

**North Central London Clinical Commissioning Group  
Public and Patient Engagement and Equalities Committee  
Thursday 10 June 2021 2:30 to 4:45pm  
By EMAIL**

**CONFIDENTIAL – NOT FOR CIRCULATION**

| <b>MEMBERSHIP</b>      |   |
|------------------------|---|
| <b>Voting Members:</b> |   |
| Mr Ian Bretman         | Lay member, Public and Patient Engagement, Governing Body Member, Committee Chair |
| Dr Jo Sauvage          | 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   |
| Dr Clare Stephens      | GP Representative, Governing Body Member  |
|                        |   |

| <b>Non-Voting Members</b> |   |
|---------------------------|---|
| Ms Kay Matthews           | Executive Director for Quality and Safety |
|                           |   |

| <b>Attendees:</b>       |  |
|-------------------------|--|
| Ms Kaltun Adbillahi     | Community Member   |
| Ms Sonia Amos           | Senior Engagement Manager  |
| Mr Nishan Dzhingozyan   | Community Member   |
| Mr Steve Ebert          | Head of Communications and Engagement  |
| Mr Martin Emery         | Communications and Engagement Manager  |
| Mr Emdad Haque          | Senior Equality, Diversity and Inclusion Manager   |
| Ms Chloe Morales Oyarce | Head of Communications and Engagement, North London Partners                             |
| Ms Fran McNeil          | Assistant Director of Communications and Engagement                                      |
| Mr Jo Murfitt           | Programme Director for NCL CCG Strategic Reviews of Community and Mental Health Services |
| Ms Darshna Pankhania    | Deputy Director of Human Resources / Organisational Development                          |
| Ms Rakshita Patel       | Research and Engagement Manager, Healthwatch Haringey                                    |
| Ms Martha Wiseman       | Community Member   |
| Andrew Tillbrook        | Deputy Board Secretary   |
|                         |  |
| <b>Observers:</b>       |  |
| Ms Lizzie Stimson       | Senior Engagement Manager  |

| <b>APOLOGIES</b> |                        |
|------------------|------------------------|
| Ms Emma Whitby   | Healthwatch, Islington |
|                  |                        |

Circulation:  
As per list above plus Healthwatch Chairs and Chief Executives across NCL

## AGENDA

| Item       | Title   | Lead   | Action  | Page  | Time            |
|------------|---|--|---------|-------|-----------------|
| <b>1.</b>  | <b>INTRODUCTION</b>   |  |         |       |                 |
| 1.1        | Welcome and Apologies   | Chair  | Note    | Oral  | 2:30 to<br>2:45 |
| 1.2        | Declarations of Interest  | Chair  | Note    | 3-6   |                 |
| 1.3        | Declarations of Gifts and Hospitality   | Chair  | Note    | Oral  |                 |
| 1.4        | Minutes of the last meeting, 15 April 2021  | Chair  | Approve | 7-13  |                 |
| 1.5        | Action Log  | Chair  | Note    | 14    |                 |
| <b>2.</b>  | <b>BUSINESS</b>   |  |         |       |                 |
| 2.1        | HR / OD reports: <ul style="list-style-type: none"> <li>▪ Refreshed EDI Forward Planner (2021-2022)</li> </ul>  | Darshna Pankhania / Emdad Haque                          | Note    | 15-24 | 2:45 to<br>2:55 |
| 2.2        | Engagement Updates <ul style="list-style-type: none"> <li>• System engagement activity (to cover all ICS / ICP and CCG engagement)</li> <li>• Engagement Advisory Board forward plan</li> <li>• Community engagement uptake on Covid</li> </ul> | Fran McNeil / Chloe Morales Oyarce                       | Note    | 25-35 | 2:55 to<br>3.10 |
| 2.3        | Healthwatch Borough Reports   | Rakshita Patel   | Note    | 36-42 | 3:10 to<br>3.25 |
| 2.4        | Fertility Policy review   | Martin Emery   | Note    | 43-53 | 3:25 to<br>4:05 |
| 2.5        | Mental Health Review and Community Services Review  | Steve Ebert / Sonia Amos / Jo Murfitt                    | Note    | 54-62 |                 |
| 2.6        | Community Member 'spot'   | Kaltun Adbillahi<br>Nishan Dzhangozyan<br>Martha Wiseman | Verbal  | ----  | 4:05 to<br>4:20 |
| <b>3</b>   | <b>Governance</b>   |  |         |       |                 |
| 3.1        | Risk Register   | Ian Porter   | Note    | 63-68 | 4:20 to<br>4:25 |
| 3.2        | Committee forward planning  | Andrew Tillbrook   | Note    | 69    | 4:25 to<br>4:28 |
| <b>4</b>   | <b>Any Other Business</b>   |  |         |       |                 |
| <b>5.1</b> | <b>Dates of future meetings</b>   |  |         |       |                 |
| 5.1        | All on a Thursday, all from 2:30 to 4:30...<br>12/08/2021<br>07/10/2021<br>02/12/2021<br>10/02/2022   |  |         |       |                 |

**North Central London CCG  
Public and Patient, Engagement and  
Equalities Committee Meeting  
10 June 2021**

|                     |   |                         |
|---------------------|---|-------------------------|
| <b>Report Title</b> | Declaration of Interests Register –<br>NCL CCG Public and Patient, Engagement<br>and Equalities Committee | <b>Agenda Item:</b> 1.2 |
|---------------------|---|-------------------------|

|  |   |  |  |
|--|---|--|--|
| <b>Governing Body Sponsor</b>  | Mr Ian Bretman<br>Committee Chair and<br>Governing Body member  | Tel/Email                                | <a href="mailto:ian.bretman@bhs.net">ian.bretman@bhs.net</a> |
| <b>Lead Director / Manager</b>   | Mr Ian Porter<br>Executive Director for<br>Corporate Services   | Tel/Email                                | ian.porter3@nhs.net  |
| <b>Report Author</b>   | Andrew Tillbrook<br>Deputy Board Secretary  | Tel/Email                                | andrew.tillbrook@nhs.net                                     |
| <b>Name of Authorising Public and Patient Engagement and Equalities Lead</b> | <i>Not Applicable</i>   | <b>Summary of Financial Implications</b> | <i>Not Applicable</i>  |
| <b>Report Summary</b>  | <p>Members and attendees of the Public and Patient Engagement and Equalities Committee are asked to review the agenda and consider whether any of the topics might present a conflict of interest, whether those interests are already included within the Register of Interest, or need to be considered for the first time due to the specific subject matter of the agenda item.</p> <p>A conflict of interest would arise if decisions or recommendations made by the Governing Body or its Committees could be perceived to advantage the individual holding the interest, their family, or their workplace or business interests. Such advantage might be financial or in another form, such as the ability to exert undue influence.</p> <p>Any such interests should be declared either before or during the meeting so that they can be managed appropriately. Effective handling of conflicts of interest is crucial to give confidence to patients, tax payers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money.</p> <p>If attendees are unsure of whether or not individual interests represent a conflict, they should be declared anyway.</p> |  |  |
| <b>Recommendation</b>  | To <b>NOTE</b> the Declaration of Interests Register and invite members to inspect their entry and advise the meeting / Board Secretary of any changes.   |  |  |

|   |  |
|---|--|
| <b>Identified Risks and Risk Management Actions</b> | The risk of failing to declare an interest may affect the validity of a decision / discussion made at this meeting and could potentially result in reputational and financial costs against the CCG. |
| <b>Conflicts of Interest</b>                        | The purpose of the Register is to list interests, perceived and actual, of members that may relate to the meeting.   |

|                                 |                       |
|---------------------------------|-----------------------|
|                                 |                       |
| <b>Resource Implications</b>    | <i>Not Applicable</i> |
| <b>Engagement</b>               | <i>Not Applicable</i> |
| <b>Equality Impact Analysis</b> | <i>Not Applicable</i> |

|   |  |
|---|--|
| <b>Report History and Key Decisions</b> | The Declaration of Interests Register is a standing item presented to every meeting of the Public and Patient Engagement and Equalities Committee.         |
| <b>Next Steps</b>                       | The Declaration of Interests Register is presented to every meeting of the Public and Patient Engagement and Equalities Committee and regularly monitored. |
| <b>Appendices</b>                       | The Declaration of Interests Register.   |

NCL CCG PPEE Committee Declaration of Interest Register - June 2021

| First Name     | Second Name | Current Position (s) held-<br>i.e. Governing Body, Member practice, Employee or other   | Declared Interest - (Name of the organisation and nature of business)   | Type of Interest         |                                      |                                  | Is the interest direct or indirect?    | Nature of Interest  | Date of Interest   |   |  |  |
|----------------|-------------|---|---|--------------------------|--------------------------------------|----------------------------------|--|---|--|---|--|--|
|                |             |   |   | Financial Interests      | Non-Financial Professional Interests | Non-Financial Personal Interests |  |   | From   | To  | Date declared  | Updated  |
|                |             |   |   |                          |                                      |                                  |  |   |  |   |  |  |
| <b>Members</b> |             |   |   |                          |                                      |                                  |  |   |  |   |  |  |
| Ian            | Bretman     | Lay Member of NCL CCG Governing Body<br>Member of Covid Response Oversight Committee<br>Member of NCL CCG Governing Body<br>Chair of Patient and Public Engagement Committee<br>Chair of Primary Care Procurement Committee<br>Member of Audit Committee<br>Member of Remuneration Committee<br>Attend other committee meetings as and when required  | Citizens Advice Bureau, Barnet<br><br>Biomedical Healthcare Ltd<br><br>Timewise Foundation CIC<br><br>Timewise Jobs Ltd<br><br>Timewise Solutions Ltd   | No<br>No<br>No<br>No     | Yes<br>No<br>No<br>No                | No<br>Yes<br>no<br>no            | Direct<br>Indirect<br>Direct<br>Direct | Trustee<br><br>Son is a senior technical manager in a company offering an App for people to manage prescription requests and long-term medication programmes<br><br>Provides occasional consultancy services for this social enterprise that helps organisations make better use of flexible working.   | 01/04/2017<br><br>01/04/2017<br><br>17/10/2018<br><br>15/05/2019<br><br>15/05/2019 |   | 14/08/2019<br><br>14/08/2019<br><br>01/10/2019<br><br>01/10/2019 | 11/05/2020<br><br>11/05/2020<br><br>11/05/2020<br><br>11/05/2020 |
| Claire         | Johnston    | Registered Nurse of NCL CCG Governing Body<br>Member of Primary Care Committee<br>Member of Quality Committee<br>Member of Medicines Management Committee<br>Member of Public and Patient Engagement Committee<br>Member of Covid Reponse Oversight Committee<br>Member of IFR Panel  | Our Time<br><br>Nursing and Midwifery Council<br><br>The Guardian   | No<br>No<br>No           | Yes<br>Yes<br>No                     | No<br>No<br>No                   | Direct<br>Direct<br>Indirect           | Chair of Trustees . A charity which provides interventions and campaigns for children and young people with a mentally ill parent.<br><br>Registrant Member<br><br>Spouse is Public Services Editor   |  |   | 12/09/2019<br><br>12/09/2019<br><br>12/09/2019                   | 31/03/2021<br><br>31/03/2021<br><br>12/05/2020                   |
| Arnold         | Palmer      | Lay Member of NCL CCG Governing Body<br>Chair of Remuneration Committee<br>Member of IFR Appeals Panel<br>Member of Strategy and Commissioning Committee<br>Member of Primary Care Commissioning Committee<br>Member of Finance Committee<br>Member of Audit Committee<br>Member of Public and Patient Engagement Committee   | A & C Palmer Associates<br><br>Mental Health & Community Service Review, led by Carnell Farrar  | Yes<br>No                | No<br>Yes                            | No<br>Yes                        | Direct<br>Direct                       | Director and Owner of private LTD company, providing training, executive coaching and consultancy services (including coaching and consultancy services to the NHS but excluding NCLCCG)<br>Spouse is also a shareholder and company secretary.<br><br>Member of the Programme Board - from May 2021 to March 2022.<br>An acquaintance of a partner at Carnell Farrar, known of since 1995, as professional colleagues at the same NHS Trust. | 01/01/2006<br><br>05/05/2021   | current<br><br>current                        | 16/04/2020<br><br>11/05/2021                                     |  |
| Dr Jo          | Sauvage     | Chair of NCL CCG Governing Body<br>Chair of Covid Response Oversight Committee<br>Chair of A&E Delivery Board<br>Member of NCL Urgent and Emergency Care Delivery Board<br>Member of Islington HWBB<br>Member of Joint Haringey & Islington HWBB<br>Member of NCL Strategy and Commissioning Committee<br>Chair of Islington Community Education Provider Network<br>Co-Chair NCL STP Clinical Cabinet<br>NCL CCG Chair representative on STP Transformation Group<br>Member of NCL Local Workforce Advisory Board<br><br>Also attend sub committees of the Governing Body as and when required | City Road Medical centre<br><br>NHS Clinical Commissioning Board<br><br>Chair of Wellbeing Partnership<br><br>South Islington Primary Care Network<br><br>NHSE / I Clinical Lead for Sustainability | Yes<br>Yes<br>Yes<br>Yes | Yes<br>Yes<br>Yes<br>Yes             | No<br>No<br>No<br>No             | Direct<br>Direct<br>Direct<br>Direct   | City Road Medical Centre is a member of the Islington GP Federation - The share is formally held in the name of Dr Philly O'Riordan, one of my partners<br><br>The practice holds a single share in the Islington GP Group Ltd trading as Islington GP Federation.<br><br>Board member<br><br>Practice is a member<br><br>Systems and governance for London to support ICS deliver the Net zero targets of the NHS net zero plan.             | 02/02/2017<br><br><br><br>01/06/2019<br><br>01/12/2020                             | current<br><br><br><br>current<br><br>current | 06/11/2018<br><br><br><br>30/08/2019<br><br>02/12/2020           | 11/05/2020<br><br><br><br>11/05/2020<br><br>11/05/2020           |
| Dr Clare       | Stephens    | Barnet Clinical Representative, NCL CCG Governing Body<br>Chair of Medicines Management Committee<br>Member of Public and Patient Engagement Committee<br>Member of the Quality and Safety Committee  | Federation of GP Practices in Barnet  | yes                      | yes                                  | yes                              | direct                                 | Wholly clinical sessional GP work providing extended access clinical appointments to patients registered in Barnet  | 01/11/2020   | current                                       | 26/03/2021   |  |

NCL CCG PPEE Committee Declaration of Interest Register - June 2021

|              |                |   |  |     |     |     |          |  |            |         |            |            |
|--------------|----------------|---|--|-----|-----|-----|----------|--|------------|---------|------------|------------|
|              |                |   | Thermovista UK Ltd   | yes | yes | yes | direct   | Director and shareholder   | 24/12/2020 | current | 26/03/2021 |            |
|              |                |   | Barnet Federated GPs   | yes | yes | yes | direct   | Practice is a member   | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | PCN 5  | yes | yes | yes | direct   | Practice is a member   | 01/07/2019 | current | 26/03/2021 |            |
|              |                |   | North Central London Cancer Alliance   | yes | yes | yes | direct   | co-clinical director   | 01/08/2020 | current | 26/03/2021 |            |
|              |                |   | International Council for Standardisation in Haematology in association with the World Health Organisation | no  | no  | no  | indirect | father is a board member   | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | Bowel Cancer UK  | no  | yes | yes | direct   | Member of the Clinical Advisory Board  | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | National Clinical Review Group for Bowel Cancer, NHSE  | no  | yes | no  | direct   | GP Member  | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | All Parliamentary Group for Cancer   | no  | yes | no  | direct   | by invitation - makes adhoc contribution   | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | St Michael's Grammar School, Finchley  | no  | yes | no  | direct   | Foundation Governor  | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
|              |                |   | Air Cadets 393 Squadron Local Charity Group  | no  | yes | no  | direct   | Civilian Committee Member  | 01/03/2017 | current | 12/09/2019 | 26/03/2021 |
| Richard      | Dale           | Interim Executive Director of Transition<br>Member of NCL CCG Executive Management Team<br>Attend Finance Committee<br>Attend PPEE Committee<br>Attend Strategic Commissioning Committee<br>Attend Covid Response Oversight Committee   | No interests declared  | No  | No  | No  | No       | Nil Return   | 03/07/2018 | current | 04/09/2019 | 28/04/2021 |
| Ian          | Porter         | Executive Director of Corporate Services<br>• Governing Body meetings<br>• Audit Committee<br>• Public & Patient Engagement and Equalities Committee<br>• Covid-19 Response Oversight Committee<br>• Emergency Planning meetings<br>Other Committees across NCL as required   | No interests declared  | No  | No  | No  | No       | Nil Return   | 12/10/2018 | current | 13/08/2019 | 11/05/2020 |
| Attendees    |                |   |  |     |     |     |          |  |            |         |            |            |
| Fran         | McNeil         | Assistant Director of Communications and Engagement, North Central London CCG   | No interests declared  | No  | No  | No  | No       | Nil return   | 21/11/2016 | current | 14/08/2019 | 14/07/2020 |
| Chloe        | Morales Oyarce | Head of Communications and Engagement, North London Partners in health and care<br><br>Member of Digital Board, member of Analytics Board, attendee at Joint Health Overview and Scrutiny Committee<br>attendee at NCL Public and Patient Engagement and Equalities Committee | None   | N/A | N/A | N/A | N/A      | nil return   |            |         | 19/09/2019 | 20/07/2020 |
| Kaltun       | Adbillahi      | Community Member  |  |     |     |     |          |  |            |         |            |            |
| Rev Kostakis | Christodoulou  | Community Member, Primary Care Commissioning Committee  | Church of England  | Yes | Yes | Yes | Direct   | Priest, accountable to Robert Wickham, Bishop of Edmonton, responsible for four north London Boroughs of Barnet, Camden, Enfield and Haringey.<br>Medical ethics, health and social care |            | current | 16/10/2020 |            |
| Martha       | Wiseman        | Community Member, Public Patient Engagement Equalities Committee  | Carers UK  | No  | no  | Yes | Direct   | Trustee  | 2014       | current | 15/10/2020 |            |
| Emma         | Whitby         | Healthwatch Islington   | Healthwatch Islington<br><br>London Catalyst<br><br>Age UK East London                                     | no  | yes | no  | direct   | Chief Executive  | 01/10/2018 | current | 09/09/2019 | 09/09/2019 |
|              |                |   |  | no  | yes | no  | direct   | Trustee  |            |         |            |            |
|              |                |   |  | no  | yes | no  | direct   | Trustee (Chair)  |            |         |            |            |
| Darshna      | Pankhania      | Deputy Director of HR/OD  | None   | N/A | N/A | N/A | N/A      | nil return   |            |         | 20/08/2019 | 16/07/2020 |
| Emdad        | Haque          | Senior Equality, Diversity and Inclusion Manager, NCL CCGs  | none   | n/a | n/a | N/A | N/A      | nil return   |            |         | 27/08/2019 |            |
|              |                |   | UK Public Health Register  | no  | Yes | no  | direct   | Advisor  | 15/04/2021 | current | 22/04/2021 |            |
| Andrew       | Tillbrook      | Deputy Board Secretary, NCL CCG   | Symposium Mammographicum   | Yes | No  | Yes | Direct   | Company Secretary  | 01/07/2012 | current |            | 15/05/2020 |

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

**Thursday 15 April 2021**

**2:30 to 4:30pm**

|  |  |
|--|--|
| <b>Voting Members:</b>   |  |
| Mr Ian Bretman   | Lay member, Public and Patient Engagement, Governing Body Member, Committee Chair  |
| Dr Peter Christian   | Elected GP Representative, Governing Body (for Dr Jo Sauvage)  |
| Mr Will Huxter   | Executive Director of Strategy (items 1.1 to 2.3)  |
| Ms Claire Johnston   | Nurse Representative, Governing Body Member  |
| Mr Arnold Palmer   | Lay member, General Portfolio, Governing Body Member   |
| Mr Ian Porter  | Executive Director for Corporate Services  |
| <b>Non-Voting Member:</b>  |  |
| Ms Anne Walker   | Assistant Director for Quality   |
| Ms Kaltun Abadillahi   | Community Member (items 2.2 to 5)  |
| Ms Martha Wiseman  | Community Member   |
| <b>In Attendance</b>   |  |
| Mr Emdad Haque   | Senior Equality, Diversity and Inclusion Manager   |
| Ms Fran McNeil   | Joint Head of Communications and Engagement (Lead for Camden, Haringey and Islington boroughs)   |
| Ms Chloe Morales Oyarce  | Head of Communications and Engagement, North London Partners   |
| Mr Owen Sloman   | Assistant Director for Primary Care, Haringey Borough (item 2.4)   |
| Ms Darshna Pankhania   | Deputy Director of Human Resources / Organisational Development  |
| Ms Emma Whitby   | Healthwatch, Islington (representing all Healthwatches across NCL)   |
| Andrew Tillbrook   | Deputy Board Secretary   |
| <b>Apologies for Absence</b>                                     |  |
| Mr Nishan Dzvingozyan  | Community Member   |
| Ms Kay Matthews  | Executive Director Quality and Safety  |
| Dr Jo Sauvage  | Elected GP Representative, Governing Body, CCG Chair   |
| Dr Clare Stephens  | Elected GP Representative, Governing Body  |
| <b>1.</b>  | <b>Introduction</b>  |
| <b>1.1</b>   | <b>Introductions and Apologies for Absence</b>   |
| 1.1.1  | The Chair welcomed everybody to the meeting, in particular Dr Peter Christian to provide clinical representation. Apologies had been received and recorded as above and the meeting was quorate. |
| <b>1.2</b>   | <b>Declaration of Interests</b>  |
| 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.  |
| <b>The Committee noted the Declarations of Interest Register</b> |  |

|            |   |
|------------|---|
| <b>1.3</b> | <b>Declarations of gifts and hospitality</b>  |
| 1.3.1      | There were no declarations of gifts and hospitality.  |
|            |   |
| <b>1.4</b> | <b>Minutes of the last meeting, 10 December 2020</b>  |
| 1.4.1      | The Minutes of the meeting held on the 10 December 2020 were considered and agreed as a true record.  |
|            | <b>The Committee AGREED the minutes of the meeting held on the 10 December 2020</b>   |
|            |   |
| <b>1.5</b> | <b>Action Log</b>   |
| 1.5.1      | The actions, numbered PPEE09 to 016, were considered and agreed as closed, as they were either to be considered as agenda items or standing item except for PPEE012.  |
|            | <b>The Committee NOTED the Action Log</b>   |
|            |   |
| <b>2.</b>  | <b>BUSINESS</b>   |
| <b>2.1</b> | <b>Engagement Updates</b>   |
| 2.1.1      | <u>System engagement activity</u>   |
| 2.1.2      | Ms McNeil presented the report which was taken as read. The following key areas of activity were noted: <ul style="list-style-type: none"> <li>Engagement work concerning the pandemic and, post December 2020, a shift in focus to supporting the vaccine programme at NCL level as well as developing a borough focus to assist with local variations, in partnership with NHS partners, Healthwatches, Local Authorities and Voluntary Bodies</li> <li>Partnership working with stakeholders had accelerated as a result of the pandemic</li> <li>Pan borough meetings were being established to understand, address and respond to concerns younger members of the population may have with regard to the safety of the vaccine</li> <li>Key programme areas such as mental health and community services reviews were being revived now that the pandemic was under more control</li> <li>Developing a framework for integration to an ICS, a draft of which could be presented to the next committee meeting for review. <b>Action PPEE017 Fran McNeil</b></li> </ul> |
| 2.1.3      | <u>Annual Report PPE Update</u>   |
| 2.1.4      | The Committee noted that the update exercise was in hand, with contributions received from Community Members and reviewed by Mr Bretman and Mr Porter.  |
| 2.1.5      | <u>Engagement Advisory Board Forward Plan</u>   |
| 2.1.6      | Ms Morales Oyarce provided an update to the Forward (Work) Plan, advising that the Board's focus had been on recovery plans, with the reduction of system pressures and addressing elective care, health system integration and ICS development. Community and Mental Health services review were also being considered, along with projects such as 'Help Us to Help You' to encourage residents to refer themselves if they have symptoms of cancer. The Committee noted that Ian Bretman would become Chair of the EAB, which would help cross over with this Committee.   |
| 2.1.7      | In considering the report and progress, the team was thanked for its contribution in running a wide range of campaigns to help residents of all communities and ages to be vaccinated and importance of debunking myths about the pandemic. In discussion, the following comments were made:  |

|       |  |
|-------|--|
|       | <ul style="list-style-type: none"> <li>• Seeking clarification what influences some residents to not wish to receive the vaccine, due to a 'mistrust' of the NHS</li> <li>• There remained significant, albeit smaller, cohorts of the population who were not being vaccinated and so would continue to remain a risk to themselves and the wider community; the confidence building campaigns remained critical to reach these groups</li> <li>• Nevertheless, unprecedented effort was being put into the vaccination programme by medical staff and volunteer support, complemented by a campaign to encourage particular communities as well as the broader population</li> <li>• To clarify the role of the Patient Participation Groups, identifying ways to encourage their engagement as part of the vaccine programme and those groups who could benefit from additional support, which was being reviewed by the CCG's Primary Care Team</li> <li>• Learning lessons from other campaigns such as cancer screening to support the take up of vaccine</li> <li>• Concern where residents do not have their second vaccine because of the perceived risk of side effects highlighted in the press, especially if they are in a caring capacity / have other responsibilities and helping residents understand and process risk of having / not having the vaccine</li> <li>• Peer communication channels were seen as a positive way to encourage the vaccine take up</li> <li>• The proliferation of social media seems to led to a greater curiousness of the programme with a range of views from complete trust of the exercise to concerns about side effects, which was being countered via healthcare conversations</li> <li>• The demand on mental health services was of increasing significance arising from the pandemic.</li> </ul> |
| 2.1.8 | <p>Consideration was given to developing:</p> <ul style="list-style-type: none"> <li>• resident engagement platforms via the emerging ICS</li> <li>• restarting the community services and mental health services review – a progress of which could be brought to the June meeting. <b>Action PPEE 018 – add to June agenda</b></li> </ul>  |
|       | <p><b>The Committee NOTED the report</b></p>   |
| 2.2   | <p><b>Healthwatch Borough Reports</b></p>  |
| 2.2.1 | <p>Ms Whitby introduced the first report from Healthwatch to this Committee. As there was no prior template, the Committee was invited to consider and comment on the content, breadth and if it would helpful for Healthwatch colleagues to attend from time to time to present particular / borough based topics. The Committee was reminded of Healthwatch's core remit raison d'être :</p> <ul style="list-style-type: none"> <li>• Its patient / resident focus (being an independent national champion for people who use health and social care services)</li> <li>• The right to undertake service visits and report on them.</li> </ul>   |
| 2.2.2 | <p>Much of the recent focus had been pandemic related and the impact it had had on residents as well as the effect of closer working between Healthwatch, the CCG and other health agencies. Note was made of the range of activities, including:</p> <ul style="list-style-type: none"> <li>• Workshops to support residents how to stay healthy and be fit, bridging the gap and enabling the advice provided by the NHS</li> <li>• Effects of 'Long – Covid'</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>Digital inclusion schemes – identifying barriers (which included the design and usability of on line booking and referral systems as well as helping residents overcoming their reticence about the internet and computer technology.</li> </ul>  |
| 2.2.3   | <p>In reviewing the report, the Committee welcomed the range of work and quality of the reports which gave a comprehensive overview of Healthwatch’s work. The following suggestions and thoughts were made:</p> <ul style="list-style-type: none"> <li>To share the report with the CCG’s Communication’s Team to better connect and minimise overlap of work (whether it be CCG / Healthwatch and / or across the five Healthwatch boroughs across NCL)</li> <li>Aligning work on Long Covid.</li> </ul>   |
| 2.2.4   | <p>Consideration was given to:</p> <ul style="list-style-type: none"> <li>The provision translation services for residents</li> <li>Deployment of social prescribers to support patients (especially elderly people) whose English is not their first language and</li> <li>Co-designing services</li> <li>Ways to improve signage and directions for residents in providers.</li> </ul>   |
| 2.2.5   | <p>It was agreed that some parts of health care system were inequitable. Agencies such as HealthWatch were working in collaboration with the CCG and other health care organisations to improve access, though resources were limited. Support, however, was welcomed, noting that helping communities to access services were often more successful at a local level.</p>   |
| <b>The Committee NOTED the report.</b>                      |  |
| <b>2.3 Equality Diversity and Inclusion Forward planner</b> |  |
| 2.3.1   | <p>Mr Haque introduced the above report which was taken as read. Particular note was made of:</p> <ul style="list-style-type: none"> <li>The harmonisation of the equality objectives across the five boroughs and agreeing them for the next five years. Following feedback, the draft strategy document would be prepared for Committee review in the summer 2021</li> <li>The Equality Impact Assessment (EIA) template was being reviewed to strengthen and synchronise the approach across the healthcare system in north central London</li> <li>The Equality Impact Report (a statutory requirement under the Equality Act) would be produced, alongside the Workforce Race Equalities Standard Report by the 31 July 2021</li> <li>The Workforce Disability Equalities Standard exercise was underway, which included the requirement for providers to feedback on their progress on how they hire staff with disabilities</li> <li>The Accessible Information Standard was being reviewed - to help providers as well as the CCG itself raise awareness of the standard and improve access</li> <li>The establishment of staff networks which have developed their own work programmes as well as including safe space conversations</li> <li>NHSE/I had set up a WRES Expert Programme, to improve and standardise race equality performance across London, to which Mr Haque was a member.</li> </ul> |
| 2.3.2   | <p>Ms Pankhania advised that:</p>  |

|            |   |
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|            | <ul style="list-style-type: none"> <li>• The Disability Awareness Month in May would be continued and extended to include equalities throughout the year to help raise and maintain awareness with staff</li> <li>• Safe Space conversations which had been initially been set up for BAME groups would be extended to LGBTQ+ and disabled staff groups</li> <li>• The CCG had recently appointed its senior Organisational Development Lead who would be contributing to the CCG's equality and diversity work</li> <li>• Cascading equality awareness and training across the CCG to improve inclusivity over quarters 1 and 2</li> <li>• The five year equality strategy would be brought to the next committee meeting for approval.</li> </ul>   |
| 2.3.3      | <p>In considering the update, the following comments were made:</p> <ul style="list-style-type: none"> <li>• To clarify and check if they are ways to maximise involvement in the review of EIAs with community groups and to help harmonise this across NCL</li> <li>• Defining a career structure and opportunities for staff progression was welcomed</li> <li>• That Governing Body members were keen to support management and staff with the work of the staff groups.</li> </ul>   |
|            | <p><b>The Committee NOTED and</b></p> <ul style="list-style-type: none"> <li>• <b>welcomed the initiatives taken and progress being made</b></li> <li>• <b>noted the commitment of staff who had volunteered to chair the staff groups</b></li> </ul>   |
| <b>2.4</b> | <b>Digital Inclusion Pilot Scheme Haringey</b>  |
| 2.4.1      | <p>Mr Sloman was welcomed to the meeting, who provided a slide presentation about the above project This had been created in summer 2020 in response to the pandemic and the inability for patients to access GP services so easily. A seminar with GPs considered the effects of the pandemic and looked at ways of engaging with patients, noting that whilst triage by telephone consultation had been effective for some patients, there were some vulnerable patients to which telephone appointments were not suitable. In addition, the vulnerable patient group was typically linked in with other health agencies so a joint initiative was established to work with Haringey Council to minimise duplication of effort.</p>   |
| 2.4.2      | <p>In setting up the scheme a series of elements were taken into account support vulnerable patients to access services</p> <ul style="list-style-type: none"> <li>• Training to access the internet at home</li> <li>• Availability of private spaces in libraries and community centres and the ability to access appointments from those private spaces</li> <li>• Potential to extend to mosques and churches</li> <li>• Limited number of phones available to loan to patients</li> <li>• Train care home staff and carers, with a programme of training sessions for care home staff to access NHS services digitally</li> <li>• Training patients to support productivity</li> <li>• Recognition that many patients can access NHS services more productively</li> <li>• Significant productivity saving and releases staff time for other patients</li> <li>• Piloting in West Haringey practice</li> </ul> |
| 2.4.3      | <p>The pilot scheme went live on 14<sup>th</sup> January; and there had been 43 referrals. The below case studies highlight positive outcomes for patients and demonstrate the value and impact the service is already having.</p>  |

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| 2.4.4  | The case studies exemplified the importance of private for the patient to have conversations with their GP without fear of being overhead and safeguarding issues   |
| 2.4.5  | <p>Whilst in its early stages, the progress and results learned to date had been fruitful. The proposal was:</p> <ul style="list-style-type: none"> <li>• Use the pilot model, which had been refined and matured, to be rolled out at scale across NHS North Central London CCG, on the premise that procuring across a broader scale is a more effective model than starting separately in the other four boroughs</li> <li>• One team would manage the volunteers and internal referral processes.</li> <li>• Funding would be sought via NCL Digital First (which had funded the pilot scheme)</li> <li>• There would need to be a local interface to enable primary care commissioning teams to link in with local voluntary groups and Council services.</li> </ul>   |
| 2.4.6  | <p>In considering the work to date the following points were raised and clarified:</p> <ul style="list-style-type: none"> <li>• The importance of helping residents become more confident in the use of digital technology</li> <li>• The balance of encouraging digital consultations between patient and GP, whilst there was anecdotal evidence that GPs were keen to resume face to face consultations</li> <li>• Access for residents living in care homes could be variable as Wi-Fi signals were sometimes poor</li> <li>• The balance of which residents use digital services was important as for some, it could help those reliant on public transport, family commitments etc. countered with residents who needed face to face consultations could and would continue to do so</li> <li>• The loaned mobile phones would not have apps and the provision to store personal data as they would need to be returned to the CCG and lent to other residents; it was imperative not have any personal data stored on the phones to avoid information governance breaches</li> <li>• If the scheme was to be rolled out across NCL, further learning and best practice would be built into the project.</li> </ul> |
| <b>The Committee NOTED the slide presentation and discussion</b> |   |
|  |   |
| <b>2.5 Community Member 'Spot'</b>                               |   |
| 2.5.1  | <p>The Chair advised the Committee of this new standing item to provide a space for the Community Members to update members on work they were involved in as well as comments on the CCG programmes that this committee had oversight of:</p> <ul style="list-style-type: none"> <li>• Ms Wiseman expressed the importance of carers – their role and commitment; members noting reference to a report published Carers UK: <a href="#">Caring behind closed doors: six months on</a> which evidenced the effects on carers during the pandemic</li> <li>• Ms Abadillahi reiterated the value of this committee, advising she was a member of the Strategy and Commissioning sub group which was reviewing the CCGs fertility policy, her interest in supporting residents with language barriers, a member of the Long Covid group and community engagement. Note was made of challenges and limitations in bidding for project work which appeared to lead to systemic discrimination but changes to the criteria of who could bid was being reviewed.</li> </ul>   |
| <b>The Committee NOTED the oral update</b>                       |   |
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| <b>3.</b>  | <b>Governance</b>   |
| <b>3.1</b> | <b>Risk Register</b>  |
| 3.1.1      | <p>Mr Porter introduced the Risk Register report which was taken as read. Note was made of the promoting inclusion risk, which had been referenced to in discussion in various topics at the meeting and the risk of the inability to deliver our priorities by carrying out robust communications and engagement work due to the pandemic. However, despite the restrictions, engagement exercises had still been conducted using digital channels. Focussing on this risk and for the year ahead there would be some additional support to strengthen engagement by way of:</p> <ul style="list-style-type: none"> <li>• The recruitment of an Assistant Director of Communication and Engagement to have single point of leadership with the CCG</li> <li>• The Governing Body members were due to meet towards the end of April to consider and support 10 corporate priorities for 2021/22. These priorities will inform the planning for the communications and engagement team.</li> </ul> |
|            | <b>The Committee NOTED the Risk Register</b>  |
|            |   |
| <b>3.2</b> | <b>Committee Forward Planning</b>   |
| 3.2.1      | <p>The Forward Planner was considered from which the Committee noted:</p> <ul style="list-style-type: none"> <li>• To add review of community services and mental health services to the June agenda</li> <li>• NHSE/I was due to publish a consultation document regarding the oversight and assurance regime which have an effect on the way the CCG reports its communications activities, this may need to be added.</li> </ul>   |
|            | <b>The Committee NOTED the Forward Planner</b>  |
|            |   |
| <b>4.0</b> | <b>Any Other Business</b>   |
| 4.1        | There was no any other business.  |
|            |   |
| <b>5.0</b> | <b>Date of Future Meetings</b>  |
| 5.1        | 10 June 2021 2:30 and 4:30  |
| 5.2        | The Chair closed the meeting at 4.30pm  |
|            |   |

**NCL CCG Public and Patient Engagement and Equalities Committee  
15 April 2021 POST MEETING ACTION LOG**

| Meeting Date     | Action No.     | Action  | Lead   | Deadline                       | Update  |
|------------------|----------------|---|--|--------------------------------|---|
| 8 October 2020   | <b>PPEE009</b> | <b>Update on Voluntary Representatives on Committees</b><br>To receive a progress report on appointing representatives  | Fran McNeil /<br>Emma Whitby   | Feb 2021                       | In progress<br>This matter would be kept in view as the transition to an ICS is managed<br><i>Agreed to close item</i>  |
| 8 October 2020   | <b>PPEE012</b> | <b>Committee Forward Planning</b><br>Clarify when best to engage in QIPP planning -<br>- maybe input could be achieved by way of sub groups supporting the planning stage so as to have a flexible approach | Fran McNeil  | Dec 2020<br><br>Feb / Apr 2020 | Agenda setting meeting to be held in December (IP/IB/FM) to identify CCG business plan priorities to invite to first three 2021 Committees. QIPP planning will be considered. |
| 10 December 2020 | <b>PPEE015</b> | <b>Committee Forward Planning</b><br>The need to provide more detail on when topics were expected to be presented (which would linked to the expected changes over the coming months)                       | Fran McNeil  | Feb 2021                       | <i>Agreed to close item</i>   |
| 10 December 2020 | <b>PPEE016</b> | <b>Committee Forward Planning</b><br>To set up a series of seminars to enable more in-depth discussion (such as personalised care)  | Fran McNeil / Ian Porter to liaise with Ian Bretman on frequency and Andrew Tillbrook to set dates | Feb 2021                       | <i>Agreed to close item</i>   |
| 15 April 2021    | <b>PPEE017</b> | <b>System engagement activity</b><br>Developing a framework for integration to an ICS, a draft of which could be presented to the next committee meeting for review.  | Fran McNeil  | June 2021                      | Agenda 2.2  |
| 15 April 2021    | <b>PPEE018</b> | community services and mental health services review  | Fran McNeil  | June 2021                      | Agenda 2.5  |



**North Central London CCG  
Patient Public Engagement and Equalities Committee  
10 June 2021**

|   |  |  |             |  |     |
|---|--|--|-------------|--|-----|
| <b>Report Title</b>                                 | Equality, Diversity and Inclusion Update   | <b>Date of report</b>  | 2 June 2021 | <b>Agenda Item</b>   | 2.1 |
| <b>Lead Director / Manager</b>                      | Ian Porter, Executive Director of Corporate Services   | <b>Email / Tel</b>   |             | <a href="mailto:ian.porter3@nhs.net">ian.porter3@nhs.net</a>   |     |
| <b>GB Member Sponsor</b>                            | Arnold Palmer, Lay Member (General Portfolio and Equalities)   |  |             |  |     |
| <b>Report Author</b>                                | Darshna Pankhania, Deputy Director of HR/OD<br><br>Emdad Haque, Senior Equality, Diversity & Inclusion Manager   | <b>Email / Tel</b>   |             | <a href="mailto:Darshna.Pankhania@nhs.net">Darshna.Pankhania@nhs.net</a><br><br><a href="mailto:Emdad.Haque@nhs.net">Emdad.Haque@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Not Applicable   | <b>Summary of Financial Implications</b><br><br>Not Applicable |             |  |     |
| <b>Report Summary</b>                               | <p>This paper provides a progress update on the following key equality and inclusion activities:</p> <ul style="list-style-type: none"> <li>▪ Equality, Diversity and Inclusion 2021-2022 forward planner</li> <li>▪ Activities that are being undertaken to strengthen staff engagement to advance equity and fairness throughout the CCG (Diversity &amp; Inclusion Steering Group, Staff Networks and Safe Space Conversations).</li> <li>▪ NCL CCG <b>See Me First</b> Campaign</li> <li>▪ Development and engagement on the five-year Equality, Diversity and inclusion Strategy and key points on priorities.</li> <li>▪ Priorities for Q2 in 2021/2022</li> </ul> |  |             |  |     |
| <b>Recommendation</b>                               | <p>The Committee are asked to-</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the progress against the equality and inclusion activities outlined the 2021-2022 forward planner.</li> </ul>  |  |             |  |     |
| <b>Identified Risks and Risk Management Actions</b> | Not Applicable   |  |             |  |     |
| <b>Conflicts of Interest</b>                        | Not Applicable   |  |             |  |     |
| <b>Resource Implications</b>                        | Not Applicable   |  |             |  |     |

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| <b>Engagement</b>                       | <ul style="list-style-type: none"> <li>• BAME Staff Network and Safe Space Conversations</li> <li>• Disability Staff Network</li> <li>• D&amp;I Steering Group</li> <li>• HR&amp;OD Team</li> <li>• Staff Briefings</li> </ul>                                      |
| <b>Equality Impact Analysis</b>         | Not Applicable  |
| <b>Report History and Key Decisions</b> | <ul style="list-style-type: none"> <li>• Public Patient and Engagement Equalities Committee was provided with an E,D &amp; I update in April 2021.</li> <li>• Executive Management Committee was sighted on the updates on the 25<sup>th</sup> May 2021.</li> </ul> |
| <b>Next Steps</b>                       | <ul style="list-style-type: none"> <li>• The WRES Report 2020/21 Action Plan 2021/2022</li> <li>• Equality Information Highlight Report 2020/2021</li> <li>• Gender Pay Gap Report for 2020/2021</li> <li>• The ED&amp;I Strategy 2021/26</li> </ul>                |
| <b>Appendices</b>                       | 1) ED&I Forward Planner 2021/22   |

An abstract graphic on the left side of the slide, composed of several overlapping triangles in various shades of blue, teal, and lime green, creating a dynamic, geometric shape.

# Equality, Diversity & Inclusion Update

*PPEE Committee*

10 June 2021

# Introduction

- ❑ A forward planner has been developed for 2021-2022 to provide an overview of the CCG's activities and timescales for the critical equality priorities over the coming year. The forward planner enables the CCG to continue complying with the equality and health inequality duty in an effective and meaningful way and in addition, review and monitor progress of its performance with regard to our internal and external facing equality objectives as an employer and as a commissioner.
  
- ❑ This paper provides a progress update on the following key equality and inclusion activities:
  - ✓ Equality, Diversity and Inclusion 2021-2022 forward planner
  - ✓ Activities that are being undertaken to strengthen staff engagement to advance equity and fairness throughout the CCG (Diversity & Inclusion Steering Group, Staff Networks and Safe Space Conversations).
  - ✓ NCL CCG **See Me First** Campaign
  - ✓ Development and engagement on the five-year Equality, Diversity and inclusion Strategy and key points on priorities.
  - ✓ Priorities for Q2 in 2021/2022

|                     | Equality, Diversity & Inclusion 2021/2022 Forward Planner  |  |   |  |  |   |  |
|---------------------|--|--|---|--|--|---|--|
| Key Milestone Dates | Equality Objectives 2021/26  | Equality Impact Assessment   | Equality Information Report 2020/21   | Workforce Race Equality Standard   | Workforce Disability Equality Standard   | Equality Delivery System  | Accessible Information Standard  |
| April-June          | Determine Equality Objectives for 2021/26 and Action Plan for 2021/22- engagement with stakeholders and system partners. | Maintain EqIA log and identify themes for future objective setting | Equality Information Report prepared along with the WRES Report                             | <ul style="list-style-type: none"> <li>Prepare 2020/21 WRES Report +2021/22 Action Plan.</li> <li>Safe Space Conversations Report to EMT.</li> <li>NCL Book and Film Club Proposal.</li> </ul> | <p>Greater support to the Disability Staff Network.</p> <p>Present Safe Space Conversations Report to EMT.</p> | <ul style="list-style-type: none"> <li>ED&amp;I System Leaders Network Established.</li> <li>Common priorities agreed across North Central London.</li> <li>Greater support to LGBT+ Staff Network.</li> <li>Strengthen joint working with the voluntary sector.</li> </ul> | Conversation with providers and Council regarding AIS compliance begins.         |
| July-August         | EMT and PPEEC to approve E,D & I Strategy for 2021-2026.   | Deliver joint integrated EqIA workshop with partners and providers | Equality Information Report along with the WRES Report approved by the PPEEC and published. | 2020/21 WRES Report and 2021/22 Action Plan approved   | Prepare the roll out of the Disability Confident Scheme to be included in the ED&I Strategy 2021/26            | <ul style="list-style-type: none"> <li>Launch See Me First Campaign</li> <li>Prepare and publish gender pay gap report</li> </ul>   | Joint EqIA including workshop AIS as a key success factor in access to services. |
| September-October   | Alignment of equality objectives with partners and providers across NCL.   | Agree new template and guidance for ICS                            |   | Plan and implement Black History Months events   | Launch and embed Disability Confident Scheme in CCG recruitment practices                                      | Use EDS2 (or EDS3 once refreshed) outcomes to assess the CCG's performance with the Council, Healthwatch and the Voluntary Sector.  | Joint NCL AIS audit and peer challenge.  |
| November-December   |  | Update EqIA log and identify themes                                |   | Develop NCL WRES Project with partners and providers based on learning from the WRES Expert Programme and Safe Space Conversation  |  |   |  |
| January-February    | Strategic Projects Delivery Plan developed with system partners and providers across NCL.                                | Feed EqIA themes into 2022/21 Action Planning                      | Draft CCG Annual Report incorporating Equality Information                                  |  |  |   |  |
| March-April         | Develop Equality Objectives Action Plan 2022/23  |  |   |  |  |   |  |

# Staff Diversity Networks – Overview of Key Activities

## LGBT+ Staff Network

## BAME Staff Network

## Disability Staff Network

Each staff network has developed their work programme, designed content for the intranet, and promoted their activities through staff briefings and weekly staff newsletters. The networks are also playing a consultative role to help the CCG inform awareness raising and leadership conversations and address issues identified through the staff survey.

The Networks have jointly developed:

- a proposal for the 'See ME First Campaign' which has been endorsed by EMT on the 25<sup>th</sup> May.
- a proposal to strengthen CCG recruitment practices through diverse panels.
- Ground Rules for Safe Space Conversations by aligning them with the CCG values that have just been launched.
- The LGBT+ Staff Network celebrated the LGBTQ+ History Month, published educational materials to raise awareness. Staff have been encouraged to add gender pronouns in the signature to raise awareness about gender, gender re-assignment, and non-binary people.
- The BAME staff network celebrated the Black History Month in October 2020 with weekly quizzes, educational sessions and publicising awareness raising materials including films, books, and famous black personalities.
- A report detailing the outcome of Safe Space Conversations was presented to EMT on the 18<sup>th</sup> May 2021 by the BAME and Disability Staff Network chairs and vice-chairs.
- The BAME Staff Network have been running the Book and Film Club to raise greater awareness about race equality. The network are also working with NHSE/I and NCL system partners to share the learning.
- The Disability Staff Network has been working with staff and professionals to raise disability awareness and has planned activities for the Disability Awareness Month, including offering safe space conversations for staff to share their lived experiences. Activities also include supporting colleagues and the CCG managers with reasonable adjustment at work. The Network has also published a glossary on disability terminologies.

# Staff Engagement: Safe Space Conversations

- ❑ Staff across the CCG can join safe space conversations. Safe space conversations were introduced in the summer of 2020, following feedback and requests from staff from a BAME background.
- ❑ Based on demand, safe space conversations have been arranged for the Disability Network and LGBT+ Network and staff across the CCG have been invited to attend these.
- ❑ The aim of the safe space conversations is to provide a platform for staff to discuss their experiences and any ideas on initiatives to address issues of discrimination, bullying and harassment. Providing staff with such forum will ensure that all staff working in the CCG feel our organisation is inclusive, and that people from all cultures and communities can share their experiences and speak out on issues.
- ❑ Following a series of BAME safe space conversations, pilot sessions have been held with some senior managers and managers in which facilitated discussions were held to discuss key themes from the conversations and explore new ways of being and relating to each other from different backgrounds.
- ❑ The experiences of staff that were shared in the BAME and Disability safe space conversations have been shared with the Diversity and Inclusion Steering Group and EMT on an anonymous basis. The Network Chairs/Vice-Chairs also made recommendations to EMT that will inform the workforce diversity and inclusion key priorities for the year ahead.

# NCL CCG 'See ME First' Campaign



**North Central London**  
Clinical Commissioning Group

## See ME First is about...

- Behaviours
- Commitment
- Message
- Visible symbolism
- Actions

The CCG will shortly launch the “See ME First” CCG campaign which encourages staff at all levels to show their open commitment to tackling disrespect, microaggressions, discrimination, and prejudices in the organisation.

The initiative has been designed based on the experiences of Whittington Health’s “See ME First” campaign to tackle race discrimination and Stonewall’s #NoBystanders Campaign to help organisations tackle LGBT discrimination, homophobia, bullying and harassment.

The key principle that underpins this work is the set of CCG’s values that includes a strong commitment to advancing equality and inclusion. All managers and staff will be encouraged to sign up to this by taking the pledge, wearing the badge and including within their email signature signature.

Signing up to the campaign signifies that individuals are making a voluntary promise to stand up for the CCG’s values of diversity and inclusion and to never be a bystander in situations or behaviours that are not in line with the values .

Joining the campaign means two things:

1. Taking a personal responsibility that they will model good behaviours and treat their colleagues with dignity and respect, recognise that everyone is different with their own beliefs and values, and everyone deserves an equal right to be treated with civility and decency regardless of their characteristics position or pay band.
2. Calling it out when you see a colleague has been treated with disrespect, discriminated against or been bullied or harassed and reporting to the appropriate person in the CCG. It should be noted that the Executive Management Team and the Chair provides the full assurance to staff that they will be protected from being victimised if they speak up.

# Update on the Development of the Equality, Diversity and Inclusion Strategy 2021-2026

The process of developing the ED&I Strategy began last year with a plan which included some themes for the objectives for the next five years - this was presented to the PPEE Committee in December 2020. Since then we have engaged with our key stakeholders around priorities and have received comments and feedback which can be grouped into four areas:

- **Health Inequalities** - our objectives should to focus on the minority, disadvantaged and at risk groups.
- **Engagement** - engage communities and groups that are socially excluded in commissioning and service delivery.
- **Workforce**- Our workforce must reflect the community we serve; they should be treated with respect and we must ensure there is fairness in promotion and career progression.
- **Actions** - are needed to bring about culture change, address structural issues and hold managers and staff to account.

It has become clear during the engagement with stakeholders that in order for us to achieve sustainable outcomes in tackling inequalities we need to work with our partners and providers, particularly the community groups. There are some enablers that we need to develop as an NCL system, and there are some enablers that require the attention of individual organisations based on their foot print and target groups.

The proposed ED&I Strategy will be brought to the PPEE Committee for approval in August 2021.

# Equality, Diversity and Inclusion Priorities for Q2 in 2021-2022

## Staff Networks

- Launch **See Me First** Campaign
- Continue Safe Space Conversations and take forward recommendations
- NCL wide Book and Film Club
- Staff Networks meetings

## Workforce Equality

- WRES Expert Programme: Learning and NCL Collaboration
- Prepare 2020/21 WRES Data for 2020-21 reporting requirements
- Continue delivering WRES action plan
- Support staff survey development and delivery of interventions relating to E, D & I
- Prepare the 2020-2021 Gender Pay Gap Report
- Develop reciprocal mentoring and job shadowing programmes
- Strengthen recruitment processes: Diverse panels.
- Executive and Senior Management discussions about race, value of inclusion as an organising principle and strategic objective.
- Bite size equality awareness sessions

## Strategy/System/Governance

- ED&I Strategy 2021-2026 - engagement with key stakeholders/system partners and approval by EMT and the PPEEC
- Equality Impact Assessments: collaboration with the Councils and providers
- Health inequalities: race and ethnicity.
- Prepare Equality Information Highlight Report 2020/21

**North Central London CCG  
Patient and Public Engagement and Equalities Committee  
10 June 2021**

|   |   |  |              |                    |     |
|---|---|--|--------------|--------------------|-----|
| <b>Report Title</b>                     | NCL CCG Patient and Public Engagement Report – April-May 2021   | <b>Date of report</b>                    | 04 June 2021 | <b>Agenda Item</b> | 2.2 |
| <b>Lead Director / Manager</b>          | Ian Porter, Executive Director of Corporate Services  | <b>Email / Tel</b>                       |              |                    |     |
| <b>GB Member Sponsor</b>                | Ian Bretman, Governing Body Lay Member  |  |              |                    |     |
| <b>Report Author</b>                    | NCL CCG Communications and Engagement team  | <b>Email / Tel</b>                       |              |                    |     |
| <b>Name of Authorising Finance Lead</b> | Not Applicable  | <b>Summary of Financial Implications</b> |              |                    |     |
| <b>Report Summary</b>                   | <p>Community engagement continued on the Covid-19 vaccine programme across April-May 2021. This work focused on reaching communities with lower rates of uptake, partnering with Local Authorities, public health teams and voluntary and community organisations to deliver events and information tailored to different community needs. This focus will be continuing across June-July. Phase 3 vaccination programme planning has also now commenced.</p> <p>This report also summarises the range of wider engagement work delivered, or in planning stages, in April-May - aligned to CCG and system priority programmes:</p> <ul style="list-style-type: none"> <li>• Community and Mental Health Service Reviews</li> <li>• Fertility Policy Review</li> <li>• Whittington Health community services re-location</li> <li>• NCL Paediatric Services return to normal services</li> <li>• NCL Health Inequalities Fund</li> </ul> <p>Research is continuing to show that key areas that are affecting our local communities - particularly those who already experiencing high health inequalities - are digital inclusion/exclusion, health inequalities and access to NHS services. We have begun to undertake specific commissioning and engagement work on digital inclusion with two projects running across Haringey and Islington and an NCL-wide EQIA. We have a Digital Steering Board that is overseeing the development of digital services across NCL.</p> <p>We are also beginning to shape the way that NCL services and programmes are developed and designed by shaping strong patient engagement to inform these service reviews. The Community and Mental health services reviews demonstrate how we are beginning to engage across NCL to make system change.</p> |  |              |                    |     |

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|   | Subsequent reports to the Committee will include engagement work related to Place-based Partnerships across our five boroughs, and our transition to an Integrated Care System. Work is already beginning to take place in this area. In May, a group of commissioners across engagement, joint commissioning, procurement, communities, clinical leads and Governing Body representation met for an initial discussion on future approaches to VCSE involvement as we form an ICS.  |
| <b>Recommendation</b>                               | The Committee is asked to NOTE the Engagement Update.  |
| <b>Identified Risks and Risk Management Actions</b> | Not Applicable   |
| <b>Conflicts of Interest</b>                        | Not Applicable   |
| <b>Resource Implications</b>                        | TBC  |
| <b>Engagement</b>                                   | NCL VCS, Healthwatch colleagues, local council colleagues, local NCL residents & engagement colleagues.  |
| <b>Equality Impact Analysis</b>                     | Not Applicable   |
| <b>Report History and Key Decisions</b>             | Not Applicable   |
| <b>Next Steps</b>                                   | <p>To work with CCG colleagues and our partners to further build on the work set out in this report, developing and providing expertise and advice around a system-wide approach to community engagement and working with our local communities.</p> <p>To ensure that this engagement is utilised in the development of services and programmes (such as the digital programme) that meet the needs of our diverse NCL Communities and address the ways they have been, and continue to be, impacted by the pandemic.</p> |
| <b>Appendices</b>                                   | Not Applicable   |

## NCL CCG Engagement Summary Report: April - May 2021

This document provides an overview of the key public, patient and community engagement activity that the CCG led on, or supported, across April-May 2021, including ongoing activity on the North Central London Covid-19 vaccination programme.

| Programme  | Dates      | Overview of engagement activities  | Summary of who has been engaged<br>- VCS<br>- Numbers<br>- Demographics  | Key themes & outcomes<br><br><i>Including link to reports</i>   |
|--|------------|--|--|---|
| <b>NHS Services / CCG policies</b>   |            |  |  |   |
| <b>Community &amp; mental health service strategic reviews</b><br><br>A review of services across NCL to develop a core service offer which is comprehensive, consistent and equitable for all residents regardless of where they live in north central London | Apr-May 21 | A full communications and engagement plan has been developed aligned to the two Strategic Reviews. A number of meetings took place across North Central London in April and May to introduce the aims and objectives of these strategic reviews and gather feedback from attendees.<br><br>15-20 volunteers were recruited to a resident reference group comprising service users, carers, residents and representatives from patient groups who are broadly representative of each of the five boroughs in terms of diversity. The reference group will be chaired by Ian Bretman, CCG Governing Body Lay Member for Patient and Public | The groups engaged to date include: <ul style="list-style-type: none"> <li>• NCL Engagement Advisory Board</li> <li>• Islington Integrated Care Partnership Board</li> <li>• Camden Local Care Partnership</li> <li>• All Age Mental Health Partnership (Islington)</li> <li>• Camden Patient and Public Engagement Group</li> </ul> | These are ongoing reviews. Themes and outcomes will be available in September 21.<br><br>The communications and engagement plan is below.<br><br><br>DRAFT NCL Comm and MH Strategic Rev |

|   |                  |  |  |   |
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|   |                  | Involvement and will meet four times in total. Group members will be tasked with testing and reflecting on the outputs and ideas emerging from the co-design workshops. Feedback from the group will be shared with and feed into subsequent co-design workshops.  |  |   |
| <p><b>Fertility Policies Review – phase 1</b></p> <p>NCL CCG is undertaking the first phase of a review to produce one Fertility Policy.</p>  | May-Jul 21       | An 8 week engagement period is currently live, with an online survey plus engagement events being delivered across this period. A full engagement plan has been developed, approved by the CCG Strategy and Commissioning Committee. The Steering Group includes two community members, one of who is a member of Fertility Network UK.                  | <p>In May, key engagement activity included:</p> <ul style="list-style-type: none"> <li>• 15 survey responses received</li> <li>• Focus group with Fertility Policy UK – two heterosexual couples, five women</li> <li>• Public drop-in event – four attendees</li> <li>• NCL Engagement Advisory Board</li> <li>• Enfield’s Voluntary and Community Stakeholder Group meeting</li> <li>• Parents Advisory Board meeting</li> <li>• Barnet Primary Care Engagement Group</li> <li>• LGBT Mummies Tribe – recording for Instagram / Facebook live.</li> </ul> | A mid-point engagement findings report will be prepared for the Review Steering Group in June 21. |
| <p><b>Haringey: Whittington Health community services re-location</b></p> <p>A consultation on relocation of Adult &amp; Children’s services delivered by Whittington Health. The proposals included plans to locate children’s services in two locations (&amp; away from adult mental health services).</p> | March-April 2021 | <p>Eleven-week consultation led by Whittington Health. The proposals meant the co-location of complementary services but that some people would have to access their service in a new location. The CCG comms team advised commissioners and providers on the consultation process and supported with the development of the consultation materials.</p> | Service users, families with SEND, carers, community groups, Councilors, faith groups, primary, secondary and SEND schools in the borough.   | The proposals were approved by the HOSC. A full report is available <a href="#">online</a> .      |

| Covid pandemic response and recovery   |  |  |  |  |
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| <p><b>Paediatric Services</b></p> <p>During the pandemic there were changes to the way paediatric services were delivered (these were implemented as a response to the crisis).</p> <p>We are now undertaking engagement to understand the impact of these (emergency) changes &amp; ways to best mitigate any negative impact on our local communities.</p> | <p>April/May</p>   | <p>Patient and stakeholder surveys and meetings to capture learning and assess the impact and experiences of patients and families using paediatric services during the temporary changes due to Covid. This was part of the qualitative analysis to understand the experience of residents and patients of NCL's paediatric services.</p>   | <p>Staff groups, patient groups including Bangladeshi and Bengali parents and young carers.</p>  | <p>The findings are being independently analysed by UCL Partners and an evaluation summary report will be published by the end of June.</p>  |
| <p><b>Islington Community wellbeing project:</b></p>   | <p>April 21 to April 22</p> <p>The project has been running for the last seven years</p> | <p>A series of estate based community projects that are commissioned in partnership and delivered through Help on Your Doorstep.</p> <p>The projects work with the local community including employing local people, to understand needs, skills and developing a range of sustainable solutions together. This includes wellbeing interventions and activities. Since the start of the pandemic and as we moved into 'recovery' the project has adapted instantly to move online and address the specific challenges covid-19 has brought such as supporting people to access online support and services which tackle social isolation.</p> <p>Over the last two months activities have begun to blend moving from solely online</p> | <p>The project specifically works with communities who face high health inequalities and live in areas of high deprivation – focusing the work in three geographical locations across the boroughs</p> <p>The projects work with over 500 people per year.</p> | <p>Key themes include:</p> <ul style="list-style-type: none"> <li>• The importance of connection in people's lives with family, friends &amp; their immediate Neighbourhood &amp; the subsequent success of the projects because they build on this</li> <li>• Recognising the community as having assets from the start: the community are ready to be mobilized &amp; are waiting for opportunities like this.</li> <li>• Working with rather than doing to: the community determines the outcomes</li> </ul> <p>In the last year:</p> |

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|  |  | <p>(through lockdown) to once again face to face. These activities include:</p> <ul style="list-style-type: none"> <li>• Online befriending services</li> <li>• Community WhatsApp groups</li> <li>• A blend of online &amp; in person exercise classes including; weekly football sessions with ages 5 to 16, yoga, chair based exercises</li> <li>• Gardening club</li> <li>• Online &amp; in person coffee mornings</li> <li>• Support into statutory services including mental health support, financial advice, &amp; benefits &amp; employment advice.</li> </ul> |  | <p>79% of respondents agreed their health had improved by being part of the project<br/>74% of residents felt more connected to their community<br/>97% of people reported an improved quality of life &amp; less stress due to project involvement</p> |
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### Inequalities

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| <b>Haringey project on the impact of Covid-19 on BAMER communities</b> | May – ongoing    | <p>A project has been developed to address the Impact of COVID-19 on BAMER communities. It is being led by Bridge Renewal Trust and was commissioned by Haringey Public Health. The CCG is part of its strategic group.</p> <p>The project has employed community researchers to work with local communities to understand the impact of the pandemic &amp; co-design solutions to the exacerbated health inequalities.</p> | Communities researchers are working with six affected communities across Haringey.   | The research will be collated & analysed to pull out key themes & impacts. This will be developed into an action plan for the CCG, Council & umbrella VCS - to address the disproportionate impact of COVID on the BAME community. |
| <b>NCL Inequalities Fund</b>   | May 21 to May 22 | <p>NCL CCG has developed a dedicated Inequalities Investment Fund of £2.5m for Q1 and Q2 of 2021-22, to set the scene for a recurrent funding in future years.</p> <p>Our borough based Integrated Care Partnerships (ICPs) will be responsible for developing and coordinating delivery on these schemes, drawing on our response to COVID and our rich data, community</p>  | <p>The programme has just launched. VCS involvement and public engagement related to the projects &amp; services developed through this fund will be reported onto this Committee.</p> <p>Initial CCG meeting (3 Jun) held to discuss how VCS and communities can be supported to participate in development and delivery of bids. Plan to be developed.</p> |  |

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|   |                     | insight and evidence of interventions that can be scaled. The ICPs will be responsible for ensuring that all key health and care partners are fully supportive of any plans. An NCL stakeholder panel will be responsible for the final decision making for how resources are allocated.  |  |   |
| <p><b>Digital inclusion/exclusion</b></p> <p>This programme is focused on what greater use of digital in the NHS means for local communities to understand both the benefits whilst also recognising some residents are digitally excluded or unable to access the support they need.</p> | Sept 20 to June 21  | <p><b>Islington Community Research and Support Programme:</b></p> <p>Working with our local voluntary and community grassroots organisations we commission an annual research and support programme gathering vital insight into our most vulnerable residents' lives, and their experiences of accessing health and care services and wellbeing support. This year we focus on digital exclusion and the impact of Covid-19 on our vulnerable communities. Working with these local VCS organisations:</p> <ul style="list-style-type: none"> <li>• The Peel Institute &amp; Galbur Foundation</li> <li>• Diverse Communities Health Voice Partnership (11 refugee &amp; migrant community organisations facilitated by HWI)</li> <li>• Help on your doorstep and Claremont</li> </ul> | <p>The reports are currently being collated across all four commissioned VCS projects.</p> <p>The collective Diverse Health Voices have already submitted their report. They have engaged with 110 people who were able to contribute through innovative face to face outdoor 1phone, &amp; online</p> | <p>The Diverse Communities Voice report highlighted a willingness for people to learn the necessary skills to use online services and where the system could support. A follow-up meeting to discuss next steps has taken place between the CCG and Healthwatch. The full report can be read <a href="#">online</a>.</p> <p>Further reports are due in June from another three projects &amp; their themes will be captured here.</p> <p>The reports will be used to shape both the way fairer together partnership develops their digital offer &amp; feed directly into the NCL Digital Programme – developing recommendations to be actioned across the ICS.</p> |
|   | Sept 20 to March 22 | <p><b>Haringey based project</b></p> <p>Project on digital exclusion led by Public Voice a community research project working with local GP practices and PCNs to understand the issues around digital</p>  | <p>Working with residents in Haringey who are registered with a GP, with a focus on those who are digitally excluded through lack of knowledge, skills or equipment.</p>   | <p>An initial report which assesses the effectiveness of the project &amp; interventions is now being pulled together. This will be presented alongside the Islington based</p>   |

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|                                       |           | <p>access for specific groups in the local community.</p> <p>A pilot has been developed supporting local patients in GP practices who struggle with using the digital service offer. They are supported with their first appointments so that they can continue to access care online.</p>          |   | <p>projects &amp; EQIA at the Digital Steering group.</p> <p>The group will look at:</p> <ul style="list-style-type: none"> <li>• Recommendations for NCL system</li> <li>• Possible further work</li> <li>• Possible pilots across NCL</li> </ul> |
|                                       | May-July  | <p><b>NCL Equalities Impact Assessment</b></p> <p>Desktop review of insight around digital inclusion to understand the impact of non-face-to-face appointments, and digital booking systems, on protected characteristic groups, carers, and groups which are socio-economically disadvantaged.</p> | <p>A range of different evidence has been used within the EQIA – including looking at both local &amp; national community based research with a range of groups who face health inequalities &amp;/or barriers to accessing digital services, alongside key issues such as low-income households &amp; access &amp; safeguarding issues.</p> <p>It also looks at groups who may experience high health inequalities but are better supported through digital services.</p>  | <p>The EQIA will be presented to the Digital Board in July and then shared more widely with partners and stakeholders</p>  |
| <b>Covid-19 vaccination programme</b> |           |   |   |  |
| <b>North Central London</b>           | April/May | <p>Covid vaccine information events held for:</p> <ul style="list-style-type: none"> <li>• Japanese community</li> <li>• Somali-speaking health and social care staff</li> <li>• Refugee and Asylum Seeker Support member organisations</li> <li>• Somali mothers and elderly men</li> </ul>        | <p>The event for the Japanese community was led by a Japanese speaking GP from NCL and a nurse practitioner and was attended by 26 people. A Japanese language video and translated leaflet were shared with participants and others not in attendance who requested it.</p> <p>The event for Somali speaking health and social care staff was organised by Haringey Public Health and was delivered by a Somali-speaking GP.</p> <p>Islington Refugee and Migrant Forum hosted this event on behalf of NCL CCG. 30 member organisations and individuals attended the event. A Public Health Consultant and the</p> | <p>This work is ongoing and we will continue to monitor uptake in these communities and support where necessary.</p>   |

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|               |           |  | <p>Head of Primary Care Development from Islington facilitated the event.</p> <p>With the support of the NCL Engagement Team, the Samafal Family Association set up two WhatsApp groups for Somali mothers and elderly men. These two groups have about 80 people. The groups were brought together for a webinar led by two Somali speaking Nurse Practitioners who provided clarity and fact checking on the COVID vaccine. They had no external visitors to the meeting to increase the confidence, safety and consistency in messaging of the group.</p>  |  |
| <b>Barnet</b> | April/May | <p>Key activity included:</p> <ul style="list-style-type: none"> <li>Resident engagement in Burnt Oak and Edgware to encourage attendance at a local pop-up clinic;</li> <li>Covid vaccine information event for the Romanian community &amp; also open to residents across NCL</li> <li>Phase 2 engagement planning led by the Local Authority and local VCS</li> </ul> | <p>Public Health Barnet and LBB arranged the pop-up that was hosted by Watling Medical Centre. 26 people attended and had the vaccine.</p> <p>The event for the Romanian community was led by a local GP and the panel was made up of members from the CCG, local authority and local VCS. 16 people attended the event.</p> <p>The Romanian and Eastern European Hub hosted the event for the Romanian community on their Facebook page and it has been viewed over 200 times to date.</p> <p>A pop-up clinic for the Romanian community was held on 27 May. Around 20 Romanian people were vaccinated and another 20 are set to get the vaccine at another date.</p> <p>Four young people were engaged to be the faces of the youth-focused campaign. Local youth charities and influencers have also been engaged to support the campaign.</p> | <p>A survey of attendees of the pop-up clinic showed that most were happy to have the vaccine and the pop-up reduced the issue of access. Findings from the survey will also inform plans for future pop-up planning</p> <p>The extensive publicity for the pop up will have reached many more Romanian people. Five case studies were gathered for use in the coming weeks.</p> |
| <b>Camden</b> | April/May | In Camden there is ongoing work to promote the role of the local COVID-19 champions to support uptake of the vaccine in local communities.   | This work is in partnership with the Camden BAMER communications working group (membership consists of local community  | This campaign is ongoing.  |

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|                  |           | <p>They are also encouraging GPs to promote vaccine uptake in locally spoken languages.</p> <p>Camden Patient and Public Engagement Group (CPPEG) meets monthly &amp; has had a key focus on vaccine engagement.</p> <p>Camden also held a session for youth workers on the rollout of the vaccine, responding to myths that young people have about Covid-19.</p>   | and faith leaders) which is hosted by the council.  |   |
| <b>Enfield</b>   | April/May | Webinar for the Black African and Caribbean Community aiming to increase the take up of the coronavirus vaccine and provide vaccine information.   | This session had expert speakers from across the NHS and Public Health  | Outputs from the meeting have contributed to the action plan for encouraging vaccine uptake amongst this cohort.  |
| <b>Haringey</b>  | April/May | <p>Recent activity in Haringey has included</p> <ul style="list-style-type: none"> <li>• a vaccination information session for the Polish community</li> <li>• a Q&amp;A information event with Wise Thoughts who is an LGBTQ charity,</li> <li>• a presentation and Q&amp;A at the Haringey PPG Network meeting and the hosting of various pop-up clinics.</li> </ul>   | <p>The event for the Polish community was attended by the congregation of the Roman Catholic Church of Ignatius.</p> <p>The PPG event was attended by members from practices across Haringey.</p>   | <p>Areas of concern from the Polish community included fertility and long Covid.</p> <p>Attendees at the LGBT event asked how vulnerable groups can be vaccinated.</p>  |
| <b>Islington</b> | April/May | <p>Recent events in Islington have included</p> <ul style="list-style-type: none"> <li>• Covid vaccine information event for the Black Caribbean Community to support members of the community to make an informed choice about the Covid vaccine</li> <li>• Covid-19 vaccination event for Somali speakers and speakers of Tigrinya and Arabic; a Long Covid information session and vaccine pop-up engagement</li> </ul> | <p>15 members of the Black Caribbean community attended the event for the Black Caribbean Community. The main speaker was Sandra Harding-Browne who is from the Black Caribbean Community and also the Joint-chair of the Whittington Health BAME network.</p> <p>The event for Somali speakers was arranged by Community Language Support Services in Islington and Liam Beadman, Head of Primary Care Transformation presented on behalf of the CCG. Healthwatch Islington hosted the event which featured experts from</p> | Outputs from the meeting with the Black Caribbean Community were shared soon afterwards with attendees by email, including, the presented slides and a link to an FAQ resource that was augmented based on some of the questions asked at the meeting. You can see these questions <a href="#">online</a> . |

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|  |  |  | the CCG and UCLH. The pop-up engagement activity was for residents local to the clinics who wanted more information about the vaccine | New concerns were captured from the event and added to online Q&A documents. Questions and concerns from members of the Somali community were addressed by the experts at the meeting and captured for a report/FAQ resource by Healthwatch. |
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**North Central London CCG  
Patient, Public Engagement and Equalities Committee  
10 June 2021**

|   |  |   |            |                           |
|---|--|---|------------|---------------------------|
| <b>Report Title</b>                                 | <b>Healthwatch Borough Reports</b>   | <b>Date of report</b>   | 04/06/2021 | <b>Agenda Item</b><br>2.3 |
| <b>Lead Director / Manager</b>                      | Rakshita Patel   | Tel/Email<br><a href="mailto:Rakshita@healthwatchharingey.org.uk">Rakshita@healthwatchharingey.org.uk</a> |            |                           |
| <b>GB Member Sponsor</b>                            | <b>Not Applicable</b>  |   |            |                           |
| <b>Report Author</b>                                | Rakshita Patel and contributors across NCL boroughs  | Tel/Email   |            |                           |
| Name of Authorising Finance Lead                    | Not Applicable   | Summary of Financial Implications   |            |                           |
| <b>Report Summary</b>                               | The report provides an update of engagement work and activity across the north central London area, representing the five Healthwatch organisations. It shows a summary of work completed and also in progress, with the local community, and the outcomes of that work.                 |   |            |                           |
| <b>Recommendation</b>                               | The PPEE Committee is asked to consider and comment on the report.   |   |            |                           |
| <b>Identified Risks and Risk Management Actions</b> | It is not always possible to ensure service change as an outcome, as Healthwatch sits outside the commissioning and provision of services. However, one of the aims of Healthwatch is to build strong relationships and avoid engagement that is not 'meaningful' to mitigate this risk. |   |            |                           |
| <b>Conflicts of Interest</b>                        | Some of the work delivered is funded by local health and care providers. Noted in the report.  |   |            |                           |
| <b>Resource Implications</b>                        |  |   |            |                           |
| <b>Engagement</b>                                   | A range of techniques are used.  |   |            |                           |
| <b>Equality Impact Analysis</b>                     | It is not possible to reach out to everyone so we focus each area of work on specific communities.   |   |            |                           |
| <b>Report History and Key Decisions</b>             | This is the second time a report from Healthwatch has been presented; building on the positive feedback from the Committee who was presented with a novel report in April 2021.  |   |            |                           |
| <b>Next Steps</b>                                   |  |   |            |                           |
| <b>Appendices</b>                                   |  |   |            |                           |

# Report from the five North Central London Healthwatch organisations on current work

Compiled by Rakshita Patel, Healthwatch Haringey

## Introduction

The role of a local Healthwatch is to gather feedback from local people and local communities on local health and social care services, and to present and report on findings, with a view to delivering tangible service improvements for residents.

There is a great deal of flexibility in how this is delivered, each Healthwatch is structured differently (with different budgets and staffing) and works differently, and its workplan is developed in partnership with our commissioners (Local Authorities) to meet the needs of local people and local communities.

All local Healthwatch are increasingly focused on reducing health inequalities and on reaching out to diverse communities (especially those who are disadvantages and seldom heard).

The Healthwatch reports in this paper are presented alphabetically.

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## Healthwatch Barnet

### *Recent community events*

April - A Q&A session for residents to have their questions answered with Barnet, Enfield and Haringey NHS Mental Health Trust:

<https://www.healthwatchbarnet.co.uk/blog/2021-05-07/our-qa-barnet%E2%80%99s-mental-health-trust-report>

May - Dying Matters Awareness Week Event in partnership with North London Hospice and the PEG: [www.healthwatchbarnet.co.uk/blog/2021-05-20/what-matters-you-report-our-dying-matters-week-activity](http://www.healthwatchbarnet.co.uk/blog/2021-05-20/what-matters-you-report-our-dying-matters-week-activity)

June - Long COVID event in Partnership with Barnet COVID-19 Health Champions for residents to learn about long COVID and the support available locally. The event is taking place on Zoom, 6.30 pm, Tuesday 15 June. <https://longcovid.eventbrite.co.uk>

### *Current work*

1. Virtual visit pilot (Digital E&V) with a Barnet care home. This pilot follows the ethos and aims of an Enter and View but conducted digitally with our E&V Team. We spoke with staff, residents and relatives. Report is currently being drafted. A learned lesson summary will also be produced to share with other local HWs and the wider HW network as others are planning Virtual Visits too.
2. Remote GP consultation - we are looking to gain insight into Barnet residents' experiences of using GP practices remotely, both positive and negative to help

inform the model once all the lockdown restrictions is lifted. HWB firmly believes in patient choice and a patient first policy, not a digital first policy. Read more about it here: <https://www.healthwatchbarnet.co.uk/news/2021-05-27/gp-appointments-tell-us-what-works-best-you>

3. Long COVID Project - we are working on a project to understand the experiences of people suffering from Long COVID in Barnet and help inform the CCG of any suggestions/ recommendations for the NCL Long COVID pathway. Read more about it here: <https://www.healthwatchbarnet.co.uk/news/2021-06-01/spotlight-long-covid>

### ***Recent reports***

1. Snapshot Insight Report: Hospital Transport. A report into local people's experiences of using hospital transport for journeys to Barnet Hospitals and a series of recommendations. Report and Royal Free's response can be found here: <https://www.healthwatchbarnet.co.uk/report/2021-06-03/snapshot-insight-report-hospital-transport>
2. Snapshot Insight Report: Deaf People's GP Challenges. A report into deaf residents experiences in Barnet to gather in-depth qualitative data on their challenges with GP surgeries. <https://www.healthwatchbarnet.co.uk/report/2021-05-19/snapshot-insight-report-deaf-people%E2%80%99s-gp-challenges>

### ***Contact details for more information:***

[Nitish@healthwatchbarnet.co.uk](mailto:Nitish@healthwatchbarnet.co.uk)

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## **Healthwatch Camden**

### ***Current work***

1. Addressing Vaccine hesitancy (esp. among ethnic minority groups). Read report [here](#).
2. Domestic violence - how this increased over the pandemic and understanding experiences of victims who accessed support services (report coming later this summer)
3. Access to NHS dentistry (currently reporting on this)
4. Engaging faith leaders in NCL's vaccine rollout decision making processes
5. Spreading awareness about post-COVID syndrome (or 'long Covid') and understanding people's experiences accessing current services for this diagnosis.

## **Recent reports**

1. Life in Lockdown [report](#) (October 2020) - We have also translated the executive summary in [Chinese](#), [Bengali](#), [Somali](#) and [Swahili](#) to reach a wider audience.
2. [Black, Asian, & Minority Ethnic Views on the COVID-19 Vaccine](#) (April 2021)

**Guest blogs** addressing some of the concerns of Camden's residents over the last six months

- [Supporting people living with dementia and their families](#) (guest blog from Miles Maier of Camden Carers)
- [My Camden COVID-19 Health Champion Journey](#) (guest blog from a health champion who encouraged others to take up the COVID-19 vaccination.)
- [Autism NHS health experiences during the COVID-19 pandemic](#) (guest blog from a local resident with autism spectrum disorder about his experiences during the pandemic)
- [How do NHS dental services work?](#) (perspective of a local dentist explaining the current challenge that NHS dentistry is facing)
- [Young People are Key Community Influencers for the COVID-19 Vaccine](#) (perspectives on the vaccine from two local young people and the important role that young people play in sharing knowledge around the vaccine, especially to their older and non-English speaking relatives).
- [Domestic Abuse in the Pandemic](#)
- [Challenges and Changes for Social Prescribing in Camden](#)
- [Many in the Black community more likely to get the Covid-19 vaccine if they had more information](#) (March 2021, We found out that the Black community in Camden may take the vaccine if they had more information)
- [Covid-19 vaccine - an outlook of a GP](#) (January 2021 - Why taking the Covid-19 vaccine is crucial)

## **Contact details for more information:**

[Matthew.parris@healthwatchcamden.co.uk](mailto:Matthew.parris@healthwatchcamden.co.uk) 020 7383 2402

[anna.walsh@healthwatchcamden.co.uk](mailto:anna.walsh@healthwatchcamden.co.uk) 020 7383 2402

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## **Healthwatch Enfield**

To note, the contract for provision of Healthwatch Enfield changed hands in June 2021.

### ***Current work***

1. Covid support including communications, working with local communities, feedback
2. Long Covid programme (NCL wide)
3. Webinars - in May - CAMHS and End of Life planning
4. GP access (including digital)
5. Pop up for GP registration at Edmonton Green - Eastern European focus
6. Contract transfer

### ***Recent reports***

1. Issues around Health and Social care for the Eastern European / Roma travellers population
2. We have also worked with non-registered communities to produce a guide to GP registration
3. Annual report 2020/21

### ***Contact details for more information:***

[noelle.skivington@cogsenfield.co.uk](mailto:noelle.skivington@cogsenfield.co.uk)

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## **Healthwatch Haringey**

### ***Current work***

1. Patient Participation Group Development Project - Project about strengthening and diversifying patient representation on PPGs and at PCN level, ensuring patient feedback is used to improve GP services, and to develop a pan Haringey borough-wide PPG network to share good practice, discuss challenges and to explore ways of improving services. First Haringey PPG Conference on Saturday 19 June 11am to 2pm: <https://www.healthwatchharingey.org.uk/haringey-ppg-network-meetings>
2. Healthwatch England Digital Exclusion Project - We were chosen by Healthwatch England as one of only 5 local Healthwatch to work with them on their Digital Exclusion project. The Digital Exclusion project aims to capture the experiences of patients who do not have access to the internet (via a desktop, laptop or a smartphone) - looking at the impact this has had on their access to GP services, and the quality of services received. National report due to be published in June 2021
3. Digital Inclusion Project - A project to enable and empower Haringey residents to access remote appointments and consultations with health care professionals - this

could mean upskilling them to use their own devices or to loan devices to them for them to use (and train them how to use them)

4. GP services during Covid-19 and lockdowns - We have gathered a lot of feedback from Haringey residents on accessing GP services at this time and we will be publishing our findings this month. The report will cover booking an appointment over the phone, phone consultations as opposed to face to face consultations, and e-consult
5. Vaccine project - Project looking at the flu and Covid-19 vaccine take-up amongst Haringey residents, exploring the reasons why people are either motivated to have these vaccines, or are hesitant to do so, especially exploring the take-up amongst Haringey's diverse communities. Phase 2 is targeted work only looking at the Covid-19 vaccine, and focusing on those specific communities with a lower take-up and who are more vaccine hesitant
6. Joint Partnership Board, Reference Groups, Experts by Experience (E by E) Board - We facilitate a range of service users groups, for people using adult social care services in Haringey, and for mental health service users across the NCL patch, which meet regularly (in person or on Zoom) to feedback on service provision and delivery, and to help shape plans for the future. E by E members are participating in the NCL Mental Health Services Review
7. Young people and mental health project - Project to look at the impact of Covid-19 and lockdown on the mental health and wellbeing of young people in Haringey

### ***Recent reports***

1. Living through Lockdown: Lessons from Haringey's most vulnerable service users: <https://www.healthwatchharingey.org.uk/report/2020-08-19/living-through-lockdown>  
Feedback from adult social care users and carers on their experiences during the first lockdown - highlighting things that worked well, and the challenges and barriers they faced
2. Understanding the impact of Covid-19 on Turkish and Kurdish communities in Haringey: <https://www.healthwatchharingey.org.uk/report/2020-07-23/understanding-impact-covid-19-turkishkurdish-communities-haringey>
3. Haringey Care Homes in the time of Covid-19: <https://www.healthwatchharingey.org.uk/report/2020-07-09/haringey-care-homes-time-covid-19>
4. Review of Haringey Day Centres for People with Learning Disabilities: <https://www.healthwatchharingey.org.uk/report/2020-02-03/review-haringey-day-centres-people-learning-disabilities>

### ***Contact details for more information:***

Raks Patel    [Rakshita@healthwatchharingey.org.uk](mailto:Rakshita@healthwatchharingey.org.uk)    020 8888 0579

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## Healthwatch Islington

### *Current work*

1. Access to non-Covid services, with particular emphasis on primary care.
2. Long Covid and long term effects of having Covid  
<https://www.healthwatchislington.co.uk/advice-and-information/2021-05-17/long-covid-questions-and-answers>
3. Digital Support, including support with e-consult  
<https://www.healthwatchislington.co.uk/news/2021-05-13/what-are-people-telling-us-about-e-consult>
4. Health literacy and health promotion workshops, including Mental Health, Healthy Eating, Cancer screening, Childhood Immunisations, Diabetes, Heart Disease.
5. Access to NHS dentistry
6. Challenging Inequalities: including work with CCG Engagement and Equalities Committee, Fairer Together Challenging Inequalities Sub-Group, and the Mental Health Partnership Board Inequalities Sub-Group, as well as with our [Diverse Communities Health Voice partnership](#).

### *Recent reports*

1. From Digital Exclusion to Inclusion: This is a distillation of our learning from four years of delivering digital inclusion projects. We also report on residents' experiences of accessing health services remotely during the pandemic.  
<https://www.healthwatchislington.co.uk/report/2021-05-05/digital-exclusion-inclusion>
2. Developing a virtual model of counselling support: Staff and service users at the Maya Centre share their experiences of virtual counselling during the pandemic.  
<https://www.healthwatchislington.co.uk/report/2021-04-20/developing-virtual-model-counselling-support>

### *Contact details for more information:*

[emma.whitby@healthwatchislington.co.uk](mailto:emma.whitby@healthwatchislington.co.uk)

07984 445 668



**North Central London CCG  
Public and Patient Engagement and Equalities Committee  
10 June 2021**

|   |  |  |             |  |     |
|---|--|--|-------------|--|-----|
| <b>Report Title</b>                                 | Fertility Policies Review  | <b>Date of report</b>                    | 4 June 2021 | <b>Agenda Item</b>   | 2.4 |
| <b>Lead Director / Manager</b>                      | Sarah Mansuralli<br>Executive Director   | <b>Email / Tel</b>                       |             | <a href="mailto:nclccg.fertility-review@nhs.net">nclccg.fertility-review@nhs.net</a> |     |
| <b>GB Member Sponsor</b>                            | Karen Trew, Governing Body Lay Member  |  |             |  |     |
| <b>Report Author</b>                                | Fertility Policies Review Team   | <b>Email / Tel</b>                       |             | <a href="mailto:nclccg.fertility-review@nhs.net">nclccg.fertility-review@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b>             | Not Applicable   | <b>Summary of Financial Implications</b> |             |  |     |
| <b>Report Summary</b>                               | <p><b>Background to the Fertility Policies Review</b><br/>Prior to merger, the clinical commissioning groups in Barnet, Camden, Enfield, Haringey and Islington each had an individual Fertility Policy and these are still being used by NCL CCG. Now we are a single CCG, it make sense to develop one consistent Fertility Policy and work has now started to do this. We are in the first stage of the review, which will produce a set of recommendations (no decisions will be made at this stage).</p> <p>The recommendations will inform the second stage and the development of a new NCL CCG Fertility Policy. During both stages we will be seeking views from a wide range of audiences, including clinicians, patients and the public.</p> <p><b>The paper will give an overview of the engagement approach</b> that we have taken during stage one to date, touching upon the groups that we have engaged with and future plans as we move into June during the public engagement widow.</p> <p>It is important to note that engagement window for stage one will end on Friday 9 July (2021).</p> |  |             |  |     |
| <b>Recommendation</b>                               | The Committee is asked to NOTE the Fertility Policies Review update.   |  |             |  |     |
| <b>Identified Risks and Risk Management Actions</b> | We will review our engagement approach at an upcoming Fertility Policies Review Steering Group to ensure that we collect feedback from people with lived experience in addition to the general public.   |  |             |  |     |
| <b>Conflicts of Interest</b>                        | Not Applicable   |  |             |  |     |

|   |   |
|---|---|
| <b>Resource Implications</b>            | Not Applicable  |
| <b>Engagement</b>                       | We have informed the JHOSC and HOSC chairs, local Healthwatch groups and 70 local community/patient groups directly advising them of the review as well as national interest groups (for example, The LGBT Mummies Tribe and Fertility Network UK).   |
| <b>Equality Impact Analysis</b>         | Not Applicable  |
| <b>Report History and Key Decisions</b> | Not Applicable  |
| <b>Next Steps</b>                       | <p>To work with the CCG Fertility Policies Steering Group (NCL Community Member and Fertility Network UK representatives are members of the steering group) to further build on the work set out in this paper, developing and adapting our engagement plans to build upon feedback and working with our local communities.</p> <p>To ensure that our engagement gives opportunity for residents across North Central London to contribute and give feedback during stage one of the Fertility Policies review.</p> |
| <b>Appendices</b>                       | Not Applicable  |

# NCL Public Patient Engagement and Equalities Committee

Fertility Policies  
Review update  
10 June 2021

# Introduction

- Prior to merger, the clinical commissioning groups in Barnet, Camden, Enfield, Haringey and Islington each had an individual Fertility Policy and these are still being used by NCL CCG.
- Now we are a single CCG it make sense to develop one consistent Fertility Policy and work has now started to do this.
- The first stage is a Review, which will produce a set of recommendations. No decisions will be made at this stage.
- These will inform the second stage – the development of the new NCL CCG Fertility Policy.
- During both stages we will be seeking views from a wide range of audiences, including clinicians, patients and the public.

# Seeking patient and resident views to inform the Review

- We are actively seeking views from North Central London residents (Barnet, Camden, Enfield, Haringey and Islington) to inform the Fertility Policies Review. We are committed to ensuring the Review is:
  - Well-publicised and straightforward to participate in
  - Inclusive and welcomes views from the diverse NCL community
  - Comprehensive and relevant to a range of perspectives
  - Proportionate and cost-effective
  - Fair and transparent
  - Shared, refined and delivered with partners
  - Timely and part of an ongoing dialogue with residents
- More information about the review and details about how to get involved can be found [here](#)

# Communications and engagement activity (10 May – 9 July)



North Central London  
Clinical Commissioning Group

Between 10 May and 9 July there are a range of ways that people can contribute their views:

Online survey – promoted via:

- CCG public facing channels (website, social media, resident newsletter)
- GP channels (CCG website, CCG newsletters, PCNs and Federations)
- NHS Trust communications teams to service users
- Via Healthwatch, local Voluntary Community Sector (VCS) and other local groups to reach diverse communities; Council communication channels etc.
- North London Partners Resident Health Panel, CCG Community Members, PPG Networks etc.

Engagement events

- 3 x public online meetings (open to all residents with breakout rooms at the sessions). Local people will be able to register via our website, social media and our communications sent to Healthwatch, local VCS, NHS provider and Council communications teams.
- 1 x focus group co-hosted with Fertility Network UK (people with lived experience)
- 1 x focus group and 10 x in-depth interviews with representatives from diverse communities in NCL (e.g. people from BAME and LGBT communities).
- CCG attendance at local VCS, PPG and other resident groups to discuss and seek feedback on the Review.

# Events that have taken place to date



North Central London  
Clinical Commissioning Group

| Dates (May)          | Meeting   |
|----------------------|---|
| 13 <sup>th</sup> May | <b>Engagement Advisory Board</b><br>(NCL placed)  |
| 18 <sup>th</sup> May | <b>Enfield's Voluntary and Community Stakeholder Reference group</b><br>(Enfield placed)                          |
| 26 <sup>th</sup> May | <b>Focus Group – in collaboration with Fertility Network UK</b><br>(NCL placed – residents with lived experience) |
| 27 <sup>th</sup> May | <b>Parents Advisory Board</b><br>(Camden placed)  |
| 27 <sup>th</sup> May | <b>1st - Public Drop in meeting</b><br>(NCL placed)   |
| 28 <sup>th</sup> May | <b>Barnet Patient Engagement Primary Care Group</b><br>(Barnet placed)  |
| 28 <sup>th</sup> May | <b>The LGBT Mummies Tribe</b><br>Recording for Instagram / Facebook live. (NCL placed)                            |

# Key next steps (June)

Finalise planning for:

- 1 x focus group with representatives from diverse communities in NCL (in collaboration with Enfield Racial Equality Council (NCL placed))
- (Min. of) 10 x in-depth interviews with representatives from diverse communities across NCL (in collaboration with NCL community members)
- Booking into borough GP events and coordinating 1 x NCL general practice event

Ongoing follow up to secure opportunities / respond to engagement requests from:

- Local VCS organisations and fertility groups
- PPG and other patient forums

Ongoing communications activity:

- Social media promotion
- CCG Resident Newsletter (June)
- NCL GP Bulletin
- NCL System Update – which reaches MPs, Councillors, Trust and Council leaders, key VCS
- Inclusion in agendas for BAU borough MP and Councillor meetings

# Dates in the diary

| Dates (May)                   | Meeting  |
|-------------------------------|--|
| 9th June                      | <b>NCL Community Members</b><br>(NCL placed)   |
| 10 <sup>th</sup> June         | <b>Public Patient Engagement Committee</b><br>(NCL placed)   |
| 12th June                     | <b>2nd Public meeting</b><br>(NCL placed)  |
| 15th June                     | <b>LGBTQI+ network</b><br>(Haringey placed)  |
| 21st June                     | <b>Camden Patient &amp; Public Engagement Group</b><br>(Camden placed)   |
| 24th June                     | <b>3rd Public meeting</b><br>(NCL placed)  |
| During week beginning 28 June | <b>Focus Group with BAME communities</b> in collaboration with Enfield Racial Equality Council).<br>(NCL placed) |

# The next steps

- **May – July:** Review engagement period running for clinicians, service users and residents and other groups to feed in views
- **After the 9 July:** the Review findings will be collated and analysed, including producing a report on the engagement feedback received.
- **Anticipated in Autumn 2021:** Review recommendations and conclusions will be considered by the NCL CCG and a decision to proceed to the second stage will be made.
- **The second stage will be the development of the new NCL CCG Fertility Policy.** The considerations and recommendations from the Review will feed into the next stage of work to develop a single NCL policy.  
The CCG will engage with local residents, Healthwatch and the VCS in the second stage.

# Asks for Public Patient Engagement and Equalities Committee

- Share information e.g. link to survey, fertility policies website and to raise awareness of the two remaining public meetings
- Do members have any insight on Fertility services already that they can share?
- Are there any local CVS organisations who we should be linking with?

Please forward your thoughts and suggestions to the team at [nclccg.fertility-review@nhs.net](mailto:nclccg.fertility-review@nhs.net)



**North Central London CCG  
NCL Patient and Public Engagement and Equalities Committee  
10 June 2021**

|   |  |   |          |   |     |
|---|--|---|----------|---|-----|
| <b>Report Title</b>                     | Update on the Community and Mental Health Strategic Services Review  | <b>Date of report</b>   | 3/6/2021 | <b>Agenda Item</b>  | 2.5 |
| <b>Lead Director / Manager</b>          | Sarah Mansuralli<br>Executive Director of Strategic Commissioning  | <b>Email / Tel</b>  |          | <a href="mailto:Sarah.Mansurallili@nhs.net">Sarah.Mansurallili@nhs.net</a><br>07557319123 |     |
| <b>GB Member Sponsor</b>                | <ul style="list-style-type: none"> <li>• Dr Josephine Sauvage and Dr John McGarth</li> <li>• Ms Frances O'Callaghan</li> </ul>   |   |          |   |     |
| <b>Report Author</b>                    | Jo Murfitt<br>Programme Director for Community and Mental Health Services Review   | <b>Email / Tel</b>  |          | <a href="mailto:Joanne.Murfitt1@nhs.net">Joanne.Murfitt1@nhs.net</a><br>07557419258       |     |
| <b>Name of Authorising Finance Lead</b> | Anthony Browne<br>Director of Finance  | <b>Summary of Financial Implications</b><br>Not relevant to this paper but the Strategic Reviews are underpinned by reviews of funding and there are plans for a financial impact assessment prior to presentation of the final report. A finance sub group has been set up to oversee the financial implications of the two reviews. The sub group includes senior representatives from Provider Trusts. |          |   |     |
| <b>Report Summary</b>                   | <p>The attached slides provide an update on the work of the strategic reviews of both Community and Mental Health Services.</p> <p>The reviews were agreed by the CCG's Governing Body having inherited, from its 5 legacy CCGs, a pattern of community and mental health services which is variable in terms of access and outcomes for its residents.</p> <p>The purpose of the reviews are to develop a plan for a core consistent service offer for community and mental health services for all residents of North Central London.</p> <p>The attached slides also set out details of how the review is being conducted and timescales for the review.</p> <p>Given the importance of involving residents/service users in the development and design of the core offer, the slides also set out details of actions to date to involve service users and residents in the review and give more details of future actions that are planned</p> |   |          |   |     |

|   |  |
|---|--|
| <b>Recommendation</b>                               | <p>The Committee are asked to:</p> <p><b>NOTE</b> – The background to the review, and its timescale</p> <p>To <b>REVIEW</b> the planned engagement and communication actions and advise on other actions that might support this work.</p>   |
| <b>Identified Risks and Risk Management Actions</b> | <p><b>Risk 1:</b> The scope and complexity of reviews may put the timelines under pressure as well as creating potential issues with ensuring all partners have adequate capacity to contribute.</p> <p><b>Mitigation;</b> Management includes oversight by Programme Boards, joint community and mental health steering group, regular meetings with Review Design Partners Carnal Farrar and active communication and engagement strategy with Providers, Local Authority, partnership groups and residents on review, timescales etc.</p> <p><b>Risk 2:</b> The review may suffer a lack of engagement by partners and especially residents and service users.</p> <p><b>Mitigation:</b> A Comms and Engagement Strategy has been produced and will be kept under weekly review. The review is making use of existing groups to talk to local residents, other partners such as the Local Authorities etc. Residents Reference Group set up, residents survey developed, links made to offer discussion to a wide range of community groups. We are also working with Communities team to seek opportunities to work with those seldom heard voices.</p> <p><b>Risk 3:</b> The review may highlight one or more financial challenges that need to be addressed.</p> <p><b>Mitigation:</b> A Financial Sub-Group has been set up and as part of the Reviews we will be assessing the financial impact. This is being developed as part of work programme and will involve working with Borough ICPs.</p> |
| <b>Conflicts of Interest</b>                        | <p>No specific conflicts identified but many partners have an interest in the outcomes of the review.</p>  |
| <b>Resource Implications</b>                        | <p>To be determined. CCG currently spends £250m on Community Services and £325m on Mental Health services. Part of outputs from review will be a financial impact assessment as to the costs of the new core service model and the likely timescales for implementation.</p> <p>The impact assessments that form part of the outputs from the review will also include workforce requirements although it will be for Providers to determine the actual deployment of staff to meet the delivery requirements of the new core service offer</p> <p>Discussion is taking place with colleagues in estates and digital teams to understand any implications that might arise from this work</p>  |
| <b>Engagement</b>                                   | <p><b>The Comms Strategy</b> includes newsletters, website and bulletins to various groups e.g. GPs, community staff, mental health staff</p> <p><b>The engagement plans</b> are set out in accompanying slides and include for example convening a Resident’s Reference Panel, involvement of service users and carers plus voluntary sector in design workshops, User representation at Programme Boards. Actions also include attendance for discussion at key partnership and community groups as well as internal work to link with CCG’s communities team to work with groups whose voice is seldom heard.</p>   |

|   |   |
|---|---|
|   | As part of our engagement strategy we are working to ensure that we are talking to a range of groups based both on age, ethnicity and geography to reflect the diverse communities of NC London.      |
| <b>Equality Impact Analysis</b>         | To be completed as part of Impact Assessments   |
| <b>Report History and Key Decisions</b> | Updates presented to Strategy and Commissioning Committee and Governing Body meeting to approve reviews and to receive updates  |
| <b>Next Steps</b>                       | <ul style="list-style-type: none"> <li>• Update to be presented to CCG Governing Body in June</li> <li>• Update to future meeting of this Committee and CCG Advisory and Engagement Board.</li> </ul> |
| <b>Appendices</b>                       | Appendix 1 - Presentation   |



**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership

# Overview of the NCL Community Services and Mental Health Strategic Review

**Update to the NCL Patient and Public Engagement & Equalities Committee**

**June 2021**

## Background to the Community and Mental Health Services Strategic Reviews

- North Central London (NCL) CCG spends more than **£270m/Year** across a range of NHS, Local Authority and Private Providers delivering a wide range of **Community Services** that supports our 1.7m population across the 5 Boroughs (Barnet, Enfield, Camden, Haringey and Islington). The CCG spends a further **£325m on mental health services** for its population.
- Before the formation of the NCL CCG, services were **commissioned by each of the 5 legacy CCGs** in isolation leading to variation in service delivery models and services provided. This range of services has led to variations in patient outcomes, and inequalities in access to provision. It has also created opportunities to identify improvements.
- Over the last couple of years **approx. £30m has been invested** into the Local Delivery of the Long Term Plan (LTP) and Mental Health Investment Standard (MHIS) etc. in mental health. We need to make sure that the new services are sustainable and consistently implemented and able to cope with the rising demand for care and treatment post Covid.
- With the formation of the NCL CCG and as we move toward an Integrated Care System (ICS) along with the development of Borough Based Integrated Care Partnerships (ICPs) we are in a position **to start to address these inequities of access to services** as well as supporting the development of neighbourhood/Primary Care Networks local care services.
- This work will enable us to **commission sustainable community and mental health services** that start to improve outcomes, addresses health inequalities and inequities in access and also drives better value from our current spend.

## Aim & Objectives of the Reviews

### Aim:

Our aim is to have a **consistent and equitable core service offer** for our population that is delivered at a neighborhood/Primary Care Network level. It will be based on **identified local needs and fully integrated into the wider health and care system** ensuring outcomes are optimized, as well as ensuring our services are sustainable in line with our financial strategy and workforce plans.

### Objectives:

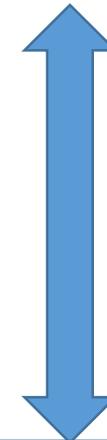
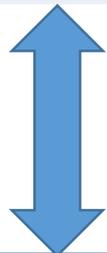
- Provision of a **core and consistent service offer** that is delivered locally based on identified needs and that addresses inequalities and inequities of access and health outcomes.
- Provision of community and mental health services that **optimises the delivery of care across NHS Primary, Secondary, Tertiary services** and the wider system with **Local Authority and Voluntary & Charitable Sector (VCS) partners and services**.
- Moves us closer to a focus on **prevention and early intervention**
- Moves us closer to the national aspirations around the delivery of care **Out of Hospital where clinically appropriate** and ensuring it is as maximally accessible as possible.
- Improved data recording and consistent Key Performance Indicators to allow us to **better track performance and delivery**.
- Ensuring we have a **financially sustainable system** both now and into the future based on the growing and changing needs of our population.
- Ensure we deliver on **national planning priorities for community and mental health services**.

## Structure and Timescale for the Reviews

| Data Gathering & Baselineing               |
|--|
| 1-2-1 Interviews (March/April/May)         |
| Group Interviews (March/April/May)         |
| Health & Care Survey (March)               |
| User/Resident Engagement (April-September) |
| Activity Data (March-June)                 |
| Workforce Data (March-June)                |
| On-Going Engagement (March-October)        |
| Partner Meeting Attendance (March-October) |

| Design & Refinement                                     |
|---|
| Structured questionnaires                               |
| Baselining Workshop (April/May)                         |
| 3 x Design Workshops (June-/July)                       |
| Deep Dive Workshops (June/July)                         |
| Ongoing engagement                                      |
| Testing and Challenging Emerging Proposals (June -July) |

| Refinement                                     |
|--|
| Options Appraisal (June-July)                  |
| Impact Assessment (June-July)                  |
| Financial Impact Analysis (June-July)          |
| Initial Proposal (July)                        |
| Transition Plan Development (August-September) |



Engagement with Partners, Service Users and residents and the System

## Communications & Engagement Strategy - Overview

- The Community Services Programme Board signed off a communication and engagement plan to cover the initial stages of reviews. It was recognised that a lot of pre-review engagement had occurred with a wide range of partners.
- The CCG website is regularly updated with information on the reviews including updates on progress.
- Communications are regularly sent out via Community providers bulletin, Mental Health services bulletin and via the GP bulletin.
- All stakeholders/partners were sent initial letters introducing the reviews and offering follow up discussions.
- Requests are being sent to Health and Well Being Boards to attend and present with the meeting for Haringey held on the 26<sup>th</sup> May and the Enfield meeting scheduled for June.
- Attendance scheduled for a range of partnership meetings including ICP meetings. Experts By Experience meetings , as well as JHOSC and local HOSCs e g Camden HOSC on 6<sup>th</sup> July.

## Communications & Engagement Strategy – Patient & Public Engagement Summary

- We have established a Resident Reference Panel chaired by Ian Bretman with 25 local residents to input into core offer design process.
- We have undertaken a Residents Survey available online via the following link: <https://feedback.camdenccg.nhs.uk/north-central-london/resident-survey-ncl-community-mental-health/>
- Users, and voluntary groups have been invited to Design Workshops along with colleagues from Local Authorities, Providers, GPs etc.
- We have extended offers to attend a range of community group meetings e.g. Discussion with Barnet Seniors Association and attendance at the Camden Public and Patient Advisory Group.
- We are working with Provider Trusts to contact existing user groups to contribute to reviews.
- We are working with the CCG communities and mental health teams to identify opportunities to work with seldom heard voices to reflect their experiences of using services.
- Programme Boards have both CCG Lay Member Representatives and User Representatives.



**North Central London CCG  
Public & Patient Engagement and Equalities Committee Meeting  
Thursday 10<sup>th</sup> June 2021**

|   |   |   |                           |  |     |
|---|---|---|---------------------------|--|-----|
| <b>Report Title</b>                     | Public and Patient Engagement and Equalities Committee Risk Register  | <b>Date of report</b>   | 3 <sup>rd</sup> June 2021 | <b>Agenda Item</b>   | 3.1 |
| <b>Lead Director / Manager</b>          | Ian Porter, Executive Director of Corporate Services  | <b>Email / Tel</b>  |                           | <a href="mailto:ian.porter3@nhs.net">ian.porter3@nhs.net</a>     |     |
| <b>GB Member Sponsor</b>                |   |   |                           |  |     |
| <b>Report Author</b>                    | Chipo Kazoka, Governance and Risk Lead  | <b>Email / Tel</b>  |                           | <a href="mailto:chipo.kazoka6@nhs.net">chipo.kazoka6@nhs.net</a> |     |
| <b>Name of Authorising Finance Lead</b> | Not Applicable  | <b>Summary of Financial Implications</b><br>This report helps the CCG to manage the financial risks within the Committee's remit. |                           |  |     |
| <b>Report Summary</b>                   | <p>This paper is the Public &amp; Patient Engagement and Equalities Committee Risk Register. It contains the CCG's most significant public, patient, engagement and equalities risks.</p> <p>There are 2 risks on the Committee's Risk Register. The threshold for escalation to the Committee is a risk score of 12 or higher. The two risks do not currently meet the escalation threshold but are presented to the Committee for oversight.</p> <p>The risk register can be found in Appendix 1.</p> <p><b>Key Highlights:</b></p> <p><b>CS5: Failure to properly promote and support equality, diversity and inclusion (Threat):</b> The Equality Duty is a non-delegable statutory duty of the CCG. The CCG has been focusing on a number of areas to address discrimination and health inequalities, including undertaking risk assessments with all our staff to mitigate the risks associated with the disproportionate impact of COVID-19 on individuals from a Black, Asian and Minority Ethnic (BAME) background and those that have health conditions that may place them in the high risk category.</p> <p>The CCG continues to meet its statutory requirements. The CCG has formally submitted its performance against the Workforce Race Equality Standard ('WRES') indicators for 2019/2020 to NHS England/Improvement (NHSE/I). These have been published and are available to the public. Areas that require improvement have formed the basis of the WRES Action Plan that has been developed and agreed with input from the BAME Staff Network and Steering Group. The actions and interventions detailed in the Action Plan are now being delivered.</p> |   |                           |  |     |

|   |  |
|---|--|
|   | <p>Safe space conversations and staff network meetings are continuing. Engagement is underway with both internal and external stakeholders on the CCG's draft Diversity and Inclusion Five Year Strategy and Objectives prior to taking it to the Public &amp; Patient Engagement and Equalities Committee for approval in August 2021. The staff network chairs are working closely with the Diversity &amp; Inclusion Steering Group to put in place quick wins, including awareness interventions, quizzes, book and film club, setting up dedicated intranet pages, celebrating and publicising history months.</p> <p>The impact of the risk controls have been reviewed and reflect in the current rating- and they will continue to be reviewed in the coming weeks to determine whether the consequence and likelihood of the risk should be reviewed/reduced.</p> <p>Current Risk Score: 8.</p> <p><b>CS13:</b> <i>CCG's ability to deliver its priorities and plans if robust communications and engagement is not delivered in 2021/22 (Threat):</i> The Communications and Engagement Team continues to support the work of the CCG's leadership in appropriately engaging stakeholders and residents. The Quarter 1 Communications and Engagement priorities were agreed by the Executive Management Team (EMT) and Borough Operations Directorate Management Teams (OPs DMTs) in April 2021. Team capacity has been allocated against agreed priorities. EMT also agreed the process for assessing available capacity for delivering on any additional requests for Communications and Engagement support against agreed priorities.</p> <p>The CCG is an active partner in the NCL System Communications and Engagement Group, and seeks to advocate for timely public and stakeholder communications on pandemic and system-level activity. Communications planning around the Accelerator Recovery Programme is being supported by the CCG's Communications and Engagement Team.</p> <p>There are ongoing efforts to recruit to the post of an NCL Executive Lead for Communication and Engagement (reporting to Frances O'Callaghan and Rob Hurd) and an interim Head of ICS Transition Communications and Engagement. These posts will support a strategic approach to designing and delivering Communication and Engagement on transformation and integration priorities. Early discussions have been held - including a presentation at the NCL Population Health Management (PHM) Committee on system approaches to public engagement.</p> <p>A significant proportion of CCG Communication and Engagement capacity is still being protected for COVID-19 system/CCG response and vaccination roll out. CCG Communication and Engagement Team members are participating in borough partnership multi-disciplinary teams (MDTs) in order to support vaccine delivery, and NCL-level public, political and primary care vaccine communication and engagement work.</p> <p>Current Risk Score: 8.</p> |
| <b>Recommendation</b>                               | The Public & Patient Engagement and Equalities Committee is asked to <b>NOTE</b> the report and provide feedback.  |
| <b>Identified Risks and Risk Management Actions</b> | This paper assists the CCG to effectively manage the key risks to public and patient engagement and equalities.  |

|   |   |
|---|---|
| <b>Conflicts of Interest</b>            | Conflicts of interest are managed robustly and in accordance with the CCG's Conflict of Interest Policy.  |
| <b>Resource Implications</b>            | This report supports the CCG in making effective and efficient use of its resources.  |
| <b>Engagement</b>                       | The Public & Patient Engagement and Equalities Risk Register is presented at each PPEE committee meeting. The committee includes elected clinicians and lay members.                                      |
| <b>Equality Impact Analysis</b>         | This report has been written in accordance with the provisions of the Equality Act 2010.  |
| <b>Report History and Key Decisions</b> | The Public & Patient Engagement and Equalities Committee last reviewed the PPEE risk report in April 2021.  |
| <b>Next Steps</b>                       | For the risks on the Public & Patient Engagement and Equalities Risk Register to continue to be managed robustly.   |
| <b>Appendices</b>                       | The following documents are included: <ul style="list-style-type: none"> <li>• Appendix 1 Public &amp; Patient Engagement and Equalities Committee Risk Register;</li> <li>• Risk Scoring Key.</li> </ul> |

| ID   | Risk Owner   | Risk Manager  | Objective   | Risk   | Likelihood (Initial) | Rating (Initial) | Controls in place  | Evidence of Controls   | Overall Strength of Controls in place   | Likelihood (Current) | Rating (Current) | Controls Needed | Actions  | Action Deadline   | Update on Actions  | Likelihood (Target)  | Rating (Target) | Committee | Strategic Update for Committee | Date of Last Update                                    | Status   |            |      |
|------|--|---|---|--|----------------------|------------------|--|--|---|----------------------|------------------|-----------------|--|---|--|--|-----------------|-----------|--------------------------------|--|--|------------|------|
| CS5  | Ian Porter, Executive Director of Corporate Services | Emdad Haque, Senior Diversity and Equality Manager<br>Darshna Pankhania, Deputy Director of HR/OD | Tackle discrimination and embrace equality through our workforce  | <b>Failure to properly promote and support equality, diversity and inclusion (Threat)</b><br><br><b>CAUSE:</b> If the CCG does not properly develop, support and implement an equalities strategy and plan which widens effective participation, strengthens leadership and delivers and builds on the Workforce Race Equality Standard (WRES).<br><br><b>EFFECT:</b> There is a risk that the CCG does not meet or exceed its mandated requirements for equalities or the ambitions of national requirements such as the NHS People Plan.<br><br><b>IMPACT:</b> This may result in the CCG failing to benefit from diverse talent and perspectives; a negative impact on the workforce, increased turnover of staff with protected characteristics; reputational damage; increased scrutiny and legal challenges.   | 4                    | 3                | C1. Improve data gathering on patients and staff.<br>C2. Implementation/action plans in accordance with NHS mandatory standards.<br>C3. Quick wins addressing COVID 19 and Black Lives Matter.<br>C4. Training for GB Members, staff and managers on equality impact assessments.<br>C5. Staff Diversity Steering Group and Networks - safe space conversation and action plans.<br>C6. Leadership conversations about discrimination, bullying and harassment.<br>C7. Collaborative working with providers for assurance and outcomes monitoring.<br>C8. Local partnership working with the Council (e.g. Public Health) and the voluntary sector.<br>C9. Publicise WRES Report for 2019/2020 and a WRES action plan has been developed.<br>C10. Equality Information Report published for 2019/2020<br>C11. Alignment of CCG race equality activities to the recommendations of the London Workforce Race Strategy<br>C12. Diversity Networks are leading on initiatives including the NCL book & film club and SEE ME FIRST campaign  | C1. Staff, Workforce system and NEL Workforce Team, health inequality reports, Patients' Ongoing discussion with providers and equality and health inequality impact assessments.<br>C2. WRES action plan developed and being implemented, Equality Delivery System (EDS2) work being discussed with providers and Healthwatch- and the WRES indicators incorporated in the equality objectives and action plans.<br>C3. Quick wins programme developed and agreed and implemented.<br>C4. GB induction scheduled, content agreed and delivered. Training for managers and staff been rolled out.<br>C5. Staff Networks and Steering Group Terms of Reference developed. Staff Network Chairs have been appointed and the Diversity and Inclusion (D&I) Steering Group meeting are taking place. Staff network meetings have been held. Dedicated intranet pages and work programme been developed for each network.<br>C6. EMT Leadership discussions on workforce equality has taken place with national NHS expert, John Brouder. Further work underway by the CCG and individual Directorates with external support.<br>C7. WRES and EDS2 grading collaboration taking place- further assurance work scheduled as part of transformational change and strategic EQIA process. Further collaborative working under way through NCL Workforce Networks under the STP/ICS.<br>C8. JSNA process and baseline analysis and the Improving Health and Wellbeing Strategy. Race and Ethnicity Health Inequalities Programme is focusing on addressing existing and emerging health inequalities. | AVERAGE. (The controls have a 61 – 79% chance of successfully controlling the risk) | 4                    | 2                | 5               | CN1. Development and agreement of Equality Objectives for the next five years<br>CN2. Action Plan needs to be developed once the objectives for the next five years have been agreed.<br>CN3. Develop and implement quick wins with regard to workforce equality with staff network chairs<br>CN4. Develop a framework to work with external stakeholders e.g. Public Health, Providers and the Voluntary Sector as part of the E, D & I Strategy.<br>CN5. Build on the COVID-19 experience of collaborative working to address existing and emerging inequalities | A1. Develop a CCG Diversity and Inclusion Strategy for 2021/26<br>A2. Develop an action plan to meet the diversity & inclusion objectives<br>A3. Deliver a set of quick wins targeted at staff, EMT and Governing Body Members- resource allocation planned.<br>A4. Build connections with providers and partners for greater collaboration on wider equality and health inequalities in NCL<br>A5. Interventions are being put in place in accordance with national and regional guidance from NHSEI | A1: 30.06.2021<br>A2: 30.06.2021<br>A3: 31.07.2021<br>A4: 31.07.2021<br>A5: 31.07.2021 | A1 and A2. Analysis has been completed. A brief plan on the approach to developing the equality objectives has been developed, and shared with EMT and the PPEEC. Engagement is underway on the draft objectives.<br>A3. The staff networks chairs are working closely with the D&I Steering Group to put in place quick wins including awareness interventions - quizzes, book and film club, setting up dedicated intranet pages, celebrating history months and safe space conversations and staff network meetings are continuing.<br>A4. Action plan has been drafted and has been shared the D&I Steering Group and BAME Staff Network before PPEE Committee approval.<br>A5. Work is underway in relation to COVID-19 recovery, health inequality baseline, commissioning community services and safeguarding staff.  | 2               | 1         | 3                              | Patient and Public Engagement and Equalities Committee | The Equality Duty is a non-delegable statutory duty of the CCG. The CCG has been focusing on a number of areas to address discrimination and health inequalities, including undertaking risk assessments with all our staff to mitigate the risks associated with the disproportionate impact of COVID-19 on individuals from a Black, Asian and Minority Ethnic (BAME) background and those that have health conditions that may place them in the high risk category.<br><br>The CCG continues to meet its statutory requirements. The CCG has formally submitted its performance against the Workforce Race Equality Standard (WRES) indicators for 2019/2020 to NHS England/Improvement (NHSEI). These have been published and are available to the public. Areas that require improvement have formed the basis of the WRES Action Plan that has been developed and agreed with input from the BAME Staff Network and Steering Group. The actions and interventions detailed in the Action Plan are now being delivered.<br><br>Safe space conversations and staff network meetings are continuing. Engagement is underway with both internal and external stakeholders on the CCG's draft Diversity and Inclusion Five Year Strategy and Objectives prior to taking it to the Public & Patient Engagement and Equalities Committee for approval in August 2021. The staff network chairs are working closely with the Diversity & Inclusion Steering Group to put in place quick wins, including awareness interventions, quizzes, book and film club, setting up dedicated intranet pages, celebrating and publicising history months.<br><br>The impact of the risk controls have been reviewed and reflect in the current rating- and they will continue to be reviewed in the coming weeks to determine whether the consequence and likelihood of the risk should be reviewed/reduced.                       | 13.06.2021 | Open |
| CS13 | Ian Porter, Executive Director of Corporate Services | Fran McNeil/ Chloe Morales-Oyarce, Heads of Communications and Engagement                         | Prepare for the formal transition to an Integrated Care System and further development of Integrated Care Partnerships. | <b>CCG's ability to deliver its priorities and plans if robust communications and engagement is not delivered in 2021/22 (Threat)</b><br><br><b>CAUSE:</b> If significant landscape shifts in 21/22 (due to pandemic response plans, NCL-level commissioning, ICS and ICP development, new system leadership and governance), and the CCG's communications and engagement team capacity challenges impact on the CCG's ability to effectively resource, forward plan and deliver communications and engagement plans<br><br><b>EFFECT:</b> There is a risk that stakeholders, including patients and residents, are less well informed about or supportive of service plans and CCG/system decision making. Residents may present late or use services inappropriately and, their views will not inform recovery plans. Stakeholders may challenge the decisions/service changes made.<br><br><b>IMPACT:</b> As a result, services commissioned may not effectively address the reality of patient needs, particularly in addressing health inequalities. If significant criticism is generated regarding the CCG's adherence to its statutory duties, there is a further risk of those decisions being challenged through the Judicial Review process which may result in significant reputational damage to the CCG. | 3                    | 4                | C1. CCG Patient and Public Engagement & Equalities (PPEE) Committee, NCL Engagement Advisory Board, and ICP borough-level Patient and Public Engagement fora are in place for 21/22.<br>C2. CCG/system commitment to undertake community engagement to inform Covid recovery planning, with links into borough-level engagement work, working with colleagues in partner organisations and voluntary sector organisations.<br>C3. NCL System Communications and Engagement Group with provider, council and CCG Communications and Engagement colleague representation to align activity as a system - with a focus on national campaign delivery and NCL deliberative engagement programme<br>C4. The CCG's Communications and Engagement Team support is aligned to priority CCG workstreams to support stakeholder communications and engagement.<br>C5. The CCG's PPE Strategy is in place. The CCG is using the new national Planning for Improvement Tool to deliver the new national Patient and Community Engagement indicator - and will use NHSE's Assessment learning from previous years to inform 2021/22 activity.<br>C6. Community Members are in post in key CCG Committees. | C1. CCG PPEE Committee papers; NCL Engagement Advisory Board papers; ICP planning documents; NCL CCG 2021/22 quarterly priorities plan (EMT approved for Quarter 1); NCL CCG engagement logs (quarterly); Governing Body reports on CCG PPE; NCL CCG and North London Partners website content.<br>C2. NCL CCG PPEE Committee papers; NCL Engagement Advisory Board papers; NCL CCG 2021/22 quarterly priorities plan (EMT approved for Quarter 1); Governing Body reports on CCG PPE; emerging ICS governance structures<br>C3. NCL System Communications and Engagement Group meeting agendas, meeting summaries; email summaries from twice weekly telecons.<br>C4. NCL CCG 2021/22 quarterly priorities plan (EMT approved for Quarter 1); communications and engagement plans for key CCG<br>C5. CCG PPE Strategy; PPEE Committee reports; ICS & ICP engagement planning documents<br>C6. Recruitment details, committee papers, CCG website.   | AVERAGE. (The controls have a 61 – 79% chance of successfully controlling the risk) | 2                    | 4                | 5               | CN1. CCG engagement programme for Q1/2 spanning major reviews, recovery plan activity<br>CN2. CCG stakeholder engagement processes and protocols, including MP engagement<br>CN3. CCG / System approach to public engagement and VCS involvement and resilience building<br>CN4. NCL communications and engagement narrative and engagement plan on ICS Transition, delivered with partners.<br>CN5. Executive Lead for ICS Communications and Head of Transition Comms and Engagement (interim) to be recruited   | A1. Plan for CN1 to be developed<br>A2. CCG process development underway for CN2<br>A3. CN3 Plan to be developed<br>A4. CN4 plan to be developed<br>A5. Recruitment process underway  | A1: 30.06.2021<br>A2: 30.06.2021<br>A3: 30.10.2021<br>A4: 30.06.2021<br>A5: 30.06.2021 | A1. Quarter 1 Communications and Engagement priorities work plan agreed by EMT and Borough Ops DMT (April 21). Comms and Eng item on quarterly EMT agenda. Comms and Eng quarterly meeting booked with Chair and AG. Quarters 1-2 engagement programme to be developed. Mapping underway to identify current status of ICP comms and eng plans.<br>A2. Processes for key stakeholder rels management to go live in June. Agreement that CCG MP enquiries will be managed by CCG Enquiries team from June 2021<br>A3. Development of paper on CCG/system engagement and resilience-support for VCS to be commenced in Q1. Initial discussion held at May Population Health Management Committee.<br>A4. Development of early narrative, core slide deck, key messages commenced. Fuller engagement plan to be aligned with ICS Transition Programme workplan.<br>A5. CCG Assistant Director of Communications and Engagement appointed in March 2021. ICS Executive Lead for Communications and Engagement post advertised in May 2021 and anticipate appointments to be made in June 2021. | 2               | 2         | 4                              | Patient and Public Engagement and Equalities Committee | The Communications and Engagement Team continues to support the work of the CCG's leadership in appropriately engaging stakeholders and residents. The Quarter 1 Communications and Engagement priorities were agreed by the Executive Management Team (EMT) and Borough Operations Directorate Management Teams (OPs DMTs) in April 2021. Team capacity has been allocated against agreed priorities. EMT also agreed the process for assessing available capacity for delivering on any additional requests for Communications and Engagement support against agreed priorities.<br><br>The CCG is an active partner in the NCL System Communications and Engagement Group, and seeks to advocate for timely public and stakeholder communications on pandemic and system-level activity. Communications planning around the Accelerator Recovery Programme is being supported by the CCG's Communications and Engagement Team.<br><br>There are ongoing efforts to recruit to the post of an NCL Executive Lead for Communication and Engagement (reporting to Frances O'Callaghan and Rob Hurd) and an interim Head of ICS Transition Communications and Engagement. These posts will support a strategic approach to designing and delivering Communication and Engagement on transformation and integration priorities. Early discussions have been held - including a presentation at the NCL Population Health Management (PHM) Committee on system approaches to public engagement.<br><br>A significant proportion of CCG Communication and Engagement capacity is still being protected for COVID-19 system/CCG response and vaccination roll out. CCG Communication and Engagement Team members are participating in borough partnership multi-disciplinary teams (MDTs) in order to support vaccine delivery, and NCL-level public, political and primary care vaccine communication and engagement work. | 13.05.2021 | Open |

## Risk Scoring Key

This document sets out the key scoring methodology for risks and risk management.

### 1. Overall Strength of Controls in Place

There are four levels of effectiveness:

| Level   | Criteria   |
|---------|--|
| Zero    | The controls have no effect on controlling the risk.                           |
| Weak    | The controls have a 1- 60% chance of successfully controlling the risk.        |
| Average | The controls have a 61 – 79% chance of successfully controlling the risk       |
| Strong  | The controls have a 80%+ chance or higher of successfully controlling the risk |

### 2. Risk Scoring

This is separated into Consequence and Likelihood.

#### Consequence Scale:

| Level of Impact on the Objective | Descriptor of Level of Impact on the Objective | Consequence for the Objective | Consequence Score |
|----------------------------------|--|-------------------------------|-------------------|
| 0 - 5%                           | Very low impact                                | Very Low                      | 1                 |
| 6 - 25%                          | Low impact                                     | Low                           | 2                 |
| 26-50%                           | Moderate impact                                | Medium                        | 3                 |
| 51 – 75%                         | High impact                                    | High                          | 4                 |
| 76%+                             | Very high impact                               | Very High                     | 5                 |

#### Likelihood Scale:

| Level of Likelihood the Risk will Occur | Descriptor of Level of Likelihood the Risk will Occur | Likelihood the Risk will Occur | Likelihood Score |
|---|---|--------------------------------|------------------|
| 0 - 5%                                  | Highly unlikely to occur                              | Very Low                       | 1                |
| 6 - 25%                                 | Unlikely to occur                                     | Low                            | 2                |
| 26-50%                                  | Fairly likely to occur                                | Medium                         | 3                |
| 51 – 75%                                | More likely to occur than not                         | High                           | 4                |
| 76%+                                    | Almost certainly will occur                           | Very High                      | 5                |

### 3. Level of Risk and Priority Chart

This chart shows the level of risk a risk represents and sets out the priority which should be given to each risk:

| LIKELIHOOD    | CONSEQUENCE  |         |            |          |               |
|---------------|--------------|---------|------------|----------|---------------|
|               | Very Low (1) | Low (2) | Medium (3) | High (4) | Very High (5) |
| Very Low (1)  | 1            | 2       | 3          | 4        | 5             |
| Low (2)       | 2            | 4       | 6          | 8        | 10            |
| Medium (3)    | 3            | 6       | 9          | 12       | 15            |
| High (4)      | 4            | 8       | 12         | 16       | 20            |
| Very High (5) | 5            | 10      | 15         | 20       | 25            |

|                     |                          |                       |                             |
|---------------------|--------------------------|-----------------------|-----------------------------|
| 1-3<br>Low Priority | 4-6<br>Moderate Priority | 8-12<br>High Priority | 15-25<br>Very High Priority |
|---------------------|--------------------------|-----------------------|-----------------------------|

NCL PPEE Committee - Forward Planner 2021-22

| Agenda Items  | 25/06/2020 | 13/08/2020 | 08/10/2020 | 10/12/2020 | 11/02/2021<br>cancelled | 15/04/2021 | 10/06/2021 | 12/08/2021 | 07/10/2021 | 02/12/2021 | 10/02/2022 |
|---|------------|------------|------------|------------|-------------------------|------------|------------|------------|------------|------------|------------|
| <b>1. Standing Items</b>                              |            |            |            |            |                         |            |            |            |            |            |            |
| Apologies   | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Declarations of Interests                             | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Register of Gifts and Hospitality                     | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Minutes of Last Meeting                               | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Action Log and Matters Arising                        | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Forward Agenda  | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| AOB   | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Key issues to feed back to GBs                        | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Community Members - items to raise                    |            |            |            |            |                         | √          | √          | √          | √          | √          | √          |
| <b>2. Business</b>                                    |            |            |            |            |                         |            |            |            |            |            |            |
| Engagement Updates (VCS, HWBB, Community)             | √          | √          | √          | √          | √                       | √          | √          | √          | √          | √          | √          |
| Strategic Communications and Engagement Plan (annual) |            | √          |            | √          |                         |            |            |            |            |            |            |
| Covid Response updates (Resident survey)              |            | √          | √          |            |                         |            |            |            |            |            |            |
| ICS engagement approach (delib enquiry)               | √          | √          | √          |            |                         |            |            |            |            |            |            |
| Workforce Race Equality Survey (WRES) (annual)        |            | √          |            |            |                         |            |            | √          |            |            |            |
| Gender Pay Gap Report                                 |            |            |            |            |                         |            |            | √          |            |            |            |
| Staff Diversity Networks updates                      |            |            | √          | √          |                         |            | √          |            | √          |            | √          |
| EDI Strategy  |            |            |            |            |                         |            |            | √          |            |            |            |
| NHSE / I Annual PPE submission                        |            |            |            |            | √                       |            |            |            | √          |            | √          |
| Annual Report (PPE Evidence)                          |            |            |            |            | √                       | √          |            |            |            |            | √          |
| Health Inequalities progress (ref to Aug GB Seminar)  |            | √          |            | √          |                         |            |            | √?         |            |            |            |
| Community Services Review                             |            |            |            |            |                         |            | √          |            |            |            |            |
| Mental Health Review                                  |            |            |            |            |                         |            | √          |            |            |            |            |
| Fertility Review                                      |            |            |            |            |                         |            | √          |            |            |            |            |
| Healthwatch reports                                   |            |            |            |            |                         | √          | √          |            | √          | √          |            |
| ICS development/transition                            |            |            |            |            |                         |            |            | √          |            |            |            |
| <b>3 Governance</b>                                   |            |            |            |            |                         |            |            |            |            |            |            |
| Terms of Reference review (annual)                    | √          |            |            |            |                         |            | √          |            |            |            |            |
| Committee Effectiveness Review                        |            |            |            |            | √                       |            |            | √          |            |            |            |