

**NHS South East London Integrated Care Board**

**Engagement Assurance Committee**

**Minutes of meeting held on Tuesday 28 November 2023**

**Via MS Teams**

Members present:

Anu Singh (AS) (Chair)  
Kolawole Abiola (KA)  
Stephanie Correia (SC)  
Tal Rosenzweig (TR)  
Folake Segun (FS)  
Dr Toby Garrood (TG)  
Marc Goblot (MG)  
Helen Laker (HL)  
Shalini Jagdeo (SJ)  
Orla Penruddocke (OP)  
Neville Fernandes (NF)  
Tosca Fairchild (TF)

Non executive director, SEL ICB  
Southwark borough member  
Lambeth borough member  
Director of VCSE Collaboration & Partnerships  
Director, South East London Healthwatch  
Joint Medical Director, SEL ICB  
Greenwich borough member  
Greenwich borough member  
Bromley borough member  
Bromley borough member  
Lewisham borough member  
Chief of Staff, SEL ICB

In attendance:

Rosemary Watts (RW)  
Iuliana Dinu (ID)  
Leanora Volpe (LV)  
Jenny McFarlane (JM)

Associate Director of Engagement, SEL ICB  
Head of Engagement, SEL ICB  
Anchor System Programme Lead, SEL ICS  
Engagement Manager, SEL ICB

Minute taker: Simon Beard

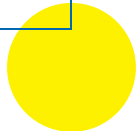
Apologies were received from:

Chris Boccovi (CB)  
Geraldine Richards (GR)

South East London member  
South East London member

		Actioned by
<b>1.</b>	<b>Introduction and welcome</b>	
1.1	AS welcomed all and thanked them for their attendance. She asked whether there were any declarations of interest to declare which were not on the register.	
<b>2.</b>	<b>Opening Business</b>	
2.1	<u>Minutes of last meeting</u> The minutes of the last meeting were reviewed and agreed by members present with no objections or amendments.	
2.2	<u>Matters arising</u> RW provided an update on two actions arising from the previous meeting:	

	<ol style="list-style-type: none"> <li>1. Further discussion with Ben Collins on the ICS strategy took place at the informal meeting of the EAC members on 7 November 2023.</li> <li>2. Ratification of the refreshed EAC Terms of Reference remained outstanding as RW has been unable to attend the Clinical and Care Professional Committee (CCPC) due to cancellation of the September and November CCPC meetings and RW being on leave for the July and October meetings.</li> </ol> <p>The Healthwatch reports on ambulance handover times remained outstanding and FS shared the links in the meeting chat:</p> <ul style="list-style-type: none"> <li>• <a href="#">London Ambulance Service: Experiences of Greenwich residents in 2022   Healthwatch Greenwich.</a></li> <li>• <a href="#">PowerPoint Presentation (healthwatchbromley.co.uk)</a></li> </ul>	
<p><b>3.</b></p> <p>3.1</p>	<p><b>Anchor Listening Exercise - Leanora Volpe</b></p> <p>LV introduced herself as the Anchor System Programme Lead for SEL ICS. The project aimed to bring together multiple organisations rooted in communities in SEL to work together to address the social impacts on people’s health. This was led via an oversight group comprising various partners, which aimed to get people to work in a co-ordinated way, using four pillars – co-production of solutions, engaging the community, listening in a space that people feel comfortable in, and empowering communities to shift the balance of power to make everyone a leader.</p> <p>LV provided an overview of the listening campaign that had taken place in the second half of the year. This had comprised:</p> <ul style="list-style-type: none"> <li>• Launch workshop in June 2023, attended by over 50 participants.</li> <li>• Small group and 1-2-1 events with diverse communities across the summer, working with VCSE and Civic organisations.</li> <li>• Use of virtual platforms, including Let’s Talk Health and Care South East London, and the People’s Panel for further engagement.</li> </ul> <p>Over 2,500 people had been heard by the end of this campaign, with a broad range of communities and groups involved.</p> <p>LV reported on the key issues raised during the listening campaign, which could be grouped into five themes, being:</p> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Migration and race</li> <li>• Work, wages and the cost of living</li> <li>• Mental health and social isolation</li> <li>• Children, young people, and parents.</li> </ul> <p>In response, five co-production workshops were run with communities to generate solutions. A number of pledges were made as part of the Anchor Programme, which would help to:</p>	



- develop a three-year plan to help tackle low pay and precarious work in South East London.
- support the improvement of English language skills as a route to better health through work and fair pay.
- Work with local communities to make roles in anchor institutions more accessible for people that experience barriers to good work.
- Map spaces available in anchor institutions for community groups to use.
- Work with system partners to develop housing solutions, recognising housing as a building block of health.

LV concluded by updating the group on the success of a Citizens' Assembly event held in SEL recently, where community leaders invited the ICB's Chair and Chief Executive as well as local NHS Trust leaders to attend and make pledges publicly. The event had a lot of energy and would be repeated in a year's time to hold the pledge makers to account for delivery against the pledges made.

3.2 AS asked Committee members for comment.

3.3 SC raised three issues:

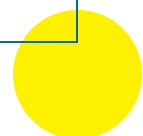
- Had the campaign started with a target number of people to talk to and what was the level of diversity in the audience?  
LV advised 4,000 contacts across South East and South West London in total was the target, which had been achieved. LV felt some diversity had been achieved but there was always the ability to do better.
- Would it be possible to hear what the local authorities themselves were doing on their areas of responsibility – for example, housing?  
There was an intention by local authorities to undertake some cross-sector working to address the issues.
- Automation of work and how to support people whose jobs were at risk as a result, acknowledging that a structured day and employment is key to people's mental health.  
LV agreed the focus should be on supporting people to adapt, through delivering lifelong learning and skills.

3.4 TF commented on the importance of clearly evidencing delivery against pledges to maintain community confidence.

3.5 TG asked about the process to arrive at the 4,000 contacts target and deliver the co-production. This was based on a methodology shared by Citizens UK, with further engagement promoted by the Anchor team attending three SEL Trust Boards to socialise the plan.

3.6 MG highlighted housing as a key area of concern for disabled people so it was good to see it on the list of core issues. On employment, flexible working for older people and disabled people was important and it would be good to keep track about how this cadre of the population was enabled. MG felt it would be good to see more analysis

	<p>of how the survey population was made up. Some of the areas being considered were also part of Disability Action Plan the Government was setting up, so it was pleasing to see these areas being tied together.</p> <p>3.7 KA congratulated the team on conducting a good listening exercise, noting that social and economic issues were key determinants of mental health. In the Black, Asian and Minority Ethnic communities, the issue of race and discrimination around mental health issues needed to be addressed, along with bullying in schools and among young people. KA highlighted the work being undertaken in the voluntary sector to create initiatives to address some of these issues and encouraged the involvement of VCSE organisations to develop plans to look at these.</p> <p>3.8 NF highlighted the need to consider in the conversation on housing and disabilities advance planning for housing adaptations. NF reflected that a lot of people were renting and in work but unable to get a mortgage – helping them on the housing ladder would also mean helping them get a mortgage. Apprenticeships and graduate schemes and those for people out of work for some time may help those without current skills. NF also noted that substance misuse and vaping was a cause of concern and asked if this issue had been addressed in the responses. LV agreed there were a range of inequalities disabled people face - lack of housing preventing employment being only one. A holistic approach was needed. LV noted that the Department for Work and Pensions were working with the Office for Health Inequality and Disparity to support ICSs with getting disabled people into work through funding.</p> <p>3.9 <b>AS thanked LV for her report on behalf of the committee.</b></p>	
<p>4.</p> <p>4.1</p> <p>4.2</p>	<p><b>Insight from the South East London People’s Panel – Iuliana Dinu</b></p> <p>ID reminded the committee that the SEL People’s Panel had been developed to complement other engagement channels already in use. Its purpose was to gather views from people who do not normally engage. Over one thousand people were now part of the panel.</p> <p>ID reported on the purpose and outcome of two surveys that had been carried out so far. The first survey had been carried out between January and August 2023 and asked people what was important to them and their families in regard to health. The second survey sought to understand how people are getting health and care help and advice and was conducted in September and October 2023.</p> <p>In addition to the specific survey questions, a set of benchmark tracker questions were asked around keeping well factors such as:</p> <ul style="list-style-type: none"> <li>• how healthy people felt</li> <li>• how in control of their lives they felt</li> <li>• if they felt happy</li> <li>• if they felt lonely</li> <li>• if they felt safe</li> </ul>	



ID reported on the outcomes of those questions as well as the insight obtained from the surveys, particularly noting the alignment of themes to those reported via the Anchor listening programme and the high number of suggestions related to people changing their mindsets and behaviours. Financial stability, access to healthcare, housing and employment were also areas of concern and where people felt they needed most help, as well as improvements to mental health services.

For the second survey, it was noted that:

- when in need of help and advice, people generally tried self care first, followed by consulting their local pharmacy and then the internet.
- The most preferred option for receiving information about health and care services was via the NHS website, followed by text message.
- There was a clear preference from survey respondents for more information to be available from local pharmacies.

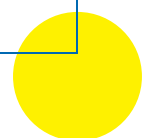
The results of the first survey had been shared with the Anchor team, noting that their action plan and response to the pledges made would respond to some of the areas of concern. An information campaign around how people get information and access services was also planned.

4.3 AS opened up the floor for questions from members.

4.4 SC enquired about diversity within the panel and wondered if it was as a result of the survey that one of the VCSE priorities was to deal with loneliness? ID advised that data from the 2021 Census had been used to ensure the group was reflective of the population. On loneliness, discussions were ongoing with TR and the VCSE community. SC also suggested a question could be asked about how people take responsibility for their own health. ID advised this had not asked yet but could be included in a future survey.

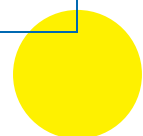
4.5 KA commented that in previous minutes it was noted that more engagement was needed with the Roma community and asked if this was being progressed. ID responded that the People's Panel included a number of people from the Roma community and that there was also a specific engagement project underway for this cohort of the population. RW advised a pan SEL Gypsy, Roma and Traveller network was being created and she had attended the Traveller Movement Annual Conference. It was worth noting that levels of literacy in the community were low so the use of surveys as a method of engagement and data gathering needed to be thought about. KA also noted the recurring theme of housing and asked if the local authority representatives on the ICB Board could be used to move this issue forward. ID responded that the Anchor programme work was looking at housing as a priority and would be able to report on how this area could be taken forward.

<p>4.6</p> <p>4.7</p> <p>4.8</p>	<p>HL expressed surprise that no comments had been made about loss of sleep, and was surprised about some of the places it was suggested information should be displayed. It was noted that there was a degree of personal preference that needed to be taken into account but it was key to take forward the pharmacy approach as there was a lot of consensus by respondents in identifying pharmacies as a good source of information..</p> <p>RW added, on the loneliness aspect, that mental health for children and young people and adults were two key strategic priority areas in the ICS strategy, with a strong focus on VCSE. The team were working closely with Jungle Green to support with recruitment to the People’s Panel. The first survey was more statistically significant with weighted surveys; for the second survey generic software was used which did not easily allow for detailed analysis so bespoke software would be used going forward to enable the targeting of audiences and identification of what is statistically relevant.</p> <p><b>The EAC members noted the report.</b></p>	
<p>5.</p> <p>5.1</p> <p>5.2</p>	<p><b>Six month review of south east London engagement team workplan – Rosemary Watts</b></p> <p>RW reminded the members that they had discussed a progress report on the implementation plan of the workign with people and communities strategic framework which had also been discussed at the Clinical and Care Professional Committee earlier in the year. This led to the development of an engagement workplan which the committee discussed in May 2023 and had agreed to review after six months.</p> <p>Key items to report were:</p> <ul style="list-style-type: none"> <li>• The success of work with Creating Ground who did a piece of theatre ahead of the July ICB Board about women finding voice and using agency to create change.</li> <li>• The existence of strong leadership around engagement, noting three attendees to EAC were Board members in addition to the Director of Communications and Engagement.</li> <li>• High levels of outreach being achieved this year.</li> <li>• The success of the People’s Panel, noting a third survey was currently out seeking feedback on the 111 service.</li> <li>• Work with Healthwatch Greenwich to develop an approach to co-production as well as work around personalisation and personal health budgets.</li> <li>• The work with the Anchor programme</li> <li>• The development of an insights page on the website which would link to Healthwatch reports and provide some thematic accessible reports as a result of some NHSE funded work with Mabadiliko.</li> <li>• Ongoing attendance at Place engagement meetings and the planning directorate meetings, with training delivered to other programmes across the ICS.</li> <li>• Better working with the VCSE.</li> </ul>	

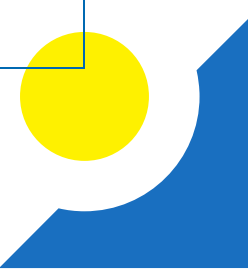




<p>5.3</p> <p>5.4</p>	<p>Areas it had not yet been possible to take forward included developing an engagement and equalities group as a result of workforce capacity issues, and recruitment of a Clinical and Care Professional lead for engagement, which would be reviewed in the new financial year and once the ICB management cost reduction programme was completed.</p> <p><b>The EAC members noted the report.</b></p>	
<p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p>	<p><b>Update on the Voluntary, Community and Social Enterprise (VCSE) Strategic Alliance and the VCSE Charter – Tal Rosenzweig</b></p> <p>TR confirmed the South East London VCSE Charter had now been signed off by the Integrated Care Partnership. It was pleasing to report that the ICB Chair and Chief Executive were going out to communities to engage at a grass roots level with VCSE organisations.</p> <p>On the back of charter sign off, five “so what” commitments had been agreed by the ICB. Two focussed on supporting smaller grass root organisations and made key commitments on how the system contracts with the sector.</p> <p>TR noted that a lot of the work currently underway with the VCSE aligned with the Anchor alliance work discussed earlier. A lot of issues VCSE had been raising were also raised by local communities so there was clear alignment.</p> <p>TR reported that additional funding had been received from NHSE – which had supported work to understand what communities most removed from the health and care workforce required for better engagement. Co-creation work had taken place with identified communities to deep dive into barriers and solutions. Work had been focussed on deaf people, learning disability and autism via a Lewisham based specialist organisation, young people carers, organisations working alongside Black African and Caribbean people, and young parents. Part of this work would facilitate all those groups coming together to share work and identify cross cutting themes and potential barriers and look at how their work intersects.</p> <p>KA advised that South London Connects was doing good work around collaboration. KA asked how the Charter could be obtained now it was signed, what the methodology was for assessing barriers encountered by the small grass root organisations and how these would be addressed.</p> <p>TR confirmed that the Charter would be posted on the website but it would circulate to EAC members. In terms of next steps, it was considered that local borough-based events where NHS leaders could listen to local issues to develop a clear understanding of the barriers were the best approach, and the details of what this would look like were currently being worked through in each borough.</p> <p><b>ACTION: TR to circulate Charter to EAC members.</b></p>	



<p>6.5</p> <p>6.6</p>	<p>MG expressed a particular interest in the autism work, noting the need to create connection across the whole of SEL, not just Lewisham.</p> <p><b>The EAC members noted the report.</b></p>	<p>TR</p>
<p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p>	<p><b>Feedback from the ICS Equalities Sub-Committee (ESC) – Tosca Fairchild</b></p> <p>TF updated the group on the last meeting of the ESC held on 2 November. At this meeting, the agenda covered:</p> <ul style="list-style-type: none"> <li>• updates from boroughs</li> <li>• a presentation from the Greenwich Chief Operating Officer around borough initiatives.</li> <li>• EDS22, a national Equality, Diversity and Inclusion (EDI)improvement tool mandated across NHS, to ensure the ICB was meeting all EDS22 requirements. One of these requirements was around leadership – a survey had been sent out to Board members to evidence achievement.</li> <li>• Digital inclusion – with a current project looking at digital inclusion in GP practices.</li> <li>• Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and the ICBs performance against them.</li> <li>• Public Sector Equality Duty (PSED) and the gender pay gap.</li> </ul> <p><b>ACTION: TF to circulate a one-page summary around the agenda headings.</b></p> <p>AS noted that the ICB Board members also received regular Board updates from TF.</p> <p><b>The EAC members noted the update.</b></p>	<p>TF</p>
<p>8.</p> <p>8.1</p> <p>8.2</p> <p>8.3</p>	<p><b>Update from South East London Healthwatch – Folake Segun</b></p> <p>FS delivered her report around the three levels in which Healthwatch work:</p> <p>Nationally, Healthwatch England was publishing a report next week on the state of health and care from a public perspective. This report would include views from about 65,000 people on areas such as GP access, dental access, cancer care, mental health provision, and digital access. The cost of living crisis and how it is impacting on how/if people access care as a result of cost of travel to care, cost of prescriptions etc was a recurring theme. The report would highlight the danger of a two-tier system arising. FS also noted that 1 in 7 people in the survey said they were referred by NHS professionals who suggested they seek private healthcare which was a concern.</p> <p><b>ACTION: FS to send report around the EAC members when published.</b></p>	<p>FS</p>





<p>8.4</p> <p>8.5</p> <p>8.6</p> <p>8.7</p> <p>8.8</p> <p>8.9</p> <p>8.10</p>	<p>From a SEL Healthwatch perspective, FS was maintaining involvement in the equality and quality groups and would participate in the assessment of equality data and rating of the system. FS was also involved in discussions around strategic priorities and work on quality. FS was pleased to report that Healthwatch across SEL had been given access to the ICB quality alerts reporting system link, which would mean they would have access to data providing insight that was coming from HQ teams themselves. They were the first Healthwatch group across the country to have this and it would enable the tracing of qualitative accounts of people’s experiences.</p> <p>Locally, Healthwatch Lewisham were doing a piece of work on trans-health, looking at access, support and treatment. The community of people engaged was small but it was acknowledged the project was intending to invite people from across SEL into conversations so recommendations of people to be invited to take part would be welcomed. The contact for the project is Deneesha James - <a href="mailto:deneesha@healthwatchlewisham.co.uk">deneesha@healthwatchlewisham.co.uk</a></p> <p>Healthwatch Lambeth and Healthwatch Greenwich maternity care projects had drawn to close, with the reports with the commissioners but not yet public. They would be shared through the developing Insights page.</p> <p>KA asked how the Healthwatch teams were linking into the Health Oversight Scrutiny Committees (HOSC’s) and PALS teams. FS advised that Healthwatch had seats on HOSCs and present reports to them. The relationship with PALS was different as Healthwatch teams would normally have interaction with PALS teams in response to particular issues rather than as part of an ongoing dialogue.</p> <p>AS thanked FS for her report and suggested a need to look at the agenda order next time as the Healthwatch report was generally last and squeezed for time.</p> <p><b>ACTION: RW to review agenda structure for January 2024 meeting.</b></p> <p><b>The EAC members noted the report.</b></p>	<p>RW</p>
<p>9.</p> <p>9.1</p>	<p><b>Any Other Business</b></p> <p>ID advised the group that Amanda O’Brien had stood down as a member and recorded thanks for her involvement and support to the Committee.</p>	
<p>10.</p> <p>10.1</p>	<p><b>Meeting close</b></p> <p>AS closed the meeting at 20.00, thanking everyone for their time.</p>	

**Date of next meeting:**

Tuesday 19 March 2024, at 18.00 (on MS Teams)

