SEL ICB Engagement Assurance Committee
Minutes of the meeting on 24 January 2023 18:00-20:00
Videoconference via Teams

Committee members

Anuradha Singh [Chair]	SEL ICB Non executive member
Kolawole Abiola	Southwark Member
Amanda O'Brien	Bexley Member
Chris Boccovi	South East London Member
Folake Segun	Director South East London Healthwatch
Geraldine Richards	South East London Member
Helen Laker	Greenwich Member
Iuliana Dinu	Head of Engagement
Jessica Levoir	Head of Partnerships
Muriel Simmons	Bexley Member
Neville Fernandes	Lewisham Member
Orla Penruddocke	Bromley Member
Shalini Jagdeo	Bromley Member
Stephanie Correia	Lambeth Member
Tal Rosenzweig	Director of Voluntary Sector Engagement and Partnership
Toby Garrood	Joint Chief Medical Officer SEL ICB
Tosca Fairchild	Chief of Staff SEL ICB

No	Minutes
1	**Welcome, introductions and apologies.**
1.01	Toby Garood welcomed everyone to the new ICB Engagement assurance committee, and members introduced themselves.
1.02	Folake Segun introduced Healthwatch as the independent voice of patients in the safety with statutory responsibilities to gather voices and feed back for use in service.
1.03	Apologies from: Rosemary Watts, Assistant Director of Engagement Jenny McFarlane, Engagement Manager Wasia Shahain, Senior Equality, Diversity and Inclusion Manager Marc Goblot, Greenwich Member Livia La Camera, Lambeth Member
2	**Purpose of the committee**
2.01	Iuliana Dinu reminded the group that the purpose of the committee was to provide assurance to the integrated care board that the patient voice was being listened to in relation to south east London projects and programmes, and that the ICB could demonstrate it had listened to views and they influenced its work. Members should engage widely with people in their areas and contribute their views to the committee.

2.02	More information is available on south east London ICS website: [Role of Engagement Assurance Committee (selondonics.org)](#)
2.03	In response to a question Anu Singh clarified that she would chair the meetings during its first phase, the arrangements on ways of working and governance would be kept flexible and under review.
3.	**Development of the South East London Integrated Care Strategy**
3.1	Anu Singh set up the context of this discussion explaining the purpose of the ICS strategy.
3.2	Jessica Levoir outlined the process of engagement that was undertaken in the development of the Integrated Care strategy that all ICSs were asked to develop. The process looked at the challenges and opportunities facing the system over the next five years and using criteria to refine to five strategic priorities. The final document was being prepared for approval after which the implementation work would start in each strategic priority area. The document set up the strategic priorities and our ambitions, but more work is to be done on the implementation and how these priorities will be addressed and delivered.
3.3	The strategic priorities document has been published on [South East London ICS website](#).
3.4	All these steps involved engagement with local people. The initial part of the strategy development process used insights from previous engagement / insight work with local people and communities across ICS partner organisations from the last two years. In addition, two online engagement events for local people and voluntary and community sector organisations were held in July 2022 with the aim of informing the development of the vision and to understand what is important to local people within the initial areas for discussion. Once the strategic priorities were worked up and agreed, two further online events were held in November to understand challenges and opportunities within these priorities and possible solutions. ICS Leaders and VCSE colleagues were also invited to face to face events in July and November, and alongside these an online engagement page was developed on [Let's talk health and care](#) by using a chat forum and ideas board to gather views and experiences. Specific work was also carried out to engage with community organisations representing seldom heard groups. Committee members were invited to share their views and thoughts on the engagement process.
3.5	Stephanie Correia asked if sufficient insight had been gained from young people and mothers with young children given the difficulties in engaging these groups. The priorities in relation to children and young people did not specify timescales and 'early intervention' could mean two weeks to years.
3.6	Jessica Levoir noted that although there had been engagement with voluntary sector organisations working with marginalised groups, there had been no direct engagement with some of these groups, and something that could be taken forward in future engagement particularly in the working groups for priorities relating to children and young people. A focus of the priorities will be access to services, recognising the waiting times and access issues local people have told us about for some services.
3.7	Kolawole Abiola praised the process of engagement but expressed concern that the workforce would not be sufficient to deliver the strategy, and asked about

		work on this area. The pressures on finance were another factor threatening the delivery of the strategy. He asked if there was sufficient data available to support the prioritisation process.
	3.8	Dr Toby Garrood commented that the strategy would need to be co-designed and co-delivered with local people and communities.
	3.9	Tal Rosenzweig reinforced that these strategic priorities need to be co-designed and co-delivered with people and local communities. She noted that we will be working alongside voluntary and community sector organisations. There are efforts to build capacity to support the good work that is already taking place with organisations working with young people, for example, but creativity would be needed.
	3.10	Chis Boccovi welcomed digital methods such as chat forums and webinars but expressed concern they could be exclusionary to some people. Promotion of engagement through the existing channels such as the ICS's website and social media risked reaching only people already involved with the ICB or the previous CCG. He noted that these new strategic priorities provide a great opportunity to reach the groups that have not been reached before.
	3.11	Amanda O'Brien initially asked if the engagement events for the strategy were the same one as she had attended at the Bexley Civic Centre. Jessica Levoir clarified that they were not the same, and the event held at the Bexley Civic centre was likely related to local strategy rather than the overarching south east London strategy held in Bexley in November.
	3.12	Folake noted in response to Chris' concerns regarding reaching some of the groups with support of voluntary and community sector organisations, that the Healthwatch reports reflects direct feedback and views of a diverse populations from across south east London.
	3.13	Jessica Levoir outlined some themes of the insight gained as part of the strategy development process: • Difficulties in accessing services such as primary care, mental health and move to digital services, lack of knowledge about what is available and confusion about payment for some services and some communities. • Trust in services was identified as a problem in many areas. • There was emphasis on understanding social issues experienced by many seldom listened to groups. • The importance of peer support for those with Long Term Conditions or complex needs, and the need to treat the whole person rather than specific conditions. • Importance of partnership working - people asked organisations to work better with each other and in partnership with local communities and organisations providing specialist support and / or advocacy. • The need for an increased focus on prevention and wider determinants of health and wellbeing including housing and safety. • People were worried about morale in the workforce and support available for carers, as well as concerned about IT and better communications between digital systems and other support services. • The need to share learning, innovation and creative thinking from voluntary and community sector across the system.

3.14	Kolawole Abiola questioned whether there was yet enough data about the services people wanted, and whether there was a risk of raising communities' expectations beyond that which could realistically be delivered. Patient reported outcome measures would need to be fed back to people and communities and there was a question of how the committee could be assured of outcomes achieved in the various services.
3.15	Geraldine Richards asked how the priorities would address the issue raised in feedback about quality assurance in relation to social care and home care in particular. If the public wanted a person-centred holistic approach this would need to be taken into account as an important dimension. Jessica Levoir noted that the strategy focused on priorities which were best suited to working across the whole system rather than the priorities of local councils or individual organisations.
3.16	Amanda O'Brien noted that the committee was responsible to ensuring that people experiencing greater inequalities need to be listened to and she asked if the data available from other strategic priorities around health and care from NHS providers and public health are connected and where there are overlaps,
3.17	Shalini Jagdeo noted that a large number of points had been raised – working with schools for example was a large area by itself and would involve significant change – and even with several working groups the areas of change covered would be large and how this will be covered and how this will be connected.
3.18	Chris Boccovi asked about how the information gathered and specific concerns would be processed together into some goals that could be pursued across the system and how the process would work given the need to summarise. He asked about groups that were marginalised, for example, those with no fixed address who may have difficulties accessing services. Jessica Levoir noted that these were key challenges, and the identification of some seldom heard groups in south east London to target was an attempt to improve engagement but further ideas would be welcomed.
3.19	Jessica Levoir outlined results of the evaluation surveys of online webinars which had been provided. The feedback itself was generally positive, but with some feedback about wanting more time on breakout sessions and the use of Mentimeter. There were some reflections on use of senior leaders and on ensuring feedback action as well as gathering views.
3.20	Kolawole Abiola emphasised the need to be able to show actions and the results of work on each strategic priorities.
3.21	Geraldine Richards asked about the relationship between the committee and the reference groups. Jessica Levoir noted that the reference groups would be working on planning actions and deliverables for addressing each of the strategic priorities. They will be formed including experts in that set priority area from across the system. The governance is currently being thought through but the reference groups but these would not be part of formal governance and are not part of the governance of the ICB as the Engagement Assurance Committee is.
3.22	Chris Boccovi noted that the timings of engagement events would need to be considered to provide a wide range of dates and times, and tailored to the needs of particular groups for example parents needing to do the school run.

3.23	Orla Penruddocke reflected on a strong discussion of the new EAC, but pointed out there were a large number of papers and perhaps not enough time to explore the issues in sufficient depth to get assurance. Noting that the strategy would need to move from engagement for delivery, she asked how the results of the engagement would be fed back to those who had engaged, noting a gap about future engagement and looking more now on delivering.
3.24	Jessica Levoir noted that some time would be needed to finalise the engagement approach to ensure the engagement was effective, and for the reference groups to shape the approach to engagement for each strategic priority
4.0	**Discussion on the committee and any further support needed.**
4.1	Anu Singh noted that the ICB was in an initial 'set-up' phase and the committee had differed from the CCG, and recognised the uncertainty that could result, but asked for any feedback.
4.2	Amanda O'Brien noted that context was important and more information about the ICBs boards and membership would be useful. Tosca Fairchild noted that the information was available on the website - Governance - NHS South East London (selondonics.org) but further clarification could be provided if needed.
4.3	It was also noted that more information was available as part of the EAC induction papers and the FAQs that came out of the discussion at the December induction session - EAC - papers - NHS South East London (selondonics.org).
4.4	Orla Penruddocke suggested that context to the figures provided for example feedback from those running the engagement event may help provide more context to reports of engagement, for example whether it had provided sufficient richness of feedback as well as lessons learned.
4.5	Members noted that the committee would evolve and grow in confidence and that it had something to contribute.
4.6	Iuliana Dinu referenced the committee to the slide of support available to members which was in the papers and available online. Members could feedback on any further support that could be provided. She noted that NHS England training for those on decision-making committees had been helpful in the past.
4.7	Iuliana Dinu referenced the opportunity to develop an EAC closed hub for the members of the committee on Let's talk health and care engagement platform. Iuliana presented the draft format of the closed hub and information that could be available. It was presented how the hub can work to facilitate r members having access to all the information via this page in addition to the website page as well as to communicate and work in between meetings. Members were invited to volunteer to be part of a EAC hub co-design group. Three members offered to be involved and help to develop the EAC closed hub. It was noted that Iuliana Dinu will organise a meeting for the working group ahead of the next EAC formal meeting in March.
4.8	Chris noted that the hub could be very useful for the members and praised this initiative.

5.0	**AOB**
5.1	There were no items of AOB.
6.0	**Closing remarks**
6.1	Anu Singh thanked all committee members, speakers and the engagement team involved in organising the meeting.
6.2	The next meeting will be in March and the date and time is to TBC.