NHS
South East London
Clinical Commissioning Group

Engagement Assurance Committee

Minutes of the meeting on 15 March 2021

MS Teams

Present:

Name	Title & Organisation
Joy Ellery (JE)	Governing Body Lay Member, Public & Patient Involvement - Chair
Kike Biye (KB)	Public Member - Southwark
Stephanie Correia (SC)	Public Member - Lambeth
Neville Fernandes (NF)	Public Member - Lewisham
Marc Goblot (MG)	Public Member - Greenwich
Shirley Hamilton (SH)	Public Member -Lewisham
Livia La Camera (LLC)	Public Member - Lambeth
Helen Laker (HL)	Public Member - Greenwich
Dr Faruk Majid (FM)	Governing Body Clinical Lead - Lewisham
Claire Mayes (CM)	Public Member - Bexley
Orla Penruddocke (OP)	Public Member - Bromley
Folake Segun (FS)	Director, South East London Healthwatch

In Attendance

Jessica Arnold (JA)	Director of Flu and Covid Vaccinations (item 4)
Heather Gava (HG)	SEL Executive Office Lead (minutes)
Lotta Hackett (LH)	Head of Engagement
Rosemary Watts (RW)	Assistant Director of Engagement

Apologies

Winnie Bafoe (WB)	Public Member - Southwark
Samantha Ross-Harding (SRH)	Public Member - Bromley

Agenda item 4 was taken at the start of the meeting

1.	**Welcome and apologies** JE welcomed all to the meeting and apologies were noted as shown above.
2.	**Declaration of interests** No conflicts of interest were declared. RW explained that some committee members did not yet have an active declaration of interest in place and reminded those who had not yet made a declaration that they needed to do so. She also explained that the process required declarations to be validated once they had been submitted, and that some committee members would find emails in their inboxes requesting that they do this via a link contained in the email.
3.	**Minutes of the meeting held on 11 January 2021 and matters arising** The minutes were approved subject to two minor amendments at item 4:

	• 'proportion' to be changed to 'apportion' • 'hesitant to vaccinations' to read 'hesitant about receiving vaccinations'. Referring to item 4 in the minutes, OR asked what had happened regarding the suggestions made about ways of engaging with people who were digitally excluded, and whether the committee would receive feedback in the future on suggestions which had achieved a consensus of support. RW explained that the suggestions detailed in the minutes had been fed into the communications and engagement team, and that the activity detailed in the presentation at item 4 on the agenda reflected a number of those suggestions. Not all suggestions had been taken forward because the engagement had been targeting older people initially. Also, feedback from the team had been that a smaller, more targeted outreach campaign would be more likely to reach those who were vaccine hesitant. JE confirmed that all suggestions were considered, but not all could be taken forward. She also acknowledged that feedback should be provided to the committee where suggestions had been made and been well supported. The action log was reviewed and completed actions noted. Progress in implementing open actions was noted as follows: • Public members still needed to send a short biography for inclusion on the CCG website. • The first 'business as usual' Governing Body meeting was expected to be held in May, and the Committee's terms of reference would be presented for ratification.
4	**PRESENTATION: Engagement in south east London Covid-19 vaccination programme** JA introduced herself to the meeting and led the first part of the presentation. The key issues were around uptake of vaccinations, inequalities, and vaccine hesitancy. JA outlined the governance for the vaccination programme, which was borough-led although many activities were subject to a national approach. It was noted that the Executive included representation from local government, Guy's and St Thomas' NHS Foundation Trust, and primary care clinicians. There were three main workstreams, covering delivery models, enabler functions, and planning and reporting. JA reminded the meeting of the ten vaccination cohorts and it was noted that uptake had been good in cohorts 1-4, but that more hesitancy was being experienced in cohorts 5-8. Cohort 6 was much larger than the other cohorts and now included people added to the shielding list in February, and informal or unpaid carers, and any adult on the GP Learning Disability Register. This had resulted in an increase of 46,000 in this cohort. The meeting noted the range of strategies being used to engage with people in these groups and to invite them for vaccination. The programme was also in the process of gearing up to offer vaccinations to people in cohort 10, which was also very large. JA went on to describe the different vaccination sites that were available to

	people, as set out in the presentation. It was noted that a further 15 pharmacies would be offering vaccinations in the near future, and that one of the mass vaccination centres (Bromley Civic centre) was now live, with the other two due to come on stream in the next 4-6 weeks (Charlton Athletic Football Ground, and Bexley Civic Centre). There had been innovative approaches to the provision of satellite services and pop-up clinics, and a great deal of cross-borough learning. It was noted that the National Booking System was now working well. Headline progress to date was noted, as set out on slide 6 of the presentation. The Committee noted that 570,000 vaccinations had been delivered in south east London, with an expectation that 100,000 would be delivered per week over the next 6-8 weeks. This reflected capacity in the system, with availability of vaccines being the main constraint. Uptake rates for different cohorts were noted, with the first four cohorts all achieving 80% or over. Lower uptake in cohorts 5-8 reflected in part the fact that these groups had not been eligible for as long. It was noted that London lagged behind nationally in uptake by health and social care staff, with hesitancy being an issue for this group though uptake was increasing. The Committee noted a graph providing an analysis of uptake by ethnicity across south east London, and JA explained that percentage uptake by ethnic group was broadly the same across individual boroughs. Reducing the variation in uptake was now the main priority for the programme and the CCG was working collaboratively with a range of partners and utilising a number of different approaches, especially at local level. The other key priorities were outlined in the presentation, and JA explained that as the programme had now been running for 13 weeks the roll-out of second doses was now underway. It was too early to form any conclusions about uptake of second doses, but there had been proactive messaging to encourage uptake. Future-proofing the programme was also a priority if hospitals and GP practices were to be able to resume business as usual whilst also maintaining vaccination levels. Communications and engagement remained a high priority. This concluded JA's part of the presentation, and RW took over, focusing on engagement-related aspects of the programme, and in particular on approaches to addressing vaccine hesitancy. RW began her part of the presentation by summarising the findings of the YouGov poll undertaken by the GLA in mid-February, which had identified the groups with higher levels of hesitancy, as set out in the presentation. It was noted that the survey had also identified an increase in the number of Londoners with deeply held suspicions about the motives for the vaccination programme. RW also summarised the main findings of discussions held in January which set the context for the communications and engagement work in this area. These were set out in the presentation, and RW explained that a key part of the communications and engagement work would be to build public trust, not just in the vaccines, but in the wider NHS. Health inequalities needed to be actively addressed, and factual information provided about vaccines and the vaccination process. There was a need for culturally appropriate information, and information from trusted voices. Concerns should be acknowledged, and an empathic, non-judgemental approach taken.

	RW talked through a framework for tackling vaccine hesitancy which had been developed by Professor Kevin Fenton, the London lead for Public Health England. The framework – which had been adopted by SEL CCG - set out the reasons why people did not take up the offer of a vaccination, alongside what was needed to motivate them to take up the offer. This included effective communications, culturally competent and specific messages, information from trusted health professionals, easy GP registration, an effective recall system, accessible vaccine hubs, and a robust supply chain. Many of these factors had already been touched on earlier in the presentation. RW then talked through a summary of the communications and engagement work that was being undertaken across south east London, and it was noted that staff engagement was being led at individual organisation level. It was also noted that hesitancy amongst care home staff partly reflected levels of hesitancy within their local communities. The Committee noted that there had been some significant media interest in the vaccination programme. Prime Minister Boris Johnson had visited Guy's and St Thomas' on the first day of the programme in December 2020, and he had also been to the Bromley vaccination centre. Rishi Sunak had visited Lewisham. There had been interest in, and coverage of, the Greenwich 'vaccination bus' and of satellite clinics held at a Bromley mosque. The pharmacy at Loughborough Junction had also attracted interest, as had a satellite clinic held at a Lambeth mosque which had been attended predominantly by members of the Somali community, with over 200 people receiving their vaccinations. RW explained that the CCG's website included up to date and accurate information which was updated at least weekly. Faith leaders, community champions, and members of the voluntary and community sector were directed to this page and signposted to additional resources to support their work with people who were vaccine hesitant. Members of the public were also encouraged to follow the CCG's posts on social media. RW provided a detailed update of engagement activity at SEL and at borough level as set out in the presentation. It was noted that there were now 29 films on the CCG's YouTube playlist, featuring a range of 'trusted voices' and in a number of different languages. People attending webinars were signposted to them and encouraged to share them with others on WhatsApp. RW talked through the range of resources available via the links contained in the presentation, and concluded with a summary of work currently being developed, focusing on the equalities task force, the coordination of communication and engagement activity across south east London, the development of a vaccine hesitancy campaign, and borough vaccine hesitancy plans. JE thanked JA and RW for their presentation on what was an extensive programme work, and invited questions from the Committee. HL asked for advice about the most effective way of sharing the YouTube videos. She explained that she was a member of a global WhatsApp group and had previously posted a link to the videos, but there had been no response from members of the group.

	RW advised her to follow the CCG on social media and to repost from there if possible, selecting those videos that she thought would be of most interest to the group. RW also advised adding a message that said that this was accurate information from, for example, a GP in south London, and asking group members to share the post more widely as well. SH asked what was being done to mitigate possible hesitancy about receiving a second jab, and wider concerns in the community, given the recent media coverage about the Astrazeneca vaccine. JA informed the meeting that the CCG's lead clinician would be releasing a statement shortly. She added that the vaccine had been subject to robust testing and had been approved by the MHRA. There was also a robust system for reporting and monitoring adverse reactions, which extended to both regional and national level. The key message was that the vaccine was safe and effective. Noting that some people held entrenched positions and would be likely to remain difficult to reach, she stated that hesitancy was being addressed through continued efforts, involving trusted voices, and by offering a range of opportunities for receiving the vaccine. FS noted that the World Health Organisation had just announced that there was no proven link between the vaccine and blood clots, and RW informed the meeting that this message was in the process of being rolled out on the CCG's website. NF asked whether there where plans to vaccinate those attending schools and universities. He also asked whether any vaccines left over at the end of the day could be used for door-to-door vaccinations. JA replied that neither vaccine had been approved for general use in under-18s, though those aged 16 and 17 could receive it if they suffered from certain medical conditions. Key workers in schools and universities would become eligible as part of the cohort approach. She stressed that there was no wastage of vaccine. There were standby lists in place for the rare occasions when vaccines remained unused at the end of the day, and there had been some occasions where vaccine was not used but this was because of particles in the phials which rendered the vaccine unusable. RW read out a comment posted in the chat by KB. KB had expressed concern about some of the language used in the presentation when ethnicity and vaccine hesitancy were being considered. She was concerned that it raised suspicion in the minds of black people about the motives behind the vaccination programme, failed to call out systemic racism, and reflected a culture that continued to allow businesses to profit from racism. It was acknowledged that some members of the black community questioned why they were being targeted by the drive to increase vaccine uptake, given the past history of unethical conduct on the part of some pharmaceutical companies. RW explained that the language used in the presentation was seeking only to explain the context around vaccine hesitancy, which was confirmed by FS. FS went on to say that in the context of vaccine hesitancy the vaccination programme was seeking to address the different factors that were feeding into racism, such as the use of information that did not speak to black communities, discriminatory

	information, and inaccessible services. CM raised the subject of those who were shielding and their concerns about the vaccination programme. It was noted that there was still a lack of evidence about the efficacy of the vaccine for those who were clinically extremely vulnerable, and CM suggested a number of ways of providing reassurance to those who had been shielding. These included linking in with national charities for affected groups to identify FAQs; using trusted voices to produce some videos for use on the CCG website; sharing videos produced by national charities on CCG social media; and making use of patient groups in the community. CM also asked whether staff in care homes who declined a vaccination were required to give a reason, as this was the case in the acute sector. Any such data could be collected and could provide valuable insights into vaccine hesitancy for this group. JA and RW agreed to follow up with CM on her first point outside of the meeting. JA noted that acute trusts were using a number of approaches for shielding patients, such as having consultants in attendance at vaccination clinics, and arranging dedicated clinics away from the main hospital buildings. JA informed the meeting that care home staff were not obliged to give their reasons for declining a vaccination, as far as she was aware. OR asked about the CCG's approach to countering anti-vaccination messaging and posts on social media. She was concerned by the level of influence achieved by those claiming to be experts. She asked whether the CCG should be seeking to understand and challenge what was being said about the vaccines and the vaccination programme. JA advised against engaging directly with anti-vaccination campaigners or groups. Those with entrenched positions were unlikely to be persuaded to change their positions, and there was a risk of hostility from some if challenged. The CCG's approach was to disseminate reliable, accurate information that was easily accessible, and to signpost to similar information being shared by system partners. JE drew the question and answer session to a close, noting that a number of questions had been posted in the chat which there had not been time to consider. These would be collected and circulated, along with answers. **ACTION: RW to coordinate answers to questions posted in the chat and respond and to include in the FAQs on the CCG website, where relevant.** **The Committee noted the presentation.**
5.	**Verbal briefing on the White Paper: Working together to improve health and social care for all** JE introduced this item by drawing the Committee's attention to the links included on the face of the agenda – one to the White Paper itself, and a second to an analysis by the King's Fund, which was more user-friendly. JE then summarised the key proposals in the White Paper and their impact on the CCG, for future discussion:

- The proposals would reverse the current emphasis on competition, replacing it with an emphasis on collaborative working across the health and social care system. The value of this approach had been demonstrated during the pandemic.
- There would be a significant level of local discretion in decision-making, but this would require some changes in behaviours and relationships between organisations in order to be effective.
- This was already the direction of travel for south east London, which was ahead of much of the rest of the country in this respect. The introduction of a statutory ICS was therefore a continuation of an existing approach, rather than a major change.
- The White Paper did not directly address such major issues as NHS staff shortages, health inequalities, or the need for reform of social care.
- The White Paper proposed the disbanding of CCGs, which would be subsumed into statutory Integrated Care Systems. Certain statutory requirements would be placed on ICSs. CCG staff below Governing Body level were assured of employment in the ICS.
- The Paper was comprised of four sections:
  - 'Working together': there would be an NHS body with responsibility for strategic planning, and also a Health and Care Partnership with representation from other system partners, such as local authorities. It was unclear how these two bodies would work together or what their specific remits would be. The proposals also emphasised the importance of 'place' (the six boroughs) and engagement with the local population. It would be important to retain the strong clinical leadership developed by the CCG and its predecessor bodies.
  - 'Reducing bureaucracy': reducing competition whilst maintaining fit for purpose procurement processes.
  - 'Improving accountability and enhancing public confidence': this touched on public engagement but there was no specific statutory requirement proposed. It was assumed that the CCG's existing statutory duty would transfer to the ICS and the CCG's strong track record of engagement with the public would need to be retained. This section also set out a proposed extension of the powers of the Secretary of State.
  - 'Additional measures': this covered new duties for the CQC, new legal frameworks, and some specific public health strategies.
- The proposals would become legislation effective from 1 April 2022.

SH asked about the timescale for a public consultation. JE explained that no consultation was necessary because this was not a change in service. There would however be extensive engagement, building on the work carried out before the CCG merger.

LLC asked to what extent the engagement referred to would represent genuine community development. RW explained that the emphasis on 'place' would facilitate community development at borough level through close working with local authorities, allowing the CCG to tap into existing local authority structures and processes. However, the one-year timeframe would be challenging.

OR asked what the ICS vision would be. JE explained that this would need to be developed over the coming months, but that the permissive nature of the

	proposals allowed for genuine local arrangements to be developed. SC asked whether the CCG would be responding to the White Paper. She also noted with disappointment the omission of social care reform from the proposals. JE noted that it was open to anyone to respond to the proposals. FS confirmed that there would be a national Healthwatch response from Healthwatch England, which was coordinating and collating comments. FS invited those attending to send her their comments for inclusion in that response. It was noted that Healthwatch England would be pressing for ICS level engagement requirements and structures to be written into the legislation. RW concluded the discussion on this item, noting that it would probably be a standing agenda item for the rest of the year. **The Committee noted the briefing on the White Paper.**
6	**Any other business** There was no other business. The meeting closed at 20.00.
7	**Date of next meetings: 17 May 2021 (Teams)**

ACTION LOG

Closed actions

Date	Agenda item	Action	Owner	Due date	Status
11 January 2021	EAC terms of reference	Confirmation of date for ratification of Terms of Reference by the Governing Body.	Rosemary Watts	31/01/21	Closed – to go to GB 20 May 2021

Open actions

Date	Agenda item	Action	Owner	Due date	Status
11 January 2021	Welcome & introductions	Public members need to send a short biography to Jenny so that this can be included on the CCGs website.	Public members	15/01/21	Open
11 January 2021	Declaration on interests	Declaration of Interest – this form needs to be completed by all members of the committee.	All	31/01/21	Open
15 March 2021	Engagement in south east London Covid-19 vaccination programme	Answers to questions posted in the meeting chat to be coordinated and responded to and included in the FAQs on the CCG website, where relevant.	Rosemary Watts	17/05/21	Open

Meeting chat from 15 March 2021

[15/03 18:10] ELLERY, Joy (NHS SOUTHWARK CCG)

Hi Helen, we've just moved round the agenda a little and are starting with the Covid vaccination programme

[15/03 18:42] Folake Segun

Healthwatch Lewisham, Healthwatch Southwark and Healthwatch Lambeth

(1 liked)

[15/03 19:00] Livia La Camera

I have a question for jessica on key workers who are in cohort no. 10. Livia

[15/03 19:00] Folake Segun

Is the vaccine hesitancy in under 25's reflective of the ethnicity spread?

[15/03 19:02] Stephanie Correia

I think the website is good and easy to navigate. I think we should be publishing more widely how many people have experienced serious side effects or have even died, and the fact that some people may have survived covid but have long covid (data)

[15/03 19:03] Laker, Helen (Guest) no longer has access to the chat.

[15/03 19:03] Helen (Guest) was invited to the meeting.

[15/03 19:04] Folake Segun

Please confirm that the plan is for all adults to receive 1st dose by July and then 2nd dose by Oct? Will this then be a rolling vaccination

[15/03 19:04] WATTS, Rosemary (NHS SOUTHWARK CCG)
Folake Segun I am not sure And I don't think the poll had that detail in it but will check and come back to you. The current poll has more focused questions aimed at younger people so the analysis of that when available wil be useful
(1 liked)

[15/03 19:06] WATTS, Rosemary (NHS SOUTHWARK CCG)

At a London level we are considering a wider comms campaign for younger adults

[15/03 19:06] Kike Biye (Guest)
I heard a number of words around vaccine hesitancy: discrimination, deeply held suspicion, not culturally appropriate, and a few more, This is the language that raises suspicion. The elephant that's always in the room in Britain is the word most black people use: racism. Not Kemi (Badenoch) Why?

[15/03 19:10] Neville Fernandes
Please have a look at the video https://vimeo.com/504698923/118a6c46a8
Community Immunity NWL 24/01/21
One year on from the 1st cases of Covid in the UK, our panel of GPs and Specialists discuss the effects of covid on our health & communities and answer your...
vimeo.com

[15/03 19:11] Kike Biye (Guest)
Understood, thanks Folake!
(1 liked)

[15/03 19:12] Neville Fernandes
My suggestion to vaccinate by July in school is because when they come back in September they could have their second dose.

[15/03 19:12] Kike Biye (Guest)
Sorry, had oral surgery and extremely painful.

[15/03 19:13] ELLERY, Joy (NHS SOUTHWARK CCG)
No problem at all. You came oiver very clearly. I hope you recover soon.

(1 liked)

[15/03 19:15] Neville Fernandes
Are the pop up centres in Temple, mosque and church halls?

[15/03 19:16] Neville Fernandes
My suggestion about door to door vaccination need to be considered.

[15/03 19:17] Kike Biye (Guest)
Thank you, Joy!

[15/03 19:19] WATTS, Rosemary (NHS SOUTHWARK CCG)

There is Neville Fernandes there have been pop up vaccination clinics at a mosque in Bromley and at a mosque in Lambeth and I understand that in Lewisham they are in conversation with a back majority church. There have also been outreach engagement sessions (not vaccination sessions) in temples in some borough

[15/03 19:22] Helen (Guest)
Personal friends can be influenced by one's own experience of the vaccine as well

[15/03 19:23] Livia La Camera

Thank you Jessica and Rosemary for up-to-date vaccine info and resources to share. Livia

[15/03 19:24] Helen (Guest)
There is no other arguing with some people, other than sharing those factual video, Rosemary

[15/03 19:26] WATTS, Rosemary (NHS SOUTHWARK CCG)

Kike Biye (Guest) that happened to me as well and the letters come from the National Booking Service - it is also do with the speed of the roll out

[15/03 19:32] Kike Biye (Guest)
Thanks Rosemary; tried to reply directly but nothing worked

[15/03 19:32] Kike Biye (Guest)
How do you do that?

[15/03 19:33] WATTS, Rosemary (NHS SOUTHWARK CCG)

Those biographies we have received are now published on the Engagement Assurance Committee page https://selondonccg.nhs.uk/get-involved/engagement-assurance-committee/

[15/03 19:34] Livia La Camera

Takeaways (e.g. flyers) potentially good place to engage general population in next cohorts to be vaccinated

[15/03 19:34] Shirley Hamilton (Guest)
Is the information, given recorded generically? Or are the action points recordedand attributed to the contributor?

[15/03 19:53] Helen (Guest)
1willl we be able to feed our comments to the Governing body?
[15/03 19:57] Helen (Guest)
A way of including community groups and voices would be welcome in developing our ICT - which we have begun

[15/03 19:59] Helen (Guest)
I agree with Stephanie about the Social Care needing addressing
(1 liked)

[15/03 20:02] Livia La Camera

Thank you everyone