

A decorative graphic in the bottom-left corner consisting of several overlapping shapes: a dark blue teardrop, a green oval, a light blue oval, a dark blue diagonal bar, a teal diagonal bar, and a light blue diagonal bar.

# An Introduction to South West London Integrated Care System

5<sup>th</sup> October 2022

# Content

1. [Introduction to South West London](#)
2. [Introduction to the System](#)
3. [Introducing the ICB Executive Team](#)
4. [Who are our partners and stakeholders?](#)
5. [Governance](#)

6. [SWL approach to developing our Integrated Care](#)
7. [Developing Clinical & Care Professional Leadership](#)
8. [Improving Health in Equalities](#)
9. [Performance and Oversight in South West London](#)
10. [Developing our Quality Approach](#)

11. [Understanding Finances in South West London: Finance & Planning](#)
12. [A focus on Workforce](#)
13. [Communications and Engagement within South West London](#)



# About South West London



Resident population



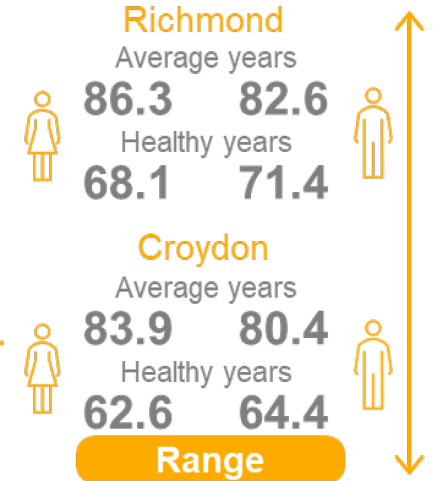
NHS budget



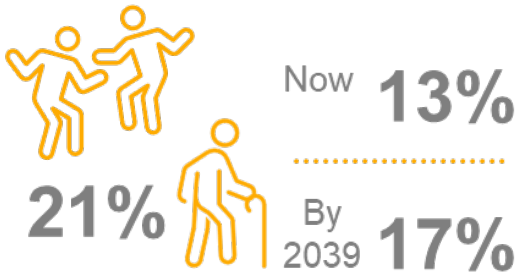
Places



Total area



Life expectancy at birth



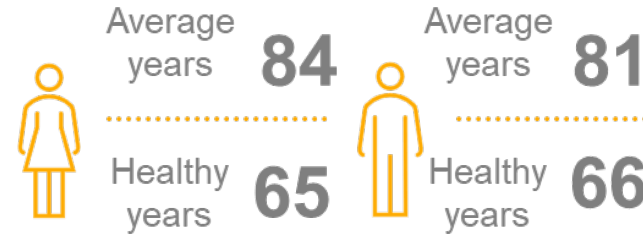
Under 16 | Over 65



Black, Asian and minority ethnic



Long-term conditions



Workforce



Primary care networks



GP Practices




Acute and community providers



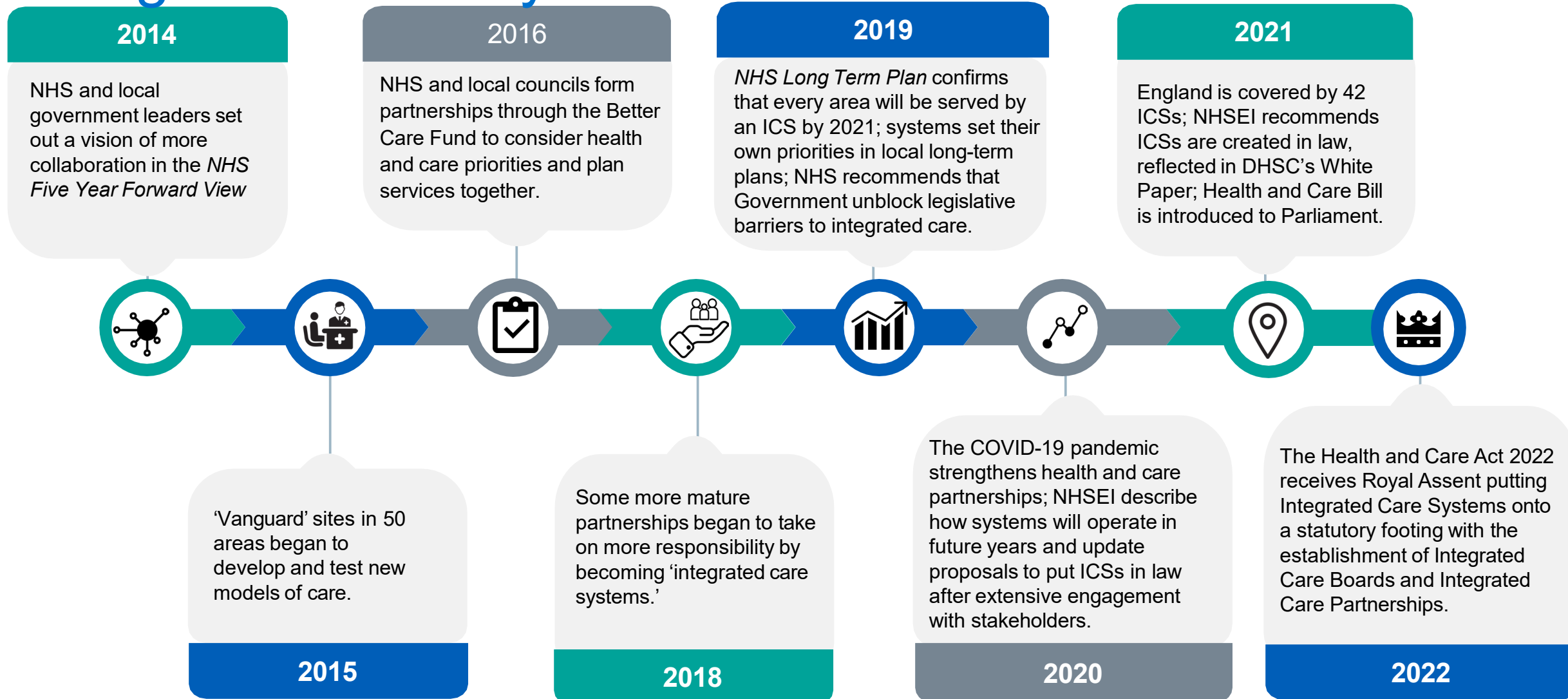
Mental health providers

\* <https://swlondonccg.nhs.uk/wp-content/uploads/2021/09/13996-SWLCCG-Annual-Report-and-Accounts-202021.pdf>

# Introduction to the SWL System

A decorative graphic in the bottom-left corner of the slide. It features several overlapping shapes: a white teardrop shape, a green circle, a blue circle, a dark blue oval, a light blue rounded rectangle, and a white curved line.

# Our journey to become an Integrated Care System



# What are Integrated Care Systems?



Integrated Care Systems are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area. They will be responsible for how health and care is planned, paid for and delivered.

## ICSs have four key purposes:

1. improving outcomes in population health and healthcare
2. tackling inequalities in outcomes, experience and access
3. enhancing productivity and value for money
4. supporting broader social and economic development

# What are Integrated Care Systems?

The Health and Care Act 2022 will establish 42 ICSs across England on a statutory basis.

Integrated Care Systems will be made up of two parts:

- **Integrated Care Boards** decide how the NHS budget for their area is spent and develop a plan to improve people's health, deliver higher quality care, and better value for money
- **an Integrated Care Partnerships** bring the NHS together with other key partners, like local authorities, to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area

## Other important ICS features are:

- **Local authorities**, which are responsible for social care and public health functions as well as other vital services for local people and businesses.
- **Place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. Our place partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the local population.
- **Provider collaboratives** bring NHS providers together to achieve the benefits of working at scale across multiple places and one or more ICSs, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.



# Provider Collaboratives in SWL

**Provider Collaboratives** are partnership arrangements involving two or more trusts working across multiple places to realise the benefits of mutual aid and working at scale. There are three Provider Collaboratives in South West London:

- **South London Mental Health Partnership** - comprising Oxleas NHS Foundation Trust, South London and Maudsley NHS Trust and South West London and St. George's NHS Trust
- **The Acute Provider Collaborative** - comprising Croydon Health Services NHS Trust, Epsom and St. Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospitals NHS Foundation Trust
- **RM Partners** - comprising all South West London and North West London bodies supporting the NHS Cancer Pathway, including Primary, Acute and Specialist providers and screening services

The purpose of provider collaboratives is **to work together to continuously improve quality, efficiency and outcomes**, including proactively **addressing unwarranted variation and inequalities in access and experience**

Together, trusts work collaboratively to **lead the transformation of services and the recovery from the pandemic**, making sure they have shared ownership of their objectives and plans

**SWL ICS Places** have four main roles:

- **To support and develop primary care networks (PCNs)** which join up primary and community services across local neighbourhoods.
- **To simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **To understand and identify** – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them; and
- **To coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

# Our places in South West London



## South West London

**Place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. We have six place partnerships across each of our boroughs.



**Croydon**  
Croydon Council  
Croydon Health Services NHS Trust  
Croydon Healthwatch  
South London and The Maudsley NHS Trust  
Croydon voluntary sector organisations  
Age UK Croydon  
NHS South West London



**Kingston**  
Kingston Council  
Kingston Hospital NHS Foundation Trust  
Hounslow & Richmond Community Healthcare  
South West London & St George's Mental Health Trust  
Kingston Healthwatch  
Kingston voluntary sector organisations  
Your Healthcare  
NHS South West London



**Merton**  
Merton Council  
St George's University Hospitals NHS Foundation Trust  
Merton Healthwatch  
South West London & St George's Mental Health Trust  
Merton voluntary sector organisations  
NHS South West London



**Richmond**  
Richmond Council  
Kingston Hospital NHS Foundation Trust  
Hounslow & Richmond Community Healthcare  
South West London & St George's Mental Health Trust  
Richmond Healthwatch  
Richmond voluntary sector organisations  
NHS South West London



**Sutton**  
Sutton Council  
Epsom and St Helier University Hospitals NHS Trust  
Sutton Healthwatch  
South West London & St George's Mental Health Trust  
Sutton voluntary sector organisations  
NHS South West London

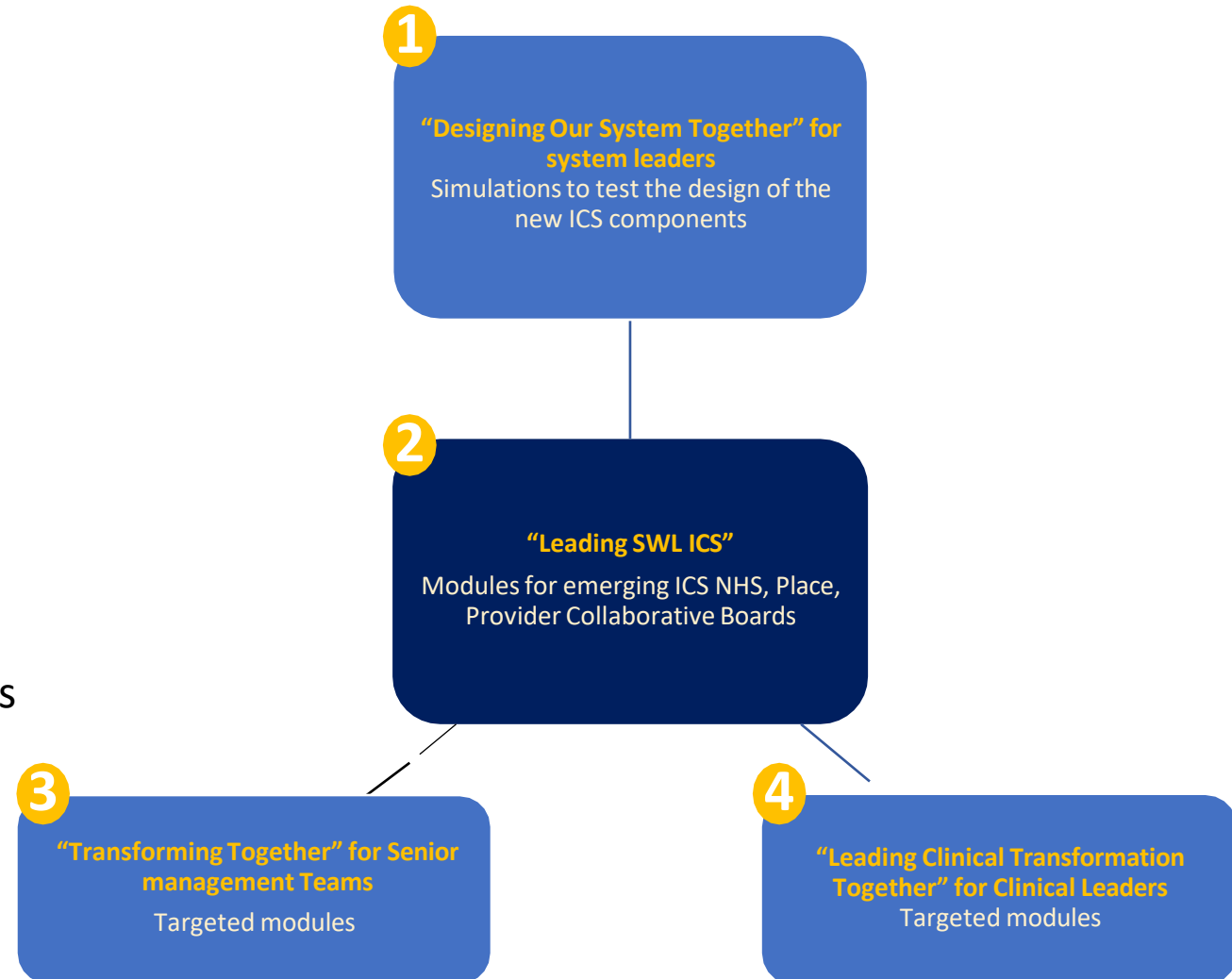


**Wandsworth**  
Wandsworth Council  
St George's University Hospitals NHS Foundation Trust  
Wandsworth Healthwatch  
South West London & St George's Mental Health Trust  
Wandsworth voluntary sector organisations  
NHS South West London

# We have worked hard to transition to the ICB but our development is not complete

## There are four elements to our ongoing system development plan:

- The overarching programme is made up of 4 parts
- Parts one and two are designed for all board level system leaders
- Parts three and four are enhanced programmes targeted to support clinical leaders and newly formed senior management teams
- The modules will take into account ICS leadership capabilities expected and outlined in the national ICS System Development Progression Tool, as well as OD elements arising from the creation of the ICS.



# Our system challenges and opportunities



South West London

Headline	Challenges and Opportunities
<b>Delivering our system plan 2022/23</b>	<ul style="list-style-type: none"> <li>• SWL system has a total efficiency requirement for the year of £280m (recurrent £161m, non-recurrent £120m) in order to achieve the year end breakeven position</li> <li>• Delivering our elective requirements and managing long waits, particularly given growing acuity of patients</li> </ul>
<b>Balancing BAU and transition</b>	<ul style="list-style-type: none"> <li>• The challenge of recovering services and performance against NHS constitutional standards (including managing the backlog), and managing any further waves of Covid, whilst transforming into a new ICS</li> </ul>
<b>Workforce</b>	<ul style="list-style-type: none"> <li>• The health, wellbeing of our provider workforce following Covid-19 and the challenge of filling vacancies</li> <li>• Motivating ICB staff and supporting them through further system change</li> <li>• Increasing workforce diversity</li> </ul>
<b>Clinical and professional leadership</b>	<ul style="list-style-type: none"> <li>• Continue to ensure that we retain strong clinical and professional leadership in our new SWL ICS arrangements</li> <li>• Ensuring effective primary care input and voice following our transition from a CCG to an ICS</li> </ul>
<b>Digital and population health management</b>	<ul style="list-style-type: none"> <li>• Accelerate our capability and capacity for population health management.</li> <li>• Securing the required resource for digital transformation.</li> </ul>
<b>Finance</b>	<ul style="list-style-type: none"> <li>• Managing the financial envelope given pressures across the system</li> <li>• Managing clear financial governance and management across the transitioning system</li> <li>• Managing capital plan within national envelopes given over-commitment on the envelope</li> <li>• As we develop a financial allocation process we ensure that we have sufficient flexibility to target our resources to meet our ICS priorities and areas of greatest need</li> </ul>
<b>Potential future Covid waves</b>	<ul style="list-style-type: none"> <li>• Being prepared for a further covid surges either in or outside of the hospital setting</li> </ul>
<b>Patient and community voice</b>	<ul style="list-style-type: none"> <li>• Ensuring that we retain a strong local focus on patient and community engagement at all levels of our ICS</li> </ul>
<b>Vaccinations</b>	<ul style="list-style-type: none"> <li>• Ensuring maximum update of our covid-19, monkey pox and childhood immunisation programmes</li> </ul>
<b>Health inequalities</b>	<ul style="list-style-type: none"> <li>• Addressing the health inequality priorities that Covid has highlighted and doing this in partnership with Local Authorities.</li> <li>• Reducing unwarranted variation across pathways.</li> </ul>
<b>PCN development</b>	<ul style="list-style-type: none"> <li>• PCNs are early on in their development and we must ensure that we support their development to take on enhanced roles in primary and community care delivery and population health management</li> </ul>
<b>ICS development and system partnerships</b>	<ul style="list-style-type: none"> <li>• Ensuring that we continue to work with system partners to develop our ICS together so that it is owned by the whole system</li> <li>• Ensuring our system leaders have sufficient time to spend on organisational development initiatives</li> </ul>

A photograph of a hospital hallway. In the foreground, a nurse in a blue uniform is assisting an elderly patient in a wheelchair. In the background, a doctor in a white coat and a receptionist in a white shirt are visible. A sign for 'Pathology' and a fire exit sign are also present.

# Introducing the SWL ICB Executive Team



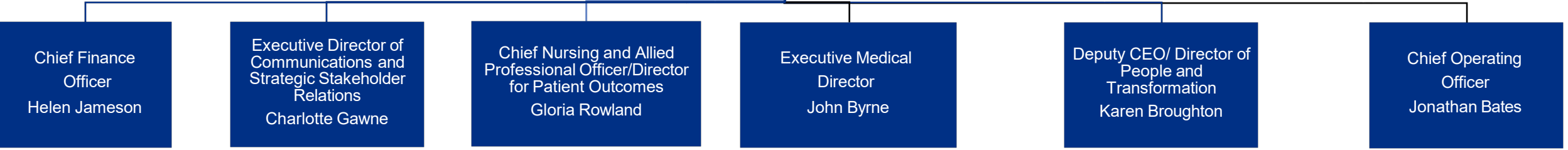
# SWL ICB Executive Structure



South West London

CEO Sarah Blow

Place Executive Leads



Chief Finance Officer	Executive Director of Communications & Strategic Stakeholder Relationships	Chief Nursing and Allied professionals Officer/ Director for Patient Outcomes	Executive Medical Director	Deputy CEO/ Director of People and Transformation	Chief Operating Officer
-----------------------	--	---	----------------------------	---	-------------------------

<ul style="list-style-type: none"> <li>Strategic finances</li> <li>Investment capital and</li> <li>Estate</li> <li>IHT</li> <li>Sustainability and Net Zero</li> <li>Joint lead for system planning</li> </ul>	<ul style="list-style-type: none"> <li>System strategic comms &amp; engagement, Media &amp; crisis management</li> <li>Stakeholder/public affairs,</li> <li>Engagement with community groups including Healthwatch, voluntary Sector and other</li> <li>Patient and Public involvement</li> <li>Campaigns digital &amp; social,</li> <li>Staff engagement</li> <li>NHS and partner engagement in priorities, development and involvement in the priority making process</li> <li>Support to the ICP and ICB Chair and CEO</li> <li>Service change and consultation</li> </ul>	<ul style="list-style-type: none"> <li>Nursing and Allied Professional leadership</li> <li>Professional Leadership</li> <li>Safeguarding</li> <li>Quality Improvement and oversight</li> <li>Health inequalities and prevention (joint Lead)</li> <li>CHC</li> <li>IPC</li> <li>Maternity and Children</li> </ul>	<ul style="list-style-type: none"> <li>Population Health                             <ul style="list-style-type: none"> <li>Health inequalities and prevention (joint Lead)</li> <li>Working with Digital on PHM data strategy</li> <li>Working with DPHs and ICP to identify strategic priorities</li> </ul> </li> <li>System clinical Leadership</li> <li>Strategic lead research and development</li> <li>IFR and ECI</li> <li>Clinical Strategy</li> <li>Medicines Management</li> <li>Clinical Standards &amp; Ethics</li> <li>Any regulatory responsibility from NHSE/I</li> <li>Primary Care</li> <li>Digital</li> </ul>	<ul style="list-style-type: none"> <li>Strategy and Transformation</li> <li>People and Workforce (including EDI)</li> <li>OD and System Development including provider and place development</li> <li>Office of CEO – including governance and link to integrated system planning)</li> <li>Support delivery of Partnership and ICS NHS Boards</li> <li>IT and infrastructure for corporate and GP</li> <li>Oversight of some major programmes per above</li> <li>Health and care in the community – including:                             <ul style="list-style-type: none"> <li>MH and LD</li> <li>Immunisations</li> <li>Ageing well and EOLC</li> <li>Place link</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Joint lead for Integrated System Planning</li> <li>System Performance Oversight, Intensive Support and Escalation</li> <li>Contracting and procurement</li> <li>Urgent and Emergency Care</li> <li>Cancer</li> <li>Critical and Acute care</li> <li>Link acute provider collaborative</li> <li>Specialised commissioning (longer term) – currently joint with SEL on an interim seconded basis</li> </ul>
--	---	---	---	--	--

The CNO and EMD will work jointly across the clinical portfolios & priorities



# Our Partners & Stakeholders



# Our ICS Stakeholders and Partners



## South West London

### SWL NHS Providers

Place	Chief Executive	Chair
Croydon Health Services NHS Trust	• Matthew Kershaw	• Mike Bell
Kingston Hospital NHS Foundation Trust	• Jo Farrar	• Sukhvinder Kaur-Stubbs
Hounslow & Richmond Community Health	• Jo Farrar	• Sukhvinder Kaur-Stubbs
South West London and St. Georges NHS Trust	• Jacqueline Totterdell	• Gillian Norton
Epsom and St. Helier University Hospitals NHS Trust	• Jacqueline Totterdell	• Gillian Norton
South West London and St. Georges Mental Health NHS Trust	• Vanessa Ford	• Ann Beasley
Central London Community Healthcare NHS Trust	• James Benson	• Angela Gately (Chair)/Carol Cole(non executive SWL lead)
The Royal Marsden Hospital NHS Foundation Trust	• Dame Cally Palmer	• Charles Alexander (until 30 December)/ Douglas Flint (Chair Designate)

### Provider Collaborative Leads

Provider Collaborative	Stakeholder Organisations	Management Lead
South London Mental Health and Community Partnership	<ul style="list-style-type: none"> <li>• Oxleas NHS Foundation Trust</li> <li>• South London and Maudsley NHS Foundation Trust (SLAM)</li> <li>• South West London and St. Georges NHS Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Jeremy Walsh</li> <li>• Vanessa Ford (CE)</li> </ul>
South West London Acute Provider Collaborative	<ul style="list-style-type: none"> <li>• Croydon Health Services NHS Trust</li> <li>• Epsom and St. Helier University Hospitals NHS Trust</li> <li>• Kingston Hospital NHS Foundation Trust</li> <li>• St. George's University Hospitals NHS Foundation Trust</li> </ul>	<ul style="list-style-type: none"> <li>• David Williams</li> <li>• Jacqueline Totterdell(CE)</li> </ul>
RM Partners	<ul style="list-style-type: none"> <li>• All South West London and North West London bodies supporting the NHS Cancer Pathway, including Primary, Acute and Specialist providers and screening service</li> </ul>	<ul style="list-style-type: none"> <li>• Susan Sinclair</li> <li>• Dame Cally Palmer (CE)</li> </ul>

### SWL Place

Place	Executive Lead	Convenor
Croydon	<ul style="list-style-type: none"> <li>• Matthew Kershaw, Chief Executive, Croydon Health Services NHS Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Jason Perry, Mayor for LB Croydon</li> </ul>
Kingston & Richmond	<ul style="list-style-type: none"> <li>• Jo Farrar, Chief Executive, Kingston Hospital NHS Foundation Trust and Chief Executive, Hounslow and Richmond Community Health</li> </ul>	<ul style="list-style-type: none"> <li>• Iona Liddington, Director of Public Health, RB of Kingston</li> <li>• Cllr Piers Allen, LB of Richmond</li> </ul>
Merton & Wandsworth	<ul style="list-style-type: none"> <li>• Mark Creelman, Executive Director</li> </ul>	<ul style="list-style-type: none"> <li>• Dr Nicola Jones (Wandsworth)</li> <li>• Vanessa Ford, CE SWL and St George's MH Trust (Merton)</li> </ul>
Sutton	<ul style="list-style-type: none"> <li>• James Blythe, Managing Director Epsom &amp; St Helier Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Dr Dino Pardhanani, GP</li> </ul>

# We have well developed relationships

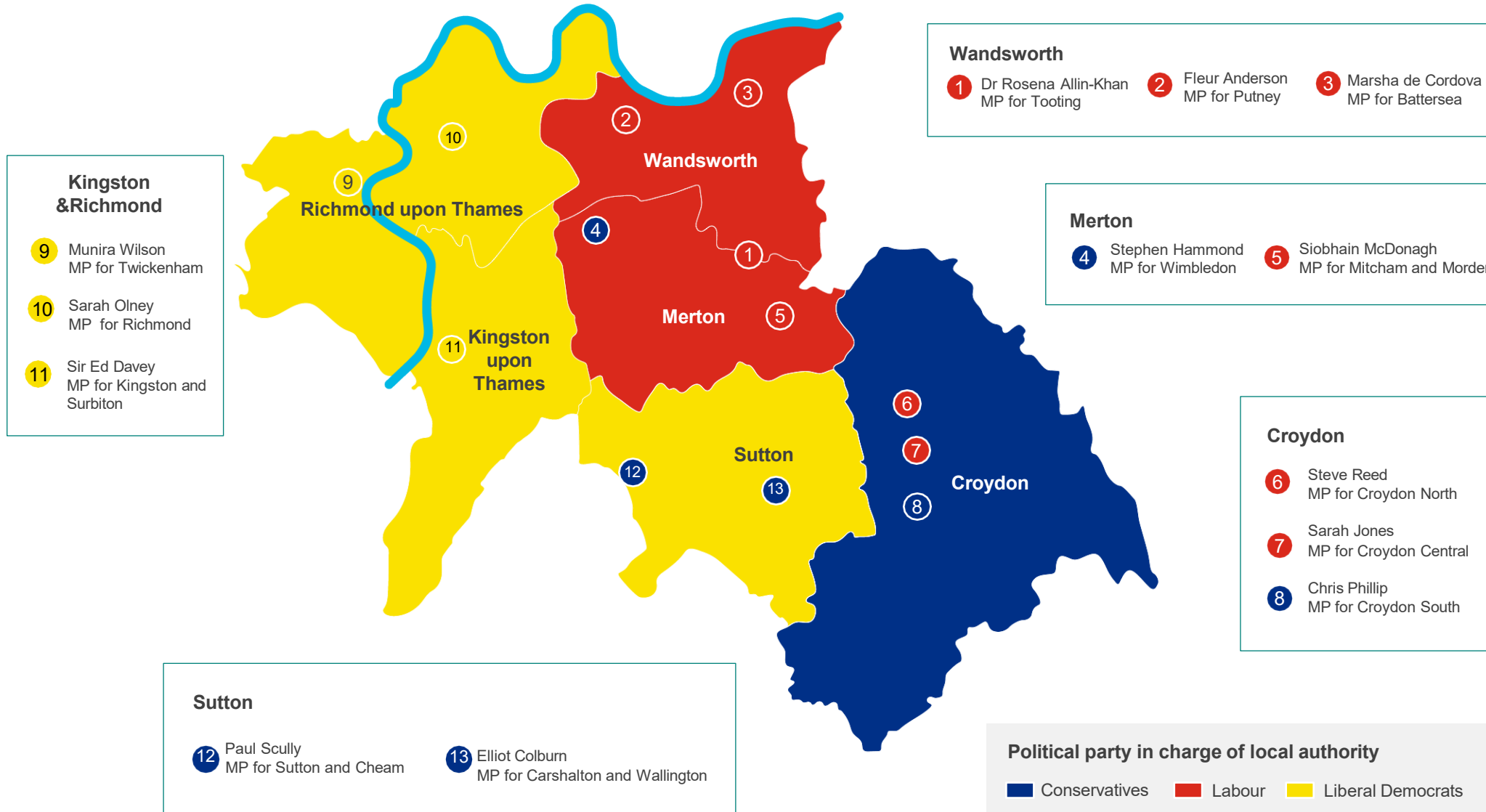


South West London

Over the last few years we have focussed on strengthening local relationships leading to significant developments across health in care in South West London;

- We have navigated complex local authority relationships across six boroughs with different political parties and have forged strong working relationships with each Borough
- We have strengthened our collaboration across the system
- We have had our plans approved to build a brand new, state of the art hospital in Sutton to treat the sickest patients and to modernise buildings at Epsom and St Helier hospitals.
- We have come together across health and care to respond to the Pandemic leading to innovative new ways of working and an enhanced understanding of system partners.
- We have fostered greater collaboration across health services leading to significant improvements for patients;
- So we have a strong foundation but the challenges ahead are great

# South West London political landscape



### Council Executives

**Croydon**  
**Council Chief Executive**  
 Katherine Kerswell

**Kingston**  
**Council Chief Executive**  
 Ian Thomas

**Merton**  
**Council Chief Executive**  
 Hannah Doody

**Richmond**  
**Council Chief Executive**  
 Mark Maidment

**Sutton**  
**Council Chief Executive**  
 Helen Bailey

**Wandsworth**  
**Council Chief Executive**  
 Mark Maidment

### Council Leaders

**Croydon**  
 Councillor: Mayor Jason Perry

**Kingston**  
 Councillor: Andreas Kirsch

**Merton**  
 Councillor: Ross Garrod

**Richmond**  
 Councillor: Gareth Roberts

**Sutton**  
 Councillor: Ruth Dombey

**Wandsworth**  
 Councillor: Simon Hogg

# Croydon



South West London

## Members of Parliament



**Chris Philp MP**  
Croydon South  
Conservative



**Sarah Jones MP**  
Croydon Central  
Labour



**Steve Reed MP**  
Croydon North  
Labour

## Council Leadership



**Mayor Jason Perry**  
Executive Mayor



**Cllr Yvette Hopley**  
Chair of the Health and Wellbeing  
Board and Cabinet member for Health  
and Adult Social Care



**Cllr Sean Fitzsimons**  
Health OSC Chair

## Council Executive



**Katherine Kerswell**  
Chief Executive



**Rachel Flowers**  
Director of Public Health



**Annette McPartland**  
Director of Adult Social  
Care & Health

### Members of Parliament



**Sir Ed Davey MP**  
Kingston and Surbiton  
Liberal Democrat



**Sarah Olney MP**  
Richmond Park  
Liberal Democrats

### Council Leadership



**Cllr Andreas Kirsch**  
Leader of the Council and  
Chair of HWBB



**Cllr Sabah Hamed**  
Cabinet Member for Health



**Cllr Anita Schaper**  
Health OSC Chair

### Council Executive



**Ian Thomas**  
Chief Executive



**Iona Lidington**  
Director of Public  
Health



**Sharon Holden**  
Director of Adult Social Care  
and Health

### Members of Parliament



**Siobhain McDonagh MP**  
Mitcham and Morden  
Labour



**Stephen Hammond MP**  
Wimbledon  
Conservative

### Council Leadership



**Cllr Ross Garrod**  
Leader of the Council



**Cllr Peter McCabe**  
Cabinet Member for  
Health and Chair HWBB



**Cllr Agatha Mary Akyigyina**  
Health OSC Chair

### Council Executive



**Hannah Doody**  
Chief Executive



**Dr Dagmar Zeuner**  
Director of Public Health



**John Morgan**  
Interim Director of Community  
& Housing

### Members of Parliament



**Munira Wilson**  
MP Twickenham  
Liberal Democrat



**Sarah Olney MP**  
Richmond Park  
Liberal Democrat

### Council Leadership



**Cllr Gareth Roberts**  
Leader of the Council



**Cllr Piers Allen**  
Cabinet Member for Adult Social Services and  
Health and Chair of the Health and Wellbeing Board

### Council Executive



**Mark Maidment**  
Chief Executive\*



**Shannon Katiyo**  
Director of Public Health



**Jeremy De Souza**  
Interim Director of  
Adult Social Services

\*[Mike Jackson](#) has been appointed as the new Chief Executive, but the start date is not yet confirmed.



### Members of Parliament



**Paul Scully MP**  
Sutton and Cheam  
Conservative



**Elliot Colburn MP**  
Carshalton and  
Wallington Conservative

### Council Leadership



**Cllr Ruth Dombey**  
Leader of the Council and Chair  
of the Health and Wellbeing  
Board



**Cllr Edward Joyce**  
Health OSC Chair

### Council Executive



**Helen Bailey**  
Chief Executive



**Imran Choudhury**  
Director of Public Health



**Nick Ireland**  
Director of People  
Services

### Members of Parliament



**Dr Rosena Allin-Khan MP**  
Tooting  
Labour



**Marsha de Cordova MP**  
Battersea  
Labour



**Fleur Anderson MP**  
Putney  
Labour

### Council Leadership



**Cllr Simon Hogg**  
Leader of the  
Council



**Cllr Graeme Henderson**  
Cabinet for Health



**Cllr Kate Forbes**  
Health OSC Chair

### Council Executive



**Mark Maidment**  
Chief Executive\*



**Shannon Katiyo**  
Director of Public  
Health



**Jeremy De Souza**  
Interim Director of Adult  
Social Services

\*[Mike Jackson](#) has been appointed as the new Chief Executive, but the start date is not yet confirmed.



# Governance

# Integrated Care Board Membership

## Integrated Care Board – 22 Members

### Non Executive 5 Members

- Chair
- Two independent Non Executive Members
  - Audit (Martin Spencer)
  - Remuneration (Ruth Bailey)
- 2 additional independent Non Executive Members
  - (Mercy Jeyasingham)
  - (Dick Sorabji)

### Executive 5 Members

- Chief Executive Officer (Sarah Blow)
- Chief Finance Officer (Helen Jameson)
- Chief Nursing Officer (Dr Gloria Rowland)
- Chief Medical Officer (Dr John Byrne)
- Deputy Chief Executive Officer (Karen Broughton)

### Partner Members 6 Members (nominated & selected)

- GP Member (Dr Nicola Jones)
- Local Authority/elected member (Ruth Dombey)
- MH provider CEO (Vanessa Ford) - *MH collaborative*
- Community Provider CEO (Jo Farrar)
- Specialised Provider CEO (Dame Cally Palmer) - *Cancer Alliance*
- Acute Provider CEO (Jacqueline Totterdell)- *Acute provider collaborative*

### Place Members 6 Members (locally determined) \* SWL additions to national guidance

- Croydon (Matthew Kershaw)
- Kingston (Annette Paultz)
- Merton (Dagmar Zuener)
- Richmond (Ian Dodds)
- Sutton (James Blythe)
- Wandsworth (Mark Creelman)

# Core membership : The South West London Integrated Care Partnership (SWL ICP)(As at 30th June 2022 )



South West London

## South West London Integrated Care Partnership

### Co-Chair members

- Chair SWL ICB (vacant)
- Cllr Ruth Dombey, Health Leader of SWL Councils (*Leader Sutton Council*)

### Health members

- Sarah Blow (*SWL ICB CEO*)
- SWL ICB Population Health Director (TBC)
- Helen Jamerson (SWL ICB CFO)
- NHS SWL Provider chairs:
  - Charles Alexander (*The Royal Marsden Hospital*)
  - Mike Bell (*Croydon University Hospitals*)
  - Carol Cole (*Central London Community Health*)
  - Sukhvinder Kaur-Stubbs (*Hounslow and Richmond Community Healthcare*)
  - Ann Beasley (*SWL & St George's Mental health*)
  - Gillian Norton (*St George's and Epsom and St Helier Hospitals*)
- Dr Nicola Jones (*GP- Primary Care representative*)

### Local Authorities members


- Croydon HWBB Chair– Cllr Yvette Hopley
- Kingston HWBB Chair - Cllr Sabah Hamed
- Merton HWBB Chair– Cllr Peter McCabe
- Richmond HWBB Chair – Cllr Piers Allen
- Sutton HWBB Chair– Cllr Ruth Dombey
- Wandsworth HWBB Chair – Cllr Graeme Henderson
- Health CEO rep –Ian Thomas, CEO, Kingston Borough Council
- Director of Children's services –Anna Popovici
- Director of Adult Social services -Annette McPartland
- Director of Public Health- Iona Liddington, Director of Public Health, RB
- Growth/Economy-Carolyn Dwyer
- Director of Resources- Fenella Merry

### Place members

- Croydon-Brenda Scanlon (Chair of Age UK Croydon)
- Sutton- Dr Dino Pardhanani (GP and Place convenor)
- Merton-Dr Sy Ganesaratanam (GP Medical Director -Merton Federation)
- Wandsworth- Shannon Katiyo (Director of Public Health)
- Kingston (Dr Nick Merrifield)
- Richmond (Jo Farrar, CE Kingston Hospital NHS Trust)

### Other members

- Clinical Senate Co-Chairs:-
  - Dr Gloria Rowland (*Chief Nursing and Allied Professional Officer/Director for Patient Outcomes*)
  - Dr John Byrne (*SWL ICB Executive Medical Director*)
- Karen Broughton (*SWL ICB Deputy CEO/Director of People*)
- Healthwatch representative
  - Liz Meerabeau (*Healthwatch Kingston*)
- Voluntary Sector representative
  - Kathryn Williamson (*Director Richmond CVS*)

A photograph of two healthcare workers in blue scrubs and face masks standing in a hospital corridor. They are facing each other and appear to be in conversation. The corridor has a white wall with a green exit sign and a doorway in the background. On the left side of the image, there are decorative graphic elements including a green line drawing of a building facade and various blue and green abstract shapes like circles and bars.

## National Guidance & proposed SWL approach to developing our Integrated Care Strategy

# Integrated Care Partnerships (ICPs) are required to publish an initial strategy by December 2022

DHSC have now issued guidance on the ICP Strategy. We have drawn out a number of key points from the guidance to shape the development of the approach to deliver the SWL ICP Strategy. The guidance recognises that ICSs are in different stages of development and that the first ICP strategy may be in a lesser state of maturity due to this and due to the tight timescales for production. The guidance proposes that an **interim strategy is produced by December** but that this more about the ‘Why and What’ rather than the ‘When and How’ which will develop later. ICP’s first interim strategies will not be assessed.

## Statutory requirements of the Integrated care Partnership in relation to preparation of the integrated care strategy:

- Must set out how the 'assessed needs' from the joint strategic needs assessments are to be met by the functions of the ICB, NHSE or partner local authorities
- Must consider whether needs could be **more effectively met with a section 75 arrangement**
- Must have **regard to the NHS mandate** (unless compelling or exceptional reasons not to do so)
- Must involve **local Healthwatch organisations** whose areas coincide with or fall wholly/ partly in the ICPs area; and **people who live and work in the area**
- Must **publish the strategy** and **distribute copies to each partner local authority and each ICB** that is partner to one of those local authorities
- Must consider **revising the ICS** whenever they receive a **new joint strategic need assessment**

ICPs have a legal duty to ensure the strategy is prepared to meet the statutory requirements outlined above

## Purpose of the Strategy

- Opportunity for Joint **working with a wide range of ICS partners** to co-develop **evidence-based, system-wide priorities**
- Priorities should be aimed at **improving the public's health and well being** and **reducing health inequalities**
- Intended to address **how assessed needs can be met within the ICS** through commissioning and the provision of quality services by its statutory organisations. The strategy should complement the production of **local strategic needs assessments** and **joint local health and wellbeing strategies**, produced by the relevant health and wellbeing boards
- The ICP should encourage partners to **ensure decisions and delivery are occurring at the right level** when producing the strategy
- It should acknowledge where **needs are best addressed at an ICS-level** and **complement but not replace/supersede** priorities outlined at a local level

# Integrated Care Strategy : Key headlines

## Evidence of need

- The integrated care strategy should address **the physical and mental needs of local people** of all ages identified in the joint strategic needs assessments, **particularly focusing on where system-wide interventions would be the most effective**
- It should also **acknowledge groups under-represented in assessments of need (inclusion health)** and support ICS statutory organisations to **identify and meet the needs of all persons**, in respect to accessing health services. E.g. action to improve health and care for people who are socially excluded, experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma) stigma and discrimination, people experiencing homelessness, people who sleep rough, vulnerable migrants, Gypsy, Roma, and Traveller communities and sex workers, the victims of modern slavery, people with drug and alcohol dependency and people in touch with the criminal justice system
- Should consider using a **‘life course’** approach by considering the critical stages such as conception through to early years, transitions between life phases, or settings where large differences can be made in promoting or restoring health and wellbeing, and closing the disparities in health and wellbeing.

## Shared outcomes

Should focus on developing **priority outcomes, based on the needs identified in the Joint Strategic Needs Assessments**, to bring focus to the system, and driving progress on the most important outcomes for the local population. **The DHSC will set out further detail on shared outcomes, by April 2023.**

## Involving people and organisations

In order to draw upon best practice and guidance across the ICS, **widespread stakeholder engagement and co-production** will be essential.

Development of the strategy must **involve local Healthwatch organisations** and people living and working in the area covered by the ICP. The organisations that should be involved and the nature and level of their involvement will be up to the individual ICPs

## Publication and review

- ICPs are responsible for publishing the integrated care strategy and making it readily available and accessible across the ICS
- Refresh of the strategy will be required at intervals to ensure alignment with other policies / guidance e.g. joint strategic needs assessments
- The ICP should regularly review the impact of the strategy within the system and its delivery by the ICB, NHSE and local authorities



# Other areas to consider in developing the Integrated Care Strategy

## Personalised Care

Integration of services to create a more flexible and personalized service for people who draw on health and adult social care services

## Health protection

Allocating health protection responsibilities to system partners to deliver improved outcomes to communities, e.g. infection prevention measures, immunisation, emergency preparedness

## Research and innovation

Utilise research and practice-based evidence to effectively assess population needs, explore the most effective ways to address these needs, and support the reduction of health inequalities

## Wider organisations

The strategy should include a statement on integration with other services such as employment support and housing authorities that impact on health and wellbeing but are not health or social care services.

## Disparities in health and social care

Outline ways to address unwarranted variations in population health, access, outcomes and experiences

## Babies, children, young people, their families and healthy ageing

Responding to the needs of the whole population of all ages, e.g. family hubs with a whole-family approach through integration with wider health related services

## 'Health-related' services

Encouraging closer integration with non-health or social care services that could affect the wider determinants of health, e.g. housing/ employment

## Anchor Institutions

Strategies should explore the role that local government, NHS, other large employers and partners play as anchor institutions, and the potential to benefit communities and enhance socio economic conditions.

## Population health/ prevention

Exploring opportunities to work jointly and use collective resources across partners to support prevention of physical and mental ill-health, and health and wellbeing across the population

## Workforce

Outlining the next steps to achieving an integrated one workforce' approach across health and adults social care, designed to support improved ways of working and patient-focused care

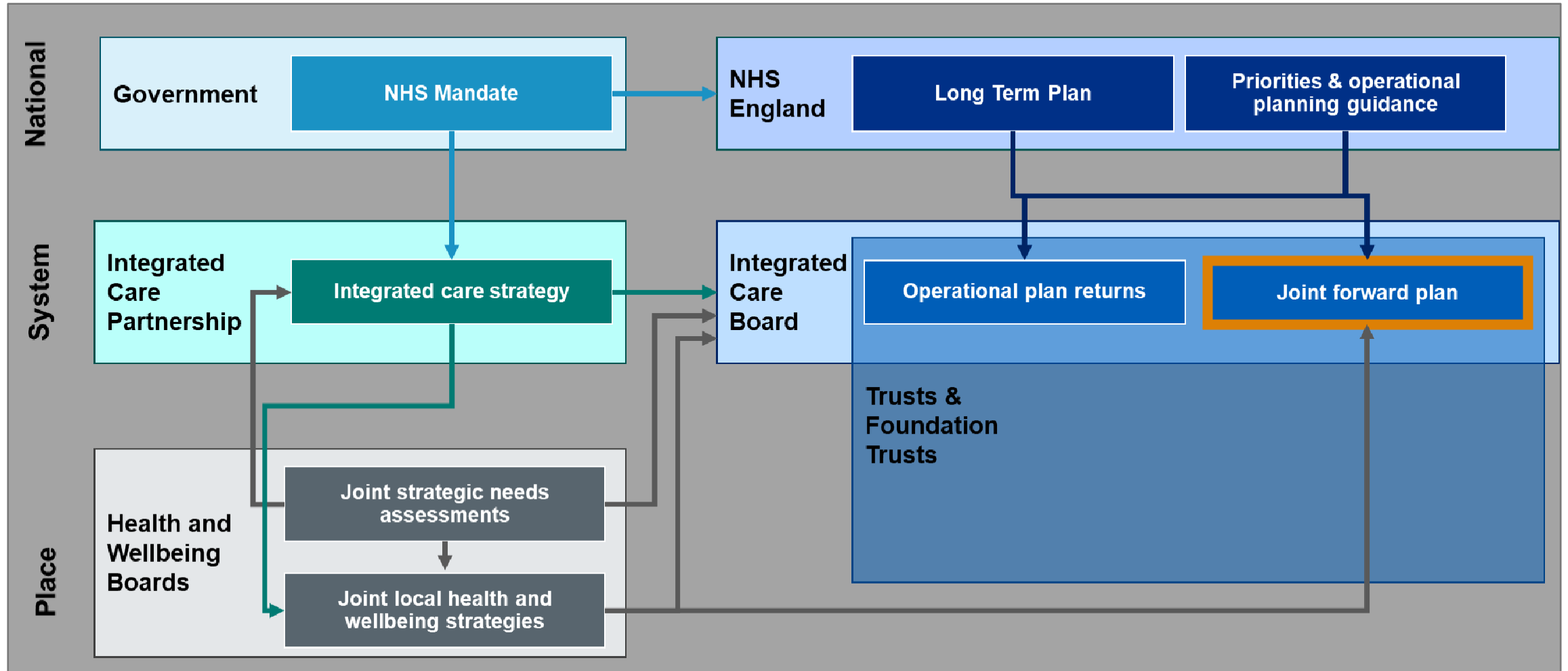
## Data and information sharing

Developing digital infrastructure, building data quality and digital capability to inform decision making, and improving compliance with confidentiality laws and data protection obligations

## Joint working and section 75

The ICP must consider whether needs could be better met through an arrangement, such as the pooling of budgets. ICPs should make recommendations on section 75 arrangements as part of strategies.

# How the Integrated Care Strategy will drive the development of the Joint Forward Plan and be built from local strategies and plans



# Our SWL Integrated Care Strategy: few key points for us to consider

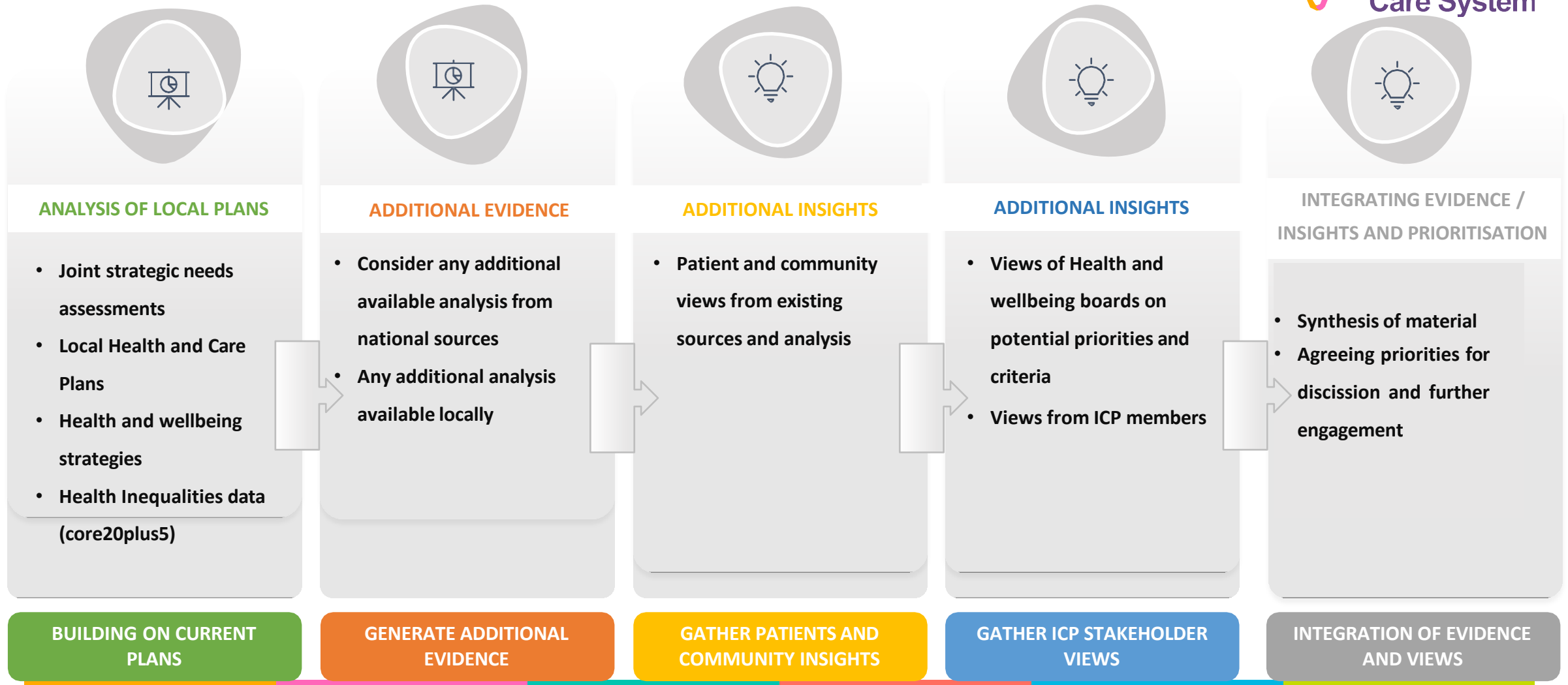
- We need to **balance** the requirement to **respond to the national guidance**, develop our initial strategic intentions and anchor our recommendations, **securing ownership** of the **challenges, opportunities and priorities**.
- We should build on local foundations ensuring the right level of engagement in producing the plan involving a range of stakeholders including health and wellbeing boards
- We need to allow the partnership **time to develop its thinking and planning** as a new body and recognise this is year one
- Any ICP priorities and actions need to focus on where **scale makes a difference**, complementing and not superseding local place based plans and priorities
- We should consider producing a **strategic intentions (discussion document)** with emerging priorities that then engages the partnership in a further process of dialogue about them
- We will need to **consider** beyond the statutory requirement to ensure the ICP delivers its 'must dos' **what further elements it makes sense to include in the strategy** ('should' and 'could do's')

# We need to take a phased approach to developing the SWL ICP Integrated Care Strategy

Understanding Need	Determining ICP Priorities	ICP ICS Delivery Planning	Final ICP Strategy publication and mobilisation
<b>August – October</b> <ul style="list-style-type: none"> <li>• Convene Needs assessment group</li> <li>• Undertake initial health needs analysis</li> <li>• Collation of available insights from patients and communities</li> <li>• Collect views from Health and Wellbeing Boards/ICP members/other stakeholders on potential priorities</li> <li>• Convene ICP Strategy Delivery Group</li> <li>• Development of Prioritisation framework</li> <li>• Presentation of emerging themes to ICP</li> </ul>	<b>November- December</b> <ul style="list-style-type: none"> <li>• Completion of needs analysis</li> <li>• Triangulation of feedback from Health and wellbeing Boards/ICP members/other stakeholders</li> <li>• ICP consideration of Needs analysis and prioritisation</li> <li>• Preparation of ICP Strategy Discussion Document</li> <li>• Publication of ICP Strategy discussion Document</li> </ul>	<b>January –March</b> <ul style="list-style-type: none"> <li>• Engagement on the ICP Strategy discussion document</li> <li>• Consider feedback and refine priorities</li> <li>• Review and refine ICP governance to support delivery of the strategy</li> <li>• Produce Strategy Priority workstream delivery plans</li> <li>• Input to joint forward plan and alignment</li> </ul>	<b>April</b> <ul style="list-style-type: none"> <li>• Publication of final Integrated Care Partnership strategy</li> <li>• Mobilising delivery plans</li> <li>• Reporting programme in place to enable oversight from the ICP</li> </ul>

Throughout the strategy development process, we will seek to ensure there is an ongoing conversation about the development of our strategic intentions and priorities as an ICP. A monthly co-chairs ICP update will also be shared ICP members and stakeholders

# Analysis of local needs, strategies and gathering views to help build future priorities



# ICP Strategy: example draft proposed contents by section

1

## Understanding Our Needs

- Engagement and Public Feedback
- Individual JSNAs: HWB strategies and local health care plans: summary of needs analysis group work
- Combined Summary of the need:
- Partner feedback

2

## Our Emerging Priorities

- How we have set priorities
- Narrative setting out how we respond to needs,
- Wider determinants/prevention/health protection/health inclusion/personalised care
- Enablers – workforce, data and digital, estates
- Life course approach
  - Start well
  - Live well
  - Age well

3

## Supporting broader Socio-economic development

- Anchor institutions
- Workforce, etc
- Socio-economic development
- Inequalities

4

## Continuing to develop

- Research – approach identify opportunities for research where gaps in evidence exist
- Innovation about the approach
- Quality improvement
- How we will encourage spread of innovation and delivery

5

## Working together to take action *(currently doing as committed e.g. local health care plans) show case examples of work)*

- Session 75 arrangements (pooled budgets)
- BCF context
- Local Health and Care plans

6


## How will we deliver together

- Joint delivery arrangements
- Delivery plans outlining partners responsibilities and actions
- NHS, LA,HWB, Voluntary Sector etc...
- Delivering the NHS Mandate
- Investment to support delivery incl. innovation fund 'awards'

7

## Outcomes and Expectations

- Outcomes we are aiming to deliver linked to delivery plans
- Approach to refreshing of the plans
- How we will review and evaluate our progress

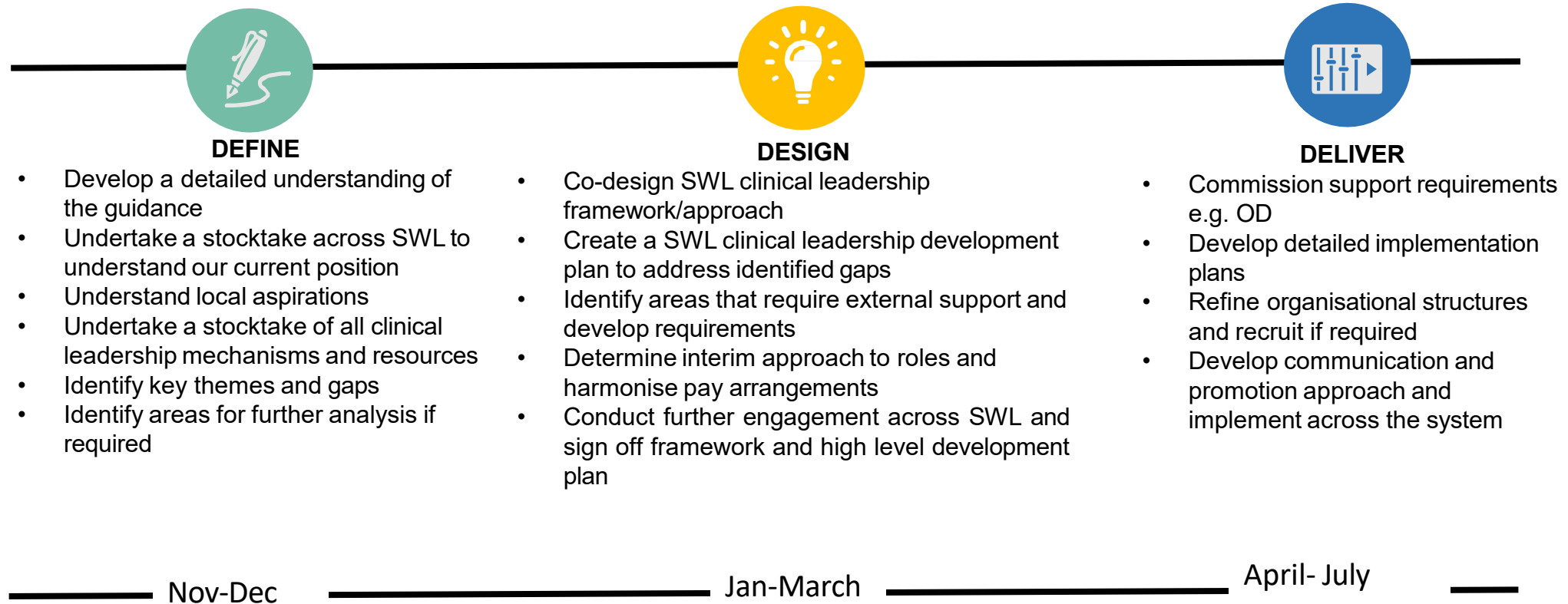
A photograph of a hospital hallway. In the foreground, a nurse in a blue uniform is assisting an elderly patient in a wheelchair. In the background, a doctor in a white coat and a receptionist in a white shirt are visible. A sign for 'Pathology' and a fire exit sign are also present.

# Developing Clinical & Care Professional Leadership with South West London

# Our Approach to achieving ‘What Good Looks Like’

In South West London we have established strong clinical leadership throughout our system and therefore welcome the ambitious principles set out in the NHSE Clinical and Clinical Care Professional (CCPL) guidance published in the Autumn of 2021.

In response to the guidance we established a workstream jointly lead by our CCG Clinical Chair and CNO to progress the development work required to achieve the guidance. The workstream is comprised of three stages outlined in the diagram below; we created these stages to help us to understand how we currently meet the guidance and what actions we need to take to achieve the standards.





# Guidance for the development of effective clinical and professional leadership

## Core Requirements:

- **Local ICS framework, model and plan** in place for inclusive and diverse multi-professional clinical and care professional leadership at all decision levels of ICS
- Integrated Care System is responsible for effective inclusive and dispersed clinical and care professional (health, care and Vol sector etc) leadership ensuring delivery of ambitions
- Core leadership teams in place across place-based partnerships and provider collaborative/s

## Principles (summarised):

1. Full range of clinical and professional leaders from diverse backgrounds are integrated into system decision-making at all levels
2. Nurture a culture that systematically embraces shared learning, supporting clinical and care professional leaders to collaborate and innovate
3. Support clinical and care professional leaders throughout the system to be involved and invested in ICS planning and delivery, with appropriate protected time, support and infrastructure
4. Create a support offer for clinical and care professional leaders at all levels of the system, which enables them to learn and develop alongside non-clinical leaders
5. Transparent approach to identifying and recruiting leaders which promotes equity of opportunity, and creates a professionally and demographically diverse talent pipeline

# Progress to date

## Key highlights from three phases include:

- A period of engagement with stakeholders to understand emerging clinical and care professional leaderships ambitions and structures. Engagement activities have included;
  - An introductory session with Principal Social Workers
  - A working session at the Clinical Senate to gather the views of the wider clinical and care community
  - Individual Place sessions with all six Places
  - Sessions with both Provider Collaboratives
- Development of criteria to assist Places in the development of their CCPL requirements
- A further working session with the Clinical Senate to feedback our findings so far and gather thoughts on the emerging CCPL Framework.
- Discussions with the SWL Directors of Nursing Forum
- Development a CCPL Pay Framework designed to attract developing talent and other professional groups (due for discussion at the SWL Remuneration Committee 11/05/2022)
- Development of a draft the CCPL Framework and high level development plan

Whilst much progress has been made, providing a strong foundation for future development work and enabling us to submit the required documentation to NHS England on the 27<sup>th</sup> May; we will be ensuring the support of our incoming Executive Medical Director before progressing the framework and development plan further. This will include reviewing the existing governance arrangements for CCPL.

# We are building on strong foundations;

## 2017

- In February Dr Andrew Murray, Merton CCG GP Chair, and Miss Jane Wilson, Medical Director Kingston Hospital, take over as joint chairs of the SWL & Surrey Downs Healthcare Partnership Clinical Board
- In Sept, Board renamed SWL Clinical Senate and ways of working established  
Late 2017, Clinical Senate agrees SWL Acute Clinical Standards

## 2018

- Clinical Senate supports the development of system initiatives and strategies, including the development and agreement of a single SWL Effective Commissioning Initiative (EBI) policy, covering all POLCE procedures.
- Late 2017/early 2018 Karen Broughton, STP Director of Strategy, Transformation and Workforce, moves to support Clinical Senate and encourages increased focus on clinical leadership development
- SWL CYP Emotional Wellbeing (Whole Schools Approach) programme launched (led by Dr Andrew Murray, Ged Curran (Merton LA CEO), John Goulston (Croydon Hospital CEO) and supported by Clinical Senate) cementing integrated system working (see attachments).

## 2019

- Clinical senate co-chaired by Dr Andrew Murray, Merton CCG Chair, and Miss Jane Wilson, Kingston Hospital Medical Director
- Senate agreed clinical priorities of:
  - Children and Young People’s Mental Health
  - Mental Health
  - Diabetes
  - Respiratory
  - End of Life Care
  - Cardiovascular Disease
  - Outpatients
- SWL Clinically-led Conference held
- SWL Clinical Networks established for the above programmes with the principle of each programme having joint acute and primary care leadership (where appropriate)
- Governance architecture for ICS agreed, including the SWL Clinical Senate

## 2020/21

- COVID-19 Pandemic response required
- Dr Andrew Murray, now chair of newly formed SWL CCG, asked to set up Clinical Cell as part of COVID response
- London Clinical Advisory Group (CAG) established with SWL Clinical Senate co-chairs as members
- London ICSs asked to establish lead providers for 6 surgical specialties to ensure elective recovery but, with a steer from the CLG, SWL establish 6 clinical networks with joint acute and primary care leadership (ensuring a focus on the end to end pathway for patients, including demand management)
- SWL governance architecture revised and principles for CLG and networks defined (see following slides)

# Developing the CCPL Framework

Through our engagement with clinical and care professional colleagues across SWL we identified a number of elements of current CCPL arrangements that colleagues expressed that we need to preserve, those that didn't work well currently and those areas that we need to develop and improve through designing the framework. These are captured precisely as they were expressed in the speech bubbles below. We have used this approach to ensure the sentiment behind the statements is not lost as we develop the emerging themes;

## PRESERVE



## DEVELOP

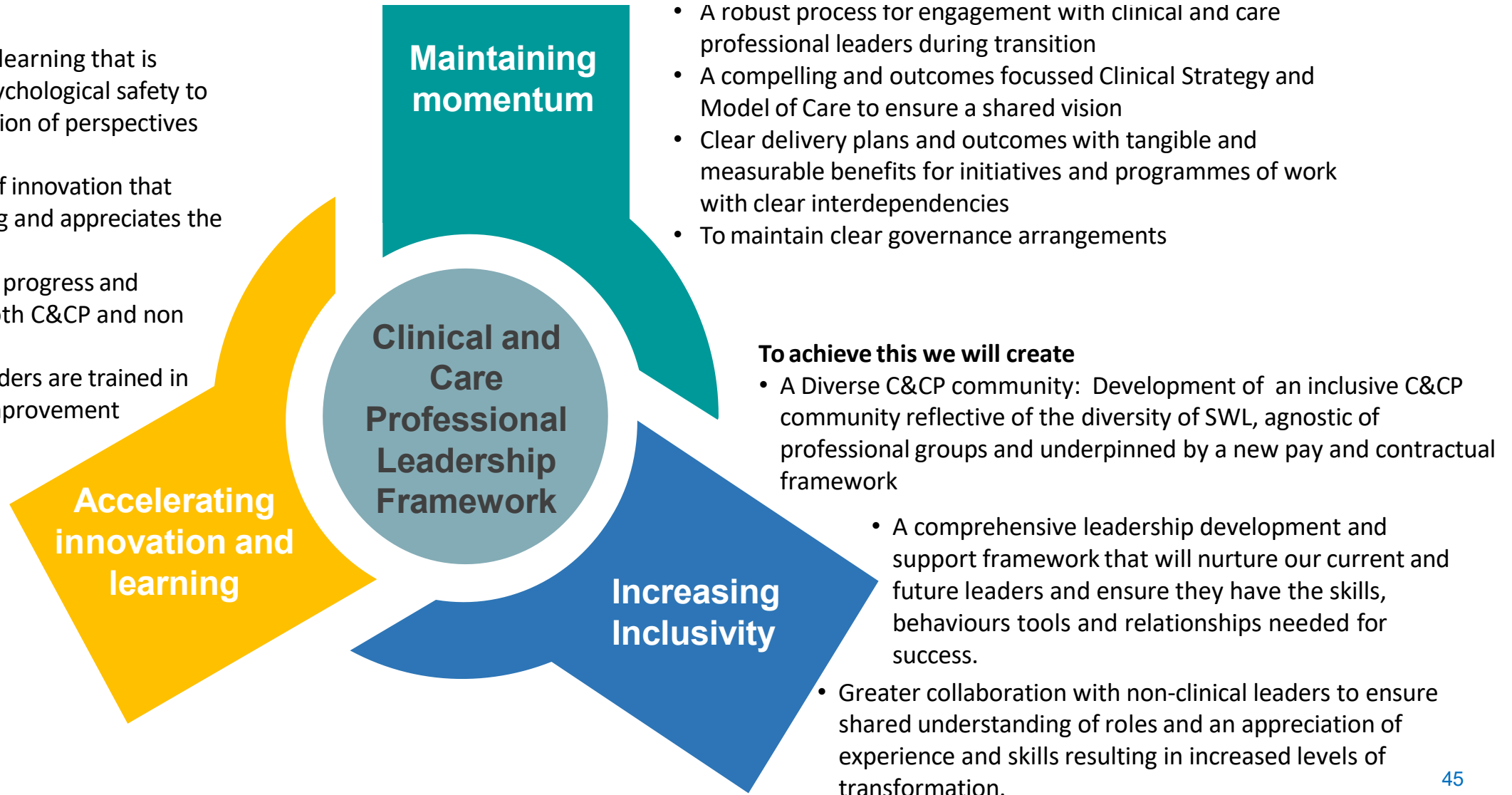


# Clinical and Care Professional Leadership Framework

In South West London we have established strong clinical leadership throughout our system and therefore welcomed the ambitious principles set out in the NHSE Clinical and Clinical Care Professional (CCPL) guidance published in the Autumn of 2021. through a process of engagement and co-design we have developed a CCPL Framework. The framework is comprised of three key themes; Maintaining Momentum, Increasing Inclusivity and Accelerating Innovation and Learning. The detail is described below:

## To achieve this we will

- Create a culture of learning that is underpinned by psychological safety to ensure free expression of perspectives without recourse
- Develop a culture of innovation that embraces risk taking and appreciates the value of failure
- Enhance sharing of progress and successes across both C&CP and non clinical leaders
- Ensure all C&CP leaders are trained in PHM and quality improvement methodologies



We are in the process of finalising the development plan that will deliver the CCPL Framework further to discussions with the incoming Executive Medical Director and CNO. We anticipate the development plan will include the following actions;

- Collation of all clinical leaders (including Network participants) attributes (ethnicity, gender, professional discipline etc) to establish a diversity baseline.
- Development of Nursing and AHP talent management approach
- Commission of and delivery of CCPL Leadership Development
- Walking in each others shoes' shadowing programme across care settings
- Clinician and Manager 'Buddying Scheme'
- Development of SWL Clinical Strategy
- Review of governance arrangements.