

NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Tuesday 19 March 2024

Via MS Teams

Members present:

Anu Singh (AS) (Chair)
Kolawole Abiola (KA)
Stephanie Correia (SC)
Folake Segun (FS)
Marc Goblot (MG)
Orla Penruddocke (OP)
Geraldine Richards (GR)
Chris Boccovi (CB)
Livia La Camera (LLC)
Neville Fernandes (NF)
Shalini Jagdeo (SJ)
Tosca Fairchild (TF)

Non executive director, SEL ICB
Southwark borough member
Lambeth borough member
Director, South East London Healthwatch
Greenwich borough member
Bromley borough member
South East London member
South East London member
Lambeth borough member
Lewisham borough member
Bromley borough member
Chief of Staff, SEL ICB

In attendance:

Rosemary Watts (RW)
Iuliana Dinu (ID)
Jacqui Kempen (JK)
Jenny McFarlane (JM)
Lelly Oboh (LO)

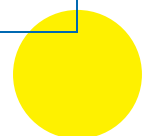
Associate Director of Engagement, SEL ICB
Head of Engagement, SEL ICB
Head of Maternity, SEL ICB
Engagement Manager, SEL ICB
Lead Pharmacist, Overprescribing, SEL ICB

Minute taker: Simon Beard

Apologies were received from: Dr Toby Garrood, Tal Rosenzweig

		Actioned by
1.	Introduction and welcome	
1.1	AS welcomed all and thanked them for their attendance.	
1.2	AS advised the meeting she would need to leave at 1900 due to an appointment clash, and therefore TF would chair the second half of the meeting.	
2.	Opening Business	
2.1	<u>Declarations of Interest</u> No additional declarations of interest were raised. The committee were reminded of the importance of completing an online declaration whether or not there were any interests to declare.	

<p>2.2</p> <p>2.3</p>	<p><u>Minutes of last meeting</u> One amendment to the minutes was instructed by KA – on section 3.4, the minutes did not accurately reflect the point being made about continence problems in men relating to prostate cancer. The question had been asked how much work was being done on awareness and detection of prostate cancer as it was a serious issue.</p> <p>In response, RW advised that a current campaign was underway, led by the SEL Cancer Alliance, focussing in the Lewisham, Lambeth, Southwark and Greenwich boroughs, to promote prostate cancer screening for black men, with an aligned campaign around breast cancer screening aimed at black women.</p> <p><u>Matters arising</u></p> <p>a) <u>Further meeting dates</u> RW referred to the outcomes of a survey of members to determine the preferred time in the month for the committee to meet. This had been driven as some key members of the committee were unable to attend on a Tuesday evening. The fourth Wednesday of the month seemed to marginally be the preferred option. This was AGREED by the committee members.</p> <p>b) <u>MSK community days</u> ID advised the group that planning of these was ongoing, with three events already having taken place. The main aim was to invite people on waiting lists for physiotherapy, with the aim of providing opportunities for people to see physios, to learn or get advice, and see different services. Feedback had been positive and attendance good. More detailed analysis would be reported back at a later date. SC commented she had attended a Lambeth event as a volunteer and was pleased to report she not heard a single negative comment. People had been expecting to sit with a physio and do exercises rather than receive information and advice so there was a need to think about event communications.</p> <p>c) <u>Thank you</u> AS formally recorded her thanks to Helen Laker for her contribution to the committee during her tenure as a member.</p>	
<p>3.</p> <p>3.1</p> <p>3.2</p>	<p>Engagement in Overprescribing project - Lilly Oboh</p> <p>LO thanked the group for the opportunity to return following her presentation last September. The purpose of this session was to update the committee on what had been achieved and seek advice on how best to deploy the information that had been gathered from the engagement work to influence change.</p> <p>As a recap, LO reminded the committee the purpose of the project was to ensure medicines were only prescribed when there was no other non-medicines alternative and its use was appropriate for patients' circumstances. It was known that inequalities existed and that 1 in 10 prescriptions were not necessary. It was recognised that the people</p>	



who take medicines are the experts in how they take them, and that this needed a whole system approach to address the culture and processes around prescribing.

3.3

Headline components of the project's engagement were:

- A core patient engagement workstream with the essential theme of patient centred care throughout, using patients and their relatives to share lived experiences.
- An emphasis on real patient engagement approach, with a future plan to include patients in service evaluation, which had already been started with an opiate scheme.
- More co-production and co-design, moved from telling people what to do to helping them make up their own minds.
- Engagement was well supported by the ICB engagement team, working through a planning template to recognise core groups of people, key topic issues, and then to develop engagement approaches. This included use of the Let's Talk Health and Care website, online webinars, a survey, chat forum and outreach visits which engaged more than 200 people. Outreach at care homes was conducted as advised by this Committee last time.

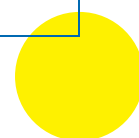
3.4

Outcomes:

- Patient survey, aimed at patients or their carers who take five or more medicines, received 117 responses. The population was younger than expected, with 74% white and 62% female. Lots of people were taking medication at night. 44% felt good about taking medication, 90% had heard of overprescribing. 50% had unused medication at home. Findings included people not wanting side effects, wanting medicines that do the job, wanted processes to make life better, wanted to understand what the medication should achieve, wanted adequate supply, and no interactions. Other things identified to help people manage their condition included family, a healthy lifestyle, availability of over-the-counter medications and knowing the best people to talk to about their medicines.
- Outreach – engaged 200 people and carers. Feedback was generally positive about visits, with the group older and more ethnically diverse. Not many had heard about overprescribing, and the majority felt they had too many medicines and would like to stop but felt they had no choice. Issues to address included side effects, people frequently adjusting medicines to suit needs, the burden of medicines related tasks such as ordering, language and literacy barriers, and use of IT. People wanted holistic non-drug options but they were not available. Getting appointments was also difficult. People wanted to understand the “why” of the medicine.
- Carers feedback from two groups, a Southwark carers group and mental health minority group. Each group raised different issues, but felt they were not involved or listened to, felt bypassed, needed holistic options, and raised concerns around language barriers.

- 3.5 LO also highlighted a waste project, which was not part of the engagement project workplan but involved the team getting out to a number of venues across SEL to find out what people thought about medicines waste, what could be changed in terms of process, and what was driving attitudes and behaviours to waste. 90 interventions were collected through this approach. This has helped the team to consider how to equip local communities with information on waste.
- 3.6 A community of practice has also been developed, bringing people together to discuss issues, define what good looks like, how to get there, and what individual responsibilities are to achieve it. Four priorities for collaborative working have been identified - better initiation of medicines, continuity of care, empowerment of patients, and improved comms between patients and clinicians.
- 3.7 Going forward, the team would be looking to implement changes based on the feedback, work with the communications team to look at digital solutions, continue the engagement work and encourage patient empowerment through the community of practice, supported by the Health Innovations Network to continue this work. Training of clinicians to have better conversations with patients about their medication was a key aspect to the ongoing work.
- 3.8 As well as the work being showcased on the prescribing page of the ICB website, LO was proud to report that the national medical director, the national chief pharmacist and the national clinical director for prescribing from NHS England had attended a SEL practice on 19 January 2024 to look at the work done and had commended SEL for their patient engagement.
- 3.9 The floor was opened to questions.
OP referred to people not being aware you can request a specific appointment for a medications review – could this be more widely available to people? On the issue of better communications between patient and clinicians, how could this be improved? LO acknowledged that there was a disconnect on the messaging around medication reviews - what clinicians think they are saying is not the message patients are receiving. So it needed to be made simpler. Input was being sought from the community of practice, but the group were also looking at producing a postcard to break down how medications work, and a public awareness campaign with the HIN.
- KA agreed with the comments on the cultural aspect to prescribing and the need for an all system approach. KA felt more work was needed on communication between patients and clinicians and asked on the level of participation of GPs in the exercise. LO recognised the need to move to a culture of patient-centred discussions and patient empowerment, one of the aspects the project was looking at.
- SC felt pharmacists had a key role, as they see people who take medication regularly, so they needed to be open and ask people if they

3.10	<p>understand why they are taking their medicines and if they had any problems or concerns in taking them.</p> <p>The Committee members thanked LO for the update and commended the team on their excellent work.</p>	
	<p><i>At this point, AS withdrew from the meeting and the Chair passed to TF.</i></p>	
4. 4.1 4.2	<p>4. Community engagement in maternity services – Jacqui Kempen</p> <p>JK thanked the group for the opportunity to present on the work the Local Maternity Neonatal Service (LMNS) was undertaking to engage with marginalised communities.</p> <p>JK introduced the LMNS, noting it had been in place since 2018 and comprised a network of providers, service user representatives, and other stakeholders. Its original maternity remit had been expanded to include neo nates and quality oversight of these services.</p> <p>The engagement project had been started due to a number of factors:</p> <ul style="list-style-type: none"> • The LMNS equality and equity plan for SEL had been produced in line with NHS guidance, with a three year delivery plan published in March 2023. • National and local data had been gathered but work was needed to understand the data. • Generally feedback was poor despite employing a variety of methods, with a lot of feedback from complaints or poor experience. It was recognised that not everyone was being heard. • Service user representatives were in place but it was recognised they were not representative of the populations being served. • SEL was in the same place as the national picture, with poorer outcomes for black and Asian women, and those living in deprivation. <p>VCSE organisations had been invited to formally bid for the work, with flexibility to deliver the engagement as they felt was best fit but with a clear requirement to obtain feedback on the challenges faced in accessing services and the challenges faced once within services.</p> <p>Five VCSE groups had bid to do the work, being Healthwatch Lambeth, Healthwatch Greenwich, East of England Local Government Association, Creating Ground, and Yewande103.</p> <p>One project was just finalising its outreach phase, but from the reports received so far, themes were generally consistent, including:</p> <ul style="list-style-type: none"> • Recognition of the need for information, choice and control. • An emphasis on an empathetic approach. • More focus on post natal care and support. • Need for better emotional support. • Better solutions to prevent language barriers. 	



- Recognition of fears around outcomes if information around mental health or resident status is disclosed.
- Significant emphasis on the benefits of continuity of care – same clinicians to enable a relationship to be built, consistency of treatment, avoiding the need to repeat their story many times.

In response, the LMNS was planning to:

- Hold a formal feedback event on 25 March 2024.
- Review the themes and provide findings to LMNS stakeholders.
- Work the issues that needed addressing into the LMNS equality and equity plan.
- Explore with community organisations how to work with them to develop ideas to address the issues raised.
- Specifically in relation to language barriers, working with the NHS Trusts who had Language Line available to identify the six most needed languages for information and communication.
- In addition, JK noted that some borough specific schemes were being set up, such as the Black Mums group in Bexley and an engagement group for pre-conception health.

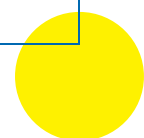
JK highlighted that further details on the work, and access to the reports, could be obtained via the antenatal and maternity health page of the Let's Talk Health and Care SEL platform.

4.3

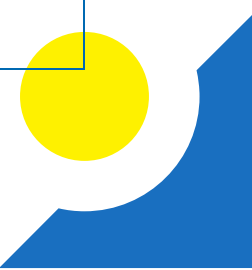
Questions were invited from the group:

- LLC asked the age range of women engaged in the programme – this was 15 to 45 years old, with the cohort based on people who had recent experience of maternity services.
- KA noted the concerns in the feedback on continuity of care, referencing previous discussions on lack of joined up services and linking this to the feedback on people fearing to say they had a mental health issue. KA asked what was the plan to draw all this together? JK commented that the backgrounds for some women and birthing people are complex which made births traumatic, but the LMNS were looking at training and hoping to become a trauma-informed birthing network in SEL. In SEL they were looking at how to develop personalised care and continuity of care for those most involved – doing a pilot in one of the most deprived areas.
- FS asked when equity in delivery of services was expected, asking on progress on the development of post-natal care and what JK felt was the first priority. Education on post-natal care was a focus, but the issue was limited funding and therefore resource. JK would like to make links to community groups to provide support if funding could be secured. The issue with post-natal services was that the maternity teams only saw women post-natally for a maximum of 28 days before they transferred to district nursing and primary care services. A priority would be having sufficient workforce to provide continuity of carer.
- LLC highlighted the Healthy Start national scheme, for which people with no recourse to public funds were eligible. Pre-and

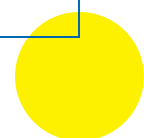
4.4	<p>post-natal access to this support would be good. In most boroughs 30% of those eligible were not claiming. JK also noted that people being able to register for a GP would also contribute.</p> <p>The committee members thanked JK for the update.</p>	
5.	<p>South East London Healthwatch Update – Folake Segun</p> <p>5.1 FS reported on the findings from Healthwatch engagement and outreach projects in the last quarter, October – December 2023.</p> <p>5.2 These were summarised by service type:</p> <p>Primary Care</p> <ul style="list-style-type: none"> • Positive response in relation to staff friendliness, competence of clinicians, and good quality services in hospital and primary care. • Challenges were reported in access to GP services and dentistry, long waiting times for appointments, in some boroughs problems with registering at GPs or dentists - with practices still asking for ID, problems with online registration forms and Epic/ My Chart. A concern was around rollout of more digital services, with no clarity on where to get access to non-digital information. People also recorded that primary care had advised going to ED or a private provider as an alternative where access was an issue. <p>Hospitals</p> <ul style="list-style-type: none"> • some challenges in getting PALS support, with phone accessibility, parking, unexpected cancellations, rejections and referrals. The interface between primary and secondary care was a concern, with issues cited in medical records not being transferred appropriately, and the impact of the EPIC/ My Chart roll out. People needing learning disability support were experiencing prolonged waiting times for specialist appointments. <p>Pharmacy</p> <ul style="list-style-type: none"> • There was a good understanding of pharmacy services around ‘flu but it was not well known that other core services such as weight management and smoking cessation were available through pharmacies. Understanding was lower in minoritised communities. <p>Dentistry</p> <ul style="list-style-type: none"> • Lots of communication and administration challenges were reported in dentistry services, with concerns about unclear explanations in treatment, people being funnelled into treatment options rather than being given choice, and poor communications between hospital departments. Access to dental care was a significant issue, with age, ethnicity, and care responsibilities all cited as reasons for making access to care difficult. <p>Generally, some disillusionment was expressed around poor patient experience which meant people were not returning to services for care.</p> <p>5.3 In terms of specific projects:</p>	



<p>5.4</p>	<ul style="list-style-type: none"> • Healthwatch Lewisham had worked on transgender health – noting the issue that when people change names, records are not always updated resulting in people dropping off waiting lists. • Lambeth and Greenwich had both carried maternity projects recently on behalf of the LMNS. • Lambeth Healthwatch were planning to focus on accessibility to GP services – noting variable experiences and people feeling judged for the time they spent seeking clinical help. • Bromley Healthwatch were looking at ophthalmology services and some work to capture views on services from Oxleas service users and carers. • Southwark were planning to work with people to understand their rights to NHS care, and adult social care. • Collectively, the SEL Healthwatch organisations were looking at how to work better and support the system to look at potential gaps – with elective care across SEL proposed as the first area for scrutiny. TF asked on electives if the plan was to look at waiting lists and equity of access. FS confirmed the teams would be looking at waiting lists and experience of care. <p>KA highlighted GP access issues that were reported across England – what was the issue? There was a need to understand the root cause of the problem. FS highlighted the work being done to address this through the move to digital, which was working for many people in terms of access, and conversations around how we manage health. TF felt the issue was around people being trained, rather than funding, but there were also other issues such as the one raised about lack of ID stopping people accessing services.</p> <p>SC commented that often the GP receptionist was a barrier to GP access. SC asked for more information on how big the shortage of GPs was.</p> <p>CB noted the issue with some practices not taking people without ID was stopping equal distribution across practices and asked how this would be resolved.</p> <p>RW highlighted an initiative being taken forward called Safe Surgeries which SEL practices were being asked to sign up to. This provided training and support to all practice staff to be inclusive.</p> <p>ACTION: RW to arrange a report on primary care at a future meeting.</p>	
<p>5.5</p>	<p>The committee members noted the report on Healthwatch activity and findings.</p>	
<p>6.</p> <p>6.1</p>	<p>Update on the Voluntary, Community and Social Enterprise (VCSE) Strategic Alliance</p> <p>RW advised that Tal Rosenzweig had submitted apologies for this meeting, but had sent a written update (included below):</p> <ul style="list-style-type: none"> • Since SEL VCSE Charter has been officially signed by the ICP we have been working on plans for implementation. 	



	<ul style="list-style-type: none"> • VCSE Alliance have been exploring with the sector via existing Place forums (with particular focus on grassroots micro organisations) what would be most impactful for the sector in terms of infrastructure and capacity building support and with unrestricted enhanced grant offer (ie. funding core needs rather than provision) - this is aimed at strengthening provision that directly benefits underserved communities which experience greatest inequalities. • We have collaborated with the Southwark REACH network (which brings together global majority leaders from across the sector) to deliver a community event bringing together sector leaders and ICB and local authority decision makers to explore their vision and the role they would like to have in the implementation of Charter commitments and approach at Place level. A follow up event is due to take place next week. • Similar events are being developed for the other five boroughs (in different formats). • VCSE Alliance have their strategic development session tomorrow - will be looking at the structures and processes for the Alliance to ensure maximum impact and reach (as well as agree what strategic priorities the sector would like to focus on progressing next year) • TR had supported the MSK community day event, linking relevant Lewisham VCSEs with the event coordinator to ensure holistic offer on the day. • Also working with the Kings Health Partners mind and body team around expressions of interest for VCSE/PCN collaboration around long term conditions and early identification of mental health needs - working to ensure it's truly community facing and enhance collaboration between VCSEs and PCNs. • Supporting the Maudsley Charity around their new project focusing on children and young people with intersecting experiences - again to ensure collaboration from the onset between VCSE, trusts and children and young people. 	
<p>7.</p> <p>7.1</p> <p>7.2</p>	<p>Equalities Sub-Committee Report – Tosca Fairchild</p> <p>TF referred members to the paper submitted, highlighting the work that the committee had recently considered in relation to EDI, deep dives, the Public Sector Equality Duty (PSED), and the gender pay gap. On the last point, an engagement session with some staff had been undertaken to review the outcomes of the review and understand the contributing factors. Consequently the report had been updated and showing an improvement but more work needed to be done.</p> <p>The committee thanked TF for the report.</p>	
<p>8.</p> <p>8.1</p>	<p>Draft engagement section of ICB annual report – Rosemary Watts</p> <p>RW had shared a draft of the communities and people engagement section of the 2023/24 ICB annual report, advising the members that the ICB is assessed annually by NHS England on the delivery of its statutory duties, one of which was engagement. NHS England were</p>	



	using the annual report as well as other published information to assess the ICB, and therefore the draft was being shared for comment and information.	
8.2	<p>RW advised members they should be aware of most if not all projects included in the annual report, but highlighted two areas they may be less familiar with, being:</p> <ul style="list-style-type: none"> • commissioning of new ENT services – informed by two webinars about experience of services following the exponential increase in the waiting list post Covid • the existence of the engagement practitioners’ network across SEL, comprising a range of stakeholders include FS and TR to share good practice and align engagement across organisations. 	
8.3	The annual report was not yet published, but a draft would be submitted for audit review in April with the final submission in June.	
8.4	GR found the area of work in terms of the medicines waste project really important and interesting and asked if this should be included in the annual report section. RW agreed but felt it was not a project the engagement team had been involved in so had not included it in the annual report engagement section.	
9.	Any Other Business	
9.1	<p>KA reminded the committee members that each year, about 47,600 people are diagnosed with prostate cancer and 11,600 die from the disease. KA asked if someone could be invited to EAC to speak on what SEL is doing about this and how much success has been achieved in tackling it. RW reminded the group that the remit of the committee was to provide assurance on the engagement the ICB has done, so would need to think about how it could be aligned to the EAC’s objectives, possibly looking at how the SEL Cancer Alliance had promoted their campaign.</p> <p>ACTION: RW to consider agenda item from SELCA for a future meeting.</p>	
10.	Meeting close	
10.1	TF closed the meeting at 19.58, thanking everyone for their time.	

Date of next meeting: 22 May 2024

