

NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Tuesday 23 January 2024

Via MS Teams

Members present:

Anu Singh (AS) (Chair)	Non executive director, SEL ICB
Kolawole Abiola (KA)	Southwark borough member
Stephanie Correia (SC)	Lambeth borough member
Folake Segun (FS)	Director, South East London Healthwatch
Dr Toby Garrood (TG)	Joint Medical Director, SEL ICB
Marc Goblot (MG)	Greenwich borough member
Helen Laker (HL)	Greenwich borough member
Orla Penruddocke (OP)	Bromley borough member
Geraldine Richards (GR)	South East London member
Chris Boccovi (CB)	South East London Public Member
Tosca Fairchild (TF)	Chief of Staff, SEL ICB

In attendance:

Rosemary Watts (RW)	Associate Director of Engagement, SEL ICB
Iuliana Dinu (ID)	Head of Engagement, SEL ICB
Monica Franklin (MF)	Senior Project Manager, Perinatal Pelvic Health Service

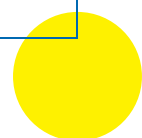
Minute taker: Simon Beard

Apologies were received from:

Shalini Jagdeo, Tal Rosenzweig, Livia La Camera, Shirley Hamilton, Jenny McFarlane.

		Actioned by
1.	Introduction and welcome	
1.1	AS welcomed all and thanked them for their attendance.	
2.	Opening Business	
2.1	<u>Declarations of Interest</u> No additional declarations of interest were raised.	
2.2	<u>Minutes of last meeting</u> The minutes of the last meeting were agreed by members present as an accurate representation with no objections or amendments.	
2.3	<u>Actions</u> <ul style="list-style-type: none"> • Tal Rosenzweig had circulated the VCSE Charter – to be closed. • Tosca Fairchild had circulated a summary of the latest discussions at Equalities Sub-Committee – to be closed. 	

	<ul style="list-style-type: none"> • Folake Segun had shared the Healthwatch England report on health and care – to be closed. • Rosemary Watts had reviewed the EAC agenda structure and changes were evidenced in this meeting’s agenda – to be closed. 	
<p>3.</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p>Pelvic Health engagement</p> <p>MF presented this item to provide some insight into the project which had been ongoing for two and a half years and had a focus on the perinatal and ante-natal period.</p> <p>MF presented a slide deck, covering:</p> <ul style="list-style-type: none"> • What pelvic floor dysfunction is • Risk factors for pelvic floor dysfunction • How perinatal pelvic health services were developed as a result of the First Do No Harm report, which recommended ensuring conservative measures were offered in place before surgery and gaps in workforce were reviewed and additional resource recruited. • The role of pelvic health services. • SEL context – noting there were 5 maternity units across SEL, with risk factors in SEL including a high birth rate, 1 in 4 mothers over 35, 1 in 10 smoking at delivery, and 37.5% of mothers having a high BMI. • A gap analysis of services available in SEL. • Challenges and achievements. • Next steps. <p>MF highlighted that South East London was one of the first 14 early implementer sites nationally, with a mandate to focus on prevention and identify problems early on. A second phase of a further 14 sites followed with national rollout planned in 2024.</p> <p>In terms of engagement, the starting point was to look at the Joint Strategic Needs Assessments in each borough to understand the population and look at which parts of the population were most at risk.</p> <p>Engagement events then took place, including:</p> <ul style="list-style-type: none"> • Specific engagement with groups of people experiencing 3rd or 4th degree tears. • Awareness sessions to understand the patient’s experiences of pelvic health services and what they knew about the services provided. Information was made available and these sessions, and some sessions were language specific, with interpreters on site to support. Over 90 women engaged with these sessions. • A lot of engagement with the Latin-American community – as this section of the population were identified as having a wide knowledge gap around where to get help and access services, and what the health care system could offer as support. 	



- Survey of 27 questions, which generated 105 responses. Noticeably, of the respondents to the survey, 80% were women from a white background and 49% of respondents did not know how to seek help.

As a result of the engagement activity, service design discussions identified a number of actions, including:

- Provision of better information on how women should look after themselves post-birth – for example how to look after stitches.
- Provision of better information on services available.
- Uniform clinical pathways across all three SEL Trusts to ensure the same questions were asked at the same three milestones in the pathway, which would determine if access to the pelvic health services or ante-natal education classes should be offered.
- Work with the ICB engagement team on a maternity page on the “Let’s Talk Health and Care SEL” platform.
- Videos produced in collaboration with Imperial.
- Development of ante-natal classes, open to all but with a focus on women with risk factors, which got really good feedback from attendees and healthcare professionals who attended training.
- Collaboration through the SEL engagement hub.
- Parent education sessions run for parents unable to speak English.

Although MF noted a number of challenges, including multiple IT systems across the three maternity service providers, recruitment of pelvic health physios, resistance to change, and workforce pressures, the project had already recorded a number of achievements, including the winning of an RCN award, presentation of the project at an international Society conference in Toronto, and selection as a case study within the NHS England national implementation guidance for pelvic health services.

Next steps included work towards ensuring the service met the national service specification, creation of a dedicated website for Pelvic Health Services, transfer of the Service to local maternity services, and the launch of a support group for women with obstetric injuries.

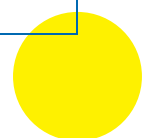
3.4

The chair opened the floor for questions from members:

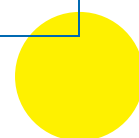
SC emphasised the need to make every contact count – and asked if women could be asked about this each time they engaged with health services. MF advised GPs had received information on what good looks like in pelvic health via a checklist. It was worth noting that often problems did not manifest themselves until menopause so although the service only looked after people for a short period of time around the birthing period there needed to be a lengthy period for continuum of care.

HL reflected on the need for a strategic plan to make sure people take the issue seriously.

<p>3.5</p>	<p>FS congratulated the project on winning the RCN award and asked how the learning from this project could be promulgated widely. MF agreed on the benefits which is why the group had been keen to attend the national conference. They were also part of the group setting the national specification, with a lot of SEL case studies being provided.</p> <p>TG asked how outcomes in patients who go through interventions with the service were tracked? The emphasis was on use of questionnaires to measure outcomes but there was a reliance on the individuals coming forward to say they have a problem in the first place. The strength of the service was that it could refer to specialist services rather than back via a GP.</p> <p>RW referred to the success of a blog that ID had set up on engaging people with MSK and asked MF to consider a similar approach to share information and support others to step outside their comfort zones when carrying out engagement activities.</p> <p>KA noted the focus in the presentation was on women but acknowledged there were cases of men with pelvic floor dysfunction and asked if the project could be expanded to benefit men as well. MF acknowledged this is a problem that affects a wide spectrum of the population and that access to physio was the key. One problem was that there were not enough trained pelvic health physios, which is why workforce was flagged as a current challenge.</p> <p>MS described a PCN public meeting held in June last year on menopause which was a huge success with well over 250 people in attendance. A great deal was learnt; MS asked if the video of the event could be circulated. This would be useful to think about addressing when looking at how to get learning out there.</p> <p>SC noted the benefit of sharing the information on the project with a wider staff base.</p> <p>CB asked if any specific engagement had taken place with trans-men groups, as generally a lack of information and knowledge for this group and between care professionals was an issue. MF acknowledged that there were other specific groups to hear from, but further work was being planned at the point that pelvic health was brought into wider maternity discussions.</p> <p>The chair thanked MF on behalf of the EAC members for her presentation.</p>	
<p>4.1</p>	<p>4. Musculoskeletal (MSK) community assessment days</p> <p>ID updated the group on an initiative to engage with patients on the MSK waiting list. The group was reminded that they received a presentation a few meetings ago on the MSK programme, but as a result of ongoing challenges, including waiting lists growing, alternative</p>	



4.2	<p>ways of working were needed. Learning from the success of Sussex NHS Partnership, some community events were being set up with invitations sent to everyone on the MSK waiting list. These community assessment days would offer access to physios to talk about how to manage conditions but also a range of other services such as talking therapies, pharmacists, healthy eating, and charities. Patients would have a passport and would take notes and think about what is suitable for them.</p> <p>An event was planned for each borough with three events already set up in Lewisham on 22 February, Southwark on 5 March, and Lambeth on 15 March. All the days had been co-designed with the community lived experience MSK group, who had also attended a staff induction/training day to share their experiences.</p> <p>ID would update EAC on the outcome and results of these days at a future committee meeting.</p> <p>EAC members noted the update.</p>	
5.	<p>Support and development needs of EAC members</p> <p>5.1 RW had added this agenda item to ask the members to think about any development or support needs they had identified to enable full participation in the committee.</p> <p>Informal meetings had started last year, with content focussing on committee members getting to know each other better and being able to ask questions they were less confident to ask in a formal committee meeting.</p> <p>5.2 RW also highlighted a Kings Fund free online training course. RW had completed the training and recommended this for learning how the NHS came about and has developed. A four week time limit was set to complete the course so sign up was only recommended when people had the time available to complete it.</p> <p>5.3 ACTION: Committee members to advise RW of any development needs they would like actioned for the group.</p>	
6.	<p>Update from Healthwatch</p> <p>6.1 FS delivered an update on current activity within the Healthwatch organisations across south east London.</p> <p>6.2 Generally, Healthwatch continued to hear about challenges to access to primary care, but over the last couple of months more concerns had been raised around changes to appointments for planned care as a result of issues such as industrial action within the NHS. Once people were in front of their healthcare provider they were generally happy with the standard of care received - waiting times and communication between services and patients were the principal issues.</p>	



6.3

In terms of borough activity:

Healthwatch Lewisham had now recruited to their planned trans health project that was briefed at the last meeting, with cross-borough membership. Focus groups were starting in the next couple of weeks and the group would be looking at the experiences of people accessing services. A report was due 15 March 2024.

Healthwatch Bromley were looking at an increasing number of concerns raised about car parking availability and cost at the PRUH from an inequalities angle, noting the older population demographic in Bromley which placed more reliance on private transport to attend appointments.

Healthwatch Greenwich and Healthwatch Lambeth were changing the way they collect insight by each month focussing on a particular service.

Last month, **Healthwatch Greenwich** looked at pharmacies and found people are not up to speed on the services pharmacies provide, noting a high awareness around flu vaccinations and minor illness remedies, but that other services were not understood such as blood pressure testing. Young people had the highest levels of understanding of the breadth of access to services, as did residents living with a disability or long term condition. With an ethnicity lens, Asian/ Asian British residents had a higher understanding of the services available whilst the lowest levels of understanding were in the Black/ Black British population.

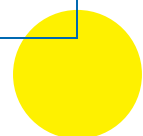
Healthwatch Lambeth were doing some focussed peer led work with the Gypsy, Roma and Traveller communities, looking at access to primary care and provision of support from support workers in community. They were also looking at Black African men's mental health across the recovery spectrum, including post discharge if they had been readmitted.

Mental health was a theme running across several boroughs, with **Healthwatch Southwark** working with Latin American and Black people, and **Healthwatch Bromley** working on a mental health research study, which was in its early stages but was likely to focus on people discharged in the last three months from an acute setting.

6.4

TG asked to what extent borough colleagues felt they were getting traction from providers in response to the reports? FS felt it depended on the provider and the service, with some open to recommendations and others resistant. A new initiative was that insights were being brought together and reported to a Themes and Issues group which was a new sub group of the ICB System Quality Group. An action log would be maintained and a member of staff would be responsible for following through on actions. Healthwatch reports were also being collated together onto one web page which would link to the health insights ICS page. RW confirmed the aim of the ICS page would be to

<p>6.5</p> <p>6.6</p>	<p>act as a repository of insight from programmes and partner organisations. Work was ongoing with the ICB communications team to make specific searches on the website easier.</p> <p>KA asked FS to describe the relationship with Health Oversight Scrutiny Committees (HOSCs) and whether feedback could be provided to the committee on the work Healthwatch do with the HOSCs to understand the issues discussed there. FS advised that each borough Healthwatch organisation had a representative on the HOSCs. Agendas were different across the HOSCs but the insights brought to this meeting were the same as those discussed there. The report brought to this committee focused on engagement, but the ICS insights page would be a good source of further reference. Healthwatch did not pick up reports from PALS as these were fed directly into hospital board papers.</p> <p>EAC members noted the update report.</p>	
<p>7.</p> <p>7.1</p> <p>7.2</p>	<p>Equalities update</p> <p>TF delivered this report, referencing a paper shared to the members on items discussed in the Equalities Sub-Committee (ESC). At the latest ESC, representatives from Bromley and Southwark gave examples of work being done to reduce health inequalities. ESC also received a similar maternity presentation to that delivered earlier in this meeting to members.</p> <p>Other items of note from the sub-committee were:</p> <ul style="list-style-type: none"> • EDS22 – a new assessment implemented nationally across ICBs and providers. This was a very intensive piece of work looking at a number of elements including leadership, where organisations were doing well, and any areas they were not doing well with. Maternity was highlighted as an area for improvement and the sub-committee discussed what could be done better. All acute trusts were required to assess themselves against EDS22 and then the collective score equalled the ICB score. One SEL Trust was still to respond and therefore the SEL score was not yet available. Assessments were due to be published on 28 February. A paper would go to Executive Committee before scores were published, and TF would provide an update at a future meeting of EAC. • Patient Safety Incident Response Framework (PSIRF) – a new way of reviewing clinical incidents, which all providers were required to implement and which the ICB Chief Nurse was leading on implementation of. • Equality and Human Rights Commission (EHRC)– the sub-committee received assurance we were doing all we should in this arena. <p>GR thanked TF for the high quality of the paper and for identifying the areas of focus. In terms of scoring GR asked when findings were presented that strengths and weaknesses coming from process were</p>	



<p>7.3</p> <p>7.4</p> <p>7.5</p>	<p>also identified. TF confirmed an action plan would accompany her report.</p> <p>SC asked if the presentations referred to from Bromley and Southwark could be shared TF noted that without the accompanying commentary it was possible that the information would be read out of context which may not be helpful. Equalities was always considered in the showcase items in Board meetings held in public.</p> <p>SC also asked if SLaM and Oxleas were included as they were not referenced – TF confirmed mental health trusts were involved it was just that the examples used in the presentation did not include them.</p> <p>EAC members noted the update report.</p>	
<p>8.</p> <p>8.1</p>	<p>Any Other Business</p> <p>No AOB was raised.</p>	
<p>9.</p> <p>9.1</p>	<p>Meeting close</p> <p>AS closed the meeting at 19.30, thanking everyone for their time.</p>	

Date of next meeting: Tuesday 19 March 2024, at 18.00.

