

**NHS South East London Integrated Care Board**

**Engagement Assurance Committee**

**[Draft] Minutes of meeting held on Wednesday 26 March 2025**

**Via MS Teams**

Chair: Anu Singh (AS)

Non-executive director, SEL ICB

**Members present:**

Kolawole Abiola (KA)  
Orla Penruddocke (OP)  
Geraldine Richards (GR)  
Neville Fernandes (NF)  
Tal Rosenweig (TR)  
Joy Beishon (JB)  
Chris Boccovi (CB)  
Marc Goblot (MG)  
Stephanie Correia (SC)

Southwark borough member  
Bromley borough member  
South East London member  
Lewisham borough member  
Director of VCSE Collaboration and Partnerships, SEL ICB  
Healthwatch  
South East London member  
Greenwich borough member  
Lambeth borough member

**In attendance:**

Rosemary Watts (RW)  
Iuliana Dinu (ID)  
Janice Guy (JG)

Assistant Director of Engagement, SEL ICB  
Senior Engagement Lead, SEL ICB  
Consultant, Jungle Green

Minute taker: Simon Beard

Apologies were received from: Muriel Simmonds, Shalini Jagdeo, Tosca Fairchild, and Dr Toby Garrood.

		Actioned by
<b>1.</b>	<b>Introduction and welcome</b>	
1.1	AS welcomed all and thanked them for their attendance.	
<b>2.</b>	<b>Opening Business</b>	
2.1	<u>Declarations of Interest</u> No new interests or conflicts with agenda items were declared.	
2.2	<u>Minutes of last meeting</u> The members agreed the minutes of the last meeting.	
2.3	<u>Matters arising</u> a) <u>Recognising involvement</u> RW reminded the group that the pilot comes to end on Monday. A paper was taken to ICB Executive last week so although value was recognised in the approach a decision to take the pilot over to next	

year could not be approved as it was unclear where the newly announced 50% ICB savings requirement would be identified at this stage.

**ACTION: All to submit any claims to RW by COP 27 March 2025**

b) Change NHS engagement

RW advised that two seminars had been held on 25 January and 5 February. Despite some technology problems in the January meeting the February meeting ran smoothly. 74 people attended across the two events, with 19 completing evaluation forms.

Feedback was received on the three key areas of shift identified in the Secretary of State's health strategy:

- On the shift from acute to community people liked the idea of convenience, better continuity of care and the benefits of local quieter environments. There was concern around lack of attention to social care and support from VCSE in community settings as people commented it felt like an NHS only conversation. Some people were concerned about the culture shift for staff who were used to working in large hospital environments and noted that not all home environments were suitable for care so choice needed to be available. Specific issues such as the benefit of hot meals being available in hospital which those at home would need to provide for themselves were also raised.
- On the move to digital, in general people welcomed easy access to records across providers via the NHS app, but recognised the need for it to be easy for staff and patients to use and felt staff should be trained to support patients in this. There needed to be choice to ensure no widening of the health inequalities gap, with concern expressed that the move to digital could lessen human contact.
- With prevention, the need for other approaches such as VCSE rather than just NHS traditional processes was recognised, and feedback included discussion on wider determinants of health and the need to focus on Children and Young People and mental health services.

RW noted the conversation was still open on the portal but the questions now were more about what the priorities are. It was believed the national portal would remain open until 14 April.

KA asked how the work being carried out by the Engagement Assurance Committee was being assessed in terms of impact, contribution and significance, particularly in the context of the need to reduce costs. RW reminded the group the role of the committee was to provide assurance on engagement at a system wide level, with the committee outputs reported to the ICB's Clinical and Care Professionals Leadership committee.

### **3. The South East London Peoples Panel refresh and insight**

- 3.1 Janice Guy (JG) from Jungle Green reported on the work they were undertaking to refresh the People's Panel, focussing on encouraging membership from people in population groups that are less heard from.
- 3.2 The majority of the engagement activity was through community days to enable face-to-face engagement, with the target groups being the 16-24 and 25-34 age groups, Black African, Black Caribbean, South Asian and LGBTQ+ communities.
- 3.3 As part of the recruitment process, candidates were asked to engage with a survey. JG reported the following highlights from the results:
- Five "Keeping well" tracker questions were used to kick off –77% of recruits felt healthy, 78% of recruits felt in control of their lives, 74% overall reported feeling happy but it was noted that within the subgroups there were differences, 29% of new recruits felt lonely (this was higher amongst those with long term conditions), and 88% felt safe in own environment (noting those with long term conditions felt slightly less safe at 81% and 16-24 year olds felt more safe at 94%).
  - In terms of what people felt was important to them, outcomes were that less people were talking about the cost of living than in previous surveys, with the main areas of concern being health and wellbeing, work/life balance, mental health, family health and wellbeing, the struggling NHS, demand and accessibility to services, and the state of mental health services.
  - With regard to people being healthy, recurring themes were noted around eating more healthily, better weight management, having more money to look after self better, better living and housing conditions, and having more support to achieve those aims.
  - The main area of interest to recruits was mental health followed by Children and Young People, self care, adult social care, and prevention and wellbeing.
- 3.4 RW reflected that one of the outcomes was the need for more awareness of the NHS App, and this would be shared with the Digital team. The general outcomes chimed with outcomes from other surveys done.
- 3.5 Questions were invited from the committee members.
- 3.6 TR asked 1) why there was nothing specific about women's health on the list of areas people may be interested in learning more about, especially noting the focus in SEL and nationally on this and 2) noting 4% of people felt they would benefit from support to feel safer, was there something we could offer to people who have said this? JG acknowledged women's health not a given option but there was another option with free text. On feeling safer – ID would be able to identify people so they could be contacted if there was a concern as they had given permission for this to be done.

3.7	SC commended the work as very thorough and asked if the results would be shared with public health teams as it would be useful to them. RW advised findings had been published on the insight page and Let's Talk Platform. <b>ACTION: RW/ID to highlight to comms and engagement teams to take forward.</b> ID confirmed the survey outcomes had been included in newsletters which are shared with stakeholders including public health teams.	
3.8	OP asked on the design of the form if all options were available for people to tick or if it was rated. JG advised tick boxes were used but this was supplemented by a free text box option. OP expressed surprise that 42% of people had said no support was needed, although JG advised that Jungle Green found that around 50% of people generally said they needed no support so it was not inconsistent.	
3.9	MG noted 45% of respondents said they felt it was hard to make change happen and asked if there was further analysis on what the barrier was? JG noted subsequent follow up questions looked at the barriers. MG highlighted autism had been included as a category under mental health which it was not. MG also expressed surprise that the lowest information source was digital – this indicated much more promotion was needed for the NHS App despite its high functionality. There was a big difference between Google searches scoring high but digital sources coming very low.	
3.10	CB asked if neuro-diversity was considered in the survey. JG advised it was asked in the recruitment questionnaire, but nothing statistically significant came out of this question. CB commented that responses were not particularly weighted and wondered if there were specific profiles for demographics, e.g. what was particularly important for LGBTQ+ community for example?	
3.11	KA noted GP surgeries were not listed in the places to find information and felt this should have been. JG advised the focus was on community places for this question. On the areas of particular interest to panel members KA felt it would be useful to understand more about why people had those interests however JG noted they were limited on the number of questions to be asked.	
3.12	GR commented on the feedback on women's health, recognising the Asian community was very broad and felt more analysis was required to really understand what the feedback was saying. In terms of face to face recruitment, GR asked where the people supporting the process were they drawn from – JG advised they were professional recruiters.	
3.13	<b>The Committee members thanked JG for the report.</b>	
4.	<b>Update from the Voluntary, Community and Social Enterprise (VCSE) Alliance</b>	
4.1	TR provided two updates on activity:	

4.2	Five VCSE partners had been selected for the Trust and Health Creation Partnership and the process of signing memorandums of understanding was in progress. This would support in obtaining insight into other areas of VCSE organisations and their work. It was hoped an announcement on who these partners were would be made by the end of next week, with work to kick off at the end of May.	
4.3	Some Clinical and C are Professional (CCPL) leadership funding had been ringfenced to create VCSE focused roles. Roles were being initially tested with the SEL trusts (SLaM, Oxleas, GSTT and KCH), with TR working with key people in the trusts' strategy teams. Recruitment of CCPL leaders for those roles would then take place with the strategic work developed over the next year to see how this could make a difference to how trusts develop and deliver services.	
4.4	<b>The Committee members noted the update.</b>	
5.	<b>Update from South East London Healthwatch</b>	
5.1	JB delivered the Healthwatch report, focussing on two recent projects.	
5.2	<p>JB discussed a project in Greenwich which had looked at experiences of people on the surgical waiting list, especially those with other considerations such as long-term conditions and childcare responsibilities. Working with Lewisham &amp; Greenwich NHS Trust, the project had looked at what support people needed to enable them to be as healthy as possible during their wait for a procedure in order to improve surgical outcomes. Over 50 people were engaged through small discussion groups with a good spread of the population. Key points were:</p> <ul style="list-style-type: none"> <li>• It needed to be recognised the wait for surgery was hard physically and emotionally.</li> <li>• People often felt they were in an information vacuum, with no information received after referral for surgery and being put on a waiting list until they were suddenly told a date for the surgery.</li> <li>• Information was not always clear or helpful, and generic information received did not necessarily reflect day to day realities.</li> <li>• Some people felt unable to chase and felt just stuck in the system.</li> <li>• Carers felt they were not always included in discussions.</li> <li>• People wanted simple things – a message every so often to confirm they were still on a waiting list, communications in their own language, advice on how to make changes to their own lives to maintain their health.</li> </ul> <p>The trust had received the findings very positively and were already testing some improvements, including offering more personalised health checks for people on waiting lists, better links to social prescribing and community groups, and more opportunities for patients to ask questions.</p>	
5.3	In Lambeth some work had been done to look at how community projects relate to healthcare. Areas of work covered:	

5.4	<ul style="list-style-type: none"> <li>• <i>How to enable GP practices to work more closely with patients?</i> The focus areas had been Fiveways and Streatham and had considered why people were not using the NHS App or booking online. The main outcome was that people lacked confidence in digital media, and so the team worked with local groups to run digital workshops in GP practices to increase confidence and encourage people to take a more active role in managing care. Some practices were now offering a drop-in digital support service. This was a good example of the system listening and acting on what had been heard.</li> <li>• <i>Streatham practice had noticed the Tamil community were not attending screening</i> – to address this the practice delivered a health and wellbeing event with Tamil interpreters which was well received. This increased confidence for patients and made them feel more connected to the practice.</li> <li>• <i>Enabling practices to create engagement plans</i> – working with six PCNs, training had been delivered to staff to empower them to create their own plans, with a strong willingness in staff groups to engage and be involved but a sense there was no clear role for engagement in PCNs. Primary care staff also felt they did not have access to local population data, a budget for translation work and outreach, or resources to spend time in partnership with local groups.</li> </ul>	
5.5	<p>A lot of learning had been achieved from the Lambeth projects, which JB summarised as:</p> <ul style="list-style-type: none"> <li>• There is a need to focus on both communication and information.</li> <li>• People want information tailored to their individual needs and individual lives.</li> <li>• A recognition that communication <b>is</b> care.</li> <li>• Digital inclusion is about confidence as much as access.</li> <li>• Carers need to be involved.</li> <li>• Support needs to be personal not just practical.</li> <li>• Engagement needs structure to work.</li> </ul>	
5.6	<p>In relation to the LGT project, ID advised there is a project across SEL called Waiting Well which was looking to develop communication and information resources on a SEL website for people on waiting lists.</p> <p><b>Committee members noted the update and outcomes of the projects with thanks.</b></p>	
6.1	<p><b>6. Update from Equalities Sub-Committee (ESC)</b></p> <p>RW noted the update provided in the meeting papers from the January and March ESC meetings. Key points of interest for community focus were:</p> <ul style="list-style-type: none"> <li>• A deep dive from Greenwich had been discussed on the 100 day challenge and asset based community development work.</li> <li>• A presentation had been received on the Barber shop projects in Bexley to support mental health in men.</li> </ul>	



	<ul style="list-style-type: none"> <li>• A presentation was also received on work in Southwark to understand the needs of the Latin American population.</li> <li>• Work on FGM also carried out in Southwark.</li> </ul>	
6.2	The Public Sector Equality Duty report was presented at the March meeting and was currently going through internal governance ready for publication.	
6.3	AS noted the theme for this committee in relation to leaning into communities with key demographics.	
	<b>ACTION: RW to consider inclusion of a deep dive on this on future agendas.</b>	
6.4	<b>Committee members noted the ESC update.</b>	
7.	<b>Review of the engagement work programme 2024/25 and draft engagement section of annual report 2024/25</b>	
7.1	<p>RW highlighted the work programme and draft engagement section for the ICB annual report with the meeting papers, noting some key engagement work in the year:</p> <ul style="list-style-type: none"> <li>• Work was being undertaken to strengthen the input of the Engagement Assurance Committee into the Clinical and Care Professional Leadership committee.</li> <li>• The team had led a session at a Board seminar for the Lewisham Local Care Partnership and Lewisham and Greenwich NHS Trust on engagement approaches.</li> <li>• A presentation had been delivered at an ICB all staff briefing and within the staff bulletin to promote the refresh of the communications and engagement strategy and the refresh of the engagement toolkit.</li> <li>• ID had produced 11 “Get Involved” newsletters, which have a circulation base of around 2,000 people.</li> <li>• The team had supported various projects in the year with engagement activities including work looking at menopause, adult weight management, the sickle cell service, and creative health.</li> <li>• RW noted the team had not been able to take forward work on developing a community engagement model as far as they would have liked but were looking to map out what already exists in terms of community engagement.</li> <li>• Development of the “Let’s Talk..” platform continued to be hugely successful, with 11 new projects published on the platform and 41,000 visits since 1 April 2024. Of these, 18,000 were informed visits (where information was downloaded) and 10,000 were responsive visits (responding to a survey or a chat forum).</li> <li>• The team had published insight from other projects such as the Healthwatch insight published on their own pages, and the Mabidiliko CIC work.</li> </ul>	

7.2	<ul style="list-style-type: none"> <li>The engagement practitioners network continued to be a success.</li> </ul> <p>More narrative was available in the annual report section.</p> <p>SC recognised the volume and quality of the work carried out by the engagement team and reflected a hope that the this would not be lost as part of the forthcoming cuts. KA supported this point.</p>	
8.	<b>Any other business</b>	
8.1	<p>KA asked if there would be a follow up from the Jungle Green report as the outcomes has raised subjects that needed more follow up to understand.</p> <p><b>ACTION: RW to use Jungle Green insights to look at forward planning for agendas.</b></p>	
9.	<b>Meeting close</b>	
9.1	AS closed the meeting at 19.48, thanking everyone for their time.	

**Date of next meeting:** 21 May 2025, at 18:00.

