

SEL ICB Engagement Assurance Committee
Minutes of the meeting on 28 March 2023 18:00-20:00
Videoconference via Teams

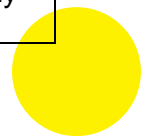
Committee members

Toby Garrood [Chair]	Joint Chief Medical Officer SEL ICB
Kolawole Abiola	Southwark Member
Chris Boccovi	Bromley Member
Ben Collins	Director of ICS Development
Iuliana Dinu	Head of Engagement SEL ICB
Neville Fernandes	Lewisham Member
Marc Goblot	Greenwich Member
Helen Laker	Greenwich Member
Geraldine Richards	Bromley Member
Folake Segun	Director South East London Healthwatch
Muriel Simmons	Bexley Member
Rosemary Watts	AD of Engagement SEL ICB

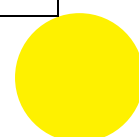
No	Minutes
1	Welcome and introduction
1.01	Toby Garrood welcomed members to the committee.
1.02	Apologies were noted from Stephanie Correia, Tosca Fairchild, Jenny McFarlane, Orla Penruddocke, Tal Rosenzweig, Wasia Shahain and Anu Singh.
2	Minutes of January 2023 meeting and any matters arising
2.01	The minutes of the last meeting were approved as a record of the meeting. There were no matters arising.
3	Update on the ICS strategy development process
3.01	Ben Collins reminded members of the broad engagement on the integrated care strategy which had taken place in 2022. The strategy was deliberately not all-encompassing, but focused on a vision, and five strategic priorities, where a cross system programmes of work which could benefit from pooling resources and accelerating progress. The ICS could be proud of the quality of conversations with stakeholders, the public and staff about the strategy - the challenge was now how to implement the recommendations.
3.02	Engagement proposals for the implementation phase focused on specific areas identified in the strategy, rather than the broad conversations that were necessary during its development. Co-leads had been identified for each of the five priorities, generally a managerial and clinical lead. These leads had started to engage relevant groups such as transformation boards in the relevant areas, and would work closely with committee members Folake Segun and Tal Rosenzweig to identify the key voluntary and community sector organisations who could work in small groups to advise the leads specifically on the priorities. The results of this

	<p>work could then be shared more widely during the next phase of engagement. The strategy is published on the ICS website.</p>
3.03	<p>Livia La Camera noted that while engagement with larger VCSE organisations had been mentioned, very small and local groups also had a key role and contribution, and asked how the input of these groups be would be incorporated. Ben Collins noted that a wide range of groups would be involved in boroughs on prevention co-ordinated by the Director of VCSE Collaboration and Partnerships and VCSE representatives in each borough.</p>
3.04	<p>Kola Abiola asked in relation to the mental health priority what work would be done to strengthen working with the community and voluntary sector. In relation to the prevention priority he reflected on the number of previous initiatives in relation to prevention, and asked how awareness could be increased for example awareness of eating in schools by the strategy. Ben Collins agreed that local boroughs would have ongoing work on prevention in a number of areas, however there was room for improvement in basic medical prevention activities such as vaccination and screening. After some discussion it had been agreed that the strategy should focus initially on this area before expanding to other prevention areas.</p>
3.05	<p>Geraldine Richards supported the approach of using leaders and expert groups to frame the work around each priority and plans to then share and engage on the findings of these groups. It was also important that a range of engagement approaches would be used for the broader engagement.</p>
3.06	<p>Chris Boccovi asked if there was a place for engagement with individuals such as people with lived experience. South London and Maudsley and Oxleas NHS foundation trusts provide examples which could be followed at south east London level to engage people with lived experience and co-produce ways to deliver the strategy.</p>
3.07	<p>Folake Segun agreed that it would be good to involve people at every level in the planning and delivery of care. There would be lots of opportunities over the course of the five-year strategy to bring in those who could add value based on their experience. A peoples panel for the ICS was being established and would assist in this work.</p>
3.08	<p>Rosemary Watts added that working with people with lived experience was a key tenet of the working with people and communities strategic framework, along with working with specific communities and the wider public. There were good examples already, but more work to do to build up trust and relationships with community and it would take time working with partner organisations to bring in people who could contribute to the implementation of the strategy in this way.</p>
3.09	<p>It was agreed that an update be brought to a future meeting.</p>
4	<p>Draft working with people and communities annual report for discussion and comment</p>
4.1	<p>Rosemary Watts explained that the annual report was one of the ways NHS England gained assurance in relation to the statutory duty of ICBs to engage with local people and communities. Guidance listed a number of areas which ICBs needed to cover, and a draft section had been produced to address these areas, using hyperlinks to further information to keep the report concise and examples of some of the work that had taken place.</p>

4.2	Kola Abiola noted that the voluntary and community sector could help with engaging people and communities and suggested that the director of voluntary sector and partnership should give a report of their work in this area to the committee. It was confirmed that as a member of the committee Tal Rosenzweig would be invited to give an update on the work at future committees.
4.3	Geraldine Richards described the report as a comprehensive overview and that the hyperlinks were useful to follow up items. It was helpful to note that there was some engagement through groups as well as online methods. She asked if there was a south east London equalities impact statement, and for more details on the newsletter for engagement practitioners. In relation to the peoples panel she asked about the strategies used to recruit to this group. In relation the health and wellbeing boards and joint strategic needs assessment she asked how engagement by these groups and more widely would work together.
4.4	Rosemary Watts noted that equalities pages were being developed for the website which would outline some of the work in this area.
4.5	<i>Post meeting note the Equality, diversity and inclusion pages of the website are now published at Equality, diversity and inclusion - NHS South East London (selondonics.org)</i>
4.6	The point about online engagement was important, and there were some face to face visits as part of strategy engagement, however it was often challenging and the support of communities would be needed. Where there were a number of projects to promote an engagement newsletter was produced and was circulated via the engagement mailing lists and also via the engagement practitioners network. Recruitment for the people's panel was ongoing using NHS England funding and via an independent organisation called Jungle Green using face to face approach to engage people who were not already involved, and reflecting the age, gender and ethnicity of the population according to the Census 2021 data. As part of the recruitment process a survey had been included so there would be some information from this to help inform work across south east London.
4.7	Chris Boccovi praised the examples provided in the draft on engagement activity, but suggested that the draft should clearly point out that many other engagement activities that took place in addition to the examples provided.
4.8	Marc Goblot asked if the work on engagement had identified any shortfalls of particular geographies or groups who had not been reached and engaged so that tactics and effort could be made to include them. Rosemary Watts suggested that there was scope for more working with people with sensory disability, as well as children and young people.
4.9	Tony Garrood asked how all the insights from engagement work were collated so that they could be used. Rosemary Watts noted that there was section of website called what we have heard from people and communities which will continue to develop and had been shared with the engagement practitioners network to see how it could be expanded. There was also information on the let's talk platform following each engagement project.
4.10	Kola Abiola asked about engagement with older people in relation to mental health. Rosemary Watts noted that although this group had not been specifically targeted at south east London level engagement, general engagement was



	designed not to exclude any group and there may be specific work in local areas or by organisations in south east London.
5	Progress report on the implementation on the working with people and communities strategic framework for discussion and RAG (red, amber, green) rating
5.1	Rosemary Watts explained that the working with people and communities strategic framework had been agreed by the board and after 9 months of operation the report listed some of the work that had been done against each of the areas, with the group to discuss and agree a RAG rating for each area. The report would then be discussed at the Clinical and Care Professional Committee which is where this committee reports. This would then inform the development of the engagement work plan for the year.
5.2	Helen Laker commented that in relation to engaging and being accountable to local people the system was still at the beginning of the journey and still some way off meeting its aspirations.
5.3	Chris Boccovi agreed, noting that initiatives and ideas were in place but there was still some way to go with implementation.
5.4	Geraldine Richards pointed out that there was an opportunity to use this report as a self-assessment tool.
5.5	Rosemary Watts suggested that the RAG rating for most areas should be amber, on the basis that some work had started but was still in progress. However, the engagement toolkit was complete and could be rated green, and ambition to provide opportunities for a deliberative approaches such as citizens juries or summits red as there had been no real examples of this being used yet. There was a wider theme about the culture of the organisation in relation to engagement and although this was difficult to measure was something that could be raised in the organisation.
5.6	Helen Laker asked if there had been any evidence of working with people with lived experience. Rosemary Watts noted that in relation to MSK, recruitment to patient safety partners, ENT and the shared care programme there had been some work with people with lived experience but more work to do hence an amber rating may be helpful.
5.7	Chris Boccovi noted that although the EAC group had some accountability role, there did not yet seem to be an established method for accountability to local people on various areas of policy. As the ICB was still relatively new there was an opportunity of influencing the culture for example in relation to engaging people with lived experience, recognising that in other organisations such as South London and Maudsley, Oxleas and MIND this had been challenging to implement as a new way of working.
5.8	Kola Abiola asked what metrics were in place or could be developed to help assess progress against the various intentions in the strategic framework. Rosemary Watts noted that this was an important question also raised by the Clinical and Care Professional Committee. NHS England were developing some measures nationally, and after they were released south east London could develop their own supplementary measures.



	It was agreed to bring the report to the Clinical and Care Professional Committee, as well as returning to the committee to discuss the emerging workplan.
6	Update on the development of the closed EAC hub on the Let's talk health and care in south east London engagement platform
6.1	Chris Boccovi gave an overview of the closed hub being created for committee members only and which could be accessed through the Let's Talk Health and Care in South east London engagement platform at Engagement Assurance Committee Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org) . There was information on upcoming meetings and papers as well as a space to post questions and replies.
6.2	Helen Laker welcomed the accessibility tools noting that she had encountered increasing number of people who had impaired reasoning skills and this would need to be considered in the materials being reported to the public.
6.3	Kola Abiola suggested that photographs may be helpful for reference similar to NHS trust governor's websites.
7	AOB
	There were no items of any other business

