



Engagement Assurance Committee Cover Sheet

Item: 4 Enclosure: D

Title:	Draft engagement objectives and workplan 2023 / 2024					
Meeting Date:	16 May 2023					
Author:	Rosemary Watts, Assist	Rosemary Watts, Assistant Director of Engagement				
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Purpose of paper:	The paper outlines a high level workplan for the south east London engagement team following discussions on the progress report at the March meeting and the April meeting of the Clinical and Care Professional Committee. Update / Information Discussion X				X	
Summary of main points:	The report outlines key areas for development for 2023 / 24 to further implement the working with people and communities strategic framework. The workplan will continue to be developed with more detail of actions to be added. The RAG rating of the progress report is attached at appendix one for further context.				orkplan will	
Potential Conflicts of Interest	None					
Delevent to the	Bexley			Bromley		
Relevant to the following	Greenwich			Lambeth		
Boroughs	Lewisham			Southwar	k	
	Equality Impact	The framework outlines the importance of working with the diverse communities across south east London, and with communities who experience the greatest inequalities, the importance of building up trust and relationships. The work plan notes that there is further work to be done in this area.			on, and with equalities, the hips. The	
	Financial Impact	NA				
Other Engagement	Public Engagement	part of comm	the im unities	plementatio	e work that has take n of the working with mework and notes t	n people and

	Other Committee Discussion/ Engagement	The progress report informing the development of the workplan was discussed at the Engagement Assurance Committee on 28 March 2023 and the Clinical and Care Professional Committee on 26 April 2023.
Recommendation:		ed to discuss the work plan and further work that needs to culture change and ways of working required to put local that we do.





Commitment 1: Being accountable to local people					
1. Engagement strategic aim: Harness the power of I functions as public institutions	ocal people to ho	Id the ICS and the ICB t	to account for its		
1.1 Engagement objective: Establish good governanc governance across the ICB	e for engagement	and support open and	transparent		
Action	Lead	Timescales	Review		
Six monthly SEL engagement webinars with senior leaders enabling building trust between board/ partnership and the public	Engagement team with relevant programme team	Approximately Spring and Autumn annually			
Explore the extension and role of the public open forums before Board and Partnership meeting to enable less formal dialogue between members of the public and members of the Board / partnership supporting open and transparent governance	Engagement and governance teams	July onwards			
Develop and support to the Engagement Assurance Committee in its role of assuring engagement	Engagement team	Ongoing			
Develop an Engagement, Equalities and Experience Planning Group	Engagement team with Equalities and Patient Experience teams	July – September 2023			
Ensure visible NED and executive sponsorship and championship for working with people and communities	Engagement team	Ongoing			





NHS South East London

Commitment 2: Making decisions, setting direction and 2.1. Engagement strategic aim: Partner with local transformation, and to develop new, innovative communities experiencing health inequalities	people to co-produce	services and pathwa	ay redesign and
2.1.1. Objective: Embed and improve processes for a lived experience, communities experiencing here.			uding people with
Action	Lead	Timescales	Review
Develop a shared understanding of what coproduction is building on best practice across south east London to infor ICS programmes. Outputs to be determined by process.	Personalisation lived experience group, Healthwatch, Engagement team and members of the Engagement Practitioners Network	July – December 2023	
 Continue to support programmes and partnerships in their approaches to working with people and communities supporting them to engage early in programmes of work to work with people with lived experience to inform their programmes of work to use coproduction approaches to outreach / commission community engagement through trusted voice organisations 	Engagement team	Ongoing	
Share best practice and learning across programmes considering development of case studies, 'buddying' or lun and learn sessions, using staff bulletin, presentations at sta and team meetings		July onwards	
Develop an approach to reward and recognition drawing or best practice	n RW	April – September 2023	

2.2 Engagement strategic aim: Make decisions directly informed by the views, experiences and aspirations of local communities

2.2.1. Engagement objective: Support the engagement of people with lived experience in programmes of work, using insight from people and communities

Action	Lead	Timescales	Review
Develop the People's Panel as a source of insight representative of the population of south east London to inform programmes of work	Engagement team	April onwards	
Work with programmes to systematically plan and schedule surveys / insight gathering via the People's Panel so that insight directly informs decision making.	Engagement and programme teams	April onwards	
Continue to develop the insights page of the website to facilitate the sharing of insight with and across programmes and the system reducing duplication and helping to align engagement	Engagement team Engagement Practitioners Network	April onwards	
Ensure that all projects on let's talk engagement platform are kept up to date with progress and outcomes of engagement. Consider develop talking heads / blogs as more easily accessible ways of feeding back.	Engagement team working with programmes	April onwards	
Ensure feedback is highlighted in engagement newsletter.			

Commitment 3: Working with people and communities in new ways to transform health and care and support and wellbeing

3.1. Engagement strategic aim: Support a world class standard of engagement for the ICS and its partnerships, particularly working with communities experiencing health inequalities

3.1.1 Engagement objective: Develop processes and mechanism to support world class engagement and collaborative approach across place, partners and providers and increase understanding and importance of engagement

Action	Lead	Timescales	Review
Support programmes by providing insight and engagement	Engagement	April onwards	
support aligning activity across partners and place to avoid	team and		
duplication including for:	relevant		

 Anchor Alliance Strategic priority development Joint Forward Plan annual refresh Communication campaigns 	programme teams		
Continue to develop and facilitate the Engagement Practitioners' Network to share best practice, insight as a means of aligning engagement across the system and place	Engagement team	Ongoing	
To work with engagement colleagues in boroughs and at LCP level to align engagement and avoid duplication where this makes sense	Engagement and communications teams	Ongoing	
Need to work more collaboratively with the VCSE particularly smaller grass roots organisations aligning resources and refining our processes so they are not barriers	System development and Engagement teams	April onwards	
 3.2 Health and care professionals working in partnersh 3.2.1 Engagement objective: Support teams and program people and communities moving towards dialogue 	ip with people thro nmes across the s and coproduction	system to a shift to w	vorking differently with
3.2.1 Engagement objective: Support teams and program	ip with people thre	system to a shift to w	
3.2.1 Engagement objective: Support teams and program people and communities moving towards dialogue Action	ip with people thro nmes across the s and coproduction Lead Engagement team and Chief	system to a shift to w	vorking differently with
 3.2.1 Engagement objective: Support teams and program people and communities moving towards dialogue Action Recruitment of a clinical and care professional lead Develop closer and more aligned working across ICS partner organisations including place in relation to engagement as part of wider ways of working across system and place to shift towards required culture change needed to embed 	ip with people thro nmes across the s and coproduction Lead Engagement team and Chief Medical Officers Engagement team and system development	system to a shift to water a shift to wa	vorking differently with





Appendix 1: Progress report (updated April 2023)

The below table is the updated progress report that was discussed at the March EAC meeting and was presented and discussed at the Clinical and Care Professional Committee in April 2023. The above work plan has been developed based on these discussions.

Commitment	Strategic Aim	Proposals for delivery	Engagement team objective	Progress to date (March 2023)	Red, amber, green
Being accountable to local people	Harness the democratic power of local people to hold the ICS and the ICB to account for its functions	Build trust and the relationships between our partnership/board and the public through developing structured ongoing dialogue between our executive leadership and the public through public forums	Establish good governance for engagement and support open and transparent governance across the ICB	 Extended public open space at the first Board meeting enabling members of the public to talk to Board members in a less formal environment – July 2022. Four webinars at a south east London level were held for local people and communities as part of ICS strategy development process including small group discussions facilitated by senior leadership. Open and transparent process for the recruitment of public members of the Engagement Assurance Committee took place as part of the establishment of the committee whose role is to provide 	Building trust and relationships takes time. Further work is required to achieve the culture change that will support the building of trust and relationships with local people and communities, including: • Having NED and executive sponsorship and championship for working with people and communities • Having open public space sessions prior to Board and ICP meetings enabling an opportunity for

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			-	assurance on working with	more informal
				people and communities.	dialogue between
				 Visits by members of the 	local people and
				Board to boroughs	senior leadership
				including community	 Further develop
				groups in Lambeth in	and support the
				September 2022, to	Engagement
				Bexley in December 2022	Assurance
				and to Lewisham in	Committee in their
				January 2023.	role of providing
				 Discussions are taking 	assurance on
				place with a local	working with
				community organisation	people and
				working with migrant	communities
				women to perform a short	Consider web
				theatre piece at the	presence / blogs
				beginning of the July 2023	around the
				Board meeting as part of	executive / chair
				the dialogue between	visits to place and
				Board members and local	meeting VCSE
				people.	orgs to illustrate
				•Funded two posts: The	meeting and
				Director of South East	listening to orgs
				London Healthwatch post	and people in their
				and the Director of	space
				Voluntary Sector	 Need to develop
				Collaboration and	an approach
				Partnerships. Both roles	whereby on-going
				are members of the	dialogue and
				Integrated Care	conversations with
				Partnership and the	local people and
				Engagement Assurance	communities
				Committee and are key	identify actions

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				roles in supporting the ICS to consider their ways of working in order to work more collaboratively with local people and communities.	and outcomes on different areas of work in response to insights from people and communities.
		Support ICS partnerships to develop approaches that encourage and make it easier for people from deprived communities and minority groups to participate in overseeing and supporting services, and that increase answerability and responsiveness.	Develop different engagement mechanisms to work with people with lived experience, communities experiencing health inequalities and the wider public.	A number of programmes have focussed on working with people from minority communities to understand their views and experiences. However, further work needs to be done to support people in participation and involvement. • Diabetes and Obesity Programme Board commissioned Mabadiliko to understand what is important to people living with or at risk of diabetes from Black African, Black Caribbean and South Asian communities to develop I statements as part of the development of an outcomes framework. • Madadiliko are also working with King's Health	There are capacity and resource issues both in terms of time and resource issue around commissioning community engagement from trusted voice organisations to support meaningful engagement with communities to build trust and relationships. Engagement needs to be embedded in and resourced by programmes from the beginning. The engagement team can provide a range of support to programmes as outlined it the engagement toolkit.

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				 Partners / ICS programme on the vital 5 to explore attitudes and effectiveness of the vital 5 approach amongst Black African, Black Caribbean communities and people living in socio-economic deprived circumstances. The South East London Maternity and Neonatal System (SELMNS) has recently commissioned five organisations to carry out community engagement with women and birthing people from communities who are less heard to inform service development and improvement across maternity services. This is in addition to the Maternity Voice Partnerships who are chaired by local women. As part of the ICS strategy development process outreach was carried out with voluntary, community and social enterprise sector to understand issues from marginalised 	There is a need to work more collaboratively with the VCSE particularly smaller more grass root organisations in this area and we need to identify and align resources and explore how we commission small and grass roots VCSE, including refining our processes so they are not barriers to working with small organisations.

Commitment	Strategic Aim	Proposals for delivery	Engagement team objective	Progress to date (March 2023)	Red, amber, green
				communities including from refugees and asylum seekers, Gypsy, Roma and Traveller community, people how are homeless and people who use drugs and alcohol. <u>The insight</u> <u>gained is published on our</u> <u>website</u> .	
		Improving transparency and ensure we feed back – 'you said we did'		The ICS uses the <u>let's talk</u> <u>health and care in south</u> <u>east London</u> platform to feedback to people who have taken part in engagement activities by posting outcomes and reports there in addition to emailing out reports and links to people so that people know what has happened as a result of engagement.	To explore other mechanism for feeding back building on best practice and working across partner organisations.
Making decisions, setting direction and priorities in partnership with local people and communities	Partner with local people to co- produce work – particularly communities who experience health inequalities	Enable local people to play hands on roles in SEL-wide programmes	Support the engagement of people with lived experience in programmes	There are a examples of a number of programmes who are working with people with relevant lived experience : • <u>The muscular-skeletal</u> <u>programme (MSK)</u> <u>programme</u> on improving the MSK patient journey across south east London	We need to work with and advise programmes in a timely way using the engagement toolkit so working with people and communities is built into work programmes from the beginning.

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				 The <u>Shared Care</u> <u>programme</u> in developing the right processes to facilitate shared care between hospitals and GPs The diabetes programme has recruited people with lived experience of diabetes to be members of the Diabetes and Obesity Programme Board. The open and transparent process to recruit <u>Patient</u> <u>Safety Partners</u> to work with us around quality and safety. The current recruitment process of local people to be part of the procurement of the new community <u>ENT service</u>, building on webinars and a survey to understand experience and views. 	Share case studies and successful outcomes of engagement work with ICB staff via staff bulletin, website blog and presentations at all staff briefings. To explore buddying so colleagues already working with people with lived experience can share their learning and experiences with other programmes.
		Shift to models of deliberative democracy, where we work with service users to develop options for allocating resources		Deliberation is an approach to working with people and communities which involves hearing a range of evidence and views to come to a considered view to inform	Deliberative approaches are best used when the issue: • Genuinely needs influence

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		and developing services.		decision making or policy development. The use of deliberative democracy approaches such as Citizens' Juries and Citizens' summits have not been used to date within ICS programmes although they have been used at a London level around urgent and emergency care and the findings from this will inform work across south east London.	 Warrants public debate – where there might be trade offs to consider The debate is one where the public can meaningful comment Helps to identify gaps in our understanding We are developing a SEL People's Panel based on the 2021 census population data so we can invite members to take part in deliberative Citizens' Juries and summits in the future
		Support and enable staff and service users to work together in joint teams on service change (co- production), with service users bringing their expert insight alongside managerial and clinical perspectives	Develop a strategic approach to co- production, building on local and national best practice so that we work with local people in equal partnership in a timely way to jointly identify solutions and shape how services are organised, so they work for local people	A group of people with lived experience has been established to support the development of personalisation across south east London. As part of this work they have co- produced the new <u>personalisation pages</u> on the website.	We aim to work with the group of people with lived experience and with engagement practitioners in agreeing a shared understanding and approach to co- production across south east London as the term co- production is used to mean different things

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					to different people. Discussion have taken place at the ICS Engagement Practitioners Network some members are interested in working collaboratively with people to coproduce a shared understanding.
	Make decisions directly informed by the views, experiences and aspirations of local communities	Develop an infrastructure to generate insights from local people and communities in a timely way, to inform system- level work and reduce duplication	Develop processes and mechanism to support world class engagement and collaborative approach across place, partners and providers and increase understanding of importance of engagement	Following an ask from the SEL Engagement Practitioners' Network and other system partners, we are developing a page on the ICS website collating key insight from local people and communities in order to bring together in one place key insight to inform system wider programmes of key insight from local people. This page will develop over time to include further system wide insight from across the system.	We will continue to develop the website page with key insight gained across different programmes of work and partners within the system.
		Ensure that local people's perspectives are at the heart of strategic and operational decision making groups. Ensure	Support the engagement of people with lived experience in programmes	The ICB is developing a range of tools to support engagement across programmes. We need to further extend how we work with and influence	To continue to promote the tools and mechanisms for engagement that have been developed and work with

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		decisions are informed by insights from partner engagement work and system engagement work.		 programmes on their approaches to working with people and communities so that people's views are at the heart of decision making. Tools include: the let's talk health and care in south east London engagement platform with system and place level hubs. the setting up a south east London <u>People's Panel</u> with a membership of 1,000 local people broadly representative of the population the <u>engagement toolkit</u> to support programmes with carrying out their engagement an <u>insights page</u> on the website bringing together a range of insight from across the system to help inform programmes 	programmes more collaboratively.
		Feedback to people on the impact of their engagement.	Build and develop relationships and trust with people and communities experiencing the greatest health inequalities and	The ICS uses the <u>let's talk</u> <u>health and care in south</u> <u>east London</u> platform to feedback to people who have taken part in engagement activities by	Need to explore with partners other mechanisms for feeding back and moving towards a more ongoing

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			people whose voices we seldom hear and support programmes in this area of work	posting outcomes and reports there in addition to emailing out reports and links to people so that people know what the impact of engaging with them is.	dialogues / listening approach.
Working with people and communities in new ways to transform health and care and support and wellbeing	Support a world- class standard of engagement	Engage with wide range of people including those we seldomly seek insight from such as young people and people with learning disabilities		There are examples in some programmes of engaging with more people and communities we do not often seek insight from, also known as 'underserved' or 'seldom listened to' communities. In addition to the community engagement commissioned through the diabetes and maternity programmes, as part of the ICS strategy development process, we carried out: • engagement via meetings with VCSE providing services and support to people including people who are refugees/asylum seekers, people from the Gypsy, Traveller, Roma community homeless people, people who use drugs and alcohol • attended meetings and had discussions with people with learning	There is a need to work more collaboratively with the VCSE particularly smaller more grass root organisations in this area and we need to align resources and explore how we commission small and grass roots VCSE, including refining our processes so they are not barriers to working with small organisations.

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				disabilities and autism at	
				the user and carer forum	
				and with meetings of the	
				learning disability and	
				ambassadors programme	
				• in partnership with	
				Participation People and	
				other local organisations,	
				we engaged with young	
				people from across the	
				Royal Borough of	
				Greenwich during the	
				National Takeover	
				Challenge week using a	
				range of creative and	
				innovative to capture the	
				voices of young people	
				and better understand	
				what matters to them	
				when thinking of their	
				health, culminating in	
				young people creating a	
				short video around	
				possible solutions to cope	
				with daily stress.	
		Drovido o rongo of		In addition to developing a	To droft a paper for
		Provide a range of options and ways		In addition to developing a range of ways to work with	To draft a paper for the Exec outlining
		people can engage		people and communities,	partner organisations
		with the system,		the ICB has developed and	approach to reward
		ensuring people are		agreed an expenses policy	and recognition and
		reimbursed for their		which is published on the	the NHS England
		time		ICB website Expenses	approach to inform

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				Policy - NHS South East London (selondonics.org). However, there are a range of approaches to reward and recognition / payment across south east London. Discussions have been taking place at the ICS Engagement Practitioners' Network to understand these to inform how we develop an ICS level approach.	the development of an ICB approach and principles / guidelines for local partnerships.
		Support our partners to embed the SEL engagement principles in their work through development of an engagement toolkit	Develop processes and mechanism to support world class engagement and collaborative approach across place, partners and providers and increase understanding of importance of engagement.	An ICS engagement toolkit, series of how to guides, top tips and templates have been produced and are published on the ICS website <u>Engagement toolkit</u> - <u>South East London ICS</u> (<u>selondonics.org</u>), building on best practice across south east London.	We need to further promote the toolkit across programmes as part of a wider promotion of how we work with people with communities.
		Facilitate continuous learning from best practice both within and outside our system		The ICS Engagement Practitioners' Network (EPN) provides a forum for sharing good practice and learning across south east London. The EPN also has a closed hub on the let's talk platform to facilitate sharing information between meetings.	We need to explore how we show case good practice in working with people and communities across the system to inspire and encourage different approaches.

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				The engagement team are members of national ICB engagement leads networks and learning sets.	
				The ICB has taken out membership of <u>the</u> <u>Consultation Institute</u> so that staff can access training, briefings and a range of support around working with people and communities.	
	Health and care professionals working in partnership with people through a shift to coproduction	Invest in giving staff across our system the tools and confidence to work more collaboratively with local people and communities, including service users	Develop a strategic approach to co- production, building on local and national best practice so that we work with local people in equal partnership in a timely way to jointly identify solutions and shape how services are organised, so they work for local	An ICS engagement toolkit, which references coproduction and is published on the ICS website <u>Engagement toolkit</u> - <u>South East London ICS</u> (selondonics.org), building on best practice across south east London.	We need to continue to promote the toolkit and support the engagement team can provide across programmes and teams.
		Work with the VCSE sector to change how we provide health and care to local people and explore new models of care	people	The ICS has appointed a <u>Director of Voluntary Sector</u> <u>Collaboration and</u> <u>Partnerships, Tal</u> <u>Rosenzweig</u> , who is hosted by Community Links Bromley. The main purpose of this role is to bring together the voluntary	To explore including regular updates at the Engagement Assurance Committee from the VCSE Alliance. To explore with VCSE Alliance to promote

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				sector, NHS and local	case studies and
				authority partners, and	successful work to
				ensure that the voluntary	support building trust.
				sector is an equitable	
				partner within the ICS. The	
				engagement team are part	
				of the Voluntary and	
				Community Sector Alliance	
				that Tal is developing in	
				order to work with others in	
				the system on how we work	
				more collaboratively with	
				the VCSE.	