NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 30 July 2025

Via MS Teams

Members Present		
Anu Singh (Chair)	Non-Executive director, SEL ICB	**AS**
Geraldine Richards	South East London member	**GR**
Tosca Fairchild	Chief of Staff, SEL ICB	**TF**
Stephanie Correia	Lambeth borough member	**SC**
Chris Boccovi	South East London member	**CB**
Shalini Jagdeo	Bromley borough member	**SJ**
Neville Fernandes	Lewisham member	**NF**
Marc Goblet	Greenwich member	**MG**
Tal Rosenweig	Director of VCSE Collaboration and Partnerships	**TR**
Kolawole Abiola	Southwark borough member	**KA**
In Attendance		
Rosemary Watts	Associate Director of Engagement, SEL ICB	**RW**
Iuliana Dinu	Senior Engagement Lead, SEL ICB	**ID**
Humphrey Couchman	AD of communications, media and campaigns	**HC**
Jacqui Kempen	AD Maternity & Neonates	**JK**
Frances Adlam	Senior Campaigns and public affairs manager	**FA**
Monica Franklin	LMNS Project Manager for Public Health and Engagement	**MF**
Madeleine Medley	Minutes	
Apologies		
Toby Garrood	Medical Director, SEL ICB	**TG**
Orla Penruddocke	Bromley borough member,	**OP**
Joy Beishon	CEO Healthwatch Greenwich (representing all six Healthwatch)	**JB**

		Actioned by
1.	**Introduction and welcome**	
1.1	The Chair welcomed all to the meeting and 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 minutes as a correct record of the previous meeting.	
2.2	**Matters Arising** RW shared link to the South East London ICS 10 year health plan page which was published on 3 July 2025 and demonstrates how the three shifts are being taken forward; analogue to digital/illness to prevention/ hospital to community. The main NHS England full plan is within that.	

2.3	The governance committee effectiveness review will come to the September meeting.	
2.4	Neighbourhood health link was shared for members' interest. The page outlines different neighbourhood areas in a map and has a video on multi-morbidity model of care. Currently there are some pockets of engagement but raised here for awareness at this stage.	
2.5	GR wanted to understand more on the Sickle Cell presentation from the last meeting. RW will re-share slides if needed and correspond with GR directly to respond on service location and how to link in to become a Sickle Cell mentor. **ACTION: RW to re-share Sickle Cell presentation if needed and respond directly to GR**	
3.	**Evaluation of the Guide to Healthcare pilot**	
3.1	Frankie Adlam from the SEL Comms and Engagement team referenced the slides shared in papers and gave some background and context of the pilot. It started with a survey to understand how people find out and where they go get information about health services to inform the development of a new approach to support people navigating NHS services, from a user perspective, showing simply, inclusively and visually where and how to get help for a range of symptoms and relieve pressures on hospital emergency departments (EDs). Research, co-design, testing and iteration, led to a printed guide which was tested with local communities through focus groups, and with healthcare professionals, before a digital campaign and being distributed via door drops. It targeted the CORE20 population and was piloted in Lewisham for three months. The outputs and survey results of the pilot were shared and it was noted that overall the guide had been well received, people understood pathways more clearly and had chosen alternative paths, demonstrating significant improvement in metrics. It will need to run over a sustainable period to really embed and make an impact.
3.2	The Guide covered the common conditions impacting on ED, displayed symptoms and where to get help. A digital version was also available. The conclusion noted need for it to roll out further and for longer.
3.3	There was reflection from MG about how some of the insights learnt could influence better use of the NHS app, as the app can be confusing and people can lose their way. The guide is visual and seems clearer with suggestion that it could be integrated into the app.
3.4	QR codes were printed but data indicates they were not scanned very much. It could indicate more information is not needed or highlight accessibility issues for those digitally excluded. The distribution locations were clarified and agreed the same if funding is agreed. ID informed of distribution at the South Asian festival in Bexley and received positive feedback. District nurses found them helpful to hand out on home visits, providing helpful visual guidance to their patients. CO asked to understand the rationale for the locations chosen and whether it could be

3.5 embedded in the NHS app. Locations were chosen based on the people's panel response and to reach the target population of CORE20. In regard to embedding within the app, the printable version was the desired result from survey feedback, but it could be explored if needed and wanted.

3.6 NF suggested inclusion in the Lewisham Life booklet and anything similar in other boroughs, as a good way of communicating with citizens.

Members **NOTED** the presentations and content.

4. Engagement in the pre-conception programme

4.1 Jacqui Kempen gave introduction to the paper circulated on the preconception project, why it is important and on the engagement that has taken place with families. The number of women entering maternity services with complex needs has significantly risen with need to further explore how people are planning for pregnancy to ensure they are as healthy as possible, noting 50% of pregnancies are unintended and without vital health planning. Embrace Data gathers data from across the country and the report shared demonstrated that blood clots are the largest cause maternal mortality and that those from inequality groups have poorer experience and poorer outcomes.

4.2 Project development included work with public health, a stakeholder workshop and request for preconception health to be part of the Women's and Girls' Health Hub work programme. The engagement to understand the needs of the population and inform the public campaign was outlined. The Local Maternity and Neonatal System (LMNS) focus is on those that have the poorest outcomes, for example, access to information is difficult for migrant and asylum-seeking women. The borough data on preconception risk factors was referenced and there is work to improve metrics collected, but it highlighted the importance of vitamins like folic acid and lifestyle changes.

4.3 Monica Franklin gave an overview to the engagement with families and young people, including men, detailing the specific target groups, the approach and issues explored. There was good representation of different ethnicities and age range, covering all boroughs. It was highlighted that preconception health is not widespread or understood and those best informed were those on an IVF journey. Most information was via family or social media, only one person noted the NHS app, and most had not taken vitamins or made lifestyle changes. Preference in terms of receiving information varied between face to face and those only wanting digital, also highlighting the need for different languages and culturally appropriate material. People expressed difficulty in accessing GP and professional advice with some travelling abroad. There was also reference to language used, particularly for engaging men who preferred the word fertility rather than pregnancy planning, as that was viewed more for women. There was limited information shared with young people but there was a high interest for it to be in colleges and on social media. The final slides highlighted the recommendations of the report and the public health campaign, which incorporates work with Tommy's free online preconception tool and targeted campaigns, for example, using a midwife influencer. There has been some

	positive outcomes and the engagement will continue so that data collected can be utilised.	
4.4	The Chair welcomed the project work and the real connections made in communities.	
4.5	NF asked if there was work to understand better the causes of mortality amongst different ethnic groups, suggesting personal history and anaemia/iron intake are other target areas to consider. JK informed that the preconception tool covers a lot of different public health subjects and any history will come up. There is also work within the maternal medicine network as part of SEL LMNS which ensures those women with complex needs are cared for by the right people in the right place.	
4.6	It was confirmed that public health and local authorities are aware and involved in this work and future planning. SC suggested raising awareness in local sixth forms, colleges and universities.	
4.7	CB raised concern on the mental health components, noting the different trigger points related to pregnancy and asked what engagement had taken place with statutory or VCSE mental health care services to inform the strategy and safeguarding decisions. Addictions was another area to consider. MF informed the mental health element did come up and 'preparing the mind' is planned in phase two with a video from a specialist midwife raising general wellbeing awareness. There is also work with acute mental health who have completed an audit of those accessing services and preconception information and who have a severe mental health condition. All the data collected will highlight areas of concern and areas of target focus. Teams are in place with specialist midwives to support addictions in pregnancy and other services that support those involved with social care, such as Helix and Hope Boxes.	
4.8	KA stressed the importance of work around addiction in pregnancy and highlighted the challenges in accessing GPs asking what work was being done to improve working relationship with GPs to overcome the difficulties. It was asked if reducing cases of sickle cell in pregnancy had been considered. JK informed that maternity services do not directly liaise with GPs, however, it is recognised as an important part of preconception and noting a gap between conception and linking in maternity service care. There is work with King's Health Partners to raise awareness with GPs and via SELnet (the local GP website). The maternal medicine network is progressing work around sickle cell and women having babies. It is a health complexity area which needs specialist input and education, but for those having their first babies, awareness does need to be raised.	
4.9	The update was **NOTED** and Chair felt this should be kept live, welcoming a future update to the group.	
5.	**Update from VCSE Alliance**	
5.1	TR updated members on the VCSE leadership roles with four out of five trusts working to develop the leadership roles based within a senior strategic	

	position, to support trusts in being more creative in working with VCSE communities. Each trust is taking a different approach; King's College Hospital are the first to recruit a VCSE leader to work alongside their strategy team, to support thinking regarding turning high level ambition into tangible ways of doing things, including a refresh of the trust strategy. These roles are new in south east London. Guy's and St Thomas' (GSTT) are considering where best to position this role and TR can update on this at the next meeting.	
5.2	The Trust and Health Creation Partnership is working together to co-create approaches to embed prevention and health creation approaches within VCSE work, and using the insights and learning to transform health led prevention services to ensure they are delivered to meet improvements. Workshops have been held and there is work to understand the strategy, particularly the meaning of trust and lack of trust, to develop ways of capturing impact in a community led way and inform wider work, such as neighbourhood working.	
5.3	Members **NOTED** the update.	
6.	**Update from South East London Healthwatch**	
6.1	RW informed that following the Dash review of patient safety across health and care published on 7 July 2025 which had a recommendation that the functions of Healthwatch are transferred to other parts of the system. It is proposed that Healthwatch England functions will be transferred to a new patient experience directorate within the Department of Health & Social Care. Local Healthwatch functions regarding health will move to Integrated Care Boards and local Healthwatch functions relating to social care will move into local authorities. An Act of Parliament is required for dis-establishment which will take 12-18 months. Given this, Joy Beishon has resigned from the Engagement Assurance Committee. Further discussions will explore future representation on SEL committees, but if no one comes forward, it is proposed the Terms of Reference are reviewed to amend the quoracy.	
6.2	TF acknowledged Healthwatch representation on the Equalities Sub Committee, which also took decision to review their Terms of Reference.	
6.3	**ACTION: Consider quoracy review of the Terms of Reference at next meeting.**	
6.4	The Chair shared support, sympathies and gratitude for the work of Healthwatch across south east London which has been immeasurable over the years. Members **NOTED** the update.	
7.	**Update from the Equalities Sub Committee**	
7.1	TF informed of the Black Thrive presentation which shared experiences of people from The Black Queer & Thriving programme and how they are using existing knowledge and investing in community led health interventions. There has also been work to anchor anti-racist commitments within SEL ICB	

	and partner organisations, whilst they go through the change programme. Digital inclusion has also been a focus of discussions to avoid inadvertently widening the gap of inequalities for those that have mental health needs or neurodiversity, those unable to purchase equipment and those who do not want to engage in digital.	
7.2	KA reflected on the anti-racism workforce and performance and the risks staff face to speak up when they have experienced this. There was concern raised around the protection of whistleblowing and need for job assurance to have confidence in speaking up. TF informed whistleblowing is via the Freedom to Speak Up Guardian, Simon Beard, who acts independently and reports to the national guardian office. Some workforce cases do have both elements of anti-racist and whistleblowing and these are managed firmly via the Freedom to Speak up route in line with the excellent zero tolerance policies in place. Key performance indicators are actively monitored and reported via the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) with annual analysis breaking down all demographics. Due to confidentiality of whistle blowing, details are not shared in reports but overall themes and types of cases are reported to the Board held in public. Reports can be viewed in Board papers published online.	
7.3	It was also asked if Equalities Sub Committee had public representation and if the staff composition covers race, gender and neurodiversity. TF informed there is not a specific neurodiversity staff network but the staff inclusion networks cover all the protected characteristics and staff can tap into national networks also. Freedom to Speak up/whistleblowing is required to report directly to the Board and content can be found in the Chief Executive report in papers published. She noted that Healthwatch had brought a public perspective to the meeting.	
7.4	GR noted the absence of borough level equality stakeholder panels which included members of the public and wanted clarity around governance structures to understand how Equalities Sub Committee feeds in. TF confirmed each borough has representation at the sub committee. There will need to be consideration on how the Healthwatch gap will be covered. Link was shared for more information on governance structures.	
7.5	NF highlighted neurodiversity and those with disabilities in hard of hearing or sight loss, particularly noting the challenges in those people receiving communications during Covid-19. TF confirmed that policies include all protected characteristics, including those visible and invisible. All organisations are required to make reasonable adjustments for patients and staff. The analysis and snapshots of the WRES and WDES can be presented at a future meeting as part of the report from the equalities sub committee.	
7.6	KA questioned how traits are assessed in staff if they are intimidated to specify. The summary of the staff survey where questions include treatment of those with disabilities, as well as soft intelligence from check-ins with staff every quarter, can be viewed in the reports published online. TF encouraged	

7.7 7.8	committee members to read the Board papers referenced earlier and attend Board meetings which are meeting held in public. RW reminded members of their role at this committee of providing assurance on patient and public engagement. The overlaps between the Engagement Assurance Committee and the Equalities Sub Committee were noted, but colleagues will liaise to see what reports can be presented without any duplication. **ACTION: Analysis and snapshots of the annual WRES and WDES to be presented at a future meeting as part of the update from ESC.**	
8.	**Any other business**	
8.1	RW reminded the group of the ICB change programme. The model ICB was published, moving the ICB into a strategic commissioning role. Insights and feedback from communities will still need to be a part of the commissioning cycle but ICB are required to reduce their costs by 50%. The staff consultation is expected early September with changes required to be in place by 31 March 2026.	
8.2	SC wanted to understand the impact of changes to comms and engagement. The structures will be made available when ready and currently 50% reduction is required in comms and engagement. SEL ICB is required to land on £18.76 per population head and they are communicating steps to staff, meeting with unions and also HR directors in local authorities for joint roles.	
8.3	KA asked for summary of the governance survey and informed his governor forum role in South London & Maudsley has ended. In light of ICBs commissioning trusts to deliver community services, it was suggested that direct trust representation should be on this committee. The governance review will come to the September meeting and in terms of commissioned community services, they are commissioned at borough level and this committee looks at south east London wide projects. The role, frequency and membership of this committee will need to be considered once the ICBs new structures are confirmed. The 10 year health plan indicates there will not be governor models of foundation trusts.	
8.4	The Chair noted the voice of the public is central in the blue print and 10 year plan, and mechanisms will be in place to amplify that and not lose it. Thanks were shared to all for contributions.	
	Meeting closed **The next meeting is scheduled for 24 September 2025**.	