Our Healthier South East London
Integrated Care System

NHS

The South East London Integrated Care System (SEL ICS)
A session for voluntary, community, social enterprise sector partners





Thursday 27 January 2022

Before we get started…

Our Healthier South East London
Integrated Care System

1. Do you know what the Integrated Care System (ICS) is?
2. Do you know what is important to the ICS?
3. Do you know what the ICS means for Voluntary, Community and Social Enterprise organisations?



Please follow the **DooPoll link in the chat** to answer.

Welcome

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- Thank you for joining us today – **we're really keen to hear from you** and for you to engage in this session
- We will be **recording** this session to share with others who couldn't attend. You are welcome to turn your cameras off if you so wish to. We will also share these slides after the final session on 2 February.
- Please put your **microphone on mute** when you are not speaking
- We have allocated time for questions at the end so if possible please wait until then to ask a question, raising your **virtual hand**
- Feel free to use the **chat** function – we will pull out questions from the chat during Q&As
- If you have **any feedback** following the session, please email jessica.levoir@nhs.net

Agenda

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Time	Item	Speaker
12.00pm	Welcome and introductions	**Jessica Levoir** Head of ICS Partnerships, Governance and Programmes, South East London **Richard Douglas** Chair Designate, South East London Integrated Care Board (ICB)
12.10pm	What is the ICS, and what are our priorities?	**Andrew Bland** Accountable Officer, NHS South East London Clinical Commissioning Group (SEL CCG) Chief Executive Officer Designate, South East London Integrated Care Board (ICB) **Ben Collins** ICS Director for System Development, South East London
12.25pm	What does partnership working and 'system' working look like?	**Jattinder Rai** Chief Executive, Bexley Voluntary Service Council (BVSC) **Kara Lee** Chief Executive of Bexley Mencap
12.40pm	Meaningfully involving the VCSE sector in the ICS governance	**Christopher Evans** Chief Executive, Community Links Bromley **Simone Hensby** NAVCA
1.05pm	Time for questions	**All**
1.20pm	How you can get involved in progressing these proposals & next steps	**Jessica Levoir**
1.25pm	**Close**	**Sam Hawksley** Interim CEO, Lewisham Local

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What is the ICS and what are our priorities?

Andrew Bland
Accountable Officer, NHS South East London Clinical Commissioning Group (SEL CCG)
Chief Executive Designate, South East London Integrated Care Board (ICB)

Ben Collins
ICS Director for System Development, South East London





Integrated Care Systems (ICS) – the next chapter for health and care in south east London

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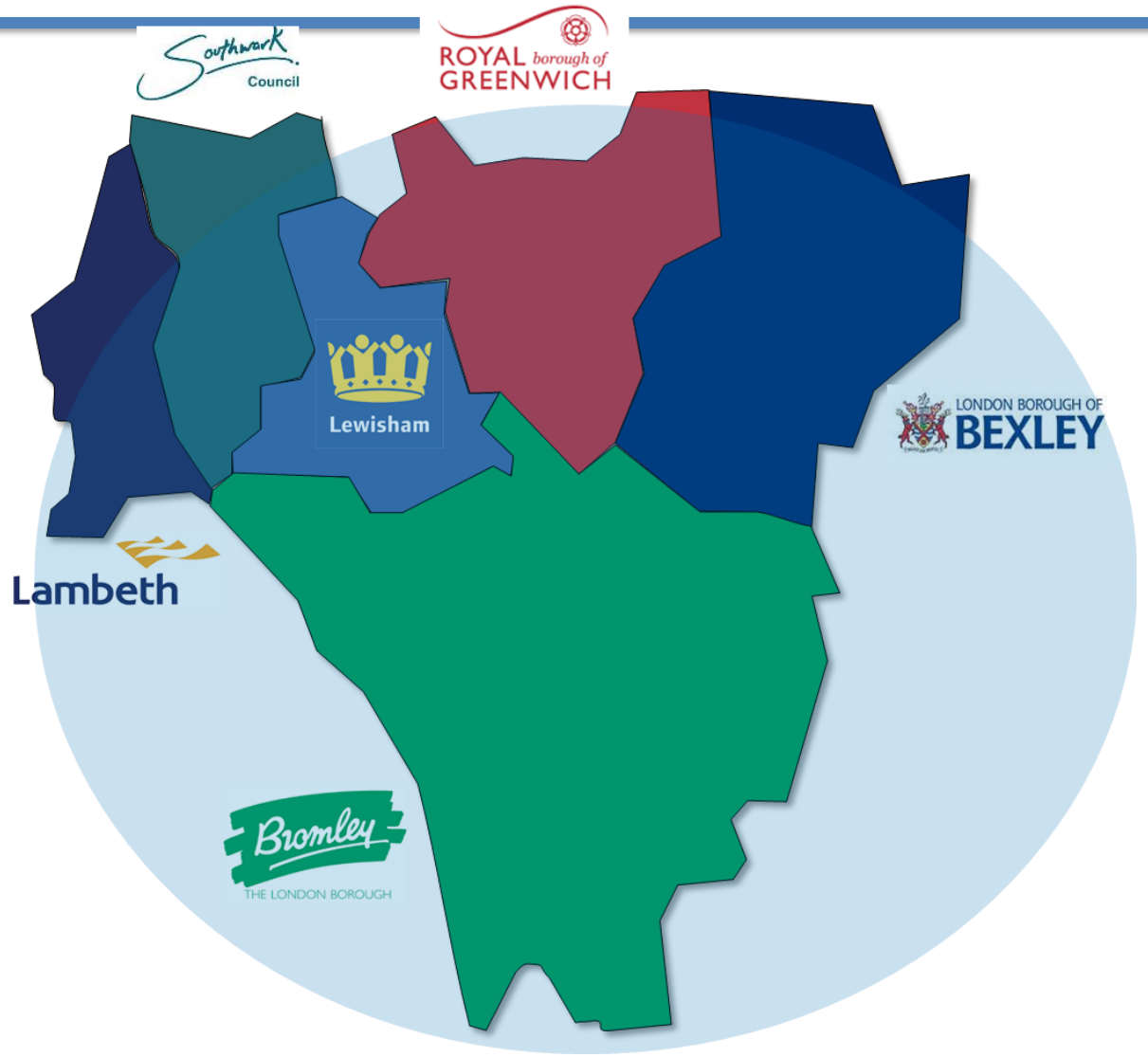
- Integrated Care Systems (ICSs) will be a new model for organising local health and care, aiming to:

➢ improve outcomes in population health and healthcare
➢ tackle inequalities in outcomes, experience and access
➢ enhance productivity and value for money, and
➢ help the NHS support broader social and economic development.

- Our ICS brings together all organisations involved in delivering health and care in South East London

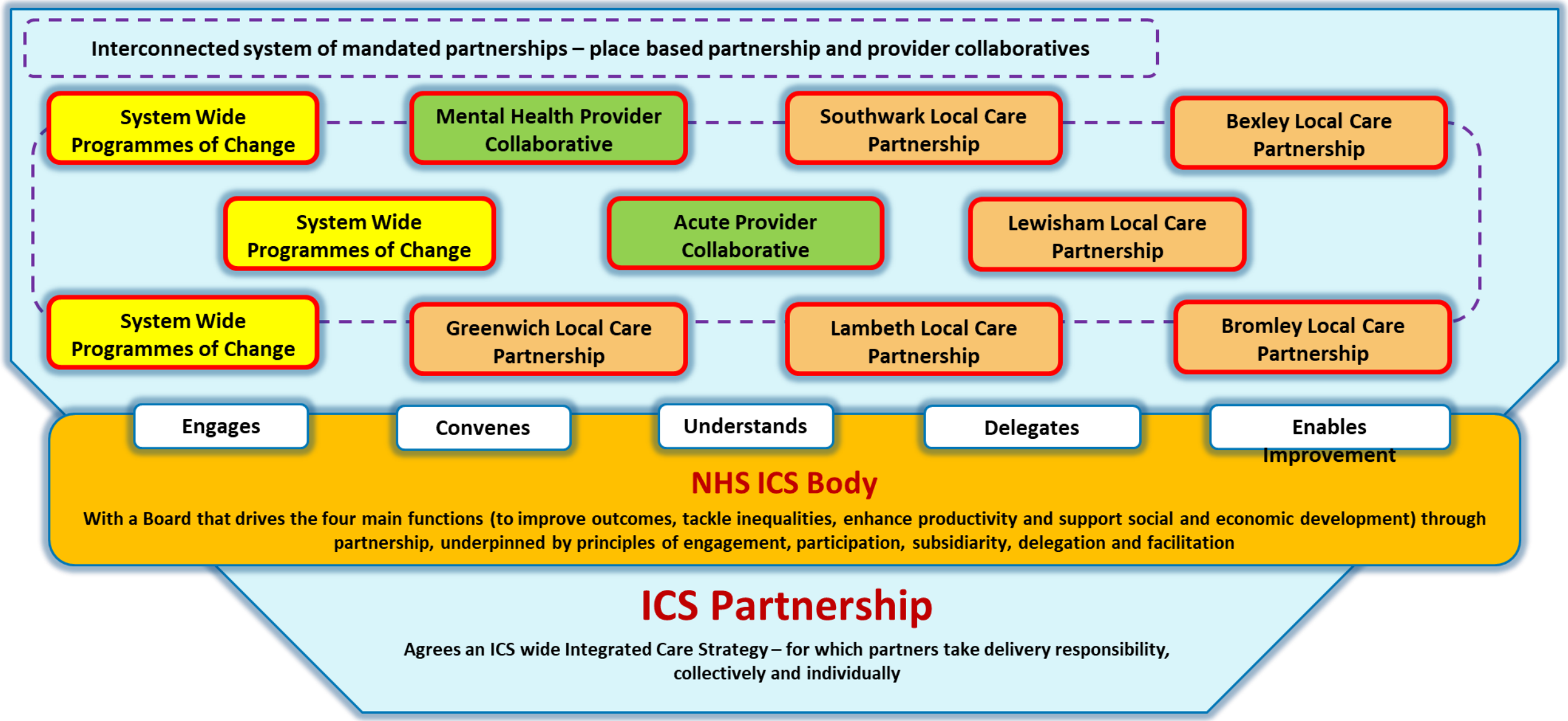
- For us, an 'ICS' is shorthand for partnership working.

- We have committed to working together, combining our staff and resources, and making best use of our funding to improve the health and wellbeing of our communities.



The creation of a statutory 'ICS' will mean some changes to the leadership and governance of our health and care system

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What we believe success looks like: our six priorities

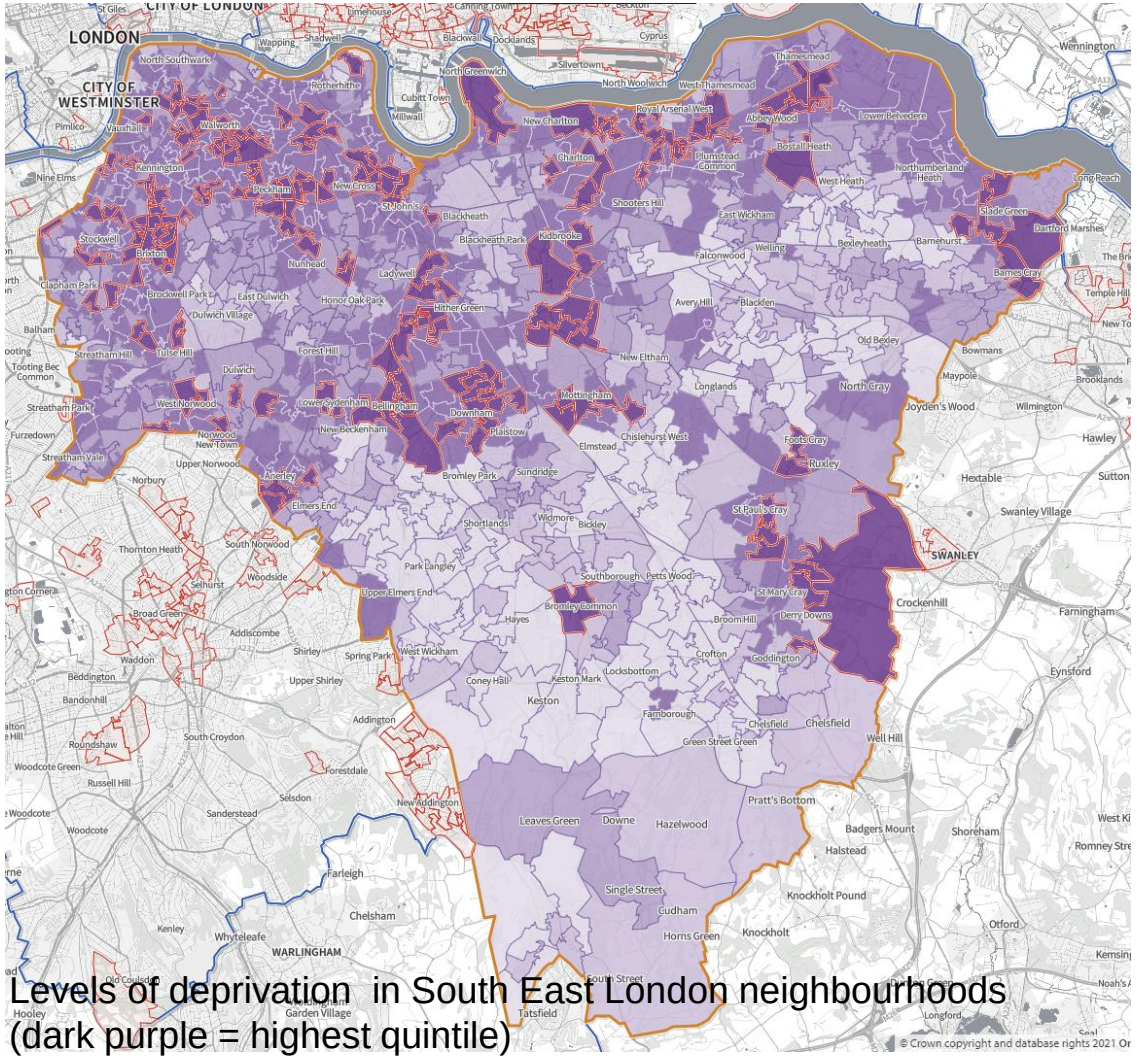
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Preventing ill-health and supporting wellbeing	A shift from treating people when sick to preventing ill-health and supporting wellbeing, rooted in primary and community care and neighbourhoods but across our system
Compassionate, whole person care, delivered in community wherever possible	Building meaningful relationships with our service users and delivering whole person care that reflects people's physical health, mental health and social needs
Rapid access to high quality specialist services when people need them	Ensuring that people can quickly access outstanding specialist services without long waits or unjustified variation in the care they receive
Joined up care across health and other public services	Working together so that people experience joined-up support when they rely on multiple services and seamless care when they move from one service to another
Addressing health inequalities	Delivering care in ways that reduce health inequalities between different population groups and communities, including care that better reflects the needs of deprived groups.
Building resilient communities	Using our resources and working in partnerships to strengthen the economic and social resilience of our communities, in how we hire, procure, support our staff and other areas

South East London faces significant and growing socio-economic deprivation

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- Greenwich, Lambeth, Lewisham and Southwark – rank amongst the 15% most deprived LA areas in the country
- Within all of our boroughs, there are pockets of extremely severe deprivation
- One in five children in south east London live in low-income homes
- Covid has had a dramatic impact, with a doubling of people in Southwark on universal credit
- Minorities have been hit hardest with 44% of the Black population struggling to pay rent/mortgage, utilities, food



Levels of deprivation in South East London neighbourhoods (dark purple = highest quintile)

This is translating into illness, disability and lost years of life

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- There are extremely high levels of deaths attributable to social-economic inequalities in our boroughs
- Between 21% and 45% of premature deaths in South East London between 2003-18 can be attributed to socioeconomic inequality
- Four of our boroughs rank in the first quintile and top of the second quintiles for deprivation
- Life expectancy at birth varies by up to nine years within a borough between the most and least deprived areas.

Borough	Relative rank (of 326)	Observed deaths	Expected deaths	Attributable deaths	% deaths attributable to socioeconomic inequalities
Lambeth	38	10,692	5,837	4,855	45%
Lewisham	62	10,377	5,900	4,477	43%
Southwark	69	10,004	5,735	4,269	43%
Greenwich	70	9,881	5,682	4,199	42%
Bexley	181	9,363	6,653	2,710	29%
Bromley	252	11,604	9,172	2,432	21%

There is a vast amount we can do to address health inequalities and their socio-economic causes

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Addressing inequalities in access, quality and outcomes of care in South East London

- Allocating resources and planning distribution of services to meet needs of deprived groups
- Using population health approaches to target healthcare interventions on those most at need
- Developing appropriate models of care for our most deprived communities

Using our influence and resources to support socio-economic development

- Hiring people for deprived local communities and supporting high quality careers
- Purchasing in ways that support the social and economic development of our communities
- Using our buildings and spaces to support our communities
- Reducing our environmental impact and helping to create healthier places to live and work

But we will need to make significant changes in how we use our resources and deliver care. And we will need to draw on the insights, expertise and innovation of the VCSE sector to do this effectively.

A question for you

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Q1: What **further information** do you think voluntary, community and social enterprise organisations need in order to understand and engage with the Integrated Care System (ICS)? And how can we best **share updates** with you?

Answers in the chat.

Start your answer with "**A1**:"

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What does partnership working and 'system' working look like in practice?

Jattinder Rai
Chief Executive, Bexley Voluntary Service Council

Kara Lee
Chief Executive of Bexley Mencap





Digital Accelerator Project

Improving health outcomes for people with a learning disability

Background

- Project proposal generated by Local care partnership
- Funded by Digital First at the SEL GGC
- Target populations are people who have significant health inequalities
- People with learning disabilities die significantly younger than the general population
- Public Health England showing people with a learning disability in England are dying from COVID-19 at six times the rate of the general population

Project Aims

Making existing pathways more accessible

Providing support for targeted practices

Providing training and tools

Supporting people with a learning disability and carers to navigate the healthcare system more easily.

To test approaches with a view to scaling up across the CCG

Aim 1: Improving Care Pathways

Presenting Issue

- Self care and non-emergency sources of help not well understood
- Low numbers of people on the Learning Disability Register (less than 0.5% of practice populations currently)
- Need to improve access to the Annual Health Check and improve the confidence of people with a learning disability.

Aim 1: Improving Care Pathways

Project Approach

- Work collaboratively with local pharmacy and Respect in Bexley. Plan, script and feature in a short educational film as part of NHS winter messaging campaign.
- Work with a local Practice and Respect in Bexley to plan, script and feature in short films to:
  - explain what the Learning Disability Register is, and how to get on it.
  - make an advert for the AHC around confidence, support and importance of attending your health check appointment.



Aim 2: Support for General Practice

Presenting issue

- No evidence of a universal local offer for the Annual Health Check
- Patchy availability of easy read information
- Demand for greater understanding of people who have a learning disability, health gaps and reasonable adjustments

Aim 2: Support for General Practice

Project Approach

- Work collaboratively with Practice Managers and Nurses to deliver an easy read AHC patient experience survey.
- Support Respect in Bexley to review GP websites and recommend simple changes. Build sufficient rapport to test www.easyhealth.org.uk on their websites
- Develop first-class training offer around topics raised by Practices – adjustments, medication review, easy information.



Your Annual Health Check

Tell us how it went

South East London CCG digital first Connected Primary Care

Bexley mencap

Aim 3: Navigating the health system more easily

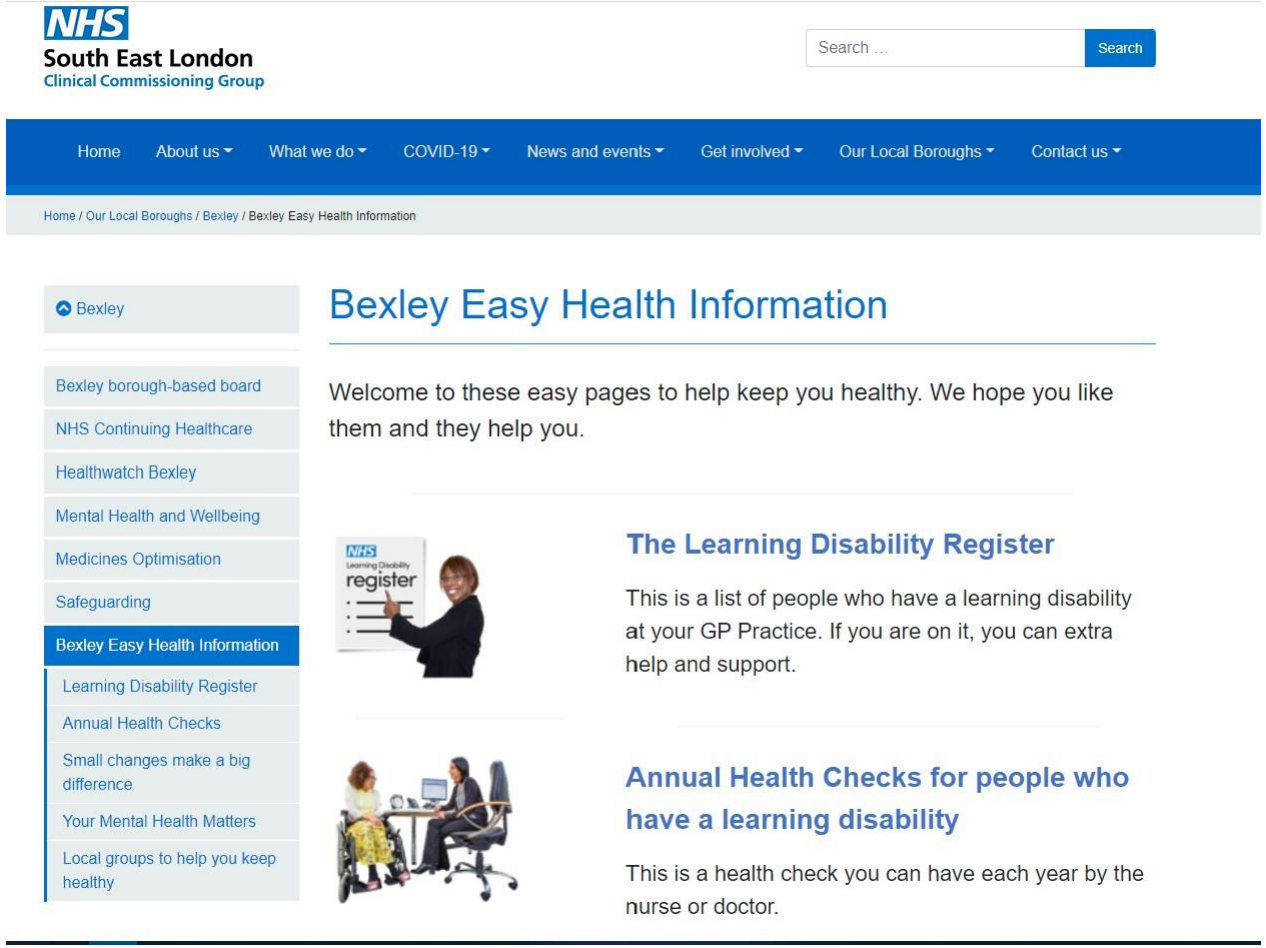
Presenting issue

- No central repository of easy read health information
- Need to review, update and present easy information from many local sources
- Need to model co-production with people who have a learning disability

Aim 3: Navigating the health system more easily

Project Approach

- Creation of new easy read pages on the CCG website – LD register, AHC, reasonable adjustments, mental health support and local places to get health related support
- Collate easy read information from many local sources, catalogue and make available from one central source. Validate the work of all authors of this work
- Involve people with a learning disability in sharing their stories and experiences. Feedback tells us this is what sticks as it is authentic.



Key Achievements

- Review of GP websites completed by Respect, shared with Practices and CCG. Top tips for websites created
- 3 films completed, available on our YouTube Channel, shared widely across our networks and to be adopted by GP Practices
- Easy read Annual Health Check survey to start this month with 9 Practices. Led by members of the clinical team.
- 1 training session delivered, more in the pipeline. One group of Practices has confirmed they wish all their staff to be trained.
- www.easyhealthbexley is expected to go live by the end of March. Locally produced easy read information from a variety of sources available for the first time in one place.
- www.easyheath.org.uk adopted by test practices (easy read information on a range of medical conditions)

What we've learnt

- We want to help our partners deliver great healthcare and we believe they want that also.
- Our starting point is strength based – what can we do together?
- Importance of working with people with learning disability to make things work for them
- Relationships are key to supporting each other and implementing change. Building relationships takes time
- We work on the basis on finding what creates energy and motivation to act at a time of great pressure and competing priority.
- Important to understand our work is part of a continuum of development rather than a stand-alone project

Video Links

The Learning Disability Register: A short film about the Learning Disability Register.
Liam explains what it is, and why it is important.
https://youtu.be/XfxV6icXejg

A Date to Remember: The day has arrived, and Sarah gets ready for her health check.
She reminds us not to be too busy to look after our health and not to be worried or frightened to go to our annual health check.
https://youtu.be/xcUv__fkuqI

The Community Pharmacy: In this short film Blanche visits her local pharmacy to find out what they do and why it should be the first place we go to get health support and advice if it is not a health emergency.
https://youtu.be/jjqWJ4K0hmE

Contact Us

020 8303 6336

simon@bexleymencap.org.uk

www.bexleymencap.org.uk

A question for you

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Q2: The VCSE sector is a vital partner in our ICS in south east London.

What work do you think **we need to do together**, in partnership, to enable us to build on and grow the brilliant work already being done? What do we need to work on?

Answers in the chat.

Start answer with "**A2:**" in the chat.

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Meaningfully involving the VCSE sector in ICS governance and leadership

Christopher Evans
Chief Executive, Community Links Bromley





The VCSE sector is an essential partner in our ICS, integral role in system transformation, innovation and integration

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We know the VCSE sector in south east London is wonderfully diverse and vast, with around 5,000-6,000 organisations across our six boroughs.

The VCSE has a key role in….

- Leadership and advocacy, changing the way we work and enabling us to devolve to 'Place' (Boroughs) and Neighbourhoods.
- Setting strategy, and supporting strategic and operational (including workforce) planning to improve and deliver integrated services.
- Developing and delivering new models of care, to focus on prevention and to tackle the wider determinants of health and wellbeing.
- Sharing insights and information about the needs of local people and communities, and providing ways for us to effectively engage with people, to help us address health inequalities.

…In collaboration with the VCSE sector, we need to develop ICS **governance**, **decision making** and **leadership** arrangements to enable this.

Models for Embedding VCSE in the ICS System

Simone Hensby

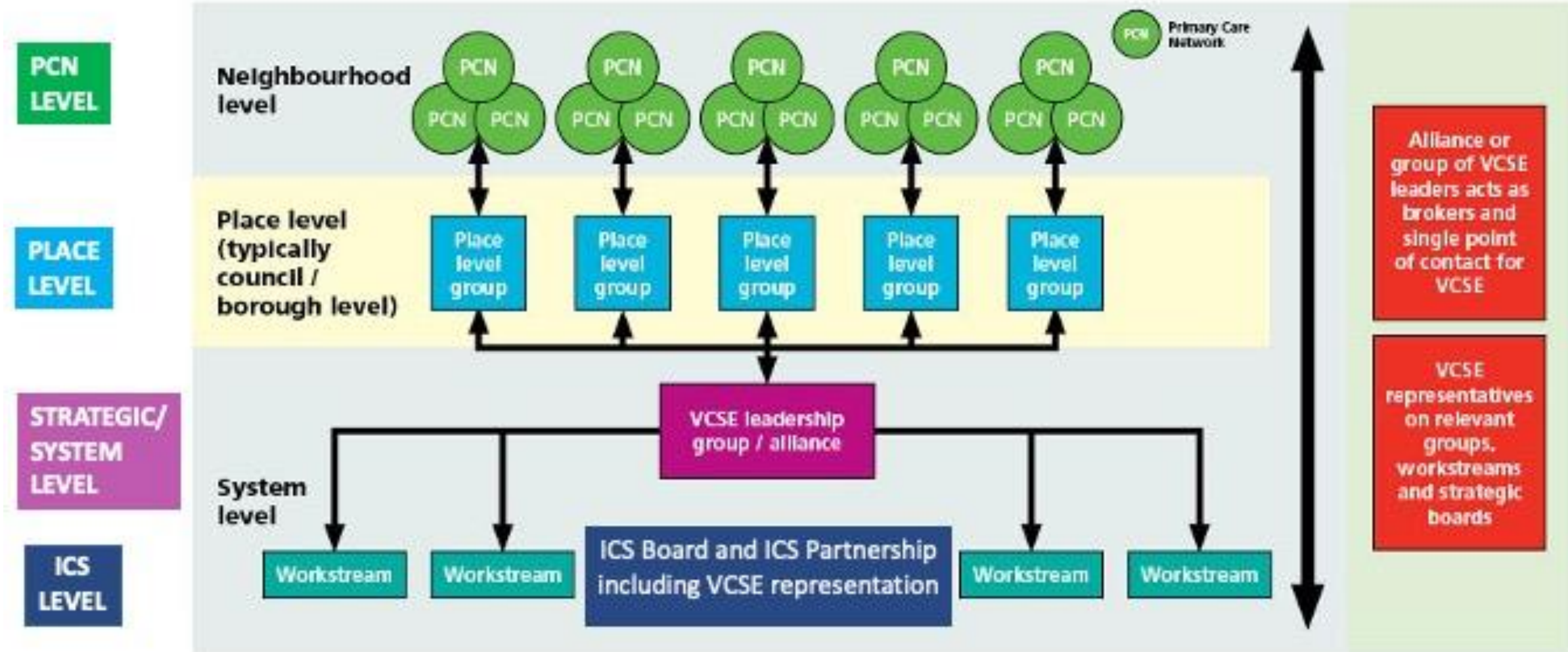
Associate Consultant

NAVCA

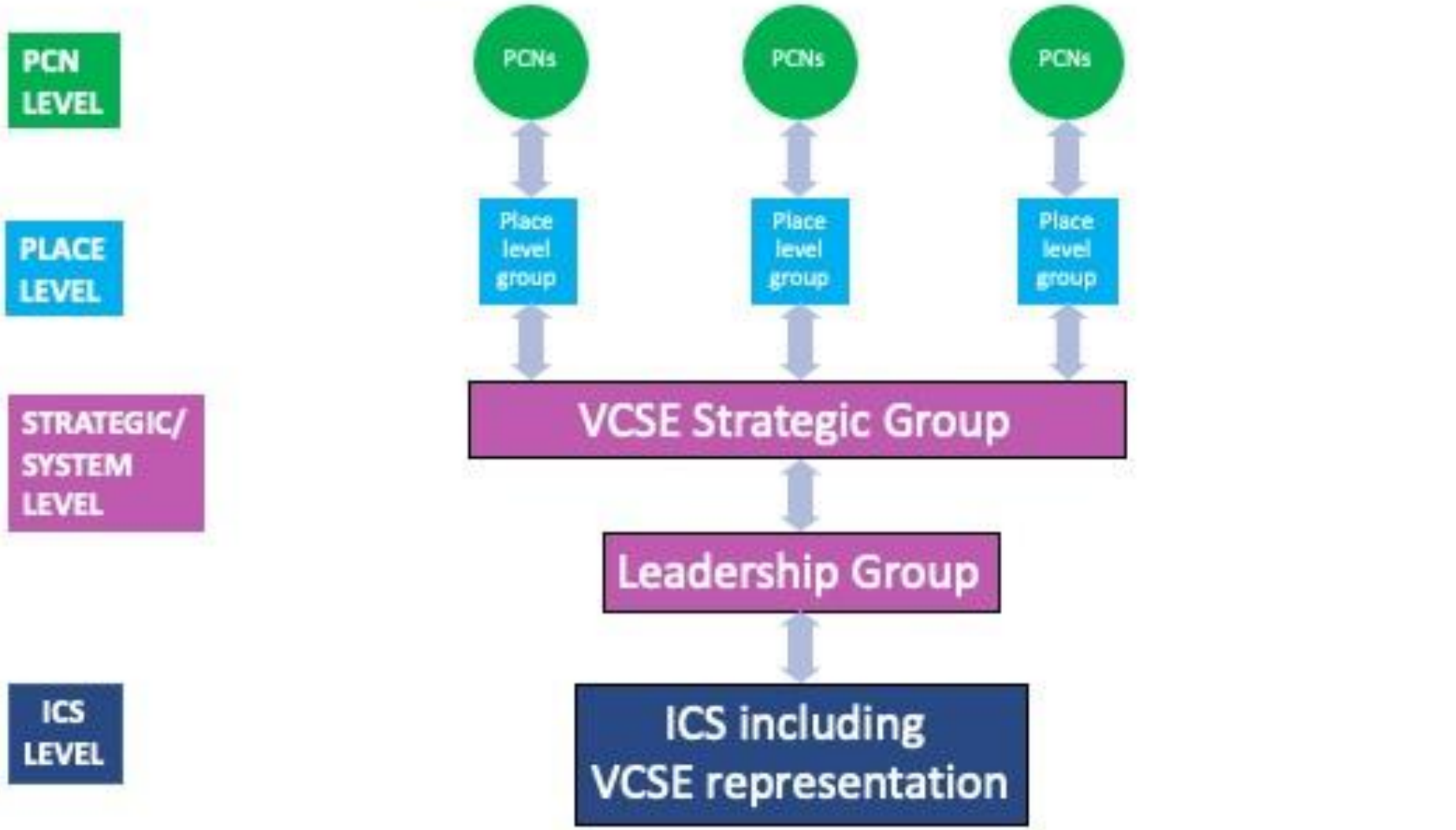
Context

- Customise the model
- Inclusivity
- Clarity on role
- Communication

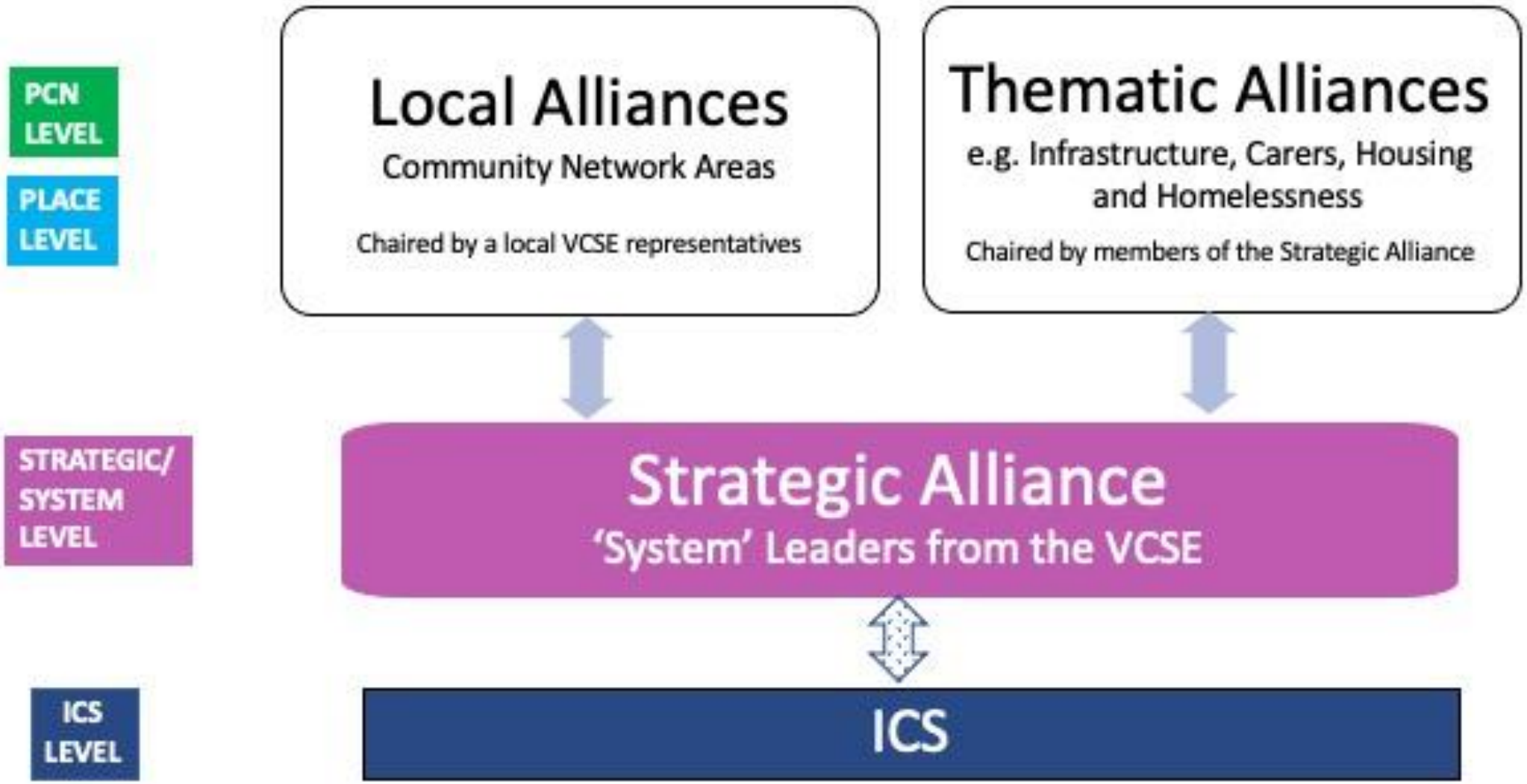
Example Model 1 (NHS ICS guidance)



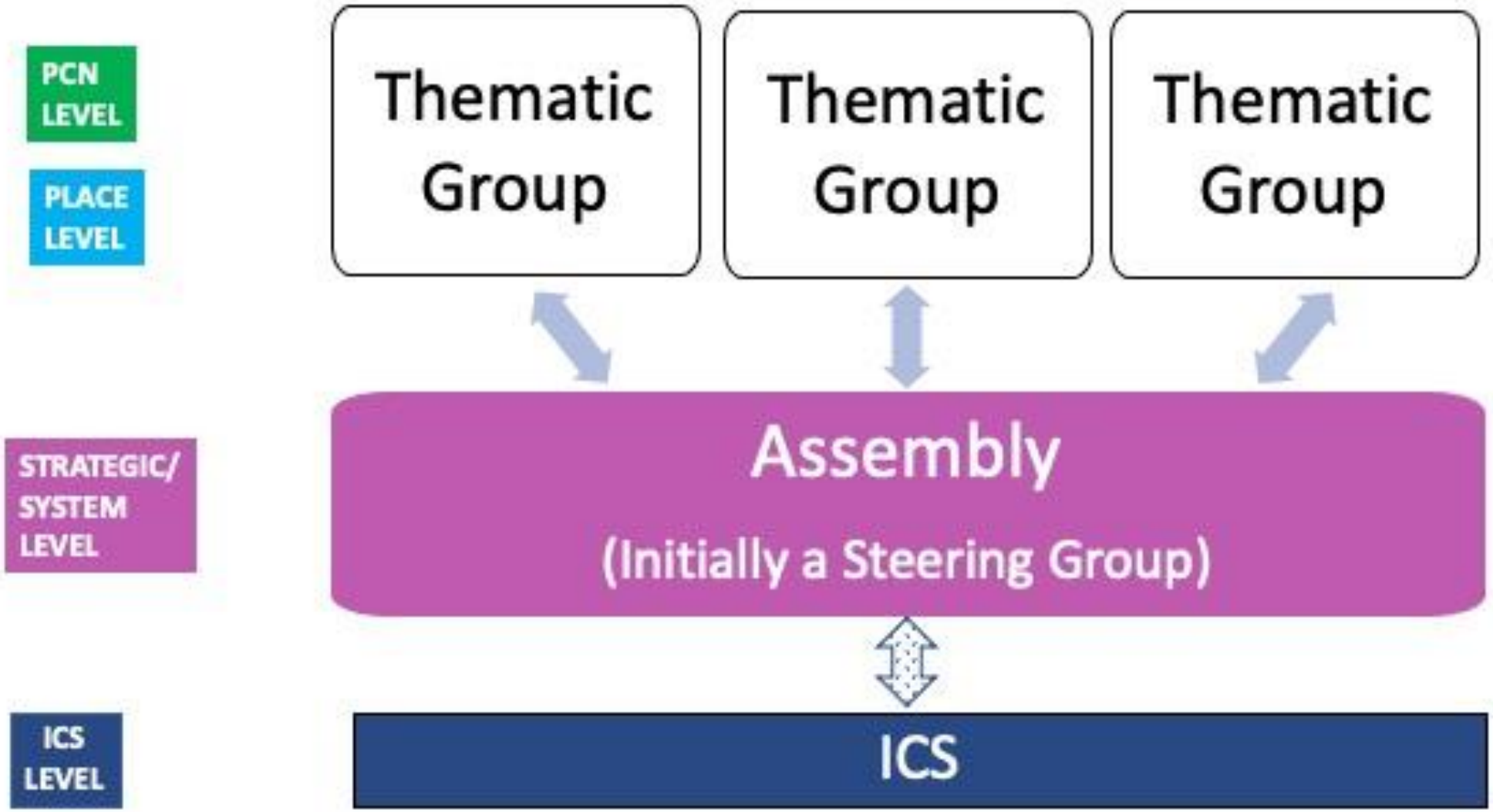
Example Model 2 (based on NW London)



Example Model 3 (based on Cornwall)



Example Model 4 (based on Northamptonshire and Norfolk & Waveney)



Example Model 5 (based on Lincolnshire)

PCN LEVEL

Patient Voice - County wide facilitated by information strategy (brand and website) and links through Healthwatch

PLACE LEVEL

County wide opt-in VCSE Constituency - with links to the County wide VCSE forum covering all VCSE sectors (not just health and care)

Funding strategy based around VCS contributions linked to ability to pay and invitation to statutory sector to support

STRATEGIC/ SYSTEM LEVEL

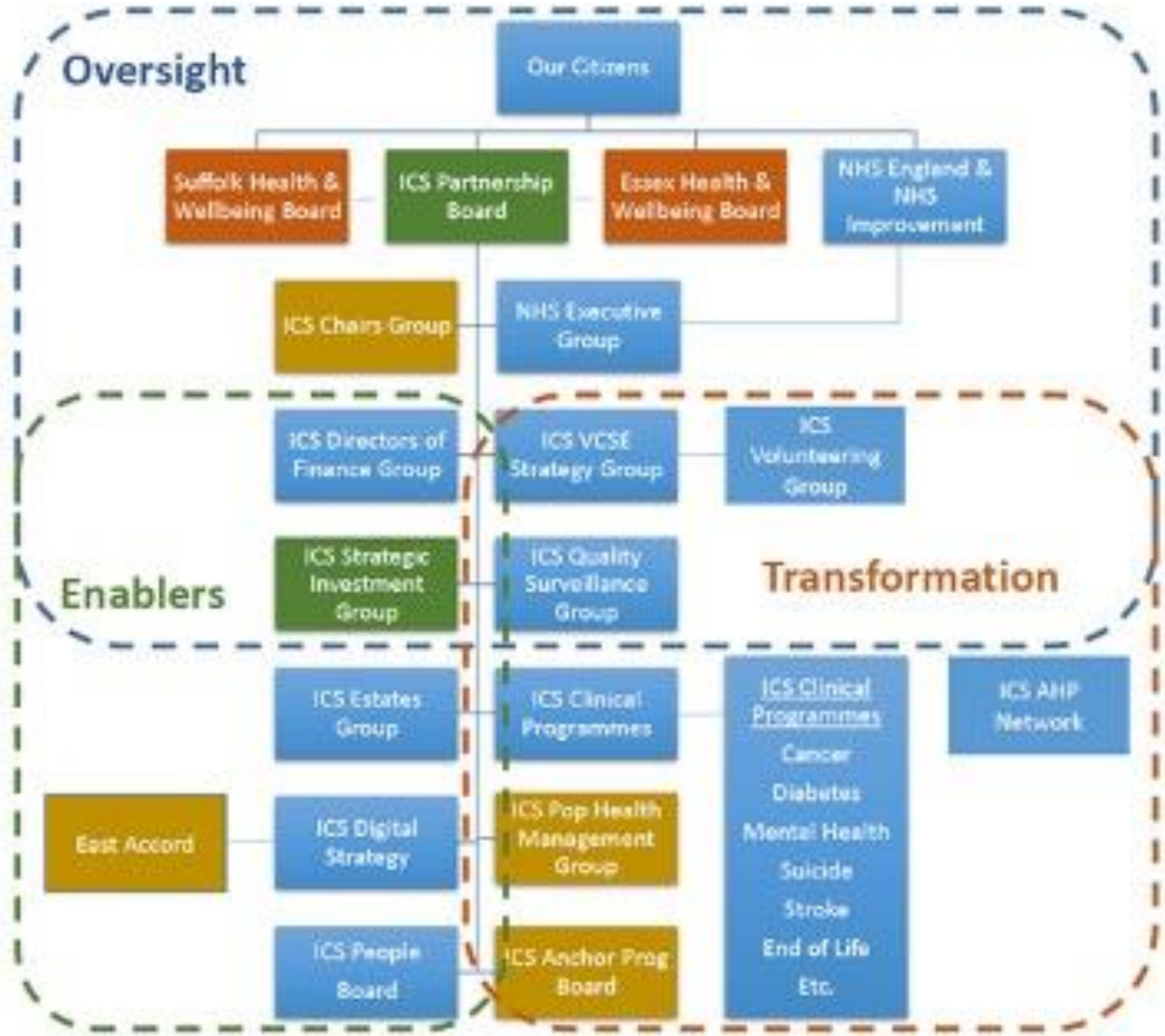
Roll out of 4 key pillars for statutory sector engagement - MoU, joint working brand, sector-led approach to identifying priorities for the Long Term Plan, Sustainable Governance Structure

Voluntary Executive up to 20 self-nominated organisations- working as the direct link to co-design and commission services with the statutory sector

ICS LEVEL

ICS

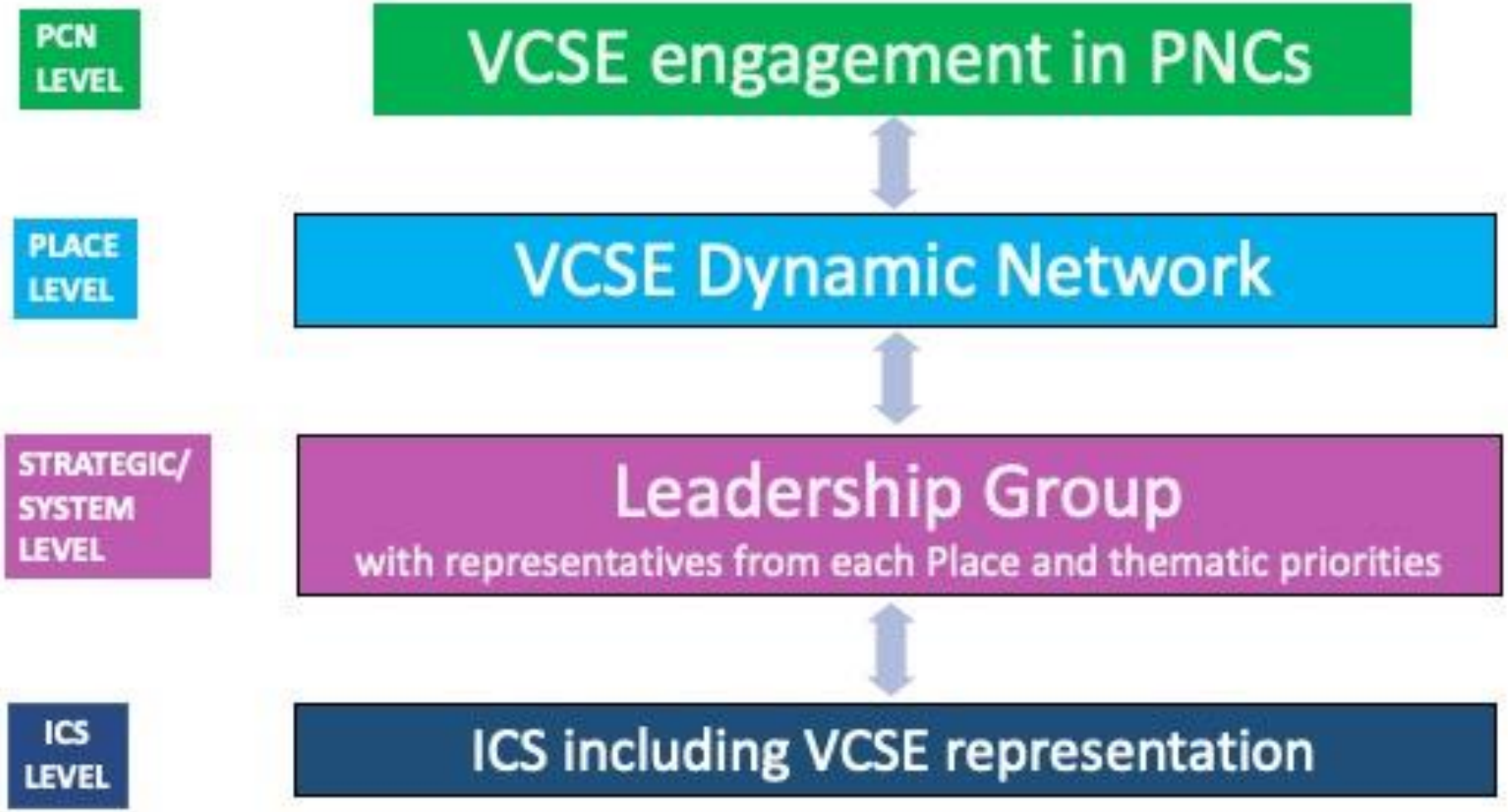
Example Model 6 (based on Suffolk and NE Essex)



Example Model 7 (based on N Central London)



Example Model 8 (based on Birmingham)



navca
local focus national voice

Local Infrastructure Support:

The beating heart of a community's voluntary sector



#HeartOfOurCommunity @NAVCA

navca
local focus national voice

Since August 2021, held discussions with the CVS infrastructure orgs to understand how we can meaningfully represent the VCSE in the ICS and agree initial, temporary structures to take work forward

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Jattinder Rai, **BVSC, Bexley**
Jattinder@bvsc.co.uk

Christopher Evans, **Community Links Bromley**
christophere@CommunityLinksBromley.org.uk

Naomi Goldberg, **METRO GAVS**, **Greenwich**
naomi.goldberg@metrocharity.org.uk

Eoin Heffernan, **Integrate Agency, Lambeth**
eoin.heffernan@integrateagency.co.uk

Sam Hawksley, **Lewisham Local**
sam@lewishamlocal.com

Chris Mikata-Pralat, **Community Southwark**
chris@communitysouthwark.org

VCSE sector involvement in our South East London ICS: Current state

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Local VCS infrastructure organisations

For thriving communities where people belong and can take action on the things that matter to them









navca
local focus national voice

- We do not currently have a system-wide or strategic alliance.
- Place-based (borough) infrastructure organisations are established in each Borough (see left). These organisations have a history of cross-sector working and have established sector engagement models.
- We acknowledge these organisations do not represent the whole VCSE sector in their area e.g. larger VCS organisations, and some smaller organisations.
- Mixed approaches taken to VCSE involvement by our Local Care Partnerships (Place-level) in each Borough. However, all Local Care Partnership committees have at least one member from a VCSE sector organisation.

Current proposals for SEL VCSE leadership and governance arrangements

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1) Developing a VCSE Director role for our ICS

- Similar to the SEL Healthwatch Director role, and VCSE leadership roles in other ICSs, the post-holder will ensure the ICS engages with the VCSE sector. Role is a key convener and connector for the VCSE sector in SEL. Will lead on work with VCSE sector to develop structures and processes necessary to facilitate VCSE involvement in the SEL ICS going forward.

- Priority for role will be to ensure arrangements are inclusive and champion VCSE sector voice.

- To be VCSE representative on system-level boards i.e. the ICB Board and the ICP committee whilst work develops.

- Post-holder from VCSE background. Role hosted by a south east London VCSE sector, but funded by SEL CCG/ICB – host organisation still to be agreed. Will report into the host's board and relevant CEO, as well as the VCSE ICS governance structures (alliance, assembly etc.,) once established. Currently think this would be a fixed-term, 3 year post (secondment considered).

- VCSE drafted Job Description. Task and Finish group set up to take this work forward – please contact christophere@communitylinksbromley.org.uk to be part of this.

A question for you

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Q3: It is important that the VCSE Director role engages with organisations **across the VCSE sector** in south east London, particularly given the diversity of the sector.

How do you think the post holder can best work to maximise engagement and ensure they reach as many organisations as possible? How can we design the role to ensure this?

Answers in the chat.

Start answer with "**A3:**" in the chat.

Current proposals for SEL VCSE leadership and governance arrangements

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2) Developing an interim VCSE strategic network/alliance to inform our ICS's governance and leadership model

- To provide strategic input into work ongoing by the VCSE sector and CCG/ICB to develop an approach to involving and engaging the sector in our ICS.

- The network/alliance will develop ideas and co-design structures for involvement and engagement in collaboration with ICS leads. Members may also be asked to provide steers, insight and act as a critical friend on strategic, and sometimes operational, ICS matters.

- Membership: Organisations from other VCSE sector networks in south east London; large VCSE organisations (national or cross-borough); networks and alliances working with Black, Asian and Minority Ethnic communities, LGBTQ+ communities; advice / advocacy networks that aren't necessarily represented by infrastructure organisations

- If you are interested in being part of this network/alliance, please contact Jessica.levoir@nhs.net. Funding available if required.

Our proposals will evolve over the coming months to develop a more mature, less temporary model tailored to our ICS…

A question for you

Q4: What do you think are important **requirements** of the VCSE governance structures in our ICS?

Are there local considerations or practicalities we need to factor in when designing these?

Answers in the chat.

Start answer with "**A4:**" in the chat.

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Questions?





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How you can get involved in progressing these proposals, and next steps

Jessica Levoir
Head of ICS Partnerships, Governance and Programmes





We need to develop these proposals in partnership

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Please continue to **work with us** to reach our shared vision (to ensure our local people have the best access to health and care).

- Task and Finish Group for VCSE Director role - christophere@communitylinksbromley.org.uk to be part of this.

- Interim strategic/steering group for VCSE – email Jessica.levoir@nhs.net to be part of this.

No matter how much time you have to spare, **we would love to hear from you**. Email jessica.levoir@nhs.net or liaise directly with your CVS infrastructure lead.

Remember, there is **funding available** till mid-March.

Revisiting our earlier questions

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1. Do you know what the Integrated Care System (ICS) is?
2. Do you know what is important to the ICS?
3. Do you know what the ICS means for Voluntary, Community and Social Enterprise organisations?



Please follow the **DooPoll link in the chat** to answer.

Next steps

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- Continuing to work with you to ensure voluntary sector partners continue to **play a pivotal role** within the ICS
- Finalise the **Director of Voluntary Sector Engagement and Partnership** role
- Focusing on establishing the right '**operating model**' for the system, based on partnership working, combining resources and delegating to the right level in the system
- Embedding effective '**ways of working**' across our system, with the focus on building trusting relationships, reducing bureaucracy and involving local people
- Supporting staff to play **effective leadership roles** and work in effective teams across the system
- Supporting staff to **lead improvement and innovation across the system**, to find more effective ways of meeting people's needs and release savings that can be invested into new services

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Thank you



