NHS South East London Integrated Care Board

Engagement Assurance Committee

Minutes of meeting held on Wednesday 27 November 2024

Via MS Teams

Michael Boyce (Chair)	Director of Corporate Operations, SEL ICB	**MB**
Toby Garrood (Chair)	Medical Director, SEL ICB (late apologies)	**TG**
Members Present		
Kolawole Abiola	Southwark borough member	**KA**
Stephanie Correia	Lambeth borough member	**SC**
Orla Penruddocke	Bromley borough member	**OP**
Geraldine Richards	South East London member	**GR**
Chris Boccovi	South East London member	**CB**
Shalini Jagdeo	Bromley borough member	**SJ**
Neville Ferandes	Lewisham borough member	**NF**
Marc Gobloot	Greenwich borough member	**M1**
Muriel Simmons	Bexley borough member	**M2**
Joy Beishon	CEO Healthwatch Greenwich (representing all six Healthwatch)	**JB**
Tal Rosenzweig	Director of VCSE Collaboration and Partnerships	**TR**
In Attendance		
Rosemary Watts	Assistant Director of Engagement, SEL ICB	**RW**
Iuliana Dinu	Senior Engagement Lead, SEL ICB	**ID**
Hayley Ormandy	Programme Director for Prevention & Vital 5, SEL ICB & King's Health Partners	**HO**
Madeleine Medley	Minutes	
Apologies		
Tosca Fairchild	Chief of Staff, SEL ICB	**TF**

		Actioned by
1.	**Introduction and welcome**	
1.1	MB gave introductions and welcomed all to the meeting.	
1.2	<u>Declarations of Interest</u> There was reference to the declarations shared in papers with request for any additional conflict of interests to be shared in the meeting. No additional declarations of interest were raised.	
2.	**Opening Business**	
2.1	<u>Minutes of last meeting</u> Minutes were agreed as a correct record of the previous meeting.	

2.2	Matters arising RW informed that the ICB Executive agreed to a pilot approach in recognising involvement, to run from October 2024 to March 2025 and evaluation will inform any future funding model. It has been recognised that involvement for this engagement meeting, meets a level three criteria, therefore a claim of £14 per hour for a two hour meeting, plus one hour reading time for each meeting can be claimed. The claim form was circulated and members were requested to submit their claims to RW after each meeting. For transparency, funding is from a central budget and a panel, made up of Healthwatch, Planning and Commissioning and RW who declared a conflict of interest for EAC, considered and agreed the activity thresholds. This claim is instead of any other expense claim and the pilot will address any learning of additional costs over the pilot period.	
2.3	The recognition was welcomed and there was note from the Chair to highlight in bold the opening paragraph on the form.	
2.4	**ACTION: RW to ensure the opening paragraph on the claim form is made bold.**	**RW**
3.	**Engagement in women's and girl's health**	
3.1	Hayley Ormandy (HO) with Sam Hepplewhite, Director of Prevention and Partnerships and Sarah Cottingham, Executive Director of Planning and Deputy CEO and SEL ICS Women's Health Champion, have responsibility for developing women and girl health hubs across the Integrated Care System. As indicated in the cover sheet, the ask is endorsement on the approach so far to engagement and design in women's and girls' health hubs.	
3.2	Simplified slides were shared in the meeting that aligned to the full pack detail, which gave an overview of creating women's and girl's health hubs, along with national health strategy context. Hubs are designed to sit in the community and act as the interface between primary and secondary care, focusing on integrated services to improve access, experience, outcomes and improve waiting list times. Hubs are being developed in various models but must deliver on eight core services and with an element of face-to-face offer.	
3.3	The SEL model is needs based, driven by insight and data. The ICB has received non recurrent funding from the Department and Social Care with an expectation the model is recurrently affordable. However, it is recognised that addressing women's health inequalities cannot be addressed through investment in a hub alone. A women's and girl's health network has been established and an initial needs assessment was commissioned. HO outlined the progress and key next steps emphasising a genuine co-production model, with a view to testing and ensuring a robust evaluation framework to sustain future funding. There was overview to the engagement sessions, outreach, focus groups, Let's Talk project and survey, social media and co-design workshops, with key feedback themes highlighted. Honest and robust	

	conversations noted there are deep rooted and layered inequities, and that hubs will not be able solve all those issues. It was recognised that work will need to include VCSE as an essential partner and not just at an engagement level.	
3.4	A short video from a Healthwatch colleague was played and there was a brief outline to the emerging women and girl's health hub model for SE London, noting that it is still work in progress and iteration will modify the model as it progresses. It is likely two will be funded, offering some services SEL wide in addition to boroughs the hub sits in, where a multidisciplinary team will offer diagnostic and procedures where appropriate as part of a 'hub and spoke' offer in addition to health promotion and outreach services.	
3.5	It was asked when hubs will start and end, if engagement had missed any groups, why the age criteria was from 18 years, what referral would look like and how would those that fed into the process, understand if their feedback had been listened and acted on.	
3.6	HO informed there was aim for aspects of the hub model to start as a proof of concept pilot in January and initially run for twelve months. Work is underway to ensure this is an affordable and sustainable model in boroughs and develop a robust approach for return on investment. There has been wide engagement across boroughs and demography's, but with the size of the population, there will need to be ongoing engagement and outreach, so conversations need to continue. The age has been further considered and from age 16 years was felt more appropriate. Access will depend on borough, but referral via outreach, participating primary care networks and referral from secondary care where waiting list cases can be better managed in the community. Weekend and evening access is also being explored along with self-referral options. The Evelina is keen for hubs to include a pregnancy offer but this is not anticipated in the initial delivery phase and will need to explored as the hub evolves. In terms of feeding back, 'You Said, We Did', the team will continue to foster this approach with the people engaging.	
3.7	Further questions included; who would be responsible for funding after the initial period, consideration to specific engagement around cultural disparity and safety issues with suggestion of reaching faith groups, how specific women and girl's groups will be targeted, how the effectiveness will be monitored, if treatment can be refused and if available for those with gender reassignment.	
3.8	HO confirmed the importance of patient choice and that services offer a safe and inclusive environment, including terminology being considered. Responsibility for agreeing future funding would sit with the ICB that commissions acute services and place based local commissioners alongside local authorities who commission sexual health provision from a partnership or co-commissioning perspective. Engagement with faith groups was not always felt appropriate but it was recognised that community ambassadors are key to engagement.	

	Target populations will be based on needs of each borough, with example that can be shared from Greenwich. There will be a national outcomes framework with additional expertise sought from Kings Health Partners, Women and Children's Health, to develop an evaluation framework to track outcomes and the impact made, including qualitative feedback.	
3.9	Specific neurodivergent and disabled groups were not reached in a targeted way but engagement with college groups did include representation from neurodivergent and disabled students.	
3.10	There was reference to sharing best practice and expertise from example hubs elsewhere in the country, and whether other entities such as mental health or social care were involved. HO confirmed they did not want to re-invent the wheel and are engaging with other organisations and expertise across the country with evolvement of other entity opportunities.	
3.11	It was noted that sustainability was a key theme in discussion and recognised that while funding is non recurrent, we are working to ensure the model is affordable and sustainable by leveraging additional services, workforce and estates, starting small and demonstrating impact . (E.g. we are existing commissioned services and provider footprints, underused clinic space and other opportunities to keep cost efficient.	
3.12	The Chair summarised questions being around longevity and access and thanked HO for the presentation and responses. Members **NOTED** and **ENDORSED** the engagement approach.	
4.	**Feedback from the ICS Equalities Sub-Committee**	
4.1	MB referenced the paper circulated which provided a comprehensive update and highlighted key points;	
4.2	– Anti-Racism Strategy new framework to refresh and align with the Race Equality Maturity Index	
4.3	– EDS22, with suggestion to bring back feedback from Greenwich Integrated Therapies service for children and young people and paediatric community dental service reviews	
4.4	– Workforce Equality Standards; the RES will inform the Anti-Racism Strategy, Disability Equality Standard and Workforce Sexual Orientation Equality Standard.	
4.5	– LGBTQ+ inclusion framework was also discussed.	
4.6	More information on any highlight, can be brought to future meetings if needed. Members **NOTED** the report.	

5.	**Update from South East London Healthwatch**	
5.1	Chair change to TG who introduced JB to update from Healthwatch.	
5.2	Poor communication continues to be a key theme across all boroughs and does not always meet patient need on a number of levels. This can be in relation to clear, accessible, simple and plain English information, but it is more about accessibility with services changing and developing, people are finding it hard to keep up to date. An example was shared around Pharmacy First and lack of understanding in communities of what that means, resulting in a dissatisfied experience. The challenges of reaching far and wide were noted.	
5.3	There is still a digital divide/exclusion with concern about how that is being addressed, particularly with a push to use more technology to keep people out of hospital. Is the impact understood.	
5.4	Another issue highlighted was poor links between primary and secondary care, where information has to be repeated as not fed through, or do their own detective work for information. Holistic care was also mentioned, with people wanting to be treated in their entirety. Neighbourhood working is progressing at pace, linking wider services and is welcomed.	
5.5	RW informed that the communications team are working on a 'how to navigate the NHS' visual leaflet, based on outcomes from surveys and focus groups, including one where English is a second language. It is in the testing process but this does take time to trial and learn. It is hoped assets will be ready in new year to trial first in Lewisham.	
5.6	Referencing Lord Darzi's report and the 10 year plan, emphasis was made on better communication in the transition of developing services and quicker testing, to carry people through the process and reduce pressure on healthcare services.	
5.7	TG asked if insights are going to all the right places and if they are being actioned to ensure Healthwatch work is as impactful as it can be, and also informed of a system wide document being developed to describe how primary and secondary work together with a keenness to follow up patient input into that. JB confirmed that the right people are seeing responses, the system is very open, alert and aware, and wants to hear from people to continue to develop services but noted the challenges of time to implement change. Members **NOTED** the update.	
6.	**Update from VCSE Alliance**	
6.1	TR gave an update in three specific areas;	
6.2	– An extremely successful workshop which looked at widening participation in health care workforce for the most underrepresented	

	communities. The huge attendance from across the system included, CEOs, specialist partners and lived experience experts. There was focus on co-developed recommendations and how these can start to be implemented, with current work to understand accountability and responsibility. One example shared was in small funding for a BSL video to help the deaf and hard of hearing community understand what it is like to work in the NHS. This can be used much wider across the system and the process has improved connections and partnership working.	
6.3	– SEL were successful with a Volunteering for Health bid; the initiative is to create one health based volunteering offer, where all six boroughs come together for a unified approach to truly share skills, develop an easy way to access volunteering and move across the system, moving away from slow check processes. This is in the early stages with King's College Hospital as the lead partner, and all boroughs apart from Southwark involved, for the south east London roll out. Future meetings will hear more updates on progress but the noted improvement from ICS working was welcomed.	
6.4	– Some health prevention money was ringfenced to develop 'Trust Building Partnership', an initiative to do prevention and health creation led by communities in a more holistic way and not using traditional NHS ways of prevention. This is a three year co-development partnership, using a VCSE organisation that specialises in data, to capture impact and generate outcome reports that align with system need. This is in the early stages of development and future meetings will hear progress.	
6.5	The Chair congratulated TR on the secured funding. Members **NOTED** the update.	
7.	**Change NHS Engagement**	
7.1	RW referenced the slide pack circulated and highlighted some key areas;	
7.2	– The 10 year plan and 'three shifts' to include views from local people and people working in the system.	
7.3	– An online portal has opened and the timelines were outlined.	
7.4	– Six Healthwatch's have been promoting events and are to provide all organisational responses by 5pm Monday.	
7.5	– Promoted on Let's Talk engagement platform, newsletters and social media	
7.6	– The portal on Change NHS has one set of questions for members of the public and another set for members working in health and social care.	
7.7	– All were encouraged to access and share 'Your Ideas'. Forms can be downloaded and posted and a British Sign Language video is available plus an easy read survey.	
7.8	– 'Workshop in a Box' resource is also available	
7.9	There was concern that it had not been widely socialised and members were encouraged to share as widely as possible, noting that 'forms' did	

	not suit all people and alternative response methods should have been considered, such as videos or vox pops.	
7.10	In addition to public consultation, it was felt the ICS should be looking at deprivation index and other data to map their own strategy and priorities to meet demand. It was acknowledged SEL have done a lot of engagement and do have a lot of insight which will be fed into responses, with example to funding regimes and focus on prevention in community settings.	
7.11	The Chair stressed the importance to feed views into work and use this opportunity. Members **NOTED** the engagement.	
7.12	**ACTION:** **RW to investigate if there are alternative methods of sharing responses, such as video/voice uploads**	**RW**
8.	**Any other business**	
8.1	Thanks were expressed for the comments and promotion of the diabetes and managing your own health. Further updates will be brought to the next meeting on the diabetes project but some information can be found on the Let's Talk website.	
8.2	Thanks were expressed to Folake Segun, Healthwatch and Jenny McFarlane, Engagement Manager for their contributions to this forum. **The next meeting is scheduled for 22 January 2025**.	
	Meeting closed The meeting was closed and all were thanked for their attendance and contributions.	