

**North Central London Clinical Commissioning Group
Public and Patient Engagement and Equalities Committee**

Thursday 21 April 2022

2:15 to 4:15pm

Voting Members:	
Mr Ian Bretman	Lay member, Public and Patient Engagement, Governing Body Member, Committee Chair
Dr Peter Christian	GP Representative, Governing Body Member
Mr Richard Dale	Executive Director of Transition
Ms Claire Johnston	Nurse representative, Governing Body Member
Mr Arnold Palmer	Lay member, General Portfolio, Governing Body Member
Mr Ian Porter	Executive Director Corporate Services
Non-Voting Member:	
Ms Swetlana Wolf	Deputy Director of Quality and Safeguarding (representing Kay Matthews)
In Attendance	
Ms Kaltun Adbillahi	Community Member
Mr Martin Emery	Senior Engagement Manager
Mr Emdad Haque	Senior Equality, Diversity and Inclusion Manager
Ms Stacey Kennedy	Chair of BAME Group (item 2.1)
Ms Sarah Perrett	Vice-Chair of Disability Network Group (item 2.1)
Ms Fran McNeil	Assistant Director of Communications and Engagement
Ms Penny Mitchell	Director of Population Health (item 2.7)
Ms Caroline Rowe	Head of Communications and Engagement
Ms Vee Scott	Senior Communications and Engagement Manager
Ms Lizzie Stimson	Senior Engagement Manager
Ms Emma Whitby	Healthwatch, Islington
Andrew Tillbrook	Deputy Board Secretary
Apologies for Absence	
Mr Nishan Dzvingozyan	Community Member
Ms Chloe Morales Oyarce	Head of Communications and Engagement, North London Partners
Ms Darshna Pankhania	Deputy Director of HR, OD and EDI
Dr Clare Stephens	GP Representative, Governing Body Member
Ms Alex Watson	Deputy Head of Patient and Public Engagement

1.	Introduction
1.1	Introductions and Apologies for Absence
1.1.1	The Chair welcomed everybody to the meeting. The Committee noted that Dr Jo Sauvage had stood down as Chair of the CCG and associated responsibilities from the 31 March 2022. Dr Charlotte Benjamin had been elected CCG Chair from 1 April to the 30 June and Dr John McGrath had been elected as Clinical Vice-Chair for the same period. Dr Peter Christian was welcomed to the meeting, providing clinical representation now that Dr Sauvage had stood down. Apologies were noted and recorded as above. The items discussed were taken out of order to accommodate attendance and quoracy but are recorded below in agenda order.
1.2	Declaration of Interests
1.2.1	The Register of Interests was considered and noted.
1.2.2	No declarations of actual or potential interests were made by members and attendees with regard to the business listed on the agenda.
	The Committee noted the Declarations of Interest Register
1.3	Declarations of gifts and hospitality
1.3.1	There were no declarations of gifts and hospitality.
1.4	Minutes of the last meeting, 10 February 2022
1.4.1	The Minutes of the meeting held on the 10 February 2022 were considered and agreed as a true record.
	The Committee AGREED the minutes of the meeting held on the 10 February 2022
1.5	Action Log
1.5.1	The action log was considered, updated and noted.
	The Committee NOTED the Action Log
2.	BUSINESS
2.1	Staff Diversity Networks updates
2.1.1	Ms Kennedy and Ms Perrett were welcomed to the committee; each providing an update on activities of their respective networks: <ul style="list-style-type: none"> • As Chair of the BAME network, Ms Kennedy advised members of the following activities: <ul style="list-style-type: none"> ○ Staff engaged and contributed to the Black History Month in October 2021, which has helped to establish Black History 365, holding a series of topics on a monthly basis such as sports and music and cultural explorations from Irish history (St Patrick's Day), Ramadan and Filipino cuisine ○ Mind the gap programme (creating awareness about different skin colours with the GP network) ○ The discriminatory effects brought about by the war in Ukraine, in the context of the difficulties that the inhabitants have in crossing borders and seeking succour on other countries across Europe ○ The See Me First campaign would continue to be supported, building on the 76 pledges so far made by staff

	<ul style="list-style-type: none"> As Vice-Chair of the Disability network, Ms Perrett advised members of the following activities: Disability History Month in November 2021 included presentations about autism in the workplace, followed by a range of awareness raising months, covering ovarian, bowel and prostate cancer and stress. Looking ahead, mental health and hoarding awareness weeks would be highlighted The network was discussing proposals for supporting staff returning to an office environment post lockdown, the workplace adjustment passport, review of the staff survey results and to relaunch the carer's element of the network.
2.1.2	<p>In discussion, the following observations and suggestions were made:</p> <ul style="list-style-type: none"> Carers UK had been undertaking a major project to support the NHS, noting that 1 in 5 NHS staff had carers' responsibilities (Action PPEE 037 Martha Wiseman to provide contact details to Sarah Perrett) To extend the Mind the Gap campaign to midwifery; and, in turn bringing this campaign to the attention of the ICB's Chief Medical Officer and Chief Nursing Officer to help influence clinical pathways and support all ethnic groups. It was noted that this suggestion would be potentially wider than the ICB, geographically To explore opportunities to increase equity for applying for employment in the CCG (and its successor), eg, alternatives to on line application, use of language, hours, flexible working etc to encourage diversity of application NHSE was in the process of developing a toolkit on best practice to support disabled people to apply for jobs, to help the process become more fit for purpose Trusts in the NCL area including BEHMHT and CIFT already have workplace adjustment passports and carers' passports in operation.
	The Committee NOTED the presentations and updates
2.2	NCL CCG Engagement Report
2.2.1	Ms McNeil referred to the above report which was taken as read. Note was made of the continuing work with the Covid vaccine and booster programmes, with focus on communities who are not so readily accessing health services as well as reinstating more business as usual activities, post pandemic.
2.2.2	In reviewing the report, members appreciated its straightforward approach and embedding the listening aspect of how the CCG engaged with residents. The approach had demonstrated the importance of being able to signpost residents to other agencies for support; e.g., interest in the Seasonal Health Information Network was triggered by the Winter Wellness campaign (to get vaccinated) as residents wanted to know how to saving money on their energy bills. Work would continue on how the CCG engaged with residents to increase effectiveness.
	The Committee NOTED the report
2.3	Proposed Integrated Health and Wellbeing Hub – Wood Green
2.3.1	Ms Scott introduced the above consultation presentation, led by Whittington Health, in partnership with NCLCCG, North Middlesex University Hospital NHS Trust, Barnet, Enfield and Haringey Mental Health NHS Trust and Haringey Council. Particular note was made of the: <ul style="list-style-type: none"> Comprehensive twelve week consultation concerning the potential move of the Hub to the Mall Shopping Centre in Wood Green to increase accessibility of health care provision to residents

	<ul style="list-style-type: none"> • If the relocation proceeds, the Community Diagnostic Centre would open in summer 2022 • Discussions were in train between the Whittington and local authority as regards establishing complementary services alongside the Hub.
2.3.2	<p>In discussion, Committee members made the following comments and observations:</p> <ul style="list-style-type: none"> • The proposal to locate diagnostic services closer to the community was welcomed • The depth and complexity of engagement with residents was recognised • Clinical and administrative staff had also been part of the engagement process, who had also indicated broad support for this development.
	The Committee NOTED the report
2.4	Winter resilience community outreach project – interim report
2.4.1	<p>Ms Rowe introduced the above report which focussed on the community outreach element on the winter resilience campaign, with the support of voluntary sector organisations. Emphasis had been on encouraging dialogue between residents and the CCG, sharing information on what services the NHS provides as well as listening about their health care experiences. Particular note was made of the significant support received from the voluntary and community sectors and their rapid response to help drive this project, as well as the diversity of engagement with residents, which the CCG would not have been able to do on its own. It was important to assess the information / feedback received and determine the next steps to ensure best use is made of the data collected, including how best to share the information and reflect on lessons learned.</p>
2.4.2	<p>In considering the report, members put forward a range of comments:</p> <ul style="list-style-type: none"> • To adopt this model of engagement to support: <ul style="list-style-type: none"> ○ The Urgent Care / 111 review to help gather resident feedback on this service ○ The impact of fuel and food poverty • The momentum in sharing best practice across statutory and voluntary agencies, honing more effective signposting advice services • Developing a more strategic (as opposed to project by project) based approach with the voluntary and community sector agencies, which would supported by each of the borough's community action research projects • In collating the evaluation feedback from this type of community engagement, it was hoped this model of engagement could be adopted for many other projects and agencies for the longer term, particularly with the closer working across the health and social care service with the advent of the integrated care system (ICS) • Recommending that this report is presented to the CCG's Community Partnership Forum, noting its potential relevance to Health and Wellbeing Boards as they have a wide remit and oversight in the fields of health and social care. (Action PPEE 038 Fran McNeil)
	The Committee NOTED the report
2.5	North Central London Integrated Care System Transition – Engagement Overview
2.5.1	<p>Ms McNeil introduced the above report and highlighted the following key areas:</p> <ul style="list-style-type: none"> • The Community Partnership Forum was now established • The VCSE Alliance was now also formally established and was in the process of developing a work programme

	<ul style="list-style-type: none"> The draft strategies on Working with our Communities and Working with our VCSE (which had been presented to the previous Committee meeting), had been appraised positively by the Consultation Institute and NHSE/I, so providing additional assurance for final submission to NHSE/I by the end of May The suggestion to present the final versions of these strategies along with a year 1 delivery plan (Action PPEE 039) to the next meeting The commencement of an organisational development project to bring Trusts, Local Authorities and CCG communication and engagement, and operational colleagues together to develop a communications model for the Integrated Care System.
2.5.2	The Chair expressed his thanks to the Communications and Engagement Team for the progress made in preparing for transition to the ICS.
	The Committee NOTED the report
2.6	Engaging People and Communities section of Annual Report 2021/22
2.6.1	Ms McNeil introduced the above report which was taken as read. Members noted: <ul style="list-style-type: none"> The report section was to provide a general breadth of the work undertaken as well as a forward look to transition with the CCG due to become part of the ICS They were welcome to comment and provide feedback to the Communications and Engagement Team by end of April NHSE/I had provided confirmation that the CCG's Annual Assurance process with regard to resident and patient engagement work, had been approved.
2.6.2	The Chair and Mr Porter expressed their thanks to Committee members and the Communications and Engagement for their contribution to the report.
	The Committee NOTED the report
2.7	Fertility Policy update
2.7.1	Ms Mitchell and Mr Emery introduced the report from which the key headlines were noted: <ul style="list-style-type: none"> The final engagement report was circulated to residents and stakeholders (including Healthwatches and Health Overview Scrutiny Committees on the 16 March) There had been 21 engagement meetings and 439 responses to the review (with over 2,000 webpage views) The respondents represented a wide demographic, and, whilst feedback was supportive, there remained some concerns from groups regarding eligibility criteria Throughout the review, there was regular referral to the CCG's clinical reference group, reference to national guidance and clinical evidence as well as the hosting of a series of Governing Body seminars; along with support from the NHSE/I Lead for LGBTQ+ The policy was in the final stages for approval, which was due to take place at the CCG's Strategy and Commissioning Committee in May 2022 From the approval process, an implementation plan was being prepared to help roll out the policy and promulgate its existence by mid-2022 Patient choice had been reviewed and now regularised for all residents in NCL to have choice of provider.
2.7.2	In considering the engagement element of the review, the following observations were made:

	<ul style="list-style-type: none"> • The sensitivity and complexity to which the engagement process had been conducted • The potential risks associated with patient choice if a provider does not meet the patients expectations / treatment, especially with uncertainties associated with fertility treatment • The psychological sense of loss when treatment is unsuccessful is embedded in the policy • The EQIA process was created and followed carefully and set a robust benchmark to support further reviews • The review evidenced a range of residents seeking support and treatment with widely varying views of need, expectations; the EQIA supported the policy to be as open and transparent as possible • Once the policy was launched, work would continue to monitor its effects on demand across the providers in NCL, supported further under the aegis of the ICB coming into effect from the 1 July • The expectation under Human Fertilisation and Embryology Authority guidance that all providers in NCL would undertake and meet emotional and psychological support needs for patients.
	The Committee NOTED the report
2.8	Equality, Diversity and Inclusion Progress Report
2.8.1	<p>Mr Haque introduced the above report, noting:</p> <ul style="list-style-type: none"> • The Workforce Race and Equality Standard and Disability Equality Standard Reports would be brought to June Committee for consideration and approval • An action plan for 2022/23 was in progress to cover the learning from the WRES and DES reports • A template for running Book and Film Clubs across the NCL system and other CCGs was being developed with the support of NHSE/I • Robust support of the equality impact assessment exercise for the NCL wide review of urgent care and 111 services to ensure inclusivity • Support a review of workforce recruitment to help the process be more equitable and inclusive.
	The Committee NOTED the report
2.9	Healthwatch update
2.9.1	<p>Ms Whitby introduced the above report on behalf of the five boroughs in NCL. Particular attention was drawn to:</p> <ul style="list-style-type: none"> • The Long Covid study, a collaborative effort between all five Healthwatches and the CCG, had revealed some demographic anomalies as to who had Covid and those accessing services. Initial indications suggested differences across ethnic groups, class and those who have a good understanding of the healthcare system to seek appropriate care and support • An NCL wide NHSE/I funded study on hyper tension • Ensuring a smooth transition between work with the CCG to the ICS • The continuing concern regarding access to dentistry services and potentially discriminatory effects access has for certain sections of the community.
	The Committee NOTED the report
2.10	Community Member ‘Spot’

2.10.1	<p>Ms Adbillahi updated the committee on the work connected with</p> <ul style="list-style-type: none"> • The Fertility Review Group • The voluntary sector strategic review • The local authority (Enfield) and links to helping residents with Long Covid' • Trying to keep the momentum for the vaccination take up, against a perception amongst the general population that the pandemic is over.
	The Committee NOTED the oral update
3.	GOVERNANCE
3.1	Risk Register
3.1.1	Mr Porter introduced the above report which was taken as read. The Committee noted that The predetermined resource to maintain the Communications and Engagement Team at a time when it is managing several major review and campaigns. An exercise was underway to review of capacity across the ICS system.
	The Committee NOTED the Risk Register; no changes in risk ratings were required
3.2	Committee Forward Planning
3.2.1	The Chair reminded members that the June meeting would be the last meeting before the CCG's period of operation was due to end on the 30 June. It was recommended that part of the June meeting should enable an opportunity to reflect the Committees' achievements and suggesting matters that should be brought forward. Members were invited to consider and forward suggestions to the Chair on what worked well and what could be improved. Note was made of issues that would be best addressed as a system in the future (as part of the ICS) would be welcome.
	The Committee NOTED the Forward Planner
4.0	Any Other Business
4.1	There was no other business.
5.0	Date of next meeting
5.1	<ul style="list-style-type: none"> • 9 June: 2:15 to 4:15pm
5.2	The Chair closed the meeting at 4.35pm