NHS
South East London
Clinical Commissioning Group

Engagement Assurance Committee

Minutes of the meeting held on Monday 19 July 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
            Dr 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
            Jenny MacFarlane (JMcF)

In attendance: Simon Beard (minute taker)

1.	**Welcome and introductions**
	The Chair welcomed everyone and thanked them for attending.
2.	**Declarations of interest**
	No additional declaration of interests were raised.
	All committee members had now submitted a declaration.
3.	**Minutes of the 17 May 2021 meeting and matters arising**
	Minutes
	The minutes were reviewed and agreed by the committee.
	Action log
	On the action log, the top three actions from 11 January 2021 and 15 March 2021 were agreed to be **closed**.
	For the final action, arising from the 17 May 2021 meeting on adding methods of monitoring engagement to the engagement development paper, it was directed that this action should remain **open.** Comments continued to be welcomed and as the paper on the ICS approach to engagement is produced methods of monitoring should be included.

Matters arising

1. Update on vaccinations programme
   RW highlighted the report and visuals shared in the meeting papers on the vaccinations programme, providing some key highlights. The more recent focus has been on communications rather than engagement, with initiatives such as:
   - vaccinations facts resources,
   - access to vacant billboards,
   - an extended reach to a range of radio stations including Maritime, Rainbow, Select and Da Beat. The radio media used pre-recorded interviews with GPs.
   - Zoom sessions run with Rudi Page and community pharmacists with a focus on reaching out to people from the Black African and Black Caribbean heritage population.
   - "Don't miss the vaccine" campaign – with a link to a film now rolled out across London. This used intelligence on what motivates young people – being getting back to normal.
   - First Instagram live event took place last week on the our_healthier_sel Instagram account. Another live event was planned for 6pm on Wednesday (21 July) hosted by one of the communications and engagement team reading questions with a local GP there to answer.
   - Focus on pop up events – recent mass vaccinations events had taken place at Charlton Athletic FC (about 4,000 attendees), Millwall FC (approx. 3,000), and The Tate, The Oval and Greenwich Park collectively seeing around 5,000 people last weekend.
   - QR codes linked to vaccine resources.
   - Handouts at supermarkets, schools, and other public places and digital media sent to GP practices.
   - A black cab has been wrapped in vaccination promotion materials – handing out leaflets at various sites. During its first day at Waterloo, there was a 35% increase in uptake on walk ins.
   - The Cabinet Office street team have also been on the patch, including for three days last week, handing out leaflets.

2. Communications & Engagement (C&E) ICS workstream
   RW reported the team were still awaiting NHSEI support information on patient and community engagement but it was believed there will be seven principles to apply and the focus will be on co-production, with local people at the centre.
   One initial meeting of C&E ICS development workstream has taken place, but there needed to be stronger representation in the membership on engagement and there needed to be consideration to whether an engagement sub-group would be beneficial. Work is currently underway to map partners, good practice, and system linkages. RW will share the support information with the committee when it arrives.

4.	**Update from Healthwatch for discussion**
	Following the short time available on the last meeting agenda for the presentation on Healthwatch, JE was pleased to be able to welcome back FS for a more in-depth discussion.
	FS started by highlighting the six annual reports available from the SEL Healthwatch organisations and encouraged members to read their own boroughs report.
	FS reminded the committee that Healthwatch is statutory independent patient champion, supporting people to have their say and working with commissioners and providers to ensure services are the best they can be. Over the past year they have provided signposting to over 22,000 people, with an entire reach of about 100,000. Healthwatch have produced over 60 reports this year – with mental health, maternity, equalities, Covid-19 experiences, access to treatment, as examples. Attention was drawn to the Healthwatch summary in the meetings pack which includes examples of key topics for this year being undertaken by boroughs. Access to services remains a priority. FS urged people to try to engage with their local Healthwatch to ensure voices are heard.
	JE thanked FS for her presentation and highlighted the importance of the role of SEL Healthwatch Director to pull together the work in the boroughs. From an ICS point of view it made co-ordination much easier and it was suggested that something about the ICS should be put in the top priorities. The SEL Healthwatch Director was a unique post and as such FS has been asked to present on the main stage at the Healthwatch conference this year to discuss the SEL model.
	HL commented on the positive action Healthwatch in Greenwich were taking to pull together a group of people from minority ethnic communities. In response, FS acknowledged that Greenwich is a very diverse borough, and highlighted they have also done some targeted work in the Chinese and Nepalese communities, using interpreters to support.
	JE asked about Long Covid and whether Healthwatch had considered the impact of this in any of its reviews. Three boroughs were looking at Covid going forward and this would include a review of the impact of Long Covid. RW commented that the Guy's and St Thomas' engagement programme has a focus on Long Covid.
	SH asked how the 2021 service compared with previous years and whether Covid has impacted the accessibility of Healthwatch. FS acknowledged it was a different way of working with teams all working from home, and a lot of engagement occurring online – as an example, weekly drop-in sessions were run by Zoom. Small community group meetings of two or three people still occurred and there was use of WhatsApp groups. The team were looking forward to being able to get back to walking into services and talking to people face to face, but digital engagement would continue. Lewisham Healthwatch were looking at digital

	engagement with only people who don't have digital access as a means of building insight in this area.
5.	**Feedback from the Equalities Committee**
	FM provided some feedback on the latest committee meeting, which had focussed on how things had progressed over the year. The meeting had gone well and the benefits from working specifically with the Engagement Assurance Committee (EAC) were acknowledged. The next steps for the committee were to think about what to do next as the organisation transitions to the ICS.
	JE seconded the point on the overlap with the committees and acknowledged the need to maintain awareness of papers being considered by the equalities group. It may be useful to circulate some relevant papers to EAC in the future.
6.	**Review of terms of reference**
	The committee's terms of reference had been circulated as part of the paper's pack with some minor amendments highlighted for the committee to consider. The chair asked for comments on the items highlighted in yellow, specifically on sections:
	5.2 – terms of one year or two years had been set for membership to enable overlap, however due to the move to ICS this had been amended to have a tenure end date for all members of March 2022.
	10.2 – amended to state the governance team will ensure draft minutes of the committee are shared with the Chair.
	Once reviewed the terms of reference would need to go to the Governing Body for approval.
	No questions or comments were raised, so this was taken as a recommendation from the members for the terms of reference to go to Governing Body.
	HL enquired if there would be a group similar to the EAC for the ICS. JE hoped to see a similar committee carrying on but was awaiting guidance.
7.	**CCG self-assessment 2020/2021**
	RW introduced this item and apologised that due to timelines this was a report on an assessment already submitted to NHSEI (at midday on Monday) rather than an agenda item prior to submission, hence the request for comments by Thursday the previous week
	The attached paper was a self-assessment which the CCG is required to submit each year to provide assurance to NHSEI that it is carrying out its engagement functions as part of a wider assurance process with NHSEI. In previous years this assurance had covered four or five themes with several Key Lines Of Enquiry (KLOEs) needing evidence, however this year was a lighter touch narrative only around five themes: quality, health inequalities, public involvement, financial duties

and leadership and governance. The report presented to the committee related only to the pubic involvement element of the wider assurance process.

OP commented that the report read very well and the key successes highlighted added strength to this assurance.

FS congratulated RW on the volume of work done which was reflected well in the report. It was recognised that the report was internal but a lot of people were asking how the CCG engages so it would be useful for elements of this be shared with the public – e.g. via a governing body paper to provide assurance to external stakeholders. RW advised it is on the CCG website as part of the committee papers but may not be as obvious as it could be.

ACTION: RW to arrange for the website to include a link to the report on the Get Involved

ACTION: SB to arrange for a hyperlink to this paper to be included in the next prime committees report which goes to the Governing Body held in public (with publically available papers).

JE felt it was important to highlight this assessment and would share with lay member colleagues across boroughs.

The Committee agreed the report and acknowledged its contents.

8.	**Draft expenses policy for comment**
	LH introduced this item and apologised that the policy was still under internal review. It would need to go to the CCG's Integrated Governance and Performance Committee for approval and sign off. The out of pocket expenses policy would be shared with this committee to comment. Key points were:
	• It covered the reimbursement of travel, care, childcare expenses incurred as art of the CCG's engagement activities.
	• It used the NHS employers' rates for mileage
	• It also proposes a £5 blanket charge for stationery and broadband expenses.
	• The policy did not offer to provide equipment
	LH was checking if the policy could be backdated to the start of the committee. The policy would be circulated separately for comments.
9.	**Development of Health Talks South East London for discussion**
	JMcF gave a presentation to the committee on a new project underway to develop an on-line engagement platform for people to have a say and feedback about health and care through, for example, discussion forums and surveys.
	The presentation covered:
	• The aim of the platform – to have broader reach across the diverse population for SEL.

- The purpose and design of the landing page, including an example from Sussex Health and Care Partnership.
- Purpose and methods of registration
- How projects could be promoted
- What monitoring and analysis tools were available

In particular, the CCG was keen to get the committee's views on the registration process – were the questions right, what did members think of the look and feel of the registration form (on slide 57 of the meeting paper pack and in attachment Gii), would it provide the right data.

JMcF clarified that the only required questions are a screen name and email address and participants would need to set up a password. JMcF highlighted that it was important that the registration form encouraged rather than deterred people from registering. Other websites had been looked at to support development – such as TfL and other CCGs. Registration had about 20 questions but combined free text, and tick box answers to encourage a richness of data. It was felt it would be quite quick to fill in. The views of the equalities committee would also be sought on the questions asked.

JE thanked JMcF for the presentation and commented this was a welcome development.

The floor was then opened up for questions from committee members. Questions and comments are listed below, with answers where available provided in italics:

- (JE) Would it be possible to tag projects already closed to enable further analysis and highlighting? *Yes, this could be done.*
- (HL) Who is running this platform? *Bang the Table are an external developer providing support to the CCG who are running the platform*
- (HL) Need to consider – as a person who is going to use it – what is in it for me? *It is an opportunity to look at the current projects available to be involved in. The platform is still being developed so projects are not yet onboarded. It also provides a platform to give views and feedback.*
- (HL) Thinking of similar websites that provide support to people on mindfulness, self-help, exercise, dieting, the draw is video and the ability to chat and obtain peer encouragement.
- (MG) People will be engaged by how relevant the areas of interest are to them. This will be a crucial piece of information. *Participants are able to register their areas of interest to enable targeting of future engagement projects including carers, children and young people's services, community services, GP services, healthy lifestyles, hospital services, learning disabilities, long term conditions, maternity, mental health, physical and sensory disability, social care. Need to consider if a free text option should also be available.*
- (MG) Is this going to be looked at in terms of accessibility – e.g. accessible via a mobile device. *There is a balance to be had on accessibility between understanding interests but not making a long questionnaire. There will be double running initially to ensure everyone is captured – the platform will issue*

- (LLC) If you have registered once, do you need to register again for another topic? Also, can you access more than one chat? How will open chat be administered to ensure it stays safe? *This would need to be reviewed daily. The service provider (Bang the Table) provide 24/5 moderation (but not at weekends). They monitor that posts are on topic and do not include abusive comments, bad language etc. We will take back to them the issue of out of hours actions.*

- (FS) When an individual identifies at registration their areas of interest will this limit their access to relevant projects only or is it just info? *No you can see what projects are open when you join the platform and can join any projects. We are looking at ways to capture people and keep them coming back. There is a way of targeting emails to people based on the topics they have expressed an interest in rather than expecting them to browse the platform.*

- (FS) What will drive me to actually register? *The CCG will have to have a mail out to people on our mailing lists to encourage registration, and also double running of messaging previously mentioned.*

- (FS) What is the deminimus age limit on this?

- (FS) Are the projects mentioned because they are CCG priorities? How are projects going to be identified?

- (SC) How many people actually click on the CCG website? How will we get more people to use the CCG website to link to this page - how will it be promoted? Needs more about what you will get out of it personally if you register. *Promotion will be through existing mailing lists and social media. What is different is a key question and needs thinking about – this platform offers involvement in chat forums about specific projects or topics rather than just returning a survey. On the CCG website the number of visitors to the pop up clinic page has gone up substantially over the last few weeks because it has information people want. But the main way of driving people to this is going to be via mail outs – the C&E team has about 2,000 contacts across the boroughs.*

- (CM) The title needs to be reconsidered – health talks suggests information, signposting, video clips about health conditions. Safeguarding and moderation of the chat is extremely important. There is nothing about women's health issues which needs to be considered.

- (OP) It needs a more catchy name which may engage people better – more graphics as well. On projects – is it just projects within the CCG or a broader range? How do you know that what you are putting on there is a quality project? Does this survive the transition to the ICS? *The platform is a means of local people giving their views and experiences on particular areas as well as feedback as part of specific projects the CCG has and this might include as part of reviewing services or developing / designing new services / pathways. . The CCG wants as many local people from across the different communities in SEL*

to sign up to the platform so that views are reflective. We may later want to develop a citizens panel which sits the platform and citizen's panel are representative of the population. There is potential for each of the LCPs to have a domain to put up local projects as well. This will support the ICS principles.

- (SH) How will youth be targeted, how will you create new audiences? *There is a way to link the platform to social media which will be the main focus – this will develop over time*
- (LLC) If this is about finding out what people think about services, what is the difference between this and Healthwatch activity? *The CCG has a statutory duty to engage and understand experiences. Healthwatch also have statutory duties and there is overlap, but they also have reach into communities who will not speak to CCG. We need to consider the CCG and Healthwatch engagement as separate parts of a suite of ways to understand views. The potential of having the platform is to enable people to give views and feedback online thus enabling reach to people who may not engage via Healthwatch tr the CCG.*

JmcF thanked the group for their constructive and valid comments. All comments would be taken back and revisited. It is proposed that the questions on demographics are also taken to the equalities committee.

As a final comment, FS suggested that the EAC could be used to test the registration process and provide feedback.

JE thanked JMcF and RW for the presentation and responses.

10.	**Guy's and St Thomas' (GSTT) joint programme** This agenda item was included for information. RW reported that GSTT had embarked on a two year programme with King's College Hospital to support development of services in response to the pandemic. The programme had three themes – virtual access to care, waiting for treatment and self-management, and Long Covid. They were working with Ipsos Mori to gain patient views to inform the work. It was hoped to have some feedback from responses at the next meeting. The programme was currently out to tender for organisations to work with local people to identify and implement local solutions around those three themes. This was an interesting and well-funded piece of engagement work over two years which demonstrated working across partners.
11.	**Engagement risk** The chair briefly highlighted the Board Assurance Framework (BAF) engagement risk that was included in the papers. The BAF was a live risk register looking at strategic risks and the CCG had included within it a risk it was not hearing from diverse range of population. The committee were asked to consider the list of controls in place to mitigate the risk that were listed, given that one or two additions

	had been made since it was last seen. Comments could be fed back by email please.
12.	**AOB** No AOB was raised.
13.	**Date of next meeting** Monday 20 September 2021, 6pm to 8pm.
14.	**Meeting Close** The chair thanked everyone for attended and reminded all members that they could contact her at any time via email to raise an issue or comment.

Engagement Assurance Committee
ACTION LOG

Meeting date when action was raised	Agenda Item	Action description	Owner responsible	Due Date	Updates	Status
11 January 2021	Welcome & Introductions	Public members to send a short biography to Jenny so that this can be included on the CCGs website	Public members	15/01/21	Agreed closed 17/5/21	Closed
11 January 2021	Declaration of interests	Declaration of interest – this form needs to be completed by all members of the committee.	All	31/01/21	Agreed closed 17/5/21	Closed
15 March 2021	Engagement in south east London Covid-19 vaccination programme	Answers to questions posted in the meeting chat to be co-ordinated and responded to and included in the FAQs on the CCG website, where relevant.	Rosemary Watts	17/05/21	Agreed closed 19/7/21	Closed
17 May 2021	Development of engagement strategic framework	Consideration to be given to adding methods of monitoring engagement to the engagement development paper presented at the meeting	Rosemary Watts	Ongoing	19/7/21 – ongoing comment welcomed. Will include in any ICS development paper.	Open
19 July 2021	CCG self assessment 2020/21	Link to self assessment to included on the involvement landing page of the CCG website	Rosemary Watts	31/08/21	A sentence with a hyper link has been added to the Get Involved page of the CCG website.	Closed
19 July 2021	CCG self assessment 2020/21	Hyperlink to self assessment paper on website to be included in next prime committees report submitted to September Governing Body meeting held in public	Simon Beard	16/09/21	Included. Please see page 66 of the Governing Papers for the September 2021 meeting	Closed