NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 26 November 2025

Via MS Teams

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

		Actioned by
1.	**Introduction and welcome**	
1.1	The Chair welcomed all to the meeting. Apologies were noted.	
1.2	Declarations of Interest Declarations were shared in papers and no additional conflicts or declarations were raised in the meeting.	
2.	**Minutes of last meeting**	
2.1	Members agreed the minutes as a correct record of the previous meeting.	
2.2	Actions from last meeting RW confirmed a new front sheet had been created for EAC meeting papers, as per the action from the last meeting.	
2.3	Matters arising RW advised the Guide to Community Organising had now been published.	

2.4	There was a requirement for ICBs to have an approach to co-production in place for March 2027. RW was working on this with the SEL engagement practitioners network. NHS England is putting a support programme in place from April 2026 for strategic commissioning – it was not clear if this included approaches to co-production. The team were continuing to update the engagement toolkit to focus on co-design based on insight rather than just obtaining insight.	
3.	**Engagement to inform the development of the creative health programme**	
3.1	FFK was introduced as the creative health lead working for SEL ICB, looking at how to develop health and wellbeing by drawing on community assets, cultural activities and creative approaches. This work was being developed in partnership with GLA partners, public health teams and ICB, working across all six boroughs.	
3.2	FFK described the engagement action that had taken place across boroughs: • A creative healthcare co-production group of 10 people from across boroughs had been formed. • There had been 200 people at a creative health event held at the South Bank to share how creative health has created opportunities and impacted people. The co-production group had presented as part of the agenda to discuss their first-hand experiences of creative health activities. • Surveys had been published. • Community outreach events had taken place. • Contributions to the “Let’s Talk” platform had been encouraged.	
3.3	A report had been produced to summarise the learning from the health event and the SEL Peoples Panel survey had received 200 responses over 12 weeks. These outputs would be used to inform the development of creative health going forward.	
3.4	FFK presented the outcomes from the engagement activities, summarised below: • There was a need to better understand barriers to getting involved in creative activities. • 89% of respondents believe taking part in creative activities helps with health and wellbeing. • Activities available at home, such as gardening and cooking, featured the highest in the list of activities participated in. • There was a varied mix between people engaging on their own and in a group. By understanding this mix by borough the right activities could be designed locally going forward. • A high percentage of people use creative activities as a daily or weekly tool. • People preferred in person formats which recognised the importance of social connection. • The highest barrier was not knowing what is on so there was a need to consider access and promotion; also societal and cultural barriers.	

- For those not involved at the moment, 66% said they would like to be involved in the future.
- This pointed to a need to consider how to raise awareness about creative health programmes and share success stories and embed in existing health and wellbeing settings.

FFK closed by demonstrating the types of creative health activities already taking place in each south east London borough.

Questions were invited from meeting attendees.

3.5 MG was curious to know if there was any tracking on which health needs were being improved by which activities, which could inform directing of particular activities to specific communities. FFK advised the programme was looking at prevention and interventions by building an evidence base locally on what programmes work for specific conditions. Some condition specific interventions had been identified but the challenge was how to tell the stories.

3.6 TG asked – what is the definition of creative health? The broad definition was “how are people getting together or doing things creatively”.

3.7 TG raised a concern there was a danger of over medicalising creative health. FFK felt it was about recognising the benefit and using this as a tool to support health, not just looking at health settings but arts settings etc and a strong cross-sectorial approach.

3.8 TG asked - how do we build the evidence base, noting the approach was multi-dimensional, not just being about what you are doing but how you do it. Each person benefitted differently – for example, lonely people may get the benefit from just being in a group regardless of the activity being undertaken. FFK acknowledged a lot of this was intangible. Some programmes had already been subject to randomised clinical trials that had good results – so the evidence base was growing but there was also a creative health impact framework under development which could be circulated. This encouraged organisations to describe what they are doing and what the outcomes may be. Local Care Partnerships were key to translating actions to local application. Design of an evaluation process and framework would be helpful and any input welcomed.

3.9 GR asked how the various activities could be co-ordinated and networked around the neighbourhood health model. FFK noted that Greenwich were already looking at how to use existing community champions to spread the work on creative health. GR recognised that some groups do not realise that their activities contribute to creative health (for example, church groups which promote social interaction), so how could they be enabled to do so?

3.10 KA felt building the link with commissioning and evidence was an important remit of the ICS, linking in with social prescribing and building more evidence to demonstrate value to commissioning processes which may result in funding. FFK advised the new conversations around neighbourhood health supported this but there was a need to ensure resourcing was available to support it.

3.11	NF suggested whether consideration should be given to charging a nominal amount for services as this may change the perception of those attending and add value. There was a need to work on causes rather than symptoms – to find out the cause of the issue that creative health is addressing. FFK recognised the strong link to the South London Listens programme and how organisations can use creative health as a key approach to address wider socio-economic issues.	
3.12	FS suggested for communities not accessing health well, there could be a negative impact where the description "creative health" shut doors through the potential to medicalise the issue. Could language be moderated to engage those communities? FFK advised the group had considered the impact of the "creative health" label, which was used to bring all the work under one banner. On the ground, the focus was on talking about what activities were taking place and how this influences wellbeing.	
3.13	SJ talked about the evidence base – once enough data was collected, how would systemic impact be measured in terms of reduction in health inequalities or impact clinical pathways? FFK advised evaluations on the wider programme had been commissioned and the group were working with the Greater London Authority on this but a larger evaluation was due in March. The South London Listens programme would look at learning from these evaluations.	
3.14	KA enquired about how the activities could be sustained – say through social prescribing – and what was the role of national organisations such as the Arts Council for example to fund access across the system to sustain creativity in support of the arts? Could the ICS support this? FFK responded that in Southwark consideration was being given to a pooled fund to support this.	
3.15	GR asked about the target audience to collect data for the evidence base. Neighbourhoods were working to access primary care data and organisations delivering creative health work were being asked to share data. Bexley was a test site on frailty. VCSE partners were essential partners in this agenda.	
3.16	**AS commented on the high levels of interest in this agenda item and asked FFK to return to a future meeting to provide an update. Members noted the update with thanks.**	
4.	**Update from VCSE Alliance**	
4.1	TR had submitted apologies for absence, so RW provided an update. Key items to note were: • Building on the successful model at King's College Hospital where a VCSE strategic leader was embedded in the trust supporting strategy development, the VCSE Strategic Alliance was recruiting for a similar role at Oxleas– closing date 7 December 2025. • Meeting attendees were directed to a link to the last ICB Board meeting held in public, in particular the first 30 minutes of part one of the meeting where FFK and TR presented to the board on community organising. SEL ICB Board meeting in Public 15 October 2025 Part 1	

	of 2 .AS commented on how engaged the Board were in this subject and sought to look at how to make this core business. • The North Lewisham Health Equity Team, working with Red Ribbon Living Well, were congratulated on winning a national HSJ award last week for primary and community care innovation: https://www.selondonics.org/lewisham-het-wins-hsj-award-2025/	
4.2	**Members noted the update.**	
5.	**Update from Equalities sub-committee**	
5.1	MB provided an update from the last meeting of the sub-committee, held on 13 November. Four key areas were discussed: • Population Health Management presentation from Maria Higson, noting considerable work had been undertaken across the system to move this forward. • Progress on a programme of work on maternity inequalities in Southwark. • An equality objectives update advising deliverables were mostly on track. • An update on progress made against the EDS22 action plan from last year on Integrated therapies for Children and Young People in Greenwich.	
5.2	Linked to the agenda item on the Southwark maternity commission, RW flagged a partnership programme with Impact on Urban Health looking at Black maternal health. This was a multi-year funding opportunity of up to £1.5m for VCSE organisations to address issues coming out of a subject focused workshop. A link for more information was provided: Reducing Black maternal health inequalities: building health, wellbeing and real solutions together…	
5.3	**Members noted the update.**	
6.	**South East London Healthwatch Insights July to October 2025**	
6.1	FS delivered a summary of common themes taken from the thirteen Healthwatch reports completed across the reporting period.	
6.2	Praise was provided for: • Delivery of compassionate, professional, person-centred care. • Queen Mary's Hospital Sidcup, University Hospital Lewisham, and Princess Royal University Hospital were particularly called out as providing high quality treatment with carers rated as good and very good, with clean and calm welcoming environments. • Eltham Community Hospital and Oxleas frailty clinic were cited as having good joined up care. However, rushed consultations had created dignity concerns and comments had been received around lack of empathy. Phone conversations with GP practices felt rushed. Some South London and Maudsley patients had	

	reporting feeling excluded from care planning. Challenges were reported in booking GP appointments, particularly by telephone in Bexley and Bromley. There were mixed experiences reported around communications and information sharing. University Hospital Lewisham received good comments on this but many Lewisham residents felt there needed to be some improvement around primary and secondary care interface around results and referrals. A report on mental health for black men in Lambeth identified the need for better co-ordination of support services, and challenges accessing dental care in Bexley were highlighted. Generally there was good inclusion and a culturally appropriate approach to care reported but personalisation of activities could be better. It was felt more could be done to strengthen cultural understanding and compassion. There were significant complaints about the standard of hospital food.	
6.3	TG asked to what extent the feedback was anecdotal or systematic? FS confirmed the report had looked at themes not singular occurrences. Comments were fed through to providers as appropriate. If feedback was not anonymised Healthwatch may go back to the original source to advise on actions to be taken. TG confirmed that there is a programme of work looking at the interface between primary and secondary care whereby some patient engagement work was underway and interface documents for clinicians and patients had been written on what both parties can expect.	
6.4	On the issue of hospital food, KA observed this was a recurring issue that was not being resolved, asking if the ICB was prioritising this. FS provided a positive example of action from feedback where in Luther King ward at the Maudsley hospital, patients had reported going to bed hungry, so a 24/7 snack station had been set up.	
6.5	SJ asked if there was an opportunity for South London and Maudsley to share with other providers what they are doing to be commended on delivering culturally appropriate care.	
6.6	**Members noted the update.**	
7.	**Any other business**	
7.1	RW paid tribute to Iuliana Dinu's contribution to driving forward the engagement agenda in south east London, advising it was her last Engagement Assurance Committee meeting as she was leaving the ICB. Everyone wished Iuliana congratulations and good luck in her new role.	
8.	**Meeting closure**	
8.1	The Chair thanked those who attended and closed the meeting at 19.36.	
8.2	The next meeting is scheduled for 28 January 2026, at 6pm via Teams.	