

**NHS South East London Integrated Care Board
Engagement Assurance Committee**

**Minutes of meeting held on Wednesday 21 May 2025
Via MS Teams**

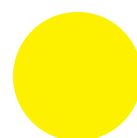
Members Present		
Anu Singh (Chair)	Non-Executive director, SEL ICB	AS
Toby Garrood	Medical Director, SEL ICB	TG
Orla Penruddocke	Bromley borough member	OP
Neville Fernandes	Lewisham borough member	NF
Marc Goblet	Greenwich borough member	MG
In Attendance		
Rosemary Watts	Associate Director of Engagement, SEL ICB	RW
Iuliana Dinu	Head of Engagement, SEL ICB	ID
Wasia Shahain	Assistant Director of Equality, Diversity & Inclusion, ICB	WS
Loretta Achiekwelu	Project Manager, SEL Enhanced Sickle Cell project	LA
Adam Bradley	Project Manager Sickle Cell, South London Office of Specialised Commissioning (SLOSS)	AB
Madeleine Medley	Minutes	
Apologies		
Tosca Fairchild	Chief of Staff, SEL ICB	TF
Tal Rosenweig	Director of VCSE Collaboration and Partnerships	TR
Muriel Simmons	Bexley borough member	MS
Joy Beishon	CEO Healthwatch Greenwich (representing all six Healthwatch)	JB
Kolawole Abiola	Southwark borough member	KA
Stephanie Correia	Lambeth member	SC
Chris Boccovi	South East London member	CB

		Actioned by
1.	Introduction and welcome	
1.1	The Chair welcomed all to the meeting. Due to the number of apologies, the meeting was not quorate, however, no decisions were required and RW would share any items after the meeting if needed.	
1.2	<u>Declarations of Interest</u> 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	<u>Actions</u> RW confirmed circulation of the report on recruitment of the Peoples Panel included in last month's Get Involved newsletter. Findings were also shared with the Clinical & Care Professional Committee and were due to be presented at the Equalities Sub Committee and Themes and Concerns Group meetings.	

2.3	<p><u>Matters arising</u></p> <p>The publication of the 10 year plan has been delayed but expected to be published in June or July.</p>	
2.4	<p><u>Trust & Health Creation Partnership</u> has launched with organisations Bexley Mencap, Juvenis (Milk Honey Bees), Mama2Mama, QUEERCIRCLE and Southwark Senior Social Association</p>	
2.5	<p>King's College Hospital recruitment is open for the VCSE leadership role one day a week and also advertised in this month's Get Involved newsletter.</p>	
2.6	<p>KA had flagged need for evaluation at the previous meeting of the Engagement Assurance Committee. Simon Beard and RW shared a link to a governance evaluation survey for members to complete by 4th June 2025.</p>	
3.	<p>Equalities Deep Dive:</p>	
3.1	<p><u>Public Sector Equality Duty (PSED) report 2024/15</u></p> <p>Wasia Shahain (WS) took the paper and PSED report circulated as read and gave highlight to some key points of progress. Work in SEL ICB has been to embed equality in everything it does. There has been significant progress producing the Public Sector Equality Duty (PSED) report which demonstrates equality, diversity and inclusion (EDI) is making an impact SEL wide and seeing good examples of work in each borough.</p>	
3.2	<p>The Equality Diversity and Inclusion (EDI) team covers patients and services but is predominantly focused on workforce. The ICB has statutory duties and NHSE mandatory requirements to meet which include annual reporting on progress.</p>	
3.3	<p>The Equality and Human Rights Commission audited all 42 ICB's around EDI, enforcing accountability and compliance with the Equality Act. They attended SEL ICB twice to identify improvements and monitor progress and positively informed that the SEL ICB PSED report was the most comprehensive out of all 42 ICB's.</p>	
3.4	<p>Clarity was given to the equality duty and how broad it is. The PSED asks all public sector organisations to consider, review and promote equality in all of their functions; decision making, internal/external policies, procurement of goods and services, recruitment, promotion and performance management.</p>	
3.5	<p>WS highlighted the Equality Impact Assessment (EqIAs) (pg 29), a type of risk assessment performed on policies, strategies and services to ensure they have no negative impact on equality. There are nine protected characteristics which are assessed and integrated into policies/services developed. The EIA process was outlined, demonstrating that the needs of protected groups is always considered.</p>	
3.6	<p>There has been an increase in EIA's being completed especially at borough level but improvement is needed in strategic planning and commissioning to</p>	

	carry them out routinely. Plans for 2025/26 is to roll out the new toolkit and training.	
3.7	Reference was made to the Equality Delivery System (EDS22) (pg 71), a systematic and robust quality improvement framework focusing on the three domains detailed. Two services were put through the EDS process, viewing the service through an equality lens, gathering evidence using a technical guidance and scored by an engagement group made up of service users, patient and community representatives, to ensure accountability and transparency. The overall aggregated score from the two service EDS review resulted in 'Achieving', an improvement on last year and a result to maintain.	
3.8	TG welcomed the great work and asked how well the EqIA forms are used and if there is evidence they are making a difference. WS noted not all parts of the organisation are routinely completing and the identified teams are part of focus work. There is a robust check and challenge quality assurance process which does demonstrate impact and improvement. The area to strengthen is when any negative issues are identified, for the service lead or author to monitor, mitigate or remove the negative impact which will be an area of focus in the new toolkit.	
3.9	MG wanted to understand if the criteria is clear to those completing forms, to ensure impact can be measured, and whether that is reviewed to identify if there are any issues in understanding the criteria due to individual interpretation. WS confirmed that the EDI team supports the organisation staff in completing forms and they are developing training to support and empower staff further at looking through an equality lens in everything they do.	
3.10	<u>Sickle cell case study</u>	
3.11	Loretta Achiekwele (LA) spoke of the Sickle Cell improvement programme and gave an overview of slides shared in the meeting <i>[circulated after the meeting]</i> .	
3.12	Members heard background and context of Sickle Cell Disease (SCD) which affects predominantly those from Black African and Caribbean communities. Findings of the national "No One's Listening" report were outlined which led to the SEL SCD improvement programme to address long standing health issues experienced. SEL has the largest SCD population so the work is significant. The changes needed to be community led, culturally competent and holistic and has included, specialist MDT staff, community-based clinics, strengthening pathways and embedding of emotional wellbeing and daily life support. It was co-produced with patients, parents and carers to ensure care was shaped by lived experience and delivered with dignity, compassion and equity.	
3.13	The enhanced sickle cell community service and multi-disciplinary team was initiated along with a peer mentor programme led by the Sickle Cell Society. There is a need for more mentors and contact was welcomed from anyone	

	who has lived experience of sickle cell and is interested in becoming a mentor to young people.	
3.14	The strong community engagement shaped the service and ensured design reflected the needs and priorities of those living with SCD. Slides gave overview of survey results and feedback, highlighting valuable qualitative insights and target areas and emphasising need for anti-racist trauma informed approaches in all settings. The next steps were outlined but overall, the service has been seen as positive, patients feel heard and supported with genuine trust and appreciation of the co-ordinated and compassionate care.	
3.15	OP found general awareness alarming and felt it should be part of GP training. LA agreed that general awareness needed to improve and different approaches with social media were being tested, making it more appealing to younger generations using younger influencers and social advocates who have sickle cell. A platform is being developed for GPs to connect with specialist consultants for advice and guidance and there is also a picnic fun day planned at Crystal Palace to further build trust with healthcare teams.	
3.16	MG noted a disparity between gender and awareness. LA stated as SCD predominantly affects Black African and Caribbean communities, they can hold a stigma for men to speak up or attend clinics and only present at hospital in crisis. There is work on access to mental health psychological support and to reach men with sickle cell, including a drive to find male mentees. There can also be difficulty with sexual health questions at transition age and families being present but work continues to break down barriers.	
3.17	WS reflected on EDI work highlighting pain not being taken seriously in people of Black heritage and was keen to understand more about the anti-racist trauma informed approaches and what had been incorporated into service delivery. LA informed of the Emergency Department (ED) bypass at Lewisham where those presenting in crisis are signposted to the specialist unit for fast pain relief and the team are working to scale this. There is collaboration with Act Now to deliver an anti-racism and rapid response care training module to trusts.	
3.18	ID informed of a two year project in Lewisham with the African Advocacy Foundation which would be a useful route to make every contact count. LA and ID will link up outside of the meeting. Members NOTED the presentations and content.	
4.	Update from VCSE Alliance	
4.1	Apologies were shared from TR so there was no VCSE update to this meeting. RW shared the Strategic Alliance website link for members to explore and an update can be shared via correspondence.	



5.	Update from South East London Healthwatch	
5.1	Apologies were shared from JB so there was no Healthwatch update to this meeting.	
6.	Engagement objectives and work plan 2025 / 2026	
6.1	RW reminded the workplan for last year was shared at the last meeting and noted similarities for 2025/26. Members were informed there are expected changes to the ICB functions following national direction for ICBs to make 50% savings. A national ICB model blueprint indicates a new focus on strategic commissioning which does have user involvement, gathering insight and evaluation woven throughout the document.	
6.2	The plan looks to address what the organisation might need going forward which includes, updating and reframing the engagement toolkit. New ways of working will have focus on neighbourhood health services and the toolkit will be aligned to community organising model with key principles to support neighbourhood working. New elements to the workplan are to lead on the relationship with Healthwatch and develop an evaluation framework for engagement. The strategic framework working with people in communities will also need to be refreshed.	
6.3	The Chair recognised the current challenges and thanked colleagues for their continued work in the portfolio.	
6.5	FORWARD PLAN: Neighbourhood health services presentation to come to next meeting	
7.	Any other business	
7.1	RW shared an expression of interest form with details of a London face to face simulation event on developing integrated neighbourhood services, being held on the 5 and 6 June. The form included sixteen personas for members to identify with. RW also shared the link to review the target operating model. https://www.selondonics.org/neighbourhood-health-service/	
	Meeting closed The Chair shared thanks to all that attended and for their contributions The next meeting is scheduled for 30 July 2025.	

