

South West London Integrated Care Partnership Board

5 March 2025 – Agenda

Time: 16.00 to 18.00

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

Date of next meeting: Thursday, 26 June 2025

16.00: Item 1: Welcome

Mike Bell – verbal update

1a Apologies for absence

1b Declarations of Interest

1c Minutes of the meeting held on 4 December 2024

In Focus

16.05: Item 2: ICP Strategy: Workforce in South West London

Lorissa Page

16.55: Item 3: ICP Strategy: Health Inequalities in South West London

Catherine Heffernan

For Discussion

17.25: Item 4: Get Britain Working trailblazers

Polly Persechino and Matthew Hamilton

17.45: Any Other Business

17.50: Public Questions

Members of the public are invited to ask questions relating to the business being conducted today in items 2 to 4. Priority will be given to those received in writing in advance of the meeting.

Co-Chairs

18:00 Meeting Close

Co-Chairs

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	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				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	SWLWPCL01 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		21/01/2025
Dino Pardhanani	SWLWPCL01 Clinical Director (Sutton)	Declarations of Interest – Other	Financial	NED (Chair) of Sutton Primary Care Networks CiC	Sutton Primary Care Networks	15/11/2021		21/01/2025
Dino Pardhanani	SWLWPCL01 Clinical Director (Sutton)	Declarations of Interest – Other	Financial	Clinical Director Central Sutton Primary Care Network	Central Sutton Primary Care Network	15/11/2021		21/01/2025
Dino Pardhanani	SWLWPCL01 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		21/01/2025
Dino Pardhanani	SWLWPCL01 Clinical Director (Sutton)	Declarations of Interest – Other	Non-Financial Professional	Clinical Director, Sutton Place, SWL ICB	Sutton Place	15/04/2024		21/01/2025

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
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	Chief Executive London Borough of Merton	Nil Declaration				19/02/2025		
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	My girlfriend is a Programme Manager for the Local Authorities' Transforming Adult Social Care Programme.	Wandsworth and Richmond Local Authorities	23/10/2024		
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		
Katie Fisher	TO FOLLOW							
Matthew Hamilton	LA Growth and Regeneration representative	Declarations of Interest – Other	Indirect	SLP works with SWL ICS on a range of project including workforce and health research and receives funding to deliver projects (via grant agreements/contracts)	NHS SW London	01/04/2024		
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		
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	29/11/2024		
Nick Merrifield	SWLKPCL02 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	SWLKPCL02 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	SWLKPCL02 Deputy Clinical Director (Kingston)	Outside Employment		Partner since 2009	Holmwood Corner Surgery	01/04/2022		02/05/2024
Nick Merrifield	SWLKPCL02 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	SWLWSCL01 Clinical Director Primary Care	Declarations of Interest – Other	Financial	Convenor, Wandsworth Borough Committee	SWL ICS	01/06/2022		01/05/2024
Nicola Jones	SWLWSCL01 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	SWLWSCL01 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	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
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		
Sayanthan Ganesaratnam	SWLMPCL01 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	SWLMPCLO1 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	SWLMPCLO1 Clinical Director (Merton)	Declarations of Interest – Other	Financial	employed by clh 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		
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 4 December 2024 at 16:00. Everyday Conferencing, 30 Queens Road, Wimbledon.

Members

Co-Chairs

Cllr Andreas Kirsch, Leader Kingston Council
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
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
John Byrne, Executive Medical Director, SWL ICB
Elaine Clancy, Chief Nurse SWL ICB

Local Authority Members

Cllr Piers Allen, Chair, Richmond Health and Wellbeing Board
Annette McPartland, Directors of Adult Services Representative – Director of Adult Social Care and Health, Croydon Council
Cllr Peter McCabe, Chair, Merton Health and Wellbeing Board
Matthew Hamilton, Growth and Economy Directors representative – Director of South London Partnership
Imran Choudhury, Directors of Public Health representative – DPH, Sutton Council

Place Members

Dr Nick Merrifield, Kingston Place – Primary Care Development Lead – GP
Brenda Scanlan, Croydon Place – Chair of Age UK Croydon
Jo Farrar, Richmond Place – Chief Executive of Kingston and Hounslow and Richmond Community Healthcare NH Trust and Kingston and Richmond Place Executive Lead

VCSE Members

Alyssa Chase-Vilchez, SWL HealthWatch Representative
Sara Milocco, SWL Voluntary Sector Representative

In attendance

Angela Flaherty, Director of Strategy and Development, SWL ICS
Charlotte Gawne, Executive Director of Stakeholder and Partnership Engagement and Communications SWL ICS
Ben Luscombe, Director of Corporate Affairs
Anne Price, Corporate Services Officer (ICS)
Sam Mason, Health and Care Programme Lead, South London Partnership
Amy Scammell, Chief Strategy Officer, South West London and St George's Mental Health NHS Trust
Neil Balmer, Programme Lead, South London Listens

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

Apologies

Cllr Sabah Hamed, Chair, Kingston Health and Wellbeing Board

Sayanthan Ganesaratnam, GP Medical Director – Merton Federation

Dino Pardhanani, Sutton Place – Committee Convenor – GP

Sir Douglas Flint, Provider Chairs Representative – Chair The Royal Marsden Hospital NHS Foundation Trust

Nicola Jones, Primary Care Services Representative – GP

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

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

Asad Mushtaq, Finance Director representative, Director of Finance and Digital, Merton Council

Cllr Graeme Henderson, Chair, Wandsworth Health and Wellbeing Board

Ian Dodds, Director of Children's Services for Kingston and Richmond

Hannah Doody, Local Authority Chief Executive representative – Chief Executive ,London Borough of Merton

Cllr Yvette Hopley, Chair, Croydon Health and Wellbeing Board

1 Welcome and Apologies

1.1 The Chair welcomed everyone to the meeting.

1.2 The Chair welcomed the new ICB Co-Chair, Cllr Andreas Kirsch, to his first meeting of the ICP Board.

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.

2.2 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 24 January 2024 were **agreed** as an accurate record.

4 Delivering our South West London Mental Health and Wellbeing Strategic Priorities

4.1 Amy Scammell (AS) and Neil Balmer (NB) presented the report.

4.2 ICP Board members discussed the report, and the following points were noted:

- Examples of the immediate impact of South London Listens can be found in the impact report, for example, the number of people receiving a wage uplift and mental health interventions, the number of people receiving training. In the longer term an evaluation framework is in development.

- The VCSE contribution into the alliance included visitor participation into the mental health provider collaborative and providing representatives on mental health partnership groups.
 - The importance of a longer-term funding model for the VCSE sector was raised, moving away from pilots and short term funding in order to support sustainability.
 - NB reported housing is key theme coming out of all listening events and is a key area to tackle as a partnership. The London Housing Workshop being held on 5 December will have a number of themes: How to make best use of NHS estates across London for affordable housing in partnership with local authorities, bringing housing advocacy into health services, and using NHS services as touch points to support individuals. The workshop will produce an action plan across all boroughs.
 - AS confirmed the strategy sets out clear and measurable outcomes for the short, medium and longer term. The need to understand where investment is best directed was noted. Mental health starts early in an individual's life course therefore a priority area is investment in children and young people.
 - In response to a question around how the strategy supports the SWL anti-racism and health inequalities pledge, AS highlighted the ethnicity and mental health improvement project and cultural competency work to reduce restrictive practices.
- 4.3 Charlotte Gawne (CG) commented on the importance of strengthening the VCSE partnership in all six Places to deliver improvements. This year the VCSE alliance has focused on mental health by elevating the voice of the community and can be seen as an area of best practice. The importance of involving the VCSE early in the process was acknowledged.
- 4.4 The Board **noted** the report.

5 ICP Strategy Stocktake

- 5.1 Angela Flaherty (AF) and Sam Mason (SM) presented the report.
- 5.2 ICP Board members discussed the report, and the key points noted were:
- Plans were in retrospect over-ambitious making it challenging to deliver, therefore there is a need to review all objectives and confirm deliverability.
 - Resource constraints linked to operational pressures impacted on delivery. Plans need to be ambitious but reduced in number and realistic to ensure deliverability.
 - Cross cutting themes, for example, the green agenda, elevating patient voices and equality, diversity and inclusion had a high priority but no specific delivery plans. Workstreams reported the cross-cutting themes were picked up by other workstreams therefore they were not evaluated at this stage.
 - There is a need to look at triangulation across workstreams.
- 5.3 The Board **noted** the report.

6 Connect to Work

- 6.1 Matthew Hamilton (MH) presented the report.
- 6.2 ICP Board members discussed the report and key points noted were:

- The devolvement of Department of Work and Pensions funding was welcomed and needs to be aligned with apprenticeship levies and other programmes.
- The importance of social prescribing staff in primary care was highlighted, noting there are individuals whose health would be improved with employment.
- The programme will work with the voluntary sector, food banks and faith groups.
- Talking to individuals with lived experience is important to understand success and failures.
- Having a baseline of the number of referrals is important.

6.3 The ICB has six boroughs: Croydon, Kingston, Richmond, Merton, Sutton and Wandsworth. The South London Partnership is a sub-regional collaboration between five boroughs not including Wandsworth. In response to a question MH confirmed a hybrid model is being worked through in order to include Wandsworth.

6.4 MH was asked about the eligibility of individuals and how the most vulnerable in society will be supported. In response, MH said the first year will be focused on making sure people get the right support.

6.5 Karen Broughton (KB) raised four points:

- Managers need training to ensure they understand what support is available.
- The pathway to employment may require protected posts for work placements.
- Need capacity in organisations to make it happen to give support to the individual when in work.
- Need to connect this to other workforce priorities to ensure that they join up well and do not compete with each other.

6.6 Annette McPartland (AMcP) noted that there was a fantastic opportunity to use social value in our contracts for employers to provide roles to this cohort

6.7 In response to Cllr Henderson's question received in writing, MH confirmed the Connect to Work programme drew on the lessons learnt and is an outcome from Dame Carol Black's review.

6.8 The Board confirmed their support for the programme of work and welcomed the opportunity to engage with the programme to ensure a successful and joined up approach.

6.9 The Board **noted** the report.

7 Preparation and Learning from Adult Social Care CQC Assurance

7.1 John Morgan (JM) supported by Annette McPartland (AMc), presented key points from the presentation.

7.2 Sarah Blow (SB) said there is commitment from the ICB to support the process, to ensure all SWL local authorities are successful in demonstrating the positive partnership working across SWL

7.3 Brenda Scanlan (BS) highlighted the importance of speaking to frontline staff to identify outcomes for local individuals and not focus on populations.

7.4 The Board **noted** the report.

8. ICP South West London Anchor Development

8.1 Jo Farrar (JF) and Matthew Hamilton (MH) presented the report, and the key points noted were:

- There was good progress across SWL on the anchor agenda
- There is a good opportunity to develop the life sciences offer in SWL as part of our anchor focus aligned to the South London and London Growth Plan
- The synergies between the ICP strategies and anchor developments mean the ICP Board is the natural place to have oversight of the anchor work

8.2 The ICP Board supported the proposal to hold an Anchor/Civic workshop in order to explore further the benefits of greater SWL collaboration.

8.3 The Board **noted** the report.

9. Any Other Business

9.1 Mike Bell (MB) reminded colleagues to contribute the recently launched consultation on the NHS 10-year plan: 'Change NHS: help build a health service fit for the future'.

10 Public Questions

10.1 No written questions had been received.

Next meeting in public: 5 March 2025, Hotel Antoinette, Wimbledon
16.00 – 18.00

Workforce in South West London

Agenda item: 2

Report by: Lorissa Page, Chief People Officer, SWL ICB and Sam Mason, Health and Care Programme Lead, South London Partnership

Paper type: Information and Discussion

Date of meeting: Wednesday, 5 March 2025

Date Published: Wednesday, 26 February 2025

Content

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

Purpose

Workforce is a key South West London Integrated Care Partnership's (ICP) strategic priority for 2024/25. This paper outlines the work undertaken over the past year to deliver this workstream, reflects on delivery of the ICP's Priorities Fund, and outlines plans for the 2025/26 workforce programme.

Executive summary

- The paper provides a summary of the ICP Priorities Fund allocated to workforce projects, which amounted to 80% total funding.
- Highlights from 4 of these projects are provided, with project aims, delivery and learnings included, along with their key successes.
- The paper finishes with an outline of future plans for continuing to improve South West London's health and care workforce.

Key Issues for the Board to be aware of

- The funding for the projects funded by the ICP Priorities Fund ends on 31 March 2025 with no further funding available. This has been communicated to the recipients and work is underway to incorporate key areas into business as usual where possible.

Recommendation

The Board is asked to **note** the contents of this report.

Governance and Supporting Documentation

Conflicts of interest

n/a

Risks & Mitigations

n/a

Financial/resource implications

The funding for the projects funded by the ICP Priorities Fund ends on 31 March 2025 with no further funding available. This has been communicated to the recipients and work is underway to incorporate key areas into business as usual where possible.

Green/Sustainability Implications

n/a

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

n/a

Patient and public engagement and communication

n/a

Previous committees/groups

n/a

Final date for approval

n/a

Supporting documents

Presentation

Lead director

Karen Broughton, Deputy Chief Executive, SWL ICB

Authors

Lorissa Page, Chief People Officer, SWL ICB

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

In Focus: ICP Strategy Workforce



Purpose

- Workforce is a key priority within the Integrated Care Partnership (ICP) strategy.
- This paper sets out work undertaken by the Workforce workstream during 2024/25 with a particular focus on the projects funded by the ICP Priorities Fund. 4 projects have been invited to showcase their work and share their learnings.
- The paper goes on to outline emerging thoughts for the 2025/26 Workforce work programme, which will build on the good work delivered this year.
- The Board is asked to note the contents of the paper.

Paper contents:

- ICP Priorities Fund: workforce schemes
 - Recap and overview of the scheme
 - Showcase for four projects
 - Community Upskilling and Job Readiness
 - I-CAN
 - South London Careers Hub
 - Targeting Difficult to Recruit to Roles in SWL
 - Learnings and plan for evaluation
- Emerging focus for 25/26 Workforce delivery plan

ICP Priority Fund: Workforce schemes



Overview

The South West London Integrated Care Partnership (ICP) Investment Fund was established to support delivery of the South West London ICP Strategy.

Following a competitive application process, £3,188,388.25 (80% total ICP Priority funding) was allocated to 12 workforce projects. All schemes are currently underway, closing in March 2025.

The SWL ICP Workforce workstream leads, with support from the ICP strategy team, have assessed progress against delivery, with all schemes submitting monthly highlight reports setting out achievements to-date as well as risks or concerns.

Two workshops have been held with all schemes, to share progress and learning, plan for evaluation and sustainability, and unblock issues.

All schemes will submit an evaluation report in May 2025 – the findings of which will be brought to the ICP for review, alongside reports from the schemes from other ICP workstreams.



Workforce project successes

The funded projects have so far delivered a wide range of positive outputs and outcomes, including:

- 24 internationally educated nurses working in care homes as care workers are being supported to achieve NMC registration
- 260 health and care workers in the NHS have been supported to complete training courses to aide their retention and career progression
- 481 participants have accessed a wide range of healthcare upskilling courses, with 96% of these feeling the courses had given them higher confidence in readiness for health and social care roles
- 3,700 individuals engaged through meaningful interactions in schools, colleges, universities, jobs fairs and events showcasing opportunities in the NHS
- 20 participants undertook project-based work experience in primary care with 6 securing permanent employment as a result and 5 having interviews planned
- A South West London and St George's Trust 'Community Careers event' was held with 170 attendees, of which 93 were recommended for job offers
- 31 care leavers supported with a range of activities to enable them to access further training and/or jobs in health and social care
- 26 local residents started 3-week paid work placements with social care providers, with 11 of those who have completed to-date offered permanent roles
- 500 school and college students engaged in 60 employer encounters in health and social care delivered by the South London Carers Hub

More detailed highlights from 4 of the workforce projects covering a range of workforce areas follow.

Community Upskilling and Job Readiness

Mel Ashdown and Urooj Khan



Why this project?

- Help **adults** (ordinary people) gain **specific skills** to work in **health and social care**
- **Bring learning to poorly served communities** supporting **access** across different geographies and deprivation, people with caring responsibilities, people with disabilities, travel time and cost constraints

How? By delivering sessions online and at different times incl. evening

- Raise **awareness of roles** in health and social care
- Promote **local employment** for local people
- Strengthen **Place-based relationships** between **health and the voluntary and community sector (VCS)**

Part 1

Community Sessions

6 x Place-based sessions

Covering:

- Introduction to working in Health & Social Care
- Types of roles and where to find jobs
- Volunteering and work experience opportunities
- How the VCS sector can support

Jointly delivered and hosted with SWL Voluntary and Community Sector Partners

Part 2

Job Readiness Training

9 courses - 32 sessions

1. Medical Terminology Awareness
2. Care Certificate Awareness
3. Health Literacy
4. Mental Health Awareness
5. Unconscious Bias
6. Communication, Interpersonal Skills & Team Working
7. CV preparation
8. Preparing for Interview
9. Time Management

Target/ Actual to date (Feb 25): 300 / 167 actual

Target/ Actual to date (Feb 25): 384 / 570 actual

We have worked with a wide range of delivery partners...



asian resource centre
croydon



Secrets of Success

- Shared funding with delivery partners
- Joint delivery with a lead VCS in each Place
- User experience – book online or call us
- Power of paper – printing & distributing flyers libraries, community centres/ hubs
- Communications Social Care Academy Hub, Carer Hubs, WorkMatch
- Informal networks eg. WhatsApp groups with social prescribers, practice managers
- Making every contact count – training in care homes, unpaid carer training
- Strong Voluntary, Community and Social Enterprise (VCSE) relationships shared values provide free practical support
- Supporting VCSE delivery partner events (photos, evaluation, sign-ins)

- “It was a great presentation. Learning about the different tips and tricks to better time management. I will be sure to share this with my friends and family.”
- “Great course, wonderful content and delivery, once again!”
- “Lots of useful tips and tricks, and it's always worth being reminded of stuff you may have forgotten or should use more.”
- “I will be recommending this type of training to colleagues and friends.”
- “I enjoyed the role playing and breakout sessions as they are practical with open discussions.”
- “Now boosted my confidence to ask questions, take notes during the review and can send advocate to help me understand the procedure for treatment.”
- “I have learned how to structure a CV. I am currently searching for a job. I was not very confident with it. I believe that after the lesson of today, I will begin to see a change. Thank you.”
- “Have gained knowledge and skills.”

What Next and Sustainability

- Bid & partnership opportunities – let's talk!
- Chasing innovation – be different, do differently. Researching possibility of using the gaming environment to reach new audiences and provide basic training and connect to jobs
- Signposting and redirecting to adult skills provision eg. Wandsworth Lifelong Learning, to maximise uptake of accredited adult education
- Video Recordings and Resources on website <https://www.integratedcaresupport.com/>
- Synergies with Greater London Authority Skills for Londoners Community Outreach Programme – helping refer eligible communities into adult skills provision including Health Hub and Social Care Academy Hub
- Issuing digital badges (digital certificates in digital wallet) to recognise and validate individual achievements, electronically

I-CAN

Jose Magalhaes



Introduction to I-CAN

- Led by the University of Roehampton
- Co-funded by the South West London Integrated Care Board through the Workforce Priorities fund
- Launched in May 2024
- Designed to support up to 45 Care Experienced Young Adults (CEYA), aged 18-29, to pursue a career in the health sector, with a main focus on Nursing Associate Apprenticeship pathway.



Three key challenges identified by the project



**Lower and non-
standard entry
qualifications**



Study cost



**Lack of
information on
application
processes**



The solutions

CHALLENGE 1

Lower and non-standard entry qualifications

SOLUTION

Bespoke training programme

8-week programme, providing a mix of educational, career-readiness and practical sessions, to prepare learners on their career path into health care.

CHALLENGE 2

Study cost

SOLUTION

Pay CEYA to learn

All enrolled learners have access to:

Funds to cover all transport costs to commute to campus for weekly sessions

Meals on campus

Bursary upon conclusion of the programme, which covers the time dedicated to the programme

CHALLENGE 3

Lack of information on application processes

SOLUTION

Guaranteeing a progression pathway to HE through access to Foundation Degree

On-campus support through programme application, financial support, admissions and enrolment.



- 11 learners completed the programme during the first cohort (completed in August).
- All had the opportunity to progress into Higher Education
- Three started roles at the Royal Hospital for Neuro-disability.
- 22 enrolled in the second cohort (January start)

What I-CAN learners say...

‘Question everything – the more questions you ask, the more you’ll find out.’

‘They introduced me to different people in the healthcare industry, and I was able to get more knowledge about the career paths available in healthcare. I applied for a nursing assistant role at RHN, and I was granted an interview with them which went successfully. I’m excited to start next month!’

‘It’s important to have 1:1 session's as it gives you personalised attention and helps you understand the course better. You can ask questions, get clarification, and tailor the learning experience to suit your needs. It's really beneficial as it's like having a personal guide on your career, especially if you are unsure about what it is you want to get into.’

‘Starting the I-CAN programme has been one of the best decisions of my lifetime. At first, I was scared to start because I was new to it but said to myself to see it through. At I-CAN I received the help that I needed.’

‘We brought our lives, our background, our situations and we laid it out on the table and you took all of that and you moulded us to accept us individually and met our individual needs and you got the job done hands down, You accepted us just how we produced ourselves to you [the I-CAN team] and everyone else involved provided and ensured that we got everything we needed for this journey.’



South London Careers Hub

Polly Persechino, Rachel Bennett and Raiesa Choudhury

Our Aims

- Provide **STUDENTS** with meaningful experiences of the world of work in health and care
- Engage and train **EDUCATORS** in health and care careers
- Increase school-**EMPLOYER** engagement in the health and care sector



SUPPORTED BY
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THE CAREERS &
ENTERPRISE
COMPANY

Achievements to date

- 60 encounters delivered or in the pipeline, within half an academic year
- 600+ students engaged so far in encounters
- 31 schools/colleges taken part
 - 15 schools/ colleges have had more than 1 encounter
- Collaboration with NHS Recruitment Hub, voluntary sector (Age UK, Journey to Healthcare CIC, FutureDent, community centres)



Meaningful Experiences



27 x Workplace Visits



24 x in-school/college encounters



4 x University Visits (Simulation Suite specials)



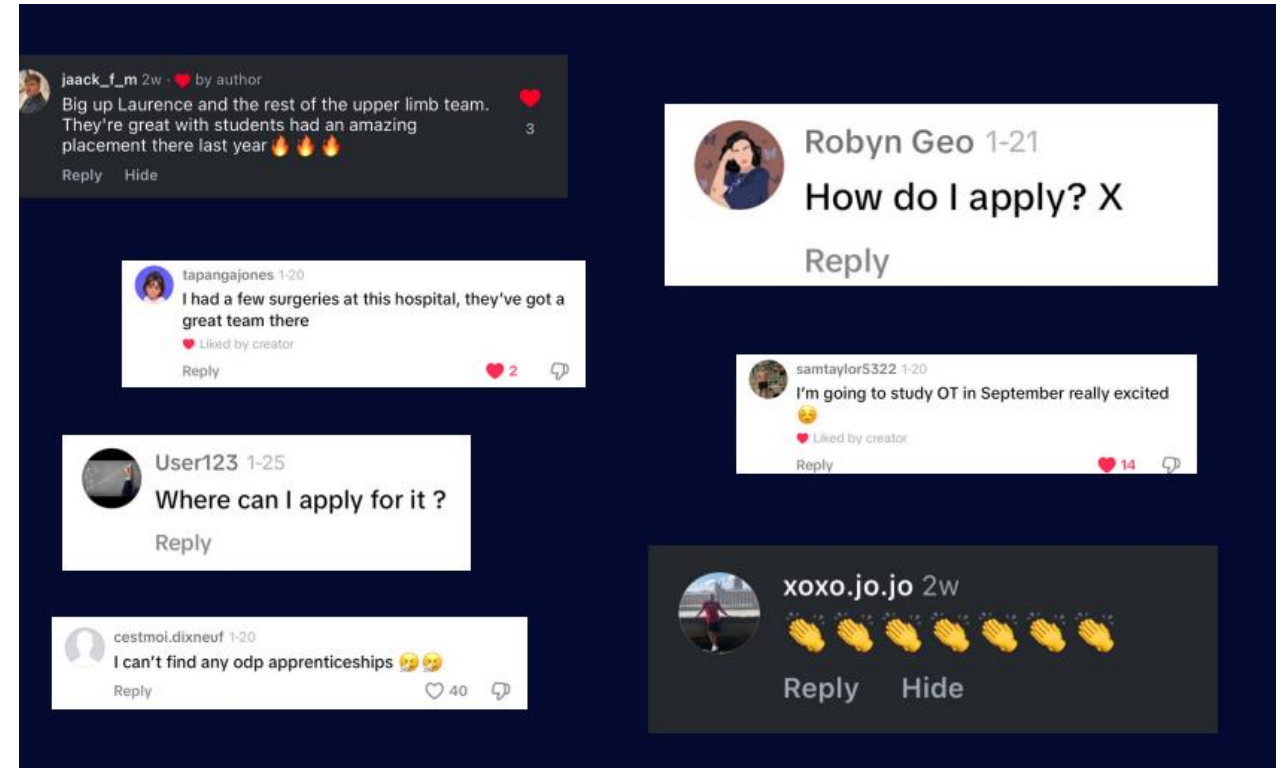
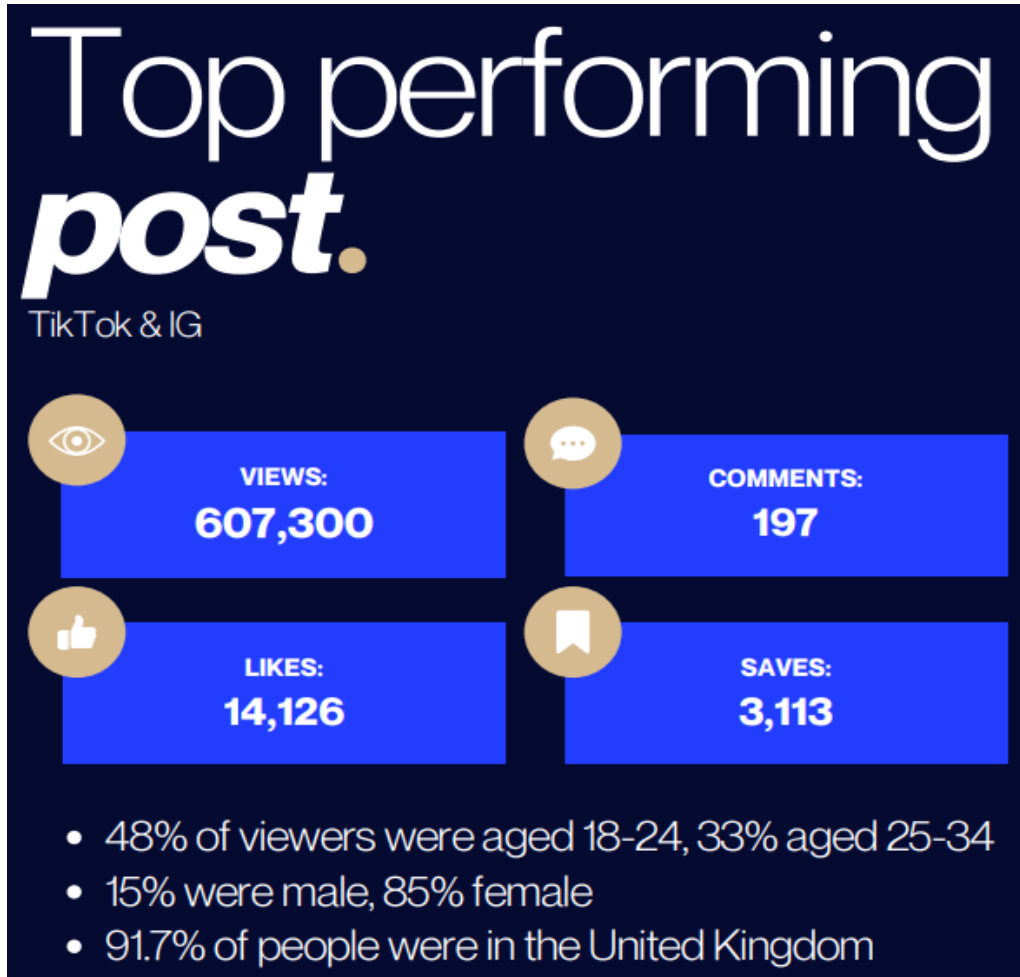
3 x Work Placements



1 x Classroom to Careers partnership



Social media analytics results

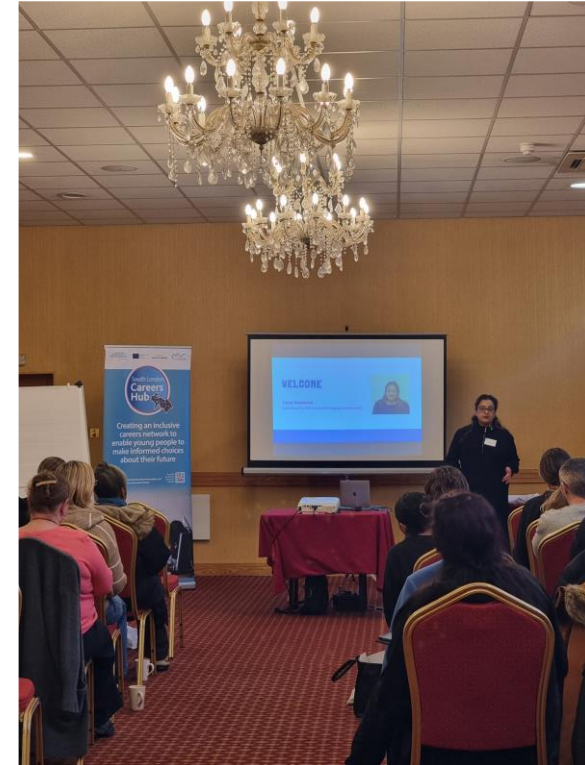


Teacher Encounter Event (1/2)

“Hearing really positive messages from NHS employees (was what I enjoyed the most about the event)”

“Really nicely organised, friendly organisers. You could sense the passion in the speakers”

“An excellent session with a wide range of enthusiastic health and social care professionals”



Teacher Encounter Event (2/2)

"This was a real promotion of all the positive aspects of a career in care. Speakers highlighted the routes in and how quickly individuals can be promoted in various roles. It gave an insight into typical tasks and what to look for in an organisation."
- Teacher, Tolworth Girls' School

"I learned about care home nurses and carers. Before, I knew vaguely. I realised there are many careers linked with healthcare."
- Student, Ricards Lodge School

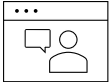
"Today was lovely and I would love to come again. I learned a lot about new career types, and different careers through the years."
– Student, Orchard Park High School

95% of students increased their knowledge of health and care careers after attending an encounter

Looking Ahead



Employer relationships through the Careers Hub



Project video and evaluation report



Targeting Difficult to Recruit to Roles

Wendy Majewska, Zehra Safdar and Dave Williams



Hard to Recruit Projects



Addressing Workforce Challenges: Four Key Projects

We're tackling hard-to-recruit roles in healthcare with four focused projects:

1. Qualitative and Quantitative Research General Practice (GP) Nurses aged 55 and over
2. Increasing Pre-registration Student Nurse Placements in Primary Care
3. Supporting Internationally Educated Nurses Working in Social Care
4. Health Care Support Worker Training Programme - Social & Primary Care

These projects aim to improve the workforce in primary and social care, aligning with national NHS plans for innovative workforce development and out-of-hospital care.



Survey with 55+ GP Nurses



Project 1. Understanding the Future of Primary Care Nursing: Focus on Nurses 55+

- **Challenge:** Aging workforce (49% of nurses 55+, 44% of full-time equivalents (FTE)) risks significant retirements and reduced capacity due to declining FTE with age. Low nurse representation (<9% of GP workforce, even lower in SWL).
- **Approach:** Quantitative survey and focus groups to understand views & intentions of nurses 55+. High survey response (~50%) indicates strong interest.
- **Benefits:** Amplified voice for experienced nurses, nurse-led insights, increased awareness of recruitment/retention challenges, addressing SWL disparity, enhanced nurse profile.
- **Next Steps:** More focus groups (completed February 2024), full evaluation report.



Primary Care Student Nurse Placements



Project 2. Building the Next Generation of Primary Care Nurses: Student Placements

- **Challenge:** It's hard to recruit nurses into general practice. This project aims to improve recruitment and retention by offering more student nurse placements in general practice, encouraging it as a first or early career choice. Target: 100 more supported placements.
- **Approach:** Working with 2 local universities to increase training courses for experienced nurses who supervise and assess students. Working with local healthcare leaders and nurse groups to raise awareness and offer support.
- **Barriers:** Low numbers of nurses working in practices, building/space issues, other work priorities, funding issues, high workloads.
- **Benefits:** Increased awareness of the challenges facing general practice nurses, recognition of the important role they play, highlighting placement opportunities to attract new nurses.
- **Outcomes:** More placements offered (more than the target), more nurses completing training to support students, better understanding of the support needed for successful placements.
- **Next Steps:** Continued support for practices, full evaluation report.



Supporting Internationally Educated Nurses working in Social Care



Project 3. Supporting International Nurses: A Pathway to UK Practice

Goal: Help Internationally Educated Nurses (IENs) in SWL social care gain Nursing and Midwifery Council (NMC) registration and local nursing home employment.

Progress: 70 applications received. Despite initial funding delays, the project supported 24+ IENs (exceeding revised target). Support included language training, Objective Structured Clinical Examination preparation, and NMC registration guidance and exam.

Impact:

- Reduced reliance on agency staff.
- Improved care consistency and quality.

Key Achievements:

- Addressed language barriers (training, SIFE navigation).
- Advocated for change: Engaged with NMC to improve the SIFE process; submitted a business case to influence policy.

Next Steps:

- Continued participant support (Feb-Mar 2025).
- Policy advocacy to streamline SIFE.
- Long-term impact evaluation.



Healthcare Support Worker Training Programme



Project 4. Developing Healthcare Support Workers: A Vital Part of Primary Care

Goal: Build and retain a skilled Healthcare Support Worker (HCSW) workforce as integral members of multidisciplinary primary care teams. Create clear career progression pathways, including transitions to roles like Nursing Associates.

Key Outcomes:

- 260 HCSWs completed training courses, including:
 - Phlebotomy (80)
 - 2-day Immunisation programme
 - Health Care Assistant Essential Skills
 - Advanced Health Care Assistant Skills

Indirect Benefits

- Provided opportunities for unskilled workers to transition into HCSW roles.
- Work at scale across primary and social care.

Next Steps: Full project report.



Learning and plans for evaluation



Learning, challenges and sustainability

Delivery of the projects over the last year has achieved significant innovation and partner engagement, with a strong commitment from all stakeholders to drive positive change. Project leads have recognised the value of linking across projects to achieve broader transformational, as well as the importance of challenging conventional approaches to unlock new opportunities.

Alongside some significant success, some of which was highlighted in the preceding slides, challenges and issues have been encountered. These include:

- Limited access to NHS jobs and clinical and work experience placements for individuals trained and prepared to work in the health and social care sectors. This is partly linked to vacancy freezes and budget pressures.
- A lack of capacity among managers to act as champions, placement supervisors, or mentors.
- Challenges in identifying the right contacts within NHS Trusts to facilitate placements and employer engagement.
- Limited availability of new apprenticeships due to capacity issues, including supervision and funding constraints.
- The need for additional job-readiness support for individuals, especially in developing soft skills.
- Practical barriers such as childcare affecting employment uptake in health and social care.

Projects have supported each other, along with the workstream leads, to address some of these barriers.

Projects are preparing their evaluation reports. These evaluations will be drawn together as part of an overall ICP Priorities Fund programme evaluation, to be shared with the ICP later in 2025.

Emerging focus for 25/26

Workforce delivery plan



Workforce delivery plan 2025/26 – emerging thoughts (1)

The delivery plan for the first part of 25/26 is currently being developed with partners but is likely to focus on the following areas:

- Capturing and embedding the learning from the workforce projects across wider system and practice
- Maintaining and developing the strong partner network that has developed to continue to drive integration, innovation and impact
- Greater join up with place and place workforce programmes

Difficult to Recruit Roles

- A relook at difficult to recruit roles through data driven analysis and insight to identify future areas of focus
- Understand community nursing needs and challenges to support strategic shifts from hospital to community and treatment to prevention

Making SWL a Great Place to Work

- Actively promoting wellbeing resources and signposting to support for health and care workforce through our online media

Workforce delivery plan 2025/26 – emerging thoughts (2)

Supporting Local People into Jobs and Careers in Health and Care in South West London

- Promoting careers in health and care to young people – continued working with the South London Careers Hub, the Health and Social Care Academy Hubs to work with schools and colleges to provide information and advice, employer encounters and work experience
- Apprenticeships – growing the number of apprenticeships, especially at entry level available in the NHS and social care through more targeted information and support to managers
- Targeted action with employers and VCSE to support underrepresented groups of the population into employment in the health and care sector – with a specific focus on care leavers to build on the success of the ICP Priorities Fund projects focussed on this area
- Greater joined up working with employment and skills partners so they actively promote and support people to access training, jobs and careers in the health and care sector
- Supporting people with long term health conditions into work in the health and care sectors as part of the Get Britain Working agenda
- A focus on building organisational commitment and culture, capacity and capability to ensure sufficient clinical placements, apprenticeship and work experience placements
- Greater working with VCSE to promote health and care sector to local people and provide support to access

Health Inequalities in South West London

Agenda item: 3

Report by: Dr Catherine Heffernan, Director of Health Improvement, SWL ICB; Dr Imran Choudhury, Director of Public Health, Sutton Council and Dr John Byrne, Chief Medical Officer, SWL ICB

Paper type: Information and Discussion

Date of meeting: Wednesday, 5 March 2025

Date Published: Wednesday, 26 February 2025

Content

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

Purpose

South West London Integrated Care Partnership has set health inequalities as one of its strategic priorities. This paper outlines the work undertaken over the past year to deliver this workstream.

Executive summary

- The paper opens with an explanation of health equity and the various components that contribute to it, such as health inequalities, healthcare inequalities, and health disparities. To address health inequalities in South West London, we need to target the wider determinants of health, such as social, economic, commercial and environmental factors.
- The aims of the ICP strategy for health inequalities are outlined, which consist of addressing the wider determinants of health, scaling up innovation to improve outcomes for deprived areas, and empowering communities.
- The paper includes a brief overview of the 2024/25 delivery plan for delivering on these aims, highlighting key achievements. The full delivery plan is included in Appendix 1 of the paper.
- The paper describes the establishment of the South West London Health Inequalities Investment Fund, and highlights the various projects funded by the Health Inequalities Investment Fund, such as health and well-being days for the homeless, community connectors, and community health and well-being workers. This funding is ending on the 31 March 2025 and work has commenced on the evaluations.

-
- A key deliverable of the delivery plan was improved data and intelligence as it is crucial to have the right data and metrics to describe, track, and influence improvements in health equity. Considerable work has been done to develop and deliver the health equalities explorer platform in South West London.
 - The paper finishes with an outline of future plans for continuing to address health inequalities, including the use of data analysis, implementation science, and partnerships with Trusts and voluntary sectors.

Key Issues for the Board to be aware of

- The funding for the 39 projects (funded by the Health Inequalities Investment Fund) ends on 31 March 2025 and there is no further funding available. This has been communicated to the recipients.

Recommendation

The Board is asked to:

- Note the contents of this report.

Governance and Supporting Documentation

Conflicts of interest

n/a

Risks & Mitigations

Removal of nonrecurrent funding can negatively impact relationships with the communities the projects were serving, particularly when they are showing evidence of impact in improving access to early interventions and prevention. Future funding is needed to continue the progress they are making.

Financial/resource implications

n/a

Green/Sustainability Implications

n/a

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

n/a

Patient and public engagement and communication

n/a

Previous committees/groups

None – but the work is being monitored by the Health Equity Partnership Group.

Final date for approval

n/a

Supporting documents

Presentation

Lead director

Dr John Byrne, Executive Medical Director, SWL ICB

Authors

Dr Catherine Heffernan, Director of Health Improvement, SWL ICB

Dr Imran Choudhury, Director of Public Health, Sutton Council

Dr John Byrne, Chief Medical Officer, SWL ICB



In Focus: Health Inequalities in South West London

Dr John Byrne, Dr Imran Choudhury & Dr Catherine Heffernan

March 2025

Purpose

- Health Inequalities is one of the Integrated Care Partnership's strategic priorities.
- This presentation outlines the work undertaken throughout 2024/25 within the ICP to deliver this workstream, with a particular highlight on progress made with data and information.



Contents

- Definition of Health Equity and Health Inequalities
- What are we delivering in SWL for the ICP strategy?
- The Health Inequalities Investment Fund: highlights
- Focus on our improved data and intelligence
- What's next?

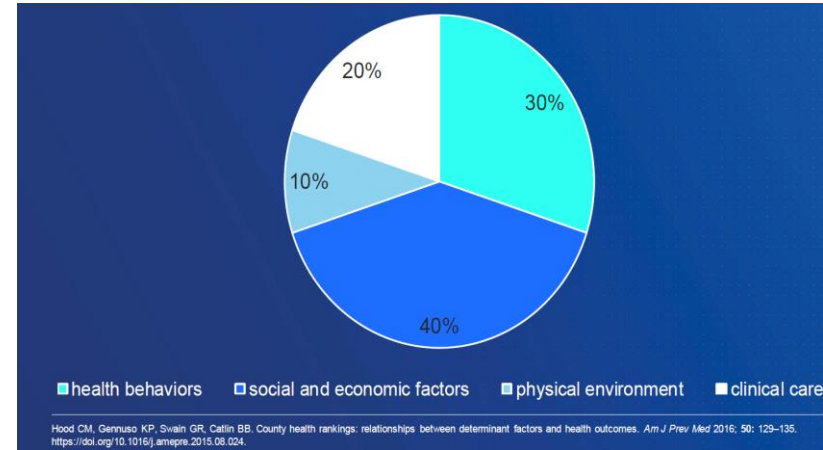


What is Health Equity?

- Health equity can be defined as:

“the absence of unfair and avoidable (or remediable) differences in health among population groups defined socially, economically, demographically or geographically” (World Health Organisation)

- Health equity is made of:
 - health inequalities
 - healthcare inequalities
 - health disparities (inclusion health)
- Health equity can be achieved through:
 - prevention
 - community empowerment and collaboration
 - health literacy & self-care
 - Addressing the socio-economic determinants



How are we addressing health inequalities in SWL?

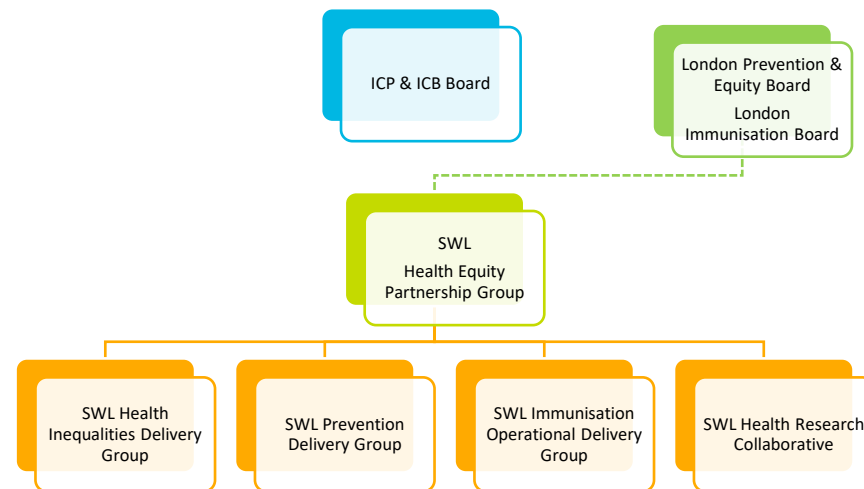


- **Health inequalities** refers to the differences in health outcomes between different population subgroups such as differences in how long we live or healthy lifespan.
- Inequalities in health are largely due to inequalities in society and the unequal distribution of the social determinants of health. These occur across several demographics: gender, age, ethnicity, socio-economic groups, geography, religion, sexual preference, etc.
- There are also vertical inequalities in the utilisation of health care in terms of education, income and occupation.
- To reduce health inequalities in SWL, we need to work together to target **the wider determinants of health**.
- These are the social, economic and environmental factors that can limit a person's ability to be healthy. Examples include poor housing, lack of access to quality education, racial and ethnic discrimination, income and wealth gaps, unsafe environments, and climate change.
- In SWL, we tackle the wider determinants of health through our ICP work. This includes reducing the number of people who are economically inactive, working together on 'upstream' factors, developing Anchor Institutions and the creation of social value in our local economy.

Delivering the Health Inequalities workstream

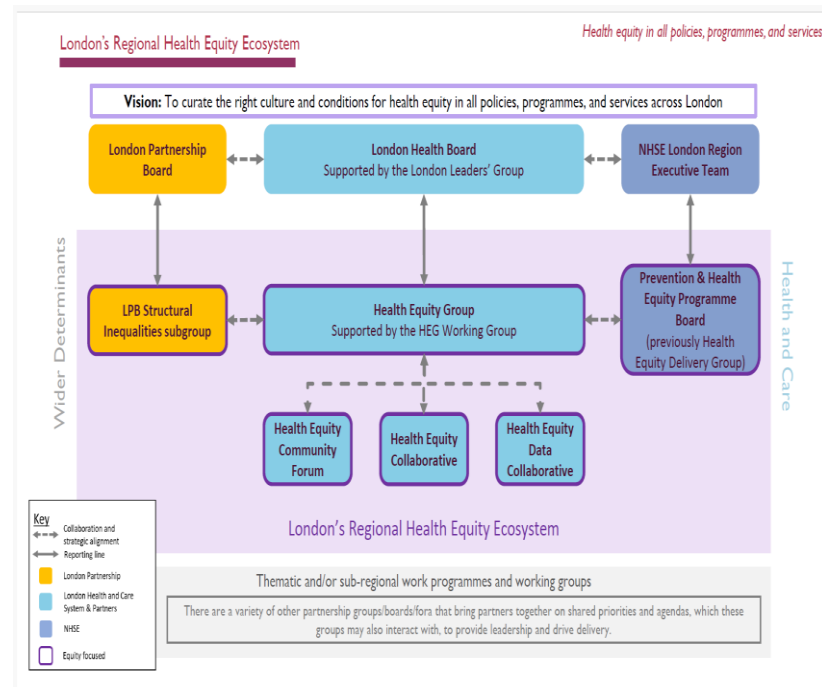
How do we reduce Health Inequalities?

- Health Inequalities is a named priority in the ICP Strategy.
- The aims are:
 - Addressing the wider determinants of health and well-being
 - 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 well-being



Links to Place and Region

- Health inequalities are monitored by Place Boards/Committees in the Boroughs
- Place Leads attend the SWL Health Inequalities Delivery Group to represent these Boards.
- The Health Inequalities Delivery Group focuses on what we can do at scale or in collaboration.
- There is also a reporting/accountability link in to London's groups, especially the London Prevention and Equity Board
- In South West London, we are very engaged in the work happening across London as well as nationally, for example the London Million Hearts and Minds Challenge



Highlights from 24/25 delivery plan

The key areas of focus within the 24/25 delivery plan are:

- Addressing the wider determinants of health and well-being
- 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 well-being

Key highlights from our work include:

- Establishment of a health equity platform (Inequalities Explorer) that can track the differences between groups and improvements made to reduce health inequities.
- Increased uptake of NHS health checks across South West London.
- Delivery of 35 different community link worker projects and review completed. SWL community link project of the Community Health & Wellbeing Workers ('Chewies') rolled out across the 6 boroughs and reaching over 1,000 households, connecting them to the right services at the right time.
- Delivered 36 Place Based projects and 3 South West London level projects, funded by the Health Inequalities Investment Fund. All projects are monitored and evaluations are due April 2025.

The full 24/25 delivery plan can be viewed in Appendix 1.

The Health Inequalities Investment Fund

Overview

- SWL ICP established a Health Inequalities Investment Fund in September 2022. The funding aimed to give partners the opportunity to suggest innovative projects that could have a big impact on health and wellbeing across South West London.
- This Investment Fund was renewed in 2023/24, providing funding for 39 projects up to March 31 2025.
- 3 projects were South West London-wide, whilst the remainder were allocated by Place.
- Every successful project is required to provide quarterly monitoring reports and a summative evaluation.
- The Health Inequalities Delivery Group reviews these reports quarterly and discusses the learning from each Place.
- All projects were informed that funding would cease from March 2025.
- The following slides highlight the three South West London wide projects whilst the 36 Place based projects are in Appendix 2.

SWL Projects: Spear

Spear is a homeless charity in South West London that aims to break the cycle of homelessness. They provide various services including outreach to rough sleepers in the boroughs of Kingston, Richmond & Wandsworth and emergency aid and support to people facing homelessness.



Spear were funded to provide **health and well-being days for the homeless across South West London**. These days aim to provide access to health and wellbeing services to people experiencing homelessness and seeking asylum in South West London, providing on-the-day health services such as **vaccinations, fibroscans, blood borne viruses testing, breast screening, diabetic retinopathy screening, health checks**, smoking cessation and referrals to relevant services (such as drug and alcohol). The days enable engagement with harder to access services such as oral hygiene, podiatry and GP advice. Attendees also receive hot meals, goody bags, haircuts and financial advice.

As of Feb 2025, **Spear has delivered 17 out of 22 planned health and well-being days, reaching 1,229 people**, which exceeds their target. The project is making positive progress in supporting the homeless population. Attendees are asked if they are better informed about available health services, more confident to approach health services and more confident about managing their own health as a result of engagement. Each quarter between 70-75% report positively.

SWL Projects – Core20 Connectors

- Core20 Connectors is a 3-year national programme by NHS England as part of its Core 20 plus 5 approach. This pilot programme is ending March 31 2025. In South West London, **we made the decision to invest further in this programme**, beyond the national investment.
- The programme recruits and trains community connectors to capture insights and experiences and work alongside health and care partners to improve access to prevention and screening services for the 5 clinical priorities (severe mental illness, chronic respiratory disease, early cancer diagnosis and cardiovascular disease prevention).
- It is one of 35 different types of community link worker programmes in South West London.
- There are approximately 200 paid and volunteer community connectors recruited from within Core20 communities.
- More than **300 events and activities per year were delivered** related to the 5 national clinical priorities and **more than 5,000 people engaged** from within our Core20 communities.
- Roehampton University (a partner in our SWL Health Research Collaborative) has been commissioned to rapidly evaluate the programme with a report on its impact expected April 2025.



SWL Projects – Community Health & Wellbeing Workers



- Community Health and Wellbeing Workers ('Chewies') are based on a model successfully implemented in Brazil. The model consists of individuals from a neighbourhood who are trained on a wide range of health and social care issues and then visit the households they are responsible for in their own community.
- This began in Battersea in 2023 and was extended to the remaining 5 boroughs in 2024.
- Over the past year, **over 700 households have been engaged**, going on to receive NHS health checks, screenings and immunisations. Residents were also signposted to community activities. Approximately 25-35% of eligible households were engaged within 3 months.
- Several important insights on the Brazil Model have emerged, including the discovery of people with high medical needs not currently receiving formal healthcare or A&E and the number of the people who are struggling to access services. Importantly, the pilot has shown that intervention is possible and acceptable to residents.
- Roehampton University is evaluating the programme with a report on its impact expected April 2025.
- Evidence from the Westminster-run model shows an even greater impact on engagement with healthcare services, including immunisation and screening uptake. (Junghans et al, 2023).
- There is an opportunity to consider the Integrated Neighbourhood Team model as the future delivery vehicle for the continuation of this model.

Focus on improved data and intelligence

Developing health equity intelligence

- It is important to have the right data and metrics to:
 - Describe the current situation
 - Describe and track changes by person, place and time
 - Detect emerging issues
 - Determine impact of interventions
 - Influence improvements across primary and secondary care
- There is a risk of having too much data: cutting the cake in several ways rather than having an intelligence system that can capture change or improvements
- Over the past couple of years, we have been developing a means to capture social inequalities in health and healthcare in SWL
- We are hopeful of a national solution through the potential Federated Data Platform
- We have prioritised delivering to national guidelines and our own strategic priorities as an ICP and ICB

The journey to-date...

October 2022: 2 dashboards (inequalities explorer & Core20)

April 2024: South West London (SWL) ICB put together an in-depth inequalities report to support our annual statement, which was very well received by NHS England.

October 2024: work began on developing something more local, granular and relevant to SWL. Health Equity Partnership Group worked with ICB BI to get the right metrics onto the reporting.

January 2025: inequalities explorer dashboard removed and work on the health inequalities explorer dashboard completed and accessible:

<https://susi.sharepoint.com/sites/SWL/SitePages/Health-Inequalities.aspx>

For access, please contact isl.support@nhs.net



What does the end product look like?

Health Inequalities Explorer has been approved at the Data and Business Intelligence Steering Group, validating the methodology and logic.

The report allows us to summarise inequality at scale, using a score to highlight where the largest number of perceived inequalities and missed opportunities exist.

Each domain is assigned a score for each inequality. The higher the score, the higher the inequality. Several metrics are excluded for operational reasons.

In this example, oral health presents the largest perceived inequality when viewed from a deprivation angle, with a score of 1.27.

Inequality Coefficients

Inequality (Click to view breakdown)	Deprivation	Ethnicity	Gender
18+ Weeks Waiting	0.14	0.10	0.02
Atrial Fibrillation	0.07	0.06	0.02
Diabetes Care Processes Type 1	0.29	0.30	0.07
Diabetes Care Processes Type 2	0.12	0.05	0.06
Diabetes Prevent		0.35	0.32
Elective Recovery Age 0-17	0.37	0.57	0.01
Elective Recovery Age 18+	0.07	0.25	0.03
Emergency Admissions Age 0-17	0.27	0.13	0.11
Flu Vaccinations	0.08	0.16	0.01
Hypertension	0.07	0.11	0.05
Learning Disability Health Checks	0.32	0.15	0.14
Myocardial Infarction Admissions	0.41	0.80	0.48
Oral Health	1.27	0.32	0.04
Pre-Term Births	0.19	0.32	
Stroke Admissions	0.35	0.88	0.21

Key: Less Inequality  More Inequality

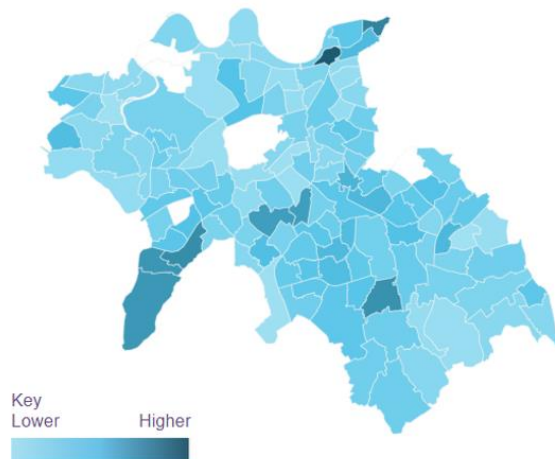
Geographic variation

Mapping helps programmes understand where the perceived disparity exists, which is helpful for setting up services and a move to understanding inequity at scale, as opposed to being contained at borough level.

Use Case: We have already used this with the SWL and London Dental Teams to showcase the acute impact of the inequality in access to dental care.

Outlier Summary

Oral Health



Inequality

Oral Health

The rate of admissions to hospital for Teeth extractions in children under 10

Borough	Selected Measure	SW London Average	% Difference to SW London
Croydon	5.1%	5.1%	0%
Kingston	5.9%	5.1%	15%
Merton	5.0%	5.1%	3%
Richmond	3.2%	5.1%	37%
Sutton	6.9%	5.1%	34%
Wandsworth	4.8%	5.1%	7%
Total	5.1%	5.1%	0%

Standardised activity

Age - Sex standardised Acute Activity reporting. South West London's population skews towards an older population that is less deprived. Standardising lets us see the impact of ethnicity and deprivation on acute activity

As an example, deprivation decile 1 in this graph has among the lowest activity in South West London due to its low cohort size. However when the data is standardised, it has the highest A&E usage

Age-Sex Standardised Activity

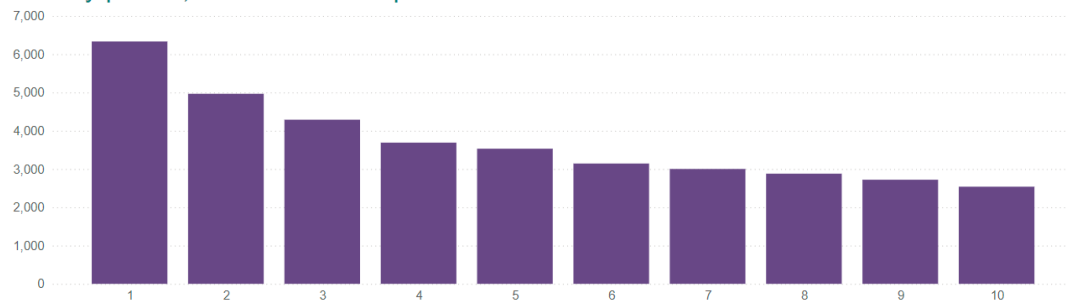
Point Of Delivery

AE

Standardise By:

Deprivation

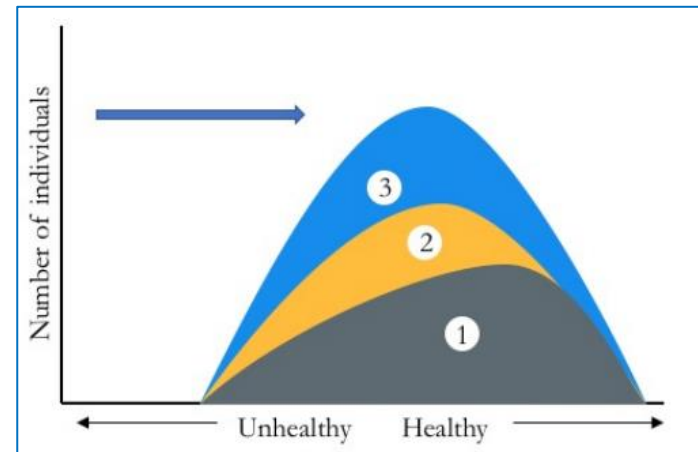
Activity per 10,000 Standard Population



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To note

- We need to be cautious in what we term and measure as an inequality.
- There are numerous programmes in play across SWL.
- Small numbers and unmodifiable behaviour or outcomes can take up a lot of reporting resource.
- It is useful to use the following to guide health equity analysis:
 - **Access:** who accesses our services? Does it reflect the need in the local population?
 - **Experience:** do certain groups discontinue their treatment or have worse experiences?
 - **Outcomes:** do certain groups do less well, for example have increased readmissions?
- The Health Equity Partnership Group acts as the approval group, ensuring that the right headlines appear in our annual inequalities report and that it is aligned with ICP strategic priorities



Key

- 1 people seeking care from SWL services
- 2 people that are in scope of care from SWL services
- 3 SWL wider population

What's next?

Delivering on health inequalities 2025/26



- Using the new Health Inequalities Explorer, we will be using data analysis to reduce healthcare inequalities across primary, community and secondary care. We will continue to develop this tool.
- We will utilise implementation science to embed in South West London what works in reducing healthcare and health inequalities, for example using the evidence from St George's and University College London's Economic and Social Research Council International Centre for Lifecourse Studies, whose research has defined the 7 interventions that work to tackle health and care inequalities:
 - Allocate funding proportionate to need
 - Roll out community health workers
 - Introduce peer-led interventions
 - Implement cervical self-screening
 - Deliver tailored health interventions in places of worship
 - Screen for social needs
 - Co-locate welfare advisors in general practice.
- We will work with our Trusts to deliver their Health and Healthcare Inequalities strategies (for example South West London and St George's Mental Health Trust is working on eliminating the racial inequality around the overrepresentation of Black people in detention, inpatient and crisis care).
- We will continue to work in partnership to tackle the wider determinants of health and to prioritise inclusion health at SWL and Place levels.
- We will support our Health Inequalities Investment Fund projects to evaluate and disseminate learning and we'll continue to support the voluntary sector in accessing other funds to support their work (for example through our SWL Research Support Network).

Appendix 1: 2024/25 Delivery Plan

Health Inequalities Delivery Plan 2023-25 (1/2)

Health inequalities area of focus	Systemwide deliverables	Related action/ area of focus in the strategy	How will we know we've been successful? Outputs	How will we know we've been successful? Outcomes	Status February 2025
Addressing the wider determinants of health and well-being (1)	Map current and potential adopters, identify stakeholders and partners and work to influence their adoption of London Living Wage	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	Focused topic at the February meeting of the Health Inequalities Delivery Group.
Addressing the wider determinants of health and well-being (2)	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.	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	<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) • 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.	<p>New performance metrics for health equity have been developed and progress presented to the HEPG. This action is completed.</p> <p>We'll continue to update and refresh the data.</p>

Health Inequalities Delivery Plan 2023-25 (2/2)

Health inequalities area of focus	Systemwide deliverables	Related action/ area of focus in the strategy	How will we know we've been successful? Outputs	How will we know we've been successful? Outcomes	Status February 2025
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	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	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	The projects are no longer funded from 1 st April 2025. All projects are being evaluated and we'll share the learning across the UK.
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 	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	<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	Increased uptake of health checks Evaluation of Brazil model is underway. Designing prevention training for GP staff Review of attainment of the 5 key metrics for social prescribing is in progress

Appendix 2: Place-based Health Inequalities Investment Fund schemes

Project Name	Description	Progress
Asian Resource Centre Croydon	Expert Patient Programme for people with Long Term Conditions	Delivering sessions but some risks due to slow referrals from GPs
Healthsmart - Age UK Croydon	6 x weekly health hubs to run in ICN localities in Croydon.	Delivering the health hubs and oversubscribed
Club Soda	Leisure Link project to improve well-being and inclusivity of people with learning disabilities and autism.	Delivering monthly social event, bi-monthly pod casts, bi-monthly magazine, new website etc. No risks identified
Bromley & Croydon WA (BCWA)	IRIS Programme to promote and improve the health care response to gender-based violence	Progressing well with the project and the activities such as training surgeries and supporting patients
South London and Maudsley NHS Foundation Trust	Designing Culturally Appropriate Peer Support and Advocacy (CAPSA) for Black African and Caribbean communities	Peer support workers working with clients who use acute services intensely and continued support for those who struggle to engage with MH services
Social Interest Group	Support residents who have dual diagnoses and at higher risk of relapse, homelessness etc	Project delayed due to recruitment issues

Sutton (1/2)

Project Name	Description	Progress
Community Action Sutton	Community Participatory Research focusing on 4 estates identified as in greatest need	On target. Voluntary and community sector response in Roundshaw suggests community development opportunities are becoming more limited.
Sutton PCNs CiC - Sutton GP Services	Service provides primary care services (GP, HCA, Social Prescriber, and Mental Health Workers) to homeless patients in Sutton	This homeless outreach clinic is facing challenges due to funding cuts. Place are exploring transition plans, including mobile clinics, and working with Community Action Sutton to continue supporting the homeless population.
Sutton Mental Health Foundation	Provision of Weekend Warmth and Support (now known as the In Your Corner Sunday Service).	On target, delivering the number of meals, as per indicators.
Sutton Borough Volunteer Bureau	Community Health Wellness Navigators conducting outreach work to support people to manage their long-term conditions and promote self-care.	This has been a big success, conducting over 3000 health checks and helping to close the gap in blood pressure management. The project has also led to employment opportunities for volunteers and is being integrated into the work of the integrated neighbourhood teams.

Sutton (2/2)

Project Name	Description	Progress
Place at My Table	Tackles barriers that marginalised groups encounter in accessing healthy lifestyles, health and care services	171 students accessing Share, 146 accessed programmes to improve their physical and mental health and wellbeing
Attic Theatre Company	Creative engagement projects with specialist knowledge of trauma and aimed a deprived, non-English speaking communities	All of the workshops have been delivered to date.
Home Start Sutton	Community Volunteer Coordinator to improve access for those not accessing the services	On target. Have developed Caring Dad toolkit and programme

Merton (1/2)

Project Holder	Description
The Polish Families Association	Targeted engagement work to improve awareness and health access for East Merton's Eastern European community
London Borough of Merton - Public health	To scale-up the CYP social prescribing pilot into a second PCN address this unmet need in the borough and prevent further exacerbation and escalation of these health issues facing CYP
Age UK & Wimbledon Guild	Befriending service for isolated people with mental health needs
Ethnic Minority Centre Mitcham	Wellbeing Course – workshops, outdoors walks, classes etc.

Progress

All four organisations are on track to deliver their services and are exploring alternative funding streams to continue their work.

Organisations are exploring alternative funding streams to continue their work and address the needs of the community



Merton (2/2)

Project Holder	Description
Wimbledon Guild	Psychoeducational exercise groups for frequent attenders with multiple long term conditions
Merton Mencap	Service offer of support to carers of adults with learning disabilities
East Merton Primary Care Network	Development of a community health and wellbeing champion whose role is to support health and wellbeing of local community
Attic Theatre Company	creative engagement projects with specialist knowledge of trauma and aimed a deprived, non-English speaking communities

Progress

All four organisations are on track to deliver their services and are exploring alternative funding streams to continue their work.

Organisations are exploring alternative funding streams to continue their work and address the needs of the community

Project Holder	Description
Wandsworth Council, Thinking Works	Core 20 Expansion of warm homes in winter
Battersea Alliance (Cauis), WCEN, WCAB, WTH, LA	Provision of services for BAME young people's mental health
Live Karma Yoga	Wellness practice through classes and outreach programme
Share Community	Health and Wellbeing support for adults with Learning Disabilities and Autism
BlindAid	Providing emotional and practical support within the homes of the beneficiaries
Elays Network	Expansion of Elays services
Wandsworth Care Alliance	Increasing accessibility to social welfare legal advice
Estate Art Ltd	Addressing mental & physical health needs in Roehampton

Progress

All organisations are delivering services to various community groups, with most meeting their targets



Project Name	Description
Kingston Voluntary Action	Reducing health inequalities in Kingston through community-run social prescribing activities
Kingston Carers' Network	Improve reach of carer support throughout Kingston.
Spear	Showering and laundry facilities for rough sleepers
Age Concern/Staywell	Continuation of the service which provides a single point of contact for vulnerable people with small or nil packages of care
Kingston Centre for Independent Living (KCIL)	Increase awareness of and the radius of the reporting service for members of the public contacting KCIL

Progress

Kingston projects are focusing on targeted outreach, support for carers, homelessness, and hospital discharge support.

These projects are making positive progress and adapting their services to meet the needs of the community.

Project are facing challenges due to the end of the HI Investment Fund but the projects are exploring alternative funding streams and ways to continue their services to support the community effectively.

Project Name	Description
Ruils-Independent Living	Health in Your Hands (Community Connectors)
Crossroads Care Richmond and Kingston upon Thames	Programme for carers and the people they care for, of all ages
The Cambrian Community Centre	Developing the Exercise Referral Service and Community Gym capacity at the Cambrian Centre Community Gym
The Reader	Mental health & wellbeing support for people experiencing homelessness through shared reading groups.
The Mulberry Centre	Support to those who have been impacted by cancer

Progress

Richmond projects are focused on exercise referral schemes, carer support, and health promotion initiatives.

These projects are also making positive progress and are flexible in their approach to address the needs of vulnerable groups.

Project are facing challenges due to the end of the HI Investment Fund but the projects are exploring alternative funding streams and ways to continue their services to support the community effectively.

Get Britain Working trailblazers

Agenda item: 4

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

Paper type: Discussion

Date of meeting: Wednesday, 5 March 2025

Date Published: Wednesday, 26 February 2025

Content

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

Purpose

The Trailblazers are a national government funded programme to support economically inactive people into employment. One of its objectives is to test new methods to engage and refer economically inactive people on to employment support programmes, and we are keen to explore how we can do this through primary and secondary care providers. The purpose of this agenda item is to provide an outline of the programme, to describe engagement and development work already underway, and to lay the foundations for the future development of the government-proposed Work, Health and Skills Plans.

Executive summary

The Get Britain Working White Paper identified specific cohorts of people who had either fallen out of the labour market or who were at risk of falling out of employment, education and training. The government will invest £240m across Britain to test innovative ways to find and support these cohorts and reduce economic activity, by creating new referral pathways and programmes for people who do not ordinarily engage with employment and skills support services.

This includes a £20m investment in a programme of Trailblazers in London, with delivery starting 1 April 2025 and finishing 31 March 2026.

There is an expectation that Trailblazer activity should be closely aligned to primary and secondary health and care providers, who will be integral in the identification of suitable and/or eligible patients. It is our intention that primary and secondary health and care providers will be the primary referral agents for the Trailblazers, and they will identify potential participants for the employment support programme.

Whilst at this stage we do not yet know how the funding will be allocated, we would like to secure the governance arrangements, to ensure that there is robust strategic oversight for this potential programme, as well as Connect to Work (the new supported employment programme discussed at

the last ICP Board). We anticipate that the Trailblazer will be supported by and, in some cases partly delivered by, a range of health and care practitioners. Therefore, we would also like to secure operational governance to provide operational evaluation and advocacy for this and future programmes.

Key Issues for the Board to be aware of

The Trailblazers are being developed under very tight timeframes; therefore, the programmes are still under development and will subject to change. The final proposal will be confirmed by 28 February, but we need to agree governance arrangements as delivery will start 1 April 2025.

Recommendation

The Board is asked to:

- Reflect on the outline of the programme, and the key areas of focus as it is established and advise on how best to maximise the programme's impact, alongside other programmes of work, as we lay the foundations for the future development of the government-proposed Work, Health and Skills Plans.

Governance and Supporting Documentation

Conflicts of interest

Non identified.

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?

n/a

Patient and public engagement and communication

n/a

Previous committees/groups

n/a

Final date for approval

n/a

Supporting documents

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 Get Britain Working Trailblazers

February 2025

SUPPORTED BY
MAYOR OF LONDON



What are Trailblazers

The UK is facing a **significant inactivity challenge** – 21.9% inactivity rate. There are 2.8m people out of work due to long term illness

The government is investing £20m to mobilise **trailblazers in London** that will bring together and streamline health, employment and skills services to improve the support available for people who are economically inactive. Focus on joining up help and support based on the needs of local people and places.

Trailblazer areas will test new ways of supporting people into employment or training, by bringing together and enhancing existing programmes in partnership with local areas

Objectives of the Economically Inactive Trailblazers

The target group is primarily people with health conditions but could also include people caring for others or people who have left the labour market early and are at risk of pensioner poverty i.e. the 'harder to reach' cohort (not students).

The aim is to build capabilities and capacity to:

- **Maximise existing place-based support** to reduce economic inactivity by bringing together services and providing a seamless journey for local people that is easy to navigate.
- **Test new innovative approaches to:**
 1. **Identifying and engaging people who are economically inactive**
 2. **New employment support interventions that address gaps and specific local needs**
- **Work with a full range of partners** to shape a strong, joined-up local work, health and skills offer

Designing Trailblazers

Outcomes

- Primary goal to increase the number of economically inactive people moving towards and into work
- Additional goals to build capability and capacity, test new approaches, develop evidence about what works

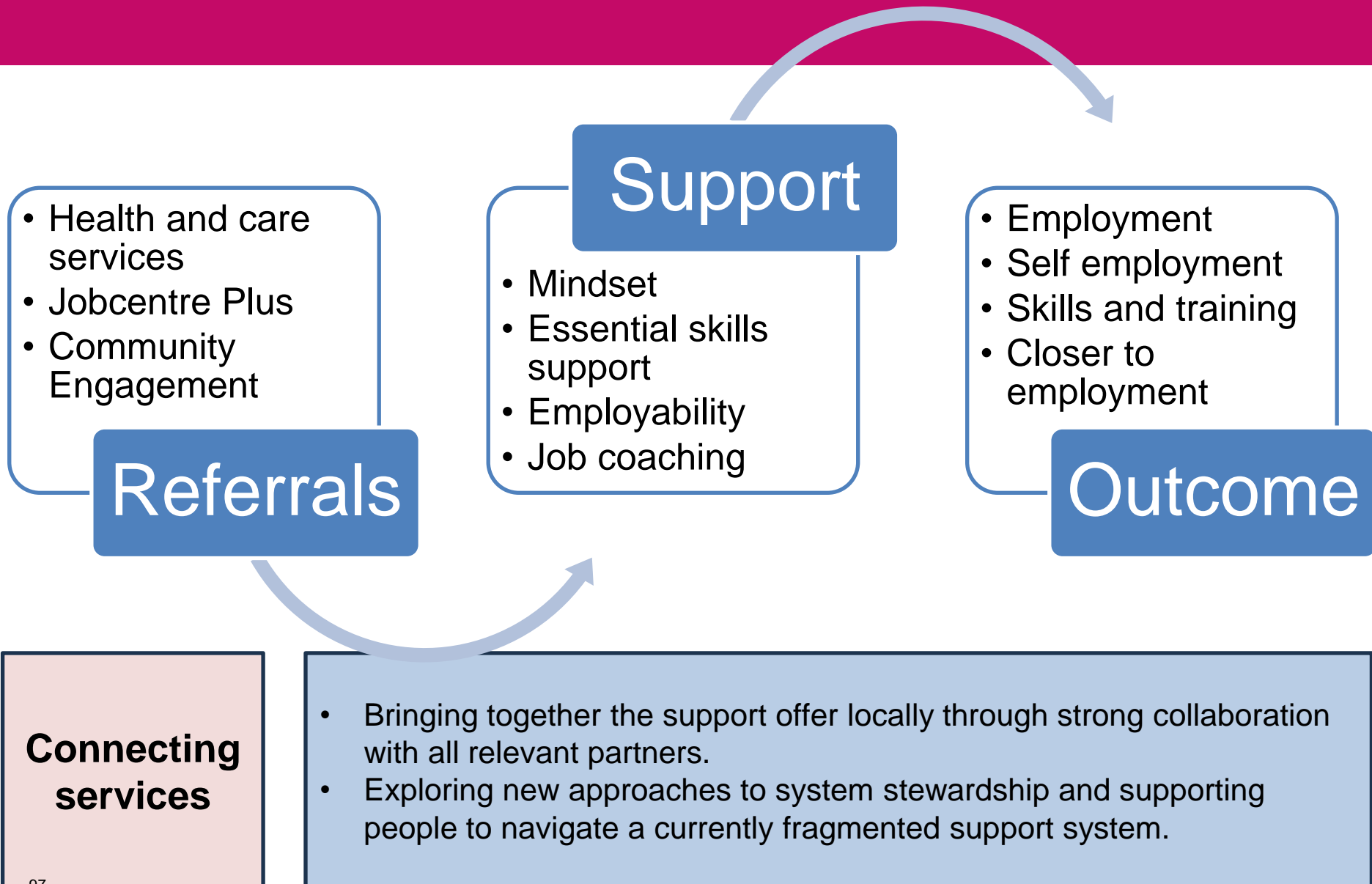
Target group

- Economically inactive people with health conditions, caring for others or early exit from the labour market (not students)

Interventions

- **New** and **innovative** approaches to system reform, identifying, engaging and supporting people in innovative ways. And to consider new ways of working and interventions that can be scaled up.

Trailblazers in Practice



Trailblazers in London

The Trailblazer are being led by the Greater London Authority (GLA), on behalf of the sub-regional partnerships and their member authorities.

Sub-regional partnerships have been working with GLA, London Councils and the other three sub-regional partnerships in London to develop high-level proposals, with the GLA leading on negotiations with the Department for Work and Pensions (DWP).

Final proposals for the Trailblazer will be submitted to the DWP on 28th February 2025, to start delivery on 1st April 2025. The Trailblazers will run for one year.

To Note: There is no flexibility on these timelines at present

Trailblazers in South London

To Note: We are working with the GLA to support the London Trailblazer proposal development, this includes a programme of work across the sub-regional area but at the time of writing this slide deck, no decisions had been made on the allocation of funding

Proposal Geographical area: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth

Areas of interest in south London:

- **Musculoskeletal Project** – identifying patients and supporting with mindset and career changing
- **Skills and Employment Community Link Workers** – specialist link workers, working alongside social prescribers and health and wellbeing practitioners.
- **Digital and Triage service** – seamless referral from health and care to skills and employment
- **Multi-disciplinary team community pop-ups** – taking a range of support services into the community, with a hyper local focus and building on e.g. family hubs

These areas of interest have been developed with south London partners including:

- GPs
- Social Prescribers
- INT representatives
- Employment support specialists
- Public health specialists
- Skills and employment specialists
- JCPs
- Housing associations

Skills and Employment and Health and Care Collaboration

Key to the success of the Trailblazer and other employment programmes coming down the line, such as Connect to Work, will be the partnership and the collaboration between skills and employment and health and care practitioners to create a strong work, health and skills offer. We will need to:

- Invest in the integration of services
- Establish operational and strategic governance and oversight
- Build robust evaluation processes to ensure that effective interventions can be scaled up and best practice across the partnership

Board Member Questions

Trailblazers are being highlighted as the first step towards developing local Work, Health and Skills Plans, as identified in the Get Britain Working White Paper.

- There is significant work underway already to **engage** with South London partners on identification and referral of patients on to the employment support programmes. To-date this has included Primary Care Networks, Integrated Neighbour teams, skills and employment specialists, economic development specialists, and public health/health inequalities teams.
- The **governance** for the programme is also being worked-up, and it is key that the Trailblazer and other programmes is well linked to existing groups or boards to ensure it has operational advocacy.
- Participants on the Trailblazer and Connect to Work programmes could be our future workforce. It is therefore key to ensure **pathways to employment** in health and care for the participants on employment programmes in south London are secured.

The Board is asked to reflect on the outline of the programme, and the above key areas of focus as it is established, and advise on how best to maximise the programme's impact, alongside other programmes of work, as we lay the foundations for the future development of the government-proposed Work, Health and Skills Plans.

Contact

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

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