NHS South East London Integrated Care Board

Engagement Assurance Committee

[Draft] Minutes of meeting held on Wednesday 22 January 2025

Via MS Teams

Chair: Anu Singh (AS)	Non-executive director, SEL ICB
Members present:	
Tosca Fairchild (TF)	Chief of Staff, SEL ICB
Toby Garrood (TG)	Medical Director, SEL ICB
Kolawole Abiola (KA)	Southwark borough member
Orla Penruddocke (OP)	Bromley borough member
Geraldine Richards (GR)	South East London member
Shalini Jagdeo (SJ)	Bromley borough member
Neville Fernandes (NF)	Lewisham borough member
Tal Rosenweig (TR)	Director of VCSE Collaboration and Partnerships, SEL ICB
Joy Beishon (JB)	CEO, Healthwatch Greenwich
In attendance:	
Rosemary Watts (RW)	Assistant Director of Engagement, SEL ICB
Frances Adlam (FA)	Senior Campaigns and Public Affairs Manager, SEL ICB

Minute taker: Simon Beard

Apologies were received from: Muriel Simmonds, Stephanie Correia, Marc Goblet, Iuliana Dinu.

		Actioned by
1.	**Introduction and welcome**	
1.1	AS welcomed all and thanked them for their attendance.	
2.	**Opening Business**	
2.1	<u>Declarations of Interest</u> No new interests or conflicts with agenda items were declared. JB highlighted she was a paid employee of Healthwatch Greenwich but had not yet completed a declaration. SJ advised a revision to her declaration of employment from next week and would update her declaration of interest record. **ACTION SB to send RW Disclose link for onward transmission.**	**SB**
2.2	<u>Minutes of last meeting</u> The members agreed the minutes of the last meeting, pending corrections of spelling of Neville Fernandes and Marc Goblot and the addition requested from KA at 7.10: : KO noted that it is important to	

2.3	also capture qualitative as well as quantitative data to inform prevention work. Matters arising a) Recognising involvement RW reminded the group that this was in pilot phase, with an agreement that participants can claim up to £14 per hour. EAC members could claim two hours for this meeting plus one hour preparation time. A revised claim form was available; but applicants must confirm bank details as payment must be via bank transfer. People were asked to claim in a timely manner. Payment runs were processed on the first and third weeks of the month. b) Change NHS engagement RW briefed that the Government and NHS England (NHSE) had launched a national listening exercise on three key shift areas for the NHS – analogue to digital, acute to community care, and moving from treatment of sickness to prevention. This exercise was being promoting with ICS partners. The first of two online webinars was held on Monday; an evaluation had been sent to participants with a booking form for the second webinar on 5 February. In addition, facilitated face to face discussions had taken place at the clinical and car professional leads meeting last week, with some interesting discussions. Findings would be written up into one report and published on the Let's Talk platform. KA reiterated a point made at the last meeting on the need to focus on both quantitative and qualitative data for this exercise. KA recommended an epidemiological approach, using data on parts of the population who experienced specific health issues, such as those associated with lifestyle (for example, diabetes), to enable impact of interventions to be measured.	
3.	**Engagement in the development of a new Guide to Healthcare**	
3.1	FA updated on the engagement process undertaken to develop a new guide to healthcare to help people choose the right pathway.	
3.2	Key points from the presentation were: • The team proposed a new approach by applying a reverse order to the communications – starting at what service users needed rather than the message the NHS wished to convey. • The campaign design and engagement started in autumn 2023, with a pilot rolling out next month. • The Peoples Panel were consulted in autumn 2023, with 233 responses received (a 23% response rate) but unfortunately the sample was not largely representative of the SEL population. An additional 77 responses were achieved through other channels such as the Let's Talk platform and social media. • 21 urgent and emergency care clinical leads across SEL were asked for feedback with nine responses. These highlighted a	

range of barriers to people accessing services, such as language. NHS data recognised people living in the most deprived areas make disproportionate use of EDs so this was an important cohort to consult with.

- Following this a workshop took place to test the prototype proposals, including a highly illustrated guidebook. Focus groups were asked to review and test, with a total of 20 people taking part, recruited form economically deprived neighbourhoods. 50% of these did not have English as their first language. Good feedback was received from this process.
- Using this feedback the physical guide product was designed and is being tested in Lewisham with a wide range of people.
- The guide was now available on the SEL website, with physical copies being distributed through target postcode letter boxes and by street teams, and guides being made available at pharmacies, GP practices, within University Hospital Lewisham (UHL), libraries, food banks and community hubs. The pilot in Lewisham would last three months.
- Evaluation would look at physical reach, digital campaign reach, a survey to understand awareness, recall and intention measures, and impact reflected in operational data.
- Next steps would be the evaluation, amendments based on feedback, and then securing of further funding for rollout across SEL. The team would also share the product for other health systems to use.

3.3 Questions were invited from the members.

- TR wondered if local VCSE networks could also be used to circulate the guides, particularly with those embedded in the communities that the project was seeking to reach out to. FA confirmed that VCSE groups were already being utilised but there was always more that could be done and would contact TR.
- TG asked if there were plans to translate the guide. FA advised the hope was the illustrative nature of the guide meant it could be understood visually but the pilot would help confirm this.
- TG asked how the evaluation will assess if the guide is getting to the right people and if it is changing behaviour. FA responded that the focus on door drops was to Core20 postcodes, who were the population identified as most likely to benefit. It was hoped the intention measures survey would support understanding of impacts on behaviours. UHL Emergency Department (ED) would also survey patients with non-life-threatening presentations to see if they had received the guide.
- OP observed she had attended a presentation yesterday about the various non-GP clinicians available in practices and asked if the guide could be extended to explain this. FA noted that the pilot outcomes would help decide the next direction of travel but maternity colleagues had already asked for something more focussed for their pathways.
- JB felt this was a good resource but noted there were still systemic issues in play; lack of awareness of which services to

3.4	use was only one reason people use services inappropriately. For example, people turn to ED because they cannot get timely GP appointments – what is happening to address this? FA hoped the guide would help to address this as it highlighted options such as 111 and pharmacies as an alternative to a GP appointment. RW also noted that some engagement was undertaken as part of the recent 111 service procurement and there was an issue of awareness of 111 – it would be interesting to see if the guide influenced this going forward. **The members thanked FA for the briefing and commended the guide and the team for their work in bringing it together.**	
4. 4.1 4.2 4.3 4.4	**Update from Voluntary, Community and Social Enterprise (VCSE) Strategic Alliance** TR advised the group that the VCSE Strategic Alliance had a new website aimed at voluntary sector and broader system partners who wanted to learn more about the alliance. Content was focussed mostly at SEL level rather than place specifics. The website address is https://www.selalliance.org.uk/. Content continued to be developed so feedback was welcomed. TR advised a new Trust and Health Creation Partnership was in the process of development. This was in response to feedback from VCSE organisations that a lack of trust in health led prevention services was often cited as a reason for health inequality gaps in SEL. Four groups who were most experiencing health inequalities in the Vital 5 and vaccinations and immunisations were being looked at. The team were currently in the process of finding five VCSE organisations who worked in those communities, to co-create approaches to embed health in existing conversations. On the back of this a framework for SEL would be built to support health led prevention services to transform their approach. Everything would be co-created to give the population agency over their own health and wellness. It was anticipated the number of partners involved would continue to grow as the project progresses. A Q&A session had taken place with nearly 200 people so there was a lot of interest in this. The closing date for expressions of interest was the start of February with partners confirmed by end of February and the first co-creation meeting taking place by the end of March. The members were invited to comment: • KA commended the approach and recommended engagement with GP practices as they would benefit from this approach. • GR asked who the four initial groups were – TR advised Children and Young People, LGBTQ+ people, people with learning disabilities, and people from Black African or Caribbean heritage. • NF asked if the impact of Artificial Intelligence was being considered in this partnership approach? This was not yet being	

4.5	considered, but there were some digital elements in project which looked at creating a tool for smaller VCSEs to capture data and show impact. • SJ asked about the end point of the project. TR hoped the project would create the concept, approaches and framework and possibly tools, which could then be applied in any community or project. The project was aimed to kickstart thinking in the system which would then be embedded in business as usual. **The members noted the VCSE update with thanks.**	
5.	**Update from South East London Healthwatch**	
5.1	JB presented highlights from the most recent Healthwatch report, which covered the period July to September 2024. • 3,000 people had been engaged, with work targeted at most marginalised groups such as refugees, people with learning disabilities, those with linguistic needs. Healthwatch were often working with VCSE colleagues. • Good feedback had been provided on social prescribers and community health ambassadors. One-on-one work enabled trust to be built with patients which was a key factor. Social prescribers could also support people to use the right NHS services at the right time. • Good feedback had also been received about holistic interventions such as the Bexley Expert Health programme which supporting people with diabetes over a six-week period. • Quality of treatment was highly rated from GPs and hospital services, but concerns were often raised about communication and the process to get to see the clinician to start with. • Long waiting times for both GP appointments and hospital appointments/ surgery continued to feature. Concerns had been raised about a perceived vacuum of information for hospital appointments and waiting lists for surgery – people reported receiving an initial letter providing an appointment/surgery date which could be some time in the future and then no further communication which made people fearful they would drop off the list. Concern around lack of information sharing and people having to repeat their information at multiple appointments was cited as a concern. • Frustration about the 8am GP phone call rush continued to feature as an issue. • Long waiting times at emergency departments (EDs) continued to be raised. • Less had been raised about digital exclusion this time but it still remained an issue for elderly people and those where English was not the first language. • Lack of integration between services to support children to adult services translation was a concern. • Homeless residents were reporting it was hard to register with GP practices.	

	• Of particular note was a report from some focussed work in Bromley with people living with mental health conditions where 1 in 5 of those asked said they did not take their prescribed medication due to concerns about side effects, efficacy and support available.	
5.2	KA noted the benefits recognised from holistic and social prescribing and recommended more investment in these areas as a priority. In relation to people with mental health conditions not taking medications, this had been raised before during the overprescribing project and KA felt more needed to be done to build trust between GPs, secondary care and pharmacy and patients. A key point was around consistency about how information on medication was shared.	
5.3	On the secondary care waiting lists issue, TG advised that NHS England had published the elective care recovery plan last week to address the issue. RW had skim read the guidance and identified that each acute hospital should have a designated senior person responsible for patient experience for people on waiting lists.	
5.4	**The members noted the report with thanks.**	
6.	**Update on engagement in diabetes project**	
6.1	RW provided a report on behalf of Iuliana Dinu on a programme working with VCSE organisations run by the ICB and Food for Purpose, aimed at supporting efforts to improve diabetes services for people living with type 2 diabetes and pre-diabetes from, in particular Black African, Black Caribbean, Latin American and Polish communities. to ensure services were more effective and accessible for everyone. Food for Purpose had been working since April last year on the project, holding in-person solution-based workshops with a wide range of community groups which had engaged over 220 people. The sessions had also been used to provide some diabetes education and an overview of what the patient journey should be.	
6.2	Issues raised included: • Many people find it difficult to understand the diabetes pathway in their borough. • Lack of awareness of local diabetes services. • Lack of understanding of treatments and medications. • Limited access to diabetes education. • Difficulty in scheduling annual checkups. • Communication challenges, particularly for non-English speakers. • Uncertainty about healthy food options within cultural contexts.	
6.3	Proposed solutions included: • Establishing local knowledge hubs at community groups. • Creating a diabetes management handbook with glucose monitor trials. • Developing ethnic group-specific recipes.	

6.4 6.5 6.6	• Implementing an appointment texting service in Spanish and Portuguese. • Providing education on available resources and access. • Offering face-to-face refreshers session for diabetes education. Workshops were ongoing, and a long-term conditions lived experience community group was being created with each of the community groups involved nominating a health champion representative. NF commented that Portuguese and Spanish communities have very different food habits across regions so asked what is the commonality in these groups? RW noted both Lambeth, Lewisham and Southwark have high number of populations for these languages, but different boroughs have different regional clusters. KA suggested there was a need for a wider promotional programme on healthy food. RW reflected on how to address the challenge of moving money upstream to focus on prevention and encouraged sharing of views on prevention via feedback to the Change NHS national conversation.	
7. 7.1	**Any other business** RW highlighted the proposed dates for next years meetings on the agenda and asked people to advise if they would work before the calendar invitations were sent out, noting some attendees were missing. **ACTION: RW to follow up with remaining members on dates.**	
8. 8.1	**Meeting close** AS closed the meeting at 19.30, thanking everyone for their time.	

Date of next meeting: 26 March 2025, at 18:00.