NHS
South East London
Clinical Commissioning Group

Engagement Assurance Committee

Minutes of the meeting held on Monday 17 May 2021

Via MS Teams

Present:	Joy Ellery (JE)	Lay member for Public and Patient Involvement
	Rosemary Watts (RW)	Assistant Director for Engagement
	Lotta Hackett (LH)	SEL Head of Engagement
	Stephanie Correia (SC)	Committee member
	Livia La Camera (LLC)	Committee member
	Folake Segun (FS)	Director, Healthwatch, South East London
	Orla Penruddocke (OP)	Committee member
	Faruk Majid (FM)	Governing Body clinical lead
	Claire Mayes (CM)	Committee member
	Neville Fernandes (NF)	Committee member
	Mark Goblot (MG)	Committee member
	Samantha Ross-Harding (SRH)	Committee member
	Shirley Hamilton (SH)	Committee member
	Helen Laker (HL)	Committee member
	Kike Biye (KB)	Committee member

Apologies: Jenny MacFarlane

In attendance: Simon Beard (minute taker)

		Actioned by
1.	**Introductions** JE welcomed all to the meeting and noted that there would be some changes to the order of the agenda in order to accommodate presenters availability.	
2.	**Declarations of Interest** No additional declarations of interest were made. There were two declarations of interest outstanding from members. SB reminded the committee members that there was a requirement to complete an online declaration. The link to the system would be reshared with members.	
3.	**Engagement in Covid-19 Vaccinations Programme** a) Insight paper	

	LH presented feedback on insight received on the vaccination programme as a result of a collection process that was started back in summer 2020. The key headlines from the information were: • Purpose of the insight collection was to inform further plans and activity around Covid-19 vaccination • Trusted sources of information had been identified to support best ways of engagement • It was pleasing to see that vaccine hesitancy had reduced over the last nine months. Age and ethnicity was a key indicator and barriers remain the same – a lack of trust in the vaccine and concerns about safety and side effects. Hesitancy across all ages and ethnic groups had declined significantly suggesting that the work the CCG had carried out with partners had been proactive and successfully disseminated information that can be trusted. • Lack of confidence in the vaccine still exists within certain communities across London including south east London, notably Black Caribbean and Black Africa communities • Feedback was provided for both SEL wide and borough based catchment areas so boroughs could focus local engagement work to meet local needs The group moved on to discuss how the CCG was ensuring people with no recourse to public funds are included in the vaccine rollout, with RW highlighting the high levels of engagement activity, ensuring all groups of the population are involved and have the vaccine available. JE raised the recent news coverage about the surge in the Bolton area, and hesitancy in the younger age groups raising the need to focus on this group. One of the reasons to collect this insight information was to target this group. b) Evaluation paper Eight Covid vaccination briefings had taken place aimed at faith leaders and the voluntary sector – with 1200+ people registering and 880 people actually attending, with lower numbers attending the last webinar on 23 March. To determine the value of the webinars, participants were asked to provide feedback. 103 individuals completed the evaluation survey. HL had attended and felt the webinars had a good positive atmosphere. LLC asked if a breakdown of attendees was available – particularly concerned over involvement of women in minority groups. HL highlighted a presentation made to a multiple language group in Manchester about engaging with minority ethnic groups on a more	

	regular basis to improve trust – with a request that the CCG can consider how to bring people into more meetings which are not strictly related to Covid-19. Groups were often contacted on issues of compliance only but it was important the aim of engagement was broader. LH noted that the CCG had borough teams who knew their local groups and would be able to engage locally in a really focussed way. OP questioned whether people who had a more positive experience were more likely to complete the survey, skewing the positive angle. OP also asked if further briefings were planned based on the feedback received. LH acknowledged that the profile of the respondents to the survey did not necessarily match the attendees of the webinars and it was always an issue with surveys that you were reliant on people being motivated to respond but overwhelmingly the results were positive. There may have been a disconnect with the first briefings taking place from December 2020 to March 2021 with fewer people attending in March and the survey being completed in April 2021 towards the end of the programme of briefings, but there was not the capacity to be able to run the feedback earlier whilst also holding the webinars. Future evaluations would be carried out in a more timely manner. RW reflected on the need to use the experience of the pandemic to reframe our dialogue and relationship with local people. There was a sense that communities felt they were only engaged to take the vaccine and we need to develop this into an on-going dialogue approach around wider health issues. Internal discussions were currently ongoing to look at what was next for the webinars – for example focussed webinars with borough Youth Councils, or a specific audience of small business owners. It was felt that this would work better if we recognised the value of our local relationships. JE supported these next steps as assurance that we were not "resting on our laurels" with the good feedback received but continuing to develop our engagement platforms. c) Vaccination programme update The third element of this update was to provide the committee with an update on the current status of the SEL vaccination programme. Key points of information were: • 1.2m vaccinations completed (800k first vaccination, and 400k second jab) – so for clarity not 1.2m separate individuals as at 10 May • Pop up clinics have been run as both appointment and walk ins to facilitate people accessing the vaccine and to pick up people without a GP number • The percentage of take up for older people was high but it drops off as the age ranges reduce.	

- For care homes vaccinations – 93.2% of residents of older age had been vaccinated, 88.3% for residents of adult working age, and 73.1% for care home staff – so some work still needed as at 4 May
- Low confidence in Caribbean, African, mixed and "White other" people. "White Other" is believed to be driven by low take up by Eastern European and Latin American people, which is being looked at.
- SEL level activity is focussed on communications rather than engagement – there was a significant Easter campaign, and more focus on pop ups for people within the permitted cohorts but not registered with a GP. We had also received good media coverage recently. The engagement work takes place at a borough level.
- Priorities over the coming months are:
  - Getting more pharmacies online
  - Maximising first dose take up from cohorts
  - How to address Astra Zeneca hesitancy – with a changing message that an alternative is to be offered for those aged 39 or less whilst acknowledging the additional transportation and storage challenges of the Pfizer vaccine, which may restrict some of our more innovative ideas for delivery (for example, pop up vaccination sites at music festivals).
  - Ideas were welcomed on how to engage 18-34 year olds.
  - Promotion of the vaccinefacts website – highlighting the films that were all shot in south east London and involve local people, use of out of home advertising, and an arrangement with Colourful Radio to promote pre-recorded interviews with a midwife and GPs.

RW built on a response to the question about access for people with no recourse to public funds – using a variety of examples of local engagement work with particular communities.

NF queried when the vaccination programme would be opened up to people aged over 15. This was to do with supply as these age groups were recommended not to have the AZ vaccine. It was expected the vaccine programme would be opened up to one or two year ranges at a time based on national decisions about supply. It was noted that Pfizer can only be given to 16+.

CM commented that the workshops were very interesting and feedback was excellent. Suggestions for engaging young people included using sexual health facilities as a platform; need to also look at contraception services, how to reach women in refuges, university students and colleges. SC suggested South Bank University could be approached to help make a video to share with students. CM highlighted the need to

	think about extremely clinically vulnerable people, some people are awaiting antibody therapy so cannot take the vaccines. SC enquired if the Moderna vaccine would be rolled out. Could it be useful for the festivals pop up idea as it was a single shot. LLC asked if we could have 24/7 clinics to support accelerated rollout. Need to consider the media being used – for example, the Somalian community use satellite tv a lot so will miss any mainstream engagement methods. Need to engage locally and adapt to apply to local activities where trust is already in place. FS supported the 24/7 clinic idea, especially for young people. Further education establishments had closed before young people were invited for innoculation. Festivals would be a good place to flood with information. Is the vaccine hesitancy in young people likely to reflect the same ethnic divisions as in the older people group – if so we need to learn what we did with this group to "move the needle along" and reflect the same methodology for the younger cohort. RW noted that in the insight discussed earlier in the meeting, young people stated a preference for receiving a vaccine close to home often citing GP surgery. HL reflected on the need to ensure we also pick up young people who are not at schools or colleges. SH asked if the Pfizer vaccine would need to be distributed from hospitals – FM confirmed GPs will distribute. Other suggestions for engagement: • Billboard vans • Engagement with Uber/ Just Eat to pick up young people who use a lot of takeaway food options • Using popular musicians to promote getting the vaccine on media such as TikTok JE closed this area of discussion by encouraging people to continue to email in ideas between the meetings, acknowledging how immensely useful this is.	
4.	**Minutes of previous meeting** No comments were received on the minutes at the meeting. *Post meeting note: in section 3 – Minutes of the previous meeting –"OR" should read "OP"* Action log:	

	• Terms of reference to be ratified at next Governing Body meeting to held this week (Thursday 20 May 2021) • Biographies – to be closed • Declarations of interest – to be closed • Answers to questions in the previous meeting chat are continually updated. Under 25 vaccines and use of pop ups was covered in item 3. Booster doses – no formal guidance has been received yet. Door to door vaccinations – unlikely but there is a community vaccinations bus operating in Greenwich and Southwark and Bexley has a vaccination information bus. Johnson & Johnson vaccine not currently approved in the UK.	
5.	**Development of engagement strategic framework** RW presented a paper on progress to date and future planning for developing the CCGs approach to engagement. RW acknowledged that we have a great opportunity to maximise on the partnership working within our communities that is currently taking place in response to Covid-19 and the vaccine roll out. RW went on to discuss how we need to work in our ICS system of systems, maintaining local relationships, whilst having broader engagement on the health inequalities agenda. The strategy needs to be clear what engagement takes place at what level within the system and RW was meeting with commissioners to understand what their programmes of work consisted of, whether they were at borough or SEL level, and how engagement within those programmes would work. Reference was also made to NHSE&I webinars and an NHS confederation document which highlighted five key success factors. SC thanked RW for a very good paper and noted how useful the NHS Confederation document was. Under engagement good practice in section 4 of the paper it was suggested that methods of monitoring engagement should be added. It was also noted that there was no specific mention of the local authorities in the paper and that we needed to recognise they have in place very established ways of talking to local people. NF asked if there were any plans for tackling the backlog of elective work in SEL hospitals through the ICS approach. FM highlighted that there is not only a backlog issue for hospitals, but a backlog of people who have not seen their GP which may add to lists as health conditions have been exacerbated. It was noted that most people have been able to receive cancer treatments but routine surgery has been on hold. Engagement with hospitals is needed to work out how this can be tackled efficiently, with new ways of working being considered such as hospital outreach and use of technology to support remote consultations.	

6.	**Equalities Committee** FM introduced the group to the role and purpose of the CCG Equalities Committee and the importance of a strong link between the equalities committee (EC) and engagement assurance committee (EAC). Equalities was defined by FM as "the right not to be treated differently". As a public sector organisation, the CCG needs to monitor how groups with protected characteristics are treated to ensure they receive services fairly. FM described to the group the subject areas and focus for the EC – including workforce legislation, health outcomes and inequalities, ethnic inequalities, behaviours. Ethnic inequalities are of particular focus – from a staffing point of view – with 24% of staff reporting receiving racist comments/ threats and leaving service as a result - and health services, for example unequal maternity services. Another key aspect is mental health – any inequality affects mental health and makes an ability to deal with a health problem worse. EC is looking to EAC to guide them on areas to focus on. Other key points from the presentation were: • Co-production with local people is important – the current vaccination centres with HCPs and volunteers working together is a good example of how it works well • There is a strong link between quality and inequality • Access is an aspect of quality but also outcome if early access to services is prevented • EC needs to be a reflection of community challenges as well as statutory definitions JE acknowledged the importance of linking EAC and EC and thanked FM for his comprehensive analysis and insight.	
7.	**Healthwatch** As the agenda had overrun on previous agenda items, FS provided headlines of Healthwatch activity in SE London but would return to a later meeting to provide a more comprehensive report. Key points were: • Healthwatch is the independent champion of health and social care services, but has a statutory basis • Healthwatch work in the community, with service providers, and commissioners, to ensure services deliver what the community wants • They represent unheard groups	

	• Anyone can be a member of Healthwatch, and anyone can take part • They use a wide range of tools to engage and make it as easy as possible for people to have their say about what concerns them • Healthwatch have a right to enter any public facility and assess the quality of care provided • FS provided a brief rundown of current activities by borough JE thanked FS for the presentation and apologised for the reduced time left for the presentation this time.	
8.	**Risk** RW presented a specific engagement risk present on the CCGs Board Assurance Framework, being "a risk that the CCG does not hear from diverse communities across SEL". EAC was a control against this risk so the committee needed to maintain regular oversight and ensure they were comfortable it was reflective. HL felt there was a particular gap in engagement of young people not in education or employment – not sure social media meets the gap effectively enough. The EAC would be asked to revisit this risk and its scoring at regular intervals.	
9.	**Any other business and close** No other business was raised. JE thanked everyone for their input and emphasised that everyones views were very important and encouraged ongoing engagement between committee meetings. The meeting closed at 20:07.	
10.	**Date of next meeting** Monday 19 July 2021, 6pm to 8pm.	