**Public Involvement and Engagement Advisory Committee**

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| Title of Paper | Public engagement and involvement assurance report – July to September 2022 | | |
| Date of Meeting | 20 October 2022 | Agenda Item | 3 |

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| Lead Author | Neil Greaves, Director of Communications and Engagement | | | |
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| Purpose of the Report | Please tick as appropriate | | | |
| For Information | | 🗸 | |
| For Discussion | | 🗸 | |
| For Decision | | 🗸 | |
| Executive Summary | | | | |
| The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary on activities and insights related to engagement, involvement and coproduction undertaken by the ICB between 1 July and 30 September 2022.  The report will provide assurance to the committee and the ICB Board for the delivery against the strategy for working with people and communities across the ICB and embedding the principles of public involvement and engagement. This includes establishing an engagement and involvement infrastructure which is able to demonstrate how public voice is at the heart of decision making and service delivery in the ICB.  The report also summarises engagement, involvement and co-production activity supporting priority system transformation programmes and other ICB programmes of work.  In addition, the report provides a summary of public and patient insight received by partner organisations across the integrated care system for consideration by the committee.  This report is at an iterative stage of development with opportunity to improve the way information is presented and insight from partners included within the report based on feedback from committee members. | | | | |
| Recommendations | | | | |
| The Public Involvement and Engagement Advisory Committee is asked to:   * 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 | | | | |
| Equality Impact & Risk Assessment Completed | Yes | No | | 🗸 Not Applicable |
| Patient and Public Engagement Completed | 🗸 Yes | No | | Not Applicable |
| Financial Implications | Yes | No | | 🗸 Not Applicable |
|  | | | | |
| Risk Identified | 🗸 Yes | | No | |
| If Yes : Risk | Lack of effective involvement and engagement across the ICB RISKS an inability for the ICB to make sure effective and efficient health and care services  are delivered, decision making which does not take public insight into consideration and lack of empowerment within our communities. | | | |
| Report Authorised by: |  | | | |

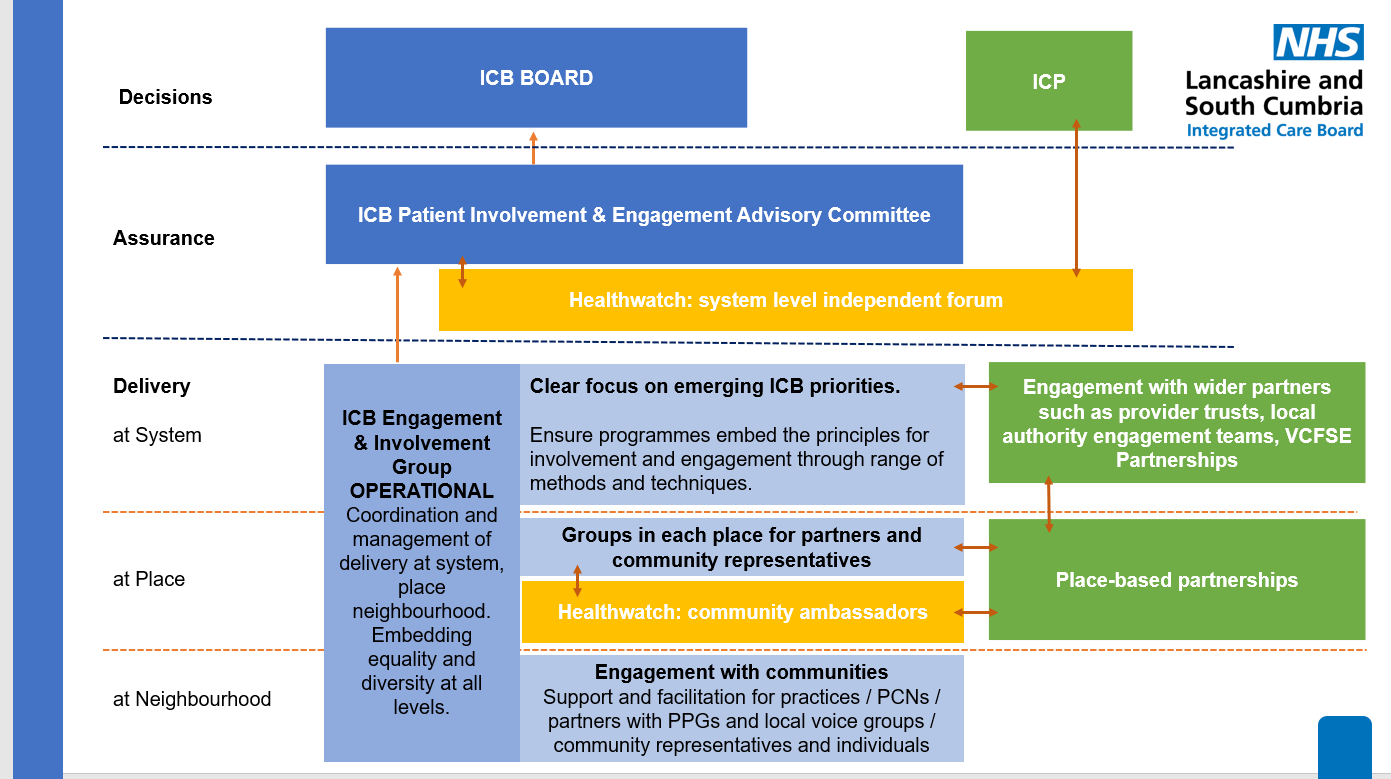
**Public engagement and involvement assurance report – July to September 2022**

* 1. **Introduction**

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered; by reaching, listening to, involving and empowering our people and communities, we can ensure that they are at the heart of decision making. The NHS in Lancashire and South Cumbria is committed to putting our population’s needs at the heart of all we do.

The ICB has endorsed a strategy for working with people and communities which describes an ambition to develop robust and trusted relationships which empower our citizens and communities and enable a change in culture and behaviours. The strategy is based on ten principles for public involvement and engagement. More information on the strategy is available [here](https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/people-and-communities).

The engagement and involvement model below depicts the context and levels of assurance for the ICB. This has been developed through a series of workshops and discussions with partner organisations and teams across the ICB.

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The report provides a summary of activities and initiatives to embed engagement, involvement and coproduction into ICB work programmes between 1 July and 30 September 2022.

The report will provide assurance to the committee and the ICB Board for the delivery against the strategy for working with people and communities across the ICB and embedding the principles of public involvement and engagement. This includes establishing an engagement and involvement infrastructure which is able to demonstrate how public voice is at the heart of decision making and service delivery in the ICB.

It is recognised that this report is at an iterative stage of development with opportunity to improve the way information is presented and insight from partners included within the report based on feedback from committee members. We expect the report will develop throughout 2022/23.

* 1. **Headlines for engagement activity and key themes**
* Over the last three months, the ICB engagement team has been building on the legacy of the predecessor organisations. The team have begun to build a solid foundation for engagement and created a number of products to support this. There is considerable work to do to build on existing groups and establish a robust engagement infrastructure.
* The ICB has identified its priorities and support for engagement on these areas has already well developed including primary and community care, New Hospitals Programme and population health improvement.
* The ICB has taken the lead in developing an engagement programme to capture views from members of the public on the priorities of the Integrated Care Partnership, on behalf of partners across the system. The results of this engagement will contribute to the Integrated Care Strategy for Lancashire and South Cumbria.
  1. **Progress on engagement infrastructure, delivery and mobilisation**

**3.1 Working with people and communities strategy and plan**

A national review was undertaken by NHS England on each ICB’s strategy for working with people and communities. This feedback was shared with the ICB in August 2022. The feedback was broadly positive recognising the positive ambitions within the strategy. This feedback, along with the development of a reviewed engagement model, has been taken into consideration within a new version of the strategy which is set to be endorsed at the first Public Involvement and Engagement Advisory Committee in October 2022.

**3.2 Developing and implementing an engagement and involvement model**

A model of engagement and involvement has been developed for the ICB building on existing connections and groups from CCGs and taking into consideration changes to the place boundaries of the system. Work is commencing to work with the incoming directors of health and care integration to establish place-based networks and groups where engagement and community representatives can come together.

**3.3 Engagement and involvement toolkit and guidance for ICB staff**

The communications and engagement team have developed an engagement toolkit and guidance for use by ICB teams and to support wider partnership working across the ICS, including the Provider Collaboration Board. This guide aims to support teams to embed the ten principles for engagement and involvement to be widely adopted and implemented. This will provide all members of the team with a consistent set of standards and approaches to engagement and involvement. This document is being used to develop a simple guide to support staff and teams leading Provider Collaborative Board work programmes. This work is still being iterated and will be presented to a future Public Involvement and Engagement Advisory Committee.

**3.4 Citizen’s Panel – database of public connected to ICB**

The ICB has developed a citizen’s panel of members of the public who have agreed to participate in surveys, engagement and give their insights concerning health, wellbeing and health services in Lancashire and South Cumbria. The majority of these has been through a process of opting-in to be part of the panel from previous CCG databases.

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| Number of citizen panel members as of 30 September | 1523 |

In this period, we have contacted all members of the panel to welcome them to the ICB and their role as citizen panel members. They have been invited to engage with and comment on the New Hospital Programme and the newly launched engagement work for the ICP priorities which we report on elsewhere in this report.

We have created pages on the ICB website, along with our strategy, and plans, and it also provides a link to join the citizen’s panel which will be used as part of our proposed recruitment drive: <https://www.healthierlsc.co.uk/get-involved/citizen-panel>

Work is now underway to:

* develop and launch a recruitment drive to increase the membership of the panel.
* members of the PIEAC are invited to join our recruitment campaign and be supported to encourage sign up to the citizen’s panel via short video explainers for social media, and PR.
* establish a programme of regular engagement with the panel focused on ICB priorities and linked to the ICB quality function.
  1. **Healthwatch support**

The table below provides an update on Healthwatch activities to support the ICB engagement infrastructure:

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| **Project** | **Progress update** | **Activities delivered** | **Activities planned** |
| Facilitating Community Forums | Brief for the initiative produced by Healthwatch and feedback provided by ICB.  These are monthly forums for members of the public facilitated by Healthwatch and taking place in a different place area each month with the first to take place in South Cumbria | Brief developed  Plan for events developed by Healthwatch. | Establish working group to manage the project.  Establish dates for the forums.  Use these to support the development of the Integrated Care Strategy. |
| Community Ambassadors Programme | Healthwatch have explored how community ambassador schemes have worked in different ICB areas |  | Agreement on the scope and funding for the project. |
| Covid Vaccination Insight | **334 respondents** to the survey so far, there has been respondents from each of the four locality areas (Lancashire, Blackpool, Blackburn with Darwen and South Cumbria). – with a full mid term report available on request. | Between the 14th July 2022 and the 18th August 2022 there were 334 responses to the Covid-19 vaccination survey. The main purpose of the survey was to support generic engagement by capturing a range of views and experiences from a variety of demographics. | Healthwatch Together have formulated a list of 13 suggestions/recommendations (which will be expanded on in the final report):  1. Provide seating for those that are unable to stand for long periods of time.  2. Make all information available via local GP websites but also have the information available in a range of formats.  3. Ensure vaccination sites are close and convenient, with stronger public transport links.  4. Provide information on known long-term effects and address speculation around inaccurate rumours.  5. Make all information available in a range of formats to accommodate for all including Easy Read and various languages.  6. Better promote where individuals can find information prior to their vaccination appointment.  7. Provide updated information on the Covid-19 vaccination booster.  8. Give clearer information about the clinically extremely vulnerable list.  9. Videos involving healthcare professionals speaking in their home language with information about the vaccination.  10. Offer home vaccinations to those who may find travelling to a vaccination site difficult. For example, those with anxiety and a visual impairment.  11. To increase accessibility, offer vaccinations at homeless centres by health professionals.  12. Ensure all GPs are talking to patients about the vaccination including its importance and how to get it if they wish.  13. To increase uptake, allow people to book their vaccination through their GP and receive the dose at their GP for convenience.  The results to date have suggested that there has been a disparity in experiences of the Covid-19 vaccination programme for different demographics dependent on the area that they reside in. This is most likely a result of each area being in charge of delivering the vaccination programme to people in their own area, indicating that there is a need for a more standardised approach, to reduce inequality. This is something that Healthwatch Together will explore more during the next stage of engagement and present in the final report. |

* 1. **Priority transformation programmes**

**4.1 Primary and community care development**

| **THEME:** | **PRIMARY CARE** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Engagement/involvement priority** | **Activity/ies delivered** | **Activities planned** | **Partner/s** | **Current position /timeline** | **Fit 10 principles** | * **Reach** * **Health Inequalities** * **Seldom Heard** | **Insight and evidence of impact on ICB decision-making/approach** |
| Develop and support PPGs | Toolkit created  Recruitment pack  Audit of PPGs with **184 responses** to PPG audit | Promotion  Promotion  Audit | GPs | Data collected in Aug/Sept | All | Need for more engagement with BAME and younger population | PPGs need to involve more ethnic diversity and younger patients in PPGs  97% hybrid meeting  Practice staff involved  Practices need support  Need for local networks |
| Primary Care Networks | Engagement with PCNs to understand communications and engagement support from ICB  A total of **26 of the PCNs** responded. | Continued engagement  Shared digital space | GPs | Ongoing engagement | All | Potentially all. | GP practices need support to share good practice, learning and development  Capacity and capability is an early identified need |
| Strategic response to Fuller Report | Review the linkage between the Working with People and Communities strategy and Fuller stocktake | Workshops undertaken | Primary Care | Ongoing activity | All | All | Follow up workshop completed, with proposed approach to engagement designed at the last workshop. Engagement on the proposed approach is still in progress |
| Primary Care Extended Access Report - | GP patients views sought on GP extended access: **14,469 survey** responses from Pennine patients and **10,253 from Fylde Coast** patients | Analysis ongoing | GPs | Analysis and report writing | All | Potentially all in Pennine and Fylde Coast | Awaiting analysis and insight reports |
| Pennine Lancashire VCFSE (Burnley, Pendle and Rossendale CVS and Blackburn CVS) insight into GP access for people from high priority wards and conditions (vulnerabilities)  (Commissioned by ICB) | Fieldwork  Analysis  Phase 1 report published  Phase 2 report published at time of submission of this report but initial response shows **more 1000 people have been engaged**. Data will be validated for the next report. | Phase 2 analysis and report anticipated | VCFSE | Received Phase 2 report and recommendations which are currently being reviewed. | All | All | Awaiting insight from reports |
| Central Lakes Medical (GP practice procurement) | Preparation, including scoping and coproduction for engagement re: procurement | Engagement | PPG  Patients | Preparation for engagement | All | Central Lakes Medical registered population | No insight as yet, as engagement hasn’t begun. |
| Slaidburn Medical Practice (Ribble Valley) (GP practice procurement) | Preparation, including scoping and coproduction for engagement re: procurement | Engagement | PPG  Patients | Preparation for engagement | All | Slaidburn registered population | No insight as yet, as engagement hasn’t begun. |

**4.2 Population health improvement**

| **THEME:** | **POPULATION HEALTH IMPROVEMENT** | | | | | | |
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| **Engagement/involvement priority** | **Activity/ies delivered** | **Activities planned** | **Partner/s** | **Current position /timeline** | **Fit 10 principles** | * **Reach** * **Health Inequalities** * **Seldom Heard** | **Insight and evidence of impact on ICB decision-making/approach** |
| Population Health engagement | Review of needs  Art of Hosting training | Proposal being drafted for Population Health Board | VCFSE | Report in progress | All | All | This proposal builds on the Population Health model and cross references with the Working with People and Communities strategy |
| Community Connectors – core 20 + 5 focus on hypertension | Piloted in Blackpool – 2 workshops held  1-2-1s being undertaken for insight. The lived experience of 4 people with hypertension has been instrumental in helping generate insight for improvements. | Ongoing engagement with final workshop in October. The project has been submitted as good practice in the Health Creation Alliance Awards. | VCFSE  Academic  GPs | Work ongoing  Report anticipated by January 23 | All | All | People with hypertension are not going to change their lifestyles and diet because they know they should. They don’t need educating. Public health messages don’t work when there’s so many barriers to living a healthy life – these need addressing. |
| Community Journalists (Demanding Health Equity) | Established in partnership with VCFSE  Training undertaken  Support set up  Citizen stories are being created. A total of 20 community journalists are involved in this phase of the project. | Continued focus on stories from the “other front line” | VCFSE  Academic | Ongoing through to March 2023 | All | All | Insights into the cost of living crisis and impact on health and wellbeing the importance of accessing support such as the cost of living rebate, and the devastating impact on daily living of the massive rise in energy prices |
| Health Equity Commission | Launched in Autumn 2021  Place based evidence collation – patient stories and case studies  Report and recommendations | Engagement  Promotion of report  Focus on recommendations | VCFSE  Acutes  Local Authorities  Universities  Business | Report published  System leader review and action plan – October 2022 | All | All | Full insights in report on ICB website  Range of recommendations for all partners |
| Mapping of engagement for health equity | Review and mapping of health equity community engagement. The brief is being finalised and engagement has not started. | Review  Mapping | VCFSE  Acutes  Local Authorities  Universities  Business | Phase 1 complete October 2022, Phase 2, report anticipated february 2023 | All | All | Awaiting draft report. |
| Priority Wards Engagement (Birchwood, West Lancashire) | Previous data and engagement from other sources was factored in  One to one, face to face, and home visits took place with citizens  Larger engagement activities and small group sessions in all 4 wards.  342 online questionnaires were sent to citizens (response rate was 34%)  **534 individuals from the community** and **13 stakeholders** **and partners** were engaged with in total | A review of social prescribing underway – factor findings and recommendations into the review  Explore how population health resource is deployed to address some of the recommendations  Feed the findings and recommendations into wider priority wards population health work ICB wide  Feed the findings and recommendations into the Fuller stocktake and all of the work in relation to the development of integrated neighbourhood teams  Feed the recommendations into the developments of the front door. Feed the recommendations into the development of PIVOT and the mental health hubs being designed at place | Police, GPs, WLBC Housing and Financial inclusion officers , Community leaders and champions, Community Mental health teams, Counsellors, Centre for Voluntary Services (WLCVS), Housing staff , Drug and alcohol services, Educational Sector | Recommendations to be considered and adopted. | All | All | Access to a GP was an issue  Lack of perceived trust in GP  Poverty – (examples of direct issues in relation to this no credit on phone, can’t afford transport to get there)  Wanting to have contact with someone in person and not over the phone  Perception that A&E Doctors are far more knowledgeable and skilled than GPs can get tests done far more quickly - no coming back and no long wait in between  Perceived lack of support for complex issues and crisis, e.g., drugs and alcohol, mental health, no where else to go |

**4.3 New Hospital Programme**

| **THEME:** | **NEW HOSPITAL PROGRAMME** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Engagement/involvement priority** | **Activity/ies delivered** | **Activities planned** | **Partner/s** | **Current position /timeline** | **Fit 10 principles** | * **Reach** * **Health Inequalities** * **Seldom Heard** | **Insight and evidence of impact on ICB decision-making/approach** |
| Six areas of focus :  1.Benchmarking public perceptions of hospitals in Lancashire and South Cumbria  2. Hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria  3. Identifying possible solutions to the  Case for Change  4. Developing Critical Success Factors  for evaluating proposals  5. Responses to a longlist of viable solutions  6. Responses to a shortlist of viable solutions. | **5,837** people completed website surveys | Current phase of active engagement: encouraging people to share their views on the recommendations for new hospitals on new sites for Royal Lancaster Infirmary and Royal Preston Hospital, alternative options and what is most important to people in new hospital facilities – survey, feedback and analysis  Prioritising engagement with health inclusion groups and addressing any gaps identified:  Equality, Health Inequality Impact and Risk Assessment actions  Implementing learnings and recommendations from the Lancaster University research project  Preparations for public consultation, if required  Ongoing public, staff, and stakeholder engagement and communications throughout the process  Legacy and collaboration: sharing learnings with NHS colleagues locally (Trust and system), regionally and nationally | Public  NHS Staff  Partners  VCFSE  Cllors, MPs  Patient Interest Groups,  PPGs  Focus on inclusion groups: BME, DisabilitiesLGBTQ, Carers, Seniors, Young people, PregnancyDeaf, Military vets, Refugee/ Asylum  Mental Health  Substance misuse  Gypsy, Roma and Traveler and Homeless  Unemployed | Focus on inclusion groups and action on gap analysis,  Ongoing engagement and preparation for public consultation | All (detailed analysis evidencing this) | More work is being planned to deepen and broaden our focus on seldom heard and key inclusion groups. There has already been a strong focus on inclusion groups: BME, Disabilities, LGBTQ, Carers, Seniors, Young people, Pregnancy, Deaf, Military vets, Refugee/ Asylum  Mental Health  Substance misuse  GRT  Homeless  Unemployed | **Areas of consensus**, including:  Widespread support in favour of funding for new hospital facilities  Travel and accessibility considerations are the biggest NHP talking point  Hospital sites must be ‘future-proofed’ to meet the region’s long-term needs  People are open to the use of digital tools to enable care closer to home  New hospital facilities should be designed with sustainability in mind  A single hospital on a new central site is not acceptable to key audiences.  **Nuances between audience groups**:  Two frontrunner shortlisted solutions appeal to different audiences, with staff favouring two new hospitals on new sites, and patients preferring investment on existing sites.  Inclusion groups place greater importance on patient-centred care.  **Feedback on wider issues** e.g., it's not just about buildings but also joined up planning with a focus on prevention and mental health, integrated services and remote care, staff training on needs of inclusion groups, and broader issues such as staff shortages, pay and conditions and leadership. |
| **2,999** people joined The Big Chat online discussion across three different conversations |
| **1,075** staff attended four New Hospitals Programme Colleague Summits.  **4,018** people took part in in-depth interviews (over the phone, in-person and online) across three waves of market research. |
| Social media content reached **1.42 million** people, across Facebook and Twitter |
| **20,279** people visited the Lancashire and South Cumbria New Hospitals Programme website, **1,837** people have subscribed to the New Hospitals Programme email newsletter. |
| **235 people from 30 different inclusion groups** in under-represented communities participated in workshops held by Healthwatch Together. **6,041,344 opportunities to see or hear** were generated through local advertising |
| **25** local MPs and **20** local authorities have been kept up to date on the latest developments and proposals. |
| **796** local people had face-to-face conversations through Healthwatch roadshow events.**16** locations across Barrow-in-Furness, Chorley, Kendal, Lancaster, Leyland, Preston and Ulverston were visited |
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* 1. **ICB led involvement and engagement activity and projects**

| **THEME:** | **ICB led involvement and engagement activity and projects:** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Engagement/involvement priority** | **Activity/ies delivered** | **Activities planned** | **Partner/s** | **Current position /timeline** | **Fit 10 principles** | * **Reach** * **Health Inequalities** * **Seldom Heard** | **Insight and evidence of impact on ICB decision-making/approach** |
| ICP Priorities engagement | Promotional awareness to all of our channels (social media, PR, online and web) and direct mail to citizens panel, stakeholders and place based networks and communities  Online survey to check respondents views regarding the priorities and to elicit further insight and engagement. | Continued promotion of the priorities and the survey | Place based partners  NHS  Local Authorities  CVCFSE | The survey is being promoted and feedback will be reviewed up to and following the closing date (24/10). Analysis will inform the next stage of the process – which will be to inform the final integrated care strategy, which will be launched in early 2023. | Ongoing analysis but all principles identified as being adhered to | All groups targetted through our stakeholder list, citizens panels and other networks and groups in each place. | A summary of findings was presented to the ICP, with information from Joint Strategic Needs Assessments (JSNAs) from local authorities, large amounts of data from the Health Equity Commission and insight gathered from engagement with local communities over the last five years. This has helped formulate the 6 priorities of the ICP. |
| Improving Access to Psychological Therapies (IAPT) engagement programme | An engagement programme rolled out during the summer 2022 to gather the thoughts and feedback of IAPT users with regards to their thoughts of the service. 316 survey responses and 6 1:1 interviews.  In addition the engagement looked to speak to people living with a common mental health condition who have not used the service, and also referrers such as GPs. | The engagement took the form of an online survey (paper surveys were provided as an option) – the feedback from this will feed into a IAPT promotional campaign that is to launch towards the end of the year. | LSCFT | Promotion campaign is currently scheduled to launch in November and run through winter. |  | All | A report has been produced which summaries the findings of the engagement survey and how we will use this feedback in shaping the promotional campaign.  To note, it was last week revealed that the whole IAPT system nationally is to be re-branded in the new year and we are looking at how this affects the campaign. |
| Public engagement on enhanced stroke centres | Several months of engagement : survey with web-based supporting information and visits to Stroke Association survivor groups, both face-to-face and virtual.  We met with **107 people** during the Stroke Association sessions (46 face-to-face, 61 virtually). This included 92 stroke survivors and their carers and 15 Stroke Association staff/volunteers, some of whom are also stroke survivors or carers. A further 56 people completed the survey. | Overall, 23 issues arising from the engagement feedback have been identified that require consideration to determine impact on the process. This task is currently underway. A survey is in development on the focus of psychological input following a stroke. | Stroke Association  Acutes | Year 1 of 3 year programme; consideration of issues arising | All | All | The proposals may delay access to the stroke pathway, including urgent access to thrombolysis, and  was discriminatory to those in north Lancashire and the South Lakeland district.  Some stroke patients would still arrive at RLI but could not be treated.  Potential negative impact on carers and families who would find it extremely difficult to visit their loved one and be unable to offer their support at a crucial time, for the wellbeing and recovery of the patient.  A significant proportion of respondents questioned the capacity of NWAS to transfer the patients with risk to patients  Workforce capacity at Preston Royal Hospital (RPH) to make this work was also questioned. |
| Lung Health Check Programme | Drop in events held in local supermarkets throughout Blackburn with Darwen, Rossendale, Burnley and the Fylde Coast, aimed at raising awareness of the programme. The  Roy Castle team who we are working with have talked to 50 people at each event so they estimate that 200 have been engaged with, in total. We have responded to 30 queries on social media in response to our promotional activities.  The team has also captured a number of patient stories and videos in promotion of the programme. This will be uploaded onto our website in due course. | Use of lung health checks story for the ICB’s Quality Board is being considered within our schedule of patient stories  Ongoing engagement  Investment in publication advertising (Asian Image and Burnley Express) | Primary Care  Supermarkets  Patient reps  Media | Ongoing engagement | All | All | Importance of being invited for screening and the value of taking up the offer.  Publication has reached a combined reach of 18,613 impressions . |
| Fylde Coast - Palliative care and end of life strategy engagement | Questionnaire and survey methods developed – engagement has not started yet. | Fieldwork through September |  | Report to FC Palliative Steering Group in October | All | All | Awaiting report |
| Vaccination programme insight - views and attitudes towards getting the COVID-19 vaccine. We want to know what the hesitancy is for receiving the vaccine - if any, and what we can do to offer reassurance and encouragement about the vaccine going forward | Questionnaire survey - online. So far to date, we have received **51 responses**. This is work in progress and we anticipate more responses as we progress with the project. | Survey on-going | Community networks, VCFSE | Ongoing | All | All | At the time of this report we have received responses from 50 people who have completed the survey. The themes are as below:  •Majority of people know the covid vaccine is still available (90%)  •Majority of people know the booster are now available (96%)  •Most people have had the covid vaccine (94%)  •Nearly half of the people who completed the survey had concern about the vaccines:  1.Feeling poorly after having the booster  2.The vaccine has not been tested properly  3.Suffering from heart attack after having vaccine  4.Women having onset of premature pre-menopausal symptoms. |
| FACE Covid Booster study- Pakistani communities in Blackburn with Darwen | **Five focus groups** - diverse range of both ages  and ethnicities. Each of the following groups had at least 20 participants:  1. An elderly ladies group (aged 50+) who meet weekly at Bangor Community  Center.  2. Young people who attend our Sunday Youthlab sessions along with their parents.  3. Our 9 junior football teams and their parents.  4. An Asian walking group who also meet weekly at Bangor Community Center.  5. A group of taxi drivers, restaurant and takeaway owners all of ethinically diverse  backgrounds.  Online questionnaire (**213 respondents**) | Report produced and recommendations distilled to shape next phase of targetted communication and engagement | Community networks, VCFSE | Report produced and recommendations distilled to shape next phase of targetted communication and engagement | Pakistani communities  Children and Young People  Elderly | Pakistani communities  Children and Young People  Elderly | Insight around, the following with key recommendations :  \*Trust in organisations  \*Language  \*Scepticism/ mandatory reasons  \*Protecting others  \*Information/ clarity  \*Personal experience  (Full report and summary of key recommendations and action available from the vaccination programme) |
| Children and Young people – Mental Health coproduction | 1 focus group at 1 location (**9 Children and Young People involved**) | 4 schools in total | Rock FM and four secondary schools:   * Haslingden High School (Haslingden) * Our Lady’s Catholic Academy (Lancaster) * St Marys Catholic Academy (Blackpool) * Coal Clough Academy (Burnley) | Ongoing | All | Children and Young people | Currently ongoing, insights will be provided at a future report. Intended outcomes:  Gain a better understanding of:  What “mental health” means to these young people, what is currently troubling these young people, coping strategies,  knowledge of support services, preferred avenues of support, and campaign coproduction. |

* 1. **Engagement and involvement with or led by key system partners**

| **THEME:** | **ENGAGEMENT AND INVOLVEMENT WITH OR LED BY KEY SYSTEM PARTNERS** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Engagement/involvement priority** | **Activity/ies delivered** | **Activities planned** | **Partner/s** | **Current position /timeline** | **Fit 10 principles** | * **Reach** * **Health Inequalities** * **Seldom Heard** | **Insight and evidence of impact on ICB decision-making/approach** |
| NHSE and Voluntary, Community, Faith and Social Enterpise sector (VCFSE) – North West 1000 voices project | Fieldwork, data analysis and report complete. **419 voices were collected** as part of this project in Lancashire and Cumbria. | Promotion and feedback to communities and decision makers | NHS England with North West VCFSE leaders | Complete, with exception of feedback and promotion | All | People from a range of ethnically diverse communities  People aged under 25  People on the autistic spectrum or otherwise disabled.  People living in rural areas.  People living in deprived/disadvantaged areas | 419 people across Lancashire and Cumbria were interviewed: Difficulties accessing GP and other health services, particularly face-to-face  The impacts of COVID-19 and national restrictions on mental health  Communication and accessibility difficulties for those with English as a second language and disabled communities.  Negative impact of the pandemic on mental health and wellbeing |
| Ethnicity and difference in health and care – engaging with people from minority ethnic groups with a learning disability (UCLAN) | Promotion of the engagement opportunity | Focus groups | UCLAN  Race Equality Foundation  Learning Disability England  People with LD, carers, VCFSE | Focus groups planned in October | All | People with a learning disability and from a minority ethnic group over 18. | No insight as engagement has only recently begun. |
| How we speak about autism across county council and NHS services in Cumbria (affecting South Cumbria residents in Lancashire and South Cumbria) | Promotion of the engagement opportunity | Online survey coproduced with adults, young people and children with autism | Cumbria County Council and NHS | Ongoing survey | All | Adults, children and young people, as well as carers for people with autism | No insight as engagement has only recently begun. |