

Subject to ratification

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 25 September 2024 at 10:00am to 12:30pm in the Lancashire and South
Cumbria Integrated Care Board (LSCICB) Offices, Coniston Meeting Room 2,
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)
	Amanda Bate	Head of Communications and Engagement (Fylde Coast)
	John Barbour	Head of Communications and Engagement (Corporate Communications)
	Vicki Ellarby	Associate Director of Strategic Place Delivery
	Kathryn Lord (deputy for Sarah O'Brien)	Director of Quality Assurance and Safety
	Chantelle Bennett (representing Pauline Wigglesworth)	Engagement senior officer - Blackpool
	Laura Bell (representing Jessica Partington)	Place Development and Governance Manager – Lancashire place
	Jonathan Bridge (representing Andrew Bennett)	Head of Population Health Central and West
Participants	David Brewin	Head of Patient Experience
	Louise Barker	Communications Workstream Project Manager, New Hospitals Programme – Lancashire Teaching Hospitals Trust
	Paul Bousted	OKA People Consulting
	Lindsay Graham	Healthwatch
	Ann Christopher	Citizens Health Reference Group Representative
	Howard Ballard	Citizens Health Reference Group Representative
	Sarah Mattocks	Head of Governance
	Louise Coulson (minutes)	Committee and Governance Officer

No	Item	Action
17 24/25	<p>Welcome, Introductions and Chairs Remarks</p> <p>The Chair opened the meeting and welcomed everybody and introduced Paul Bousted who was observing today's meeting (representing OKA Consulting), Ann Christopher and Howard Ballard from the Citizen's Health Reference Group and Louise Barker from the New Hospitals Programme Team.</p> <p>The Chair also thanked Helen Williams, Interim Associate non-executive for supporting PIEAC and People Committee over the last six months and wished Helen well with all her future endeavors.</p>	
18 24/25	<p>Apologies for Absence/ Quoracy of the meeting</p> <p>Apologies had been received from Andrew Bennett (Jonathan Bridge attending as deputy), Naz Zaman, Phillipa Cross, Roy Fisher, Pauline Wigglesworth (Chantelle attending as deputy), Steph Cordon, Tracey Ingham, Tricia Whiteside, Lindsey Dickinson, Jessica Partington (Laura Bell attending as deputy), Sarah O'Brien (Kathryn Lord attending as deputy) and Debra Atkinson.</p> <p>The meeting was confirmed as quorate.</p>	
19 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>	
20 24/25	<p>(a) Minutes from the previous meeting held on 26 June 2024 and Matters Arising</p> <p>RESOLVED: The minutes of the meeting held on 26 June 2024 were approved as a correct record.</p> <p>(b) Principles of the committee subgroups – N Greaves</p> <p><i>Agenda item 4b taken out of running order, this item was discussed after the action log item (item 7d had been discussed and updated also).</i></p> <p><i>Louise Barker joined the meeting at 10:25am</i></p> <p>N Greaves provided a verbal update. Speaking in relation to a <i>voluntary sector partners working group</i>, this has initially been a task and finish group to support the pre-consultation and engagement for the New Hospitals Programme. A group was established to help shape a commission for the voluntary sector to support with capturing views of targeted health inclusion and community groups. The group supported a commissioned opportunity to be developed and shared through Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance partners. The commission will form part of the NHP programme going forward. More work is to be undertaken to</p>	

<p>develop partnerships with VCFSE sector in relation to listening to communities.</p> <p>The second sub-group <i>was to focus on digital inclusion</i> N Greaves expressed this group has been exploratory and several colleagues from across the ICB have met to scope out what a future group may look like and what it may focus on. Following three meetings, the group has set out looking at what examples of good practice there are, what the principles for good digitally inclusive care look like and sharing positive examples. For the next PIEAC committee meeting, there is an expectation to have a more formalised group with updates and terms of reference.</p> <p>The Chair added there was much richness identified in the sub-group mechanisms especially relating to research and a more robust mechanism to record this is required. The PIEAC AAA report needs to record a cohesive stream of understanding to capture the work of the sub-groups.</p> <p>(c) Action Log</p> <p>(23/24)12Dec2023- Ref 01 (min ref 1.4 (b)) - Freedom of Information – N Greaves update 28/08/2024 this is on the agenda and propose to close.</p> <p>(23/24)28Feb2024- Ref 02 – Develop webinars to demonstrate good practice engagement in place based partnerships – D Rogers & J Partington – update 28/08/2024 webinars have been planned, shared with PIEAC members, staff and wider partners. This is therefore proposed to close.</p> <p>(23/24)28Feb2024- Ref 03 - Metrics for the committee effectiveness review – S Mattocks update 2/08/2024 this is now planned to take place for the committee in December 2024.</p> <p>(23/24)28Feb2024- Ref 04 - Repository of insights –D Rogers update 28/08/2024 A repository of ICB insights has been created and published on the ICB website - https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us-1/what-youve-told-us There is more to develop insights collectively with partners and looking how themes are developed. This will take time to develop systems to support this.</p> <p>(23/24)28Feb2024- Ref 06 - Insights from engagement relating to primary care – L Dickinson & A Bate update 28/08/24 – Elements of this has been included in the insights report on the agenda including insights from the national GP patient survey. As this is planned within the workplan of the committee, it is proposed this action is closed.</p> <p>(24/25)26 June 2024- Ref 07 (min ref 1.4) - Pharmacy First – N Greaves update 28/08/2024 - A survey has been developed and shared with Citizen’s Panel to capture insights and an update will be provided with the outcomes of this work in the committee meeting in December. As this has been followed up and the response to the insights will be part of business as usual, it is proposed this item is closed.</p> <p>(24/25)26 June 2024 – Ref 08 (min ref 2) - Committee Effectiveness: embedding learning from the workshop in April 2024 – N Greaves update 28/08/2024 - Terms of reference for the subgroups will be brought to the committee in December. This will be covered on the agenda for the consultation working group.</p> <p>(24/25)26 June 2024 – Ref 09 (min ref 3c) - Complaints report – D Brewin update 28/08/2024 – A more detailed complaints report with key themes has been included</p>	<p>NG ✓</p>
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	<p>within the agenda of the committee and therefore it was agreed this action will be closed.</p> <p>(24/25)26 June 2024- Ref 10 (min ref 3c) - Sharing complaints and insight reports with other committees – N Greaves & D Brewin update 28/08/2024 – This is covered on the agenda and is a recommendation within a committee paper.</p> <p>(24/25)26 June 2024- Ref 10 (min ref 3d) – Update requested from Citizens Health Reference Group members on PPG - N Greaves update 28/08/2024 – A verbal update will be provided at the meeting regarding actions taken including sharing good practice on the GP intranet for embedding Patient Participation Groups. An audit of PPGs was undertaken in Q3 2022/23 and this is planned to be undertaken in Q4 2024/25 to understand current self-assessment from GPs on having a PPG in place and opportunity to capture good practice and what is working well. This can be reported to PIEAC in March 2025.</p> <p>(24/25)26 June 2024 – Ref 11 (min ref 4) - Involvement and engagement process and outcomes to support urgent and emergency care strategy - N Greaves update 28/08/2024 - Strategy has been shared with members. This was endorsed at the ICB Board on 11/09/2024.</p> <p>(24/25)26 June 2024 – Ref 12 (min ref 5) - Strategy for working in partnership with people and communities progress review – N Greaves update 28/08/2024 – Committee endorsed this being complete and is included on the committee workplan for 25/26</p> <p>(24/25)26 June 2024 – Ref 13 (min ref 6) - Shaping Care Together: engagement on case for change - N Greaves update 28/08/2024 – This was completed in September therefore propose to close.</p> <p><i>Howard Ballard joined the meeting 10:10am</i></p> <p><u>Actions for PIEAC from ICB Board or other committees</u></p> <p>(24/25)26 June 2024 - Ref 1 - Primary Care Commissioning Committee - Pharmacy First – D Corcoran (Chair) – update the recommendation from the PIEAC was to coordinate the capture of insights from the virtual Citizens Panel which had been undertaken in August and September with insights being presented to the ICB’s primary care team for action. A verbal update was provided to the Primary Care Commissioning Committee 29.08.2024.</p>	
21 24/25	<p>Public engagement and pre-consultation engagement programme 2024/25 – N Greaves</p> <p>N Greaves spoke to the report detailing the Integrated Care Board (ICB) has submitted a plan for 2024/25 that requires the delivery of a large portfolio of savings plans and achieving this and supporting organisations to deliver against their plans is the focus of the Recovery and Transformation Programme.</p> <p>The Recovery and Transformation programme aims to:</p> <ul style="list-style-type: none"> • reduce waste and duplication • improve quality and • transform services to ensure long terms clinical, operational, and financial sustainability. <p>An honest dialogue with the public will support creating a shared understanding for any future decision making and feedback on the vision and priorities of the ICB, along</p>	

with capturing important insight which will contribute to several preconsultation engagement activities for transformation programmes, including Shaping Care Together, New Hospitals Programme and acute clinical reconfiguration.

There is also a need for early engagement to support IUC (Integrated Urgent Care) commissioning and TCC (Transforming Community Care) programmes.

A proactive engagement programme with public, stakeholders and partners, consisting of a series of local engagement events, local focus groups and discussions with targeted patient groups have been launched. This will run between September and November 2024. The purpose of the programme is to listen to local communities to understand key issues relating to the ICB and system vision and priorities for health and care and to capture valuable public and patient insights which will contribute towards planning any future reconfiguration and commissioning programmes.

In addition, N Greaves spoke to Appendix A - a slide set which presents the legislation and an approach for preconsultation engagement. The committee were presented with details on the approach to how the ICB will listen and promote in addition to which channels will be used to capture feedback in programmes of work where formal service change is required.

N Greaves highlighted the two parts to the report namely the ICB vision and priorities plan required in relation to the public.

L Barker added that market research had been commissioned to work with underrepresented groups and asked those present note N Greaves proposals within the report.

The Chair commented this was a helpful overview and update in relation to the coverage reached working with providers and the public and enquired as to what were the key messages coming back in relation to the 'So What?' element.

K Lord commented that the outcomes demonstrate the feedback to streams of work that have been captured via a governance and quality route. N Greaves responded that the engagement events working with teams highlighted the principles of re-configuration of the blueprint in acute settings, would assist in capturing the insights from such engagement. However, this needs to align with and provide challenge to various elements especially relating to co-production and engagement.

A Bate added that responding to contributions and conversations was helpful in forming context and developing the foundation of capturing outputs which supports the approach to engagement in the paper.

Discussion relating to the new governments response to the New Hospital Programmes (NHP) was that the ICB and partners remain positive. Although it was noted no decisions or updates had been received and teams involved in this workstream had been asked to continue with the current preparation of work.

N Greaves commented that developments relating to treatment pathways such as cardiac, vascular, neurology etc. although not directly linked to the NHP, consideration of interdependencies must be kept in mind. The engagement approach in the paper will help to understand what is important and what are the concerns and opportunities for local people in relation to these pieces of work.

V Ellarby noted how the different place based areas stood in relation to this noting that

	<p>much of the footprint of Barrow and areas in Morecambe had not been directly represented in face-to-face engagement sessions planned, and asked the meeting to consider what such future locations would look like. V Ellarby welcomed opportunities for the ICB Executive Team to visit the wider footprint when engagement sessions are held and broaden the range of ICB staff supporting and representing the organisation.</p> <p>RESOLVED: That the ICB public involvement and engagement advisory committee:</p> <ul style="list-style-type: none"> • Note the contents of the report and the programme of public, stakeholder, staff and partner engagement planned between September and November • Endorse the approach to pre-consultation engagement to be adopted by transformation programmes 	
22 24/25	<p>Winter communications and engagement strategy and plan – J Barbour</p> <p>J Barbour spoke to the report outlining that the paper summarised the collective and coordinated approach taken across Lancashire and South Cumbria, the North West of England and England to coordinate NHS winter messaging for 2024/25. Such an approach maximises the efficiency and impact of the messaging. The ‘Think’ campaign booklets will be used again this year locally to advise the public of where and how to access services.</p> <p>The Chair thank J Barbour for his report and opened the floor to questions.</p> <p>H Ballard asked if any contingency had been considered in relation to fuel poverty, noting the ‘eat or heat’ choice that will be affecting many people this winter. J Barbour replied, the ICB is working closely with local authorities, to support this message and that local authorities were coordinating strategies across the north west to support vulnerable residents. Cheshire and Mersey were coordinating a discharge from hospital campaign across the north west footprint.</p> <p>N Greaves added that the ICB’s Population Health team work in areas to embed the committee strategy to support services, for example child asthma, hypertension etc. working with priority wards and areas with high health inequalities across the 5 places. Population Health’s work with wider partners, was due to be presented at committee today to give a broader picture of the work that is being undertaken to support vulnerable groups but due to competing priorities this update had to be stood down.</p> <p>The Chair added in relation to the impact, what is the current level of understanding, what would be helpful to capture an holistic view, reassurance around how this would be measured would prove helpful.</p> <p>J Barbour responded that the report with such detail would be presented at the December 2024 PIEAC meeting. Some of the detail was still being worked through. Research had shown that people responded well and the message lands well if people hear the message around the winter plans, the branding is less successful.</p> <p><i>John Barbour and Louise Barker left the meeting 11:05am</i></p> <p>RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:</p> <ul style="list-style-type: none"> • Note the contents of the report • Note the engagement and testing of winter campaign messages with members of the public • Note the activity planned over the coming weeks to work in partnership with 	

	<p>local authorities and wider partners to explore all opportunities to share key messages in a consistent and timely way throughout winter 2024/25.</p> <ul style="list-style-type: none"> • Endorse an evaluation of the 2024/25 winter communications campaign to be shared in the March 2025 committee. 	
<p>23 24/25</p>	<p>Standing Assurance and Insight Reports:</p> <p>a) Public Engagement and Involvement Assurance Report: June 2024 to Aug 2024 – D Rogers</p> <p>D Rogers spoke to the report which provided members of the Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 June and the 31 August 2024. The report sought to provide assurance to the committee and the ICB Board for the delivery against the strategy for working in partnership with people and communities across the ICB and embedding the principles of public involvement and engagement. The report also summarised engagement, involvement and co-production activity which supports the priority of system transformation programmes and other ICB programmes of work and a summary of activity to support partnership working in place. Key summary of the report:</p> <ul style="list-style-type: none"> • A continued focus on engagement and related activity has been undertaken in our places from June to August, and this continues, this includes continuing to build relationships and strengthen partnerships. • Mechanisms for engagement and involvement have been further developed with the development of the Citizen’s Health Reference Group. Following the successful recruitment and induction process, the group are poised to support the ICB in the delivery of transformation programmes, bringing public and patient perspective. • The Lancashire Place Partnership agreed an approach to engagement and communication working in collaboration with partners across Lancashire and South Cumbria. The completion of an engagement programme to support the recommissioning of community equipment services is a step towards this approach. • We have seen a growing shift towards engagement focused on the transformation and recovery programme, and this has included engagement with people and communities, as well as preparation for some large-scale engagement over the coming months. • Our focus on place-based engagement aims to support people and communities throughout the winter months. We have listened to feedback from several key groups on winter campaign materials this year. The feedback is being used to strengthen messages from all NHS partners and will go towards making the winter campaign more resonant for communities. <p>D Rogers added that patient stories, presented at Quality Committee and ICB Board assisted with triangulating data and intelligence, closing the loop. How committees receive stories and feedback to patients is invaluable.</p> <p>The Chair noted the richness of the work captured in the report and the impact on communities, this has been recommended to and by the ICB Board.</p> <p>H Ballard commented that he believed this to be a great report and queried that there is no mention of the PPG (Patient Participation Group) for the Blackburn with Darwen place. D Rogers responded that he and S Whittle have met with and provided a tool kit for the PPG in the area but further work is required. Councillor Jackie Floyd has been supportive of the work being undertaken in this place based local.</p> <p>A Christopher asked if anything was planned for Chorley for patient groups. N Greaves stated that A Bate was building on networks already embedded in this area and a future</p>	

update will be provided on patient participation groups.

V Ellarby noted the contents of the report detailing the in-depth organised work, echoing the Chair's comments that for maximum impact its important that the in-reach is shared across the ICB and executive team.

The Chair stated she had previously shared with the ICB Board some of the highlights from the workshops. The Chair stated it would be useful if a hyperlink to this report could be embedded in the AAA Assurance Report to the ICB Board so she may refer them [the ICB] Board to specifics.

J Bridge from the population health team spoke in detail of all the various partners involved across the patch in the Ryelands area in Lancaster and how this has generated a widely successful engagement with residents within this ward. This is just one of several local examples.

N Greaves responded there was a wealth of excellent examples, from strengthening foundations with citizen's health research groups through to developing how the ICB and partners are developing their engagement with people. The population and place teams offer examples of how such engagement is developing and creating further opportunities for cohesive engagement at community level. Adding the insight report feeds into the carer's groups and women/s groups and how this links into Quality Committee.

K Lord suggested that this would come through to the System Quality Group and bring place into this in relation to frailty assurance etc.

The Chair thanked everyone for an enthusiastic discussion and raised the prospect that a conversation around SEND (Special Educational Needs and Disabilities) and ADHD (attention deficit hyperactivity disorder) should return to the ICB Board especially in relation to the new pathways if the committee could look at the programme before going to ICB Board.

RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:

- 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

b) Public and Community Insights Report: June 2024 to Aug 2024 - including Freedom of Information Themes and Trends – D Rogers

D Rogers spoke to the report which provided members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of insights which have been captured through pro-active public and community engagement activities between June and August 2024.

The insight report shared the summary findings from four large scale engagement exercises, focusing on:

- cardiac services
- women's health
- barriers to cancer screening experienced by south-east Asian women

regarding cancer care

- community equipment
- Inclusive North, on the needs of BME carers.

The report also presents analysis of two national surveys:

- the national GP survey
- the national cancer survey.

Assurance was given that findings are being considered by the relevant programmes.

The Chair thanked D Rogers for his report and opened the floor to questions.

D Brewin raised the issue of Freedom of Information (FOI) subject access requests from patients and where this is managed by the ICB. N Greaves replied, cases from the CSU (Commissioning Support Unit) are picked up via Asim Patel's digital directorate – within the digital team, however further work is required to streamline this process. It would be helpful if the staff member leading this work could attend future committees.

Action: N Greaves and D Brewin to pick up FOI subject access requests with the digital team.

NG/DB

RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:

- Note the contents and summary of insights contained in the report
- Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis
- Endorse the sharing of this report with the ICB Quality Committee for consideration of how the findings are relevant to the quality of services provided by, or commissioned by, the ICB.

c) Complaints report – D Brewin

David Brewin introduced the report which set out the activity of the Lancashire and South Cumbria (LSC) ICB Patient Experience Service for the period 1 June 2024 to 31 July 2024. The information for this report was extracted on 10 September 2024.

Patient Experience activity has been reported to PIEAC from the outset and includes:

- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging where identified.
- Examples of learning

The complaints included in the report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the 'Responsible Body'. There was a combination of complaints about the actions and omissions of the ICB itself and the ICB's commissioned providers. Letters from MPs made up of complaints from constituents, other queries raised by constituents but not handled as complaints and correspondence from MPs themselves typically about funding or strategy or other local health and care topics. The PALS totals reported reflected concerns the ICB were able to resolve quickly and informally and requests for advice and information.

The Chair thanked D Brewin for his report and requested the elements relating to clinical care discussed within the report, could be shared with the Chair's of other committees since if this could be linked with other committees that would provide useful insight.

H Ballard enquired what were they key themes in relation to mental health services. D

Brewin confirmed the two main areas of concern were access to services and waiting times. However, the ICB is unable to break down the data to specific areas. The ICB is unable to capture what providers are doing individually. That said, the ICB do meet with Trusts and they do share their individual patient complaints numbers and targets to resolve complaints. D Brewin noted that when the ICB have met with provider Trusts the reporting has been both open and transparent, including their action planning around improvements.

H Ballard enquired the complaints for NWAS (North West Ambulance Service). D Brewin responded that the numbers were low and this was disconcerting. The Chair interjected, this issue is to be raised through contracting discussions, specifically relating to quality of service. K Lord stated she would raise this as an action.

Action: K Lord to liaise with quality contract team, NWAS patient complaints reporting.

KL

The Committee recognised and thanked D Brewin and the team for the greatly enhanced and much richer report, which had included additional analysis of key themes to support triangulation of insight from experience and engagement.

RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee receive the Complaints Report and:

- Note the activity, volumes and learning reported for the period June and July 2024
- Note the three thematic reports produced by the team during this period

d) Update from the Citizen’s Health Reference Group held on 5 September 2024 – CHRG Rep

A Bate and A Christopher spoke to the report which provided members of the PIEAC with an update on the recent activities of the Citizens Health Reference Group.

Recruitment

Following a recruitment campaign over recent months, there are now around 50 members of the Citizens Health Reference Group. All members have expressed an interest in joining the group and attended induction sessions either in person or via Microsoft Teams.

Contributing to transformation programmes

The communications and engagement team are now prioritising identifying workstreams that will benefit from a patient voice and aligning members of the group to those workstreams. This could take the form of a limited number of individuals joining an existing group or a newly established task and finish group, the formation of a special subgroup for engagement, or the facilitation of a full meeting to discuss a specific topic.

Current activity of group members

Due to the focus on engagement in recent weeks and months, only a small number of members have been actively involved in supporting workstreams. These include:

- A group of members has worked with the team developing a new strategy for urgent and emergency care and made several suggestions for the strategy which have been taken on board. The members were regularly communicated with by the programme lead and have reported feeling valued and listened to.
- A member of the group has agreed to become part of the vascular network and has recently attended his first meeting.
- A small number of members have volunteered to represent the Group at the Public Involvement and Engagement Advisory Committee.

Both the Chair and N Greaves thanked A Bate and A Christopher for the details and discussion they had highlighted from the report.

RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:

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

e) Update from Sub-groups and working Groups – N Greaves

Item discussed under the Matters Arising – (minute reference 20 - 20/24 above)
(b) Principles of the committee subgroups.

f) Healthwatch Report – Lindsey Graham

L Graham spoke to the report, updating on the work of Healthwatch Together which is the collaboration of five local Healthwatch groups working across Lancashire and South Cumbria ICS. The primary purpose is to listen to the views and experiences of local people who use health and social care services and work with the system to support the involvement of people, improvements in service delivery and promote and enable coproduction.

The report was the first formation of a new standalone Healthwatch Together report. The report will be produced on a quarterly basis to highlight what Healthwatch has heard and the actions taken. The report included key themes and issues from each local area as well as reports Healthwatch have published.

Included in the report were links to each local Healthwatch Annual report which, includes work programmes for the year ahead. Examples of projects include, Disability Voices - exploring people's experiences of living in Lancashire with a disability and Women's Health.

The report will continue to develop as collaboration matures and will include stories and project spotlights, impact and outcomes.

L Graham thanked the committee for receiving the report and asked for comments as this was the first standalone report Healthwatch had provided for the committee.

D Brewin commented that the volume, breadth and activity were well captured across the locality. Similarity of what was happening across the health economy highlighted the work that all organisations and partners were involved in both individually and collaboratively, D Brewin added he was aware that Healthwatch feed into Primary Care. The 30 reviews across the five different services areas were comprehensive.

Jonathan Bridge left the meeting at 12pm

L Graham added that a summary report would be produced in October and November with a focus on pharmacy.

N Greaves thanked L Graham for the report adding that even with extra staff it would prove difficult to engage with some of the harder to reach groups within in population. Working together focusing on how to make improvements at the same time, feeding into other teams is crucial. N Greaves reiterated a big thank you to Healthwatch.

	<p>The Chair noted that the report did highlight how the same assurances and frustrations were shared throughout organisations and partners and added that the report highlighted excellent examples of engagement work. L Graham thanked the Chair and added a quarterly report would be produced.</p> <p>ACTION: L Coulson to add to the Business Plan, future agendas the inclusion of the Healthwatch Quarterly Report.</p> <p>V Ellarby congratulated L Graham on an excellent report and asked if the south Cumbria element could provide information specifically on the Millom and Bentham footprint.</p> <p>ACTION: L Graham and V Ellarby will link up on the insights related to Millom and Bentham.</p> <p>The Chair invited comments on what are the big ticket items we are working on to give assurance of engagement and involvement. From a place perspective, forums and sessions – its important the Committee understands what the resident insight is, understands the firsthand accounts from residents themselves and supports the ICB’s 2025/26 priorities adhering to what we have heard. If we read across for example, primary care is a key theme, with the need for improvement and recovery linking to the Darzi report which highlights a move from hospital to primary and community care.</p> <p>N Greaves added the genuine issue is how we bring in all elements of organisational development, to ensure that the patient voice is embedded into our organisational culture. S Mattocks commented that changes in ICB Board cover sheets for example, are strengthening and demonstrating engagement and involvement with the public at meetings of the ICB Board.</p> <p>A Bate added the importance of public understanding of service transformation and change needs to be explored with patients to understand how we can educate and manage patient expectations and asked how Healthwatch support this with the engagement they undertake.</p> <p>L Graham provided reassurance that Healthwatch officers discuss with patient groups and help share their understand of changes but their role is to listen to the public voice and present that to organisations, such as the ICB. L Graham gave the example of blood clinic services and how they explained to public groups how they work differently to other services. The desktop research conducted by Healthwatch highlighted how clinics themselves should be running.</p> <p>RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:</p> <ul style="list-style-type: none"> • Support that the Healthwatch Together report is recommended and read across the ICB and system networks. <p>The annual reports for each local Healthwatch, including their annual workplans are considered to inform ICB and partner organisations workstreams and ambitions through partnership meetings.</p>	<p>LC✓</p> <p>LG/VE</p>
<p>24 24/25</p>	<p>Committee Escalation and Assurance Report to the Board (AAA Report) – Chair</p> <p>ACTION: The Chair and N Greaves will discuss how Committee reports can be</p>	<p>DC/NG ✓</p>

	shared or hyperlinked through the Committee's AAA report to Board to support their dissemination.	
25 24/25	<p>Items referred to other committees – Chair</p> <p>Public feedback on translation Services to System Quality Group. L Coulson to work with D Upson for considering how this is shared with the committee.</p> <p>Action: L Coulson and K Lord QC to discuss System Quality Group as to where actions need to be picked up.</p>	<p>LC/DU</p> <p>LC/KL</p>
26 24/25	<p>Any Other Business</p> <p>No items raised.</p>	
27 24/25	<p>Items for the Risk Register</p> <p>No items raised.</p>	
28 24/25	<p>Reflections from the meeting</p> <p>The general feedback was the new structure of the meeting worked better, communication was clear and provided a space to understand what is happening across the 5 localities in relation to communication and engagement with the public and patients.</p> <p>The Place focus was excellent, seeing in real time the evidence of the positive changes made at place.</p> <p>The step change in reporting, getting behind the numbers, has provided a great balance.</p> <p>A real plan in how we aggregate this and bring together the strategy in action. We are listening!</p> <p>Pre-consultation is working, engagement involvement via lots of teams the Population Health update was great.</p> <p>The agenda worked well.</p> <p>There is a gap with no one round the table today representing Primary Care, or a member representing commissioning.</p> <p>How can the committee support information and learning to be shared with the ICB Board.</p> <p>A very positive meeting in terms of listening to people about the work and staff really do care about the public involvement – foundations have been laid and in a very positive way and principles of openness form part of this.</p>	
29 24/25	<p>Date, Time and Venue of Next Meeting</p> <p>Wednesday 18 December 2024 (10 am – 12.30 pm, Lune Room 1, ICB offices, County Hall, Preston, PR1 8XJ)</p>	