NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 25 March 2026
Via MS Teams

Members Present		
Anu Singh (Chair)	Non-Executive director, SEL ICB	**AS**
Marc Goblot	Greenwich borough member	**MG**
Stephanie Correia	Lambeth borough member	**SC**
Geraldine Richards	South East London member	**GR**
Michael Boyce	Director of Corporate Operations, SEL ICB	**MB**
Folake Segun	Chief Executive, Healthwatch Lambeth	**FS**
Chris Boccovi	South East London member	**CB**
Orla Penruddocke	Bromley borough member	**OP**
In Attendance		
Rosemary Watts	Assistant Director of Engagement, SEL ICB	**RW**
Jane Thurston	Strategic Change Programme lead, SEL ICB	**JT**
Simon Beard	Associate Director, Corporate Operations, SEL ICB	**SB**
Apologies		
Toby Garrood	Medical Director, SEL ICB	**TG**
Tosca Fairchild	Chief of Staff, SEL ICB	**TF**
Tal Rosenzweig	Director of VCSE Collaboration and Partnerships	**TR**
Neville Fernandes	Lewisham borough member	**NF**
Kolawole Abiola	Southwark borough member	**KA**

		Actioned by
1.	**Introduction and welcome**	
1.1	AS welcomed all to the meeting and thanked them for their time. It was noted quoracy had not been achieved for the meeting but no decisions were required therefore the meeting would proceed as planned.	
1.2	Declarations of Interest Declarations were shared in the 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.	
3.	**Recommissioning of the community wheelchair service for Bexley, Bromley and Greenwich**	
3.1	Jane Thurston (JT) presented this item as the lead commissioner for the service, to describe the engagement process used to inform the reprocurement of a wheelchair service across Bexley, Bromley and Greenwich. This process had been undertaken as the separate borough contracts were coming to an end and a tri-borough arrangement was considered the most appropriate solution to achieve equity of service.	

The aims of the engagement were to ensure the service was responsive to changing needs of clients, especially children, and to understand the lived experiences of current clients to inform the new service specification.

This converted into four engagement objectives – to identify:

- What works well
- The challenges faced by current service users
- What matters most to users and carers
- Improvements that could make the biggest difference

3.2 Process

A mixed method approach was adopted using an online survey, face to face workshops, focus groups, and easy read materials to enable engagement.

Several forms of engagement were used including the "Let's Talk" digital platform, the "Get Involved" newsletter, community champions, the ICS newsletter, and social media. The team worked with ICS partners to use their social media channels and asked current providers to contact all people on their registers to share the QR code to access the survey. Outreach activities with local schools who use the service for their pupils also garnered useful insight.

3.3 Outcomes

Over 1,000 people visited the online platform, with 534 visits to the survey page and 204 survey responses received. This was consistent with similar service engagement on other contracts.

3.4 Key insights

Generally feedback was positive on the current service, although 60 people who answered the survey said they had a difficult experience. Responses were positive about staff but issues around the system pathways were highlighted. Clients wanted to see:

- Reductions in long waits for assessment, equipment delivery and repairs.
- Good communications – difficulty in contacting services and lack of updates on progress were cited as frustrations.
- Clarity of pathway to obtain equipment.
- Better equipment choice.
- Better urgent response arrangements – current lack of weekend cover was a problem.

Key themes identified were:

- Access and timeliness – people wanted better and more timely access to more locations
- Clinical models of care – better join up between services and person-centred assessment with more proactive reviews as children grow.
- Communication and information – better availability of information on eligibility, what the service provides, equity and consistency, and more respectful and compassionate communication.

- Improved repairs and reliability process to avoid broken equipment leaving people housebound and missing work, school and medical appointments.
- A better assessment experience.
- A better approach for children and those with complex needs.

JT noted the group have recruited the three lived experience people to join the procurement steering group to support evaluation and participate in service development.

3.5 The floor was opened for questions.

3.6 OP noted the Bromley community wheelchair service was currently delivered by Bromley Healthcare and asked if this meant someone else may provide the service in the future. JT advised the procurement would be open to any bidders going forward. The bid would be assessed against the service specification, which was very detailed and was looking for a premium service. OP sought assurance any transition to a new provider would be smooth. JT was not expecting any impact on service users at all. Mobilisation would be across a six-month period to support transition. Following initial market engagement, nine providers had expressed interest although JT noted this may not result in nine final bids. The process would go out to tender in May. JT proposed following up engagement in a year's time to assess the outcome.

3.7 MG highlighted that through the disability stakeholder network he chaired for the Government quite a few wheelchair users talked about their experiences, and asked if the service was the only source for most people to get a wheelchair. How did other funding streams such as Access to Work tie in? JT advised the service supported with procurement of equipment, with wheelchair Personal Health Budgets (PHBs) available for specific equipment. However, people may also refer to charitable organisations for more support.

3.8 The group discussed training for wheelchair users and those who supported them. Where a wheelchair is prescribed the user, their family, and friends would be shown how to use it properly.

3.9 On the basis it was going to take a year to get any new service up and running, SC asked if the feedback received could be given to current providers to get changes actioned now. JT confirmed this had already been done. JT noted that the three people with lived experience on the steering group represented each of the three boroughs for whom the service was being procured. SC sought to confirm who would manage contract, JT confirmed she would as lead commissioner.

3.10 GR asked if there was some classification system in place in terms of range of service users. JT confirmed users have to meet specific criteria to receive specific equipment – for example, you must be a permanent wheelchair user to get a powered chair – however JT did observe that the contract was limited to providing the basic equipment required, if more was needed then users should consider a PHB. On the demographics data, GR asked if it was

	reflective of the demographic of wheelchair users across the three boroughs. JT was unable to confirm but noted the small number of respondents in relation to the cohort of users. The new contractual arrangements would include a requirement in the service specification for a satisfaction survey which would collect demographics.	
3.11	**The members thanked JT for the effective engagement process and noted the proposal to provide an update in twelve months time.**	
4.	**Update from Equalities sub-committee (ESC)**	
4.1	MB and RW jointly reported on three key areas considered at the last ESC: • Public Sector Equality Duty (PSED) report – the latest report will be published in April, covering the core areas the ICB needs to evidence to ensure it is acting as a responsible commissioner and meeting its equality objectives. • Presentation on a recent Bexley initiative which focused on cancer awareness and promotion of flu vaccine uptake to clinically extremely vulnerable working age men in Bexleyheath and Welling. RW gave an overview of an event held on a match day at Welling United FC which included a health and wellbeing market in the fan zone and promotion on their kit on that day. • LGBTQ+ assessment framework – with MB noting 126 responses received from staff about how they felt about the working environment and interactions with colleagues.	
4.2	MB encouraged members to read the PSED when it is published.	
4.3	**The members noted the update.**	
5.	**Healthwatch report**	
5.1	FS shared a recent King's Fund report on the future of the patient voice. This was an independent short and sharp review, covering a range of stakeholders and a variety of methods to collect data.	
5.2	The report considered: What worked well with Healthwatch? • Independence. • Seen as credible – part of the system but stand apart from it. • Able to work effectively in the health and care system. • Inclusive of communities less well heard of and global communities. • Data collation includes unsolicited feedback. • Hub and spoke model worked well – national team providing a national voice with local teams as obtaining local insights. What didn't work as well? • Funding – noting Healthwatch funding has fallen by over 40% over the last 13 years which has created variability across the network. • Commissioning model inefficient and ineffective.	

	• Difficult for some Healthwatch organisations to be independent around social care. • Tension has been noticed between Healthwatch England, national bodies and local Healthwatch. • Changes across commissioning footprints created some distance between local voices and decision making (although this was not an issue in south east London).	
5.3	The report suggests that Healthwatch was more impactful that previous versions of patient voice functions, with real attention to policy areas such as dentistry and NHS administration at times when it was difficult for the NHS to hear these things. However, it was felt they were limited to making recommendations whilst not holding people or organisations to account.	
5.4	What next? • King's Fund is asking how the system will listen to patients and communities in future. • Patient voice still needs to be independent so difficult messages can still be heard. • The report has suggested there is a real need for the hub and spoke model. Holding insight at a national level means local voices could be lost which reduces the potential to capture unsolicited feedback. The DHSC patient experience team would need to maintain critical distance from the system and DHSC itself. • Recognised need to build on what has worked.	
5.5	MG asked what happens to the information gathered by Healthwatch? FS advised DHSC have been asked about this but there was no clear direction so far.	
5.6	**The members noted the report with thanks.**	
6.	**Review of workplan for year**	
6.1	RW reminded the members that the workplan for the year had been presented in May 2025, with a six-month review in September.	
6.2	Key highlights from the workplan this year – • It was recognised that a refresh of the Working with people and communities strategy was not realistic following the change announcements in the year. It was encouraging to note that the strategic framework and ICB Model blueprint clearly highlighted user involvement as an ongoing commitment. • There was an ongoing residual interim arrangement with Healthwatch through the ongoing work with FS. • The team had started discussions with NHS South West London ICB colleagues about development of one set of engagement toolkit guides. • The team had internally produced two guides – one for commissioners and contractors of primary care on what is required for engagement activity, and one on determining engagement across	

	south east London for when services are consolidated – the team was working with trusts on this. • Support programmes have continued to be produced with a dozen new programmes supported and promotions on “Let’s Talk”, 12 Get Involved newsletters, work with faith communities to promote vaccination, and work on various commissioning programmes presented at EAC across the year. RW highlighted that the “Let’s Talk” project pages were updated to tell the story about what is happening after feedback is obtained rather than just using it as a transactional platform to gather data. • Engagement on social media has been promoted with a lot of outreach through this means. However given the limitations of reduced resourcing, consideration will need to be given to how to wok with VCSE partners more. • The team had continued to support and facilitate a south east London engagement practitioners’ network which consisted of around 60 members. There was a particular focus on neighbourhood working in the last year.	
6.3	AS expressed thanks to the team for all the work done in the year, recognising the need to balance strength of ambition against capacity going forward.	
6.4	SC asked if the engagement practitioners’ network will hear about the Bexley project at Welling United FC – this looked like good practice that could be done elsewhere? RW noted as an action.	**RW**
6.5	MG noted the likelihood of a shift to VCSE for capacity and was interested in seeing how this would work. This needed to be followed up in this meeting. RW felt it would not be realistic to expect engagement without funding so what the model could look like would need to be worked through.	
6.6	CB noted the report did not cover progress with integration and the adoption of a trauma informed approach to engagement, particularly in the context of reductions. In terms of neurodivergent people how would this fit into the new toolkits? RW felt community organising lends itself to working with people in a longer timeframe and focus on prevention agenda using trauma informed approaches. The challenge was accessibility of longer term funding to do this work. This may fit better with neighbourhood plans going forward. RW highlighted the engagement support provided to two programmes on neurodivergency in the last year.	
6.7	**The group noted the excellent engagement work undertaken in the year with thanks.**	
7.	**Annual report**	
7.1	RW advised the group that the ICB annual report was currently in production and would include a shorter section on engagement this year, in line with the ask to make it a leaner document overall. However, as NHSE assess the ICB on engagement, RW would be producing a longer stand-alone report on engagement activity in the year.	

	The draft report was shared and comments were asked for prior to the final version being produced. **The group noted the draft engagement report.**	
8. 8.1	**Any other business (AOB)** No AOB was raised.	
9. 9.1 9.2	**Meeting closure** The Chair thanked those who attended and closed the meeting at 19.30. The next meeting is scheduled for 20 May 2026, at 18.00 via Teams.	