting to members.
- 3 Take action with the wider community to act on structural and systemic inequalities and injustices that impact their mental health.



Recognition that the path to recovery isn't just in institutions – it lies in communities with a focus on prevention and easier access to mental health services where needed.

“When we heard about South London Listens, we were hopeful yet reserved in our judgement of it. Over the years we have seen co-production done well at times, but also done badly. Then I attended the community organising training delivered by Citizens UK and what I experienced really spoke to my values of unity and solidarity. The mental health training further solidified my faith in the project.

I think this project is poignant and timely. What we see now is a commitment to placing those at the margin closer to the centre. The historical timing of South London Listens is key to its success. This project had to happen and has happened, and we are proud to be on board.”

Fiona Denton from Sutton Mental Health Foundation

Questions for us to consider

The Board is asked to:

1. Reflect on how the South London Listens work has supported delivery of the mental health strategy.
2. Consider how we strengthen our listening and relationship-building (community organising) to support delivery of our SWL Mental Health Strategy and ICP Positive Mental Wellbeing Strategic Priority.
3. Advise how we strengthen our partnership with VCSE organisations and community groups more broadly to successfully deliver improvements in mental health for our communities.

ICP strategy stocktake

Agenda item: 3

Report by: Angela Flaherty, Director of Strategy and Development

Paper type: Discussion

Date of meeting: Wednesday, 4 December 2024

Date published: Wednesday, 27 November 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

In November 2022, as an emerging Integrated Care Partnership, we agreed to co-develop our systemwide priorities to deliver in partnership. We launched this with a survey of our residents, partners, and members to define our emerging priority areas as a system. In Spring 2023, we embarked upon further engagement with residents and our partners via a discussion document, which distilled these system priorities into key areas. In May 2023, we held a partnership event in Wimbledon to further develop these priorities into agreed action areas to take forward as a partnership across the NHS, local government, the voluntary sector, and our communities. This resulted in our ICP strategy for health in care in South West London (SWL) over the next five years, which was published in October 2023. We developed partnership actions in themes across our six priority areas.

The priorities were assigned Senior Responsible Officers (SROs) and leads, who subsequently developed delivery plans for the first 18 months of the strategy, up to March 2025, which were discussed and approved at the ICP in January 2024. These plans deliver a large component of the ICP strategy, but not the full five years of the strategy. Governance was established utilising existing arrangements where possible and complemented by the creation of delivery/working groups.

We are nearly one year into delivery of these plans, and therefore wish to take stock of our achievements and ensure we are utilising our resources in the best way possible to achieve better health and care for our population.

Executive summary

As we are nearly one year into delivery of these plans, we have chosen to undertake a light touch review of the progress made and the challenges experienced by the workstreams. This review was in part in response to previous comments from the ICP Board regarding the deliverability of this

ambitious programme of work. We have met with each of the workstream SROs and co-leads (full details can be found in Annex A) to discuss the progress and challenges facing their workstreams. In summary, we discussed:

- General progress against the delivery plan.
- How the governance works, including the group's ability to communicate and flow information effectively across the partnership.
- Attendance, participation and ownership at delivery group forums.
- The relationship between system and place regarding the strategic priority.
- Challenges experienced in achieving the actions described in the delivery plans.
- Confidence in overall delivery of the strategy in coming years to 2028.
- Possible solutions to overcoming the challenges.

This paper details the findings of the stocktake and proposes recommendations for taking forward the delivery of the SWL ICP strategy. The highlight reports for quarter 2, 2024/25 for the ICP priorities are also attached to this paper.

Key Issues for the Board to be aware of

The majority of workstreams have been able to harness partnership working and drive forwards their delivery actions. It is clear from the plans created and actions delivered that there is significant commitment across health, local government and the voluntary sector to deliver in partnership. The ICP Priorities Fund has enabled progress and driven greater partnership working, however, it has also utilised a considerable amount of time and focus of the SROs and delivery leads.

We have identified a number of challenges and themed these into two groups 1) delivery of the priorities and 2) ownership and engagement. We have proposed recommendations for each set of challenges.

Recommendation

The Board is asked to:

- **Note** the highlight reports and general progress.
- **Note** the key findings.
- **Support** the proposed actions.

Governance and Supporting Documentation

Conflicts of interest

N/A

Risks

N/A

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

No – not required. This is a discussion paper.

Patient and public engagement and communication

No – not required. This is a discussion paper.

Previous committees/groups

| Committee name | Date | Outcome |
|----------------|------|---------|
| N/A | | |

Final date for approval

N/A

Supporting documents

- ICP strategy stocktake
- ICP highlight reports and delivery plan pack – Q1 and Q2 2024/25

Lead Director

Karen Broughton, Deputy Chief Executive/Director of transformation and people

Authors

Angela Flaherty, Director of Strategy and Development, SWL ICB
Sam Mason, Health and Care Programme Lead, South London Partnership

ICP Strategy Stocktake

4 December 2024

1. Introduction

In November 2022, as an emerging Integrated Care Partnership (ICP), we agreed to co-develop our systemwide priorities to deliver in partnership. We launched this with a survey of our residents, partners, and members to define our emerging priority areas as a system. In Spring 2023, we embarked upon further engagement with residents and our partners via a discussion document, which distilled these system priorities into key areas. In May 2023, we held a partnership event in Wimbledon to further develop these priorities into agreed action areas to take forwards as a partnership across the NHS, local government, the voluntary sector, and our communities. This resulted in our ICP strategy for health and care in South West London (SWL) over the next five years, which was published in October 2023. We developed partnership actions in themes across our six priority areas:

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Health Inequalities</p> <ul style="list-style-type: none"> • Addressing the wider determinants of health and wellbeing • Scaling up innovation to improve outcomes for people in our most deprived areas and our most vulnerable people • Empowering our communities to improve their health and wellbeing | <p>Prevention</p> <ul style="list-style-type: none"> • Developing a whole-system approach to healthy weight and reducing obesity • Maximising the ability of the voluntary and community sector to support people to lead healthier lifestyles • Developing personalised self-care for people with long-term conditions |
| <p>Older People</p> <ul style="list-style-type: none"> • Making South West London dementia friendly • Reducing and preventing social isolation • Working together to prevent older people having falls • Supporting the wellbeing of unpaid carers | <p>Children and Young People (CYP)</p> <ul style="list-style-type: none"> • Reducing health inequalities for CYP • Improving the physical health of children and young people in South West London • Taking a partnership approach to maternity care • Working together to improve outcomes for children and young people with special education needs and disabilities (SEND) |

| Positive Mental Wellbeing | Workforce |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Improving the mental wellbeing of children and young people (CYP) Enabling healthy environments that increase mental wellbeing Improving mental health literacy & reducing stigma Understanding complex needs | <ul style="list-style-type: none"> Targeting difficult to recruit health and care roles Making South West London a great place to work Supporting local people into employment Designing our future workforce, including new or different roles |

The priorities were assigned senior responsible officers (SROs) and leads from NHS and local government, who subsequently lead the development of delivery plans for the first 18 months of the strategy, up to March 2025, which were discussed and approved at the ICP Board in January 2024. These plans cover delivery of a large component of the ICP strategy, but not the full five years of the strategy. Governance for each priority was established utilising existing arrangements where possible and complemented by the creation of delivery/working groups.

2. Stocktake

As we are now nearly a year into delivery of these plans, we have chosen to undertake a light touch review of the progress made by the workstreams. This review was in part in response to previous comments from the ICP Board regarding the deliverability of this ambitious programme of work and in preparation for the annual refresh of the strategy that national guidance from the Department of Health and Social Care sets out. In undertaking the review we have met with each of the workstream SROs and co-leads (full details can be found in Annex A) to discuss the progress and challenges facing their workstreams. In summary, we discussed:

- General progress against the delivery plan.
- How the governance works, including the group's ability to communicate and flow information effectively across the partnership.
- Attendance, participation and ownership at delivery group forums.
- The relationship between system and place regarding the strategic priority.
- Challenges experienced in achieving the actions described in the delivery plans.
- Confidence in overall delivery of the strategy in coming years to 2028.
- Possible solutions to overcoming the challenges.

This paper details the findings of the stocktake and proposes recommendations for taking forwards the delivery of the SWL ICP strategy.

3. Strategic priorities progress overview

Since our engagement event in May 2023, we have made good progress in coalescing around actions to take together across the partnership, setting up delivery forums and agreeing co-leads from health and local government. This includes the establishment of an overarching health equity partnership group in SWL that oversees prevention and health inequalities.

Through the workstream highlight reporting that has been implemented we are able to confirm that all workstreams are moving forwards in accordance with their delivery plans, albeit many more slowly than anticipated. As the nature of the deliverables vary, many are building towards implementation in March 2025. Interim milestones are required to understand progress in more detail. Highlight reports for quarter 2, 2024/2025 for all workstreams can be found in Annex B.

Most workstreams have been able to harness partnership working and drive forwards their delivery actions. For example, in Children and Young People (CYP) the special education needs and disabilities (SEND) park run, in Prevention, the healthy weight needs assessment, and in Older People, the dementia friends training is underway. The ICP Priorities Fund schemes have helped accelerate progress, for example, in Workforce where there are 12 priorities fund projects supporting the delivery of the workforce actions. Positive Mental Wellbeing has progressed work with South London Listens and threaded the ICP partnership actions into the mental health delivery strategy. The ICP Priorities Fund has enabled progress and driven greater partnership working, however it has also utilised a considerable amount of time and focus of the SROs and delivery leads.

It is clear from the plans created and actions delivered that there is significant commitment across health, local government, and the voluntary sector to deliver in partnership.

4. Key findings and recommendations

Delivering a South West London-wide partnership strategy within a highly complex system has been, as anticipated, challenging on numerous fronts. Whilst we are making progress, it has taken longer than originally envisaged and takes considerable leadership and partner time and commitment. Through our stocktake conversations, we have identified the following key challenges and have suggested some actions to address these challenges.

4.1. Strategic priority delivery challenges

4.1.1 Key finding - deliverability

Through our discussions a strong key theme was the workstreams' inability to deliver the plan within the resource available and to the timescales specified. This was due to:

- Lack of supporting workstream resource and changes in workstream leadership leading to delays in implementation.
- Delivery plans were created quickly and on reflection may have been over ambitious in some areas.

- Unclear at the start on how actions would be delivered, and the necessary resources needed (both in workstreams and in partner organisations) to deliver.
- Lack of system leaders' capacity due to multiple demands and operational pressures to drive delivery.
- Significant operational pressures within providers (local government and NHS) resulting in lack of time for colleagues to engage and implement required actions.

Proposed actions

To meet with SROs and delivery leads to:

- Prioritise and refine further the delivery plans for the next 12 months
- Clear appraisal of delivery mechanism and associated resource assessments
- Ensure the capacity impact of delivery plans on system leaders is understood and realistic
- Identify resource to support with both project management, ad hoc activities, and delivery.
- We propose that Sponsors act as a critical friend for the workstreams by reviewing the revised delivery plans and resource impact assessments.

4.1.2 Key finding - where delivery happens

During our discussions it became clear that we need to be more specific in where delivery will occur for each strategic priority focus area. Specifically, this includes:

- Greater clarity needed for each strategic priority on
 - System level actions and how they will add value.
 - Role of Place in delivering strategic priorities.
 - System level supportive actions to enable Place delivery.

Proposed actions

- To work with Place leads to strengthen the connection between Place activities and the ICP strategy and strategic priorities.
- To identify within the delivery plans where delivery happens for each action, at system-level or at Place.
- For refreshed Health and Care Plans to include their actions to support the ICP strategic priorities.

4.2 Strategic priority ownership and engagement challenges

Considerable progress has been made in developing both stronger and new relationships, but communication has been inconsistent across the workstreams. However some challenges have been experienced, these include:

Key finding

- Minimal engagement of wider delivery partners outside of workstream groups resulting in lack of awareness of key areas of focus and progress.
- Voluntary, community, and social enterprise (VCSE) have been being involved in each workstream group, but we need to develop this engagement and involvement further to be

clear about the role they have and the opportunities to input and so the VCSE can have greater impact.

- There is a generally a high-level understanding but not a detailed understanding of the ICP strategy (and strategic priorities), the impact it will have, and its relevance to various stakeholders (including communities, Place, NHS organisations and local government).
- Governance for some of the workstreams is too NHS and operationally focussed. This means that the groups are not always attended by wider partners and there is often insufficient time for discussion on the strategic priorities.

Recommendations

- To increase our communication and engagement on the ICP Strategy and strategic priorities including:
 - For workstreams to take a more active role in sharing their work with Place and each other to ensure subject matter expert involvement and reduce duplication.
 - Enhanced communication (through the new ICB strategy team) to update and engage partners on the value of the strategy, how it will help them, its progress and their role
 - Refined public facing communications, with increased clarity on outcomes and impact of the ICP strategy through existing routes such as the quarterly South West London ICS Update.
- SROs and delivery leads to have further discussions with ICS VCSE leads to maximise VCSE input and impact.
- Meet with the chairs of the boards to strengthen governance arrangements ensuring representation of identified stakeholders and adequate provision of time for discussion on the ICP strategic priorities.

5. Recommendations

The ICP Board is asked to:

- Note the highlight reports and general progress.
- Note the key findings.
- Support the proposed actions.

Annex A: Workstream SROs and co-leads interviewed.

Children and young people (CYP):

- Elaine Clancy, SWL ICB Chief Nurse and health SRO for CYP
- Jonathan Williams, local government SRO for CYP, Director of Children's Services, LB Sutton
- Maureen Fitzgerald-Hopkins, Workstream co-lead for CYP
- Sarah Awobiyi, CYP Workstream co-lead for CYP, ICS Policy Lead, SLP

Health inequalities and Prevention (combined):

- Imran Choudhury, health inequalities SRO lead for local government, Director of Public Health, LB Sutton
- Shannon Katiyo, prevention SRO for local government, Director Public health, LBs Richmond and Wandsworth
- Dr John Byrne, Chief Medical Officer, South West London ICB
- Catherine Heffernan, workstream co-lead for health inequalities and prevention (health)

Positive mental wellbeing:

- Sam Morrison SRO Executive Director for Adult Social Care and Health, RB Kingston
- Amy Scammel, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust, positive mental wellbeing co-lead

Workforce:

- Karen Broughton, Deputy Chief Executive South West London ICB and workforce SRO for health
- Sam Mason, workstream co-lead for local government, SLP Health and Care Lead
- Lorissa Page, workstream co-lead for health

Older People:

- Sally Khayat, South London Partnership, SLP Social Care Programme Manager and Workstream Co-Lead for Older People.
- Lucie Waters, Director of Integration South West London ICB, SRO for community-based support for older people
- Annette McPartland, Corporate Director Adult, Social Care and Health, LB Croydon

ICP Strategy Stocktake Annex B: ICP Priorities Highlight Reports

By workstream area:

- Q2 24/25
- 2024/25 Delivery Plan



Children, Young People and Maternity

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

| ICP Priority | <i>Children, Young People and Maternity</i> |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Responsible Officers | 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 | 1/11/24 |
| Progress | |
| Highlights and accomplishments in last quarter | <ul style="list-style-type: none"> • Provision of therapies: There is significant variation around commissioning arrangements for Therapies across SWL. Head of SEND is co-chairing an event with NHSE London Region Chief AHP on therapies workforce challenges • Improving transition: A pilot project to support transition for children with complex needs between Children and Adult health services has been approved by NHSE, Babies, Children and Young People Programme. This has been developed in partnership with Kingston Hospital, the Learning Disability Liaison Service. Interviews completed and a candidate appointed for the youth worker role. SWL consistent message on Transition in health agreed for Local Offer • Physical Health: Supported Trusts in terms of the compliance framework for professional's training and development in managing and diagnosing asthma. • Maternity: Continued engagement by Maternity Core Connectors to improve awareness of the maternity services and signposting to services available within the community. • SWL ICB/LB Sutton's Children with Complex Needs: The project report for stages 1 and 2 of the project has now been completed and signed off by the project steering group on 30 July and presented to the CYP and Maternity System Board on 14 October. The final report, with added data tables and visualisations of the key findings, was well-received by both groups. The project has now entered stage 3, implementation. • Oral Health: There was an oral and dental health conference across SWL in early October, looking at oral health, dental health, primary dental and specialist dental |
| Area of focus for this quarter | <ul style="list-style-type: none"> • SWL SEND data dashboard: This is a detailed project which has implications for both performance data and data flow. This requires cross system work around service specifications, contract monitoring and data flow between Providers, Local Authorities, ICS and ICB. At present only 2 of the 65 intended metrics can be pulled from existing data streams. The project is now recognised as a priority in SWL BI team. SWL and Local Authority BI teams looked at how data held by the LAs could be collated. Further liaison with health providers, public health team, Children's Continuing Care / Continuing Health Care teams and LD & A programme team required to collate related metrics. DPIA has been signed off. • Physical Health - Merton Asthma pilot: the project is looking at the relationship between the children's experience of air pollution and their asthma, tracking the children throughout their day and week, at home and on the way to school. Forty children will be taking part in the programme which will be formally launched this new academic year. • Oral Health: Aiming for the Wandsworth pilot to start next year which will allow enough time to engage with the settings and plan for the work that they will be doing. • SWL ICB/LB Sutton's Children with Complex Needs: The project is currently on hold, awaiting the SWL ICB's position on the recommended workstreams, before beginning the first workstream meeting to implement the report's recommendations. The draft terms of reference for this group has been drafted and circulated for comments from proposed members • The aim of focus for this period is to begin the working groups to take forward recommendations into tangible actions, via the expertise and inputs of the project workstream working groups comprised of SWL ICB and LA representatives from all six Boroughs involved in the project. |

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| ICP Priority | Children, Young People and Maternity |
| Senior Responsible Officers | 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 | 1/11/24 |

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| Progress | |
| Highlights and accomplishments in last quarter | Brite Box <ul style="list-style-type: none">• Croydon – Successful scale up from the summer pilot of 50 families / 1 school to a full-scale BRITE Box delivery of 150 boxes to families across 4 schools with a high rate of Free School Meal children. BB local partner is Good Food Matters. Positive feedback and good engagement from schools.• Wandsworth – providing 77 BRITE Boxes across year 4 classes at 2 schools on Roehampton estate with a high proportion of Free School Meals. Positive feedback and engagement. These boxes being provided from our Kingston base as thorough search and discussions have not yet resulted in a Wandsworth based partnership. |
| Area of focus for this quarter | Brite Box <ul style="list-style-type: none">• In Croydon (New Addington) the team have focused on scaling up from 50 to 150 families and successfully engaging 3 new schools & KS2 classes and expanding their volunteer base and sourcing network to achieve this. The team have also managed to incorporate a focused SEN school involvement within the project – both in terms of receiving and working on BB.• In ‘Wandsworth’, the focus is on 1) identifying and engaging participating schools on Roehampton estate (successfully); 2) engaging and identifying local community partners (unsuccessfully) and 3) switching focus to mobilise existing volunteer teams to support Roehampton schools from start of September term (successfully) |
| Next area of Focus | <ul style="list-style-type: none">• SEND – Discussion on data pulling for SWL ICB SEND data dashboard with BI• SWL ICB/LB Sutton’s Children with Complex Needs – Several project workstreams will be launched to roll out the next phases of the project, guided by smaller project teams and working groups. These workstreams will focus on progressing the recommendations efficiently, including collaborating with other related London projects and ensuring the voices of young people with complex needs are central to the process.• Brite Box – Plans to divert attention and remaining allocation of boxes to 4-5 high FSM schools in Merton (Pollards Hill area), where they have been more successful in finding a partner and where need is great. This will ensure a 2nd sustainable partner is in place within the area. |

| Key risks and/or issues | Mitigating actions | RAG rating |
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| Additional resources will be required to support the development of the SWL ICB SEND data dashboard. Performance metrics to be included in service specifications so that metrics can be pulled for the SWL SEND data dashboard development. | Liaised with System Oversight and Assurance. | Amber |
| Waiting times for CYP for neurodevelopmental assessment and therapies. | Transformation work on neurodevelopmental pathway. | Amber |
| Time delay leading to project drift or inertia of implementing the recommendations from the complex needs project | <ul style="list-style-type: none">• Regular contact for clarification updates from SWL ICB• Flexible terms of reference for new workstream working groups• Strengthen contact with Pan-London project for support and collaboration• Communicate clear project vision and asks in terms of resources | 40 Amber |

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 | 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 | How will we know we've been successful? Outcomes |
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| Tackle common challenges in improving outcomes for children with SEND, with a focus on provision of therapies. <ul style="list-style-type: none"> • Link with Allied Health Professionals re delivery challenges – Jan 24 • Agree phase 1 plan for CYP therapies focused on special schools – Apr 24 • Develop options for reciprocal arrangements for service delivery – July 24 | Q4 2023/24- Q4 2024/25 | ICB Head of SEND & Place SEND leads | SEND consistency of practice/provision across SWL | Reduces inequalities for children with SEND | Increased equity in provision of therapies for CYP with SEND across SWL | Improved outcomes for CYP with SEND in health, social and education domains |
| Tackle common challenges for children with SEND, with a focus on improving transitions, starting with the most complex young people <ul style="list-style-type: none"> • Improve process for annual reviews of Education, Health and Care Plans for young people in receipt of continuing care • Agree next phase of plan to improve SEND transitions | Q2 2024/25 | ICB Head of SEND & Place SEND leads | SEND consistency of practice/provision across SWL | Reduces inequalities for children with SEND | Parents and carers report improved experience of transition | Improved outcomes for young people transitioning to adulthood |
| Improve consistency in Place based reporting delivery of SEND services for health <ul style="list-style-type: none"> • Map current performance measures - Mar 24. • Implement quarterly reporting to Place and SWL ICB - Apr 24 . | Q1 2024/25 | Head of SEND and place SEND leads | SEND/Delivery of statutory functions | Allows us to highlight and tackle areas of inequality | Increased understanding of unwarranted variation leading to targeted action to increase consistency | Improved outcomes for CYP with SEND in health, social and education domains |
| Develop and deliver a South West London ICS SEND dashboard to strengthen approach to quality improvement <ul style="list-style-type: none"> • Secure support from SWL Business Intelligence (BI) Team - Feb 24. • Establish mechanism for drawing data from Council BI - Mar 24 • Review current data sets - Apr 24 • Establish consistency of SEND related current performance measures across all CYP health services - May 24 • Draft data dashboard to be produced - Dec 24. | Q4 2024/25 | Head of SEND and Business Intelligence | SEND/ICS data dashboard | Allows us to highlight and tackle areas of inequality | Increased understanding of unwarranted variation leading to targeted action to increase consistency | Improved outcomes for CYP with SEND in health, social and education domains |

South West London ICP Strategy: CYP and maternity workstream

Delivery plan December 2023-March 2025 (1 of 3)

| 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 | How will we know we've been successful? Outcomes |
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| Set up an inclusive Park Run for CYP with SEND <ul style="list-style-type: none"> • Inaugural Park Run held in Kingston- Nov 23 • Extend communications to include more CYP with SEND – Q1 2024/25. • Develop easy read resources to support participants' understanding of the event – Q2 2024/25 • Showcase with wider partners and gauge opportunity for expanding to other parts of SWL – Q3 2024/25 | 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"> • Review how needs and risk are managed across SWL for children with the most complex of needs around mental health, trauma, SEND and autism. • 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. | 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 |

Delivery plan December 2023-March 2025 (2 of 3)

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South West London ICP Strategy: CYP and maternity workstream

Delivery plan December 2023-March 2025 (3 of 3)

| 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 | How will we know we've been successful? Outcomes |
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| Deliver equity and equality strategy for maternity <ul style="list-style-type: none"> Improve communication with families & 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. Implement learning from Core20 maternity core connectors working with local Maternity Voices Partnership | 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"> 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 | 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 breastfeeding |

Health Inequalities

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

Q2 24/25 - Health Inequalities

| ICP Priority | Health Inequalities |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Responsible Officers | John Byrne, Chief Medical Officer (South West London Integrated Care Board), and Imran Chaudhury, Director of Public Health (London Borough of Sutton) |
| Workstream Leads | Catherine Heffernan, Director of Health Improvement (South West London Integrated Care Board), and Kehinde Adeniji |
| ICP Board Sponsors | Peter McCabe and Yemisi Gibbons |
| Date of report | 25/10/2024 |

| Progress | |
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| Highlights and accomplishments | <ul style="list-style-type: none"> The Health Equity Partnership Group (HEPG) has had 3 quarterly meetings since April and continues to receive reports from the delivery groups – Prevention, Health Inequalities and SWL Health Research Collaborative – that are implementing the ICP delivery plans. The second aim of the HI delivery plan has now been addressed as we have developed a new health equity dashboard based on NHSE minimum dataset that will enable us to better understand inequalities in our population and measure impact or change. This was presented to the HEPG in October and will be going live by end of the year on Health Insights. We had the first quarterly monitoring meeting with Place Leads for the projects funded by the Health Inequalities Investment Fund in July and the 2nd due to take place in November. We reviewed the quarter 1 reports from all projects including SWL projects. We continue to work with secondary care and primary care on identifying and reducing healthcare inequalities. We're currently working with Croydon Hospital and Kingston Hospital. We worked with St George's and Epsom & St Helier last year. We continue to work on increasing diversity in research work. We successfully applied for and were awarded REN money to run research cafes to grow public participation in research studies (particularly for under-served communities) and we continue to deliver monthly research network cafes for our SWL Research Support Network to grow research literacy and capability in our communities. |
| Area of focus for this period | <ul style="list-style-type: none"> Focus piece on inequalities and specialised commissioning Focus on London Living Wage in SWL |
| Next area of focus | <ul style="list-style-type: none"> Quarter 3 review of HI Investment fund Projects Review of BeWell Hubs, MECC, reach of personalised care Review of work being done in SWL on the plus 5 for adults of Core20plus5: respiratory, maternity, hypertension, severe mental illness, cancer |

| Key risks and/or issues | Mitigating actions | RAG rating |
|---------------------------------------------------------------|-----------------------------------|------------|
| Health Inequalities projects are short-term (annual funding). | Projects supported to March 2025. | Amber |

Health Inequalities Workstream

Delivery plan October 2023-March 2025 (1/2)

| 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 we've been successful? Outputs | How will we know we've been successful? Outcomes |
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| 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 (https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities) 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"> • Agreed metrics to monitor changes (e.g. screening and immunisation, GP consultations, A&E attendances, hospitalisations etc) • Deep dives into or reports on outputs from healthcare strategies that address Core20plus5 (e.g. mental health strategy, primary care strategy, Trusts' clinical strategies) • Progress report on implementation of anti-racist frameworks to bring about more culturally sensitive services • 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) • Report on mapping and embedding NICE guidelines (NICE and health inequalities What we do About NICE) | 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 (2/2)



| 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 we've been successful? Outputs | How will we know we've been successful? 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"> The HI delivery group will oversee and evaluate: BeWell Hubs Core20plus5 connectors (using asset-based community development model), Brazil Model, Reach of personalised care (social prescribing/health coaches) Making Every Contact Count (MECC) across frontline staff 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 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 | 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"> Increased uptake of NHS Health Checks (and other health checks) in Core20plus5 groups; Improved achievement of the 5 key metrics for social prescribing (GP appointment reductions etc); Increased evidenced use of MECC across frontline staff (e.g. community pharmacies, general practice etc) using RSPH Impact pathways for everyday interactions and https://www.gov.uk/government/publications/making-every-contact-count-mecc-practical-resources/mecc-evaluation-guide-2020 Increased evidence of use and feedback from BeWell Hubs Reduced preventable /inappropriate GP appointments (Brazilian Model output) | Increased number of SWL initiatives that help empower communities to improve their health and wellbeing and increase health literacy |

Community Based Support for Older and Frail People

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

Q2 24/25 - Community Based Support for Older and Frail People

| ICP Priority | Community Based Support for Older and Frail People |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Responsible Officers | Annette McPartland, Director of Adult Social Services (London Borough of Croydon), and Lucie Waters (South West London Integrated Care Board) |
| Workstream Leads | Lucie Waters (South West London Integrated Care Board), and Sally Khayat (South London Partnership) |
| ICP Board Sponsors | Councillor Yvette Hopley, Chair of Health and Wellbeing Board (London Borough of Croydon), and Dino Pardhanani, GP Place Lead (London Borough of Sutton) |
| Date of report | 28/10/24 |
| Progress | |
| Highlights and accomplishments in last quarter | <ul style="list-style-type: none"> Aims and objectives of unpaid carers communication campaign finalised. Agreement to progress with a pilot in one borough, with Croydon selected as the pilot location as aligns with recent completion and launch of their Carers Strategy. Joint funding from ICP Strategy Older People Workstream and the South West London LAs Accelerating Reform Fund (ARF) programme agreed. Secured ICP and LA partners' support in promoting Dementia Friends Training among their staff. Some LAs are already actively promoting this training, while the ICB is also advocating for various dementia awareness initiatives. Engaging with ICP priority fund projects, Dance 2 Health and Unpaid Carers Training Programme, to ensure effective delivery, alignment, and reporting oversight. |
| Area of focus for this quarter | <ul style="list-style-type: none"> Finalise design and implement Unpaid Carers Comms Campaign pilot in Croydon linked to the ARF Programme Updates on the two priority fund projects to Older People Delivery Group Agree with the ICP Older People Oversight Group members and the SROs the priorities for Q3. |
| Next area of focus for following quarter | <ul style="list-style-type: none"> Expand the unpaid carers campaign beyond the pilot borough Track progress and impact of the Dementia Friends Training promotion Identifying priorities and planning for 25/26 and refresh delivery plan |

| Key risks and/or issues | Mitigating actions | RAG rating |
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| Insufficient engagement, awareness and support from wider partners may lead to reduced collaboration, lack of resources and delays in achieving the strategy's objectives. | The ICP Strategy for OP group to enhance communication with stakeholders and provide visibility through regular updates to raise awareness of the OP workstream and increase engagement from partners. | Amber |

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 | How will we know we've been successful? Outcomes |
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| 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"> Both schemes mobilised in the timeframe agreed Regular reporting during the life of both schemes to ensure optimal impact and identifying any further transformation opportunities Learning from both schemes shared across SWL networks | <ul style="list-style-type: none"> Increased number of people from historically underrepresented groups accessing services in the scheme focus areas Reduction the number of older people falls across SWL Increase in the number of unpaid carers identified and accessing services |
| 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"> Identify any gaps in service provision, particularly those for population groups under represented in these services. Identify areas of good practice to share across SWL Identify any actions to take forward collectively across SWL. | <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"> Supporting identification of carers through hospital discharge Running one stop shop sessions for carers Mainstreaming online carers assessments and reviews | <p>We will achieve the following outcomes:</p> <ul style="list-style-type: none"> Increased number of unpaid carers identified with more people accessing support Identification of the support services most important to carers and the most effective approach to delivery Improved quality of life for carers |

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 | How will we know we've been successful? Outcomes |
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| 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"> • Increase our understanding of access to and the quality of support services for unpaid carers across SWL. • Identify examples of good practice to share across SWL • Identify any actions to take forward collectively across SWL. | <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"> • An agreed scope that could be adopted for other ICP champion roles • The ICP strategy and associated workstreams reflects the needs of carers. | <p>We will achieve the following outcomes by having the champion role:</p> <ul style="list-style-type: none"> • ICP strategy reflects the needs of unpaid carers focusing on the support services most important to carers and the most effective approach to delivery • Improved quality of life for carers |
| 6 | Complementing borough's plans for this year's carers week (10-16 th 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"> • Increased number of unpaid carers identified with more people accessing support • Identification of the support services most important to carers and the most effective approach to delivery • Improved quality of life for carers |

South West London ICP Strategy: Older people workstream

Delivery plan December 2023-March 2025 (3 of 3)

| 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 | How will we know we've been successful? 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"> • An increase in the number of people who report experiencing social isolation • 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. |
| 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"> • Identify any gaps in service provision, particularly those for population groups under represented in these services. • Identify areas of good practice to share across SWL • Identify any actions to take forward collectively across SWL. | <p>By having a system falls prevention work plan we will be able to:</p> <ul style="list-style-type: none"> • Improve the falls prevention service offer across SWL • Increase the number of people accessing falls prevention services • Reduce the number of people requiring hospital admission and on going support due to experiencing a fall |

Positive Mental Wellbeing

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

Q2 24/25 - Positive Mental Wellbeing

| ICP Priority | Positive Mental Wellbeing |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Responsible Officers | Amy Scammell – Chief Strategy Officer (South West London and St George's Mental Health NHS Trust) and Sam Morrison, Director of Adult Social Services (Royal Borough of Kingston upon Thames) |
| Workstream Leads | N/A |
| ICP Board Sponsors | Ann Beasley – Chair (South West London St George's), and Piers Allen, Place Convenor and Health and Wellbeing Board Chair (London Borough of Richmond) |
| Date of report | 31/10/24 |

| Progress | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Highlights and accomplishments | <ul style="list-style-type: none"> The ICP board session planned on SLL and MH Strategy for July 2024 did not take place and has been reorganised for December 2024. Further progress has been made on discussing a strategic approach around NHS and VCSE ways of working around mental health. This work is now live and will continue over the rest of 2024/25 and into 2025/26. A survey to hear from SW Londoners around health and unhealth environments has been developed and is being agreed between communication teams at present. Work between communications teams is also underway to agree the mental health campaign work for 2024/25. It likely that we will be doing promotional work at each Place. Scoping work on complex needs is underway. Capacity has been secured within SWLSTG to support some of this work. |
| Area of focus for this period | <ul style="list-style-type: none"> Resolving capacity issues and developing the healthy and unsafe environments exercise. |
| Next area of focus | <ul style="list-style-type: none"> Finalising and scheduling of mental health campaign. Completing scoping work on complex care. Developing VCSE and NHS connection further. Conducting listening exercise on health and unhealth environments. |

| Key risks and/or issues | Mitigating actions | RAG rating |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Capacity structure and holding the programme of work. | Work to be co-ordinated by South West London Mental Health Strategy leads and Senior Responsible Officers. | Green |
| Capacity within services to lead workstreams and deliver change. | Additional capacity identified for complex needs and safe/ healthy environments so this work will progress over 24/25; operational and clinical capacity remains pressured. | Amber |

South West London ICP Strategy: Mental health workstream

Delivery plan December 2023-March 2025 (1 of 2)

| 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 | How will we know we've been successful? 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. | Supports resident voice by aiming to increase prevention and early support available | 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 (2 of 2)

| 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 | How will we know we've been successful? Outcomes |
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| 5. Delivery on SLL pledges and strengthened community networks in place with additional resource available. | 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. |
| 6. Two mental health communications campaigns carried out | 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 |
| 7. Review completed outlining existing understandings/ definitions/ frameworks and service provision around complex needs. Service user group/s in place to support this work. | March 2025 | TBC | Address 3 actions under complex needs theme: <ul style="list-style-type: none"> 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. Review existing services for people with complex needs and develop plans for any improvements. Co-create definitions of outcomes with people with lived experience and ensure they are person-centred. | 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 in equalities. | 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 |

Prevention

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

Q2 24/25 - Prevention

| ICP Priority | Prevention |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Responsible Officers | John Byrne, Chief Medical Officer (South West London Integrated Care Board), and Shannon Katiyo, Director of Public Health (London Boroughs of Richmond & Wandsworth) |
| Workstream Leads | Catherine Heffernan, Director for Health Improvement (South West London Integrated Care Board) |
| ICP Board Sponsors | Councillor Graeme Henderson and Gillian Norton |
| Date of report | 25/10/24 |
| Progress | |
| Highlights and accomplishments | <ul style="list-style-type: none"> The Health Equity Partnership Group (HEPG) has had 3 quarterly meetings since April and continues to receive reports from the delivery groups – Prevention, Health Inequalities and SWL Health Research Collaborative – that are implementing the ICP delivery plans. July meeting focused on a ‘deep dive’ into Healthy Weight, following the completion of the Healthy Weight Needs Assessment for adults (we’ve postponed the CYP until April 2025 due to our focus on implementing the Healthy Weight Action Plan that arose from the HNA and the HEPG discussion. We have 3 task and finish groups leading on 3 different components of the Healthy Weight Action Plan and reporting into the Prevention Delivery Group – primary/early intervention ‘readiness to change’ workstream, extension of the Diabetes Book ‘n Learn and the GLP-1s and specialised weight management centres. These will complete the Healthy Weight actions in the delivery plan by March 2025 Review of current self-care programmes for long term conditions is completed and will be reported at the next Prevention Delivery Group. Review of all community support workers in SWL – presented to the HEPG in October – and subsequent work to consolidate and create sustainability Production of rapid needs assessment around alcohol misuse and dependency in SWL The SWL Health Research Collaborative has devised a SWL Health Research Work Plan 2024-26, which was signed off by the Health Equity Partnership Group and will help us grown SWL as a research environment. We have started scoping out how to embed prevention guidance/ signposting / pathways into clinical pathways e.g. MECC We use a forward planner for the Prevention Delivery Group so that we can ensure that all actions on the ICP delivery plan are covered and completed by March 2025 |
| Area of focus for this period and the next | <ul style="list-style-type: none"> Delivery of the Healthy Weight Task and finish groups Options paper for the future of community support workers & work with RRDN to link in community support workers as research champions for clinical research studies Delivery of the network cafes of the SWL Research Support Network – includes how to write a successful bid and get funding network café (part of the Big South Innovation Summit). These cafes help to grow research capability and address the action of supporting vol sector to secure longer term funding. |

| Key risks and/or issues | Mitigating actions | RAG rating |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 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 and look at how current resources can be pooled and/or be used more efficiently. | Amber |
| Health outcomes from prevention are often not immediate outcomes. | The Prevention Delivery Group will utilise shorter term, proxy measures to detect changes. | Amber |

| Systemwide deliverables – Timeframe: March 25 | 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 | How will we know we've been successful? Outcomes |
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| <ul style="list-style-type: none"> • Undertake a Healthy Weight Health Needs Assessment (HNA) building on the work already done at Place level and include review of existing self-care programmes to build a shared understanding of what works to inform future developments. • Devise and execute a business case to commission weight specialist centres based on NICE guidance (formerly Tier 3 & 4 services) to increase capacity and access. • Work across SWL to ensure that anyone who is overweight has access to weight management support using a compassionate approach (including digital options like NHS DWP and strengthening links through social prescribing) • Provide support to people to maintain healthy weight • Ensure that physical activity is routinely encouraged and supported throughout healthcare consultations in 2024/25, so that by 2025/26 physical activity interventions will have been embedded in hospitals ('active hospitals') and in primary care ('active practices'). • Devise a platform/portal that will enable clinicians to support patients to choose and book the appropriate weight loss/support for the patient - with motivational support to activate participation; or rather utilise what is available already. • Build on Place based approaches to improve access to and use of affordable healthy food • Build upon the work of local public health teams, wider local authorities, GLA and London Sport on increasing access and uptake of physical activity to prevent obesity -this includes working more closely with schools. • Develop the making every contact count approach (MECC) to build weight management advice / signposting into consultations in our acute hospitals, mental health trust, community and primary care providers (in SEL they have the vital 5 which includes weight) | Catherine Heffernan/ Grace Neal/ Prevention Delivery Group | <p>Developing a whole-system approach to healthy weight and reducing obesity</p> <p>: Develop a healthy weight programme across South West London that will help provide affordable options and support to all.</p> | <p>The Healthy Weight HNA has an emphasis on health inequalities and disparities to identify the groups that most need support.</p> <p>Work on improving access to healthy food will take into account use of local produce and carbon footprint. The HNA will include resident voices on their perspectives on how to achieve and maintain healthy weight</p> <p>Will support EDI with a focus on at risk groups</p> <p>Emphasis on the role of walking and cycling as health determinants and 'active travel' to increase exercise levels, reduce air pollution, supports green agenda.</p> | <ul style="list-style-type: none"> • Completed SWL Healthy Weight Health Needs Assessment March 2024 • SWL Weight specialist centres commissioned Dec 2024 • Achievement of DWMP target of 3,680 for 23/24 – at Dec 23 we're 2,438 and increase of 79% of GP practices referring to 100% by Dec 24 • All SWL trusts are 'active hospitals' by March 25 and at least 50% of general practices are 'active practices' by March 25 • Audit March 25 on pathway to community weight management services via general practices, self-referrals and pharmacies | <ul style="list-style-type: none"> • Every SWL resident is enabled to achieve and/or maintain healthy weight • Proportion of SWL adults in Health Survey estimated with healthy weight has increased - % tbd, with focus on inequalities (range from 45.5% in Richmond to 62.8% in Sutton) and London had 55.9% overweight/obese in 2021/2 • Proportion of children with healthy weight in the National Child Measurement Programme CMP has increased from 80% of reception children and 64.5% of Year 6 in 22/23 |

Prevention Workstream

Delivery plan October 2023-March 2025 cont'd (2 of 3)

| Systemwide deliverables – Timeframe: March 25 | 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 | How will we know we've been successful? Outcomes |
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| <ul style="list-style-type: none"> • Increase access to and uptake of NHS Health Checks and increase uptake of local health improvement offers (LA, NHS, VCS) • Work to support better understanding of the characteristics, demographics, and cultural reasons for children and young people at risk of obesity • 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 • Build upon community empowerment approach, train and retain more health coaches, community health and wellbeing workers and link to social prescribers • 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. • 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. | 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 & 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"> • Increased uptake numbers of NHS Health Checks, especially amongst Core20plus5 groups and evidence of impact of interventions • Report on CYP at risk of obesity • 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 • By March 25, every PCN has active connections to social prescribers, health coaches, community connectors and health and well-being community workers | 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 |

Prevention Workstream

Delivery plan October 2023-March 2025 cont'd (3 of 3)

| Systemwide deliverables – Timeframe: March 25 | 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 | How will we know we've been successful? Outcomes |
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| <ul style="list-style-type: none"> • Create solutions for self-care which reflect the needs of different communities through meaningful co-production with those communities. • 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. • Make available digital care pathways to support all South West London residents through their personal healthcare journeys (by 2026/27). • Increase the use of digital care plans by training health and care staff and considering how more people can be encouraged to use them. • Increase access to training and equipment for people who are currently digitally excluded, where a digital offer is what they want. • 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. • 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) • Train primary care clinicians to enable personalised care and support planning consultations for patients with LTCs | 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"> • Review completed by Sept 2024 on existing self-care programmes in South West London, • 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 • 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. • Report March 25 on how digital care pathways can support residents | 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 |

Workforce

- Q2 24/25 Highlight Report
- 2024/25 Delivery Plan

| | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ICP Priority | WORKFORCE |
| Senior Responsible Officers | Karen Broughton, Deputy Chief Executive Officer and Executive Director of People and Transformation (South West London Integrated Care Board), [LA SRO - tbc] |
| Workstream Leads | Sam Mason (South London Partnership), Lorissa Page (SWL ICB) |
| ICP Board Sponsors | [new sponsors to be identified following standing down from ICP Board of previous sponsors] |
| Date of report | October 2024 |
| Progress | |
| Highlights and accomplishments in last quarter | <ul style="list-style-type: none"> • Oversight arrangements for 12 ICP Priorities Fund Projects in place and operating well – monthly highlight reports, check in meetings. thematic reviews and escalation • Ongoing focussed activity to ensure join up and collaboration between projects focussing on similar areas and working with same partners • Stakeholder group met 23 September with a focus on join up and collaboration, apprenticeships and sustainability • I-CAN project led by Roehampton University successfully delivered to first cohort of care leavers with 3 participants subsequently enrolling on health courses at Roehampton University • Community Upskilling and Job Readiness project has delivered 6 courses on job readiness training across SWL communities • Work experience programme in primary care has resulted in 63 applications for 20 places and 2 job offers made at the end of the scheme • Meeting with VCSE lead to build engagement and involvement • Delivery plan mapping and refresh |
| Area of focus for this quarter | <ul style="list-style-type: none"> • Supporting projects to access jobs and placement/work experience opportunities, especially in NHS • Six monthly review of 12 ICP Priorities Fund Projects • Ensure projects focus on monitoring, evaluation and sustainability • Plan and deliver next Stakeholder Group Meetings (between now and end of March) • Sustainability planning, develop 25/26 Priorities and update delivery plan • Collating and communicating evidence of impact and 'good news' • Assessing new Government policies and impact/response • New LA SRO and sponsor arrangements to be put in place |
| Next area of focus for following quarter | <ul style="list-style-type: none"> • Ongoing evaluation and sustainability planning • Finalise Year 2 & 3 Delivery Plan • Successful ending of 12 projects with clear plans on sustainability and learning • Understanding and communicating successes |

Q2 24/25 - Workforce (2 of 2)

| Key risks and/or issues | Mitigating actions | RAG |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Lack of access to job and placement / work experience opportunities in NHS is impacting on projects, particularly supporting job readiness and apprenticeships | NHS SRO and Co-Lead escalating with NHS Chief Executives | Red |
| Lack of project delivery capacity – no dedicated project lead in place; and although temporary support has been provided by the ICB team this does not sufficiently cover all requirements. | Temporary delivery support from ICB, exploring options to secure new programme lead resource as matter of urgency Review of priorities as part of wider ICP Strategy Stocktake | Amber |
| Insufficient focus on monitoring, evaluation and sustainability planning will limit ongoing impact of positive approaches | Major programme focus for next two quarters including as part of project oversight and two stakeholder group meetings | Amber |
| Overlap between projects (and wider work) may lead to lack of coordinated approach to working with communities and partners and impact. | Ensuring alignment and coordinated approaches across projects and wider work is a key focus of the programme with mapping and joint meetings planned for next quarter | Amber |
| Leadership capacity due to personnel changes and wider work pressures | New NHS co-lead now embedded in post as SWL ICB Chief People Officer working closely with NHS SRO. New LA SRO being identified. | Amber |
| Insufficient engagement with wider sector and partners | Stakeholder Group reconvened and met in September with further meetings planned for the remainder of the financial year. | Amber |

South West London ICP Strategy: Workforce

Workstream Delivery Plan December 2023-March 2025 (1 of 5)

| 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 | How will we know we've been successful? Outcomes |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------|-------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Identify three difficult to recruit roles to focus on | Completed Oct 23 | Wendy Majweska | 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 | Wendy Majweska | 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 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 | Wendy Majweska | 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 | Wendy Majweska | 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 | Wendy Majweska | 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 | Viccie Nelson | 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 | Viccie Nelson | 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 | Viccie Nelson | 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 66 |

South West London ICP Strategy: Workforce Workstream

Delivery Plan December 2023-March 2025 (2 of 5)

| 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 | How will we know we've been successful? Outcomes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Establish London living wage 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 |

South West London ICP Strategy: Workforce Workstream

Delivery Plan December 2023-March 2025 (3 of 5)



| 3. Supporting Local People into 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 | How will we know we've been successful? Outcomes |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | Lorissa Page/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 (4 of 5)

| 3. Supporting local people into work in health and care (continued) 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 | How will we know we've been successful? Outcomes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Coordinated SWL wide communications campaign to promote jobs and careers in health and social care to local people | Jan 24 - March 25 | Lorissa Page/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 (5 of 5)

| 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 | How will we know we've been successful? 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 | Lorissa/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 | |

Connect to Work

Agenda item: 4

Report by: Matthew Hamilton, Director, South London Partnership

Paper type: Discussion

Date of meeting: Wednesday, 4 December 2024

Date published: Wednesday, 27 November 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

In Autumn Budget 2024, the government announced their plans to invest in an ambitious supported employment programme to decrease the number of economically inactive people in the UK and create a more inclusive economy, ensuring employment opportunities for all.

In October 2024 the Department of Work and Pensions and the Department of Health and Care wrote to the Chief Executives and the Directors of ICB's, outlining that Connect to Work should be the start of localised Work, Health and Skills Plans, tackling economic inactivity and expanding employment opportunities for those outside the workforce and facing greater labour market disadvantages.

These plans are intended to transform relationships in local areas and strengthen foundations of collaborative partnerships to secure good employment outcomes for local people. It also highlighted its alignment with ICSSs' fourth purpose of supporting broader social and economic development, enabling areas to further join up a holistic offer of local work, health and skills support.

This item seeks to introduce Connect to Work to ICP members, to manage Connect to Works integration to into existing services and start to embed health and care providers both operationally and strategically into the delivery of the programme.

Executive summary

Connect to Work is a voluntary supported employment programme, which will provide support for people who are economically inactive within priority groups, specifically disabled people and people with health conditions that make it harder to secure employment but want to work. It will also provide support to some people to retain work who are at risk of losing employment (and if they lose their job would be unlikely to move back into work without support).

South London Partnership (SLP), with Croydon Council as the accountable body, are developing a programme of support which will be delivered across the five SLP borough over the next five years. We are currently undertaking a series of stakeholder engagement activities to socialise the new opportunity across a range of stakeholders and ensure that provision is well-aligned to existing services and avoids duplication of provision.

Connect to Work is intended to be a high-quality personalised programme putting the individual at the heart of decision making. The programme seeks to support individuals who would not ordinarily engage with job centres and employment brokerage services and have multiple and complex needs but want to work. Therefore, health and care providers will be key to the success of the programme, as primary referral partners.

We would like to work with health and care providers to create robust referral pathways for patients and, to maintain a high-quality service, ensure we have the mechanisms to assess its quality and suitability with health and care experts.

ICP members are asked to consider how they can support with the operational and strategic delivery of Connect to Work, to ensure it provides support to the right people and integrates effectively to existing systems to strengthen work, health and skills outcomes.

Key Issues for the Board to be aware of

- South London Partnership and the accountable body (London Borough of Croydon) need to submit a delivery plan to the Department of Work and Pensions (DWP) before the end of the calendar year. Therefore, timescales are tight to feed into the development of the programme
- Health and care provider will be key referral partners. Referrals on to the programme are expected from June 2025 to November 2029. Quick action will need to be taken to start to strengthening referral pathways, to and from the programme, to ensure the support reaches its intended beneficiaries and that investment in the programme is maximised.

Recommendation

The Board is asked to:

- Note the details of the slide deck.
- Review and comment on how they could support the operational and strategic delivery of Connect to Work.

Governance and Supporting Documentation

Conflicts of interest

N/A

Risks

N/A

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

No – not required. This is a discussion paper.

Patient and public engagement and communication

No – not required. This is a discussion paper.

Previous committees/groups

| Committee name | Date | Outcome |
|----------------|------|---------|
| N/A | | |

Final date for approval

N/A

Supporting documents

Connect to Work Slide deck

Lead director

Matthew Hamilton, Director, South London Partnership

Author

Polly Persechino, Head of Economy, Skills and Employment, South London Partnership



South London Partnership Connect to Work

November 2024

SUPPORTED BY
MAYOR OF LONDON



What is Connect to Work?

Connect to Work is a national supported employment programme being rolled out over the next nine months by Department for Work and Pensions supported by Department for Health and Social Care.

It is voluntary programme aimed at tackling economic inactivity to increase the workforce pool, raise the UK employment rate and boost national productivity.

It is based on the following principles:

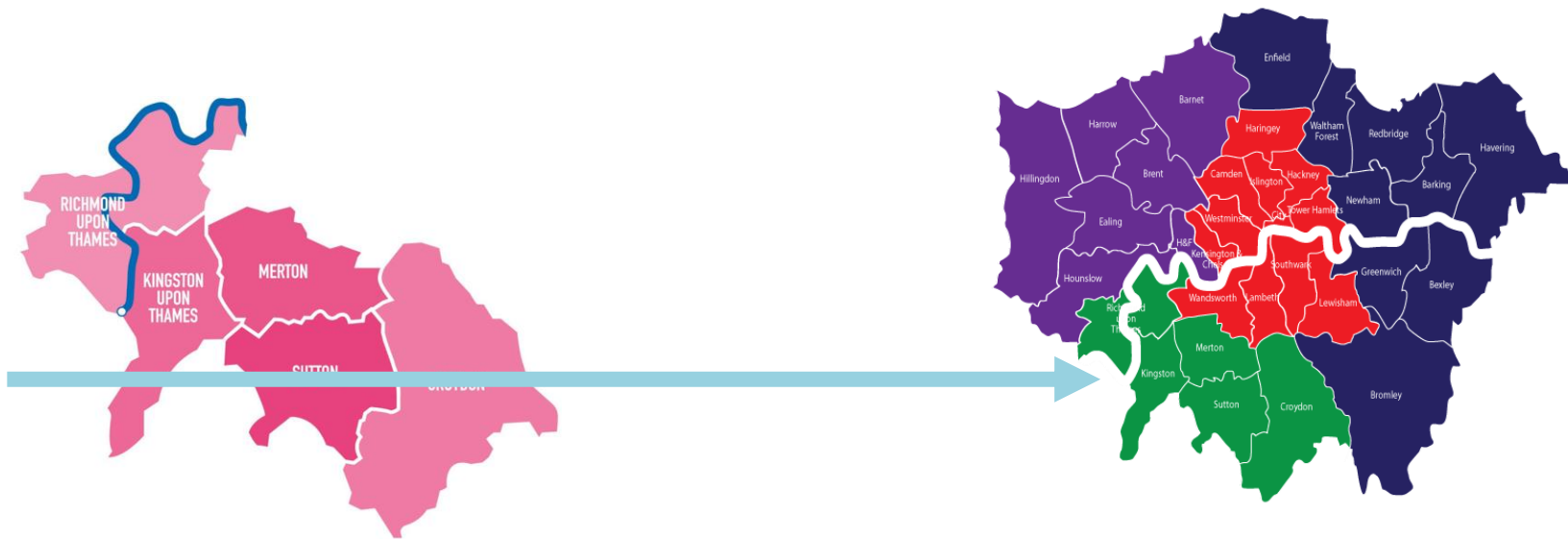
- Everyone has the potential to be in real, paid work with the right support
- Participants will start looking for work as soon as possible then will continue to be supported in the workplace
- Participants will be supported into real, paid work not volunteering or other outcomes
- Includes clinical integration where required and appropriate

Who is it for? Eligibility and Suitability

| Eligible and Suitable | Not Eligible |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"><li data-bbox="19 439 1139 991">1. Hidden Unemployed: economically inactive, disabled people, people with health conditions, or those with more complex barriers to work who are outside the labour market, from a specified disadvantaged group (85% of starts)<li data-bbox="19 1090 1091 1319">2. Employed: those in work but at risk of falling out of the labour market (15% of starts) | <p data-bbox="1195 439 1908 1225">Any local or national supported employment programme such as Individual Placement and Support for Alcohol and Drug Dependence and Individual Placement and Support for Severe Mental Illness should not be accessed by individuals simultaneously with the supported employment programme. If these services are available, there should be consideration as to which is more appropriate for the individual</p> |

Connect to Work – In South London

Connect to Work will be delivered in clusters of local authorities. In South West London, as set out by the Department for Work and Pensions (DWP), the funding will be devolved to the South London Partnership (SLP).



The programme will be commissioned to a specialist employment support providers, to deliver across all five SLP boroughs, with Croydon Council leading, as the accountable body

Connect to Work: Key Facts for South London Partnership Programme

5 Year Programme

(4 years of new starts and 1 year for follow on support)

1,400 people supported every year (at peak delivery)

50% of all starts expected to be helped into work

Connect to Work: The Participant Journey

Awareness

Engagement & Onboarding

Provision

Identification

Introduction

Eligibility

Referral to
Provision

Supported
Employment

End of
Provision

Introductory Channels

Primary

- GPs
- Health Providers
- VCSE
- Local Authorities

Secondary

- JCPs
- Employers

Getting on Programme

- Apply for programme
- ↓
- Pre screening
- ↓
- Initial meeting
- ↓
- Identifying support

Providing Support

- Vocational profiling
- Job matching
- Employer Engagement
- On- and off-the-job support

Connect to Work is different from other DWP programmes, and has been codeveloped with national and local experts to ensure the programme delivers impactful outcomes

There are two models of support being provided through the programme:

IPS: Individual Placement and Support - personalised and strength-based approach to support people experience mental health difficulties, to find a job of their choosing.

SEQF: Supported Employment Quality Framework – a model to ensure everyone with a disability and/or neurodivergence seeking paid employment receive high-quality support to find, maintain, and flourish in well-matched employment

Providers will need to undertake self-assessments and external quality assurance assessment to ensure they meet minimum service standard levels.

- **Providers will need a range of referral organisations and have strong community outreach to identify 'hidden unemployed'.**
- Employment Specialists should have an average maximum active caseload of 25
- Employment Specialists only providing SEQF support should operate a smaller caseload, with an average maximum caseload size of 20

Connect to Work: Working Together

The Department of Health and Care wrote to all ICBs in October 2024, requesting their support with the Connect to Work programme and set expectations that the accountable bodies and ICBs should work closely together to shape provision in their area. This is being driven by policy objectives and new ways of working for the DWP.

- **Local Work, Health and Skills Plans:** Connect to Work is the first step in establishing the work health and skills plans, which we expect to be included in the **Get Britain Working White Paper**, (indicative launch date late November).
- **Primary referral routes through health providers:** The government is seeking to address economic inactivity and specifically target people who want to work but have barriers to employment due to health. The primary referral routes to this programme need to be through health partners, as eligible participants are unlikely to be accessing/using job centres, therefore job centres will not be a primary referral route
- **Integration:** Participants will not be eligible if they are already access IPS services, delivered by health services. It is essential that we work collaboratively to maximise the effectiveness of the programme by cementing pathways and referral process and avoiding duplication.

Working With Health and Care Partners: What can you do?

Developing the Programme

- **Participation in the development** of the delivery plan and the specification for commissioned service

Operational support

- To become **primary referral pathway** to ensure the service reaches the right beneficiaries (residents/patients)

Strategic Support

- Provide **strategic leadership** to support the ongoing success of Connect to Work and support the integration of the programme across service and governance

Contact

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Preparation and Learning from Adult Social Care Quality Commission (CQC) Assurance

Agenda item: 5

Report by: Annette McPartland, John Morgan

Paper type: Information and discussion

Date of meeting: Wednesday, 4 December 2024

Date Published: Wednesday, 27 November 2024

Content

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The purpose of this item is to update Integrated Care Partnership (ICP) members on boroughs' preparation and improvement activities for Care Quality Commission (CQC) assurance of local authorities' adult social care responsibilities and to highlight system learning and where partners input is required.

Executive summary

From April 2023 the CQC have had a duty to independently review and assess local authorities' (LAs) performance in delivery of their Care Act 2014 duties in supporting people with care and support needs. The CQC are carrying out baseline assessments of all Local Authorities with social care responsibilities across England, with all South West London boroughs expecting an assurance visit in the next 18 months. Kingston was notified at the beginning of October and can expect an assurance visit February – May next year.

The CQC are applying their single assessment framework which will also be used in the CQC's planned assurance of Integrated Care Systems. The CQC are focusing on four themes in assessing local authorities – Working with People, Providing Support, Ensuring Safety, Leadership.

South West London boroughs are undertaking substantial preparation and improvement activity that involves considerable engagement and working with the NHS, Voluntary, Community and Social Enterprise (VCSE) and other partners at community, place and system level and which is providing substantial learning for individual Places and the system more generally on working together to deliver better integrated care.

This paper highlights that LA's self-assessments have found that there is good partnership working with NHS and VCSE partners but also that this needs to be continued, to be strengthened and expanded, especially in response to new opportunities and challenges.

Key Issues for the Board to be aware of

- Local Authorities need to work in effective partnership with a wide range of partners at borough/Place and Integrated Care System (ICS) system level to meet their care act duties which the CQC assurance process will assess.
- Self-assessments have highlighted strong partnership working in many areas but also that this needs to continue to be strengthened and evolved. This is a good opportunity for ICP partners to both highlight good examples of collaborative working and opportunities to further advance partnership working in key areas.
- The CQC will want to talk to partners and see evidence of collaborative working at individual, community, Place and system level as part of their assessment visits. It will be helpful for the ICP to consider how this is best organised to ensure the CQC have the information they need and that partners' resource are used most effectively.

Recommendation

The Board is asked to:

- Support CQC assessments in Local Authorities across South West London and discuss how their organisations can further contribute to boroughs' assurance and improvement activity and strengthen partnership working to deliver safe, high quality integrated care and ensure a positive approach to and outcome of CQC assessment of South West London boroughs.

Governance and Supporting Documentation

Conflicts of interest

None

Risks

Poor CQC outcomes for SWL boroughs would have risks for the wider ICS system.

Mitigations

There is considerable working together of system partners at all levels with this fully assessed as part of assurance preparations and a range of improvement activity underway. Bringing to this meeting is also a key mitigation activity.

Financial/resource implications

No direct implications.

Green/Sustainability Implications

Environmental and sustainability impact and actions are covered in boroughs' adult social care strategies and as part of the assurance framework.

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

Not required

Patient and public engagement and communication

Engagement with local residents, communities and staff and stakeholder communication are major components of boroughs' preparation activities.

Previous committees/groups

None. Each borough has been regularly updating their own committees and groups on their preparation and position including Health and Wellbeing Boards (H&WB) and Place Partnerships.

Final date for approval

N/A

Supporting documents

None

Lead directors

Annette McPartland, Corporate Director Adults, Social Care and Health, London Borough of Croydon,
John Morgan, Director of Community and Housing, London Borough of Merton

Author

Sam Mason, Health and Care Lead, South London Partnership



CQC Adult Social Care Assurance SWL Boroughs Preparation and Learning

SWL Integrated Care Partnership Board Meeting 4th December 2024

John Morgan – Executive Director, Adult Social Care, Integrated Care & Public Health, LB Merton

Annette McPartland - Corporate Director, Adult, Social Care and Health, LB Croydon

Introduction and Purpose

- From April 2023 the Care Quality Commission (CQC) have had a duty to independently review and assess local authorities' performance in delivery of their Care Act 2014 duties in supporting people with care and support needs
- CQC are using their single assessment framework, which applies to all types of services in all health and care sectors at all levels
- CQC are aiming to assess all local authorities (LAs) as a baseline by December 2025 – **SWL local authorities will have an assessment visit in the next 18 months**
- SWL LAs have been reviewing themselves against the framework, taking improvement action and preparing for assurance visits
- Kingston and Merton have been notified by CQC with inspection visits likely to take place Feb-May next year

The purpose of this presentation is to:

- **Update SWL ICP on the work of SWL Local Authorities to prepare for CQC assurance, notably to:**
 - **share learnings and insight from their assurance preparations that benefits the system more widely**
 - **Identify key areas for partnership working and input from partners.**

CQC Assessment Framework

The CQC Single Assessment Framework is made up of 5 key questions under which each there is a set of quality statement that describe what good care looks like:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



Organisations are rated as Outstanding, Good, Requires Improvement or Inadequate

Four Assessment Themes

Theme 1: Working with People

- Assessing needs
- Planning and reviewing care
- Supporting people to live healthier lives
- Prevention & wellbeing
- Information and advice
- Arrangements for direct payments and charging
- Understanding and removing inequalities in care and support
- People's experience and outcomes of care

Theme 2: Providing Support

- Care provision
- Market shaping & commissioning
- Workforce capacity and capability
- Integration
- Partnership working

Theme 3: Ensuring Safety

- Safe systems
- Safeguarding enquiries & pathways
- Reviews
- Continuity of care

Theme 4: Leadership

- Governance, management and sustainability
- Strategic planning
- Learning, Improvement and Innovation

SWL Local Authorities' Preparations

Boroughs have been actively preparing for CQC by:

- Assessing themselves against the framework to understand where they are and where they need to improve
- Commissioning independent peer reviews – from the Local Government Association (LGA), London Association of Adult Social Services (ADASS)
- Holding information and challenge sessions with staff and partners
- Engaging with and getting feedback from services users and carers, staff, providers, partners and stakeholders
- Collating and analysing data
- Ensuring key policies and information up to date and communicated
- Preparing and organising evidence libraries
- Logistics – consent, visit logistics
- Working together across SWL and London to share experience and learning
- Learning from national pilots and local authorities that have already been assessed
- Implementing a wide range of improvement activity

Local Authorities' Strategic Priorities for Adult Social Care

- Maximising independence: supporting people to live as independently as possible
- Prevention
- High-quality, strengths-based support
- Choice and control: people involved in decisions about their care
- Managing demand
- Integrated care and working in partnership
- Working together to identify and embed innovation
- Financial sustainability and using resources well
- Embracing new technologies
- Develop and retain a skilled workforce
- Using high quality data and information to inform decision making
- Co-production with services users and those with lived experience

Key Learning – Strengths & Challenges

Recognising each SWL local authority has different strategies and programmes to deliver their social care and wellbeing responsibilities and have assessed their readiness in different ways **the generalised, high level** key strengths and challenges can be broadly summarised.

Strengths

- A dedicated workforce: hard-working, trained and skilled staff
- Leadership: visible and supportive leaders
- Strong partnerships across the system - with residents, partners, voluntary and community sector and providers.
- Keeping people safe: strong proactive and safeguarding measures
- Strong financial grip

Challenges

- Recruitment and retention of Adult Social Care (ASC) workforce
- Financial sustainability of the system and overstretched budgets
- Increased demand and complexity, ensuring capacity
- Working across the system to deliver
- Co-production and user voice

Learning by Theme (1)

Theme 1: Working with People

Common strengths

- Wellbeing of residents put first and maximised
- Effective demand management
- Strong and timely care assessments
- Waiting times are reasonable
- Easily accessible information and advice
- Effective prevention offer
- Strengths based practice is embedded

Areas for improvement

- Managing increased demand
- Greater embedding of prevention
- More focus on identifying and supporting unpaid carers
- Improve data collection & use of data
- Greater feedback and listening to our communities
- Digital self assessment

Theme 2: Providing Support

Common strengths

- Safe, effective and high-quality services
- Focus on maximising independence
- Partnership with local care providers
- Working with local partners to deliver
- Good strategic commissioning
- Co-production of services and plans

Areas for improvement

- Managing costs
- Improving capacity (i.e. mental health & learning disabilities)
- Greater focus and collaboration on workforce
- Greater joint market management & commissioning

Learning by Theme (2)

Theme 3: Ensuring Safety

Common strengths

- Safe systems of care
- Strong safety and safeguarding measures
- Working together to keep people safe
- Strong care assessments
- Residents supported to make positive choices balancing risk and choice

Areas for improvement:

- Continue to refine safeguarding systems and governance including on basis of feedback from those with lived experience
- Further development of systems to support young people transitioning into adult social care (ASC) services
- Ensuring more systematic system learning from Safeguarding Adults Reviews

Theme 4: Leadership

Common strengths:

- Strong governance and leadership
- Strategic partnerships
- Open and transparent communication in Adult Social Care
- Transformation programmes
- Learning and development opportunities
- Comprehensive Quality Assurance Framework

Areas for improvement:

- Making the most of digital innovation
- Strengthening the use of data and insight
- More focus on quality assurance and continuous improvement
- System leadership
- Greater co-production and embedding voice of those with lived experience

Working in Partnership

Working in partnership is a key element of the assessment framework as essential for delivering ASC priorities and integrated care more generally

Strong partnership working with:

- Residents and care providers
- Voluntary and communities sector
- NHS/ICB, Local Place Partnerships
- Better Care Fund
- Across boroughs supported by SLP

Areas where partnership working needs to be strengthened include:

- Police – starting but need to do more
- Housing
- More joint commissioning with health and other LAs
- Greater integration of services and further joining up of health and care
- Development of a more joined up / integrated workforce
- Working with SWL ICB following restructuring and as it inevitably evolves
- Listening to and working with residents, co-production
- Working with Voluntary, Community and Social Enterprise partners

What is needed from ICP Partners

- The CQC will want to talk to partners and see evidence of collaborative working as part of their visit
 - They will focus on local safeguarding processes
- Engagement in preparation and collaboration on improvement activity
- Continued development of our good partnership working to deliver better integrated care
- ICP members are asked to support CQC assessments in Local Authorities across South West London and discuss how their organisations can further contribute to boroughs' assurance and improvement activity and strengthen partnership working to deliver safe, high quality integrated care and ensure a positive approach to and outcome of CQC assessment of South West London boroughs.

ICP South West London Anchor Development

Agenda item: 6

Report by: Angela Flaherty, Director of Strategy and Development, SWL ICB

Paper type: Discussion

Date of meeting: Wednesday, 4 December 2024

Date published: Wednesday, 27 November 2024

Contents

- **Purpose**
- **Executive Summary**
- **Key Issues for Board to be aware of**
- **Recommendation**
- **Governance and Supporting Documentation**

Purpose

The purpose of this report is to provide background information to Anchor/civic-related work in South West London (SWL), to create a common understanding of how partners across SWL deliver Anchor/civic related activities, and to explore the Integrated Care Partnership's (ICP) perspectives on further Anchor/civic activities in South West London.

Executive summary

Integrated Care Systems (ICSs) are increasingly acting as 'Anchor Systems' working with partner members across health and care to support their Anchor/civic ambitions and collaborating across the system to facilitate joint action to support social and economic development.

The term 'Anchor' comes from large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve being effectively 'anchored' in their surrounding community. These organisations have significant assets and resources which can be used to influence the health and wellbeing of their local community. It is felt that by strategically and intentionally managing their resources and operations, these organisations can help address local social, economic and environmental priorities to reduce health inequalities.

Health and care organisations across SWL all work on activities that are either described as 'anchor' activities, 'civic' activities or 'social and economic' development activities but they are all similar in both the action and outcome required. We wish to create a common understanding of both the activities delivered across SWL but also how these anchor/civic activities are coordinated and delivered. SWL Integrated Care Board (ICB) and South London Partnership (SLP) have mapped their

current activities and the attached paper provides details on SLP civic activities and the output of the ICB Anchor Stocktake across System and Place.

We have increased our understanding of the current anchor and civic activities currently underway and have carried out engagement with national, regional and local stakeholders to explore how further Anchor collaboration could bring increased benefit to SWL.

Key Issues for the Board to be aware of

With the endorsement of the ICP, it is proposed that representatives from organisations and agencies across SWL are invited to participate in a collaborative development workshop, convened by SLP, with the objectives to:

- Highlight the benefit of increased collaboration
- Bring to life and share mapping of both current NHS Anchor/Civic work across the wider South London collaborative ecosystem, enabling understanding of the common themes and the gaps
- Through working sessions understand wider stakeholder's anchor activities
- Determine the appetite for increased collaboration
- Identify and agree areas for greater collaboration

A provisional date has been identified in February 2025.

Recommendation

The Board is asked:

- Support the suggestion to hold an Anchor/Civic workshop in order to explore further the benefits of greater SWL collaboration.
- Note existing and ongoing activity across NHS, SLP and Local Authorities
- Discuss any immediate areas where additional effort should be focused.

Governance and Supporting Documentation

Conflicts of interest

N/A

Risks

N/A

Mitigations

N/A

Financial/resource implications

N/A

Green/Sustainability Implications

N/A

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

No – not required. This is a discussion paper.

Patient and public engagement and communication

No – not required. This is a discussion paper.

Previous committees/groups

| Committee name | Date | Outcome |
|----------------|------|---------|
| N/A | | |

Final date for approval

N/A

Supporting documents

SWL Anchor Development

Lead director

Karen Broughton, Deputy Chief Executive/Director of Transformation and People

Authors

Angela Flaherty, Director of Strategy and Development, SWL ICB

Sam Mason, Health and Care Programme Lead, South London Partnership

Paul Kirkbright, Head of Knowledge Exchange and Partnerships, South London Partnership

South West London Anchor Development

Jo Farrar, Chief Executive of Kingston Hospital and Hounslow and Richmond Community Healthcare NHS Trust, and SWL ICS Anchor Development SRO

Matthew Hamilton, Director, South London Partnership

4th December 2024



Purpose of the session

- To create a common understanding of how partners across SWL deliver Anchor-related activities and their specific areas of focus
 - across the NHS through our Anchor work
 - across local Government through South London Partnership Civic collaborative activities
- To describe how SWL Integrated Care Board and the South London Partnership have been coming together to understand the benefits of Anchor collaboration
- To discuss how we take Anchor forward in South West London

NHS Anchor



Five Pillars of Anchor Activity

Integrated Care Systems (ICSs) are increasingly acting as ‘Anchor Systems’; working with individual NHS organisations to support their anchor ambitions and collaborating across the system to facilitate joint action to support social and economic development; one of the key four statutory objectives for Integrated Care Boards (ICBs)

The NHS utilises the five pillars as a framework to categorise anchor activity and encourage organisations to think across opportunities for benefitting social and economic development for their community



Workforce

- Being a better employer – e.g., London Living Wage, support physical and mental health
- Building the future workforce – e.g., professional development, clear pathways
- Widening participation - a focus on local people, social mobility
- Recruit in ways that provide equality of opportunity and maximise scope for local people to secure good jobs



Sustainability

- Medicines optimisation
- Net Zero
- Procurement and supply chain
- Travel and transport
- Fuel poverty
- Climate resilience



Procurement

- Shifting greater NHS spend locally, diversifying supply chains
- Embedding and maximising social value into purchasing decisions – e.g., for employees, communities, environment



Civic partnerships

- Accelerate progress by working more effectively as a partner across a place, including with other anchor institutions in the local economy – e.g., Health and Care Partnerships
- Recognise role of organisation as anchor institution and embed with values, identity, decision making etc.
- Collaborate with communities



Estates

- Enabling local groups and businesses to use NHS estates
- Converting and selling estate for community benefit (affordable/social housing; accessible green space)
- Procure in ways that support local jobs, skills and apprenticeships
- Design buildings that create vibrant spaces with community benefit

South London Partnership Approach to Anchor/ Civic Collaborative Activities



South London Partnership Approach to Anchor/ Civic Collaborative Activities 1



The South London Partnership (SLP) is a cross-political party sub-regional collaboration of five London boroughs plus Wandsworth for health and care. Borough Council Leaders agree shared ambitions – focusing on the what unites boroughs and where there is added value to be created by collaborating at a sub-regional level. The 2024 Work Plan has 4 shared ambitions:

Improving Health and Care Integration

- to improve the health and wellbeing of our residents and reduces inequalities and helps address the financial and workforce challenges of our health and care system.

Supporting our Local Workforce

- to boost productivity across our sub region, secure a strong local economy and strengthen the health, wellbeing and economic resilience of our people and our businesses.

Investment in Innovation and Infrastructure

- for the sub region to be a 'go to' place for innovators, including advancing cluster development in health and life sciences, sustainable technology, and creative and digital industries.

Better Connectivity

- to lobby for and secure far better connectivity to support our positive narrative for the SLP region and to drive investment and innovation

South London Partnership Approach to Anchor/ Civic Collaborative Activities 2

By working in partnership and supporting collaboration across anchor/civic partners, the SLP identifies and unlocks opportunities for the sub region – including supporting innovation and investment, driving employment and skills, improving connectivity and supporting health and social care integration via a variety of initiatives/activities:

Improving Health and Care Integration



ICP Workforce
Strategy

ICP Priorities
Fund

ASC
Transformation
Programme

Supporting our Local Workforce



Better
working
futures
Work and Health Programme

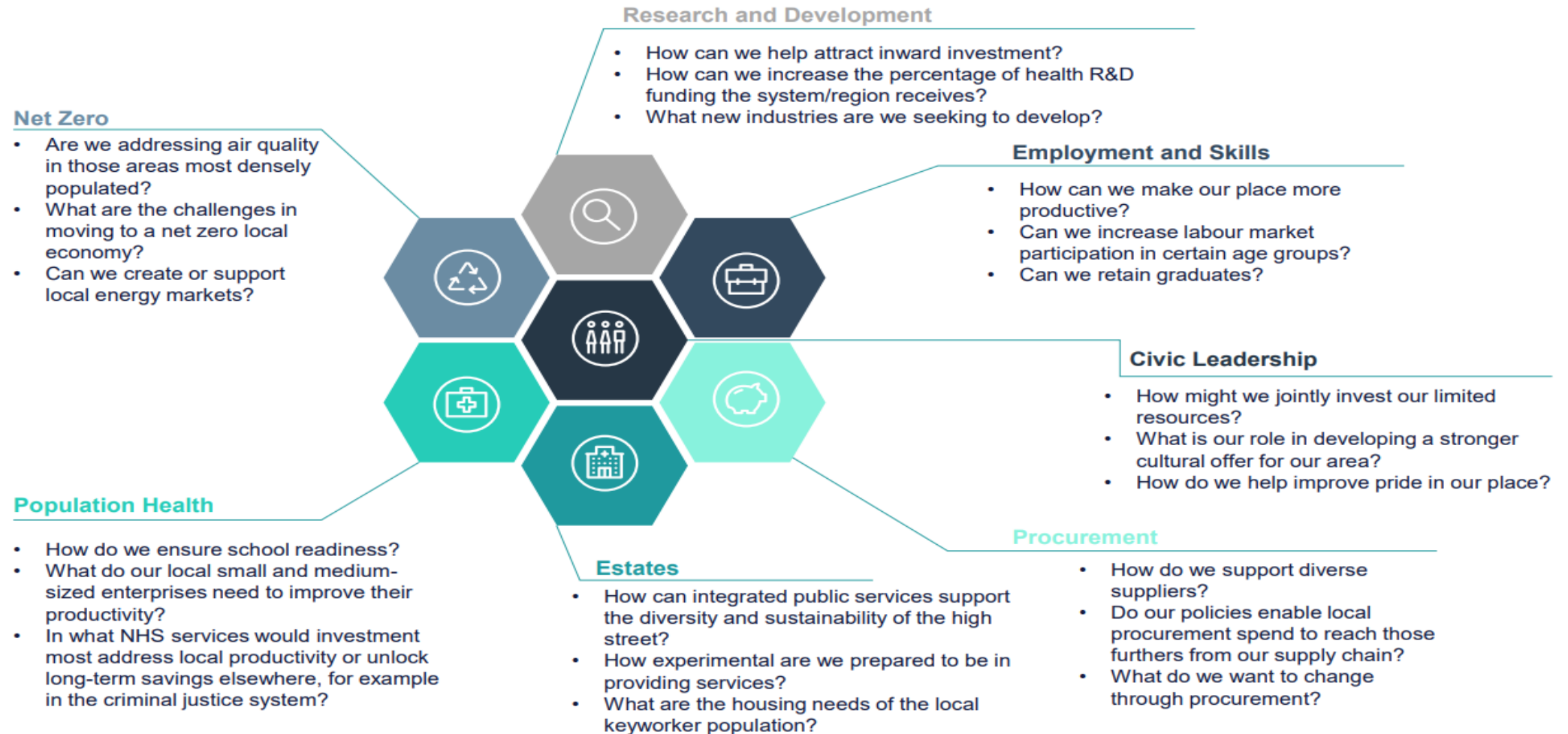
Investment in Innovation and Infrastructure



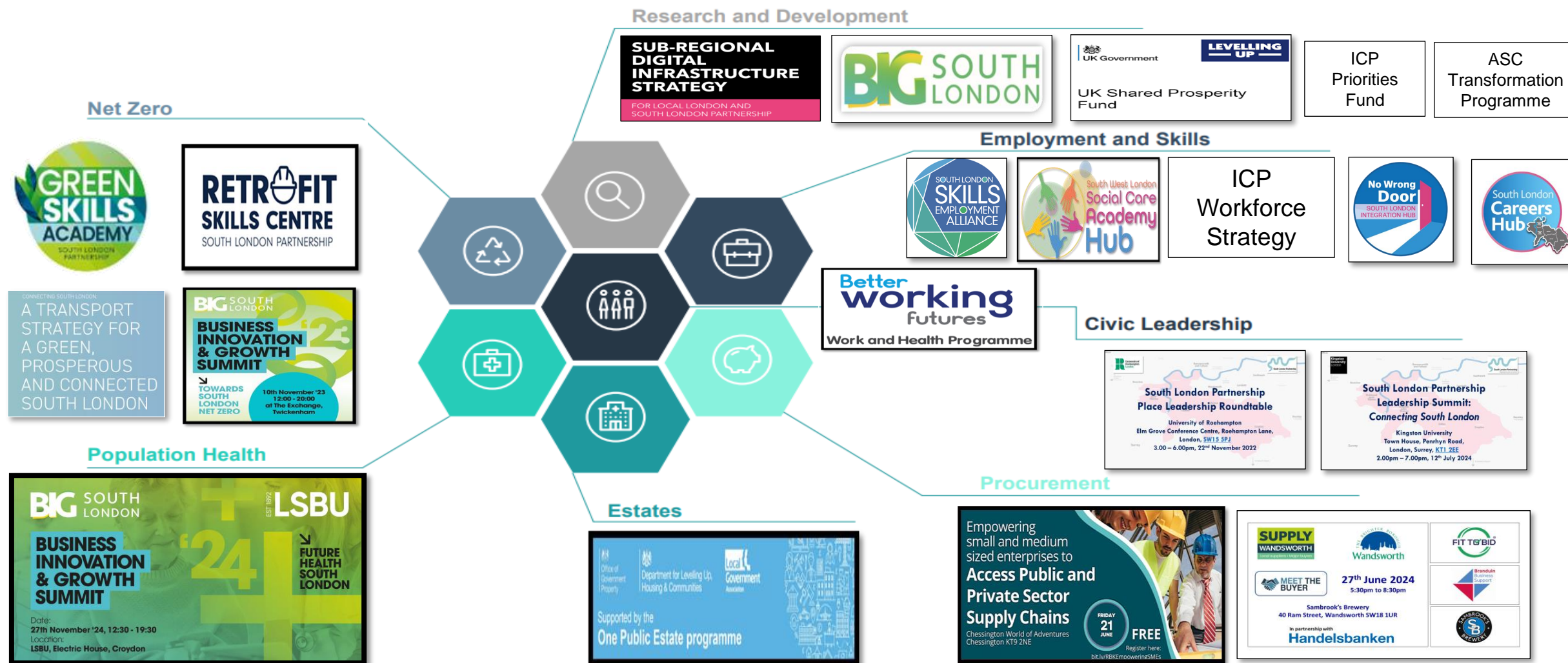
Better Connectivity



NHS Confederation: 'Creating A Productive System' Unlocking the NHS's Social and Economic Potential: Creating a Productive System (1)



Unlocking the NHS's Social and Economic Potential: Mapping the South West London Synergies



Case Study in Anchor/Civic Collaboration: Civic Leadership – the SLP Leadership Summits



- The 1st SLP Leadership Summit took place at the University of Roehampton in late 2022 and provided the first opportunity for senior leaders from across South London local government, education, and health to meet post-pandemic
- The summit explored the opportunities and challenges facing the region and how best South London's 'anchor' or 'civic' institutions could work together more effectively
- Several areas were identified that had potential for greater collaboration – including leveraging investment, reducing health inequalities, enhancing skills provision to support local job creation, and improving on the region's poor connectivity – both physical and digital
- The 2nd summit took place at Kingston University on the 12th July 2024, with over 40 senior leaders in attendance, and considered how to secure investment to address the region's connectivity deficits and, by doing so, realise shared ambitions for delivering inclusive, sustainable growth
- Senior leaders from across local government, education and business engaged with representatives from pan-London agencies (London & Partners; Transport for London, etc.) to consider how such physical and digital improvements could enable the creation of new jobs, building new homes, and protecting and enhancing the quality of life and health of all our residents
- In addition, SLP (under the BIG South London partnership – a collaboration between the 5 SLP Boroughs and 8 South West London Universities) held its 3rd annual Innovation Summit in Croydon on the 27th November. Over 250 delegates attended the 'Future Health South London' summit, focused on life sciences, health and care innovation.

Taking Anchor/Civic forwards in South West London



Wider Anchor collaboration

Over the last few months NHS SWL Anchor leads and SLP have been working together to create a shared understanding of the existing approaches and activities associated with Anchor development across SWL. In addition we have met with a range of stakeholders nationally, regionally and locally to explore how Anchor collaboration could bring increased benefit to SWL. This has highlighted:

- The significant potential benefit for SWL through working together
- Best practice from other Anchor systems, including Voluntary, Community and Social Enterprise collaboration
- The importance of focusing on areas of the greatest potential benefit to socio-economic development and growth
- Multiple common priorities and activities across SWL where learning can be shared and progress accelerated. For example:
 - Research and innovation
 - Socio-economic development and growth
 - Housing
 - Digital inclusion
 - Apprenticeships
- The particular benefit for the NHS in learning from Local Authority and Higher Education Institute experiences
- The need to develop further relationships between the public sector and private/commercial partners.

To explore how SWL ICP could progress Anchor collaboration, we now need to bring together a wider range of stakeholders across the ICP to co-create a vision for increased collaboration and agree potential areas for joint delivery.

Proposal for Moving Forwards: Anchor/Civic Development Session

- With the endorsement of the ICP, it is proposed that representatives from organisations and agencies across South West London are invited to participate in a collaborative development workshop, convened by the South London Partnership, with the objectives to:
 - Highlight the benefit of increased collaboration, the emerging policy position (e.g. growth plan) and explain how Anchor Systems play a role in this.
 - Bring to life and share mapping of both current NHS Anchor/Civic work across the wider South London collaborative ecosystem, enabling understanding of the common themes and the gaps
 - Through working sessions understand wider stakeholders anchor activities
 - Determine the appetite for increased collaboration
 - Identify and agree areas for greater collaboration
- It is proposed that this workshop would be held in February 2025, with the outcomes reported to the March 2025 ICP Board.
- The stakeholders would include local government, NHS providers, Higher Education institutions, voluntary sector, Public services (police, fire, ambulance) and relevant commercial organisations.

Discussion

The Board is asked to:

1. Support the suggestion to hold an Anchor/Civic workshop in order to explore further the benefits of greater SWL collaboration.
2. Note existing and ongoing activity across NHS, SLP and Local Authorities
3. Discuss any immediate areas where additional effort should be focussed.

Annex A: Anchor Activity at System and Place in South West London



Workforce

- Focus on increasing recruitment from the local community by working with community groups to promote opportunities. Working together with the Voluntary, Community and Social Enterprise Groups (VCSE) and local General Practitioners (GPs).
- Working with London South Bank University who have a site in Croydon to further develop our joint work to offer nursing and social work placements, connect local school and colleges with the site and run further open days promoting local jobs and training in health and social care.
- Croydon Health Services (CHS) have developed a 'Get in, Get on and Go further' approach to career pathways maximising the ability to grow the future workforce through apprenticeship programmes.
- Veteran's aware organisation with our Armed Forces Covenant accreditation.
- Croydon council is working with Providers looking at their resilience strategies and running a campaign to drive a new generation of people to work in Adult Social Care (ASC).

Sustainability

- Croydon Levelling Up opportunities arising from the £18.5m Levelling Up Fund. Improvements planned include creation of more green spaces, pedestrianized zones and transport hubs to reconnect with retail areas and residential districts. Funds will be used to redesign pedestrian and road layouts, including removing the current town centre subways. This will provide clearer thoroughfares and open up public spaces into 'plaza' style areas, incorporating public art, markets, and space for cultural events.
- Working closely with partners, including local assets such as Fairfield Halls and London South Bank University.
- CHS sustainability plans including Progress towards March 2026 completion of the decarbonisation ambitions.

Procurement

- All partner organisations ensuring that social value is given appropriate within procurement.
- Voluntary sector leaders are working with One Croydon partners to develop the social value potential of developer/contractor procurements.
- Local social care market development by reviewing council care homes and developing new model of care to support residential and nursing care support. Development of the homes as centre of excellence via partnership working.

Civic Partnerships

- The established One Croydon Alliance allows us to maximise the potential of our individual organisations to do more for the community by working together.
- Croydon is one of six place across the country to bid successfully for the Healthy Communities Together Programme run by the King's Fund and National Lottery. The programme aims to maximize the potential of partnership between voluntary and statutory sectors, shifting resources and control to communities to reduce health inequalities. Local Community Partnerships are being supported in our six localities to ensure that the voices of residents inform our plans.
- Impact of the CHS Charity and the Maudsley Charity for Croydon residents.

Estates

- Determine approach for use of the public estate involving council, community and NHS local estate assets, the ambition being to achieve our Health and Care Plan aim to deliver services closer to communities, maximise efficient use of our estates and support economic, social and environmental sustainability of our borough's high streets.
- Development of community hubs, including assets such as libraries and going to residents where they are, including through a mobile hub approach.

Workforce

- Work with NHS Trusts and large local employers to create to internships and apprenticeships for local people and implement the London Living Wage. Focus on people with a learning disability will have the opportunity to take up and sustain paid employment so maintaining their independence.
- Linking with education and training providers for employability initiatives aimed at supporting people into employment.

Sustainability

- Promote active travel and green infrastructure. Support school streets and encourage sustainable travel choices such as walking and cycling. Take joint action to address inequalities and align plans where possible i.e. in the production of the council’s long term Local Plan (2023-2041) and the system-wide Obesity Strategy ensuring the environment, where we build homes, facilities and greener transport and how we move around are all considered to prevent avoidable health inequalities.
- Use school travel planning to maximise opportunities for children to safely walk, scoot or cycle to school.
- Anchor investment into Kingston cycle lanes, cycle parking/security and investment in cycle repair/distribution as stretch goal.
- Investment into food insecurity and reduction of food waste. Project is ongoing with delivery in 2024/25 - key aims are to reduce food waste, reduce food insecurity and improve the quality of available/affordable diet.

Procurement

- Review system and anchor commissioning spend to build and enhance local organisations, voluntary and community sector and keep more spend local to South West London (SWL). E.g. Preston Progressive procurement/Preston Centre for Local Economic Strategies (CLES)/Urbact.
- Consideration of building co-operatives to insulate/damp-proof, ventilate or install energy saving changes to reduce bills, reduce mould or damp related illness.
- Co-operatives could also be considered for childcare – which could save employees and residents costs and increase availability of people to work.

Civic Partnerships

- Anchor and system to further support and invest in the work of Connected Kingston to connect residents to the 'right service/activities at the right time' with a focus on reducing social isolation, improving movement, recovery, building resilience and sharing community offer with patients using curated pages (e.g. local offers supporting care).

Estates

- Make use of community buildings, green spaces and community assets available to our local communities including One Public Estate work with a stretch goal to open up local buildings outside of working hours (where appropriate) to the community.

Merton (1 of 2)

Workforce

- Work with NHS Trusts and large local employers to create to internships and apprenticeships for local people and implement the London Living Wage.
- Working with local colleges to develop employment offers in health and social care including workforce improvement plan this year to better utilise apprenticeships and the levy.
- 'Project Search' implemented to support local young adults with a learning disability. Working with schools to identify interns to support them into paid employment. Exploring partnership with the Princes Trust who have an employment scheme to provide individuals between the ages of 16-30 with free training courses and mentoring to help them find jobs.

Sustainability

- South West London and St George's Mental Health NHS Trust (SWLSTG) focus on reducing reliance on car travel, promoting walking, public transport etc. Employment of a sustainability officer. Reduction in Carbon Emissions Reduction (CORE emissions) (Direct) of 50% by 2028 and meeting carbon emissions and pollution reduction targets for the NHS. Our new building projects will have strict environmental credentials.
- Promoting active travel and activity for all residents, e.g. beat the Street campaign, 'London Borough of Sport'.
- Continuing to support the delivery of NHS net zero carbon targets by collaborating with SWL ICB, Borough Councils and other key stakeholders including patients and staff including roll out of special projects such as the SMART Theatres project, Low Carbon Menu; Active Travel and Transport.
- Continued work with Patients, Governors and staff to assess the environment as part of the national programme of work (PLACE) to support further investment into the estate.

Procurement

- Increase the visibility of SWL Procurement Partnership by engaging with local business networks.
- Create smaller/lower value opportunities in certain categories to encourage small and medium sized enterprises (SME) participation and host/attend events for SMEs and local businesses to remove barriers to entry.
- Include 10% of all tender weightings in competitions for social value and sustainability.
- Create a dedicated hub on the procurement website to encourage engagement and provide advice and guidance on supplying the NHS in SWL.

Merton (2 of 2)

Civic Partnerships

- SWLSTG leading on South London Listens initiative promoting recovery, preventing a mental ill-health crisis and finding solutions to our most pressing challenges.
- SWLSTG participating in the Ethnicity in Mental Health Improvement Project (EMHIP), convened by the Wandsworth Community Empowerment Network, to reduce inequalities in our Black and Asian people in south London access and experience mental health care and their health outcomes.
- Trust Community transformation programme with investment and creation of new roles to improve access into community services.
- Developing alliance models across service provision.

Estates

- Identifying and exploring using fixed statutory assets to improve accessibility and aligning with Merton 2030 pledges to regenerate community high streets. Delivery of this plan will recognise the assets and social capital that exists to create a more responsive system, ensure more culturally competent service delivery, and support the prevention agenda.
- Two primary and community developments underway at Mitcham health and wellbeing hub and East Merton Rowans health hub to support across Primary Care Network (PCN) delivery and new models.
- Development of a new Group Estates Strategy (GESH) considering the health needs of the local population in SWL and beyond. Development of One Public Estate' projects.
- Working with local providers and the community to develop the future workforce for the estate and facilities services.
- Continued work with Patients, Governors, Staff in relation to assessing the environment as part of the national programme of work (PLACE) to support further investment.

Workforce

- Work with NHS Trusts and large local employers to create to internships and apprenticeships for local people and implement the London Living Wage.
- Continue to provide dedicated supported employment for people with a learning disability.
- Take innovative approaches to the recruitment of staff, provide job opportunities through apprenticeships, and provide job opportunities for vulnerable groups in our community.

Sustainability

- Work with all schools implementing initiatives that actively promote healthy weight through healthy eating, regular physical activity.
- Implement the Council's Climate Change Strategy to help tackle climate change.
- Local organisations and partners to progress to achieving NetZero and reduce emissions.
- Implementation and progress of the Borough Air Quality Action Plan.
- Promote and take joint action on the leisure strategy, active travel and use of green and blue spaces by implementing initiatives in the workplace.
- Work with partners to align in promoting healthier food choices with reducing food waste and towards a sustainable ecosystem and to increase acceptability of healthy eating.

Procurement

- Ensure anchor institution engagement in the new commissioning and procurement arrangements being put in place by the Council.

Civic Partnerships

- Through the development of our Integrated Neighbourhood Programme collaborate with PCNs and VCSE to develop a collective neighbourhood response to identified issues.
- Ensure membership of local anchor institutions on Joint Local Health and Wellbeing strategy appropriate steps, Health Equity Group and local place committees to ensure synergy and opportunities for Preventative actions.
- We will work with our anchor institutions in Richmond to ensure that the dementia prevention, health and care system is supported across all pathway priority phases.
- Ensure that Licensing Policy and applications consider the health and wellbeing of local communities by monitoring the number of new alcohol licences, licence renewals and change applications by creating a pathway for reviewing applications received.

Estates

- Explore access to estate by community groups to support community connections and explore use of NHS estates to create more venues for physical activity opportunities
- Work with partners to invest in walkability and cycling to estates through infrastructure like lighting and bike hangers.

Workforce

- Work with NHS Trusts and large local employers to create to internships and apprenticeships for local people and implement the London Living Wage.
- Use school travel planning to maximise opportunities for children to safely walk, scoot or cycle to school. Enabling active residents, volunteering and inspiring others to be active.
- Providing opportunities for the local community through pathways into employment with local providers supporting the distribution of surplus food.
- Environmental volunteering opportunities within parks and nature conservation sites provided by the council.

Sustainability

- Use school travel planning to maximise opportunities for children to safely walk, scoot or cycle to school. Enabling active residents, volunteering and inspiring others to be active: e.g., Junior Parkrun and dance and fitness opportunities at Sutton College.
- St Helier Community Food Shop supports the distribution of surplus food. Working with supermarkets, Fareshare and the Felix Project to ensure that there is a regular supply of surplus food while promote healthy eating on a budget and meal planning. Aim to set up a satellite shop around the Sutton/Belmont area and provide employment opportunities.
- Environmental volunteering opportunities within parks and nature conservation sites provided by the council.

Procurement

- We are working with a range of partners to offer 'live' vacancies and are working to ensure that both Sutton Housing Partnership (SHP) & London Borough of Sutton (LBS) housing contractors demonstrate social value during the procurement process to ensure that there is a direct benefit to local residents.

Civic Partnerships

- Through the development of our Integrated Neighbourhood Programme collaborate with PCN's, voluntary and charity sector to develop a collective neighbourhood response to identified issues.

Estates

- The Affordable Housing Supply programme and improving access to affordable housing because we understand how important this is for health and well-being.
- Make use of community buildings, green spaces and community assets available to our local communities i.e. by opening up for community hubs and spaces.
- Explore access to estate by community groups to support community connections.
- Work with partners to invest in walkability and cycling to estates through infrastructure like lighting and bike hangers.

Wandsworth 1 of 2

Workforce

- Work with NHS Trusts and large local employers to create to internships and apprenticeships for local people and implement the London Living Wage.
- Working with local colleges to develop employment offers in health and social care including workforce improvement plan this year to better utilise apprenticeships and the levy.
- SWLSTG engaging in community recruitment such as carers events. Developing quality volunteering opportunities and opportunities for those with lived-experience of mental ill-health or being a carer for someone with mental ill-health. Wandsworth Empowerment network working closely pilot new app to support applications.
- Working with local schools and colleges to develop opportunities in health and social care for young people and develop sustainable internships for young people with Special Educational Needs and Disabilities (SEND).
- Developing community workers in Battersea (Brazil model) to work within communities and geographies where access and health outcomes are known to be poor.
- ‘Project Search’ implemented to support local young adults with a learning disability. Working with schools to identify interns to support them into paid employment. Exploring partnership with the Princes Trust who have an employment scheme to provide individuals between the ages of 16-30 with free training courses and mentoring to help them find jobs.

Sustainability

- Modernisation of the mental health estates at the Springfield hospital site including new hospital units to Building Research Establishment Environmental Assessment Method, (BREEAM), standard alongside air source heat pumps, water retention ponds and the planting of 700 new trees.
- Working collaboratively with the partners including NHS bodies, Local Authority (LA), local pharmacies, and voluntary sector organisations to address air quality and climate change.
- Continuing to support the delivery of NHS net zero carbon targets by collaborating with SWL ICB, Borough Councils and other key stakeholders including patients and staff including roll out of special projects such as the SMART Theatres project, Low Carbon Menu; Active Travel and Transport.
- Continued work with Patients, Governors, Staff to assess the environment as part of the national programme of work (PLACE) to support further investment into estate.

Procurement

- Commitment to ensuring all of our third-party contracts are delivered by living wage employers (SWLSTG).
- Increasing our understanding of embedding social value in procurement and contracting frameworks to shift more spend to local and small businesses (SWLSTG).
- Working with the LA attending “meet the buyer” events and host/attend events for SME’s and local businesses and work to remove barriers to entry, and creating smaller/lower value opportunities in certain categories such as estates and facilities to encourage SME participation (St.Georges).
- Include 10% of all tender weightings in competitions for social value and sustainability (StG).
- Creating a dedicated hub on the procurement website to encourage engagement and provide advice and guidance on supplying the NHS in SWL (StG).
- Reviewing supply chains across multiple contracts to ensure they are sustainable and deliver social value (StG).

Civic Partnerships

- SWLSTG providing Mental Health First Aid training for our local communities with over 100 Champions trained so far.
- Working with local anchor institutions to develop, deliver enhance impact, e.g., Joint Local Health and Wellbeing Strategy, Community Health and Wellbeing Champions, Inequalities Fund and Roehampton University and community anchors.
- Developing alliance models across service provision.

Estates

- Development of the social prospectus for Springfield Park. Working group in place to support the formation of the Social Vehicle to supporting our local communities to use our buildings as meeting spaces and social spaces and considering options for utilising spare Information Technology (IT) equipment for communities.
- Working group across partners in developments in both Brocklebank and Nine Elms where new primary care facilities are being built with a possible joint effort in Roehampton.
- Development of a new GESH Group Estates Strategy considering the health needs of the local population in SWL and beyond. Development of One Public Estate' projects.
- Working with local providers and the community to develop the future workforce for the estate and facilities services (StG).
- Continued work with Patients, Governors, Staff in relation to assessing the environment as part of the national programme of work (PLACE) to support further investment.

System (1 of 3)

Workforce

- Establish an anti-racism framework across our system including race and ethnicity analytics to measure racial equity. Work with VCSE organisations to engage communities.
- Identify an unpaid carers champion from the ICP to ensure consideration. Promote the needs of carers and encourage people to identify to access support with toolkit promotion.
- Improve employment opportunities through the Core20PLUS Community Connectors programme to improve access, experience, and outcomes for our communities.
- Develop a single point of information for healthcare jobs across SWL and use social media platforms to develop culturally competent content.
- Consider what we can do to develop a culture in SWL where we value and embed kindness and respect and provide opportunities to build connections between people.
- Adopt flexible and agile working to support the resilience of fragile services and the needs of our staff.
- Focus on being the best place to work providing health and wellbeing support and development opportunities for all so everyone can reach their potential.
- Increase apprenticeships and work experience placements. Work with partners to secure and fill 100 work experience opportunities or placements in five priority roles and develop next steps into apprenticeships within these areas.
- Develop an Integrated Health and Care Workforce Academy that includes all partners, building on the Mayor's skills academy programme (NHS) and the adult social care workforce academy to support local people into good jobs in health and care.
- All partners working towards achievement of the Mayor of London's Good Work Standard. Working together across the system to accelerate the adoption of the London Living Wage and develop and implement local schemes to support with the cost of living. Pledge to fulfil our commitment to become an accredited living wage system.
- Encourage practices and PCNs to develop their clinical workforce and to provide a career path for those wishing to progress.
- Work with London health and care partners to review the recommendations and actions from the Cost of Living Evidence Report.
- Increase staff wellbeing by creating safe spaces to enable open conversations and demonstrating tangible action on feedback.
- Champion English as a Second Language support by signposting potential employees and providing space for classes and workshops.
- Employ 100 young people through collaboration to ensure opportunities are promoted and providing support with application processes and career development.
- Work with our local communities to support underrepresented groups into jobs in our anchor institutions.
- Develop accessible guidance and resources to implement 'project-based work experience' across primary and secondary care employers.
- Identify hard to recruit to roles, and work with healthcare partners to understand barriers to NHS employment and develop targeted community recruitment approaches.
- Develop an apprenticeship strategy and reinvigorate our apprenticeship programme with focus on roles with high attrition or long-term vacancies.
- Increase the promotion of the '350 careers in the NHS' to our local community (including those in education) in our capacity as an anchor institution in SWL.
- Introduce simplified language and content of adverts, Job Descriptions (JDs) and Person Specifications (PSs) to ensure readers receive accessible and appropriate information about the job requirements.
- Offer an additional 150 work experience placements across the ICB to provide opportunities to members of the local community to gain insight into a career in the NHS.
- Review the applicant journey to identify challenges encountered by applicants and implement improvements.
- Support staff with the cost of living; including expanding our range of non-pay and other benefits action.
- Procure and implement a new applicant tracking system for secondary care providers to support automation and process improvement.
- Undertake a skills audit of our current workforce to understand our workforce current qualifications and aspirations and map these against our future need focusing on target roles. To inform the development of a talent pool and the creation of frameworks to support training and development needs for professional groups and staff where it will aid retention.¹²⁵

System (2 of 3)

| Sustainability |
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| <ul style="list-style-type: none"> Sustainability is an ICP strategy cross-cutting theme. In SWL we are in the third year of a three-year green plan. There is new guidance being developed by the national team for a refresh of the plan in 2025/26. Though working with partners and stakeholders over these past two years we have learned the importance of collaboration and sharing across organisations. This is a priority area of focus for 2024/25 and underpins our work in a number of areas such as Air Quality, Bio-Diversity and Adaptation. SWL NHS Green Plan sets out a comprehensive approach to sustainability and the net zero pledge- outlining 10 areas or workstreams covering all aspects of the decarbonisation agenda from transport to utilises and patient care. The SWL Green plan is overseen by the Green Delivery Group consisting of stakeholders from across the system that meet monthly to review progress. We also have a wider Sustainability Forum which meets on a Quarterly basis where we seek to engage with a wider audience. The medicines workstream focuses on three areas of significant carbon impact, 1) Desflurane usage to be within 2% of all aesthetic gases which SWL have achieved. 2) Reducing Nitrous oxide and mixed nitrous oxide wate by 14% against the 23/24 baseline by March 2025 and 3) Reducing the Carbon Foot Print of Inhalers by 6-7% in 24/25 against the 23/24 baseline by rolling out the principles of high-quality low carbon respiratory care. Implementing sustainable models of care by reviewing pathways of care to reduce carbon impacts such as Implementing the ‘Greener Surgery Checklist’. Ensuring that our workforce are supported to make the changes and aware of the issues through increased communications and engagement campaigns and access to training. We have three SWL wide communications campaigns planned this year the first of which is focused on Air Quality which is also an important public health issue that many staff and patients and public are unaware of. Progress the heat decarbonisation agenda through the delivery of our Heat Decarbonisation Plans, identify funding sources where available to support this work as well as understanding our current trajectory and our ideal trajectory across the system. Understand and measure the impact of our work through system wide baselining and monitoring and measuring of key performance indicators and targets. Implement the National Net Zero Travel and Transport strategy, by promoting and supporting active travel, switching to sustainable modes of transport for business and fleet travel. Improve waste management by improving waste streaming and work on tackling waste at source through reducing single use items. Most of our emissions are driven through our procurement activities, so working in partnership with our procurement partners to implement the NHS Procurement Road Map including a 10% weighting of bids on social and environmental values and requiring Carbon Reduction Plans from suppliers. The climate is warming and against all trajectories and scenarios that will continue, so we need to build an understanding of the risks of this to our Estate and Vulnerable Populations in SWL so that we can mitigate where possible these impacts. |
| Procurement |
| <ul style="list-style-type: none"> Ensuring we are incorporating social value in procurement exercises as part of the Provider Selection Regime. |

System (3 of 3)

Civic Partnerships

- Through place-based partnerships, work to address social and economic factors that have an adverse effect on mental wellbeing.
- Continuing to define the issues through community empowerment. 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.
- Through Healthwatch and other VCSE organisations, maximise the opportunity to reach deep into communities affected by health inequalities, so that they influence the planning and delivery of services. We will work with communities so that they have a greater say in the planning of their neighbourhoods including social and economic renewal.

Estates

- Agree strategic priorities and actions, including land sales where land is surplus to requirements to allow us to invest in new and modern facilities and reducing void space.
- Work in partnership to influence the planning of the built environment to support healthier lifestyles for communities most impacted by health inequalities.
- Review of estates including offering of vacant space and meeting rooms to community groups as part of the South London Listens pledge.
- Identify a small number of areas of focus where we can work together to decrease unsafe environments and increase healthy places that support mental wellbeing.
- Work with Citizens UK to convene system partners to build an action plan so that solutions can be identified and implemented.
- Map spaces owned by anchor institutions that would be suitable for community groups to book and make them available for use by community organisations and youth organisations.