

Approved 26 June 2024

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 28 February 2024 at 10:00am to 12:30pm in the Lancashire and South Cumbria
Integrated Care Board (LSCICB) Offices, Windermere Meeting Room,
County Hall, Preston**

Position on Committee	Name	Title/Role
Members	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair)
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Philippa Cross	Associate Director Place Development and Integration
	Jessica Partington	Head of Place Development and Delivery
	Vicki Ellarby	Director of Place Development and Integration - South Cumbria
	Lindsey Dickinson	Associate Medical Director for Primary Care
	Tricia Whiteside	Non-Executive Director, Lancashire Teaching Hospitals NHS Foundation Trust
	Tracey Ingham (representing Steph Cordon)	Assistant Director of Safe and Strong Communities – Westmorland and Furness Council
	Pauline Wigglesworth	Co-Production Delivery Lead, Blackpool Council
Participants	Terry Whalley	Programme Director, New Models of Care
	Lindsay Graham	Healthwatch Representative
	David Brewin	Head of Patient Experience
	Sarah Mattocks	Head of Governance
	Shelley Whittle	Engagement and Communications Senior Officer
	Louise Coulson (minutes)	Committee and Governance Officer
	Sandra Lishman	Committee and Governance Officer

No	Item	Action
1.	Welcome and Introductions The Chair opened the meeting and welcomed everybody to the meeting.	
2.	Apologies for Absence / Quoracy of Meeting Apologies had been received from Sarah O'Brien, Naz Zaman, Katie Egan, Steph Cordon (Tracey Ingham is representing on behalf of Steph Cordon), Andrew Bennett, Amanda Bate, Debra Atkinson, and Heather Woodhouse (Jessica Partington is representing on behalf of Lancashire place). The Chair highlighted that the meeting was quorate. The Chair noted the volume of apologies due to a clash of internal meetings and asked members to prioritise attendance at Committee meetings.	

3.	<p>Declarations of Interest (a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted.</p> <p style="text-align: center;">RESOLVED: There were no declarations of interest.</p>	
4.	<p>(a) Minutes from the previous meeting held on 12 December 2023 and Matters Arising T Whiteside requested a sentence on page 8 of the pack be updated from ‘nobody was group’s to ‘nobody or groups’. Action 5 needed to be reworded to reflect the request for a visual diagram which demonstrates, from a public perspective, where the public voice feeds into the organisation.</p> <p style="text-align: center;">RESOLVED: Subject to the update as highlighted above, the minutes of the meeting held on 12 December 2023 were approved as a correct record.</p> <p>(b) Action Log Winter Communications and Strategy Plan action (23/24)25Oct2023-02 Neil Greaves shared an update on the engagement and involvement approach supporting Winter Communications and Strategy, with the Committee noting that an evaluation and consideration of impact will be received at a future meeting – Closed.</p> <p>(23/24)25Oct2023-01 Complaints – Item on agenda - closed.</p> <p>(23/24)25Oct2023-03 VCFSE – closed.</p> <p>(23/24)25Oct2023 – 04 – ICB Audit of Engagement with Public, Patients and Carers, MIAA – Item on agenda - closed.</p> <p>(23/24)12Dec2023-07- FOI – in progress scheduled for 26 June 2024.</p> <p>(23/24)12Dec2023-08 – Complaints and Patient Experience - in progress scheduled for 26 June 2024.</p> <p>(23/24)12Dec2034- 09 – Dental access and oral health - N Greaves provided an update from the dental team and this had been resolved outside the meeting directly.</p>	
<p><i>10:20am Terry Whalley joined the meeting.</i></p>		
5.	<p>Standing Assurance and Insight Reports: a) Public Engagement and Involvement Assurance Report: December 2023 to January 2024 D Rogers spoke to the report highlighting to the committee how progress is being made on the initial induction of the Citizen’s Panel members. The Chair had also met with the Citizen’s Panel Group and fed back positively on the Panel’s engagement and willingness to work with the ICB. It is of note that the next meeting of Panel members will focus on the areas and topics where panel members can be involved, influence, and share their experience in the Lancashire and South Cumbria ICB system wide programmes of work, therefore consideration is being given regarding how this is brought into the PIEAC Committee meeting, perhaps as a section in the standard Involvement Report received at every meeting. In relation to lived-experience stories, attention was drawn to one detailing how the cost-of-living crisis has impacted on a patient, and how this is an immensely powerful story of this patient’s experience. Professor Jenny Poppey of Lancaster University, working in the field of citizen journalism, is also linking in with elements of the work to be developed with the Citizen’s Panel. Data captured by the</p>	

<p>Patient Participation Groups (PPGs) in the Fylde Coast has highlighted the impact of missed appointments, with a 20% missed appointment rate for General Practice.</p> <p>T Whiteside commented on the momentum of certain placed based developments and was keen that there is a high level of engagement and involvement in every Place. She asked how the ICB's toolkit for engagement and involvement had landed and if this was useful.</p> <p>D Rogers updated that Lancashire Place was in the process of policy realignment, in which may impact on the visibility of progress. However, there are examples of some valuable outreach engagement measures such as British Sign Language (BSL) users working with Healthwatch to develop recommendations on improving accessibility and how this input would help to develop services for deaf patients.</p> <p>The Chair asked how the partnership working was developing in Lancashire Place, recognizing the size and complexity of the area. J Partington updated, including sharing that the partnership board are due to meet in March 2024 to review all priorities for the coming fiscal year, including plans for communications.</p> <p>Action: D Corcoran requested that David Rogers and Jessica Partington produce a deep dive, focusing on Lancashire's priorities, for presentation at the PIEAC meeting in June 2024.</p> <p>V Ellarby enquired when South Cumbria Place would be able to present to the committee. N Greaves stated that this had been intended to be part of the agenda for a development session to be held on 30th April 2024 and will be programmed into the forward planner.</p> <p>With regards to the toolkit N Greaves raised the topic of the recovery and transformation programme, noting that the principles of the working with people and communities are actively being embedded across the system partnership priorities, specifically with those which will result in service change. T Whiteside raised that the adoption of the toolkit is essential to ensure principles are embedded. N Greaves agreed and responded that a staff public engagement policy was endorsed at the ICB Board and this is actively being shared and discussed with ICB staff. For example, the recent announcement of the children and young people's mental health procurement is a good example of a piece of engagement work which has contributed to a positive outcome for providing more joined-up services.</p> <p>The Chair also asked that at the next committee effectiveness review that this includes a review of the impact from the policy as that is a key objective of this committee.</p> <p>Action: N Greaves to discuss with Debra Atkinson the metrics for the committee effectiveness review to incorporate the impact of the policy</p> <p>R Fisher stated the information within the system is indicative of best practice and the key to sharing via codesign. Blackpool colleagues working on coproduction, and GP practices working closely with patients with no digital access, are good examples of improved access to services. A question was raised by R Fisher if there is a system wide plan to understand how digital exclusion affects patients across the system. L Graham shared information about the programme 'Waiting for wellness' and that results will be shared with the ICB.</p> <p>There was a general discussion about how all the reports can be shared via a portal/repository to enable understanding of all works being undertaken by the ICB, and this will be explored moving forward.</p>	<p>DR/JP</p> <p>NG/DA</p>
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	<p>Action: Item for the development session; to look at how reporting can be shared and where a repository of such information can be developed.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the contents and summary of insights contained in the report • Recognise and endorse the engagement and involvement activity undertaken across the ICB and the learning being embedded • Note the forward view of upcoming engagement, involvement, and co-production activities for the next period. <p>b) Public and Community Insights Report: December 2023 to January 2024 D Rogers spoke to the report which highlighted the headline trends and key themes. L Graham shared that further work would add value to encourage the public to try resolving complaints regarding GP practices with the practice directly in the first instance prior to escalation to the ICB.</p> <p>The Chair requested that due to the increase in patient complaints around primary care, a level of assurance and greater understanding is required. A separate report that pulls across different teams in the ICB must feed into this intelligence.</p> <p>Action: D Brewin, D Rogers to produce a report to capture this data and to involve and engage with L Graham.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the contents and summary of insights contained in the report • Recognise and endorse the engagement and involvement activity undertaken across the ICB and the resulting insights shared in the report • Note the forward view of upcoming engagement, involvement and co-production activities for the next period. 	<p>NG/DR</p> <p>DB/DR</p>
6.	<p>Communications and Engagement Support for Recovery and Transformation The Chair welcomed Terry Whalley, Programme Director, New Models of Care to the meeting and thanked him for addressing the committee with an update from the Recovery and Transformation Team.</p> <p>D Corcoran expressed she thought this was the first time that a committee had seen this detail of the work streams involved in the recovery and transformation programme and noted that public engagement is crucial to ensure that under each workstream we have the right roadmap to create positive change.</p> <p>J Partington offered assurance that Lancashire place-based plans were centered around care in the community programme.</p> <p>T Whiteside stated the report was welcomed and that we need a shift to work with the public as a partner rather than just along-side on the journey. The complex programmes and transfer of how and where the public avail themselves of care in the future model will come down to awareness i.e., the awareness of the financial challenges and how services can respond. Communications around this journey and the tool kit both need to support the codesign. This is starting to embed, the public expectation of care closer to home however is a difficult and challenging message to deliver, and more thought around how this is developed is required.</p> <p>P Cross raised how differing demographics across the system would require different</p>	

	<p>approaches. For example, the ethnicity mix in Blackburn with Darwen shows how patients have a varying view and interact with services differently. As a result, the patient needs in some communities vary and there is a risk they are still not being met.</p> <p>V Ellarby stated, we all need to improve how we share all elements of the recovery programme. A repository of reports would be helpful especially in relation to the recovery element for example the 'Better Care Together' initiative is useful. For place-based planning it would be helpful to see the planning to ensure there is no duplication. The priorities in place-based plans in conjunction with the system wide plan would be useful. N Greaves responded that this was still under development, but we are seeing early insights. Senior leaders will pick up with teams once this has been fully signed off. Engagement work is already coordinated by the ICB's communications team who work across system and place and therefore reducing duplication and ensuring alignment is already taking place but this is more than just communications and engagement and needs to be about programmes of work being fully aligned.</p> <p>R Fisher raised the challenging financial position in the system, recognising that although we do not wish to dominate the discussion with the financial situation it is worthy of note that such matters are being discussed in other committees. The diagnostics need to refer to the community diagnostics for example the ability to refer into the service on the same day.</p> <p>P Wigglesworth asked the committee to consider the importance of place in relation to the recovery and transformation element, for example 70% of wider determinates in relation to health fall outside of health care services. T Whalley agreed that Place is crucial to this programme and conversations with place leaders about how this is joined up are underway. The importance of considering the forward approach to Recovery and Transformation in the Committee's workplan was recognized and will be considered in the Committee's development session and 2024/25 workplan.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the contents of this report and the information regarding priority system programmes • Note the approach to communications and engagement to support these programmes with a focus on embedding engagement principles • Note the work being undertaken to prepare for potential future service change and ensuring processes for delivering the ICB's duty to involve are in place at an early stage 	
<p>11:25am Terry Whalley left the meeting.</p>		
<p>7.</p>	<p>Developing Partnership approaches to public involvement in Blackburn with Darwen.</p> <p>P Cross spoke to the report and highlighted elements detailed in the report to the committee.</p> <p>The Chair thanked P Cross for the report and update and noted that the update reflected a thorough understanding of demographics and place-based requirements. The Chair commented on how there is a requirement to understand how the detail is looked at and captured.</p> <p>T Whiteside commented that it was positive to see the connection between Place and the community and that we need to explore how we share these insights. In response to a question on population health and social prescribing, P Cross explained that the social prescribing element is aligned to the neighbourhoods.</p>	

	<p>The Chair noted that the deep dives into engagement and involvement at place give a rich picture and highlight good practice, and was given assurance of how the approach across Places, supported by the ICB's comms and engagement team is supporting identifying and sharing good practice.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the update on public involvement across Blackburn with Darwen, including key pieces of regional and system work being developed in relation to co-production. 	
8.	<p>Primary Care Involvement and Engagement Update</p> <p>L Dickinson spoke to the report and highlighted fundamental details to the committee for consideration including the development of general practice, focus on accessing services and work taking place across primary care to improve experience. N Greaves described some of the focused priority engagement work to support primary care commissioning and promotion of access information for services since the previous update to PIEAC in October 2022.</p> <p>The Chair enquired how the insights on access to general practice services links to the geographic complaints and then opened the floor to questions.</p> <p>D Brewin responded that much of the work in relation to Primary Care complaints had been devolved to the ICB from NHSE.</p> <p>Action: The Chair has requested the complaints report is received in conjunction with Quality Committee. N Greaves will follow up with Sarah O'Brien re: Quality Committee.</p> <p>P Cross declared the integrated neighbourhood team provides a driver through primary care. There has been discussion with an elected members who support the need to hold service providers to account. In terms of how we evolve, engage, and upskill this is still in the developmental stages.</p> <p>Action: The Chair requested that P Tinson, N Greaves and L Dickinson provide an update about what engagement is telling us about primary care access and experience – informed by, and linking into, the analysis and additional information requested above.</p> <p>V Ellarby raised that place-based staff are not sighted on the plans and asked how this connects with community transformation.</p> <p>T Whiteside reflected that the report shares there is a move to GP lead rather than GP delivered care, and this is a shift in the historic approach, equally we are in the people business so does this not go against the continuity of care needing to be understood by the public, and consideration given to ensure quality of services continue.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the position and progress • Approve progress and plans 	<p>DB/NG</p> <p>PT/LD/NG</p>
9.	<p>Insight co-production and engagement - Maternity and Neonatal</p> <p>D Rogers spoke to the report and presented an update on engagement work relating to maternity and neonatal services. L Graham was invited to update on the support for Maternity Voice Partnerships (MVPs) as a service which local Healthwatch is commissioned by the ICB to provide.</p> <p>The Chair thanked D Rogers for presenting and enquired how is this distilled into a</p>	

	<p>common view as a system working across partner organisations and place. L Graham stated that the Maternity Voice Partnership support is in development and how Healthwatch have been working closely with the maternity team.</p> <p>R Fisher updated the committee that reporting from LMNS (Local Maternity and Neonatal System) feeds into the Quality Committee, and this has evidenced how partnership working is being developed with local Maternity Voices and there is currently a gap analysis underway. Once completed the gap analysis will be reported into Quality Committee and could also be shared with PIEAC.</p> <p>T Whiteside stated that the governance set out in the report was not completely clear in that there were no 'decision makers' listed on the membership, and how does this link in with the wider organisation.</p> <p>N Greaves asked whether those in Maternity Voice Partnerships believe they are being listened to. L Graham responded that this is still in its development journey so currently unable to respond to this at the current time. N Greaves stated that this needed to be fed back to members of the maternity team who would have benefited from being in the room to hear feedback and discussions. D Rogers was asked to feedback to the team especially the links into Place that have been raised and discussed, and the need to ensure strong connectivity.</p> <p>Action: N Greaves reminded that representatives of teams which provide updates should attend committee meetings where they are presented.</p> <p>R Fisher informed the committee of the Maternity Voices Partnership and the support being offered to Trusts to deal with the disparity in services and support with implementing the national guidance released in November 2023.</p> <p>D Rogers and L Graham will continue to work with the maternity and neonatal team on this work and inform of the engagement being developed.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the processes in place and support mechanisms for meaningful ICE feedback into the system. 	<p>NG/DR</p> <p>SOB/NG</p> <p>DR/LG</p>
10.	<p>ICB audit of engagement with public, patients and carers</p> <p>N Greaves spoke to the report and updated on progress against several recommendations from the internal audit report.</p> <p>The Chair thanked N Greaves for the report and asked the committee to send any written comments to herself and N Greaves and this will form part of the focus at the development session in April 2024 so there is assurance on progress being made.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the progress to deliver actions based on recommendations from the internal audit 	
11.	<p>Committee Business Plan 2024/25</p> <p>As mentioned in the meeting, N Greaves recommended that a workshop be held in April or May ahead of the June committee to review the committee's impact and delivery to-date, and forward plan. It was recognized that given the move to less frequent meetings, a joined up and clear approach will be very important. The Committee welcomed involving members of the citizen's health reference group in discussions. The Chair recommended a steering group be set up to plan the workshop and encouraged</p>	

	<p>volunteers to contact N Greaves.</p> <p>Action: Committee workshop to be planned in April/May supported by a steering group to plan the agenda</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> • Note the business plan is currently under development 	NG
12.	<p>Committee Escalation and Assurance Report to the Board (AAA (Assure, Advise, Alert) Report)</p> <p>Produced outside of the meeting.</p>	
13.	<p>Items referred to other committees.</p> <p>No items referred to other committees.</p>	
14.	<p>Any other business</p> <p>T Whiteside asked the committee to note the CQC (Care Quality Commission) joint inspection in relation to the violence and aggression being undertaken. There is no report published currently but to inform the committee that an ‘in-fight’ inspection is taking place across Lancashire and Soth Cumbria.</p>	
15.	<p>Items for the Risk Register</p> <p>No items to be referred for the risk register.</p>	
16.	<p>Reflections for the meeting:</p> <p>In discussions, it was recognized that:</p> <ul style="list-style-type: none"> • deep dives add value, and need the space on the agenda to achieve the depth – how will this work with less meetings a year? • Could there be ‘insight sessions’ delivered in key topic areas for assurance, outside of the main PIEAC meetings, and a report received from them in the Committee meeting, to cover more ground? • keen to look at more interactive approaches outside of the committee meetings • Importance of ICB executive attendance at meetings • Forward approach to be framed by the <p>Terms of Reference for the committee and its purpose. The relationship with place needs exploring as the ICB is only one partner within the place-based partnerships and much of the discussion in the committee needs other forums to ensure that connectivity is in place.</p>	
17.	<p>Date, Time, and Venue of Next Meeting</p> <p>10am – 12:30pm, Wednesday, 26 June 2024, Windermere Rm5 at ICB Offices, County Hall, Preston</p>	