# ICB Public Involvement and Engagement Advisory Committee

Date of meeting	Wednesday 18 December 2024	
Title of paper	Citizens Health Reference Group report	
Presented by	Neil Greaves, director of communications and engagement	
Author	Dan Clough, communications and engagement manager	
Agenda item	9d	
Confidential	No	

### Executive summary

The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with an update on the recent activities of the Citizens Health Reference Group.

Advise, Assure or Alert

Assure the committee:

- The ICB is effectively managing and utilising the Citizens Health Reference Group. **Advise** the committee:

- Of the latest activities of the Citizens Health Reference Group.

## Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents of the report.
- Recognise and endorse the activity undertaken by the Citizens Health Reference Group.

Which Strategic Objective/s does the report contribute to

1	Improve quality, including safety, clinical outcomes, and patient experience	~
2		
Z	To equalise opportunities and clinical outcomes across the area	$\checkmark$
3	Make working in Lancashire and South Cumbria an attractive and	
	desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	<b>~</b>
6	To develop and implement ambitious, deliverable strategies	

Implications

Implications				
	Yes	No	N/A	Comments
Associated				
risks				
Are			x	
associated				
risks				
detailed on				
the ICB Risk				
Register?				
Financial			x	
Implications				
Where paper has been discussed (list other committees/forums that have discussed this				
paper)				
Meeting	Date		Outcomes	

Tick

		t ass	ociated with this report	
Not applicable				
Impact asses	ssment	ts		
	Yes	No	N/A	Comments
Quality			x	
impact				
assessment				
completed				
Equality			x	
impact				
assessment				
completed				
Data privacy			X	
impact				
assessment				
completed				

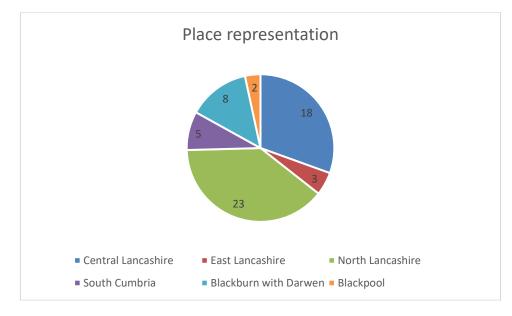
Report authorised by:	Neil Greaves, Director of Communications and
	Engagement

### 1. Introduction

1.1. The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with an update on the progress of establishing a programme of involvement of citizens advisors who volunteer their skills and experience to support the ICB and recent activities of the Citizens Health Reference Group.

### 2. Membership

2.1. Membership of the Citizens Health Reference Group now stands at 59 people. There is representation within the membership for all the ICB 'places', however work needs to be done during the next recruitment to target people in Blackpool, East Lancashire, West Lancashire and South Cumbria.



### 3. Workstreams

- **3.1.** In the three months since the last Citizens Health Reference Group report, work has taken place to identify new workstreams that members can support as part of the ICB's work to involve members of the public at every level of its work. These workstreams were presented to the members who were asked to express an interest in those that appealed to them.
- 3.2. Please find below details of workstreams which have now concluded:

Date	Workstream		Comments/Outputs
March to	Urgent	and	Following feedback from the CHRG and via the public
October	emergency	care	survey, a further iteration of the strategy was
2024	strategy developm	nent	developed to include a number of changes. We received some really positive feedback too, which has also been incorporated.
			The key changes were:
			<ul> <li>A glossary was developed to provide definitions of acronyms, system, place etc.</li> </ul>

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		Amended wording to ensure consistency.
		<ul> <li>Aim 4 was changed as originally this was an enabler.</li> </ul>
		<ul> <li>Expanded sections/narrative:</li> </ul>
		<ul> <li>Roles and responsibilities</li> </ul>
		<ul> <li>Expectation to deliver at place</li> </ul>
		<ul> <li>Self-care and prevention</li> </ul>
		<ul> <li>End of Life care</li> </ul>
		$\circ$ Connectivity between acute and
		<ul> <li>community care transformation</li> <li>Clinical leadership to ensure delivery</li> </ul>
		<ul> <li>Included:</li> </ul>
		<ul> <li>Quality standards</li> </ul>
		<ul> <li>Performance metrics</li> </ul>
		<ul> <li>Narrative to ensure we support our</li> </ul>
		West Lancashire population as we are
		working closely with Mersey and West
		Lancashire colleagues
		<ul> <li>Changed some of the layout to make it an</li> </ul>
		easier read.
		<ul> <li>We liaised closely with workforce and digital</li> </ul>
		colleagues to ensure we had the right balance
		and correct information, linking to other
		strategies.
October	Public perceptions	Reworded question that didn't make sense. Added
2024	survey testing	additional demographic questions.
October 2024	Integrated urgent care survey	We received 25 responses from the CHRG on the draft urgent care survey and incorporated many of the suggestions prior to launching the survey with the public. Some responses had no suggestions and were supportive of the draft questions/layout/wording/accessibility.
		The amends made to the survey were:
		Changes to wording to make the questions
		and answer options easier to understand.
		Adding in more detail about what urgent care
		is to the survey introduction.
		<ul> <li>Simplifying the explanations around the draft</li> </ul>
		design principles.
		<ul> <li>Inclusion of an additional question about</li> </ul>
		where people would choose to go with an
		urgent care need (for themselves and for a
October	Physical health	child). Group members with lived experience of SMI took
2024	checks for people with	part in a meeting which provided extremely rich
		•
	severe mental illness	Insights which will support the development of a r
	severe mental illness (SMI)	insights which will support the development of a communications campaign aimed at raising
	severe mental illness (SMI)	•

3.3 Please find below details of workstreams which are now live and have Reference Group members assigned to them:

Date started	Workstream	Comments
April 2024	Vascular Network	One member of the group sits on this network as a
		patient rep
October	New Hospitals	A group of members will support the New Hospitals
2024	Programme	Programme as work on this develops in the New Year.
October	Dental access	A small group of members has come forward to
2024		support ongoing work to improve dental access and oral self-care
October	Head and neck	Split into three individual workstreams, members will
2024	cancer, urology and	support these acute transformation programmes as
-	cardiac	they develop next year
October	Virtual wards	Members will work with the ICB communications lead
2024		to support the ongoing development of virtual wards
		in Lancashire and South Cumbria
October	Mental health crisis	A group of members will work with the team
2024	services spec	developing a Lancashire and South Cumbria-wide
	development	service spec for mental health crisis services as this develops into 2025.
November	Women's Health	Female patient reps have been sought to support a
2024	Group	newly-established Women's Health Group.
December	New Hospitals	A patient rep was sought to attend this meeting. As
2024	Programme –	there were a number of volunteers, three members of
	Equalities Working	the Group will attend.
	Group	

3.4 Please find below details of workstreams which are planned to commence in the New Year:

Workstream	Comments
Non-emergency patient transport services (NEPTS)	Expected to commence from April 2025
Clinical policy development	To launch in 2025
Campaigns	To launch in 2025

### 4 Meetings

- 4.1 At the Group's last quarterly meeting on 5 December 2024, 22 members were in attendance 16 virtually via MS Teams and six in person at County Hall. The meeting was chaired by communications and engagement manager Dan Clough, and attended by two senior communications and engagement managers, Lyndsey Shorrock (in person) and Laura Harvie (via MS Teams). Director of communications and engagement Neil Greaves also attended to provide the strategic update.
- 4.2 Neil talked to the Group about the recent insight gained from the ICB roadshows which prompted a lively debate. He then introduced Lyndsey Shorrock who updated the group on the recent site announcement from the New Hospitals Programme and outlined plans for a public engagement programme in the New Year, before answering questions and taking comments on the proposals.
- 4.3 The group also received an update on the alignment of members to workstreams, with many of these expected to commence from January.

#### 4.4 Dental access session

- 4.5 In addition to the quarterly meeting, a special session on dental access took place on 29 November 2024 to provide members with information on how NHS dental services are commissioned and to explain some of the issues people are facing with accessing NHS dentistry services.
- 4.6 An exercise was also run with members where they were asked to prioritise how they would spend NHS funding to target specific populations. The results of this exercise, outlined below, will support the development of a five-year plan for dental commissioning which will be published next year.
- 4.7 Members were asked to rank 10 areas of spending as either 'high', 'higher' or 'highest' in order to understand what they would prioritise. They were split into four groups and then the results were scored as one for 'high', two for 'higher' and three for 'highest' in order to put them into an overall table to see how the four different groups compared. The results are below:

Priority area	Score
Areas where there are high levels of children living in deprivation	12
Areas with highest rates of people who have contacted the NHS with toothache or an urgent need	11
Areas with highest rates of children (aged 5) who already have tooth decay	10
Areas where there are high levels of deprivation	
Areas where there are high levels of older adults living in deprivation	
Areas with low numbers of children already attending a NHS dentist	9
Areas with low numbers of older adults (65+) already attending a NHS dentist	7
Areas where there are high levels of older adults with a long term health problem	6
Areas where there is less money already invested in routine dental services	
Areas with low numbers of adults already attending a NHS dentist	5