

NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Tuesday 16 May 2023

Via MS Teams

Members present:

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| Anu Singh (AS) (Chair) | Non executive director, SEL ICB |
| Tosca Fairchild (TF) | Chief of Staff, SEL ICB |
| Chris Boccovi (CB) | Peer Engagement Facilitator, Oxleas NHS FT |
| Orla Penruddocke (OP) | Bromley borough member |
| Kolawole Abiola (KA) | Southwark borough member |
| Neville Fernandes (NF) | Lewisham borough member |
| Stephanie Correia (SC) | Lambeth borough member |
| Amanda O'Brien (AOB) | Bexley borough member |
| Tal Rosenzweig (TR) | Director of VCSE Collaboration & Partnerships |
| Folake Segun (FS) | Director, South East London Healthwatch |

In attendance:

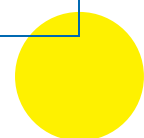
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| Rosemary Watts (RW) | Associate Director of Engagement, SEL ICB |
| Annabel Appleby (AA) | Director of Strategic Commissioning, SEL ICB |
| Iuliana Dinu (ID) | Engagement Manager, SEL ICB |
| Jennifer McFarlane (JM) | Engagement Manager, SEL ICB |

Minute taker: Simon Beard

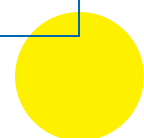
Apologies were received from: Dr Toby Garrood, Helen Baker, Mark Goblet, Livia La Camera, Geraldine Richards, Muriel Simmonds.

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| 1. | Introduction and welcome | |
| 1.1 | The Chair welcomed everyone to the meeting and thanked them for their time. | |
| 1.2 | No additional declarations of interest were made. Committee members were reminded by RW of the importance of submitting an up-to-date declaration of interests, including a nil return, via the ICBs online portal at Disclose - South East London ICB :: Disclose - South East London ICB . | |
| 2. | Opening Business | |
| 2.1 | The committee members agreed the minutes of the previous meeting with the exception of one change instructed by CB: <ul style="list-style-type: none"> • Under section 5.7, on making a cultural shift for example in relation to people with lived experience, the phrase “this had been challenging to implement as a new way of working”, should | |

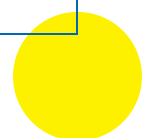
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| 2.2 | <p>be amended to reflect that the point being made was that the organisations involved had invested time and effort to achieve a successful implementation – the current wording implied it had been an administrative struggle to achieve.</p> <p>Matters arising –</p> <ul style="list-style-type: none"> ID reminded the committee that the closed hub for EAC members on Let’s Talk platform was up and running and that it was important for everyone to activate their account to ensure access. Ideas on content were welcomed. | |
| 3. | <p>The engagement process in the development of the South East London Joint Forward Plan</p> <p>3.1 AA introduced the Joint Forward Plan (JFP) as a national requirement, the final version of which needed to be published by the end of June 2023. A draft was completed by end of March and is published on the ICS website at Joint Forward Plan - South East London ICS (selondonics.org). The team was seeking to engage stakeholders on its contents to influence the contents of the final version. This was being done at borough level via Local Care Partnerships and at south east London wide level through key pathways and enabler groups. Each borough had a chapter in the plan which built on its Joint Strategic Needs Analysis outcomes and had a varying model of engagement depending on what best suited.</p> <p>3.2 The JFP sets out the ICB medium term objectives and covers the whole remit of the ICB by considering four key areas:</p> <ul style="list-style-type: none"> • how to meet the needs of the population • how to make progress against the core purposes of the ICB • how to deliver on national priorities • how the ICB will meet its statutory requirements. <p>3.3 It would be updated annually, and progress against plan will be reviewed as the year progresses.</p> <p>3.4 The key point with engagement on the JFP was that the current work was not happening in isolation but outcomes from previous engagement work, including that on the development of the SEL strategy, was also being played into its development.</p> <p>Specifically on the JFP, the engagement plan included:</p> <ul style="list-style-type: none"> • Two SEL wide webinars: one at lunchtime on Friday 19 May which had 139 people booked on, and one on Tuesday (23 May) evening which had 23 spaces booked. • a project on the “Let’s Talk” online platform which included some high level questions and an option to feedback on the JFP. Currently 243 people had clicked on the relevant page but only four responses had been submitted. • Service leads working with user and carer forums in their own areas of work (for example, learning disabilities). • Presentation at the Healthwatch officers meeting and reference group. | |



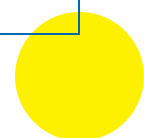
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| <p>3.5</p> <p>3.6</p> | <ul style="list-style-type: none"> • Presentation at the Voluntary, Community & Social Enterprise (VCSE) strategic alliance. <p>Four specific areas of focus were being looked at where the ICB felt it either had less insight from previous engagement work or where anecdotal feedback had indicated people have concerns. These were Urgent and Emergency Care, Planned Care, Cancer, and Ageing Well & End of Life Care. For the online webinars, pre-read information on these four areas had been sent out to make the information easier to digest. Small discussion groups on these topics will take place as part of the SEL webinars.</p> <p>The committee members noted the update and thanked AA and RW for their reports.</p> | |
| <p>4.</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> | <p>Draft engagement workplan</p> <p>RW presented the draft engagement team work plan for 2023/24, noting that previously a progress report had been brought to the Committee on the implementation of the working with people and communities strategic framework since the ICB's establishment on 1 July 2022 and that actions had been RAG rated based on the conversation at the previous meeting. The RAG rated report was then taken to the Clinical and Care Professional Committee (CCPC) as the committee that the Engagement Assurance Committee (EAC) reports into and on the basis of discussions at these meetings a high level work plan had been developed.</p> <p>The CCPC proposed an initial focus on:</p> <ul style="list-style-type: none"> • developing a policy on reward and recognition, particularly in order to gain traction with less heard communities – a paper on this was going to the ICB executive next month; • increasing the visibility of the engagement toolkit; • how to showcase good practice. <p>The work programme aimed at covering five strategic aims, with actions and objectives around good and transparent governance as part of engagement and accountability to local people.</p> <p>RW noted that funding had been secured for a clinical or care professional lead for engagement with communities, who when appointed would be identifiable as a senior champion for engagement.</p> <p>The committee discussed the challenge of making cultural change to support the ICS's ambitions for engagement, and that engagement was a vehicle to understanding the health outcomes people wanted – time should also be spent on building the architecture to deliver the outcomes. It was noted that conversations were underway with Healthwatch Greenwich who are hosting a lived experience group to develop shared understanding across SEL of what co-production means and looks like, and that the People's Panel was already</p> | |



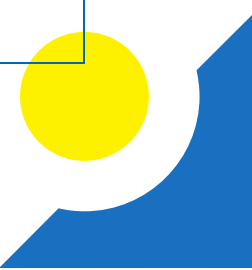
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| <p>4.5</p> <p>4.6</p> <p>4.7</p> | <p>progressing, with the Let's Talk online platform successfully encouraging people to share engagement stories.</p> <p>The committee members acknowledged the progress made on the reward and recognition scheme and that it was good to see the objectives previously discussed converted into tangible actions. It was agreed that a review of progress against the actions later in the year would be helpful. The importance for the ICB of having a good sense of what co-production looks like, and the need to recognise that it may look different at system level compared to Trust level, was discussed.</p> <p>CB challenged whether the ambitions needed to be more radical rather than simply to seek improvement on the current position.</p> <p>TF asked what else the ICB was doing to promote sharing of learning. Timescales for recruitment of the clinical and care professional lead for engagement were discussed, noting the plan to align it with the recruitment of a lead for improvement and transformation. RW advised shared learning opportunities already existed including a buddy scheme, sharing of case studies and blogs via the online platform, and lunch and learns, though securing attendance for these sessions was a challenge.</p> <p>The committee members thanked the engagement team for their hard work and noted the workplan, requesting an update on progress later in the year.</p> | |
| <p>5.</p> <p>5.1</p> <p>5.2</p> | <p>Update on the development of the South East London People's Panel and first survey results</p> <p>ID provided an update to the committee on the development of the People's Panel, following receipt of funding for this area. The main purpose of the Panel was to gain the views of people who do not necessarily come forward to give us their views in a systematic manner from a representative group.</p> <p>Recruitment had started, working with a third party to recruit people face to face. So far, 590 people had signed up. As part of the process, people were surveyed on what they think about health and wellbeing.</p> <p>The survey report would be published soon at What we've heard from local people and communities - South East London ICS (selondonics.org) but some highlights were:</p> <ul style="list-style-type: none"> • There were differences between boroughs and age groups • Keeping well is a priority • Cost of living concerns were raised • 81% of the sample said they feel healthy • 78% felt in control of their life • 79% were happy • 27% said they feel lonely | |



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| <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p> | <p>A second phase of recruitment would continue to use the same survey questions and would use an index of deprivation to target recruitment in these areas to ensure the Panel had diversity in its membership.</p> <p>In response to questions from the committee, ID confirmed that the recruitment process included clear targets for each age group, starting at 16. The targets had been achieved. The second phase was aiming to get the membership up to 1,000 people.</p> <p>The group also discussed how the survey outcomes would be used, and the process of sharing the insight with the programme teams to enable them to develop a delivery plan, including influencing the JFP. TR highlighted the key role the VCSE sector could play in this if the right connections into VCSE partners were made.</p> <p>AOB asked if any work was being done to correlate the responses – for example, are those lonely also having issues around health? ID would explore with the programme teams.</p> <p>The committee members noted the progress made.</p> | |
| <p>6.</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> | <p>Update on the development of the Voluntary, Community and Social Enterprise (VCSE) Strategic Alliance and working with the VCSE</p> <p>TR introduced her role, highlighting the need to bring VCSE, NHS, and local authority partners together to work collaboratively and use the agility of the voluntary sector to the system. Work so far had included creation of the South East London VCSE Strategic Alliance, formed of strategic leaders from VCSE across the six boroughs bringing knowledge of local communities and groups. The aim of the Alliance was to share best practice across south east London, to come up with new thinking, and provide a strategic steer for the system. TR emphasised the need for the voluntary sector to be an equitable partner in the system, not just engaged by it. Work was currently underway to make the Alliance membership more representative of the organisations and communities across SEL. To support the smaller voluntary sector organisations to take place, and approach to remunerating Alliance is being developed.</p> <p>Alongside the development of the Alliance, TR was working on meeting with the smaller grass root organisations on a borough-by-borough basis to ensure they had an equitable voice.</p> <p>A paper had been presented to the Integrated Care Partnership Committee to lay out the barriers that were preventing VCSE from actively participating in the system. A charter for south east London was under development to define what collaboration with VCSE organisations by local authorities and the NHS means and what actions would be taken to make it happen. One of the challenges to be addressed was knowing what is happening in the system and connecting up the disparate parts and activities.</p> | |



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| <p>6.4</p> <p>6.5</p> <p>6.6</p> <p>6.7</p> | <p>KA thanked TR for the progress made in promoting the voluntary sector, and asked how he could contribute to the Alliance’s work. The VCSE work would support a number of areas of important engagement work for the ICS, including building community trust, addressing inequalities through working with local groups to identify the funding priorities, and how to develop a collaborative approach. It was highlighted that the JFP did not refer specifically to health awareness programmes and KA asked how this could be promoted locally.</p> <p>CB asked if there needed to be more of a commitment from the ICS towards the voluntary sector. TR noted that in some areas of the UK a voluntary sector alliance had been commissioned. There was a need to be braver in how the voluntary sector was used to make best use of the support the sector could offer. AS felt that this would evolve as the ICS matured but committed to TF and AS ensuring this was taken forward.</p> <p>The committee thanked TR for the report and supported the work that was being undertaken.</p> <p>ACTION: TR to make contact with FS to enable linking into a human trafficking and modern day slavery group in Lambeth.</p> | <p>TR/FS</p> |
| <p>7.</p> <p>7.1</p> <p>7.2</p> | <p>Update from South East London Healthwatch</p> <p>FS provided an update on Healthwatch activity in south east London, reminding the group that each Healthwatch was an independent organisation but they all held statutory functions including listening to the public, collating information and feeding back to decision makers to influence change around service provision, and monitoring services from a lay person perspective.</p> <p>Healthwatch almost always guided their work by what people tell them is their priorities. Currently some of the activities included:</p> <ul style="list-style-type: none"> • In Lambeth, working with the refugee council to talk to them about health and address myths around the requirement to have a fixed address and papers to see a doctor. • Publication of a report in Greenwich on long acting contraceptives using peer to peer research for a cohort group of young people aged 16 to 22, who co-produced questions seeking to address why the take up of longer acting contraception is not as high as system thinks it should be. The outcome of this was that the biggest concern for this group was sexual health rather than pregnancy, which is not addressed by long term contraception. • Southwark held a large event with 65 attendees, asking what matters to people about health and wellbeing and offering health advice and support, BP checks etc. • Taking part in the digital governance review to identify how to ensure people do not suffer from digital exclusion. | |



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| | <ul style="list-style-type: none"> FS had attended a coffee and learn session with the ICB planning directorate, hearing how the team wanted to build on co-production. | |
| 7.3 | FS noted the general focus was on increased collaboration in the system and how to share resources better. Through membership of the ICB's Quality and Performance Committee, FS was also able to contribute to reviews of individual services and obtain really good insight into the drive to put patients and people at the centre of conversations. | |
| 7.4 | <p>NF asked if Long Covid was still being discussed as an issue – this continues to be discussed and the impact reviewed by Local Care Partnerships, the System Quality Group and Quality and Performance Committee.</p> <p>KA noted that one of the outcomes of Covid lockdowns was that community centres had shut down which impacted on mental health and asked what feedback Healthwatch had received from people on the impact of this. FS advised that Healthwatch Lewisham had just finished a piece of work on mental health; one of the outcomes was that people are more anxious and loneliness has increased, access to mental health support was an issue, but learning is happening to try to mitigate the issues being picked up. Sir Norman Lamb (Chair at South London and Maudsley NHS FT) was particularly focussed on children and young people's mental health as well as adult mental health.</p> | |
| 7.5 | The committee noted the update from Healthwatch. | |
| 8. | Any other business | |
| 8.1 | AS welcomed reflections on the meeting from members. KA observed that there were big challenges ahead and the focus now needed to be on delivery of the actions proposed by the system. | |
| 9. | Meeting close | |
| 9.1 | AS thanked the engagement team for their work and preparation, and closed the meeting at 19:50. | |

Date of next meeting:

Tuesday 18 July 2023, at 1800 (on MS Teams)

