

Engagement Assurance Committee

Minutes of the meeting held on Monday 20 September 2021

Via MS Teams

<p>Present:</p> <p>Joy Ellery (JE) Rosemary Watts (RW) Lotta Hackett (LH) Folake Segun (FS) Orla Penruddocke (OP) Claire Mayes (CM) Neville Fernandes (NF) Helen Laker (HL) Anuradha Singh (AS) Jessica Levoir (JL)</p> <p>Kike Biye (KB) Jenny MacFarlane (JMcF)</p>	<p>Lay member for Public and Patient Involvement Assistant Director for Engagement SEL CCG Head of Engagement Director, Healthwatch, South East London Committee member Committee member Committee member Committee member Patient and public engagement sponsor Head of Partnerships, Governance and Programmes, ICS Committee member SEL CCG engagement manager</p>
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Apologies – Dr Faruk Majid
Stephanie Correia
Winnie Baffoe
Marc Goblot
Livia La Camera

In attendance: Simon Beard (minute taker)

1.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone and thanked them for attending.</p> <p>A particular welcome was extended to AS, who had joined the meeting as patient and public engagement sponsor, and JL from the ICS development team.</p>
2.	<p>Declarations of interest</p> <p>No additional declarations of interest were raised.</p> <p>Committee members were advised that declarations of interest should be reviewed every six months. The CCG governance team would make contact directly with any committee members who needed to review their record.</p>
3.	<p>Minutes of the 19 July 2021 meeting and matters arising</p> <p><u>Minutes</u> The minutes were reviewed and agreed by the committee.</p>

	<p><u>Action log</u> The following items were on the action log as open:</p> <ul style="list-style-type: none"> • Development of engagement strategic framework – the issue on monitoring engagement is to be brought forward into the ICS programme – keep open so this remains a live issue. • CCG self assessment - hyperlink added to website page – can be closed. • Updated ToR taken to GB to ratify extension of terms of office to March next year for all committee members – this was ratified at GB last week.
<p>4.</p>	<p>Development engagement approach for SEL ICS</p> <p>JL introduced herself as Head of Partnerships, Governance and Programmes for the SEL ICS, part of a small team involved in development of the ICS. JL acknowledged the great potential to work as a system with local communities and to engage people in all the ICS is doing, and set out the ICS’s ambition to become a leader in this work. The starting point was a strategic piece of work to understand how to do this and to meet NHS England and NHS Improvement (NHSEI) expectations, looking to use the experience and expertise AS could bring to the team.</p> <p>RW advised that ICS guidance published on 2 September underlined the need to listen to the voices of local people and put communities at the heart of governance and decision making, with particular emphasis on those affected by health inequalities. The vaccination programme had enabled some deeper engagement work which could be used as a launch pad to reframe our work. The health service approach traditionally had been to ask for views on particular services; this needed to be reframed to talk to people about their experiences, what was important to them, and what were their aspirations for their health. The ICS approach enabled joint working with local authorities to also address social concerns such as street crime and pollution. The guidance also set out the need to work with Healthwatch and a focus on working with the voluntary and community sector (VCS) who often operate at a very local level with vulnerable people. A community focus and co-production was encouraged. A strategy needed to be in place but also principles on engagement agreed to go into the ICS Constitution. Assurance was provided at the moment via the CCG self-assessment process and it is expected that something similar will roll over to the ICS.</p> <p>AS introduced herself to the group, detailing her background in local government as a previous Director of Adult Social Services and her work on behalf of NHS England on the formal duty to involve patients and public. What was really needed was a cultural shift around delegating to the public. SEL has some very good strengths but had some work to do around unlocking power to the public and meeting legislation that is on the way. The paper presented gave a precis of the work that needed its profile increasing or an increase in drive. Issues included in the paper were:</p> <ul style="list-style-type: none"> • Timeline • Vision and ideas across SEL - what does this look like in workstreams around transformation.

- How to move from a CCG - with its governance architecture and duty to *involve* – to the ICS which was a partnership across health, social care, VCS.
- At a clinical level – how do we move to a model of sharing power, information, agency with patients themselves. Asking “what matters to our patients”, not just “what is the matter with them?”

AS and the team were looking at how to engage people in different conversations around governance and commissioning and would like to get a sense about how this group can signpost the team to what is important to them and how to engage more widely.

JE encouraged people to email in with thoughts at any time.

FS commented that the possibilities of shared decision making with patients is very exciting. It recognised people as assets, building on communities. The challenge to the group was - how will you convince the partners in the system that that risk is worth taking. Devolvement of power had stumbled so far because of power holding and perception of risk about sharing power. AS was keen to de-risk this for the system, noting that the inability of organisations to cede power was because they are heavily regulated. There was a need to understand what excellence looks like using a quality improvement approach – the NHS and local authorities are very used to doing this.

CM commented that often when people are busy in the NHS, they become wedded to the system but by evidencing success much better buy-in could be achieved. Co-production at the beginning of the process is really important. This was a marathon not a sprint, it takes time but would be worth the effort.

OP asked what the ICS would look like for a patient? There is a lot about what is going to happen but we needed the nuts and bolts of this. AS responded that this was one of the first points the team considered – the perception of what the ICS is for and how it engages is critical. Joint working between the NHS and local authorities to date had tried to wrap services around communities – now there was the legislation and planning cycles in place to force that behaviour. It was time to forget about organisational identities and wrap around what people want for where they live. There was a need to think about SEL but also what the local neighbourhoods look like and want. JE suggested that in practice this would look like everyone working together for the patient not just focussing on the part of the journey their organisation is responsible for.

HL reflected that the ICS online approach needs to reflect collaboration not separate parts. RW confirmed a new website was being developed for the ICS that should be very different, with a good emphasis on visuals and telling people stories, and some members of the committee were taking part in a focus group to give views on early mock-ups HL asked about the opportunities available to users to input to co-production of the ICS - AS agreed that the website will do its role for

	<p>stories and connections, but this will be only one tool. Many changes are needed for the ICS – website, how we consult, how we manage budget development.</p> <p>CM reminded the group that good practice was out there currently that could be built upon – for example, sexual health moved into local authority commissioning and this brought about real change in working with community groups and partners.</p> <p>NF asked about early adopters (e.g. Dorset) of the ICS model - are we learning from them or reinventing the wheel? AS reflected that shared decision making was an example from Dorset ICS which was recognised as making a real difference to hospital admissions. Examples around the country are being looked at to learn how things are done with the intention to use tried and tested tools from elsewhere.</p> <p>JE concluded this item by commenting that this is strong group with great talent – the group has a terms of reference around assuring on engagement but would be very open to looking at how the group can help and very keen for the group to be used as a touchpoint to test things out.</p>
<p>5.</p>	<p>Draft expenses policy</p> <p>LH presented the draft expenses policy which was discussed at the last committee meeting, with the policy going to the Integrated Governance and Performance Committee (IGPC) next week to sign off. Confirmation had been received from finance that claims can be backdated to December 2020 when the committee first came into force.</p> <p>LH had confirmed that the preferred option for payments was by cheque. Bank transfer can be done but would require individuals to be created as a supplier.</p> <p>The committee agreed that the current version of the policy should go to IGPC for approval.</p>
<p>6.</p>	<p>GP patient survey findings</p> <p>LH presented a paper which summarised the results of the annual GP survey, which occurs between January and March each year by Ipsos-Mori on behalf of NHSEI. SEL had a response rate of around 28%. It provided a snapshot of experiences of primary care and provides comparisons against regional and national data as well. SEL is broadly comparable to the other London sectors. It was worth noting however there was some variation amongst practices. The report was presented to the CCG’s Primary Care Commissioning Committee last week and practices were encouraged to take the findings to PPGs.</p> <p>JE made the point that if we could resolve the issues with those in the bottom of the data set this would make a good impact on service quality.</p> <p>CM felt that the data was limited in the areas it considered – for example, how could it be used to correlate the ability to contact a practice with the rollout of e-Consult? There was a genuine concern that e-Consult is a barrier to people</p>

	<p>engaging with care, so a good use of the data specifically would be to see a correlation between data and how practices operate in terms of access.</p> <p>As a member of a PPG, KB was pleased to hear data will go to PPGs and would like to bring something back to the committee about GP engagement once the PPG had discussed.</p> <p>OP expressed concern that this was a tick box exercise. This survey has taken place for the last 15 years so why is there still an apology about limitation of data? Could the survey be done as a live data exercise, rather than limiting the collection period to three months. There needed to be more depth to it and to make it worthwhile for patients to complete by demonstrating how the outcomes would effect change; there was a hope this would change under the new ICS.</p> <p>JE pointed out that individuals had to be invited to take part, it was not open to all. PPGs could undertake their own survey if this would help.</p> <p>FS advised the group that Healthwatch were undertaking a GP survey – the six SEL Healthwatch organisations had followed up on the national patient survey with some additional questions – looking at access via GP practice websites as an example which has picked up on the e-Consult issue. Healthwatch often hear about access issues through reception. The Lambeth Healthwatch team had taken a slightly different approach with a deeper dissection into the national survey outcomes. SEL have received 900 responses including qualitative responses.</p> <p>HL requested the link to the Healthwatch survey to circulate around. FS advised that the survey had not just closed but people were encouraged to feedback via FS if they have particular issues to share/raise.</p> <p>JE echoed that the important thing is what is done with the data now and the committee looked forward to seeing actions arising from the results.</p>
<p>7.</p>	<p>Development of online engagement platform</p> <p>LH thanked everyone for attempting to register on the platform. The pilot had enabled issues to be identified and resolutions to be worked on before go live. In particular, a background IT issue had arisen around the domain server name but this was being resolved.</p> <p>Everyone on the committee was encouraged to log in to view the pilot if they had not already done so; the pilot project would remain open until 24 September at noon.</p> <p>A summary of the work done had been circulated. Points to note were:</p> <ul style="list-style-type: none"> • Sign off on some information governance issues was awaited. • Feedback was sought on the registration page – particularly the paragraph on “why to register”?

	<ul style="list-style-type: none"> The groups attention was drawn to the survey feedback on the slides and the quick poll on slide 9 concerning views on the name of the online platform. <p>JE emphasised that it was really important that people took part – as much feedback as possible was encouraged. JE thanked all who had contributed already.</p> <p>HL had experienced issues with accessing the survey – users needed to register on the platform to be able to complete the survey. LH highlighted that even if people selected the “activate” option, LH or JMcf still had to approve so access might take until the next day for go live.</p> <p>ACTION: LH to discuss access issues with HL and KB</p> <p><i>Post meeting note: LH clarified that HL had registered on the platform – there had been a delay in her screen refreshing</i></p> <p>RW put on record her thanks to Jenny and Lotta for their work on this. A question had been raised about the ethnic minority categories used on the site – at the July EAC it was reported that the demographic questions were taken to the equalities committee and discussed with the equalities lead – the categorisation used reflects best practice. OP raised a particular question about lack of inclusion of White Irish as a category.</p> <p>ACTION: JMcf to check the list for inclusion of White Irish as a category – <i>post meeting note: this appears to be an omission when loading the list and will be rectified.</i></p>
<p>8.</p>	<p>Update from Healthwatch</p> <p>FS provided the committee with an update on the work currently being undertaken by the six SEL Healthwatch organisations. This included:</p> <ul style="list-style-type: none"> Analysis of the results of the GP survey discussed previously – it was hoped to have findings ready to be shared in October. E-Consult had been picked up as an issue. Need to also look at how information is reaching patients so they understand how busy GP practices are. Work is being carried out by the South London Listens programme around mental health and responding to needs – Healthwatch are looking at what exists in boroughs to address the commitments made to people around responding to loneliness and isolation, peer support to parents etc – outcomes are due October time. The Lewisham team were looking at how people who were digitally excluded were engaged during the Covid-19 pandemic – discussions took place with 45 people about their experiences and how the system could work for them. Bexley Healthwatch were running some focus groups, looking at the number of people going into surgical hubs, number of referrals, and where people are being discharged to. Looking to work with primary care on messages that can be shared publically to secure timely care at the right place, particularly due to pending winter pressures.

	<p>Looking ahead, FS was looking forward to working with the team to develop the SEL ICS offer.</p> <p>The committee noted the Healthwatch update and thanked FS for her report.</p>
<p>9.</p>	<p>Feedback from the equalities committee</p> <p>In Dr Majid’s absence, JE provided feedback to the committee on areas of discussion raised at the equalities committee. Feedback from the Equalities Committee was really important as the work of the Engagement Assurance Committee and Equalities Committee overlaps so much.</p> <p>At the last meeting, the agenda covered:</p> <ul style="list-style-type: none"> • The equalities delivery plan - looking at overall equality issues and how they are being addressed. There was a need to keep a focus on this as we move to an ICS. The focus was initially on staff equality but was now moving to the public. • Recruitment of staff and equalities within the recruitment process - it was felt there was particularly a need to focus on interview techniques and updating old job descriptions. • ICS progress and plans for inequalities. • WRES action plan reviewed and approved. • Discussion on the gender pay gap, and approval of a return to be submitted on the subject. • A Human Resources & Organisational Development update – particularly reporting on the staff NHS Pride day and feedback from the Beyond BAME staff group. • Healthwatch feedback • Engagement Assurance Committee feedback <p>The committee noted the discussions that had taken place at the Equalities Committee and recognised the need for a close link between the Equalities and Engagement Assurance committees.</p>
<p>10.</p>	<p>Engagement risk</p> <p>RW referred the committee to the engagement risk on the CCGs Board Assurance Framework (BAF). The BAF was reviewed each month by the IGPC and would be updated tomorrow for the committee meeting next week. Proposed amendments included noting that engagement guidance for ICS’s had been received from NHSEI and discussed at this committee, a sponsor for PPI work had been appointed, and ICS engagement development would be added as an ongoing agenda item for this committee. An outcome report from the internal audit into engagement was awaited and this may highlight additional items to add in later months.</p> <p>The committee noted the amendments proposed.</p>

11.	AOB No AOB was raised.
12.	Date of next meeting Monday 15 November 2021, 6pm to 8pm.
13.	Meeting Close The chair thanked everyone for attending and reminded all members that they could contact her at any time via email to raise an issue or comment.

DRAFT

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 front page of the CCG website	Rosemary Watts	31/07/21	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	Done. Agreed to close by committee 20/9/21	Closed
19 July 2021	Updated Terms of Reference	Committee terms of reference updated to extend tenure period for all committee members to 31.3.22.	Rosemary Watts	16/09/21	Submitted and approved by Governing Body 16.9.21. Can be closed	Closed
20 September 2021	Development of online engagement platform	Lotta Hackett to contact Helen Laker and Kike Biye concerning issues with accessing the pilot engagement portal	Lotta Hackett	24/09/21	HL's access was confirmed at the end of the meeting and LH contacted KB after the meeting to sort out access issues.	Closed
20 September 2021	Development of online engagement platform	Jenny McFarlane to check reason for White Irish missing from ethnic categories	Jenny McFarlane	24/09/21	White Irish is now included in the ethnic identity categories. 22/09/21 – omission corrected and OP advised.	Closed