

Engagement Assurance Committee

Minutes of the meeting held on Monday 21 March 2022

Via MS Teams

Members: Joy Ellery (JE) Lay member for Public and Patient Involvement
 Folake Segun (FS) Director, Healthwatch, South East London
 Orla Penruddocke (OP) Committee member
 Neville Fernandes (NF) Committee member
 Helen Laker (HL) Committee member
 Kike Biye (KB) Committee member
 Marc Goblot (MG) Committee member
 Livia La Camera (LLC) Committee member
 Stephanie Correia (SC) Committee member
 Shirley Hamilton Committee member
 Dr Faruk Majid GP Clinical lead, Lewisham borough

Present: Rosemary Watts (RW) Assistant Director for Engagement
 Jessica Levoir (JL) Head of Partnerships, Governance and Programmes

Apologies: Samantha Ross-Harding
 Claire Mayes
 Winnie Baffoe
 Jenny McFarlane
 Lotta Hackett

In attendance: Simon Beard (minute taker)

1.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone and thanked them for attending. Apologies were noted. It was noted that the committee did not have a Bexley representative present for quoracy.</p> <p>RW advised the committee that Lotta Hackett was on secondment to the University of Greenwich from 1 March. RW had recruited internally to the cover Lotta's role and was pleased to be able to confirm that Iuliana Dinu had been offered the position.</p>
2.	<p>Declarations of interest</p> <p>RW advised she has amended her declaration of interest record to reflect her appointment as secretary of a community garden project in Lambeth.</p> <p>No other changes were declared or noted.</p>

3.	<p>Minutes of the 17 January 2022 meeting, actions and matters arising</p> <p><u>i. Minutes</u> The minutes were reviewed by the committee and accepted. ACTION: RW would contact Claire Mayes outside the meeting to confirm no objections to the minutes as the Bexley representative of the committee.</p> <p><u>ii. Action log</u> Two items remained open: Methods of monitoring engagement to be added to the development of engagement strategic framework – keep open until strategy is produced. Use of digital engagement platform to support Engagement Assurance Committee (EAC) discussion on working with people and communities strategy – this was on the agenda, and should be kept open at the moment.</p> <p><u>iii. Other updates</u> <i>Let's Talk Health and Care South East London</i> RW reported that evaluation surveys had been completed on two public webinars that had been posted on the platform. The platform will be used to complement other engagement work being carried out with trusted local community organisations to gain reach across local communities on broad health and wellbeing questions and topics affecting the local population. Members were also reminded they could use the EAC dedicated space on the platform to ask questions and use as a chat forum if they wished. Log in queries should be directed to the SEL engagement team email address.</p> <p><u>iv. Citizens' panel</u> Funding had been agreed from NHSEI to develop a citizens' panel, which would be hosted on the Let's Talk Health and Care South East London platform as a discrete group. Terms of reference for the steering group was under development and the development would be led by Iuliana Dinu. A steering group chair needed to be identified, and it was planned to invite two EAC members to sit on that steering group.</p>
4.	<p>Developing the working with people and communities strategy of the SEL ICS</p> <p>RW and JL provided an update on the drafting of the vision, mission and operating principles for the strategy, and associated community engagement work.</p> <p>It had been identified that there was an issue of trust between communities and public organisations, so trusted local voice organisations were being engaged to help build relationships. To inform the working with people and communities strategy development work, and longer term to inform development of the Integrated Care System (ICS) strategy, they were being asked to seek insight from a range of communities, with emphasis on identifying the less heard from communities. To achieve this, RW had sought to commission a number of engagement lots (with a maximum budget of £2k per lot). Requests for expressions of interest were sent out widely at the beginning of February, and an information</p>

day was held on 28 February, which about 30 organisations attended. 13 bids were received. There was a tight turnaround, with final reports from the engagement activity required on 13 May in order that feedback could be incorporated into the strategy which had to be submitted to NHSEI on 27 May. An EAC meeting was planned for earlier that week so RW was planning to bring the strategy to that meeting. The strategy would also go to the ICS executive team before submission. NHSEI had acknowledged this was the first year and therefore an approach of highlighting areas for further development was acceptable. The activity undertaken needed to be appropriate to the funding offered for each lot so there was an expectation that organisations would focus on specific areas rather than spread the scope of their engagement too thinly.

SC enquired if better funding was available in subsequent years for this activity? JL advised that future year budgets were still under discussion. However, funding had been approved for engagement on the anchors programme the ICS was running, which considered how public organisations influence and impact people's lives more broadly than just health and care in our community, so it was anticipated some of this would be available to support engagement activity and looking at how to build on the engagement work the local trusted organisations were doing. EAC expected assurance that the organisation was investing properly in public engagement. JE highlighted that part of her role was to ensure this. RW reassured the members that all engagement team posts were being lifted and shifted into the Integrated care Board (ICB). RW had also set up an engagement practitioners' network to ensure alignment on engagement activity across ICS partner organisations including local authorities.

RW and JL both agreed that the team could learn lessons for the funding approach used this time to identify funding pots across teams and to continue to engage with smaller organisations to build community relationships.

Moving back to the strategy, the members were advised that following the conversations at the last EAC on use of the phrase "health inequalities", a variety of sources had been used to seek advice, including the engagement practitioners' network, the CCG's Equalities Committee and King's Fund website. As a result, a shorter vision statement had been written, with a slightly longer mission statement.. The members liked the use of "systematic" and felt it reflected the structural issues that can create differences in access and outcomes. The members also considered if the mission statement was too health orientated and reflected the local authorities' responsibilities enough. There was a need to be careful about broad descriptions such as "wider determinants of health" that people may not understand fully.

JE recorded thanks to RW and JL for their work in redrafting the the vision, mission and operating principles for working with people and communities.

ACTION: RW to add "systematic" to the second principle, and the mission statement.

<p>5.</p>	<p>Report of the ICS public engagement webinars</p> <p>The members were advised that two public engagement webinars had been held, on 1 March and 9 March, to introduce the ICS to local people, and improve understanding of what an ICS is and its aims and priorities. Integrated Care Board governance was also highlighted with the draft constitution shared for comment. 160 people attended over the two webinars, with over 240 booked to attend. A range of speakers had presented, to demonstrate how people contributed across ICS. These included Ben Collins to discuss the priorities of the ICS and the governance in place, the managing director of the acute provider collaborative (APC), local authority representatives, and vaccination project representatives. It was noted that, when asked, a lower number of people said they understood what the ICS was and would offer compared to those who knew it was coming.</p> <p>A report on the webinars was still in draft but was presented to the EAC. Once signed off, there would also be a link to a news article on the website. In total 23 responses had been received to the evaluation, which was very low compared to the 160 participants. Two feedback submissions were received on the Constitution, with one focussed on governance and transparency and one focussed working with people and communities.</p> <p>JE noted that on the poll statistics, for the question on whether the respondent knew what the ICS was, in webinar one 56% said yes at beginning compared to 67% at the end, whereas in webinar two 75% said yes at the beginning compared to 93% at end. Did this mean something was learnt in session one which meant a different approach in session 2? There was no definite evidence of this.</p> <p>SC asked if the number of people who attended met expectations, given the disappointing number who booked but did not attend.</p> <p>It was noted that a lot of people preferred a different example of partnership working than vaccinations – RW acknowledged this and was looking at alternatives but over the last two years this had been the focus.</p> <p>HL advised that local authority engagement is increasing its move to face to face formats, and found they were encountering a lot of people not able to embrace webinars. RW was look at a variety of other ways, including roadshows as an option. Healthwatch were now doing face to face outreach work.</p> <p>EAC members noted the update.</p>
<p>6.</p>	<p>Update and discussion on creation of ICS website</p> <p>Members were updated on the development of a new ICS website, and some EAC members had been involved in user testing. The website would have an ICB section but it was primarily an ICS website. Some time had been spent on getting the look and feel right but it was now at a key stage in development with key pages going live next month. A phased launch was planned, starting from April, with a final set of pages going live in June ahead of the 1 July ICB statutory launch date. Development was moving quickly but it was important that the website was useful</p>

	<p>and accessible. Test was continuing. Some new analytics had been invested in to look at how people are using the site and what they are reading. This will enable further development and evolution as time progressed. Pages had been shared with the EAC members, who were asked for feedback.</p> <p>Feedback provided at the meeting included:</p> <ul style="list-style-type: none"> • Like the look of it, with the local stories and images. • What are people going to the website for? Currently it talks about partnership working but more likely they will want information on local services which has been stated as a longer term development. Need to think about what the priority should be for adding items to the site. • Could social prescribing information be added early on? • What is the purpose of the website – is it about explaining what the ICS is? Or are we still on a journey to understand what the public want to use the website for? • Could “what’s on in your area” be added as a feature? • Internet searches normally have a question – to drive traffic to the site could there be a Q&A page that answers questions raised. • In the first phase, will there be links to borough websites? This could meet peoples needs to get information immediately? • The more dynamic content and interactive links are in the lower part of the pages with static content at the top – need to think about the layout. • Think about accessibility – e.g. labels on images, colour contrasts, ability to listen to posts. • How will people know about this site? Will it be linked to social media to drive traffic to it? • Does it include forums online? • Consider linking to gov.uk website <p>JL thanked everyone for their comments. Some stretch targets had already been set and the team were still working out how to meet those which is why there were still areas of development, including thinking about how to make the site unique. The team were also looking at the website presence other partners have developed and had a technical way that information on a partner’s website could be pulled across into the ICS website. Social media channels were already in place and there was a plan to link to the Let’s Talk Health and Care South East London platform, though they would be kept a separate platforms. There would also be a communications campaign at some point, but this needed to happen once the site was developed – there was one chance to engage people otherwise they would not go back.</p> <p>ACTION: JL to take feedback from members back to the development team for consideration.</p>
7.	Update from Healthwatch

	<p>FS provided the committee with an overview of the current developments for Healthwatch. FS recognised that the Healthwatch organisations in south east London worked well together, but they were reviewing how to work in an ICS as they would need to think about peoples experience of care at PCN level, LCP level and at SEL level. Lots of conversation about information sharing and the challenges that presented, were currently underway. Part of this was also about considering the risks Healthwatch might face within an ICS, such as an inability to work together. The focus of work at present was on equality of care, safety and equality, looking at what that meant in terms of independence, and working in partnership/ as an extension of the system. The team needed to think about how to deal with situations where things are not working well, understand who to take concerns to, and how to make sure intelligence was used as frequently as possible. The teams were trying to adjust quickly in step with the system.</p> <p>There was a plan in 2022/23 to do some joint work on geriatric care in acutes, but the projects or methodology were not yet defined. Healthwatch were looking to use this as a proof of concept about how to work in the future.</p> <p>The team were also reviewing the SEL patient group. Work was taking place independently in borough Healthwatch groups, using the borough as a hook for engagement with seldom heard voices, tying into other issues such as poverty.</p> <p>FS also advised that there were a number of staff changes in Healthwatch over the next few weeks – the chief executive of Lambeth Healthwatch was moving on, as well as several internal moves and appointments.</p> <p>OP enquired when the guidance on how Healthwatch works with the ICS will be available. Broad guidance had been provided by Healthwatch England but each Healthwatch was an independent member so Healthwatch England was unable to mandate how to operate.</p> <p>The committee noted the Healthwatch Report.</p>
<p>8.</p>	<p>Feedback from Equalities Committee</p> <p>FM updated the members on the subjects discussed at the equalities committee (EC) meetings since the last EAC. Highlighted were:</p> <ul style="list-style-type: none"> • Mental health deep dive – a presentation looked at new work being done and investment that has been made. Because mental health commissioning occurred at both borough and south east London level, inequalities had arisen over time between boroughs. The deep dive covered a number of areas, including learning disabilities (LD) and Severe Mental Illness (SMI). It was noted that there was a 10 to 20 year difference on life expectancy for LD and SMI clients, so EC focussed on physical and mental health of that group of people. The deep dive also looked at ADHD, and a push to co-ordinate how this is supported to ensure even access across boroughs to reduce waits. A sector wide mental health programme was looking to address change across the system. Suicide prevention services were also

	<p>considered, looking at how to support associated groups as well as individuals.</p> <ul style="list-style-type: none"> • The committee reviewed the latest Public Sector Equality Duty (PSED) assessment, which was also presented to governing body for approval. This looked at people with protected characteristics and how our services maintain equality of provision. • The CCG's work on the Workforce Race Equality Standard (WRES) was praised, and the committee were appraised of a new requirement to report on workforce disability standards (WDES). • The committee received a report on the CCG's performance on the gender pay gap since April 2021. There had been some improvement and it was noted that people were not discriminated within grades but that the number of females in lower grades was higher. • Menopause in workplace was discussed, with the committee looking at how the CCG seeks to understand the challenges for people experiencing this and has appointed champions to provide support. • The CCG also had good coverage of LGBTQ month, using rainbow lanyards to publicise events. EAC briefly discussed the use of effectiveness of lanyards as a way of publicising issues. • The Beyond BAME group had fed back to EC, continuing to meet on a regular basis and talking about unconscious bias and mediation training. • Presentations had been received on equalities in recruitment, training and buddying. <p>It was acknowledged that the equalities committee had made a real impact and there was a strong desire to ensure the momentum was carried forward into the ICB. JE seconded this and wanted to ensure the working together of the EC and EAC was carried forward into the ICB.</p>
<p>9.</p>	<p>Engagement risk</p> <p>RW referred to the latest published Board Assurance Framework risk on engagement, reminding the members that she would be updating the risk in the next few days. The risk score had not been changed this month. Controls in place included the EAC and other assurance processes directed by RW.</p>
<p>10.</p>	<p>AOB</p> <p>HL enquired if it would be possible for the committee to meet in person before disbanding. It was likely that the online format would continue due to the geographical spread of members.</p>
<p>11.</p>	<p>Date of next meeting</p> <p>Monday 23 May 2022, 18:00 - 20:00.</p>
<p>12.</p>	<p>Meeting Close</p> <p>The chair thanked everyone for attending and their valuable input.</p>

	The meeting closed at 19.56.
--	------------------------------

DRAFT