Enclosure 07

South West London
Health & Care
Partnership

Executive summary
2021/2022 Planning Submission
3 June 2021

Executive Summary – on the road to recovery

South West London Health & Care Partnership

Delivering our ambitions

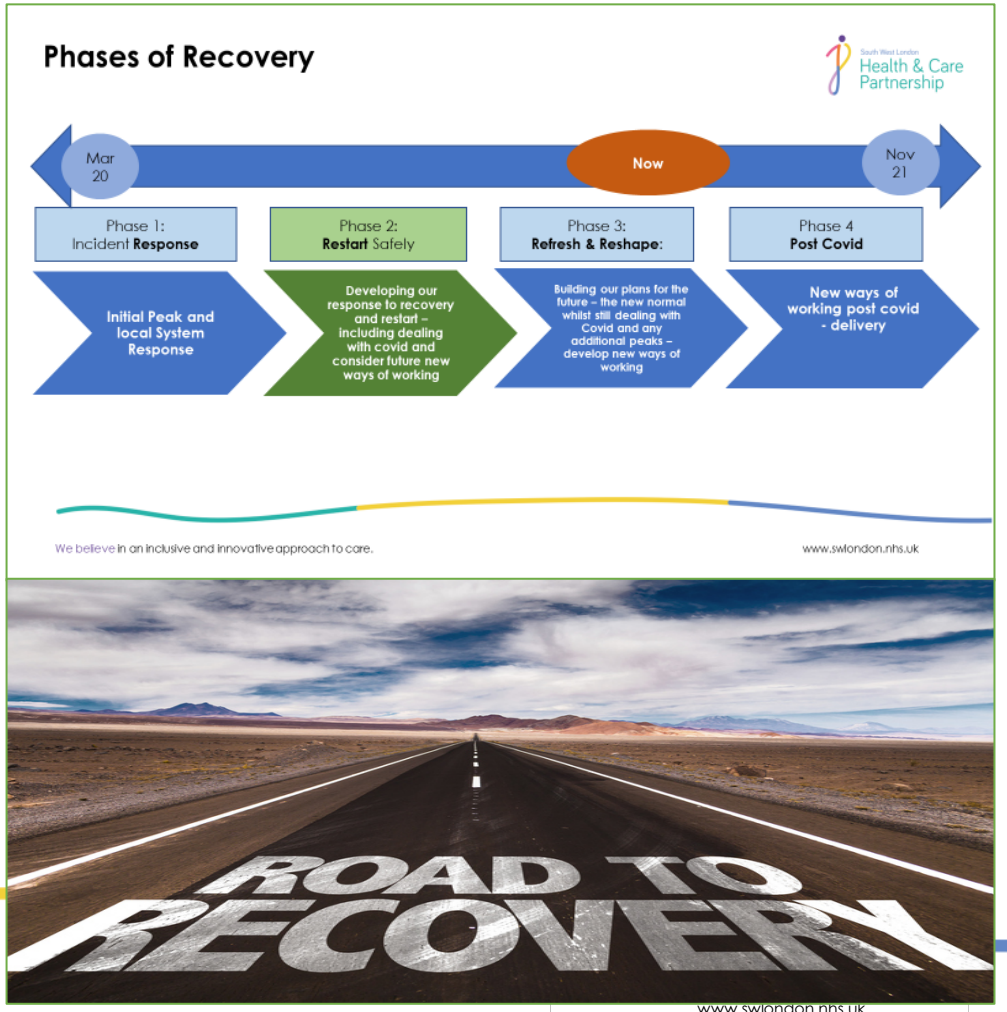
We have continued to **build on our Phase 3 response plan** and our Spring Elective Recovery Plan submission and we have set out **our phases of recovery** for the system in line with the need to deliver the NHS Long Team Plan, maintain services during the pandemic and then plan for post Covid.

- **We are on plan** to deliver our Phase 3 ambitions; this latest planning submission sets us on the journey through Phase 4 and the development and implementation of new ways of working post Covid

- The following executive summary, plus the associated core and technical submissions, set out the next stage of our journey to the world post Covid, these documents set out our response to the planning guidance and detail also our local ambitions as a forming South West London Integrated Care System (SWL ICS)

- Our approach has been to focus our workstreams around the national priorities each led by a leader in the ICS. Building on the spring planning process across SWL, the draft plans for the ICS continue to **show a strong trajectory to fully restore activity back to business as usual levels in 21/22**

- These plans, aligned across the ICS, deliver the key components of the planning guidance including the activity levels needed to secure access to the ERF (Elective Recovery Fund). SWL's activity plans are also reflective of the core principle in the 21/22 planning guidance, with adjustments made to the ambitions to ensure staff wellbeing



Executive Summary – our approach to delivery as a system

South West London Health & Care Partnership

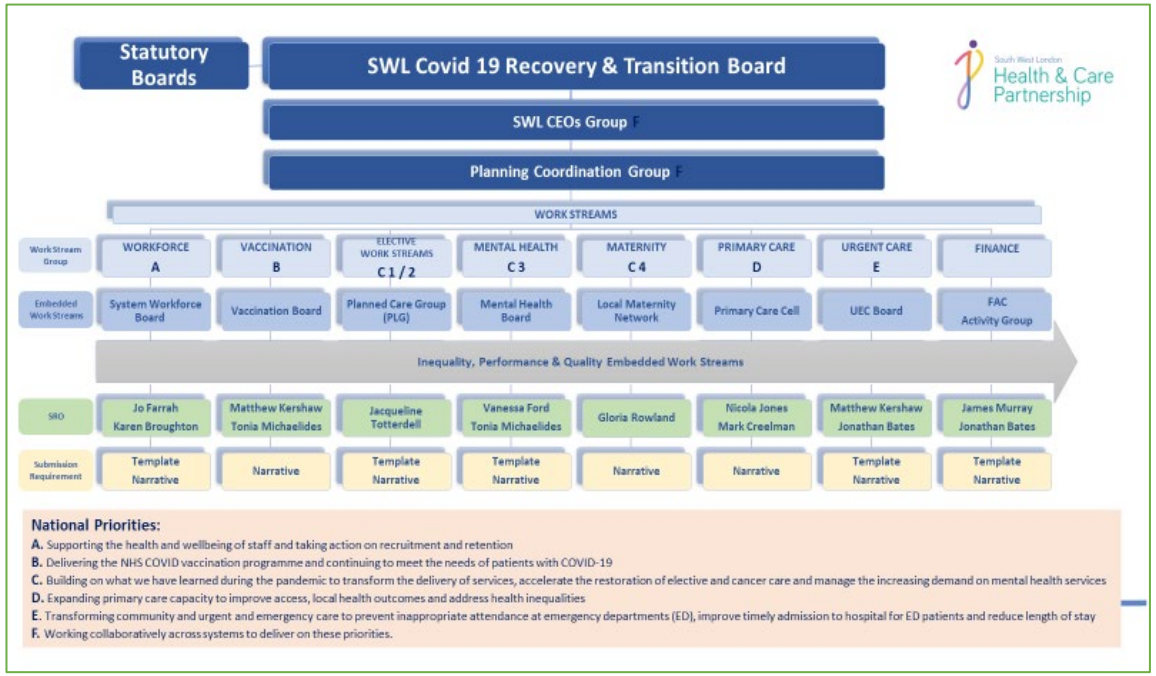
Delivering our ambitions – what we have achieved so far on the journey

- Though our 'system approach' to delivery our SWL Recovery and Transition Board has been overseeing our key workstreams aligned to the national priorities
- Within each workstream we have developed our strategic aims and ambitions to delivery not only those that relate to the national ambitions but also our regional and local ones too
- We recognise that a key workstream is workforce which affects all our services whether acute secondary care, mental health, primary and community services. Workforce is the keystone that supports our plans and local

What we will deliver over the next 6 months

Through the next six months SWL is planning to deliver:

- 99% of Outpatient activity, 28% of these are planned to be delivered virtually
- 100% Diagnostic activity
- 100% of elective activity, this includes the QMH development and support from Independent Sector providers.
- Non-elective activity moving back to 100% of activity, reflecting an assumption of Covid admission levels of 5%
- A&E activity at 80%, aligned to the planned 111 transformation reducing walk-in activity
- G&A Bed occupancy levels at 88%



Executive Summary - our finances

South West London Health & Care Partnership

The financial summary position for SWL is listed below.

- The system has an estimated deficit of £17.3m after applying the envelopes against the 2021/22 cost baseline;
- Through delivery of additional activity at marginal cost, the system estimates it can secure an additional £24.4m of ERF income based on envelope funding. Further ERF income of £19.1m is assumed to be achieved from additional investment. In total this ERF income contribution supports delivery of breakeven position and extending recovery. Planned activity across H1 (plans for the 6 month period April to September 2021) by value is c.91% of BAU for elective and 96% for out patients
- Plans to deliver above BAU activity plan will be Value for Money (VFM) tested before commencing

	(Deficit)/ Surplus Pre ERF	Marginal Cost of Delivering Above Trajectory in Baseline	Apply BAU ERF Income	(Deficit)/ Surplus Post ERF	Extra Activity ERF Within Additional Tariff	(Deficit)/ Surplus Post ERF and additional VFM schemes	Extra Activity ERF Above Additional Tariff	(Deficit)/ Surplus Post ERF and additional non VFM schemes
	£m	£m	£m	£m	£m	£m	£m	£m
CHS	**(3.5)**	(2.2)	5.5	(0.2)	0.2	0.0	0.0	0.0
ESHT	**(2.5)**	(0.1)	0.3	(2.3)	2.4	0.1	0.0	0.1
KHT	**(4.4)**	(2.0)	5.1	(1.3)	0.0	(1.3)	0.0	(1.3)
STG	**(3.8)**	(2.1)	5.3	(0.6)	0.0	(0.6)	0.0	(0.6)
HRCH	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0	0.0
SWLSG	**(0.3)**	0.0	0.0	(0.3)	0.0	(0.3)	0.0	(0.3)
RMH	**(2.8)**	(3.3)	8.2	2.1	0.0	2.1	0.0	2.1
Sub Total	**(17.3)**	**(9.7)**	**24.4**	**(2.6)**	**2.6**	**(0.0)**	**0.0**	**(0.0)**
SWL CCG	**0.0**	-	-	**0.0**	-	**0.0**	-	**0.0**
Total	**(17.3)**	**(9.7)**	**24.4**	**(2.6)**	**2.6**	**(0.0)**	**0.0**	**(0.0)**

Executive Summary – our finances

South West London Health & Care Partnership

The system has worked through the impact of H1 in terms of:

a) Additional cost pressures arising in 2021/22 in relation to capital charges, staff costs and service cost pressures to be managed through the cost envelopes
b) Changes to the funding flows as a result of updated guidance
c) Costs relating to maintaining Covid safe services (assuming no further significant Covid surges)
d) Delivering elective recovery at the plan levels through H1 to access ERF and accelerate elective recovery
e) Delivery of the MHIS through application of identified funds
f) Estimated vaccine costs for H1 are £15m and hosted through CHS
g) Have allocated service development funds to support delivery of national aspirations, includes MH, primary care, community services and Cancer
h) The supporting SWL technical summary has been submitted

Further work is required to :

a) Sensitivity work on delivery of activity plans, case mix and ERF funds
b) Test and challenge forecast delivery of non-NHS income across H1 and aligned to the development of elective recovery which is utilising existing private patient capacity
c) Development of savings plans to deliver financial balance (1.5%)
d) Agreement of financial targets and trajectories to an organisational level, in-light-of refined assumptions, on receipt of ERF and elective recovery plans
e) Understand the impact of the Hospital Discharge Programme on the run rate around continuing healthcare in particular the ongoing commitments that will fall to Local Authority and CCG business as usual
f) Given low level of inflation funding we need to assess the impact around contract agreements and mitigate any pressures that come out as a result.
g) To move towards integrating population health management within resource allocation processes as we move towards the new financial regime
h) Where mental health investment is in excess of funding, we will need to work on mitigating these costs in line with the allocation

Executive Summary – SWL system risks

South West London Health & Care Partnership

System risk area	System Risk
Ambition	SWL wishes to be ambitious in our approach to delivery and recovery. We want the best possible outcomes for local people. We will ensure that we are challenging, but also able to continuously deliver
Workforce	We recognise risks associated with our workforce including: • Time and support to recover • Recruitment and retention to deliver on our future plans
Digital and infrastructure	We need to ensure we can address our digital and infrastructure challenges, including with our capital challenges, as a system
Managing the finances	The SWL has developed a financial plan which aims to delivery ambitious elective recovery targets within the available system envelope and access to the ERF whilst managing a number of competing pressures and emerging risks. The SWL system will monitor and manage these risks as we work through H1
Meeting the demand	We recognise the increased demand post Covid on all services and the need to meet the current unmet need. We need to ensure we can deliver recovery whilst retaining a focus on BAU in all areas
Reducing unwanted variation	We are focussed on ensuring we identify and manage variation by working as one system managing together

South West London
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Workstream A - Workforce

Executive Summary – Workstream A (Workforce) – looking after our people and helping them to recover

South West London Health & Care Partnership

- Our staff have been amazing in their care for patients throughout both waves of Covid, but it has taken its toll, with many now tired and in need of space to recover
- Health and wellbeing and helping staff to recover from the first two waves of Covid, is a SWL system priority and **health and wellbeing support and initiatives are being developed at organisational and system level** to provide comprehensive care
- Our **health and wellbeing approach is designed to support every member of staff**, including staff that have supported our Covid response
- Trusts **built in time for staff during March/April 2021 to take annual leave and get some rest** and as a system we have developed a **joint annual leave agreement** for carrying over and buying out annual leave
- We have been **working together to meet the expected growth in staff with mental health needs.** We are fortunate to have South West London and St George's Mental Health Trust in our patch and their expertise has shaped our offer to staff
- **Each Trust has a range of occupational health services in place to support staff including rapid access to psychological and specialist support.** In 2021/22 we will review and improve the occupational health services on offer across providers and take into account the wellbeing needs post-Covid
- **Mental Health and Wellbeing Hubs are being implemented** across Trusts to support staff with psychological support over the coming months. South West London has secured just over £1m additional investment to expand our existing four mental health and wellbeing hub offer. We are currently in working in partnership with NHS Trusts to finalise our plans for that investment
- We are clear as a system that what we have in place now is a start and that **we will need to sustain and develop our offer as the needs of our staff continue to emerge**

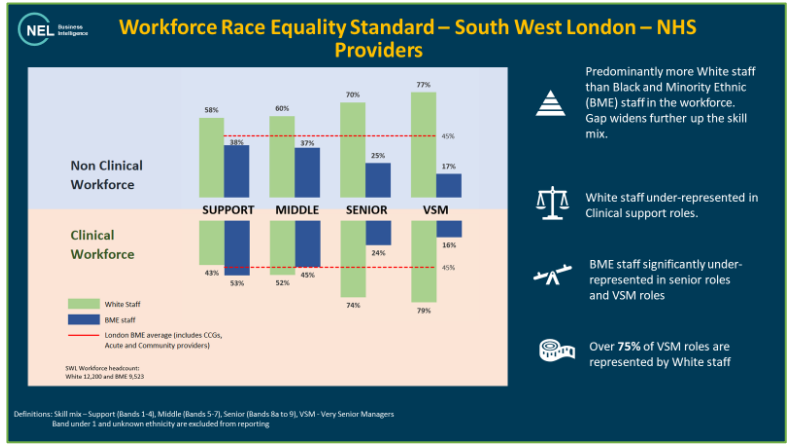
The South West London menu of health and wellbeing support has 6 elements

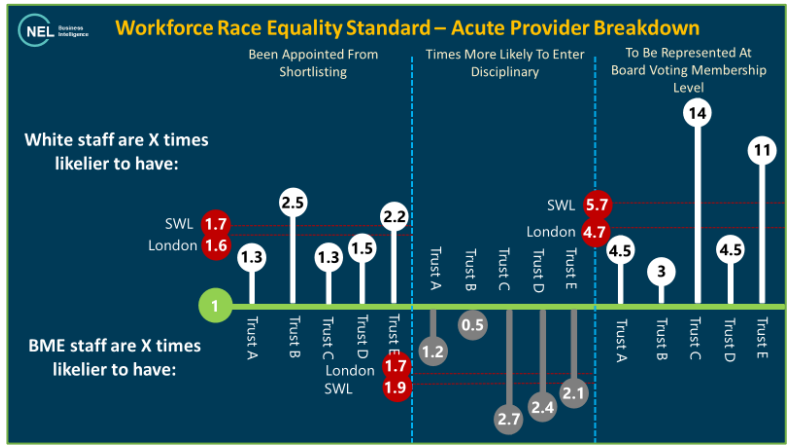
www.swlondon.nhs.uk

Executive Summary – Workstream A (Workforce) - belonging in the NHS and addressing inequalities

South West London Health & Care Partnership

- The SWL Health and Care Partnership Programme Board agreed to make **Equality, Diversity and Inclusion our joint partnership priority** last year
- We have put together a **joint EDI programme** to build on the work of individual organisations to create a coherent, consistent response to South West London's EDI priorities. We will be agreeing and EDI champion over the next few weeks. This programme relates to all our services and is considered as a key theme going forward
- As we bring the programme together, we will review initiatives currently being undertaken in each organisation as well as any studies being undertaken to create **a three-part programme covering Community; Clinical; our Staff**
- As part of our staff EDI workstream, the Health and Care Partnership undertook a **system evaluation of all NHS WRES** returns in order to identify system-wide actions that could accelerate and support change.
- A number of **workforce priorities have been identified from the system WRES analysis**:
  - Creation of a SWL EDI/BAME lead network across NHS Organisations
  - Running a reciprocal mentoring programme - SWL successfully bid to become one of the first systems to undertake a reciprocal mentoring programme. Preparation work is underway with anticipated May start
  - Production of system-wide excellence guides for recruitment, training and promotion
  - A new Disciplinary Resolution framework, working in partnership with trade unions
  - Seminar BME network leads/EDI leads/HRDs to shape system actions





Executive Summary – Workstream A (Workforce) - Embed new ways of working and delivering care

South West London Health & Care Partnership

- **E-Rostering:** SWL Trusts have all implemented e-rostering systems. Coverage ranges from 80-100% of staff having the ability to roster shifts electronically. Trusts with under 100% compliance have plans in place to extend coverage to all staff

- **Digital passport:** SWL were part of the wave 2 national digital staff passport registration process to enable the movement of staff and to provide learning to expand staff passports further. All acute and community Trusts are registered on the digital staff passports programme and are set up to issue passports to staff that need to move around the system

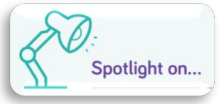
- **Remote working** – All trusts are working to support staff to work remotely, some examples are given below:
  - **Epsom and St Helier Hospitals NHS Trust:** over 4,000 laptops distributed to staff, VPN, and 'RAPs' issued to ensure business continuity via remote working. Additional Zoom licences purchased for trust inductions and staff briefings with rosters introduced to manage reduced capacity workspace across trust sites. The Trust has also upgraded Microsoft to provide MS Teams.
  - **Hounslow & Richmond Community Healthcare NHS Trust :** As a Community Trust, clinical and non-clinical staff are used to remote working and using laptops at multiple locations. The Trust was developing its digital strategy pre-covid and so were able to continue and expand on this during the pandemic. The majority of staff were provided with laptops and were able to work from home and home working guidelines were established. The Trust has now established an agile working steering group to determine the Trusts longer term remote working strategy moving forward

- **Technology enhanced learning –** All Trusts have on-line learning platforms for statutory and mandatory training, and some have enhanced these during covid. A number of Trusts are extending their platforms to support additional learning for example: Croydon Health Services NHS Trust have designed an online training programme for end-of-life care; St George's University Hospital NHS are also making use of innovative technologies for clinical skills development for example using hololens and virtual learning to develop the skills of Doctors in training; at Epsom and St Helier University Hospitals NHS Trust, leadership, management, development and support have been reviewed and offered virtually i.e. respect, recovery and beyond, APPRECIATE programme, and health and wellbeing conversations for managers; and Kingston Hospital NHS Foundation Trust are using MS teams to deliver training sessions

Executive Summary – Workstream A (Workforce) - Grow the workforce (1)

South West London Health & Care Partnership

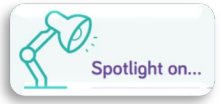
SWL has well developed supply routes from which to grow our workforce, these include:



Apprenticeships

South West London Apprenticeship Programme was set up to maximise levy spend, promote the uptake of apprenticeships and develop a knowledge hub to provide information on all things related to apprenticeships. Recent achievements include:

- 50% increase in levy transfers from secondary care to primary care in 20/21 compared to previous year
- Senior leadership apprenticeship course developed, to **commence in January 2022** delivered by Kingston University
- Functional skills website **went live January 2021** to provide information on training providers for staff to gain the necessary qualifications to undertake an apprenticeship course.
- We are working with the Princes Trust to reach a wider audience to promote and encourage the uptake of apprenticeships and roles within the NHS

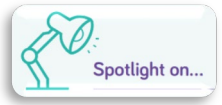


International recruitment

International Recruitment – overall figures

Our well-developed international recruitment process have resulted in:

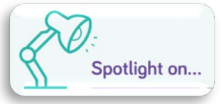
- **166 international nurses recruited** across SWL in 20/21 wave 1
- **In addition, 112 international nurses** currently working in SWL funded to improve their English language skills in 20/21 Recruitment underway for a system wide lead role to increase the supply of nurses with a 50% focus on international supply and a 50% focus on domestic supply
- Wave 2 on our **international recruitment is underway for theatre, community and mental health nurses with the first pipeline set to arrive in July 2021**



Clinical placements

South West London has **established a Clinical Placements pilot** aimed at Increasing student placements across provider organisations for nursing and AHP students, with an initial focus on Registered Nurses (Adult, Mental Health, Child & Learning Disabilities), Occupational Therapy and Physiotherapy.

The pilot, which began in Q4 20/21, will provide a platform for the roll out of additional student placements. The pilot set out to develop a placement circuit for nursing roles as well as support lived experience practitioners to work alongside Mental Health student nurses to enhance placement experience. The learning from this phase will be used to address perceptions regarding hosting student placements . Evaluation to be undertaken by Summer 2021



Volunteering

2021/22, the SWL Health and Care Partnership plans to review of volunteering across our organisations to consider how we can **maximise volunteering** assets in South-West London. We are participating in a national programme to evaluate the use of volunteer responders with a focus on the Borough of Croydon where volunteer responder usage has been high. Learnings from the evaluation will help to integrate volunteers across the system including a process to retain and promote volunteers to become part of our workforce

Executive Summary – Workstream A (Workforce) - Grow the workforce (2)

South West London Health & Care Partnership

SWL has well developed supply routes from which to grow our workforce, these include:

Recruitment Hub

- Kingston Hospital NHS Foundation Trust is working collaboratively with partners across the ICS to ensure **joined up solutions for managing our workforce**. With the challenges of workforce supply, partners are committed to moving away from competition to finding collaborative solutions.
- The establishment of the **South West London (SWL) Recruitment Hub** is key to this objective. It provides a **one stop shop for processing all recruitment activity** and has a key role in enhancing the SWL employment proposition and supporting and facilitating initiatives to improve recruitment and retention.
- The Hub is **engaged in a range of local, national and international recruitment campaigns** to support this and working with a range of agencies to recruit from local communities to support the economic recovery. (slides that follow provide further details)

Supporting Mental Health expansion

Initiatives to expand and improve our mental health workforce include:

- A **rotation programme for Nurse Associates** to maintain their dual trained skill set for both mental and physical health; **Leadership support programme to support the development of BAME staff ; 6-month appointment of a Diversity Manager to drive forward and fully integrate equalities and inclusion** with a focus on BAME young people
- **Targeted recruitment in 21/22** for Nursing Associates; Psychologists; Non-medical prescribers; Pharmacists; VCSE Peer Support Workers; MH Trust Peer Support Workers; Consultant Psychiatrists; Occupational Therapists; Specialist Eating Disorder Nursing and Therapy roles
- **Implementation of a structured approach** for continued conversion of Agency and Bank posts to permanent posts
- **Using employee passports** and development opportunities to support career progression, and development of new roles, between the three Trusts in the South London Mental Health and Community Partnership (SLP)

Targeting Young People - Working Together to Secure Talent

- SWL is **working with the Princes Trust** to recruit young people into roles and apprenticeships across our organisations
- We have developed a board game and App **"Jobs that Care"** which we will continue to embed in schools and colleges so that young people know about and consider health and care roles and careers

Primary Care expansion

A number of initiatives are underway to support primary care expansion, including:

- **Additional Roles Reimbursement Scheme** supporting the recruitment, retention, supervision and mentorship of the multidisciplinary ARRS staffing cohort and increase in placement capacity. 58 staff recruited through the Additional Roles Reimbursement Scheme in 20/21
- **Six Training Hubs established** across primary care leading workforce projects and supporting Primary Care Networks to: Embed new roles ; Retain staff; Expand placements; Increase training opportunities and improve learning environments
- **SWL GP Retention Programme** with fortnightly education webinars covering topics linked to clinical networks (over 6,000 attendees in 20/21); Training to support the embedding of new roles; Peer support forums; and Retirement & succession planning programmes
- **SWL Fellowships** designed & delivered across SWL, open to all newly qualified GPs and Nurses (47 fellows to date). Supporting flexible careers & portfolio working.
- **SWL Mentors Scheme** Designed for SWL newly qualified GPs and Nurses (40 GP mentors) supporting flexible working and portfolio careers

Executive Summary – Workstream A (Workforce) - Grow the workforce – focus on providers (1)

South West London Health & Care Partnership

The examples of the focus of individual Trusts to grow our workforce:

Croydon Health Services NHS Trust

- **International recruitment -** The Trust is currently awaiting the arrival from overseas of 69 qualified nurses, some of whom have been sourced via the Capital Nurse initiative whilst the remainder are through NHS Professionals. We anticipate that all 69 will gain entry to the Up within the next 6 months
- **Increasing health care support workers -** we are currently in the process of recruiting 80 new members of staff
- **Initiatives to support recruitment and retention at Croydon** - Apprenticeships, Kick Start, Job brokerage scheme, Retire and Return, International recruitment, Capital Nurse, Work experience for children who both live and go to school in Croydon. Recently updated our Recruitment & Retention Nursing Strategy. Introduced a sector wide staff benefits scheme
- **Supporting integrated care -** The Trust is taking forward the integration agenda with a number of joint appointments with the CCG. This includes the Chief Executive & Place Based Leader (Health), Joint Chief finance Officer and Joint Chief Nurse. Further joint employment opportunities exist in the One Croydon Alliance which has a membership of health, local authority and third sector

Epsom and St Helier University Hospitals NHS Trust

Recruitment and retention initiatives include:

- 'Be More' Recruitment and Attraction Campaign
- Capital / International nurse recruitment
- National funding to support nurse / HCA recruitment
- Staff development
- Staff support e.g., free meals, free parking

St George's University Hospitals NHS Foundation Trust

- **Recruitment of difficult to recruit to posts** – The Trust is utilising the HCA NHSE/I funded Campaign, Capital Nurse Campaign (including international recruitment), SWL nurses recruitment campaign including Band 2 and Band 5 nurses and mid wives. We are using the Apprenticeship Levy to recruit trainees, such as Trainee Assistant Mammographers, as well as developing existing staff into advanced roles
- **Queen Marys Hospital additional theatres** to deal with backlog elective care - working group established to focus on recruitment of non-nursing, nursing and medical staff. Therapist and Pharmacy are part of SWL collaborative
- **Healthcare Support Worker campaign -** target of recruiting 180 HCAs (160 offered so far)
- **Capital Nurse international campaign**
- **SWL newly qualified nurses recruitment campaign launched**
- **SWL Nurse Recruitment forum** - established to develop future R&R plans.
- **Engagement with Accelerated Step into Work programme** - to create new job placements for unemployed young people.
- **Engagement with Workmatch -** to establish how they can support Admin & Clerical vacancies across SWL.
- **Exploring opportunities to deliver joint SWL admin & clerical campaigns and talent pool.**
- **Developing proposal for SWL Apprenticeship Hub**
- **Implementation of a Trust-wide Advanced Clinical Practitioner framework** – providing structure, governance and clear development pathways for advanced clinical practice. Mapping process is underway and model job descriptions have been banded

Executive Summary – Workstream A (Workforce) - Grow the workforce – focus on providers (2)

South West London Health & Care Partnership

The examples of the focus of individual Trusts to grow our workforce:

Spotlight on...

Kingston Hospital NHS Foundation Trust and the SWL recruitment hub

NHS Kingston Hospital NHS Foundation Trust

Recruitment hub initiatives for qualified and unqualified nurses include:

- **Healthcare Support Workers National Campaign** – Trusts engaged, funding secured, a target of over 400 vacancies with 267 appointments made to date, 60 starters in March and joint interviews scheduled throughout March 2021
- **Capital Nurse International Campaign** Pan London Programme – STG had a further 23 nurses arrive in March; Kingston had 3 nurses arrive in March 2021 and 25 in April; ESTH had 21 nurses who arrived in April 2021 with further nurses at interview stage; Croydon have 25 nurses who arrived in March 2021
- **The first SWL campaign to recruit newly qualified nurses** has launched, with digital marketing campaign using different online platforms, including virtual open days and webinars – two in March, and a 'one stop shop' process. Direct mail to all universities with student nurses and 192 applicants to date
- A **new SWL Nurse Recruitment Forum** has been established to develop future recruitment and retention plans. The first meeting of the Forum will take place in April
- **Development of international campaign for hard to recruit AHP roles** – radiographers and physiotherapists; initially campaign for ESTH with view to adopt SWL approach
- **COVID vaccination programme**

Local Community Campaigns include:

- Engagement with **Accelerated Step into Work programme** to create new job placements for unemployed young people
- Engagement with Workmatch to establish how they can support **Admin and Clerical** vacancies across SW London via their brokerage service
- Local cohort recruitment
- **Patient Pathway Coordinators** for Kingston - rolling campaign each quarter
- **Ambulance Care Assistants/Drivers** for ESTH – rolling monthly campaign ongoing
- **Electronic Patient Record team**(EPR) for ESTH - recruitment of team to implement new system – hard to recruit due to specialist skills – social media campaign launched
- **SWL Procurement Service** - multiply vacancies following recent service change, engaging with **Employ Autism** to fill some posts

Health Care Support Workers - Currently recruiting via a programme which is being supported by NHSE to increase capacity. Current vacancy (Kingston) 85 WTE, offered 38 people of which 12 have started work. Ongoing recruitment planned via open days and rolling adverts to continue throughout 2021 and to be included in Kingston's recruitment plans

Medical Support Workers - Not all SWL Trusts will choose to employ Medical Support Workers. However, some have introduced these roles not just to augment the clinical service, but also as a route to enable doctors to develop their skills so that they can better prepare for the assessments for full registration with the GMC. This creates a route for doctors to be ready to apply for other service or training medical posts

The Trust Workforce Committee undertakes deep dives into Retention particularly focus on administrative and clerical staff. This has resulted in new initiatives for adopting a cohort approach to administrative and clerical recruitment which is improving retention in this key area

Executive Summary – Workstream A (Workforce) - Grow the workforce – focus on providers (3)

South West London Health & Care Partnership

The examples of the focus of individual Trusts to grow our workforce:

The Royal Marsden NHS Foundation Trust

The ROYAL MARSDEN NHS Foundation Trust — We have been rated Outstanding — Care Quality Commission

- **Recruitment plan** in place across Trust to target staff groups with highest vacancy rates
- **Targeted nursing and AHP plans** with fortnightly review meetings
- Links with **local job centres** to support local community recruitment
- **Widening participation plan** in place, including apprenticeships, job shadowing and wider support for individuals to find roles.
- Retention Business Partner focused on **succession planning, retention initiatives and supporting team development**
- The Trust already has three **medical support workers** with more in recruitment currently across both our medical and surgical clinical teams
- **International nursing recruitment** target set for this year at 38 utilising already successful model in the Trust.
- **HCSW's** currently recruiting to identified vacancies in line with expectations set out by NHSI/E
- As a specialist Trust we have been able to deliver our core services throughout the pandemic including support for surgical capacity across London and so the impact for trainees has been less. The Trust has largely maintained its **PGME training capacity**, enabled by a swift shift to digital education and training in 2020 delivered via the Trust's Learning Management System. The area of education that has not recovered is simulation. Review and planning to reinstate simulation is being explored including virtual simulation options
- **Workforce plan** in place across the RMPartners alliance, focusing on development required for cancer over the coming year, working across the two systems we cover. Workforce plan covers future collaborations across Trusts and internal developments including new buildings opening. Areas of focus identified including diagnostic workforce and hard to fill roles.

South West London and St George's Mental Health Trust

NHS South West London and St George's Mental Health NHS Trust

Retention, recruitment and staff support initiatives:

- **Creating our Culture:** co produced our Values and Behaviours Framework; our Beyond Bullying guides; and our new Values Based Recruitment system and compassionate leader masterclasses
- **Beyond Bullying programme:** The 2020 NHS staff scores shows that the Trust has achieved a 3% improvement based on scores to Q13b not experienced bullying or harassment or abuse from managers as shown when comparing results from 2018 four Beyond Bullying workshops has been rolled out as part of an overall campaign
- **Early Resolution Framework and Mediation:** We are developing an Early Resolution Conflict Mediation Scheme which is aimed at providing constructive and lasting solutions to workplace disputes, conflicts and complaints
- **Team Time:** We have now launched an initiative called Team Time provides an opportunity to process high levels of stress and provide a regular forum for those working in highly pressured environments to share anxieties and reduce isolation
- **Black interns placement scheme:** The Trust has signed up to the #10000BlackInterns initiative which has been designed to help transform the prospects of young Black people in the United Kingdom. The programme will offer paid work experience. The scheme will begin in 2022
- **International Refugee Pilot:** The pilot is looking to place refugees who are healthcare professionals by background into vacant positions with the Trust

Hounslow and Richmond Community Healthcare NHS Trust

NHS Hounslow and Richmond Community Healthcare NHS Trust

Recruitment and retention initiatives include:

- The Trust has been **establishing closer links** with Your Healthcare and Kingston Hospital NHS Foundation Trust moving forward looking at potential for: rotational posts across acute, community and social care, and a PLACE based Care Academy. In addition, the trust has been meeting with Hounslow health, social care and borough partners to work collaboratively to support the local population employment
- The Trust has recently been given funding to recruit **international nurses** as part of the Capital nurse programme for the recruitment of 5 international nurses which we intend to have recruited by 31 October 2021
- There are **no currently plans to introduce MSW's** to the Trust
- The Trust has recently increased its **HCSW** with recent recruitment activity
- In March 2020, HRCH launched a new Workforce strategy with the vision of 'Making HRCH a great place to work' (for everyone)

Executive Summary – Workstream A (Workforce) - Summary of SWL Trust compliance with planning guidance requirements for workforce

South West London Health & Care Partnership

The table below shows the individual responses from Trusts to the planning guidance:

Trust	Annual leave carry over/buy back	H&WB conversations in place	Occupational health services & Psychological/ Specialist support	EDI action plan in place	Plans to accelerate the delivery of the model employer goals	Mental Health and Wellbeing access (phase 1)	Mental Health and Wellbeing access (phase 2)	E-Rostering	Digital Passport	Technology enhanced learning	Recruitment plans in place to grow workforce
Croydon Health Services NHS Trust	√	√	√	√	√	√	√	100% compliance	√	√	√
Kingston Hospital NHS Foundation Trust	√	√	√	√	√	√	√	80% with plans to extend	√	√	√
Epsom and St Helier University Hospitals NHS Trust	√	√	√	√	√	√	√	95% deployed trust-wide. The remaining 5% will go live by 1 June 2021	√	√	√
The Royal Marsden NHS Foundation Trust	√	√	√	√	√	Not in phase 1	√ Phase 2	All nursing and junior doctors are currently fully rostered. This is now being rolled out to AHPs, Estates and Ancillary and the remaining areas of the Trust.	√	√	√
Hounslow & Richmond Community Healthcare	√	√	√	√	√	Not in phase 1	√ Phase 2	100% compliance	√	√	√
St George's University Hospitals NHS Foundation Trust	√	√	√	√	√	√	√	E-rostering is in place for all AfC staff and roll out in progress for medical staff. It is anticipated that roll out of e-rostering for all medical staff should be completed by the end of the summer. E-job planning software and system is in place and in use	√	√	√
South West London & St George's Mental Health Trust	√	√	√	√	√	√	√	All of the workforce are rostered via Allocate Healthroster. E-rostering is utilised to capture work styles to support effective reporting of agile working	√	√	√

Executive Summary – Workstream A (Workforce) – Risks and Challenges

South West London Health & Care Partnership

Operating plan area	Risks/challenges
Looking after our people and helping them to recover	• Pressure on the NHS to recover elective performance does not allow enough time staff to adequately recover from the impact of covid • Significant growth in staff with mental health needs may be experienced • The need to sustain and develop our health and wellbeing support offer as the needs of our people continue to emerge • Occupational Health review and potential new service implementation across provider organisations
Belonging in the NHS and addressing inequalities	• Speed of EDI improvement expected by our people and when the impact will be experienced • Ensuring organisational and SWL EDI initiatives compliment and work well together • Need to bring all staff with us on the journey to improve EDI
Embed new ways of working and delivering care	• Cultural change may be required in some NHS organisations to support remote working • Resources, infrastructure and new ways of working will be required to support remote working • Need to ensure that staff feel connected and part of the organisation when they are working remotely
Grow the workforce	• Increased turnover may be experienced in Trusts due to the psychological and physical impact of covid on our people • Covid impact on countries across the world may affect the success of international recruitment • Recruitment campaigns do not attract sufficient staff to fill vacancies and support expansion in primary care and mental health services

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Workstream B – Vaccination and Covid Syndrome Pathways and elective response to third wave

Executive Summary – Workstream B (Vaccination and COVID Syndrome Pathways) – our ambition

South West London Health & Care Partnership

Headline Ambitions (Vaccination)

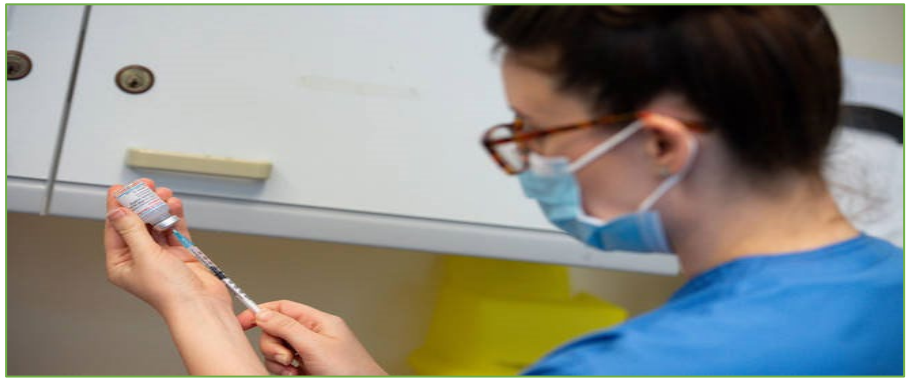
- Vaccinate in line with JCVI guidance
- **Focus on disadvantaged communities** to delivery all doses by September 2021
- Plan for what an **annual programme of vaccination** could look like
- Develop a set of planning assumptions to guide the annual programme of vaccination

Headline Ambitions (Covid symptom pathways)

- Use **a networked approach to deliver a single SWL-wide service** for patients who are also accessing local primary care, social prescribing, IAPT and social care support
- In April 2021 all our **four local systems went live with post COVID care pathway** for their local population
- Build on the **COVID virtual ward model** to include patients with **long term conditions** who may benefit from early supported discharge

Executive Summary – Workstream B (Vaccination Pathways) – delivering the national and local priorities

South West London Health & Care Partnership



Priorities to September 2021

- **100% of the adult population** to be offered a first dose by July 2021
- **Vaccinate remaining cohorts** (10-12), by the end of July 2021
- Complete second doses - an accelerated plan to bring forward plan for second doses for the cohorts 1-9. (Circa 100k – 150k doses)
- **Meet national benchmarks for cohort uptake** through targeted outreach, removing barriers for communities and individuals who currently experience poor uptake rates
- Review capabilities to meet the requirement **to vaccinate the under 18s**
- **Deliver a long term sustainable solution** to vaccination roll out including the staffing of Large Vaccination Centres
- Further **strengthen our links** with borough teams to ensure that vaccination uptake is locally led
- Ensure that the governance, performance and programme management arrangements are developed and reviewed when necessary

B1 - COVID Vaccination Programme

South West London Health & Care Partnership

Workstream Plan – national brief and local ambitions, critical actions

Planning sub objective	Action Required	Comments
B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19	• The Vaccination programme will continue to be delivered through the current mixed model, vaccination centres, hospital hubs, general practice and community pharmacy capacity. **The local model to be determined by the population and targeted approaches**	SWL Delivery model is in place that includes all the elements described for a mixed model. The model is regularly reviewed and adapted to ensure that we meet the needs to the population targeting under represented populations in terms of vaccine uptake
	• **PCN groupings will have the option to vaccinate cohorts 10-12 (18-49 year olds)** if they can also fulfil GMS contract requirements	17 out of the 25 original PCN sites have confirmed that they wish to vaccinate cohorts 10-12. Where populations do not have a PCN offer for cohort 10-12 we will ensure that the delivery model provides equitable access to the vaccine for those populations without access to a PCN led service.
	• **Underserved Communities Covid Vaccination Programme.** To deliver the vaccine to the most vulnerable members of the community through pop up clinics, targeted engagement. The groups are: Homeless, Gypsy, Roma, Traveller Communities, Asylum Seekers and Sex Workers. Joint work between the SWL borough teams, local authority and voluntary sector organisations to identify these groups, schedule specific PCN/community services roving team visits and provide advice and support to tackle vaccine hesitancy.	Measuring vaccine uptake
	• Systems advised to be **prepared for a COVID-19 re-vaccination programme from the Autumn** along side flu vaccination in the absence of data on the long term effectiveness of the vaccine and emerging variants	Preparations for the re-vaccination programme are being made in line with national guidance. Opportunities to align the re-vaccination programme with the flu vaccination programme are being explored via the SWL Immunisation Board
	• Systems should **prepare for vaccination of people under the age of 18**, should authorisation by given by JCVI	Preparations for the vaccination of the under 18s are being made in line with national guidance.

Executive Summary – Workstream B (COVID Syndrome Pathways) – delivering the national and local priorities

South West London Health & Care Partnership

Priorities to September 2021

- Prepare for a future potential surge requirements for Covid patients **(delivery of the single SWL service)**
- Provision of **timely and equitable access** to Post Covid Syndrome (Long Covid) assessment service through the singe SWL wide service – this includes the **expansion of the virtual ward**
- Track 'ongoing' uptake and demand management of post Covid services
- **Develop an outcomes framework** to establish success
- **Evaluation** of the post Covid service model
- **Strengthen** and develop system wide workforce plan
- Broaden our **self management offer**
- **'Go live' for paediatric pathways** of care for this cohort of patients
- System to present virtual ward plans to SWL
- Agree **patient experience and evaluation metrics**

B2 - COVID Syndrome pathways

South West London Health & Care Partnership

Key asks against the national guidance - Action plan

Proposed Ambition	Comments	Proposed actions
Provision of timely and equitable access to Post Covid Syndrome ('Long Covid') assessment services.	• Improved patient outcomes • Joined up and integrated service across SWL providing on going management and treatment of post COVID symptoms • Integrated multi-disciplinary and flexible workforce • Financially balanced service model • Roll out of best practise pathways - service delivery model that follows the nationally commissioned specification • Opportunity to develop learning and support future research into post COVID syndrome • Strengthening the collaborative agenda in SWL, providing a methodology for commissioning future models of care	• Track 'on going' uptake and demand management of post COVID services • Further work to standardise service offers across SWL • Develop outcomes framework to establish success of management of post COVID services on health outcomes. • Evaluation of post COVID service model at M4-6 to establish and refine on going service model, referral pathway and capacity requirements for the SWL population. • Strengthen and develop system wide workforce plan • Broaden range of services with particular focus on self management offer. • On going knowledge sharing between clinical forums and key stakeholders • Engage with patient groups and wider stakeholders to strengthen service offer • Go live for paediatric pathways of care for this cohort of patients • Await outcome of SWL Planning and Priorities Group re: funding to sustain and expand virtual wards across SWL • Each system to present virtual ward plans to SWL virtual ward steering group for feedback and support • Aiming for standardised approach where possible, and bespoke where not, to the development of virtual wards to other conditions • Agree reporting, evaluation and patient experience metrics to demonstrate impact of virtual wards • Anything about reaching the most vulnerable population who have been disproportionately affected by COVID and encouraging communities to come forward

Executive Summary – Workstream B (Vaccination and COVID Syndrome Pathways)

South West London Health & Care Partnership

Headline risk and challenges (Vaccination)

- **Alignment of supply and capacity** – twice weekly meetings to ensure that supply, booking and slots are triangulated
- **Ensuring take up of the vaccine** with vulnerable and targeted groups – we focus on reaching the hard to reach groups and those with a high proportion of BAME residents
- **Sustainability of the programme** is being addressed. We are moving to a mature and solid footprint including the appointment of a new Programme Director in May 2021

Headline risks and challenges (Covid symptom pathways)

- **Workforce** – staff supporting Covid virtual wards now responding to increasing numbers of outpatients referred for post Covid advice, this reduces clinical capacity to support virtual wards. With all London looking to recruit to virtual wards there may be a challenge to recruit to all posts
- **Reaching the most vulnerable** population
- Lack of standardised data
- **Digital approach** is being developed -support communication and remote monitoring of the virtual ward

Executive Summary – Workstream B (Elective response in the third wave)

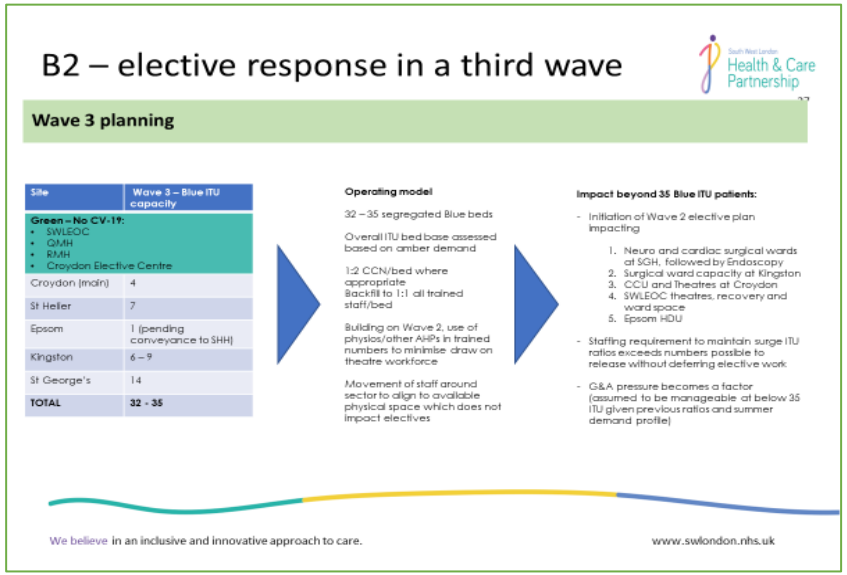
South West London Health & Care Partnership

Elective response in a third wave

- As a sector we have invested in **segregated elective capacity** which supports high volume IPC compliant surgical flows – SWL Elective Orthopaedic Centre, Croydon Elective Centre, Queen Mary's Hospital.
- In previous surges, **IS capacity** has been critical to maintaining elective flow, in particular P2 patients. With IS access more likely to be constrained in a 3rd surge, we will need to use core NHS hospital estate to maintain P2 and other elective inpatient flow. SGUH performs 66% of P2 activity in the sector and there are significant flows at Kingston and Epsom. This **constrains the surge ITU footprint** on those sites.
- Work is ongoing to fully model the third wave scenarios by end of May, informed by latest national projections
- At 90% of BAU we continue to treat all P2 and P3/long waiters in agreed priority order
- Escalation would be on the basis of all Critical Care beds moving to the average 1:2 Critical Care Nurses

Challenges and mitigation

- **Key constraint is staffing** - based on the experience of de-escalation from wave 2 and where the pressure points emerged, we know that staffing is more of an issue than segregation or physical capacity. What we have done to address this is confirmation of staff available to cover requisite number (c 35) of blue beds.
- **Independent sector capacity** - Usual SWL BAU for elective is c 53 theatres/1700 cases per week pre-covid. We are working through what IS capacity is available to support during a third wave
- **G&A capacity** – G&A capacity may be a concern and is sensitive to the volumes of non-Covid, non-elective patients coming into the hospitals. We are undertaking ongoing monitoring of non-Covid non-elective patients coming through A&E and flexing elective activity in line with available capacity
- **Productivity focus** – variation in productivity levels. We are focusing on improving throughput through theatres and streamline elective pathways


B2 – elective response in a third wave

Wave 3 planning

Site	Wave 3 – Blue ITU capacity
Green – No CV-19: • SWLEOC • QMH • RMH • Croydon Elective Centre	
Croydon (main)	4
St Helier	7
Epsom	1 (pending conveyance to SHH)
Kingston	6 – 9
St George's	14
TOTAL	32 - 35

Operating model

32 – 35 segregated Blue beds

Overall ITU bed base assessed based on amber demand

1:2 CCN/bed where appropriate
Backfill to 1:1 all trained staff/bed

Building on Wave 2, use of physios/other AHPs in trained numbers to minimise draw on theatre workforce

Movement of staff around sector to align to available physical space which does not impact electives

Impact beyond 35 Blue ITU patients:

- Initiation of Wave 2 elective plan impacting
  1. Neuro and cardiac surgical wards at SGH, followed by Endoscopy
  2. Surgical ward capacity at Kingston
  3. CCU and Theatres at Croydon
  4. SWLEOC theatres, recovery and ward space
  5. Epsom HDU
- Staffing requirement to maintain surge ITU ratios exceeds numbers possible to release without deferring elective work
- G&A pressure becomes a factor (assumed to be manageable at below 35 ITU given previous ratios and summer demand profile)

We believe in an inclusive and innovative approach to care.

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Workstream C – Elective services, Cancer Mental Health, Learning Disability & Autism and Maternity Services

Executive Summary – Workstream C1 (Elective Services) – our national, regional and local ambition

South West London Health & Care Partnership

Headline Ambitions (Elective Services) – to deliver the London NHSE/I 5-point plan and the SWL ICS ambition

- Over recent months, the Trusts have **successfully reduced their ITU footprint** to within the core bed base of 131 beds, facilitating staff recovery and the scaling up of elective activity.
- Through intensive work to mitigate the position, the ICS has robust plans to **reduce the number of 52+ week waits** from the NHSE London spring submission by a further 23%.
- Currently modelling has assumed referrals recovering to 100% BAU, recognising during the second wave they dropped less and recovered more quickly than the first wave.
- **Elective activity achievement** has continued to improve week on week, supporting a positive launch into our overall recovery plans and further progress on long waiting patients
- Clinical Networks have developed a range of clinical hub models which allow the flow of **patients. Via our Demand & Capacity Unit (in development)**, the ICS approach will be to manage the flow of patients between providers in the sector. The hernia pathway practical example illustrates the rigorous processes put in place to consider all material consequences of the service change.
- As an ICS, building on the London stretch plans, we have committed to the following **strategic ambitions**:
  - **Eliminate >104 week waiters by end of Q1**
  - **Eliminate >78 week waiters by July**
  - **Eliminate >70 week waiters by August**
  - **Eliminate >52 week non-admitted waits by Q4**
  - **Open QMH day-case capacity fully by end of Q1 and treat 7,000 patients by the end of Q4**
  - **The Demand & Capacity Unit, working with the clinical networks, to transfer 2,000 patients between the four SWL acute providers**

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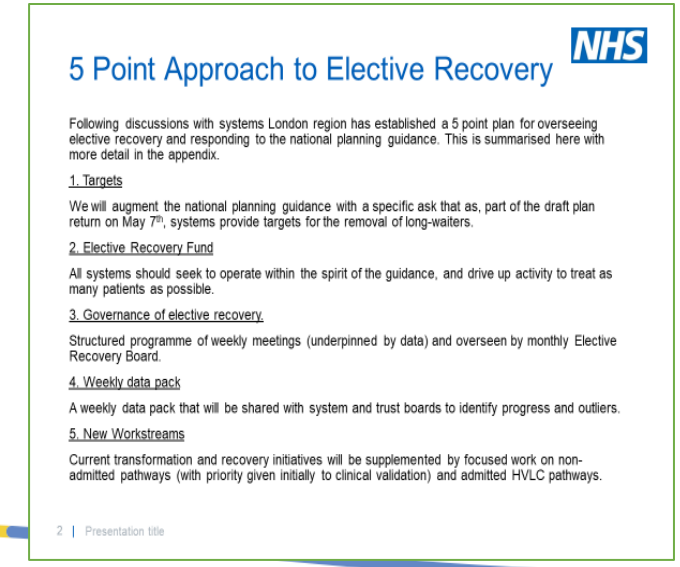


5 Point Approach to Elective Recovery

NHS

Following discussions with systems London region has established a 5 point plan for overseeing elective recovery and responding to the national planning guidance. This is summarised here with more detail in the appendix.

1. Targets

We will augment the national planning guidance with a specific ask that as, part of the draft plan return on May 7th, systems provide targets for the removal of long-waiters.

2. Elective Recovery Fund

All systems should seek to operate within the spirit of the guidance, and drive up activity to treat as many patients as possible.

3. Governance of elective recovery.

Structured programme of weekly meetings (underpinned by data) and overseen by monthly Elective Recovery Board.

4. Weekly data pack

A weekly data pack that will be shared with system and trust boards to identify progress and outliers.

5. New Workstreams

Current transformation and recovery initiatives will be supplemented by focused work on non-admitted pathways (with priority given initially to clinical validation) and admitted HVLC pathways.

2 | Presentation title

Executive Summary – Workstream C1 (Elective Services) – delivering our London system ambitions

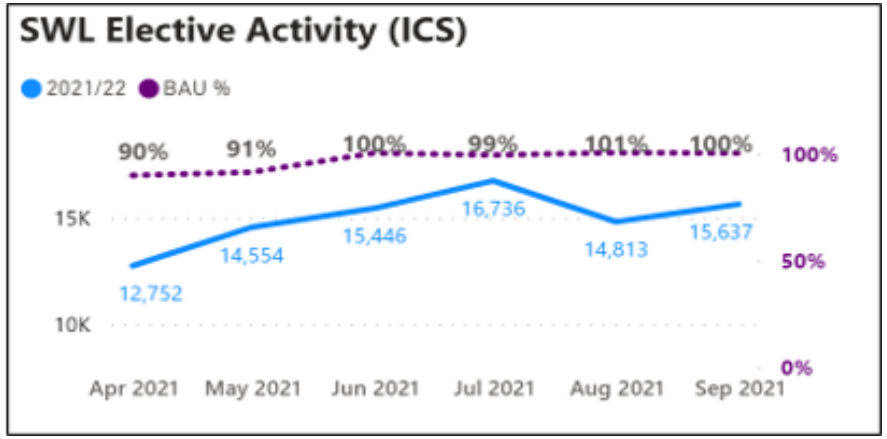
South West London Health & Care Partnership

Headline Ambitions (Elective Services)

- The Recovery Plan submitted on 12 March 2021 committed the sector achieve to achieving 84% of BAU for elective at the end of Q1.
- The revised activity plan improves on that with a **steady climb to 100% in Q1 and Q2** so we will achieve the thresholds for ERF funding
- Activity recovery continues to be driven by clinical priority with a supportive wrap around of ongoing administrative and clinical validation

Over 52 week waits

- The **Q1 revised and improved >52 week trajectory generates and improved position of -23%**
- Overall >52 week peak at the end of April and a **downward trend** thereafter (though this will require further modelling).
- Both the admitted (since 21 March 2021) and non admitted (since 7 March 2021) have **reduced over the last 6 weeks** providing a further level of confidence to the revised planning assumptions
- Biggest challenges for admitted continue to be driven by; ENT, general surgery, cardiology and T&O



Spring Recovery Plan:

52 Week Waiters:	04-Apr-21	11-Apr-21	18-Apr-21	25-Apr-21	02-May-21	09-May-21	16-May-21	23-May-21	30-May-21	06-Jun-21	13-Jun-21	20-Jun-21	27-Jun-21	04-Jul-21
52 Week Waiters Totals (SWL ICS)	4,555	4,664	4,771	4,878	4,890	4,920	4,954	5,005	5,032	5,037	5,236	5,352	5,458	5,557

Updated Trajectory (STG) 13/04/21:

52 Week Waiters:	04-Apr-21	11-Apr-21	18-Apr-21	25-Apr-21	02-May-21	09-May-21	16-May-21	23-May-21	30-May-21	06-Jun-21	13-Jun-21	20-Jun-21	27-Jun-21	04-Jul-21
52 Week Waiters Totals (SWL ICS)	4,546	4,646	4,745	4,844	4,840	4,741	4,646	4,568	4,466	4,413	4,374	4,342	4,300	4,252
Change:	(9)	(18)	(26)	(34)	(50)	(179)	(308)	(437)	(566)	(624)	(862)	(1,010)	(1,158)	(1,305)
Change (%):	0%	0%	-1%	-1%	-1%	-4%	-6%	-9%	-11%	-12%	-16%	-19%	-21%	-23%

Executive Summary – Workstream C1 (Elective Services) – delivering our ICS and London ambition – a systems approach

South West London Health & Care Partnership

Headline Ambitions (delivering a system approach)

- **SWL has robust data sharing processes in place** that enable an ICS view of the admitted and non admitted patients across the PTL. We will develop underpinning specialty level recovery trajectories at Trust level but also across the system to enable timely identification of any concerns
- Each Trust in the system is working through the internal processes to be able to complete the **new PTL MDS dataset regional submissions** towards the end of Q1
- The new PTL submissions, in conjunction with the **bespoke new system RTT dashboard**, will support the journey forward in our development of the population health **data informing the health inequalities agenda**
- We will expand out Joint Referral Unit into a fully established **Demand and Capacity Unit** (D&C) investing in dedicated resource to support timely transfer of patients between providers in SWL
- For 21/22, **SWL aspire to support the transfer of up to 2000 patients** across the sector as part of recovery.
- The system already has established and commenced plans for Q1 with the transfer of **300 general surgery and 150 gynaecology patients already commenced**
- IS providers have prioritised ERS and longer term system plans need to address this as part of both **health inequalities and inequities work streams**

Executive Summary – Workstream C1 (Elective Services) – our ambition – outpatient recovery

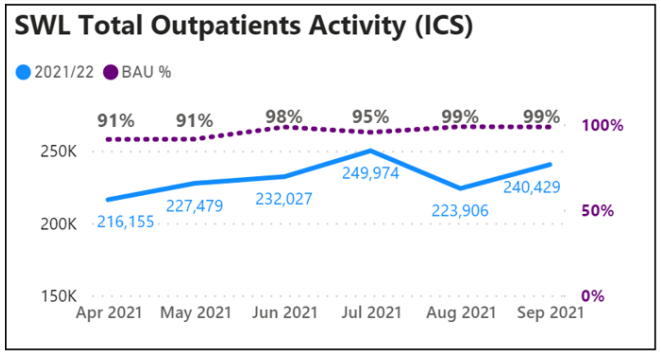
South West London Health & Care Partnership

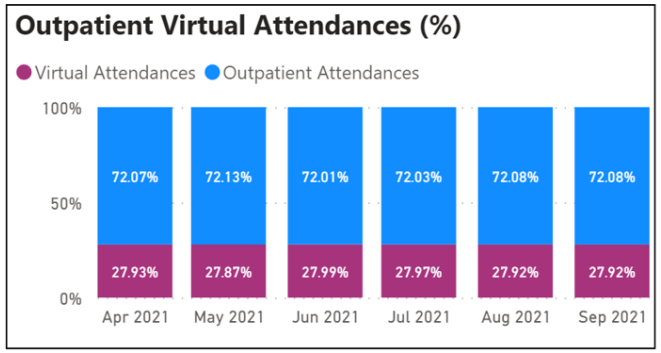
Headline ambition – outpatient recovery

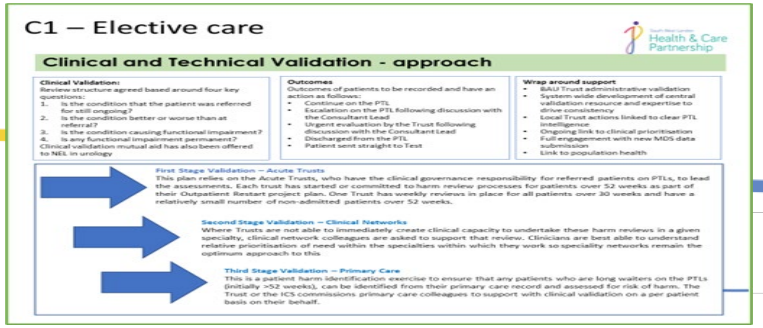
- The Spring Recovery Plan requested by NHSE London, submitted on 12 March, committed the sector to achieving 87% of BAU for outpatients at the end of Q1.
- Recovery principles have been agreed across providers, including a **three tier approach to validation for long waiting patients** by making use of the knowledge at provider level, in the established specialty level clinical networks and in primary care. Further work is taking place to roll out the principles of this approach across all providers
- Delivering the trajectories for PTL improvement is owned at Trust level to ensure effective overall governance is retained and modelling support has been made available to translate from the currency of measuring activity to a focus on actual clock stops and clearance rates.
- Enhance advice and guidance through the use of rapid assessment advice and triage clinics
- Progressing the implementation of PIFU across a number of Outpatient specialties. Croydon, Kingston and Epsom & St Helier are already meeting the requirement to implement PIFU in at least 3 major specialties.
- Virtual outpatient activity is planned to be consistently over 25% (Q1 and Q2)

Over 52 week outpatient waits

- **52+wk numbers have reduced further in recent weeks**. For our main four acute providers, the total is now 1,783 with 34% booked in next six weeks
- As a sector **we anticipate that we will have no patients waiting over 52 weeks on the non-admitted pathway by the end of Q4.**







Executive Summary – Workstream C1 (Elective Services) – our ambition – diagnostic recovery

South West London Health & Care Partnership

Headline ambition – diagnostic recovery

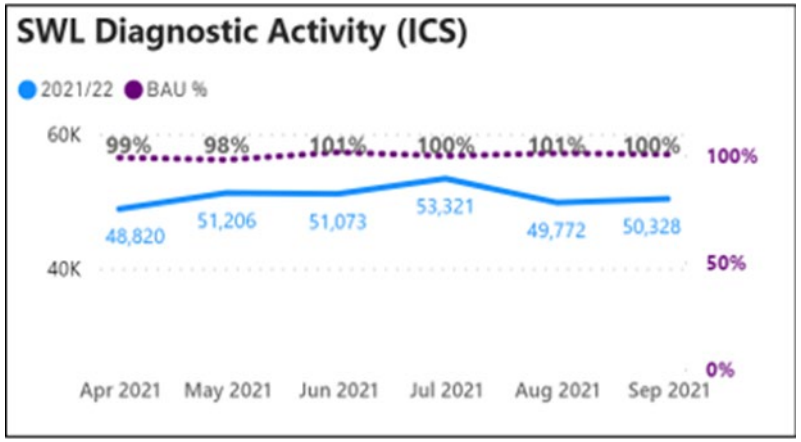
- SWL ICS recovery performance against other ICSs' across London has been very strong. **SWL has the lowest backlog (6+ week waiters) for both Imaging and Endoscopy**
- We have submitted a plan to deliver broadly 100% BAU
- Performance in **March 2021 was 90% of BAU against a plan of 87%**
- Via our Community and Diagnostic Hubs (CDHs), when in place, the ambition is to increase capacity using Queen Mary's Hospital as our hub which will be supported by spokes on other sites across SWL. These Hubs have a link to the EDI agenda and feed into service distribution. The sites identified are Roehampton, Croydon and St Helier.
- We envisage developing a further 2 CDHs across SWL as part of our Y2-5 plan which will focus on further addressing health inequalities, transforming clinical pathways and shifting activity from hospital to community settings

Waiting List:

- The total waiting list remains stable
- 88% of our total waiting list is under 6 weeks which is an improvement from April 2020
- SWL Diagnostic demand and capacity modelling currently underway. Outputs will further influence our local plans

Challenges and Mutual Aid arrangements:

- **Echocardiography** - Kingston continues to be most challenged Trust for this service. Mutual aid agreements have been implemented since March 2021 with circa 150 patients seen at St Helier and Croydon sites. Planning for further clinics is underway and we are currently finalising insourcing arrangements to run clinics at Queen Mary's Hospital.
- Recovery plans have been implemented to reduce the endoscopy backlog and the recovery timelines at Croydon by June 2021 and St. George's by October 2021



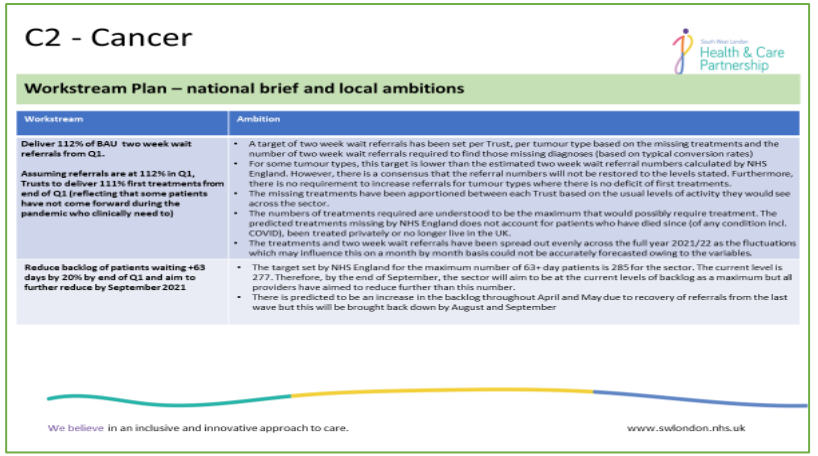
Executive Summary – Workstream C2 (Cancer Services) Our ambition

Headline Ambitions (Cancer Services)

- **Restore referral levels** and missing first treatments
- **Reduce the backlog** of cancer patients waiting longer than 63 days, and maintaining this lower than as at February 2020
- **Recover and restore** cancer services, including cancer screening to pre-covid levels
- Embed **innovate virtual working**
- **Accelerate Rapid Diagnostic Centres**, cytosponge and targeted lung health checks
- Assess the need to establish **Diagnostic and Treatment Hubs** to address capacity shortfalls
- Improving Personalised Care for Cancer, including extending **stratified follow up** in other tumour sites

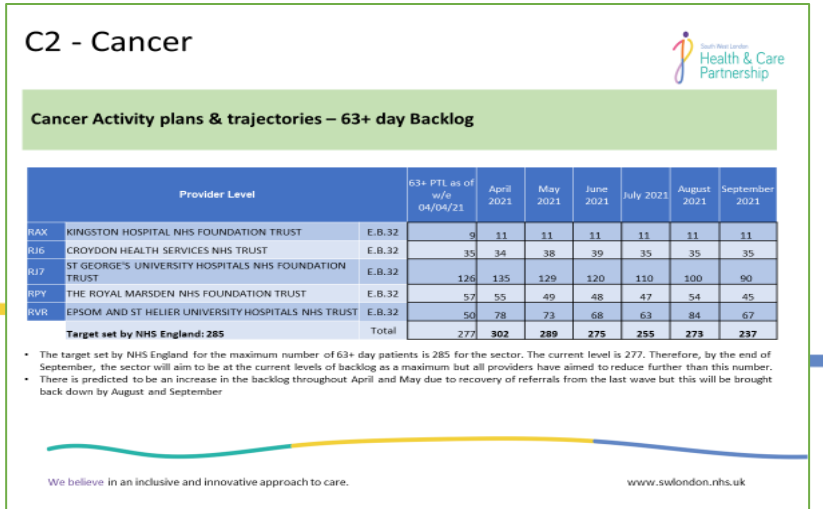
Risks and challenges (Cancer services)

- Ensuring the 2 week cancer wait referrals in urology are treated – 30% plus increase is expected given 'missing' referrals due to Covid – the challenge will be on diagnostic capacity (MRI). We will mitigate this via **sector wide solutions** to meet fluctuations in demand
- Treatment capacity required for breast and urology patients. The sector will **monitor the providers' cancer waiting times performance** and then target providers to reduce the backlog


C2 - Cancer

Workstream Plan – national brief and local ambitions

Workstream	Ambition
Deliver 112% of BAU two week wait referrals from Q1. Assuming referrals are at 112% in Q1, Trusts to deliver 111% first treatments from end of Q1 (reflecting that some patients have not come forward during the pandemic who clinically need to)	• A target of two week wait referrals has been set per Trust, per tumour type based on the missing treatments and the number of two week wait referrals requlred to find those missing diagnoses (based on typical conversion rates) • For some tumour types, this target is lower than the estimated two week wait referral numbers calculated by NHS England. However, there is a consensus that the referral numbers will not be restored to the levels stated. Furthermore, there is no requirement to increase referrals for tumour types where there is no deficit of first treatments. • The missing treatments have been apportioned between each Trust based on the usual levels of activity they would see across the sector. • The numbers of treatments required are understood to be the maximum that would possibly require treatment. The predicted treatments missing by NHS England does not account for patients who have died since (of any condition Incl. COVID), been treated privately or no longer live in the UK. • The treatments and two week wait referrals have been spread out evenly across the full year 2021/22 as the fluctuations which may influence this on a month by month basis could not be accurately forecasted owing to the variables.
Reduce backlog of patients waiting +63 days by 20% by end of Q1 and aim to further reduce by September 2021	• The target set by NHS England for the maximum number of 63+ day patients is 285 for the sector. The current level is 277. Therefore, by the end of September, the sector will aim to be at the current levels of backlog as a maximum but all providers have aimed to reduce further than this number. • There is predicted to be an increase in the backlog throughout April and May due to recovery of referrals from the last wave but this will be brought back down by August and September


C2 - Cancer

Cancer Activity plans & trajectories – 63+ day Backlog

	Provider Level		63+ PTL as of w/e 04/04/21	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	E.B.32	9	11	11	11	11	11	11
RJ6	CROYDON HEALTH SERVICES NHS TRUST	E.B.32	35	34	38	39	35	35	35
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	E.B.32	126	135	129	120	110	100	90
RPY	THE ROYAL MARSDEN NHS FOUNDATION TRUST	E.B.32	57	55	49	48	47	54	45
RVR	EPSOM AND ST HELIER UNIVERSITY HOSPITALS NHS TRUST	E.B.32	50	78	73	68	63	84	67
	Target set by NHS England: 285	Total	277	**302**	**289**	**275**	**255**	**273**	**237**

- The target set by NHS England for the maximum number of 63+ day patients is 285 for the sector. The current level is 277. Therefore, by the end of September, the sector will aim to be at the current levels of backlog as a maximum but all providers have aimed to reduce further than this number.
- There is predicted to be an increase in the backlog throughout April and May due to recovery of referrals from the last wave but this will be brought back down by August and September

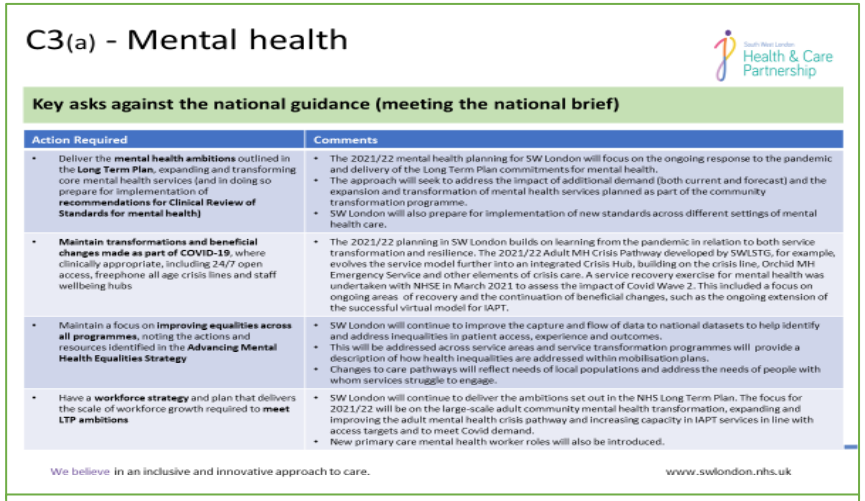
Executive Summary – Workstream C3 (Mental Health Services) – our ambition

Headline ambitions (Mental Health)

- **Continue delivery of the Long Term Plan** ambitions for mental health
- **Meet new demands** and address identified system pressures
- **Supporting staff recovery** through the ongoing development of the mental health & wellbeing hubs
- **Address inequalities** in service access, experience and outcomes
- The plan seeks to address both the transformation programmes and Long Term Plan commitments, including **the planned community transformation programme** and ongoing system recovery
- To transform the delivery of services and prepare for the predicted increases in demand for mental health
- To focus on addressing health inequalities across all mental health services. This will include ongoing support for the Ethnicity and Mental Health Improvement Project. The approach will also seeks to **improve the capture and data quality of national datasets** to help identify and address inequalities in line with the Advancing Mental Health Equalities Strategy
- We have set out clear actions and **performance metrics** to ensure that we can monitor progress and have a implementation plan in place

Challenges and mitigation (Mental Health)

- There are several ongoing workforce challenges. These are common to mental health providers across London and include a **high turnover of staff** in some service areas, difficulty recruiting to some roles and the need to further support staff through career progression and the development of new roles
- As part of the mitigation to this challenge, the planning process will include **a plan to grow the workforce** to deliver the additional capacity required in 2021/22
- **Forecasting future demand** (including supressed demand)
- Work is underway to **agree service and demand pressures for 2021/22.** Demand forecasting has been undertaken to assess the likely increase in service demand in 2021/22. The mental health forecasting tools and models available are designed to assess 'risk factors' across a population and make predictions for increased need and referrals. Changes in actual referrals rates or activity numbers will continue to be tracked


C3(a) - Mental health

Key asks against the national guidance (meeting the national brief)

Action Required	Comments
Deliver the **mental health ambitions** outlined in the **Long Term Plan**, expanding and transforming core mental health services (and in doing so prepare for implementation of **recommendations for Clinical Review of Standards for mental health)**	The 2021/22 mental health planning for SW London will focus on the ongoing response to the pandemic and delivery of the Long Term Plan commitments for mental health. The approach will seek to address the impact of additional demand (both current and forecast) and the expansion and transformation of mental health services planned as part of the community transformation programme. SW London will also prepare for implementation of new standards across different settings of mental health care.
Maintain transformations and beneficial changes made as part of COVID-19, where clinically appropriate, including 24/7 open access, freephone all age crisis lines and staff wellbeing hubs	The 2021/22 planning in SW London builds on learning from the pandemic in relation to both service transformation and resilience. The 2021/22 Adult MH Crisis Pathway developed by SWLSTG, for example, evolves the service model further into an integrated Crisis Hub, building on the crisis line, Orchid MH Emergency Service and other elements of crisis care. A service recovery exercise for mental health was undertaken with NHSE in March 2021 to assess the impact of Covid Wave 2. This included a focus on ongoing areas of recovery and the continuation of beneficial changes, such as the ongoing extension of the successful virtual model for IAPT.
Maintain a focus on **improving equalities across all programmes**, noting the actions and resources identified in the **Advancing Mental Health Equalities Strategy**	SW London will continue to improve the capture and flow of data to national datasets to help identify and address inequalities in patient access, experience and outcomes. This will be addressed across service areas and service transformation programmes will provide a description of how health inequalities are addressed within mobilisation plans. Changes to care pathways will reflect needs of local populations and address the needs of people with whom services struggle to engage.
Have a **workforce strategy** and plan that delivers the scale of workforce growth required to **meet LTP ambitions**	SW London will continue to deliver the ambitions set out in the NHS Long Term Plan. The focus for 2021/22 will be on the large-scale adult community mental health transformation, expanding and improving the adult mental health crisis pathway and increasing capacity in IAPT services in line with access targets and to meet Covid demand. New primary care mental health worker roles will also be introduced.

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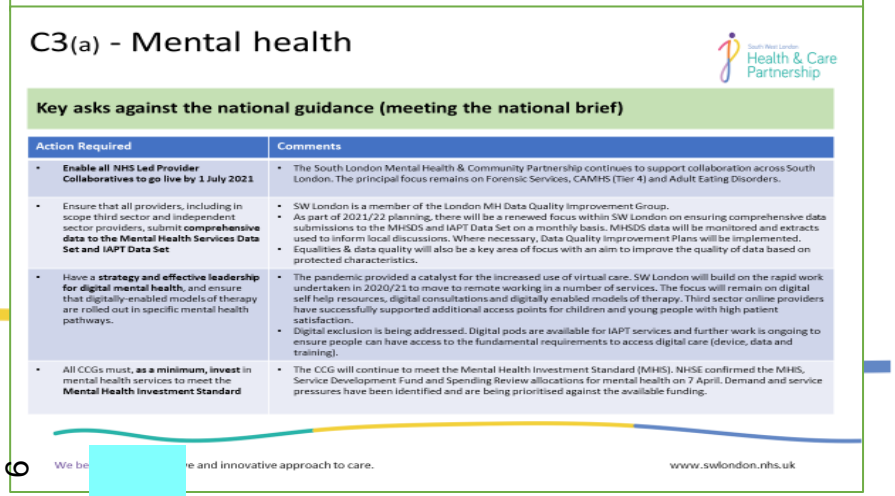
C3(a) - Mental health

Key asks against the national guidance (meeting the national brief)

Action Required	Comments
Enable all NHS Led Provider Collaboratives to go live by 1 July 2021	The South London Mental Health & Community Partnership continues to support collaboration across South London. The principal focus remains on Forensic Services, CAMHS (Tier 4) and Adult Eating Disorders.
Ensure that all providers, including in scope third sector and independent sector providers, submit **comprehensive data to the Mental Health Services Data Set and IAPT Data Set**	SW London is a member of the London MH Data Quality Improvement Group. As part of 2021/22 planning, there will be a renewed focus within SW London on ensuring comprehensive data submissions to the MHSDS and IAPT Data Set on a monthly basis. MHSDS data will be monitored and extracts used to inform local discussions. Where necessary, Data Quality Improvement Plans will be implemented. Equalities & data quality will also be a key area of focus with an aim to improve the quality of data based on protected characteristics.
Have a **strategy and effective leadership for digital mental health**, and ensure that digitally-enabled models of therapy are rolled out in specific mental health pathways.	The pandemic provided a catalyst for the increased use of virtual care. SW London will build on the rapid work undertaken in 2020/21 to move to remote working in a number of services. The focus will remain on digital self help resources, digital consultations and digitally enabled models of therapy. Third sector online providers have successfully supported additional access points for children and young people with high patient satisfaction. Digital exclusion is being addressed. Digital pods are available for IAPT services and further work is ongoing to ensure people can have access to the fundamental requirements to access digital care (device, data and training).
All CCGs must, **as a minimum, invest** in mental health services to meet the **Mental Health Investment Standard**	The CCG will continue to meet the Mental Health Investment Standard (MHIS). NHSE confirmed the MHIS, Service Development Fund and Spending Review allocations for mental health on 7 April. Demand and service pressures have been identified and are being prioritised against the available funding.

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Executive Summary – Workstream C3 (Mental Health Services) – measuring what we do

South West London Health & Care Partnership

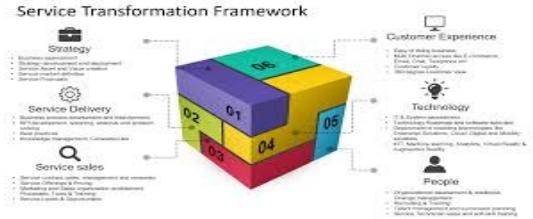
We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition	KPI to monitor progress
Acute, Community & Crisis	People with severe mental illness will be able to access the right level of care for both mental and physical health in the right place, at the right time in new, integrated models of primary and community care, with appropriate 24/7 crisis intervention when needed, including non-clinical community-based support; young people approaching age 18 are effectively transitioned to adult services to ensure consistency of care. Personalisation is a key focus with a consistent approach to the PHB offer for s117 patients on a pilot basis with the SLP Complex Care Team in 2021/22	• 60% of people on SMI register receive annual physical health check • People are seen in integrated community mental health model in 2021/22 • Numbers accessing crisis line • Increased numbers accessing local recovery/crisis cafes • Increase uptake of PHBs
Perinatal mental health	Women who are pregnant or within the first two years of giving birth receive appropriate care if they have or develop a mental illness related to pregnancy and/or birth; plans are developed to implement Maternal Mental Health Services that support women experiencing severe fear of giving birth, trauma following birth and/or trauma related to perinatal loss; fathers are assessed for mental health needs and referred to appropriate care.	• At least 1,800 women access a specialist perinatal mental health service in 2021/22
IAPT	People with mild to moderate mental health needs access timely, short-term interventions and recover well; people with a Long-Term Condition access integrated care that supports their specific condition.	• At least 42,000 individuals access IAPT in 2021/22
Suicide prevention	No one takes their own life. People who are bereaved by suicide receive specialist, tailored support to their needs.	• Numbers of recorded suicides reduce by 10% compared to 2017 levels.
Children and Young People's Mental Health	Children and young people with a mental illness can access the right level of support in the right place, at the right time including 24/7 crisis care and specialist services such as Eating Disorders; services are adapted and/or developed that support people up to age 25, with an effective transition to adult services at 18 that ensures consistency of care.; continue rollout of Mental Health Support Teams in schools and colleges	• At least 10,000 CYP receive treatment in an NHS-funded community service in 2021/22 • Eating Disorders service maintains waiting standards achievement • Coverage of MHSTs
Workforce	The mental health workforce expands with new roles aligned to the effective delivery of services; staff across the NHS are assisted with their mental health needs through specialist support hubs.	• Workforce expands in line with Long-Term Plan ambitions • Staff wellbeing hub expanded in line with NHSE guidance

Workstream	Apr	May	Jun	Jul	Aug	Sept
Acute, Community and Crisis	Integrated crisis hub	Final specification agreed	Mobilisation			
	CMHTP	IDH development in Sutton	Ongoing scoping across the key areas			
Perinatal mental health	Perinatal service expansion	Agree financial envelope	Develop workforce plan with Trusts	Identify training needs Commence recruitment			Initial new service delivery phase
	MMHS		Engagement piece concludes	Proposed service model finalised	Wider engagement on proposed model		Agree final service model
IAPT	Develop commissioning plan	Develop options	MH Board options appraisal	Assess procure-ment/ contracting needs			Begin procurement/ contract changes
Suicide prevention	Needs assessment		Agree specificiation. Discuss with potential suppliers.	Commence procurement	Agree supplier	Needs assessment commences	
	Real-time surveillance		Sign information sharing agreement	Initial data analysis	Ongoing reporting to Prevention Steering Group		
	CYP suicide prevention		Agree Job Description	Commence recruitment			Begin work with schools to develop plan
Children and young people's mental health	CAMHS Transformation Plan developed	CAMHS commissioner workshop	Drafting plan	Stakeholder engagement	Final plan produced		Plan submitted
	Mobilisation of 3 additional mental health support teams	Agreement of borough/place		Mobilisation		Monitoring impact	
Workforce	Development of hubs	Review specification against NHSE/I requirements. Review outputs from the pilot phase	Agree new specification and roll out	Monitor delivery against mandated NHSE KPIs plus any local indicators	Further develop the model if required based on activity and feedback.		

Executive Summary – Workstream C3 (Mental Health Services) – transforming our services

South West London Health & Care Partnership



Supporting service transformation across adult and CYP mental health services

Key Priorities

Adult Crisis Pathway

The new pathway has been developed to coordinate service delivery from an Integrated Crisis Hub. This builds upon and expands existing services.

The new pathway is expected to improve patient experience and reduce ED attendance by up to 20%.

Community Mental Health Transformation Programme

The programme is being mobilised as planned and will ensure care is organised around the needs of service users and delivered through Integrated Delivery Hubs that bring together community mental health and physical health teams, primary care, VCSE and local authority provision.

CAMHS

There are significant pressures in CAMHS, and particularly eating disorder services, however there is confidence that future demand will be met. Proposals to mitigate demand pressures in children's eating disorder services, CAMHS Tier 3 ADHD and CAMHS Emergency Care Service have been developed and focus on partnership working, additional staffing and changes to service models to maximise capacity.

SMI Physical Health Checks

SW London has yet to achieve the 60% standard for SMI health checks. This is a key area of focus for 2021/22. A comprehensive improvement programme has been developed in conjunction with primary care leads and continues to be implemented.

The 2021/22 year end performance is projected as 45% against current performance of 23%.

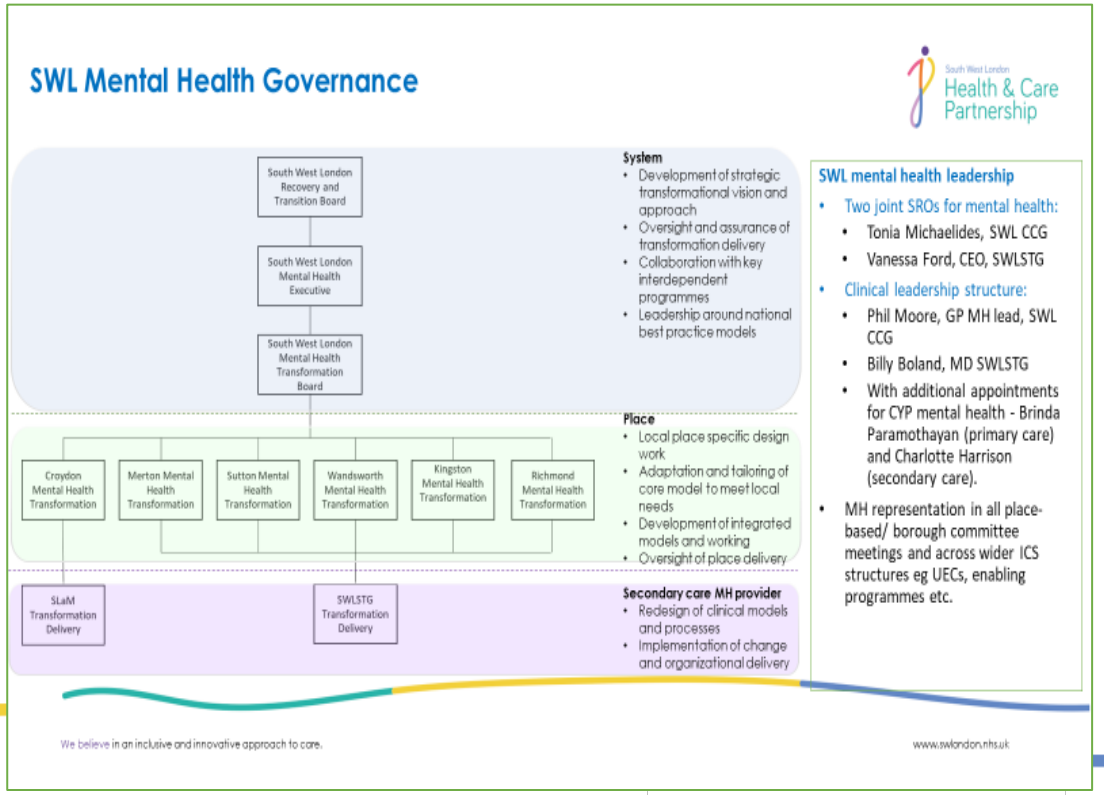
- The table below shows the headline outputs from the Tees, Esk & Wear Valley (TEW) model, which focuses principally on system population
- The model **forecasts a 35% increase in demand for CYP aged 5-17** and **28% for adults 18-64**. (The 0-4 age group is not relevant to this model and there are issues with the data for this cohort)
- Latest data from the Mental Health of Children and Young People Survey estimates that **27,769 CYP in SW London have mental health difficulties**
- Richmond and Kingston have a relatively high proportion of **children in need assessments which cite the child's mental health** as a reason for their need (24% and 22% of assessments respectively)

	CYP									Adults			MHSOP			All		
	Aged 0-4			Aged 5-17			Aged 0-17			Aged 18-64			Aged 65+			All ages		
Local population:	97,581			243,061			340,642			1,164,902			209,443			1,714,987		
Your total unique referrals in 19/20	419			16095			16514			43553			11565			71632		
	MH system demand	Your organisations demand	Your % increase in demand	MH system demand	Your organisations demand	Your % increase in demand	MH system demand	Your organisations demand	Your % increase in demand	MH system demand	Your organisations demand	Your % increase in demand	MH system demand	Your organisations demand	Your % increase in demand	MH system demand	Your organisations demand	Your % increase in demand
Expected increase in service users (over next 5yrs)	35,071	5,611	268%	175,023	28,004	**35%**	210,094	33,615	41%	383,235	61,318	**28%**	56,426	9,028	**16%**	649,755	103,961	29%
Yearly increase in service users	7,014	1,122		35,005	5,601		42,019	6,723		76,647	12,264		11,285	1,806		129,951	20,792	
Monthly increase in service users	585	94		2,917	467					6,387	1,022		940	150		10,829	1,733	
Weekly increase in service users	135	22		673	108					1,474	236		217	35		2,499	400	

Executive Summary – Workstream C3 (Mental Health Services) – transforming our services

Innovation remains a key focus and in 2021/22 SW London will support innovative service developments and scale up pilot schemes to ensure equitable access across the system.

- **Crisis response:** The Orchid Emergency Mental Health Service model at SWLSTG is being further evolved to provide mobile crisis response and improvements to the SW London crisis pathway
- The Croydon Recovery Space was mobilised in Q4 2021 and provides diversion and an alternative to A&E for patients with no clinical needs in crisis. Also an emergency mental health service is being mobilised at Croydon Hospital to provide a clinical mental health space for patients in A&E that can be used for assessment and onward planning
- **Physical and mental health links:** The ICS is reviewing work led by SE London partners focused on different approaches to physical health care in SMI: https://www.kingshealthpartners.org/our-work/mind-and-body/our-projects/physical-healthcare-in-severe-mental-illness and this may support the SMI physical health checks programme
- **Prevention of mental ill-health and crisis:** The ICS, and constituent members, remain key partners in the mental ill-health and crisis prevention programme across south London and has supported the listening exercises and issues workshops facilitated by Citizens UK. This programme continues to develop and ensures community leadership in the mental health agenda



Executive Summary – Workstream C3 (LD and Autism) – our ambition

South West London Health & Care Partnership

LD and Autism ambition

- SW London has an established programme for learning disabilities (LD) and Autism Spectrum Disorder (ASD) with a range of workstreams mapping under the four national ambitions:
  - Improving Health Inequalities
  - Strengthen community support & reduce reliance on inpatient care
  - Ensuring people with a learning disability and autistic people can live their best lives
  - Improving quality
- The focus of the programme in 2021/22 will be the **development of crisis and enhanced support services,** particularly for those with ASD and/or challenging behavior. We will also **focus on children and young people aged between 14-25 with autism as a priority**

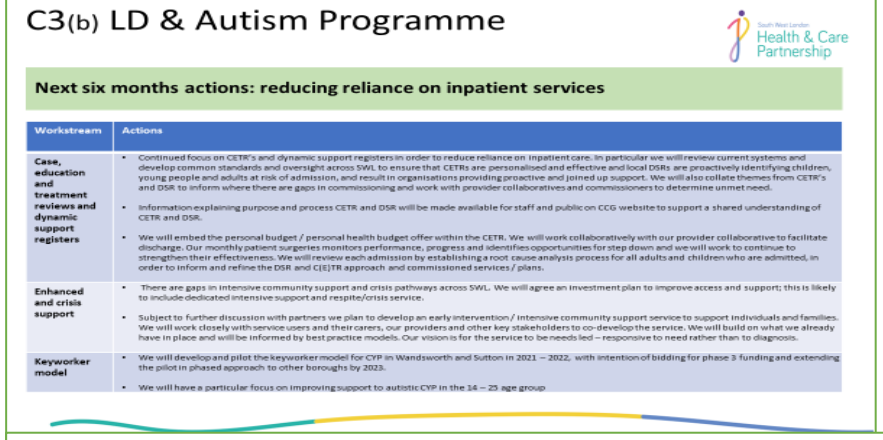
Delivering the national ambition

- Ensure achievement of the 75% **Annual Health Check target**
- **Reduce** the number of people with a learning disability and/or autism who are in an **inpatient facility i**n line with our agreed trajectory
- Ongoing delivery of Learning Disability Mortality Review (LeDeR) requirements

Reducing our reliance on inpatient services

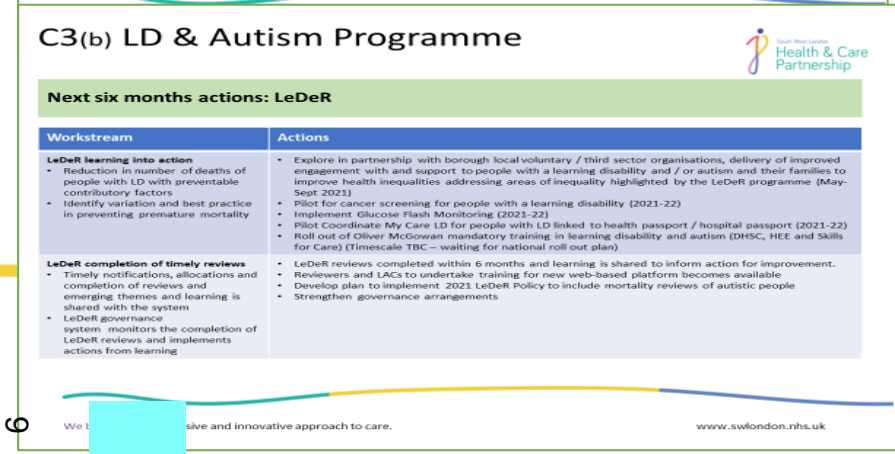
- Continued **focus on CETR's** and dynamic support registers in order to reduce reliance on inpatient care
- We will **embed the personal budget** / personal health budget offer within the CETR
- We will **review each admission** by establishing a root cause analysis process for all adults and children who are admitted
- We will **work closely with service users and their carers**, our providers and other key stakeholders to co-develop the service. We will build on what we already have in place and will be informed by best practice models
- We will **develop and pilot the keyworker model for CYP in Wandsworth and Sutton in 2021 – 2022**, with intention of bidding for phase 3 funding and extending the pilot in phased approach to other boroughs by 2023.
- We will have a particular focus on improving **support to autistic CYP in the 14 – 25 age group**

getting it right
when treating people with a learning disability


C3(b) LD & Autism Programme

Next six months actions: reducing reliance on inpatient services

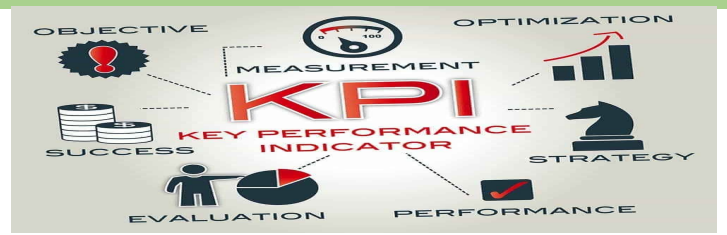
Workstream	Actions
Case, education and treatment reviews and dynamic support registers	• Continued focus on CETR's and dynamic support registers in order to reduce reliance on inpatient care. In particular we will review current systems and develop common standards and oversight across SWL to ensure that CETRs are personalised and effective and local DSRs are proactively identifying children, young people and adults at risk of admission, and result in organisations providing proactive and joined up support. We will also collate themes from CETR's and DSR to inform where there are gaps in commissioning and work with provider collaboratives and commissioners to determine unmet need. • Information explaining purpose and process CETR and DSR will be made available for staff and public on CCG website to support a shared understanding of CETR and DSR. • We will embed the personal budget / personal health budget offer within the CETR. We will work collaboratively with our provider collaborative to facilitate discharge. Our monthly patient surgeries monitors performance, progress and identifies opportunities for step down and we will work to continue to strengthen their effectiveness. We will review each admission by establishing a root cause analysis process for all adults and children who are admitted, in order to inform and refine the DSR and C(E)TR approach and commissioned services / plans.
Enhanced and crisis support	• There are gaps in intensive community support and crisis pathways across SWL. We will agree an investment plan to improve access and support; this is likely to include dedicated intensive support and respite/crisis service. • Subject to further discussion with partners we plan to develop an early intervention / intensive community support service to support individuals and families. We will work closely with service users and their carers, our providers and other key stakeholders to co-develop the service. We will build on what we already have in place and will be informed by best practice models. Our vision is for the service to be needs led – responsive to need rather than to diagnosis.
Keyworker model	• We will develop and pilot the keyworker model for CYP in Wandsworth and Sutton in 2021 – 2022, with intention of bidding for phase 3 funding and extending the pilot in phased approach to other boroughs by 2023. • We will have a particular focus on improving support to autistic CYP in the 14 – 25 age group


C3(b) LD & Autism Programme

Next six months actions: LeDeR

Workstream	Actions
LeDeR learning into action • Reduction in number of deaths of people with LD with preventable contributory factors • Identify variation and best practice in preventing premature mortality	• Explore in partnership with borough local voluntary / third sector organisations, delivery of improved engagement with and support to people with a learning disability and / or autism and their families to improve health inequalities addressing areas of inequality highlighted by the LeDeR programme (May-Sept 2021) • Pilot for cancer screening for people with a learning disability (2021-22) • Implement Glucose Flash Monitoring (2021-22) • Pilot Coordinate My Care LD for people with LD linked to health passport / hospital passport (2021-22) • Roll out of Oliver McGowan mandatory training in learning disability and autism (DHSC, HEE and Skills for Care) (Timescale TBC – waiting for national roll out plan)
LeDeR completion of timely reviews • Timely notifications, allocations and completion of reviews and emerging themes and learning is shared with the system • LeDeR governance system monitors the completion of LeDeR reviews and implements actions from learning	• LeDeR reviews completed within 6 months and learning is shared to inform action for improvement. • Reviewers and LACs to undertake training for new web-based platform becomes available • Develop plan to implement 2021 LeDeR Policy to include mortality reviews of autistic people • Strengthen governance arrangements

Executive Summary – Workstream C3 (LD and Autism) – measuring what we do



South West London Health & Care Partnership

getting it right
when treating people with a learning disability

We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition	KPI to monitor progress
Reducing health inequalities	• Annual health checks for people with LD are crucial in reducing health inequalities. In SWL we have a joint workstream across LD and primary care to ensure we maximise our take up of annual health checks. We work with clinical leads in each borough to link in with primary care colleagues. • During 20/21 we prioritised a focus on ensuring uptake of the flu and Covid vaccinations for people with a learning disability. We will continue with this successful programme in 21/22. • Through the LeDeR programme ensure a reduction in number of deaths of people with LD with preventable contributory factors and ensuring timely notifications, allocations and completion of reviews where they are required and emerging themes and learning is shared with the system • Rolling out our STOMP/STAMP pilot on a BAU basis	• AHC % above 75% • Flu vaccination rate for people with a learning disability • Covid vaccination rate for people with a learning disability

Reducing reliance on inpatient services	• South West London continues to achieve is Transforming Care Partnership trajectories but further focus is required to ensure that this is achieved in future years. Workstreams include:
	  • Continue to work collaboratively with the South London Partnership to facilitate discharge
	  • Continued use of DSR and CETR delivered in line with KPIs (including review of approach – develop common systems and oversight across SWL)
	  • Set up work to enable a successful key worker bid in Q3 21/22
	  • Review our crisis and enhanced community support models to ensure consistent access to services across SWL. Implement agreed model.
	  • Develop joint protocols in each of our boroughs to support transition to adulthood
	  • Develop and agree model and consistent service offer for CAMHS LD provision to meet demand (including access to functional behaviour assessment) across SWL
		• Number of inpatients (adults and children)
		• CETRs delivered/plan

Ensuring people with LD/ASD live their best lives	• Ensure diagnostic is NICE compliant across SWL. Develop services / service model at a borough level or multi borough level (i.e. Merton, Richmond, Sutton) with capacity and capability to sustain demand pressures and support follow up. • Develop common performance data set and reporting for SWL for autism diagnostic pathways and outcomes • Review of national autism strategy, due to be published in the spring will inform local strategy, commissioning and improvements	• [Performance scorecard to be agreed for ASD diagnostic pathways]
Ensuring quality of care	• We will continue delivery of our early adopter programme to test reasonable adjustments in advance of rolling out a digital flag. • Commence work with all our providers to ensure LD improvement standards will be applied to NHS Trusts and improvement tool will be used to inform required improvement into action	n/a

Workstream	Actions
Continued achievement of 75% target	• Continue to share data (at an SWL, borough and practice level) on a monthly basis presenting both year to date and rolling 12 month data; this enables more real time visibility of performance rather than waiting for the national data set. • Work is ongoing to ensure that coding is accurate across all practices supported by local clinical leads in each borough. • Support given to individual practices (by local clinical GP leads) where performance is below 75% • Delivery of 2 training sessions targeted at GPs and practice staff to enhance the number of patients who attend their annual health check – focussing on the AHC process. • Pilot being undertaken in Sutton to consider the Annual Health Action Plan that comes out of the Annual Health Check and how people with a learning disability can be supported to manage this during the year. Will report in summer 2021. • Training delivered to practices to help healthcare staff improve and develop greater empathy and understanding towards vulnerable patients – working with actors with learning disabilities and/or autism.
Maximising people on the LD register	• All practices who did not do this in 20/21 will be asked to complete 'will' and 'may' searches to maximise the number of people on their LD registers. • As part of the quality improvement domain for QOF in 21/22 practices will be asked to provide information on what they have done to ensure appropriate patients are identified for their LD registers.

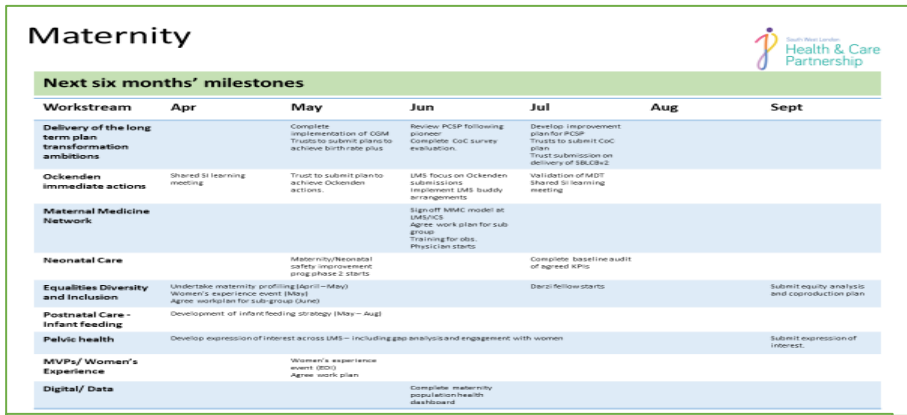
Executive Summary – Workstream C4 (Maternity Services) – our ambition

Headline ambitions

- We want maternity services to be **safe, more personalised** and family friendly.
- We want every woman to have **access to information to enable her to make decisions** about care and be able to access support that is centred around the individual needs of her and her baby.
- Our delivery plan for 21/22 has been informed by the **seven immediate and essential actions of the Ockenden Report**.
- Continued delivery of the transformation set out in the long-term plan in order to **achieve the 'halve it' ambition** (to reduce still births, neonate deaths, maternal deaths and brain injuries by 50% by 2025).
- We have developed a **SWL specific programme to address the inequities** found in maternity care and set out our delivery plan for the next 6 months
- **Restore the full maternity pathway** following the pandemic
- VBA and **referral to smoking cessation services** for women that report smoking whilst pregnant.
- **Support for staff** – staff recovery has been part of the recovery plans for all SWL trusts with support for the maternity teams to take leave in March/ April
- Following publication of the Ockenden Report, and 'transforming perinatal safety' in 20/21, we have reviewed the governance arrangements for SWL local maternity system. These changes have been put in place from April 2021 and will be reviewed regularly.

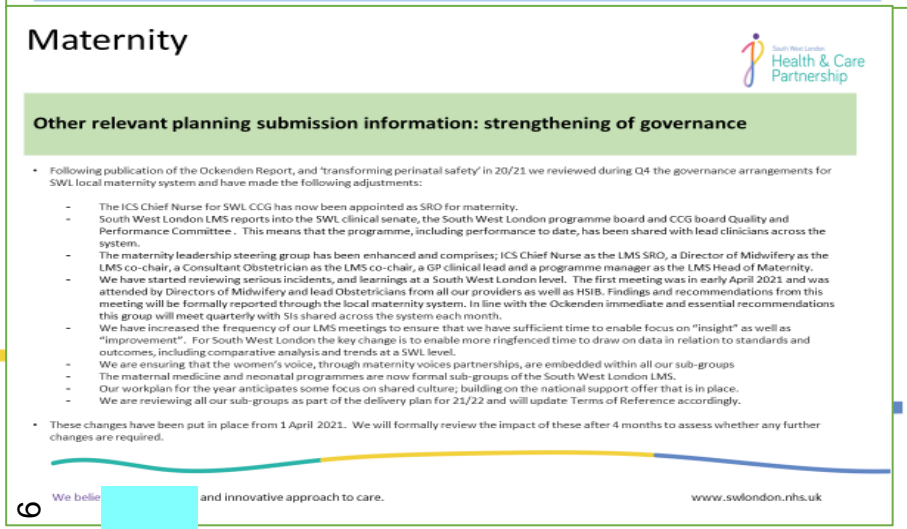
Challenges

- **Staffing and recruitment** - There are several challenges around workforce which include; midwifery retention, midwifery to birth ratio due to loss of midwives and ongoing funding/ recruitment challenges.
- Meeting the national midwifery expansion target will be a challenge. As part of the mitigation, **the planning process will include a plan to grow the workforce** to deliver the additional capacity required in 2021/22, which is also being supported by the national plans and increased funding for workforce.
- **Training** - The mandatory training required by CNST/ Ockenden has been a challenge with the restrictions on face to face training in recent months . SWL will be working closely with Trusts and the ICS workforce team to **develop system wide training for maternity staff as well as nurses**.
- The lack of available, clinically appropriate, community spaces is a concern for SWL LMS. We **continue to work with the SWL estates** programme to address these challenges.
- Digital alignment continues to present issues. As part of the mitigation, we have recognised that each Trust should **appoint a Digital Midwife** to support data needs at provider level and in turn appoint an ICS Digital Sponsor to support activity at system level.


Maternity

Next six months' milestones

Workstream	Apr	May	Jun	Jul	Aug	Sept
Delivery of the long term plan transformation ambitions		Complete implementation of OGM Trusts to submit plans to achieve birth rate plus	Review PCSP following pioneer Complete CoC survey evaluation	Develop improvement plan for PCSP Trusts to submit CoC plan Trust submission on delivery of SBLCB+2		
Ockenden immediate actions	Shared SI learning meeting	Trust to submit plan to achieve Ockenden actions.	LMS focus on Ockenden submissions Implement LMS buddy arrangements	Validation of MDT Shared SI learning meeting		
Maternal Medicine Network			Sign off MMC model at LMS/ICS Agree work plan for sub group Training for obs. Physician starts			
Neonatal Care		Maternity/Neonatal safety improvement programme phase 2 starts		Complete baseline audit of agreed KPIs		
Equalities Diversity and Inclusion		Undertake maternity profiling (April—May) Women's experience event (May) Agree workplan for sub-group (June)		Darzi fellow starts		Submit equity analysis and coproduction plan
Postnatal Care - Infant feeding		Development of infant feeding strategy (May – Aug)				
Pelvic health		Develop expression of interest across LMS – including gap analysis and engagement with women				Submit expression of interest.
MVPs/ Women's Experience		Women's experience event (IDD) Agree work plan				
Digital/ Data			Complete maternity population health dashboard			


Maternity

Other relevant planning submission information: strengthening of governance

- Following publication of the Ockenden Report, and 'transforming perinatal safety' in 20/21 we reviewed during Q4 the governance arrangements for SWL local maternity system and have made the following adjustments:
  - The ICS Chief Nurse for SWL CCG has now been appointed as SRO for maternity.
  - South West London LMS reports into the SWL clinical senate, the South West London programme board and CCG board Quality and Performance Committee . This means that the programme, including performance to date, has been shared with lead clinicians across the system.
  - The maternity leadership steering group has been enhanced and comprises; ICS Chief Nurse as the LMS SRO, a Director of Midwifery as the LMS co-chair, a Consultant Obstetrician as the LMS co-chair, a GP clinical lead and a programme manager as the LMS Head of Maternity.
  - We have started reviewing serious incidents, and learnings at a South West London level. The first meeting was in early April 2021 and was attended by Directors of Midwifery and lead Obstetricians from all our providers as well as HSIB. Findings and recommendations from this meeting will be formally reported through the local maternity system. In line with the Ockenden immediate and essential recommendations this group will meet quarterly with SIs shared across the system each month.
  - We have increased the frequency of our LMS meetings to ensure that we have sufficient time to enable focus on "insight" as well as "improvement". For South West London the key change is to enable more ringfenced time to draw on data in relation to standards and outcomes, including comparative analysis and trends at a SWL level.
  - We are ensuring that the women's voice, through maternity voices partnerships, are embedded within all our sub-groups
  - The maternal medicine and neonatal programmes are now formal sub-groups of the South West London LMS.
  - Our workplan for the year anticipates some focus on shared culture; building on the national support offer that is in place.
  - We are reviewing all our sub-groups as part of the delivery plan for 21/22 and will update Terms of Reference accordingly.
- These changes have been put in place from 1 April 2021. We will formally review the impact of these after 4 months to assess whether any further changes are required.

We belie and innovative approach to care.

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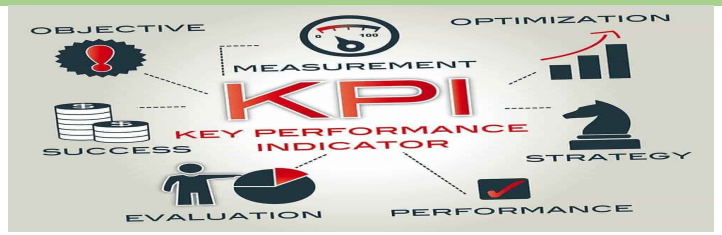
Executive Summary – Workstream C4 (Maternity Services) – measuring what we do



South West London Health & Care Partnership

We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition	KPI to monitor progress
Delivery of the long term plan transformation ambitions	• Roll out Continuity of Carer more widely – particular focus for 21/22 on BAME women and those from deprived areas with building blocks in place to ensure it is default position by March 2023. • Ensure all women are offered Personalised Care and Support Plans. • Implement Saving Babies Lives Care Bundle (including smoking cessation) • Each trust meets CNST requirements	• 51% of all women and 75% BAME women booked on CoC pathway by March 2022. • Ensure every woman is offered a personalised care plan by March 2022 • NHS smoke free pregnancy pathways are available for up to 40% of maternal smokers by March 2022
Ockenden immediate and essential actions	• Implementation of seven immediate and essential actions set out in the Ockenden report • Each trust develops plans to meet Birth-rate Plus to support adequate recruitment for their units.	• LMS and the ICS oversight of Trust implementation.
Maternal Medicine Network	• Maternal medicine model to be signed off by ICS. • SWL Maternal Medicine Network will ensure that clinicians and trusts working collaboratively to maintain, or enhance care pathways, policies and protocols that offer evidence-based pre-pregnancy, antenatal, intrapartum and postnatal care for women with significant pre-existing or acquired medical conditions. • Implement CGM for women with type 1 diabetes	• To be developed • Embed Continuous Glucose Monitoring so that all Type 1 pregnant women are offered a CGM device from March 2022
Neonatal Care	• Implement the recommendations of the Neonatal Critical Care Review. • SWL undertaking baseline audit of neonatal outcomes by Q2 2021/22 to inform system wide priorities.	• Reduced rates of neonatal deaths, brain injuries and maternal deaths • Maintain babies born in right place. • 85% of women give birth in a hospital with on site neonatal care (less than 27 weeks gestation)
Equalities Diversity and Inclusion	• Develop and implement interventions across South West London to address the inequities in maternity outcomes, particularly for BAME women. We are at scoping phase and initially will complete a retrospective audit on adverse outcomes for all women and undertake a women/ family listening event to gathering qualitative feedback from seldom heard communities. • We have successfully bid for a Darzi fellow to support the maternity EDI project • Develop equity analysis by September 2021 and action plans by December 2021 in line with national requirements.	• Reduction in inequities of birth outcomes – targets to be developed as part of initial work. • Implement Continuity of Carer for most BAME women, and those from deprived areas by March 2022. • Development of Maternity population health dashboard/needs assessment.

Workstream	Ambition	KPI to monitor progress
Postnatal Care - Infant feeding	• Develop a pan-SWL Infant Feeding strategy	• Achievement of Baby Friendly Initiative Gold status in all SWL trusts
Pelvic health	• Submit a successful expression of interest for pelvic health bid in Q3 2021/22.	• Pelvic health pathway implemented in SWL – dependent on successful bid.
MVPs/ Women's Experience	• Listening to the women's voice will be embedded within all individual workstreams. • The LMS team will continue to support the Maternity Voices Partnership to coordinate activities and learn from key messages across the LMS.	• Increased number of women joining the local MVP groups • Increased number of women from ethnic minority groups joining the local MVP groups • Increased number of women's experiences heard.
Digital/ Data	• Continued development of the SWL maternity dashboard to provide maternity population health data. • Digital midwife is appointed in all trusts by Q3 2021/22	• All trusts appoint a Digital midwife Maternity Digital Sponsor at ICS level appointed • Continued roll out of the e-redbook to meet the target of every women having access to digital care records by 2024
Recovery Plan	• Ensure all trusts have safely and fully reinstated paused services : partner visiting/ attending appointments, virtual appointments and carbon monoxide testing	• Women's experience via MVPs
Workforce	• Each trust develops plans to meet Birth-rate Plus and on completion follows through with adequate recruitment for their units. • System wide recruitment of maternity staff • System wide maternity staff training • Development of a skills passport for maternity staff	• All trusts at establishment based on Birth Rate Plus recommendations

South West London
Health & Care
Partnership

Workstream D – Primary Care & Population Health Management and the Impact on Health Inequalities

Executive Summary – Workstream D (Primary Care) – our ambition

Headline ambitions

- **Service restoration** including continued improvements in appointment numbers and tackling the backlog
- **Workforce** expansion (e.g. through the ARRS element of the DES) and support for workforce wellbeing
- **Focus on health inequalities**, with emphasis on population health management, long term conditions and Learning Disabilities and addressing issues of access and digital exclusion
- **Shift of care, adopting new pathways and technology,** e.g. remote monitoring / post-covid pathway
- **Covid vaccine** and general immunisation programmes
- **Development of PCNs as a key enabler to the above**, including supporting implementation of the PCN DES
- After wave 1, activity levels exceeded pre-COVID levels and we are **confident activity levels will return** to those levels following wave 2. We have supported practices to accurately record all types of consultations (i.e. phone/video F2F) and have fully implemented online and video consultations to enable this.
- We have **structured practice focus sessions** where this topic is discussed and we are working directly with practices if any difficulties are flagged in restoring activity levels. Furthermore, to ensure this, **we work with Training Hubs and our Federations** to support workforce wellbeing and resilience to mitigate the risk of staff absence.

Challenges

- **Workforce** remains a challenge in terms of staff wellbeing, recruitment and retention. Staff support packages with HEE and/or Federation colleagues are available. Recruitment and retention projects are in place which are funded via the GP forward view monies.
- **Unsustained uptake of online consultations (OC) and video consultations (VC)** because patients wish to revert to face to face appointments after the pandemic. To mitigate against this, there is a series of consultations currently underway with GP practices, to ensure that the specification of work is developed in partnership with stakeholders and that they are fit for purpose.
- Catching up with the **backlog of activity including long-term condition reviews**. Protected LCS income for Q1 fund supports additional workforce capacity to assist management of the backlog

Executive Summary – Workstream D (Primary Care) – measuring what we do

South West London Health & Care Partnership

We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition – primary care digital	KPI to monitor progress
Online Consultations	• To implement a new framework for online consultations for SWL offering a choice of providers to suit functionality requirements for all practices. • To increase utilisation of online consultations to increase triage first model and embed new digital ways of working. • To reduce demand on general practice and enable practices to manage capacity more efficiently • To implement successful change management support to all practices • Improve overall confidence in Online Consultations as a system for both practices and patients	• OC implementation – 100% across all practices • OC adoption rate (percentage of patients utilising online consultations) – increase from current position of 5% to 10%
Video Consultations	• To work with practices fully embed and optimise video consultations to meet the demand and needs of patients. • To increase overall utilisation of Video Consultations. • To work with system partners to develop a system wide approach to VC to enable value for money and continuity for patients across all areas of the SWL system.	• Implementation – 100% across all practices • Increase in VC utilisation from current position by 5%
Digital First Pilots: **Population Health Management** **Website Optimisation** **Care Homes** **E-Hubs** **GP connect** **Telephony** **VC (group consultations)**	• To implement a population health management pilot to optimise demand and capacity in a PCN supporting the understanding of service utilisation through real-time analytics directly from the GP clinical system. • To implement PCN eHub solutions using online consultations (OC), telephony and video to improve patient digital access to services. • To optimise practice websites with capabilities for unregistered patients to register on line, and provide consistent messaging and access to OC. • To establish care home links with primary care through video consultations. • Increased equity of workload across practice roles. • Better covid-19 tracking using most current data • Improved understanding service utilisation by patient cohort for a better understanding of health inequalities.	• Reduction in un-used/wasted appointments leading to improved access and managing practice demand – measurables to confirmed with BI • 5% reduction in DNA rates which lead to increased appointment costs or wasted minutes • 5-10% reduction in re-attendance forecast on a weekly, monthly or annual basis. Reduce the average number of appointments per patient, or a reduction in frequent flyers and number of appointments they use • Practice satisfaction based on evaluation of pilots and practice survey – qualitative feedback from practices via questionnaire
SMS Messaging	• To build on the development of this functionality in general practice to ensure it is fully optimised. • To work with system partners to join up all SMS workstreams to achieve economies of scale and alignment of contracts.	• Establish baseline by Q1 and maintain consistent usage – monthly measurement (to maintain at optimal level)

Workstream	Ambition – PCN development	KPI to monitor progress
Additional Roles Reimbursement Scheme (ARRS)	• The ARRS is a national scheme which aims to support PCNs to recruit additional roles in skill mix into primary care teams. Examples include clinical pharmacists, First Contact Physiotherapists and social prescribers. Additional roles are being added to the scheme in 21/22, including paramedics and mental health practitioners. • PCNs to utilise the PCN network DES/ARRS to build and utilise the additional roles to support the workforce shortage and increase the skill mix across general practice. • Continued packages of support for the existing ARRS and onboarding of the new roles. Including providing support with coaching, mentorship & induction to all of the general practice workforce including new GPs, Nurses & ARRS staff.	• PCNs to recruit to minimum of 80% of the ARRS roles that have been detailed in their local plans • Retention Programmes – SWL Inductions for general practice new starter attendance to be above 80% • Increase the number of mentors appointed and trained in SWL by 8%
PCN Organisational Development	• Continued training and development opportunities for PCNs and their staff offered across SWL supported by Borough and PCN specific schemes.	• 100% of national funds to be deployed to PCNs • Delivery and count of schemes delivered including attendance.
Covid Vaccination Programme	• To ensure no patient is left behind and all have had an equal opportunity to receive their vaccination.	• 90%+ of patients in SWL vaccinated across cohorts 1-12
Workforce – Resilience	• Providing support to practices who are experiencing issues and challenges in general practice, with the aim to create sustainable and resilient practices in SWL. This support will equip practices with the skills to tackle the challenges they face now and in the future and will ensure continuing high quality care for patients.	• Resilience Programmes – 90% of the practices receiving support report that the resilience programme was positive in re-stabilising the practice
Workforce – GP Recruitment & Retention and staff wellbeing	• Strengthening the general practice workforce to ensure there are enough staff working in SWL to provide continuing high quality care for patients. This will be achieved by providing general practice staff with resources and support, recruitment support packages, health & wellbeing support, training and education development opportunities, mentoring and coaching.	• PCNs to recruit to minimum of 80% of the ARRS roles as laid out in local plans • Retention Programmes – SWL inductions for general practice new starter attendance to be above 80%
Primary Care Patient Access	• Understand whether 1–2-hour dispositions are appropriate to be managed by the SWL EA Hubs on a permanent basis (weekday evenings 6.30pm-8pm and weekends 8am-8pm). • PCNs must provide a minimum of 30minutes per 1000 registered population of extended hours access per week held outside of the PCN Core Network practice hours. • Ensure a good level of access 'in hours' as per the 21/22 Operating Plan re: increased capacity. Monitoring of general activity (video/phone/F2F) will be required. • Provide support to PCNs to deliver the specification, ensuring this aligns with the overall approach across SWL in providing good and consistent coverage along with links to the rest of the system • Streamline processes between primary care, 111, the Clinical Assessment Service and Out of Hours Service. • Advise on and inform the future o… tegration and the Clinical Assessment Service (offering clinical triage, fa… d home visiting services).	• PCNs must provide a minimum of 30minutes per 1000 registered population of extended hours access per week held outside of the PCN Core Network practice hours. • Transfer of all SWL EA Services to PCNs completed by April 2022

Executive Summary – Workstream D (Population Health Management) - Health and Care Partnership focusing on EDI

South West London Health & Care Partnership

The SWL Health and Care Partnership Programme Board agreed to make Equality, Diversity and Inclusion our partnership priority. This is a 4-part programme covering: Community, Clinical, Staff, Population Health Management. The table below shows the focus for each programme.

Focus Areas	Actions	Progress
Community Objective: To improve community resilience and reduce health inequalities	**Health and Care Plans**	• New ICS Place Transformation Teams have been identified (5 representatives made up of Acute, Community, MH, Primary Care and Local Authority senior leaders. Those teams are now working together to review their health and care plans – identifying tackling 'place' health inequalities is a priority for the plans.
	Liaising with people and populations	• Communications: Developing personalised messages at scale to nuance and target locally (e.g. Covid vaccines) • Community & Equalities: Working with our community partners to train local people as accredited health coaches and co-produce community-led health checks, education and prevention programmes. Using the Asset-based Community Development (ABCD) methodology.
Clinical Objective: To target differential health outcomes	**Diabetes & Hypertension**	• Diabetes & Hypertension have been prioritised as initial clinical priorities for action as they are likely to make the quickest impact. In SWL, c35k people have not yet been diagnosed with Type 2 Diabetes and c85k people have not yet been diagnosed with Hypertension. Of the people who have been diagnosed, many are not receiving the quality of care we want them to receive. • The SWL LTCs Teams have proposed a 5-workstream programme to accelerate the LT Plan Priorities on Diabetes and Hypertension: (1) Prevent, (2) Detect, (3) Protect, (4) Perfect and (5) Supporting Primary Care. The 2 key enabling workstreams are PHM and ABCD.
Staff Objective: To support SWL organisations to improve equality, diversity and inclusion for staff	**SWL NHS Workforce Race Equality Data**	• Our SWL NHS Workforce Race Equality Data which identifies a number of areas for action. (1) recruitment process (2) disciplinary process (3) representation on NHS Boards. • Producing system-wide excellence guides have been agreed with HR Directors and Trade Unions. Work begins to scope these. • Created a EDI/BAME lead network across NHS Organisations and the SWL EDI lead connects with each Trust lead.
	Reciprocal Mentoring	• SWL successfully bid to become one of the first systems to undertake a reciprocal mentoring programme. 40 places have been secured and Trusts will next week begin the process of agreeing who will they will put forward on the programme. The London Leadership Academy is finalising the details of the programme and will confirm next week.
Population Health Management	**Data, analytics, information and PHM**	• A review of Data, analytics, information and PHM has been undertaken. We are currently designing a portal for system leaders to use the data and information already available this is likely to be in place in late may/early June. To create real time data SWL is investing c£1m to create a data repository and capability – St George's are the system lead for this. • SWL have been successfully selected for the Wave 3 NHSE/I ICS Population Health Management Development Programme with a focus on supporting PCNs to implement PHM

Executive Summary – Workstream D (Focusing on long term conditions to improve health inequalities)

South West London Health & Care Partnership

Workstream	6-month Milestones
Improved uptake of the NHS diabetes prevention programme	• Increased ref rate overall, + from areas of deprivation/ high BAME • On track to meet 12 month target - 3,485 intervention places, and referral rates aligned with prevalence rates in areas of deprivation/high ethnic minority populations • Referrals are in line with local T2 prevalence rates
Progress on CVD prevention	• Creation of CVD modules & self directed pathway by Summer 2021 • On track to deliver a pilot programme of 25 - 100 people (subject to Covid) with KPIs of % weight loss, programme completion
Progress against the LTP high impact actions to support stroke, cardiac and respiratory care	• Stroke, Cardiology and Respiratory Clinical Network established across SWL to streamline and reduce variation of care pathways across SWL. These networks are clinically led by acute and primary care physicians and system-wide across primary, community and secondary care. These networks also support information dissemination, shared learnings and NHSE/London requirements. • CVD and Respiratory Prevention and Early Detection workstreams established to: (1) Improve early detection by improving and expanding diagnostic options, including expanding the workforce, increase training and providing diagnostics in community settings (2) Create and delivery an education and exercise prevention programme offered to all patients in SWL, including piloting BP remote monitoring • CVD and Respiratory develop a meds optimisation workstream with SWL pharmacy colleagues to optimise treatment for all patients via virtual clinic reviews of patients' medications
Expansion of NHS digital weight management services	• SWL working with NHS England & Improvement as testers and early adopters of a Digital Weight Management Service for patients with diabetes and or hypertension, and will form part of a learning collaborative across London before the service is launched nationally. Additionally: • SWL start a pilot to test the implementation of this approach at a local level in the Beddington North Ward in Sutton, home to one of London's largest social housing providers. The pilot aims to develop an approach that improves health and well-being and is scalable and applicable to other areas in SWL. This work follows on from our successful SWL LTCs Team Community & Equalities Programme, working with PH colleagues, developing relationships and working with community partners to educate, train, empower and co-produce health projects in communities. • SWL continues supporting the Centre for Food Policy in the production of guidance to local authorities on how they can adapt and augment existing obesity plans so that they work more effectively and efficiently to reduce inequalities. • Development of 'Decathlon' lifestyle/behaviour change intervention adapted for cultural relevance and additional LTCs (e.g. CVD and Obesity)

Executive Summary – Workstream D (Strengthening Personalised Care) – our headline ambitions

South West London Health & Care Partnership

Personalised care

Workstream	Ambition	KPI to monitor progress
Personal health budgets	• Over the next 6 months we will review our approach to and expand our PHB offers, for s117, personal wheelchair budgets and Continuing Health Care (CHC). • Our ambition for 2021/22 is to achieve the original (pre pandemic) NHSE target for SWL of 2436. Expansion of PHB's has been impacted by COVID, in particular for CHC and wheelchair services and achievement of this target will be dependent on re-mobilising the wheelchair PHBs following the pandemic. • We will also pilot a PHB offer for s117 patients with the SLP Complex Care Team in 2021/22	• Numbers of PHBs offered. Target of 2436
Social prescribing and other ARRS roles	• The model for social prescribing varies across boroughs depending on local arrangements but all PCNs have at least one dedicated link worker with link networks in place across each borough. • A small number of health and wellbeing coaches have been appointed by PCNs across SWL and we will work with our PCNs to explore further opportunities to expand.	• Number of link workers in post (target 62) • Number of unique referrals (target 12,271)
Self management and personalised care and support plans	• We will review our approach to personalised care and support planning within maternity services and identify areas for improvement. • We will increase the number of people who have personalised care and support plans for end of life care to 14,400 by the end of the year. • We will expand the use of care and support plans in diabetes, doubling the number of plans to 6,000 by the end of the year.	• Numbers of personalised care and support plans in place – target of 38,000 by the year end.

Health Inequalities – SWL approach

South West London Health & Care Partnership

Focus on health inequalities

South West London ICS works to address health inequalities at various levels across our system:

1. **Local health and care plans** – each of our boroughs have identified their health inequalities needs and actions as part of their local health and care plans. These are overseen by their health and wellbeing boards
2. All **clinical transformation workstreams** have considered the actions that they need to take to address health inequalities in the long term plan ambitions
3. SWL Health and Care Partnership Programme Board agreed to make **Equality, Diversity and Inclusion our partnership priority**. Details of this programme are included in section D2

South West London has an established Equalities, Diversity and Inclusion Group and this is being re-scoped to ensure oversight of delivery of the inequalities priorities set out in the planning guidance. Our SRO for health inequalities is the Chief Nurse for the NHS in South West London

The following side sets out actions being undertaken health inequalities priority areas:

- Restore NHS services inclusively
- Mitigate against digital exclusion
- Ensure datasets are complete and timely
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes

Health Inequalities – Priority areas

South West London Health & Care Partnership

Accelerate preventative programmes and proactively engage those at greatest risk of poor health outcomes

The boroughs in South West London are very different with different socio-economic indicators. This is reflected in the wide range of the prevalence of key indicators for healthy lifestyle choices, both across and within each borough and in summer 2019 each of our boroughs agreed local health and care plans which set out the key prevention programmes and actions to address health inequalities for that borough. Examples of our additional pan-SWL ambitions are set out below:

Programme	Overarching Workstreams	Ambitions and actions
Community outreach	• **Vaccinations programme** • **LTCs Community & Equalities**	• Targeted work is being undertaken to ensure the underserved communities (e.g. Homeless, Gypsy, Roma, Traveller Communities, Asylum Seekers and Sex Workers) have access to the vaccine. • Targeting communities who are often not engaged with mainstream services and end up in emergency services relating to their LTCs (e.g. Diabetes, CVD, Respiratory) by (1) Co-producing and delivering community-led health checks and prevention programmes and (2) Providing accredited training programmes in health coaching and health knowledge to support local communities and create an alternative pathway into the NHS workforce
Annual health checks	• **SMI health checks** • **LD health checks**	• Ongoing outreach programme for SMI health checks • Ensuring LD AHC target is achieved. Delivery of pilot to review AHC outcomes and provide personalised support for people with and LD.
Self-management	• **Managing conditions at home** • **Support from ARRS roles**	• Blood pressure monitoring at home - this project will focus on those in deprived areas and ethnic minority groups who are at greater risk of serious CVD events and poor outcomes. • ARRS roles - Providing an increase number staff and skill mix will provide patients with an extended range of services locally.
Tailored prevention programmes	• **Weight management** • **Diabetes** • **Hypertension**	• Testing site and early adopters for NHSE & I Digital weight management service, before national launch in late 2021. Service has an embedded focus on tackling inequalities in access/retention • Roll out of NDPP a dedicate Inequalities workstream to ensure equitable access onto course. • Development of 'Decathlon' lifestyle/behaviour change intervention adapted for cultural relevance and additional LTCs (e.g. CVD and Obesity)

South West London
Health & Care
Partnership

Workstream E – Community, Urgent & Emergency Services

Executive Summary – Workstream E (Community Services) – our ambition

Headline ambitions (Community Services)

- Accelerating the roll out of the **2-hour crisis community health response** at home to provide consistent equitable offer (8am-8pm, seven days a week) by April 2022
- Provide complete and accurate **data to the Community Services Dataset (CSDS)** in 2021/22
- SWL Discharge Programme and the Community Collaborative will continue to provide oversight and support individual trusts and Community Services to ensure detailed plans of action are in place and continue to have a collective focus to deliver timely and appropriate discharge from hospital inpatient settings and seek to deliver an **improvement in average length of stay** with a particular focus on **stays of more than 14 and 21 days**.
- SWL has an ICS Executive Discharge lead and Executive Discharge leads in each Place (established during the pandemic) with regular meetings established to ensure performance reporting and improvement approaches within each Place and across SWL. This has helped to achieve some of **the lowest national long stay performance (>14 days, >21 days)** and is generating momentum for increased levels of collaboration within and across systems to further reduce LOS for appropriate patients.
- Our well established **Enhanced Health in Care Homes programme** continues to expand the use of the Redbag and e-Redbag schemes to minimise unnecessary delays to discharge for care home residents; as well as building on projects to implement data integration, RESTORE/NEWS2 and Remote Monitoring.
- Our goal is to **reduce stranded/superstranded patients by 20%** compared to the 2019/20 baseline
- The use of an **Integrated Digital Care Plan** (currently CMC) will continue to be rolled out and embedded across the system to prevent inappropriate admissions and delayed discharges for people at the End of Life or who have a treatment escalation plan.

Challenges and mitigation (Community Services)

- The **variation in services across SWL** may be creating inequity in services provision. There is variation in community crisis so there will be significant work to do in some areas to rollout of the 2-hour crisis community health response at home to provide consistent national cover by April 2022. Each area lead has been asked to look at current gaps and what needs to be in place to meet the national ambition. The SWL community collaborative is overseeing this work.
- During Covid there has been **diversion of staff from core functions** to address the pressures of the pandemic resulting in temporary changes to services/pathways.
- Preliminary mapping indicates that there are a small number of community services – urgent care services on the SWL **Directory of Services** (DoS). There is inconsistency between areas/services and these need to be accurately recorded on the DOS for 111 to be able to enable the referral pathway. We are refreshing the mapping undertaken in 2020 and working with community services to scope additional eligible services. We will then update services onto DoS and pathways to 111 from Community Services so that there is equity of service provision.
- There is **variation in the use of the Community Services Data Set (CSDS)** by Community Services with considerable scope to increase use. This is in part because the lack of interoperability between electronic patient records and CSDS means additional resource is required. We are working with providers to extend baseline mapping; establish gaps and co-create an action plan to address to ensure the CSDS UCR 2 hour technical requirements are met and being completed in Q2. This work is overseen by the SWL community collaborative.
- Incorporating the **wider integrated care work streams on Care Homes** and End of Life Care into the work programme to support Community Services and the wider system.
- Addressing workforce challenges including supply, requirement and retention of staff. Creating opportunities to work across the system to address these challenges and to support education, training, students placements and apprenticeships.

Executive Summary – Workstream E (Community Services) – measuring what we do

South West London Health & Care Partnership

We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition and actions	KPI to monitor progress
2H2D UCR national standards integration in SWL	2H UCR offer available 7 days a week, 8am – 8pm across SWL, with an equitable offer, and included on the DoS to be used by 999/111 services by March 2022. Establish and continue links with post-COVID workstream and activities, with development of a collective strategy Ensure ongoing alignment with activities happening at place	All providers to have 7 day a week, 8am – 8pm offer of 2H UCR Collective strategy around Post COVID developed
Standardise UCR pathway and post-COVID clinics pathways across SWL to deliver at scale	Achieve an equitable offer of 2H and 2D UCR across the different providers to improve patient experience and care, with an aim to increase the number of referrals to these services by Q4 21/22, in line with capacity within services Establish and continue links with post-COVID workstream and activities, with development of a collective strategy	Number of referrals into the 2H2D services in SWL to increase. Baseline in Q1 and trajectories to be agreed.
Promote use of data across Community Services	Ensure Crisis Response Service providers are submitting/uploading CS data to the CSDS in line with national technical requirements on a monthly basis, with a 100% coverage across SWL in Q2. Further activities to focus on data quality and ensuring automated linkages with IT systems	Full coverage of providers to input data into CSDS in line with national requirements by Q2
Digital Integration	Mapping of digital innovations across CS providers and wider services in SWL by Q1 21/22 Explore options to expand digital integration across SWL by Q3 21/22 – to be linked in with the Digital strategy Links with the Virtual Ward, Remote Monitoring, Integrated Digital (Urgent) Care Plan (CMC) and post-COVID workstreams, with different objectives in those areas to be reflected across CS	Mapping exercise completed with recommendations and relevant KPIs to be developed subsequently.
Engagement with primary and secondary care	Regular collaboration initiatives set-up to engage various providers involved in delivering patient care, with two providers forums a year	Two provider forums held in 21/22
Single points of access and integration with 111 services	An equitable offer in UCR across SWL, with clear pathways for collaboration and integration of CS offer into the DoS, with an increase of referrals into 111 services	Pathways in place for all community providers for 111 referrals
Collaborate on workforce strategy for CS	Development of a Community Services Workforce strategy by Q1/Q2 21/22 Mapping of workforce related activities across providers by Q1 Development of a clear pathway to support the community workforce coming out of the pandemic, with an aim to fill open vacancies and develop strong workforce retention plans	Workforce strategy focused on CS developed

Executive Summary – Workstream E (Urgent and Emergency Care) – our ambition

South West London Health & Care Partnership

Headline ambitions (UEC)

- To **maintain safe services for our patients**, ensuring those that require help are accessing services in a timely way
- We want to **develop further alternative services to ED** including Same Day Emergency Care (SDEC), Alternative Care Pathways (ACPs), including **increased referral management and booking from 111**
- We need to be clear with patients about these changes so that they understand and feel confident about how their care will be delivered. Complementing this, we want to understand the **areas of health inequality that need addressing**, including patients who should be accessing urgent care but are staying away
- At a national level, the demands on UEC are largely unchanged from the Long-Term Plan and whilst significant progress has been made against many of the ambitions, Covid has also caused delays to some projects as systems responded to the associated pressures
- We want to **renew the focus on those areas that will support our ambitions to reduce unnecessary attendances to ED**, to ensure patients access the right care as quickly as possible and improve health outcomes. This includes schemes to support patients at risk of inappropriate admissions which may escalate to be stranded or super-stranded patients such as Care Home residents and people at the end of life
- The **Red Bag Pathway** will be reinitiated and the eRedBag rolled out alongside RESTORE/NEWS 2 and **Remote Monitoring for Care Home residents** and community patients with these workstreams being embedded into ED and the hospital discharge processes
- As the wider system increases the number of people with an **Integrated Digital (Urgent) treatment plans (CMC)**, ED and the hospitals will increase access and use of these plans to **prevent unnecessary admissions** and to promote patient flow

Challenges and mitigation (UEC)

- On-going **111 provider performance** challenge impacts on the implementation of NHS 111 First. Although 111 performance has improved it is generally trailing behind the rest of London; plans are in place to mitigate the effects of this including: Vocare performance undergoes daily monitoring and management, recruitment of additional Call Advisors/Clinical Advisors to mitigate continued high levels of staff absences which appear to be the root of the problem and weekly meetings to discuss progress on workforce /capacity planning
- The full and consistent roll-out of ECDS for trusts using Cerner is dependent on a code upgrade to enable them to move from ECDS version 6.3.2 to 6.3.3. This affects 3 of our acute trusts which means there may be the need to use workarounds until that is change is complete

Roll out of the Emergency Care Data Set (ECDS)

- All acute trusts in SWL are already using ECDS and have carried out an initial stocktake to establish the remaining gaps for each organisation to collect these measures, what their plan is to address any gaps, and when this is likely to be completed
- The stocktake will be presented to the SWL UEC Recovery Group and progress against the plans outlined will be monitored in the bi-weekly meetings
- To support the consistent roll-out of ECDS across SWL, a SWL Data Analytics Task & Finish Group will (with nominated leads from acute trusts including CIO, CCIO, IUC providers, BI team, Data Analyst across SWL and NHSEI / Digital) oversee the plan and roll out of the ECDS to all services and implement the collection of those measures that are not already in place, including a Digital Dashboard incorporating Clinical Review Standards
- In the meantime, the SWL UEC Recovery Group has also asked the providers to report back on how they are currently performing against the measures, pending full roll-out of ECDS to capture those metrics

Executive Summary – Workstream E (Urgency and Emergency Care) – measuring what we do

South West London Health & Care Partnership

We have set out clear performance measures to assess the delivery and effectiveness of our programme

Workstream	Ambition	KPI to monitor progress
Reduce unplanned attendances to ED	• Current UEC activity has reduced by circa 40% and is variable between type 1 – back to 90% BAU and type 3 – approximately 50% BAU. Some patients have not attended for urgent treatment during the pandemic when they need to – hence the ambition to achieve a 20% reduction in attendances against all type – which would allow IPC standards to be secured. • We need to build resilience in our IUC service to manage the current rise in demand and the expected Wave 3 surge. We plan to do this by : reinstigating our "Covid CAS" to provide additional GP support to the clinical queues alongside our new CAS arrangements, extending our call handling capacity by securing an alternative provider to work alongside Vocare. We will continue to work closely with Vocare with a particular focus on planning for a sustainable workforce, including the expansion of home working.	• Maintain a reduction in UEC attendees of 20% from previous BAU • Deliver the 95% standard consistently at ICS level • Continued maintenance of social distancing and IPC arrangements in ED • Daily monitoring of 111 demand, calls answered/dropped • 111 workforce: vacancies, sickness and absence
Patients access care as quickly as possible	• Maintaining a good flow of patients through the system and improving the timeliness of care given at the front door of ED, enables staff to provide a better quality of care and improves patient experience and confidence. • If UEC activity can be maintained within the ambitions outlined in this document, it would allow hospitals to operate more efficiently at 90% bed occupancy – a long term strategic goal of the NHS - building latitude for COVID demand surge and IPC. • SWL Data Analytics Task & Finish Group to commence with nominated leads from acute trusts including CIO, CCIO, IUC providers, BI team, Data Analyst across SWL and NHSEI / Digital to oversee roll out the Emergency Care Data Set (ECDS) to all services and implement the collection of those measures that are not already in place, including solution for Digital Dashboard incorporating Clinical Review Standards	• Each of the 4 acute providers reduce the stranded and super stranded cohort with a reduction of 20% from 31 March 2021. • Achieve and maintain bed occupancy of no more than 90% allowing capacity to respond to further surge. • At least 70% of patients referred by 111 to ED are booked into a slot • Implement new UEC clinical standards (tbc) and ECDS data set.
Patients access the right care	• Enabling patients to access the right care bypassing ED where appropriate has been an important element of the COVID response to manage crowding in ED departments. SDEC activity by provider varied between 20-40% pre-pandemic, and access to community crisis pathways was equally variable. SWL ambition is to achieve 50% of 0 and 1 day LOS take place through SDEC pathways accessed through 111 services, ambulance, primary and community care. • SWL SDEC Task and Finish Group (in place from June 2020) with leads from each AEDB will continue to provide oversight and support to deliver SDEC across all SWL trusts resulting in: consistent, expanded model of SDEC provision including frailty, established gold standard SDEC pathways based on Pan London guidance, direct booking from NHS 111 in to SDEC and Hot Clinics, and an increase in the proportion of patients treated and discharged on the day of attendance. St Helier is currently piloting 111 direct referrals for 6 pathways, and LAS have recently started referring patients into SDEC at Croydon Hospital.	• Restoration of numbers of patients presenting at hospital with suspected heart attack, TIA and stroke. • 50% of 0 and 1 day LOS take place through SDEC • Community 2 hour rapid response activity increases (see section E1) • Roll-out of the 10 Gold Standard SDEC Pathways • Referrals to SDEC from 111, primary care and ambulance s

South West London
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Delivering the requirements of the Elective Recovery Fund

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

- The section sets out South West London ICS ambitions to delivery the requirements of the Elective Recovery Fund (ERF). The format will follow assessment against each gateway criteria as set out in the relevant guidance of 21 April 2021
- Within our first planning submission we set out in out in the elective, health inequalities, workforce sections our initial response plus the confirmation that we will achieve the BAU requirements as set out in the technical narrative
- All the relevant partners have signed up to these requirements and are committed to delivering both the stretched targets set out by London and the ICS. These all meet and indeed **exceed** the requirements as set out in the ERF guidance

1. Clinical Validation, Waiting List and Long Waits	Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality.
2. Addressing Health Inequalities	Plans should take due regard of the need to reduce pre-pandemic and pandemic related health inequalities using related waiting list data that is embedded within system performance frameworks to measure access, outcome and experience for BAME populations (and those in the bottom 20% of IMD scores).
3. Transforming Outpatients	Plans should demonstrate rapid progress on Patient-Initiated Follow-up (PIFU), uptake of Advice and Guidance or similar models; telephone or video consultations should be maintained for necessary outpatient attendances.
4. System-led Recovery	Plans should ensure that Patient Tracking List (PTL) management is undertaken at a system level and that all capacity (including IS) is being used to the benefit of the whole-system population.
5. People Recovery	Plans should demonstrate how the health and wellbeing of staff will be monitored using an appropriate set of measures and that the rate of service restoration takes account of the need for people to recover from their individual experiences and consider the wider workforce capacity availability.

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

1. Clinical Validation, Waiting List and Long Waits	Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality.

- Our weekly PTL submissions, with unvalidated data, are collated centrally and used to analyse waiting list trends (clock starts/stops/OP bookings/ TCI bookings) – this is done by the ICS Performance team and the APC analytics team working closely together. There is robust joint weekly analysis with Trust operational leads and system leads through the weekly elective restart meeting but also through bespoke weekly reporting and the system PTL RTT dashboard which has a link to health inequalities
- On a weekly basis the numbers patients waiting over 52 weeks are reviewed across the ICS
- A subset of the new WLMDS is submitted weekly by providers. The ICS Performance team meet regularly (monthly and occasionally more often) to understand any issues/challenges with data submissions
- SWL already have processes in place to review patients awaiting treatment on the admitted PTL by clinical priority (P1-4) and then by length of wait. This is also reviewed regularly (monthly as a minimum) by the clinical networks who can then support resolution of any challenges/ increasing mutual aid/ etc
- On a monthly basis Trusts send their RTT submitted data to the ICS Performance team who will feed this into the SWL master copy and compare to previous months submitted data to validate and check for any irregularities
- On a monthly basis SWL ICS and the APC meets with Trust elective care leads to scrutinise performance across waiting lists, long waiting patients and other subsets of the elective pathway
- In addition the SWL Performance report highlights challenges and positive movements with in the elective KPI's to executive directors and the Governing Body

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

1. Clinical Validation, Waiting List and Long Waits	Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality.

- Activity recovery continues to be driven by clinical priority with a supportive wrap around of ongoing administrative and clinical validation. These follow the approach as set out below:

Clinical Validation:
Review structure agreed based around four key questions:
1. Is the condition that the patient was referred for still ongoing?
2. Is the condition better or worse than at referral?
3. Is the condition causing functional impairment?
4. Is any functional impairment permanent?

Clinical validation mutual aid has also been offered to NEL in urology

Outcomes
Outcomes of patients to be recorded and have an action as follows:
- Continue on the PTL
- Escalation on the PTL following discussion with the Consultant Lead
- Urgent evaluation by the Trust following discussion with the Consultant Lead
- Discharged from the PTL
- Patient sent straight to Test

Wrap around support
- BAU Trust administrative validation
- System wide development of central validation resource and expertise to drive consistency
- Local Trust actions linked to clear PTL intelligence
- Ongoing link to clinical prioritisation
- Full engagement with new MDS data submission
- Link to population health

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

1. Clinical Validation, Waiting List and Long Waits	Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality.

Working with our clinical and operational colleagues we have agreed a 3 stage approach to clinical and technical validation.

First Stage Validation – Acute Trusts

This plan relies on the Acute Trusts, who have the clinical governance responsibility for referred patients on PTLs, to lead the assessments. Each trust has started or committed to harm review processes for patients over 52 weeks as part of their Outpatient Restart project plan. One Trust has weekly reviews in place for all patients over 30 weeks and have a relatively small number of non-admitted patients over 52 weeks

Second Stage Validation – Clinical Networks

Where Trusts are not able to immediately create clinical capacity to undertake these harm reviews in a given specialty, clinical network colleagues are asked to support that review. Clinicians are best able to understand relative prioritisation of need within the specialties within which they work so speciality networks remain the optimum approach to this

Third Stage Validation – Primary Care

This is a patient harm identification exercise to ensure that any patients who are long waiters on the PTLs (initially >52 weeks), can be identified from their primary care record and assessed for risk of harm. The Trust or the ICS commissions primary care colleagues to support with clinical validation on a per patient basis on their behalf

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

2. Addressing Health Inequalities	Plans should take due regard of the need to reduce pre-pandemic and pandemic related health inequalities using related waiting list data that is embedded within system performance frameworks to measure access, outcome and experience for BAME populations (and those in the bottom 20% of IMD scores).

- The ICS has undertaken an analysis of the number of referrals seen at the start of the pandemic and compared these to the current activity. This work has built on the Spring submission and work has taken place (and is ongoing) to ensure that those people who suffer most from exclusion and deprivation are targeted.
- **A review of data, analytics, information and PHM has already been undertaken**. We are currently designing a portal for system leaders to use the data and information already available for implementation in early June. To create real time data SWL is investing c£1m to develop a data repository and capability – St George's are the system lead for this.
- Work is taking plans to analyse the referrals against the baseline, specifically identifying those in the bottom quintile of IMD. Our **new RTT dashboard** is being updated to ensure that we report on this to the system and via the Elective Restart Group and reported via the ICS reporting.

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

3. Transforming Outpatients	Plans should demonstrate rapid progress on Patient-Initiated Follow-up (PIFU), uptake of Advice and Guidance or similar models; telephone or video consultations should be maintained for necessary outpatient attendances.

Non face-to-face appointments

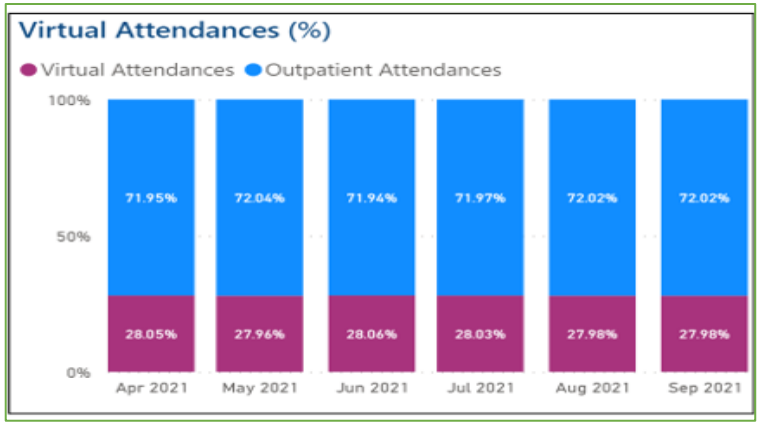
- More than **a quarter of outpatient activity is already delivered through non-face to face working**.
- One of the restart principles responds to the drop in clinical progress for patients seen virtually, whether starting a treatment plan or deciding to admit the patient for elective care.
- Longer waiting patients will be prioritised to be seen face to face to avoid elongating their pathway.
- **Baseline of Patient Initiated Follow-up (PIFU) (Open-Access) services is being developed**. Kingston Hospital is supporting the London pilot of Cardiology PIFU and the Rheumatology, General Surgery and Urology SWL Clinical Networks are all working up PIFU opportunities

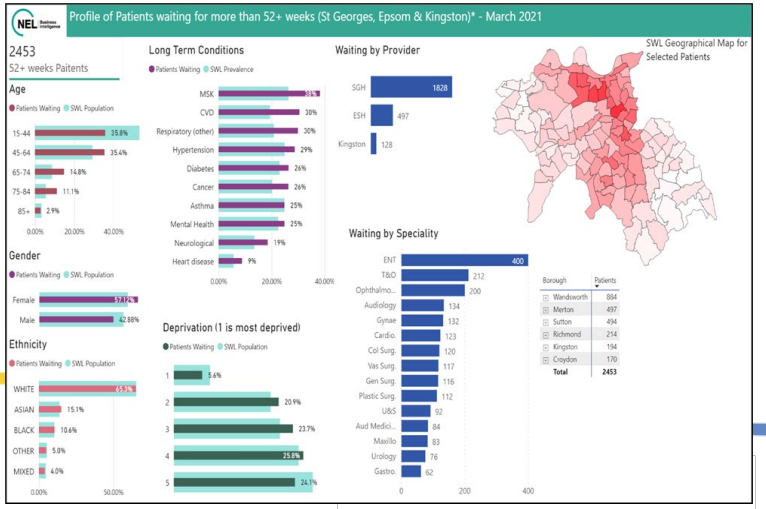
Population Health Dashboards

- Transformation progress is building with **Population Health Dashboards** created and shared at provider, locality and specialty level.
- Work is underway to include data across all providers and to use the insights to inform operational and clinical decision making in **aligning clinical capacity to pathway demand**

Infrastructure

- Our outpatient **IT infrastructure is converging** towards a consistent offering to facilitate the sharing of specialty level clinical capacity and expertise across the ICS.
- Part of this will be the migration to frequent combined Referral Assessment, Advice and Triage clinics at (sub) speciality level to ensure that primary and secondary care colleagues can rapidly decide the most appropriate environment for the patient's assessment, for their treatment and for their care.
- Clinical decision making is aligned to clinical capacity and pathway demand





Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

4. System-led Recovery	Plans should ensure that Patient Tracking List (PTL) management is undertaken at a system level and that all capacity (including IS) is being used to the benefit of the whole-system population.

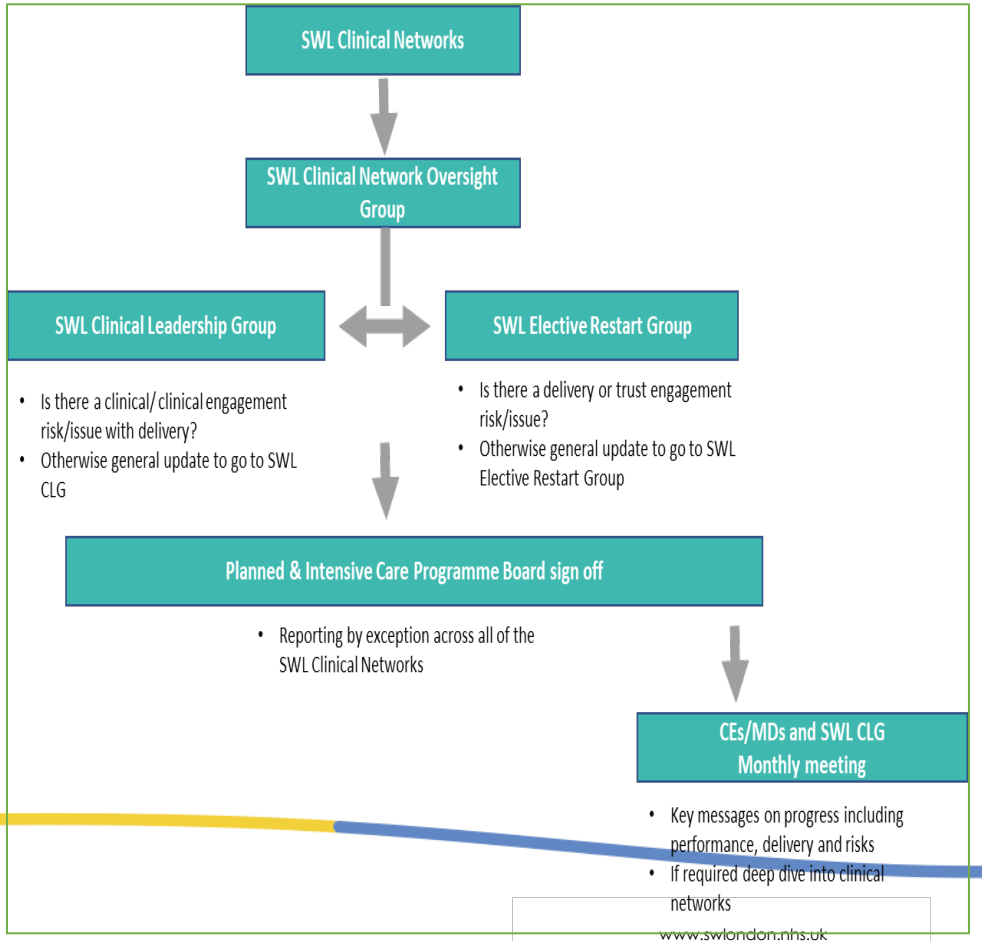
- **SWL has robust data sharing processes in place** that enable an ICS view of the admitted and non admitted PTLs and as we move forward in our planning developments there will be underpinning specialty level recovery trajectories developed both at Trust level but also across the system to enable timely identification of any concerns
- The **data is viewed at Trust and system level routinely** as part of the reporting tracker and at elective restart weekly meetings
- The system is able to dissect the data and dashboard information into a number of different views which are used to direct discussions for clinical networks, informing HVLC hubs and directing mutual aid across the system.
- For example **mutual aid agreements for echocardiology** have been implemented since March 2021 with circa 150 patients seen at St Helier and Croydon sites
- **Mutual aid arrangements are being further developed** across the system and reviewed by Elective Restart Group
- Each Trust in the system is working through the internal processes to be able to complete the new PTL MDS dataset regional submissions towards the end of Q1
- The **new PTL submissions**, in conjunction with the bespoke new system RTT dashboard, will support the journey forward in our development of the population health data informing the health inequalities agenda
- South West London's access to the **Independent Sector** is delivered through the national Increasing Capacity Framework (ICF) which covers both CCG commissioned activity and blended models of delivery with acute providers, more significantly to Epsom and St Helier and Kingston

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

4. System-led Recovery	Plans should ensure that Patient Tracking List (PTL) management is undertaken at a system level and that all capacity (including IS) is being used to the benefit of the whole-system population.

- The system has an established **Joint Referral Unit (JRU)** and has successfully transferred c1000 patients across the sector in the previous year
- To maximise further the benefits of working collaboratively, the **JRU is expanding into a fully established Demand and Capacity Unit** (D&C) investing in dedicated resource to support timely transfer of patients
- For 21/22 SWL aspire to support the transfer of up to **2000 patients across the sector as part of recovery**
- The system already has established and commenced plans for Q1 with the transfer of 300 general surgery and 150 gynaecology patients has already commenced
- **The system has established relationships with Independent Sector Providers** (ISPs) and for 2 providers a blended model of elective delivery has been agreed to support recovery
- The other ISPs have prioritised eRS as their NHS delivery and longer term system plans need to address this as part of both health inequalities and inequities work streams
- We are **developing Surgical Hubs** across the system to support the delivery of our recovery
- We have a named Director responsible for system led recovery – th**is Director is the Director of the Elective Workstream** who holds weekly meeting with providers to review delivery. The oversight of the delivery will take place at the SWL Elective Restart Group which has representatives across the system

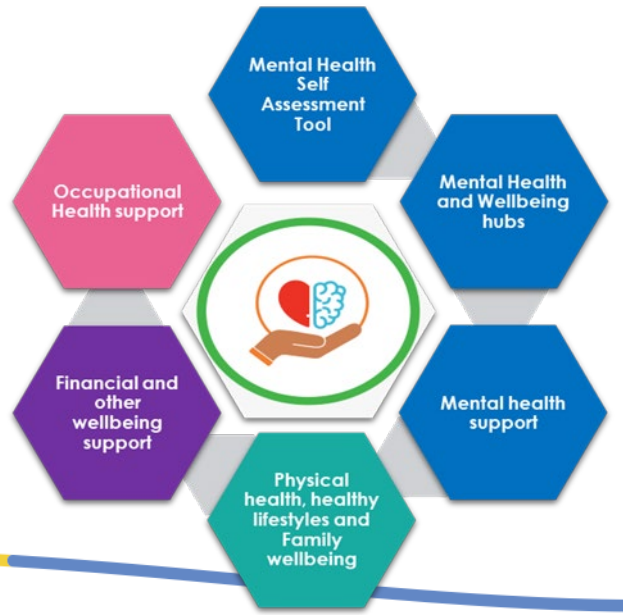


Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

5. People Recovery	Plans should demonstrate how the health and wellbeing of staff will be monitored using an appropriate set of measures and that the rate of service restoration takes account of the need for people to recover from their individual experiences and consider the wider workforce capacity availability.

- Health and wellbeing and helping staff to recover from the first two waves of Covid, is a SWL system priority and **health and wellbeing support and initiatives are being developed at organisational and system level** to provide comprehensive care.
- Our **health and wellbeing approach is designed to support every member of staff**, including staff that have supported our Covid response.
- Trusts have **built in time for staff during March/April to take annual leave and get some rest** and as a system we have developed a **joint annual leave agreement** for carrying over and buying out annual leave. We have been **working together to meet the expected growth in staff with mental health needs.** We are fortunate to have South West London and St George's Mental Health Trust in our patch and their expertise has shaped our offer to staff.
- **Each Trust has a range of occupational health services in place to support staff including rapid access to psychological and specialist support.** In 2021/22 we will review and improve the occupational health services on offer across providers and take into account the wellbeing needs post-Covid.
- **Mental Health and Wellbeing Hubs are being implemented** across Trusts to support staff with psychological support over the coming months. South West London has secured just over £1m additional investment to expand our existing four mental health and wellbeing hub offer. We are currently in working in partnership with NHS Trusts to finalise our plans for that investment.
- Kingston Hospital NHS Foundation Trust is working collaboratively with partners across the ICS to ensure **joined up solutions for managing our workforce**. With the challenges of workforce supply, partners are committed to moving away from competition to finding collaborative solutions. The establishment of the **South West London (SWL) Recruitment Hub** is key to this objective. It provides a **one stop shop for processing all recruitment activity** and has a key role in enhancing the SWL employment proposition and supporting and facilitating initiatives to improve recruitment and retention. The Hub is **engaged in a range of local, national and international recruitment campaigns** to support this and working with a range of agencies to recruit from local communities to support the economic recovery



Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

5. People Recovery	Plans should demonstrate how the health and wellbeing of staff will be monitored using an appropriate set of measures and that the rate of service restoration takes account of the need for people to recover from their individual experiences and consider the wider workforce capacity availability.

Wellbeing Guardians

Freedom to speak up and wellbeing guardians provide support to staff across a wide range of issues. Some examples include:

- Guardians attending meetings with staff as silent support
- Newsletters sent out to staff
- Concerns raised by staff through wellbeing guardians brought to the attention of senior management to spot trends and act accordingly

Annual Leave

A consistent approach to supporting staff who had been unable to take their annual leave due to Covid was adopted across SWL. In addition to carrying over and buying back annual leave, SWL Trusts built in time during March/April for staff to take annual leave and get some rest. The system agreement for annual leave was that:

- Staff would be encouraged to take annual leave where they could
- Managers should consider the health and wellbeing of staff when agreeing carry over and particularly pay attention to staff who clearly need a break
- The annual leave and carry over principles would apply to all staff
- Up to 10 days carry over annual leave was agreed, recognising the national facility to carry over up to 20 days over 2 years
- Up to 10 days annual leave was agreed as a maximum of annual leave buy-back

Staff Experience

- As a system we have reviewed the results of the staff survey and are designing programmes to improve those areas with low staff satisfaction

Executive Summary – Delivering the requirements of the Elective Care Fund

South West London Health & Care Partnership

5. People Recovery	Plans should demonstrate how the health and wellbeing of staff will be monitored using an appropriate set of measures and that the rate of service restoration takes account of the need for people to recover from their individual experiences and consider the wider workforce capacity availability.

Staff availability and retention

With the challenges of workforce supply, we are committed to moving away from competition to finding collaborative solutions to recruit and retain our workforce. The establishment of the **South West London (SWL) Recruitment Hub** is key to this objective. It provides a **one stop shop for processing all recruitment activity** and has a key role in enhancing the SWL employment proposition and supporting and facilitating initiatives to improve recruitment and retention. Some retention examples are included below:

- Apprenticeships
- Retire and Return
- Staff support e.g., free meals, free parking
- Digital staff passports to enable staff movement across the NHS

Addressing Inequalities

Equality, Diversity and Inclusion is a joint partnership priority across the South West London Health & Care Partnership. **The following workforce priorities have been identified from the system WRES analysis**:

- Creation of a **SWL EDI/BAME lead network across NHS Organisations**
- Running a reciprocal mentoring programme - SWL successfully bid to become one of the first systems to undertake a reciprocal mentoring programme.
- Production of **system-wide excellence guide for recruitment, training and promotion**
- A new Disciplinary Resolution framework, working in partnership with trade unions
- Seminar BME network leads/EDI leads/HRDs to shape system actions

We believe in an inclusive and innovative approach to care.

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