NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 28 January 2026

Via MS Teams

Members Present		
Anu Singh (Chair)	Non-Executive director, SEL ICB	**AS**
Marc Goblot	Greenwich borough member	**MG**
Stephanie Correia	Lambeth borough member	**SC**
Neville Fernandes	Lewisham borough member	**NF**
Kolawole Abiola	Southwark borough member	**KA**
Geraldine Richards	South East London member	**GR**
Michael Boyce	Director of Corporate Operations, SEL ICB	**MB**
Tal Rosenzweig	Director of VCSE Collaboration and Partnerships	**TR**
Folake Segun	Chief Executive, Healthwatch Lambeth (on behalf of SEL Healthwatch)	**FS**
In Attendance		
Rosemary Watts	Assistant Director of Engagement, SEL ICB	**RW**
Jane Thurston	Strategic Change Programme lead, SEL ICB	**JT**
Simon Beard	Associate Director, Corporate Operations, SEL ICB	**SB**
Apologies		
Toby Garrood	Medical Director, SEL ICB	**TG**
Tosca Fairchild	Chief of Staff, SEL ICB	**TF**
Muriel Simmons	Bexley borough member	**MS**
Shalini Jagdeo	Bromley borough member	**SJ**
Orla Penruddocke	Bromley borough member	**OP**
Chris Boccovi	South East London member	**CB**

		Actioned by
1.	**Introduction and welcome**	
1.1	RW opened the meeting whilst AS was in transit from the ICB Board meeting. Apologies were noted.	
1.2	Declarations of Interest Declarations were shared in the papers and no additional conflicts or declarations were raised in the meeting. Members were reminded to check they had completed and reviewed their declarations.	
2.	**Minutes of last meeting**	
2.1	Members agreed the minutes as a correct record of the previous meeting.	
2.2	KA asked for the minutes to be shared on the screen next time. KA highlighted the discussion at the last meeting arising in the Healthwatch report around the provision of healthy food in hospital settings and asked if there was a cross-borough team to ensure a promotional programme was in place to link wellness, wellbeing and food promotion. KA felt everyone would	

	agree this was an important subject and asked if the committee could see a workplan. **ACTION: FS to go back to the relevant Healthwatch team to find out what actions were being taken to address this.**	**FS**
2.3	KA emphasised his expectation of a wider ICB strategy around healthy food promotion around schools and hospitals. FS advised Lambeth was doing a lot of work on food poverty, food availability, and healthy starts for young people. A lot was happening at Place rather than at a system level. RW advised work was being led by public health teams in the local authorities, and the south east London current diabetes prevention programme led by the ICB.	
2.4	<u>Actions from last meeting</u> No actions were noted from the previous meeting. A longer-term action to invite the speaker from the November meeting back to a future EAC meeting to give an update was noted.	
2.5	<u>Matters arising</u> No urgent matters were raised.	
2.6	*AS assumed the chair.*	
3.	**Engagement to inform the procurement of the community ear wax service**	
3.1	JT introduced the background to this project as the lead commissioner for the ear wax removal service. The project had arisen as access to ear wax removal services was dependent on where you live, with some long waiting times and the current provider, Specsavers, not providing the service at all of their outlets. There was a desire to make the service more cohesive and reduce inequitable provision when it was re-procured.	
3.2	The procurement team had been keen to obtain input from those with lived experience and therefore undertook a number of engagement exercises: • online survey between September and December 2025, which had 111 page visits and received 47 completed responses, • public events in October and November, • online focus groups in December which engaged 10 people, • invitation to those with lived experience to join the procurement evaluation sessions and steering group, • Use of the Let's Talk Platform which had 359 visits for this subject, • Use of the Get Involved and ICS newsletters, • Engagement through community champions, and Voluntary, Community, and Social Enterprise (VCSE) organisations, • Use of social media, • posters in clinics and practices, • specific outreach sessions at Ageing Well Bexley and Inspire Lambeth which engaged 20 people. Four people with lived experience applied and participated in informal conversations to join the project steering group. t. Three of those applicants	

	subsequently joined the steering group and were supporting the procurement process. JT talked through the emerging themes and key insights received from the engagement exercises and the demographics of those involved. In summary the themes centred around: • Better understanding this was an NHS provided service and how to access it; those referred to Specsavers needed to be clear they were not expected to pay, • Better and easier access to services, with more flexible times, including evenings and weekends, accessible venues, provision of the service for housebound people and those in care homes, and shorter waiting times, • Better joined up care and a clear pathway and follow up process, • Improvements in the public information available about the service, • More emphasis on patient centred care and involvement. Next steps for the team were to take the key themes and apply them in the service specification – such as specifying domiciliary visits and provision of two locations per borough for the service to be provided. The contract will shortly be out to tender and the team will engage with providers.	
3.3	SC enquired about the inclusion of ear wax prevention advice in the specification – for example, if you need hearing aids you are more likely to have ear wax – and felt the promotion of the availability of the ear wax service was poor. JT advised that the service required referral by a GP, so they would be the first point of contact and they should advise about prevention, along with audiology and ENT services.	
3.4	GR asked if anyone participating in the survey had experienced the service being withdrawn from their GP surgery, and noted it was good to see acknowledgement of the lack of publicity in this area. JT recognised the service was with GPs originally and given the contract was going out to market engagement, it could be that some practices expressed interest this time around.	
3.5	MG asked about pathways to find out if there were other underlying causes of perceived hearing loss – recognising for example people with sensory problems may not respond to sound. JT advised there were different referral pathways for people with complex needs. Ear wax removal should go through GP services, with audiology and ENT services able to refer into specialist services.	
3.6	**Committee members thanked JT for her presentation.**	
4.	**Update from VCSE Alliance**	
4.1	TR was pleased to confirm four of the five trusts in south east London now had a nominated VCSE person to work alongside key senior people to develop the trust approach to working in partnership with communities and the voluntary sector. It was anticipated these roles would also support the development of the VCSE's involvement in the integrator function, noting	

	south east London was the only place in the country with a project like this. First steps would be to reflect on the impact the roles were having. TR also took the opportunity to highlight some other key workstreams underway: • Building capacity for the voluntary sector to undertake grass roots work with marginalised groups, with the approach now embedded firmly across all boroughs. Work was also looking at how best to link with the neighbourhood offer. • Work to look at how to position the value of partnering with the VCSE sector at a strategic level through NHS England and the Department of Health & Social Care.	
4.2	SC congratulated TR on these achievements and highlighted the need to make sure the trusts were promoting what is happening with VCSE engagement and partnering. TR advised there is a plan to do this in the near future.	
4.3	GR discussed strategic alliances and asked if there was promotional material so people living in the boundaries know who is involved and how they can get involved. TR pointed to the website which detailed the high-level aims of the work and would be developed to discuss the VCSE leads role. The source of the information on work at a borough level came from local VCSE organisations that represented the area in the Alliance and was shared through local forums and networks.	
4.4	MG asked how local VCSE organisations reached out to the Alliance to ensure they are included in the work. Did the Alliance signpost people to groups that others might not be aware of? TR recognised some groups do not have the capacity or time to be linked into the broader system, highlighting the Alliance's work was focussed at a south east London level to capture insight and leadership from hyper local level through to system level. Trickling down normally happened through borough and neighbourhood levels which had at least one anchor organisation embedded in the alliance, so there was a link into every borough and neighbourhood even if organisations were not necessarily part of the strategic work directly.	
4.5	**Committee members noted the update report.**	
5.	**Update from Equalities sub-committee**	
5.1	MB provided an update from the meeting held last week, focussing on three key items: • Bromley deep dive presentation on how the borough was tackling loneliness through developing a community infrastructure to prevent and reduce loneliness and build a culture which encouraged social interaction. • Development of an internal wellbeing support and development programme to support ICB staff going through organisational change, to enhance inclusive practice.	

5.2 5.3	• Discussion on the latest gender pay gap report which looked at potential for gender inequality in higher earning posts. It was noted this profile had changed recently due to the last management cost reduction programme. RW commented on the Bromley deep dive presentation, highlighting a good definition of the difference between loneliness and social isolation, which was about quality of social contacts rather than quantity. The definitions quoted were: ‘‘Loneliness is a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of social relationships that individuals have, and those that they want.” “Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships. People may choose to have a small number of contacts.” **The members noted the updates.**	
6. 6.1 6.2 6.3 6.4	**South East London Healthwatch Insights July to October 2025** FS presented the five key themes from the Healthwatch report for the last quarter: • access to appointments and timely care – particularly access to GP appointments, especially phone line waiting times, and young people’s access to sexual health services working around school times. • Digitalisation and access to services for those with barriers to participation, including homeless people and those less digitally able. For those with access, there was still a lack of confidence, and trust. • Poor communications, particularly with people on waiting lists to provide information on their progression along waiting lists for diagnostics etc. Users reported difficulty in getting clear responses when services were contacted about waiting lists. • Issues experienced by people with long term or multiple conditions where the standard length of appointment times did not meet the multiplicity of their needs. • Ongoing variation in access and experience across different communities and population groups. FS also highlighted lots of positive stories had been received – clinicians were considered to communicate with respect and clarity, weekly visits to care accommodation was loved, and engagement sessions with young people around HPV vaccinations had built trust through honest, age-appropriate discussions. SC and AS praised the report. **SC asked if FS could add anything on the future of Healthwatch itself next time.** On the matter of 10-minute appointment times, MG asked if there could be more information published around how to prepare for appointments so patients could make optimal use of the time allocated. It was also important to note the issues about access variations. MG raised the issue of people experiencing difficulties in escalating complaints where they are not heard or	**FS**

	they have a lot of blockers and asked if this could be considered by Healthwatch in the future. FS was aware the integrated neighbourhood teams were looking at more time being available for people who have more complexity around their care to talk through issues in a more holistic way. Escalating issues was a challenge but Jessie's Law was being enacted which obliged a GP to refer a patient if they had seen the GP with the same condition three times. Therefore, there were three opportunities to add commentary to the issue being raised by the patient.	
6.5	**The committee noted the report.**	
7.	**Any other business**	
7.1	Proposed 2026 dates for EAC were presented by RW for feedback. **ACTION: members to feed back any concerns/ comments before dates were formalised.**	**ALL**
8.	**Meeting closure**	
8.1	The Chair thanked those who attended and closed the meeting at 19.30.	
8.2	The next meeting is scheduled for 25 March 2026, at 18.00 via Teams.	