

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 26 June 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)
	Helen Williams	Interim Associate Non-Executive
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Laura Harvie (representing Amanda Bate)	Communications and Engagement Senior Manager
	Tricia Whiteside	Non-Executive Director, Lancashire Teaching Hospitals NHS Foundation Trust
	Pauline Wigglesworth	Co-Production Delivery Lead, Blackpool Council
	Dr Lindsey Dickinson	Associate Medical Director Primary Care
	Debra Atkinson (representing Sarah O'Brien)	Director of Corporate Governance
	Nathan Hearn (representing Vicki Ellarby)	Associate Director of Strategic Place Delivery
	Sarah James (for item 9 only)	Integration Place Leader (Central Lancashire)
Participants	David Brewin	Head of Patient Experience
	Jonathan Bridge (representing Andrew Bennett)	Head of Population Health Central and West
	Lindsay Graham	Healthwatch
	Ann Christopher	Citizens Health Reference Group Representative
	Russell Hodkinson	Citizens Health Reference Group Representative
	Sarah Mattocks (Minutes)	Head of Governance

No	Item	Action
01 24/25	<p>Welcome, Introductions and Chairs Remarks</p> <p>The Chair opened the meeting and welcomed everybody, extending introductions to Helen Williams Interim Associate Non-Executive, and to Anne Christopher and Russell Hodkinson as representatives from the Citizens Health Reference Group, who were attending a formal meeting of the committee for the first time as participants.</p>	
02 24/25	<p>Apologies for Absence/ Quoracy of the meeting</p> <p>Apologies had been received from Vicki Ellarby (Nathan Hern is attending as deputy), Jessica Partington, Roy Fisher, Andrew Bennett (Jonathan Bridge attending as deputy, Sarah O'Brien (Debra Atkinson attending as deputy), Amanda Bate (Laura Harvie attending as deputy), Katie Egan and Naz Zaman, Steph Cordon and Tracey Ingham, Philippa Cross and Claire Roberts.</p> <p>The Chair noted that there were a number of apologies for the meeting today and requested that future meeting dates be scoped against other ICB meetings to prevent future clashes.</p> <p>The meeting was confirmed as quorate.</p>	LC
03 24/25	<p>Declarations of Interest</p> <p>(a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted.</p> <p>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
04 24/25	<p>(a) Minutes from the previous meeting held on 28 February 2024 and Matters Arising</p> <p>RESOLVED: The minutes of the meeting held on 28 February 2024 were approved as a correct record.</p> <p>(b) Action Log</p> <p>(23/24)12Dec2023-07 – Freedom of Information – N Greaves advised that work is taking place in the organisation to review the Freedom of Information process and that themes and trends will be reported to the next meeting.</p> <p>(23/24)28Feb2024- 01 - Deep dive for Lancashire place-based partnership – N Greaves signposted members to item 2 of the agenda which describes the planned webinars which will address the need to ensure place-based partnership updates relating to engagement and involvement are shared.</p> <p>(23/24)28Feb2024- 02 - Metrics for the committee effectiveness review – The Chair noted that the framework for this review will be agreed corporately and shared with the committee in due course.</p> <p>(23/24)28Feb2024- 03 - Repository of insights – N Greaves shared that an update will be brought to the next meeting.</p> <p>(23/24)28Feb2024- 05 - Sharing of reports with the ICB Quality Committee in</p>	<p>NG</p> <p>DR</p>

<p>relation to complaints – N Greaves signposted members to item 3b of the agenda regarding what content will be shared with the Quality Committee.</p> <p>(23/24)28Feb2024- 06 - Insights from engagement relating to primary care – The Chair shared that this will be discussed at the next meeting when primary care will feature on the agenda.</p> <p>It was noted that the following actions were closed: (23/24)28Feb2024- 04 – Improvements to reporting (23/24)28Feb2024- 07 - Representatives to attend committees where their items are presented (23/24)28Feb2024- 08 - Development of committee workplan</p> <p><u>Actions for PIEAC from ICB Board or other committees</u> Primary Care Commissioning Committee - Pharmacy First</p> <p>N Greaves outlined that the Pharmacy First programme is part of the primary care access plan and urgent and emergency care work. Since the launch of Pharmacy First the ICB has published national campaign tools to promote this, undertaken sessions with practices and pharmacy teams around the programme, and coordinated this through the community pharmacy network. There has also been social media activity supporting this. It was noted that there is more work to do to ensure that pharmacy teams are prepared for the promotion of the programme outside of Lancashire and South Cumbria.</p> <p>L Dickinson added that work has been undertaken regarding transformation priorities in primary care over the next 12 months and that pharmaceutical services have three main workplans, one of which is increasing referrals to this programme. Noting that whilst we recognise that referrals to the scheme have not been as high as anticipated, that anecdotal feedback from those who have used the service has been positive.</p> <p>P Wigglesworth commented that despite delivering communication campaigns around varying projects, these messages are not always reaching the communities who need them most. Blackpool Council has an advisory function of co-production workers who can provide support in reaching patients with communications. N Greaves confirmed that the communications team are linked into this.</p> <p>T Whiteside raised the importance of the channels we use to ensure we are reaching the right audience. For example those that follow ICB channels such as social media will easily access these communications but consideration needs to be given to those that do not. N Greaves responded that it is the connection of community groups on the ground where we need to test this and would look into how the impact of communications and engagement can be demonstrated back to the committee.</p> <p>The Chair concluded that it is important for the ICB to support pharmacies to proactively promote the service, whilst working to the principle of connectivity into place and reaching those less likely to access routine communications. The Chair asked members to be mindful of these principles throughout the business of the meeting. The action would be closed with an update provided to the next Primary Care Commissioning Committee.</p> <p>The Chair also wanted to note prior to moving into the next stage of the agenda, for best wishes to be shared with Trina Robson in the engagement team who has been recently unwell, noting that item 2 on the agenda illustrates the excellent work Trina</p>	<p>LD</p> <p>NG</p> <p>DC</p>
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	has been contributing to since she joined the team.	
05 24/25	<p>Committee Effectiveness: embedding learning from the workshop in April 2024</p> <p>N Greaves introduced the item advising that the report provides an overview of the outcomes from the workshop held on 25 April 2024. Attention was drawn to the positive progress the committee has made since establishment and members were asked to note the updates against the actions captured. The feedback has identified that the committee needs to consider how it will work differently now with a quarterly schedule of meetings.</p> <p>A key theme from the feedback received was that members want to see how the ICB can demonstrate the impact of engagement on large transformation programs. Item 3e on the agenda will present to the committee the newly established consultation working group in this regard.</p> <p>It is proposed that from September learning webinars will take place to give staff and partners the opportunity to update on how we work with communities.</p> <p>It is proposed that some working groups be established to allow for more progress to be made outside of the committee. Initially working groups are recommended to be established to support reaching diverse communities and engaging with audiences who are digitally excluded.</p> <p>D Atkinson updated that with regards to the reference in the report that changes will be made to ICB Board cover papers, that there are some other areas also being incorporated into this work, for example data quality and sustainability. The aim of these changes is to make this reporting a meaningful reflection of consideration that has been given to the topic areas when submitting reports to the Board.</p> <p>T Whiteside reflected that the workshop was positive and was in agreement with the formation of the working groups. The committee needs to consider when reflecting in another year how will we judge our success of public involvement and engagement.</p> <p>P Wigglesworth asked for clarity that in the discussions at the workshop regarding the functions of the committee, was consideration given to the level of engagement that should take place prior to papers being submitted to the Board. N Greaves confirmed that this was discussed and used the example that the urgent and emergency care strategy and the Shaping Care Together programme are both items at today's meeting which are both expected to be presented to the Board in July. It was also noted that with the developments in the Board Assurance Framework we have a clear framework of the organisation's deliverables which supports to drive the business of this committee and ensure public engagement is linked into these priorities. This links to the discussion earlier in the meeting regarding the importance of the committee being able to demonstrate the impacts of the public engagement undertaken. L Graham added that from a Healthwatch perspective this is not easy to achieve and does take time but that the Withnell procurement will be a good test for this.</p> <p>H Williams agreed that the introduction of the sub-groups was a positive outcome to allow the committee to work more strategically and asked what would be delegated to these groups. The Chair suggested that some principles in this regard would be helpful to give some consistency and transparency. N Greaves would bring this back to the next meeting.</p>	NG

	<p>The Chair asked that the invitations for the webinars be shared with all Board members as an opportunity to be sighted on public engagement taking place, and that when we look at committee effectiveness we include the impacts of engagement within this.</p> <p>RESOLVED: That the Public Involvement and Engagement Advisory Committee:-</p> <ul style="list-style-type: none"> - Note the feedback from the workshop held on 25 April 2024 - Recognise and endorse the actions within the report 	<p>NG</p>
<p>06 24/25</p>	<p>Standing Assurance and Insight Reports</p> <p>a) Public Engagement and Involvement Assurance Report: February to May 2024</p> <p>D Rogers introduced the item as a more concise format with patient experience data now reflected in item 3c of the agenda. Attention was drawn to the progress of the establishment of the Citizens Health Reference Group in that 14 members undertook an induction period between December and March which included involving them in the design of the group going forwards with A Christopher and R Hodkinson joining the committee today to represent the group. The report presents the focus for planned engagement over the coming months in that the networks and webinars being established will be key for sharing expertise and best practice.</p> <p>The Chair thanked the team for the changes made to report to provide a more sharp focus on impact with a rich view of developments at Place, noting the positive developments in South Cumbria.</p> <p>T Whiteside asked if there was an update from the committee on an annual basis to the Board. N Greaves responded that this comes through the ICB annual report which contains sub sections reporting on the business of the committees throughout the year.</p> <p>RESOLVED: That the Public Involvement and Engagement Advisory Committee:-</p> <ul style="list-style-type: none"> - Note the content and summary of insights contained within the report. - Recognise and endorse the engagement and involvement activity undertaken across the ICB and learning being embedded. - Note the forward view of upcoming engagement, involvement activities for the next period with consideration for current the pre-election period. <p>b) Public and Community Insights Report: February 2024 to May 2024</p> <p>D Rogers spoke to the report which provides members with a summary of insights which have been captured through pro-active public and community engagement activities between February and May 2024. Attention was drawn to the Citizens Panel whereby each month engagement takes place via a newsletter which asks three questions:</p> <ul style="list-style-type: none"> • How do you feel about your health at the moment? • How do you feel about the state of NHS services? and • Thinking of the most recent time you have used an NHS service, how do you feel about your experience? 	

This feedback is being used to build a sentiment tracker to regularly sense check what matters to people and will become a more powerful tool as more members join the panel.

T Whiteside asked how will the ICB seek assurance regarding what is most important to its communities. N Greaves responded that it is difficult to summarise the insights around what is important to the whole population when often the engagement work is targeted around specific issues or areas of transformation. However, it is clear that there are broad themes which arise regularly from engagement work which includes members of the public wanting improved accessibility and awareness of services and clearer communication from services with the impact on health from wider determinants such as the cost of living crisis, housing and employment being common factors which affect people's health. There is commonly an appreciation for the NHS and in particular front line staff. When working on specific engagement programmes, these themes are fed back to programme teams to take into consideration.

T Whiteside noted that there are strong processes for engagement when undertaking specific projects, but questioned how we act on feedback that is not related to a specific project, citing the example that page 45 of the report lists statements from individuals not related to projects and sought assurance as to how these are acted upon. It was agreed that the sentiment tracker would be a useful tool for gaining this more rounded picture.

H Williams referenced the Pharmacy First scheme discussed earlier in the agenda and that this is an example where it would be useful to undertake an exercise asking how the public have found this service.

The Chair echoed the strong support for the sentiment tracker and the rich feedback into specific areas, and noted the positive developments of the Citizens Reference Panel.

RESOLVED: That the Committee:-

- **Note the content and summary of insights contained within 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 with consideration for current the pre-election period.**

c) Complaints report

D Brewin presented the complaints report which sets out patient experience and complaints activity for the period February 2024 – May 2024. The paper includes an annual report which is a statutory requirement for which approval is sought for submission to the Department Health and Social Care. Attention was also drawn to the revised complaints policy which has been approved by the Quality Committee.

The Chair noted the high volume of primary care complaints and that the work to understand this and review actions was important. D Brewin responded that a proposal will be submitted to the primary care quality group in October and will be shared here after in this regard.

DB

<p>L Graham sought feedback as to whether the policy had been shared with any members of the public with experience of having made a complaint for feedback during the production process. D Brewin advised that this had not been possible on this occasion but would consider this for future reviews.</p> <p>D Atkinson suggested that the annual report be submitted to the Board in July. The Chair agreed and N Greaves added that in doing so it would be important to include engagement alongside complaints in order to provide the Board with a broad context.</p> <p>H Williams referenced that more detail in this report would be useful with regards to themes and locations alongside the numbers to provide the bigger picture and drive conclusions. D Brewin responded that this level of detail had been included in the deep dive submitted to the committee last December, and would provide this additional detail in reports going forward.</p> <p><i>Barabara McKeowen and Olivia Godwin joined the meeting.</i></p> <p>T Whiteside raised a concern with regards to the decision to reduce the Patient Advice Liaison Service (PALS) offer and asked what impact assessment had been undertaken to enact this. D Brewin responded that this had been a regrettable decision but due to capacity the team have been directed to focus on the statutory responses from formal complaints. Members noted that the adverse reaction to this decision could be an increase in more formal complaints that previously would have been resolved informally. D Brewin agreed to look into other partners who have stepped in to support with PALS in order that this is captured.</p> <p>H Williams raised a concern with regards to the withdrawal of school nurses and asked for clarification as to what discussions have taken place regarding this and is this happening across the ICB or in an isolated area. An update would be provided at the next meeting.</p> <p>The Chair suggested that as complaints data is presented it would be helpful to present engagement findings alongside this in order to provide a balanced view. L Dickinson added that a balanced view for primary care complaints is important, whilst recognising that we need to be mindful of the ongoing contract dispute in general practice when requesting patient experience data.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Note the content within the report with the recommendation for further developments to be captured in the next iteration - Approve the annual report, and for this to be submitted to the Board in July for information. <p>d) Update from the Citizens Health Reference Group on 3 May</p> <p>R Hodkinson and A Christopher updated members on how the group has formed and its plans.</p> <p>R Hodkinson shared that members of the group have undertaken a series of training as part of an induction programme which has been a useful introduction to the ICB, noting that in time it will be important to understand more of the work of this committee.</p> <p>A Christopher shared the importance of the Patient Participation Groups (PPGs) in General Practice, citing the Withnell Health Centre as a pivotal example of this.</p>	<p>DB</p> <p>DB</p> <p>DB</p>
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Members were asked to consider how we ensure all practices have a PPG in place in order for patients to share feedback. L Dickinson added that it is important for the ICB to support those practices without a PPG established and look at the formats used to hold these meetings for example digital versus face to face.

R Hodkinson shared an example of a PPG whereby its members spend time in the practice waiting room running 'listening tables' for patients to shared feedback and this has gleaned some key information such as lack of awareness regarding walk in centres and extended access.

The Chair agreed and concluded that it is important to understand the current position with regards to numbers of active PPGs established, and to be clear with practices regarding how the ICB can offer and share good practice. N Greaves would undertake this scoping exercise.

T Whiteside also shared a concern that if there are numbers of practices without an active PPG then this could illustrate a weakness in control from a contractual monitoring perspective.

RESOLVED: That the Committee:-

- **Note the update provided and thanked R Hodkinson and A Christopher for their support**

e) Report from ICB consultation working group

N Greaves presented the item on behalf of A Bennett who was unable to attend the meeting. The consultation working group is one of those subgroups discussed earlier at item 2. The terms of reference (TOR) have been included within the paper for members to provide any comments. A workshop is being held in July to ensure that the group is looking at the right priorities which is currently those contracts subject to the NHSE service change process. The group will report into ICB Programme Board as well as act as a subgroup for this committee. A workshop will be taking place in July which members will be invited to attend.

The Chair asked that the line of sight from the group to this committee be more explicit in the TOR and that as frameworks are developed the committee have oversight of those. It was also noted that the committee's representation on the membership of the group was still to be agreed. The consultation guidance would be shared with members to be clear on the rationale for the group's current priorities and the TOR would be updated and brought back to the committee.

D Atkinson advised that there is limited scope in this committee to influence what the consultation programme will look like outside of following national requirements if our ICB is not the lead and accountable organisation, citing the example of Shaping Care Together which is led by Cheshire and Merseyside ICB with Lancashire and South Cumbria ICB acting as an active partner.

H Williams sought clarity as to what was being delegated to this group. The Chair responded that the assurance responsibility remains with this committee and we will use the information to provide the Board with assurance on formal consultation process and its effectiveness. N Greaves added that A Bennett chairs the group and is also a member of this committee so can provide a secure link.

RESOLVED: That the Committee:-

NG

	<ul style="list-style-type: none"> - Note the work of the group - Request for the TOR to be re-submitted to the committee inclusive of the recommendations discussed <p><i>Sarah James joined the meeting.</i></p> <p>f) Healthwatch report</p> <p>L Graham presented the item and updated on a series of programmes being undertaken by Healthwatch currently.</p> <p>Healthwatch have been working with the Maternity and Neonatal Voice Partnership by engaging with 202 individuals across 26 locations asking families about their experiences with these services. An 'enter and view' was then undertaken whereby Healthwatch can enter a healthcare provider, observe the care, and ask patients to provide feedback. The findings are then shared with the provider with a request for response and associated recommendations. This was undertaken at all maternity wards and birthing centers across the patch and presented to the local Maternity and Neonatal Voice Partnership. The key themes identified were lack of joined up care and communication.</p> <p>Attention was also drawn to a community transformation event taking place later this week whereby Healthwatch will be bringing the voice of the people into this room.</p> <p>Workplans are being developed for activity over the next year and will be shared with the committee, along with a link to the HealthWatch newsletters. Linking to the earlier discussions around primary care, Healthwatch will be undertaking 'enter and view' exercises at a series of GP practices, blood clinics and pharmacies as part of the workplan.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Note the update provided regarding the programmes being undertaken by Healthwatch 	
07 24/25	<p>Involvement and engagement process and outcomes to support urgent and emergency care strategy</p> <p>Barbara McKeown (Senior Strategy Manager) and Olivia Godwin (Intermediate Tier Development Manager) were welcomed into the meeting. They introduced the purpose behind the long-term strategy, in that there is no quick fix to the pressures on these services, whilst noting that there is a strong commitment to transformation and that some of this was already taking place.</p> <p>Maximised engagement has taken place across the strategy, including with seven members of the Citizens Health Reference Group. This feedback informed some changes to the strategy and this was then reported back to the group. An Equality and Health Inequalities and Impact and Risk Assessment have all been undertaken and a Quality Impact Assessment is underway and will be completed prior to the submission of the strategy to Board in July for approval.</p> <p>D Atkinson sought clarity as to whether the engagement on the strategy was with regards to the strategy itself or the impact of the changes it will determine, as these are two distinctly different purposes. L Harvie confirmed that the engagement is centered around the overall principles of what needs to happen rather than the service change</p>	

	<p>within that to ensure that the strategy is focused in the right areas in order to develop the right pathways for the next five years.</p> <p>T Whiteside commented that it would be positive to see the PSC consultancy data underpinning the work and the draft strategy with the presentation, and drew members attention to the data showing that 27% of respondents did not know if there were any partner organisations missing from this work. Assurance was sought that we have spoken to enough individuals to correctly inform this strategy. N Greaves responded that it can be challenging to engage with the public on a strategy as it needs to be brought to life to create true engagement, but referenced that there will be further engagement in the future as the strategy progresses.</p> <p>The Chair concluded that it was positive to receive assurance regarding the engagement to date, and requested that the strategy be shared with members. It was also agreed that this item would be re-visited once the strategy has been submitted to the Board so there is clarity and assurance on the forward approach.</p> <p>RESOLVED: That the Committee:- - Note the update provided regarding the strategy and await further updates post submission to Board in July</p> <p><i>B McKeown and O Godwin left the meeting</i></p>	NG
08 24/25	<p>Strategy for working in partnership with people and communities progress review</p> <p>The agenda was taken out of order with this item presented after item 6</p> <p>N Greaves introduced the item by recapping that in July 2023, a revised version of the ICB's strategy for working in partnership with people and communities was agreed which included a high-level roadmap of actions between July 2023 and March 2026. The paper demonstrates progress against this roadmap and further detailed actions for delivery in 2024/25.</p> <p>The Chair thanked the team for the work undertaken to date and requested that the committee review this again when the annual committee effectiveness review has been undertaken.</p> <p>RESOLVED: That the Committee:- - Note the update provided with a commitment to re-visit post receipt of the annual committee effectiveness review findings</p>	NG
09 24/25	<p>Shaping Care Together: engagement on case for change</p> <p>The agenda was taken out of order with this item presented prior to item 5.</p> <p>S James introduced the presentation and explained that the ICB is undertaking this programme of change with Cheshire and Merseyside ICB as the lead commissioner. This programme has been around for many years but has been brought to the committee today to update on the new case for change, the engagement undertaken around this, and to reassure the committee that this work is ongoing having been invigorated.</p> <p>The programme covers the new acute trust Merseyside and West Lancashire Teaching Hospitals which provides services to West Lancashire residents. It looks at how we can organise, operate and provide services that provide safe and excellent care across key</p>	

	<p>service areas. A programme was designed to stabilise and improve ‘fragile services’ reducing this from eighteen to seven. The programme is now moving to an urgent and emergency care phase.</p> <p>Extensive public engagement was undertaken in 2021/22 with 2000+ survey responses and widespread engagement with public, community groups and the voluntary sector. This feedback underpins the updated case for change.</p> <p>N Greaves introduced the new case for change and the engagement taking place. The updated case for change will be presented to the Board in July but is not available to share as yet. Assurance will be provided to the Board that engagement has taken place for the updated case for change.</p> <p>The Chair noted that whilst this is positive it is difficult to see the impact at this stage. N Greaves responded that following the current pre-election period the intention is to undertake a broad pre-consultation engagement plan to the public, outlining the challenges, where we are, what we need to do, which is underpinned by programmes such as New Hospitals Programme and Shaping Care together. Once this has been delivered the Board will be asked to agree if we move onto the next phase of consultation.</p> <p>T Whiteside commented that it is important to be mindful of the multiple engagement programmes being undertaken at the same or similar times, and that we need to ensure the engagement is landing and resonating with people rather than just focusing on getting the job done. N Greaves provided reassurance that there is detailed coordination taking place using the example that some of the engagement for the New Hospitals Programme will support the work of the urgent and emergency care strategy.</p> <p>T Whiteside noted that the committee will not meet again until September, and we will need to see the outputs of the steering group. It was agreed that an update would be produced for the committee outlining the engagement programmes being undertaken and the timescales against them.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Note the engagement to date against the new case for change and await an update reconciling current engagement programmes 	NG
10 24/25	<p>Committee Business Plan 2024/25</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Approve the Committee Business Plan 2024/25 with the addition of the items identified at this meeting for the September agenda 	LC
11 24/25	<p>Committee Escalation and Assurance Report to the Board</p> <p>To be agreed outside of the meeting.</p>	DC
12 24/25	<p>Items Referred to Other Committees</p> <p>Members agreed to refer the following items:</p> <p>To share the complaints report from item 3c with the Quality Committee.</p>	SM

	To clarify with the primary care team how contractual requirements for GPs are monitored.	NG
13 24/25	Any Other Business There was no other business.	
14 24/25	Items for the Risk Register Members agreed to ensure the following items discussed today are captured on the ICB's risk register: Unintended consequences of the reduced PALS service Confusion or poor quality feedback as a result of multiple simultaneous engagement programmes	SM
15 24/25	Reflections from the meeting The Chair thanked everyone for their committee participation, support and input, and noted that the room space was not conducive for presentations and shared discussion and that this would be reviewed going forward, as would the dates of this meeting against other ICB meetings to mitigate apologies at future meetings L Dickinson shared that it was positive to receive the slides in advance of the presentations and it would be useful for presenters to be advised that the slides are taken as read and to allow more time for discussion. The Chair suggested that at the next meeting a trial would be undertaken whereby members would be asked for questions in advance of the meeting which can be shared with the presenters to respond in the meeting, and share those questions with members in advance also. This would facilitate focused discussion, with new and additional questions also asked in the meeting as they occur. T Whiteside suggested that the agenda should contain the presentations at the start of the agenda with the assurance items at the end to allow greater discussion time with presenters.	LC LC LC LC
16 24/25	Date, Time and Venue of Next Meeting Wednesday 25 September 2024 (10 am – 12.30 pm, Coniston Room 2, ICB offices, County Hall, Preston, PR1 8XJ)	