**Public Involvement and Engagement Advisory Committee**

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| Title of Paper | Public and community insights report – July to September 2022 | | |
| Date of Meeting | 20 October 2022 | Agenda Item | 4 |

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| Lead Author | Neil Greaves, Director of Communications and Engagement | | | |
| Contributors | David Rogers, Head of Communications and Engagement, Jeremy Scholey, Engagement Manager, Chantelle Bennett, Engagement Manager. | | | |
| 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 of public and community insights captured by the ICB between 1 July and 30 September 2022.  The report collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives along with trends from ICB corporate channels such as complaints.  In addition, the report provides a summary of public and patient insights 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 and community insights report – July to September 2022**

* 1. **Introduction**

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* 1. **Executive summary: headline trends and key themes**
* There are clear trends across a range of channels for topics of enquiries and requests being received by the ICB around primary care, urgent and emergency and ICB establishment. These are also areas of national and political concentration
* A number of proactive communications activities are driving increased traffic and conversations across ICB online channels including the website and social media – particularly in relation to mental health, suicide prevention and primary care. The majority of the feedback is positive or neutral in sentiment.
* More insight is expected to be captured as the ICB engagement infrastructure is developed over the coming weeks.

* 1. **Insight from ICB organisation channels**

This section of the report provides key metrics regarding corporate channels of the ICB such as customer care and Freedom of Information requests.

**3.1 Patient Experience (complaints and customer care)**

This covers formal complaints, PALS enquiries and letters from local constituency MPs. Overall totals for the period 1 July to 30 September 2022 are below.

This function is delivered by a combination of Midlands and Lancashire Commissioning Support Unit (MLCSU) and ICB employees. The service provided covers formal complaints, PALS enquiries and letters from local constituency MPs. Totals for the MLCSU service for the period 1 July to 30 September 2022 are below.

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| --- | --- |
| **Case Type** | **Total number**  **July-August-September 2022** |
| Complaint | 87 |
| MP Letter | 94 |
| PALS Enquiries | 179 |
| Total | 334 |

For PALS enquiries, the key themes are about primary care - particularly access to General Practice and prescribing rules. Also, a significant number of queries have been about Continuing Healthcare (chasing funding requests and assessments) and hospitals (referrals and appointments).

In relation to complaints the key themes are:

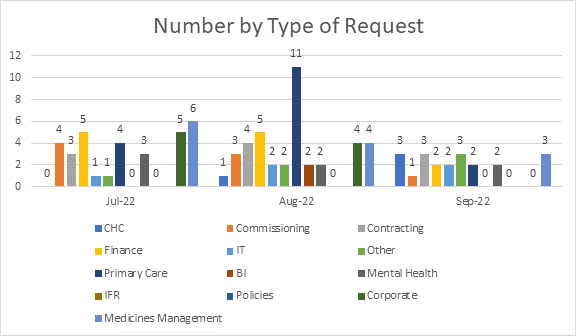
* delays in Continuing Healthcare assessments and funding
* access to secondary care services and delays in appointments and the quality of care received.
* primary care. These are currently signposted to NHS England to manage.

**3.2 Freedom of information requests**

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| --- | --- |
| **FOI** | **No. Received** |
| **July 2022** | 30 |
| **August 2022** | 40 |
| **September 2022** | 23 |

The majority of cases have been received from members of the general public and the commercial sector during this period,

CHC, Contracting, in particular relating to primary care contracting in the South Lakes were the most popular topics of request in the period.



**3.3 MP and councillor interest**

Correspondence from constituency MPs is currently handled by a combination of the MLCSU Patient Experience service and ICB staff. Across Lancashire and South Cumbria, a total of 94 MP letters have been received. Of these, 51 were sent from three MPs – Rosie Cooper (26) and Tim Farron (13) and Mark Menzies (12). The main themes were primary care and continuing healthcare.

**3.4 Media interest and response**

The ICB communications and engagement team manages media interest and enquiries along with coordinating partnership activity across NHS organisations.

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| **Period** | **Press enquiries** | **System-wide media releases** | **Hyper-local media releases** | **Statements Issued** | **Broadcast interviews** | **PR Reach** |
| July | 37 | 7 | 1 | 14 | 3 | 96,209,549 |
| August | 26 | 5 | 8 | 10 | 1 | 57,239,410 |
| September | 23 | 7 | 6 | 9 | 5 | 53,620,211 |

Main themes for media enquiries:

* LSC CQC Urgent and Emergency Care report
* Primary care (in particular Central Lakes Medical Group and GP Patient Survey results)
* COVID-19 vaccinations
* Funding for Out of Area Placements (mental health)
* Cancer statistics and backlog

**3.5 Online and social engagement**

The ICB manages a range of social media platforms. A summary below shows the levels of engagement on these channels.

Social media engagement summary:

* At the time of this report we have a combined following of 68,355 followers (excluding LinkedIn)
* The demographics indicate that 74% are female and 26% male.
* The ICB has produced 724 posts and the reach in population terms of our posting is 377,729 people
* Social media isn’t simply about ‘reach’ it does offer opportunities for engagement, and in this period we received 2,319 comments. Of these, 39% were positive; 23% semi positive; 20% neutral; 11% semi neutral; and 7% negative.

Most engaging social media topics:

* Appointment of place-based directors
* Establishment of the ICB
* Targeted lung health check patient story
* Public invitation to ICB board
* Church on the Street (COTS) and community groups teamed up to deliver health checks in Burnley
* Dr Andy Knox’s membership to the Faculty of Public Health
* Let’s keep talking suicide prevention campaign
* General support around the cost of living crisis.

**3.5.1 Twitter**

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| --- | --- | --- | --- | --- | --- |
|  | **Posts** | **Comments** | **Clicks** | **New followers** | **Post impressions (,000)** |
| **July** | 64 | 236 | 684 | 542 | 83.5 |
| **August** | 63 | 217 | 382 | 120 | 36.9 |
| **September** | 58 | 374 | 330 | 94 | 41.3 |

**3.5.2 Facebook**

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| --- | --- | --- | --- | --- | --- |
|  | **Posts** | **Comments** | **Clicks** | **New page likes** | **Post reach (,000)** |
| **July** | 55 | 51 | 373 | 250 | 28.5 |
| **August** | 48 | 16 | 531 | 21 | 38.8 |
| **September** | 41 | 11 | 231 | 9 | 11.6 |

**3.5.3 YouTube**

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|  | **Number of views** | **Total hours of watch time** |
| **July** | 1,100 | 92.6 |
| **August** | 560 | 104.5 |
| **September** | 958 | 174.3 |

Most popular videos:

Introduction from ICB Chief Executive Kevin Lavery:

<https://www.youtube.com/watch?v=ainsWbQwDvs>

Day 1 - July 2022 - A message from Kevin Lavery:

<https://www.youtube.com/watch?v=9jxTBSiRCS4>

Cytosponge clinics in Lancashire and South Cumbria – detecting cancer early and saving lives:

<https://www.youtube.com/watch?v=-wu0pU764Pk>

**3.5.4 ICB website statistics**

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| --- | --- | --- | --- | --- |
|  | **New users[[1]](#footnote-1)** | **Page views[[2]](#footnote-2)** | **File downloads** | **Engaged sessions[[3]](#footnote-3)** |
| **July** | 6,183 | 29105 | 66 | 13,260 |
| **August** | 6207 | 26183 | 110 | 12,370 |
| **September** | 8597 | 30539 | 19 | 13,118 |

Most popular webpages:

General enquiries contact details:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/contact-us/general-enquiries>

Board meeting papers: <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/board/meetings-and-papers>

Explanation of the ICB:

<https://www.healthierlsc.co.uk/ICB/about-us/what-integrated-care-board-icb>

Appointment of the new directors of health and care integration: <https://www.lancashireandsouthcumbria.icb.nhs.uk/news-and-media/latest-news/four-new-directors-health-and-care-integration-appointed-lancashire-and-south-cumbria>

**3.6 Survey responses**

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|  | **Number of live public surveys** | **Total number of responses** |
| **July** | 14 | 14,953 |
| **August** | 2 | 566 |
| **September** | 12 | 14,953 |

**3.7 Patient stories shared**

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| --- | --- | --- |
| **Patient story** | **Theme** | **Content** |
| Lung health checks | Experience of accessing lung health check services to encourage others. | Video complete and being edited. Link to video or website story |
| Long Covid | Experience of long covid and support for long covid | Complete video for showing at the ICB Board (October) with story shared with media and online |
| ICU | Experience of intensive care and impact on family and carers | Video complete and banked for the library of patient stories to the board. |
| Diabetes | Living with diabetes, and | Video complete and banked for the library of patient stories to the board. |
| Learning disabilities | Challenge of living with a learning disability | Video complete and banked for the library of patient stories to the board. |
| Refugees/ asylum seekers (HealthWatch) | Describing their experiences around access to health care | Video in development and being planned with HealthWatch |
| Maternity | Experiences of maternity services and care | In development, and being planned. |
| Children and Young People | Experiences of children and young people | In development, and being planned. |

**4. Reports, insights and outcomes from engagement activity – including You Said We Did**

This section of the report summarises outcomes and insights from completed engagement programmes and initiatives.

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| **Report name** | **Description and key findings** | **Next steps / Actions** |
| Enhanced Health Checks (EHC) | Engagement and coproduction of easy read documentation for the EHC programme Preparation for engagement – coproduction of ASD and ADHD easy ready document. Parents of children and young people valued the easy read document and felt it was really useful.  This was discussed with 6 parents in a focus group setting. | Integrated into the planned communication and engagement for the EHC roll-out. |
| Summary of NHS insights from engagement activities between 2017 and June 2022 | To support the Integrated Care Partnership to develop an Integrated Care Strategy, a summary of insights from engagement and involvement has been produced from work undertaken across the CCGs and NHS partnership programmes of work.  The report summarises key themes based on the topics of engagement and involvement activities which have been undertaken.  This will be placed on our website on our engagement pages: https://www.healthierlsc.co.uk/getinvolved | The insights from this report will contribute to the development of the integrated care strategy. |
| Public engagement on enhanced acute stroke centres | A public engagement programme has been undertaken on enhancing the acute stroke centres across Lancashire and South Cumbria and investment in acute and hyper-acute stroke care.  The public engagement period ran for several months and used two principal methods of engagement, a survey with web-based supporting information and visits to Stroke Association survivor groups, both face-to-face and virtual.  Key findings:   * The majority (over half) of survey respondents felt the implementation would have an adverse impact on patients or a particular group of patients and that there were actions that could be taken to minimise this. * Concerns stemmed from the proposal that all potential stroke patients, including stroke mimics, who would normally be taken to Royal Lancaster Infirmary (RLI), should be taken directly to the Comprehensive Stroke Centre at Royal Preston Hospital (RPH) instead. * It was felt that the proposals would delay access to the stroke pathway, including urgent access to thrombolysis, and adversely affect those in north Lancashire and the South Lakeland district. * Similar concerns were expressed about the impact on carers and families who would find it extremely difficult to visit their loved one * Workforce capacity across organisations was a concern from respondents. | Overall, 23 issues arising from the engagement feedback have been identified that require consideration, and which need addressing to determine whether they have an impact on the implementation process. This task is currently underway. |
| 1000 voices project | This engagement was undertaken during January - March 2022, commissioned by NHS England North West. It specifically sought responses to the COVID-19 outbreak from identified communities most impacted by the pandemic in Lancashire and Cumbria.  In total, 400 people across Lancashire and Cumbria were interviewed using a variety of methods including face to face interviews, telephone interviews, on-line video calls and in groups. The responses were collected by various VCFSE sector bodies across Lancashire and South Cumbria. These were:  • People from BAME communities  • People aged under 25 (originally those “Not in Employment, Education or Training” (NEET) but changed to reflect the impact of Kickstart during the period of the survey)  • People who are on the autistic spectrum or otherwise disabled.  • People living in rural areas.  • People living in deprived areas as measured by the Indices of Multiple Deprivation (IMD).  Key issues that emerged were:  1. Difficulties accessing GP and other health services, particularly face-to-face  2. The impacts of COVID-19 and national restrictions on mental health  3. Communication and accessibility difficulties for those with English as a second language and disabled communities.  The negative impact of the pandemic on mental health and wellbeing across all cohorts was the overall theme throughout the voices collected. This in particular is linked to people’s experiences of lockdown with being unable to see family, go to work or access services. GP access was noted by many as being difficult and frustrating.  The number of responses that specifically said that “nothing” was good during the pandemic peak crisis period, indicating a sense of hopelessness. Whilst the majority of responses described the negative impacts of COVID-19, it wasn’t all negative news with appreciable number of positive responses. This included feeling closer to family for those that isolated together, working from home and praise of NHS frontline staff. | This work, recently published, will be shared by the VCFSE in local place based partnership networks and will be considered by the ICB.  The team will work with the CSU and the VCFSE to ensure the insight is considered and adopted where appropriate. |

1. Number of new and returning people who visited our site during the given time frame [↑](#footnote-ref-1)
2. Number of times a visitor loads a page on the site [↑](#footnote-ref-2)
3. Number of sessions where people have scrolled at least 90% of the page [↑](#footnote-ref-3)