NHS South East London

NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 20 May 2026

Via MS Teams

Members Present		
Toby Garrood (Chair)	Medical Director, SEL ICB	**TG**
Folake Segun	Chief Executive, Healthwatch Lambeth, representing SEL Healthwatch	**FS**
Orla Penruddocke	Bromley borough member	**OP**
In Attendance		
Rosemary Watts	Assistant Director of Engagement, SEL ICB	**RW**
Madeleine Medley	Governance Manager, SEL ICB	**MM**
Apologies		
Kolawole Abiola	Southwark borough member	**KA**
Tosca Fairchild	Chief of Staff, SEL ICB	**TF**
Anu Singh	Non-Executive director, SEL ICB	**AS**
Tal Rosenzweig	Director of VCSE Collaboration and Partnerships	**TR**
Neville Fernandes	Lewisham borough member	**NF**
Shalini Jagdeo	Bromley borough member	**SJ**
Geraldine Richards	South East London member	**GR**
Marc Goblot	Greenwich borough member	**MG**
Stephanie Correia	Lambeth borough member	**SC**

		Actioned by
1.	**Introduction and welcome**	
1.1	The Chair, Toby Garrood (TG) welcomed all to the meeting. Quoracy had not been achieved for the meeting and with limited numbers in attendance, it was agreed items 4 and 5 on the agenda would roll forward to the next meeting.	
1.2	Declarations of Interest Declarations were shared in papers.	
2.	**Minutes of last meeting**	
2.1	Those in attendance agreed the minutes as a correct record of the previous meeting.	
2.2	Final working with people and communities annual report was well received at the Executive Committee.	
3.	**Engagement in the development of the patient charter for how GPs and hospitals work together**	
3.1	Toby Garrood (TG), Medical Director, referenced the draft Patient Charter document circulated and was keen to receive comments and feedback before publishing.	

3.2	One of the biggest challenges in healthcare was patients moving between primary and secondary care, the biggest single theme was patients not knowing what was happening next. It was estimated that 20-30% of GP time was taken up by failure of the interface. The charter is a co-designed document intended to improve the interface between primary and secondary care by setting out clear expectations for patients and services. The Charter has a set of principles, developed with input from patients and clinicians and aimed to address common issues at the care interface, including poor communication, lack of clarity about next steps, uncertainty around referrals and results, and patients feeling lost in the system. The principles and behaviours set out what patients should expect from services and what services may reasonably expect from patients. Key principles included, explaining what happens next, providing information in plain English, supporting patients through appointments, tests and procedures, and behaviour principles to make responsibilities clearer on both sides. Only a few ICBs have developed t a similar document and TG is keen to start embedding. The Health Innovation Network supported engagement. Supporting document and links were shared in the meeting chat function; https://www.selondonics.org/download/19025/ Improving how GPs and hospitals work together in south east London | Let's Talk Health and Care Sou…
3.3	OP felt initially it was more what patients could expect and not clearly a two way document, although welcomed accountability for patients and staff. It was asked where, who and how many people it was socialised with. It was agreed that the overall intent was positive and non-contentious, but noted some wording and headings could be softened and refined, as may appear too formal and not aligned, demanding or potentially contentious. Specific detail on attendance on workshops can be followed up.
3.4	FS indicated that patients are not clear that the system does not link up automatically, giving an example of a patient who may be admitted to A&E with no expectation to cancel an existing hospital appointment. Narrative may need to be included around unexpected events and the need to inform. It was also asked if acute and general practice had agreed the charter and whether it would be embedded within Integrated Neighbourhood Teams.
3.5	Concern was raised about using the term "behaviours", the framing of patient responsibilities, and wording around "reasonable adjustments", which may be misinterpreted. It was also suggested the presentation of the document should be made more visually engaging and accessible to improve readability and uptake. It was confirmed that the Charter reflects principles already aligned to the wider consensus work across the system and that further testing would be undertaken before wider publication.
3.6	**TG to take comments and reflections back to HIN:**
3.7	• **Revise the draft Patient Charter to soften tone, refine headings and wording, and review terminology including "behaviours" and "reasonable adjustments".**
3.8	• **Explore design and communications support to improve the Charter's visual presentation and accessibility.**

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3.9 3.10 3.11	• **Undertake further testing of the revised document with patients involved in earlier engagement activities and consider wider feedback through the Let's Talk platform, giving the full loop of engagement.** • **Confirm with clinical colleagues that the commitments set out in the Charter are realistic and acceptable before publication.** • **Bring an updated version of the Patient Charter back to a future meeting for further review – FOR FORWARD PLAN**	
4. 4.1	**SEL Healthwatch Insight, January to March 2026** Due to limited attendance, this item will roll forward to the next meeting.	
5. 5.1	**Engagement to Inform Strategic Commissioning** Due to limited attendance, this item will roll forward to the next meeting.	
6. 6.1	**Any other business (AOB)** RW informed the 'Get Involved' newsletter had been circulated and noted two current engagement opportunities; a survey and one to one conversations to support development of a digital Vital 5 check which ends on 8 June, and a Mind and Body programme survey seeking examples of support that has helped people with long-term conditions across mental, physical and social wellbeing to inform the development of a resource aimed at local patients with long term conditions and those working in the system for signposting, is expected in the autumn. **ACTION: Healthwatch to help promote the digital Vital 5 survey and Mind and Body programme engagement opportunities through available communications channels.**	
7. 7.1 7.2	**Meeting closure** The Chair thanked those who attended and closed the meeting. The next meeting is scheduled for 8 July 2026, at 18.00 via Teams.	

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