

NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 24 July 2024

Via MS Teams

Chair: Michael Boyce (MB) Director of Corporate Operations, SEL ICB

Members present:

Kolawole Abiola (KA)	Southwark borough member
Folake Segun (FS)	Director, South East London Healthwatch
Orla Penruddocke (OP)	Bromley borough member
Geraldine Richards (GR)	South East London member
Chris Boccovi (CB)	South East London member
Shalini Jagdeo (SJ)	Bromley borough member
Tal Rosenweig (TR)	Director of VCSE Collaboration and Partnerships

In attendance:

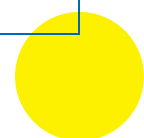
Rosemary Watts (RW)	Associate Director of Engagement, SEL ICB
Iuliana Dinu (ID)	Head of Engagement, SEL ICB

Minute taker: Simon Beard

Apologies were received from: Anu Singh, Dr Toby Garrood, Tosca Fairchild, Livia la Camera, Stephanie Correia, Marc Goblot.

		Actioned by
1.	Introduction and welcome	
1.1	MB welcomed all and thanked them for their attendance. MB introduced himself as chair of this evening's meeting.	
2.	Opening Business	
2.1	<u>Declarations of Interest</u> No additional declarations of interest were raised. MB reminded members of the multi-stage process for confirming their declarations in the Disclose system.	
2.2	<u>Minutes of last meeting</u> RW highlighted the following errors to be corrected: <ul style="list-style-type: none"> - minutes say no matters arising but there was a list of issues, so this phrase should be removed. - ID's name was misspelt in item 2.4 <p>KA instructed that paragraph 2.03 be revised to ensure two key points he had raised were included. This was to emphasise the need to build a system and structure that recognised the need to increase the</p>	

2.3	<p>relationship between GPs and pharmacy services in relation to medicines management and medication reviews.</p> <p>ACTION: KA to send a sentence to RW for governance to include in revised minutes.</p> <p>No other amendments were noted.</p> <p><u>Matters arising</u></p> <p>a) ID provided an update on the NHS 111 engagement programme following the presentation delivered to this group at the previous meeting. Based on engagement survey results and analysis of service usage data, user groups whose views were not heard had been identified and action taken to enable engagement. A set of possible outreach locations and a range of Voluntary, Community and Social Enterprise (VCSE) organisations had been identified to support engagement. ICB colleagues had already attended a Black Inspire event in Lambeth and managed to speak to over 100 people, receiving 31 survey responses, and had spoken to the Men in Sheds group in Bexley. Meetings were also planned with two Bengali groups in Greenwich, and a session in Orpington wellbeing café. More groups were being sought for further outreach sessions.</p> <p>b) RW updated on progress with the recognising involvement pilot approach proposal – the document had been considered by the ICB’s Policy Review Group and was being presented at the ICB Executive Committee next week for final approval.</p>	
3.	<p>Widening participation in the healthcare workforce for under-represented groups</p> <p>3.1 TR presented an update to the group on the work of the Widening Participation and Increasing Equity in the SEL Health and Care Workforce project, which had concluded its second phase of work since the last update.</p> <p>3.2 TR reminded the group this was a project funded by Health Education England, with the overall aim of co-identifying barriers to groups who were most unrepresented in the healthcare workforce and to co-create solutions. The project had used a combination of NHS workforce and voluntary sector data, to identify five groups of people most impacted, being:</p> <ul style="list-style-type: none"> • Those with caring responsibilities including young carers, • people from Black Caribbean or African heritage, • deaf or hard of hearing people, • neuro divergent people, • migrants and asylum seekers. <p>3.3 The SEL VCSE Strategic Alliance had co-ordinated the project with ICB colleagues and it was heavily linked into the SEL Anchor work. Collaboration had been with people who held long trusted relationships in the target communities, with each group given the autonomy to design their own approaches to the solutions. A lot of feedback had</p>	



been received saying how empowering it was to be given free reign to develop a project to best effect for their community.

3.4 Various approaches were adopted but in summary engagement had included 241 surveys, 26 focus groups, 3 school outreach sessions, 8 community conversations, and 96 interviews. 2 school outreach sessions were with schools with deaf/ hard of hearing support units.

3.5 A huge range of barriers had been identified in the first phase of work, some of which were specific to particular groups but some cut across all groups. Key themes included perception of qualifications and the level of experience needed to apply for roles, specific experiences of discrimination, a lack of trust of system, worries about the impact on benefits through carrying out work and a lack of knowing how to look for work. The way jobs are advertised in the NHS, using long adverts and lots of jargon, was identified as a significant barrier to accessibility. There was also concern about lack of support to retain a role once a job is secured.

3.6 Following this work, the barriers and co-developed solutions had been grouped into five key themes to take forward:

Inform – looking at provision of targeted and easily accessible information on roles and qualifications by working with VCSE “by and for charities” and specialist recruitment agencies, offering personalised health job coaching, attending community hubs, helping migrants to access the job shortage list.

Development – provision of ongoing careers advice.

Encourage – how to champion different skill sets and build confidence.

Awareness – working with employers to deliver an inclusive and supportive environment in work.

Support – tailoring resources during every stage of application and employment.

3.7 The next steps for the project were to bring widening participation project leads from across the system together to hold an in-person workshop to discuss the highlights of the project, with a follow up in Spring 2025 to assess progress. The end goal was to see a better representation of the under-represented groups identified but also see generally broader equity across the workforce.

3.8 The floor was opened to questions.

- OP asked about job centre support and if there was a plan to engage with the Department for Work and Pensions (DWP) to get them on board to direct people to work options available. TR confirmed the widening participation network included some job centres and DWP representatives but there had been varying degrees of success so this remained a work in progress.

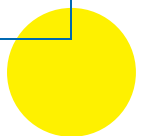
- KA asked if the members could see the quantitative data behind the survey results. KA also reflected that we should use the data gathered to identify areas where there were skills shortages and look at how to retrain the unemployed UK workforce to meet those needs in addition to developing recruitment of foreign workers.
ACTION: TR to ask the specialist/s buy in services who hold the detailed survey data if it could be shared.
TR advised on the second point that this project was specifically looking at people with transferable skills and experience who were able to do diverse jobs but do not take them up. KA and TR discussed the issue that people with lived experience were perceived by the system not to have the skills required and this was one of the areas to be addressed.
- CB was pleased to note the integration of VCSE and statutory service input to this project. CB highlighted the challenge with small workforce representation of being able to provide people with “someone like them to look after them”. CB fully supported the targeting of workforce development in specific areas particularly suggesting neuro-divergent Black, Asian and Minority Ethnic networks as a population to consider, noting that for neuro-divergent people there was a reticence to work in health services. Promoting employers who were recognised as good places to work could encourage recruitment.
- GR sought confirmation that the project had also engaged with further education colleges and training organisations as they worked closely with job centres to deliver training in health and social care. TR confirmed these were part of the wider anchor groups and good links had been created via the SEL jobs hub.
- ID welcomed the initiative, noting how creation of volunteering roles helped people into employment by building confidence and skills and encouraging them to think about health as a career. Consideration should also be given to how to develop the confidence of the current workforce in working with and employing the under-represented groups.

3.9 Members noted the report and to excellent progress made.

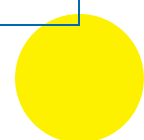
4. Feedback from the ICB Equalities Sub-Committee

4.1 MB provided the group with a brief summary of the work carried out by the equalities sub-committee as detailed in the briefing paper included in the meeting pack. Specifically on the inclusive recruitment training, the NHS England funding had been used to engage with Enact to look at how to de-bias recruitment through role play.

4.2 GR noted that the committee had a full programme of speakers for 2024/25 and asked if the EAC members could be given a flavour of the range of speakers. RW advised these were primarily internal speakers providing updates from different parts of the system on the work they were doing on equality. MB highlighted this work was included in the Public Sector Equality Duty (PSED) report included on the ICBs website.



4.3	Members noted the report.	
5.	Update from South East London Healthwatch	
5.1	FS had left the meeting due to a technical issue, so RW provided a brief update advising that Healthwatch South East London have develop webpages on the Healthwatch Greenwich website explaining FS's role and her work across SEL. Links on the page offered access to reports carried out by Healthwatch organisations across SEL where information was pertinent across the system. RW also reminded the group that the ICS web page on what we have heard from local people also links to the Healthwatch SEL insight reports page.	
5.2	The members noted the report.	
6.	Refreshed engagement toolkit and engagement planning template	
6.1	RW presented this item, reminding the group that the original Working with People and Communities Strategic Framework had been published in July 2022, supported by the release shortly after of an engagement toolkit and “how to” guides and templates. Restructuring had offered an opportunity to develop an integrated communications and engagement strategy and review the tools and mechanisms in place to support engagement.	
6.2	An updated engagement toolkit and planning template had been developed with the support of TR and FS to include a new section covering how to fund and work with VCSE organisations to support engagement and facilitate co-production, and a co-production checklist developed with Healthwatch. ICB Commissioning team input had also been provided. A “how to” guide on developing effective survey questions had also been refreshed to include a section on survey analysis. RW advised that next steps would be to promote the toolkit across the ICB.	
6.3	OP asked how it was expected that people would use the toolkit and suggested short cut links be included to each section. It was also good to see videos from people who carried out engagement – OP asked if in future they could include someone involved in co-production providing their feedback. RW confirmed links had been included in the planning template to relevant pages of the toolkit and noted the suggestion on having input from local people who had been engaged.	
6.4	MB asked if a link from each section back to the main contents page could be included. CB proposed: <ul style="list-style-type: none"> Including in the tips on working with communities of interest section a section on working with people who are neurodivergent. ACTION: CB to signpost RW to some useful information to include.	



6.5	<ul style="list-style-type: none"> Considering moving the graphic showing the lifecycle of the project, step by step, further up the document. 	
6.6	OP and CB both praised the high-quality work carried out by RW and ID in developing these materials.	
6.7	RW noted all comments with thanks.	
7.	Any other business	
7.1	<p><u>Outreach feedback visits - overprescribing</u> ID provided the group with an update on the next steps carried out in the overprescribing project following the recent presentation to this group. The team had gone back out to the groups who had provided input to the engagement process and shared the progress made to demonstrate how their contribution had supported the programme. Every group who had been involved had been visited, and an update had been included in the recent engagement newsletter and on the relevant Let's Talk Health and Care web page.</p> <p>Key insights from the 360° feedback sessions included:</p> <ul style="list-style-type: none"> The groups valued the return visits to show how their views counted. The groups said a key aspect for them was the importance of education for patients and carers. Another important aspect to draw out were the benefits of awareness of a structured medication review. People felt more empowered and able to ask more questions and consider alternative treatments. People were keen to continue to be involved including in the proposed polypharmacy workshops. <p>KA felt it should be properly acknowledged how much progress had been made with medicines management and prescribing and encouraged ongoing work to get a system and structure in place.</p>	
7.2	<p><u>The NHS Explained online course</u> RW took the opportunity to remind members of access to the free online course developed with the King's Fund which provided a grounding on the context and background of the NHS including its challenges. Caution was advised that there was only a four-week window to complete the training once registration was completed. ID confirmed she had also completed the training and found access to the insights from other participants particularly useful to understand other insights.</p>	
8.	Meeting close	
8.1	MB closed the meeting at 19.42, thanking everyone for their time.	

Date of next meeting: 25 September 2024

