

Public Involvement and Engagement Advisory Committee

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| Title of Paper | Public and community insights report: February - March 2023 | | |
| Date of Meeting | 25 April 2023 | Agenda Item | 2.6 |

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|--|---|----|------------------|
| Lead Author | David Rogers, Head of Communications and Engagement, | | |
| Contributors | David Brewin, Head of Patient Experience | | |
| Purpose of the Report | Please tick as appropriate | | |
| | For Information | ✓ | |
| | For Discussion | ✓ | |
| | For Decision | ✓ | |
| Executive Summary | | | |
| <p>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 February and 31 March 2023. 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, social media and media handling.</p> <p>This is the fourth Insight report and continues to be developed to improve the way information is presented and insight from partners included within the report based on feedback from committee members.</p> | | | |
| Recommendations | | | |
| <p>The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> 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 | | | |
| 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: | Neil Greaves, Director of Communications | | |

Public and community insights report: February – March 2023

1. Introduction

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 February and March 2023. It is the fourth such report since the inaugural PIEAC in October 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, PALS and MP enquiries.

The report format continues to be developed to improve the way information is presented and insight from partners included within the report based on feedback from committee members.

The relationship with the ICB Quality Committee is also important as this committee has an important role in demonstrating, assuring and making decisions in relation to any quality improvements which the insight and engagement activity may lead to. However, it has been agreed that between the two committees, the PIEAC will take the lead in providing assurance on the insights report.

2. Executive summary: headline trends and key themes

- There are clear trends across a range of channels for topics of enquiries and requests that continue to be received by the ICB around primary care, urgent and emergency care and ICB establishment. These are also areas of national and political importance and focus. The focus on the Withnell procurement has generated a lot of engagement. More work is needed in this report which describes progress on acting upon feedback captured through a range of channels.
- A number of proactive communication 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, and the model of engagement and involvement is embedded over the coming weeks and months. A process for demonstrating actions is being developed between communications and engagement and quality teams.

3. Insight from ICB organisation channels

Patient Experience

3.1 Introduction

The Lancashire and South Cumbria ICB patient experience function is delivered by a combination of ICB employees and Midlands and Lancashire Commissioning Support Unit (MLCSU). During 2023, staff will come together as a single, unified ICB team. This will also include those primary care complaints currently handled by NHS England. The ambit of the service is complaints, PALS enquiries and letters from constituency MPs.

The complaints included in this 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'. They are a combination of complaints about the actions and omissions of the ICB itself and a wide range of commissioned providers.

Letters from MPs are 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 service is the 'front door' to the complaints team and resolves concerns quickly and informally where possible. Our PALS staff also provide information and advice to patients and their families.

The ICB patient experience team has been reporting to PIEAC from the outset. This section has been enhanced and can be further adapted depending on the views of the committee. This version 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 from the cases dealt with.
- Examples of learning.

The information for this report was extracted on 17 April 2024 and the raw data has been retained.

3.2 Activity in 2022/23

The table below records the number of contacts by type since the establishment of the LSC ICB. This information is extract from the 'Ulysses' case management system which is used to record patient experience activity by both the MLCSU and ICB teams. Please note the first period is three months and others are every two months. Figure 2 shows the total for the 9 months of operation in 2022/23 which has then been projected as a full year equivalent. This will be presented in an annual report in line with the legislative requirement. Totals for previous years are drawn from different case management systems and some definitions may not be consistent (for instance the Central Lancashire CCGs Team recorded 'General Enquiries' whereas the MLCSU team captured 'PALS' and these are combined and shown as 'PALS'). The 'unit' figure is to provide a year-on-year comparison of overall activity and is calculated on the basis of 1 complaint = 1 MP letter =3 PALS.

Figure 1: 2022/23

| Type of contact | July – September 2022 | October – November 2022 – 2022 | December – January 2023 | February – March 2023 | Change from last period (+/-) |
|---------------------|-----------------------|--------------------------------|-------------------------|-----------------------|-------------------------------|
| Complaint | 137 | 90 | 77 | 81 | +4 |
| MP Letter | 76 | 36 | 42 | 41 | -1 |
| PALS Enquiry | 236 | 157 | 113 | 156 | +43 |

Figure 2: Annual activity

| Type of contact | 2019/20 | 2020/21 | 2021/22 | 2022/23 (9/12) | 2022/23 (Full Year equivalent) |
|-----------------|---------|---------|---------|----------------|--------------------------------|
| Complaint | 356 | 397 | 537 | 385 | 513 |
| MP Letter | 268 | 454 | 451 | 195 | 260 |
| PALS Enquiry | 772 | 1461 | 1491 | 662 | 883 |
| 'Unit' total | 881 | 1338 | 1485 | 862 | 1150 |

3.3 Complaints

As set out in figure 1, we received 81 complaints in February and March 2023. This in line with previous periods. The type of complaints can be broken into four categories:

| ICB | All Age Continuing Care | Provider | Primary Care |
|-----|-------------------------|----------|--------------|
| 14 | 15 | 44 | 8 |

Complaints are often about more than one organisation but for this report each record is attributed to a single body identified as the main organisation the complaint refers to. Please note, Primary Care complaints will only be handled by the ICB where they also involve another NHS organisation. Provider bodies with a significant number of complaints received were:

- Lancashire Teaching Hospitals Trust (15)
- East Lancashire Hospital Trust (8)
- Blackpool Teaching Hospital Trust (6)
- Lancashire and South Cumbria Care Foundation Trust (6)

We closed 130 cases during these two months. This is made up of 83 complaints and 47 MP letters. When the data was extracted on 17 April 2023, we had 190 open records (125 complaints, 44 MP letters and 21 PALS).

There were no new Parliamentary and Health Service Ombudsman (PHSO) contacts during this period. We have no PHSO cases open.

3.4 MP Correspondence

During this period, we received a total of 41 letters. Again, this is consistent with previous volumes. MPs contacting us are below. We had no recorded contact from four LSC MPs.

| MP | Constituency | Number of Records |
|-------------------|--------------|-------------------|
| Andrew Stephenson | | 5 |
| Ben Wallace | | 2 |
| Ben Lloyd | | 1 |
| Cat Smith | | 3 |

| | |
|-----------------|---|
| David Morris | 1 |
| Jake Berry | 2 |
| Kate Hollern | 1 |
| Lindsay Hoyle | 1 |
| Maria Eagle | 1 |
| Mark Hendrick | 1 |
| Mark Menzies | 3 |
| Paul Maynard | 4 |
| Sara Britcliffe | 2 |
| Simon Fell | 7 |
| Tim Farron | 7 |

Correspondence received mentioned the following topics:

- Access to Autism Spectrum Disorder and ADHD services for patients following termination of previous contract.
- Access to ear wax removal services via the NHS.
- Access to primary care services, especially dentistry.
- Closure of GP surgeries in Morecambe Bay area.
- Delays in completion of CHC assessments.

3.5 PALS Enquiries

There was a significant increase in PALS activity during February and March compared to December and January. However, the numbers were consistent with earlier months.

3.6 Learning from Complaints

When any element of a complaint is fully or partially upheld we identify learning and include it in our response. This could be additional actions to resolve individual complaints or broader service improvements. More work is planned to ensure learning is embedded and leads to tangible change. Examples of learning from this period are:

Figure 4: You Said, We Did

| ‘You said’ | ‘We did’ |
|--|---|
| I was given no choice of treatment. There was no information about Integrated Musculoskeletal (MSK) Care - Joint Health provision. | This experience has been passed on process have been fed back to the MSK Service Lead as a learning event to make sure patients will be appropriately supported through referral pathways in future. |
| What is the ICB's approach to commissioning of services related to autism spectrum disorder following closure of Action for ASD. | We have commissioned an all-age autism capacity and demand study, which is nearing completion. This study will help to support the planning and delivery of future provision across LSC including current services, gaps, and future modelling. |
| My son experienced very poor care at the end of his life. | <ul style="list-style-type: none"> - We are discussing the benefits of adopting the use of a Palliative Care phone with the Trust to assist with co-ordinating the needs of patients. - Planning commenced on the |

| | |
|--|--|
| | <p>development of a 'Palliative Care Virtual Ward' for Morecambe Bay.</p> <p>-ICB are keen to have some service user input into developing Virtual Ward model and have advised complainant input would be welcome as experience and insight would be valuable.</p> |
|--|--|

3.7 Freedom of information (Fol) requests

Fol requests and the management of these is not coordinated through the PIEAC, however they are a useful source of intelligence and therefore this report only presents the themes and topics which have been captured.

| FOI | No. Received |
|----------------|--------------|
| June 2022 | 80 |
| July 2022 | 30 |
| August 2022 | 40 |
| September 2022 | 23 |
| October 2022 | 24 |
| November 2022 | 25 |
| December 2022 | 23 |
| January 2023 | 85 |
| February 2023 | 33 |
| March 2023 | 27 |

The majority of cases have been received from members of the general public followed by the commercial sector during this period. There has been a clear theme of request received with regard to the Withnell Health Centre procurement, with Primary Care queries proving to be the most popular types of request.

| ICB FOI | No Requests Open | Total Inc Place | Total cases closed | Overall totals |
|---------|------------------|-----------------|--------------------|----------------|
| LSC | 31 | 200 | 26 | 226 |

4. Media interest and response

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

| Period | Press enquiries | System-wide media releases | Hyper-local media releases | Statements Issued | Broadcast interviews | PR Reach |
|----------|-----------------|----------------------------|----------------------------|-------------------|----------------------|-------------|
| February | 35 | 6 | 0 | 14 | 1 | 4,003,492 |
| March | 31 | 5 | 5 | 8 | 5 | unavailable |

The key themes for February focused on primary care. In particular, we saw a focus on the Withnell Health Centre procurement and campaign as well as the decision to abandon the process. Other primary care stories focused on GP retention and recruitment and primary care experiencing high demand. In addition to this, there was a focus on Liverpool House Surgery where the GPs announced their retirement, and an engagement process was launched to elicit views from the registered patients. In March the main themes were the junior doctor industrial action, elective care and patient case studies. Liverpool House remained a focus, with the decision by the primary care committee, following the engagement, to disband the registered list to adjacent GP practices in Barrow.

5. Online and social engagement

Online and social engagement

The ICB communications and engagement team manages social media accounts for the ICB.

Data and activity summary:

| Combined following: 39,707 | |
|---|--|
| <ul style="list-style-type: none"> Facebook: 33,486 ↑ 1,994* Twitter: 6,614 ↑ 103 LinkedIn: 589 ↑ 55 Instagram: 366 ↑ 24 YouTube: 54 ↑ 3 | <ul style="list-style-type: none"> 81% female and 19% male followers 1,107 link clicks 164 posts with a combined post reach of 47,824 648 total engagements with posts (excludes Twitter statistics) |

Most popular posts: February 23 vs March 23

| | Clicks | Likes | Shares | Reach |
|---|--|--|--|---|
| 1 | Have your say: ICS strategy (Twitter ICB) | NHP and Lancs Uni research (LinkedIn ICB) | Blackpool spring event (Facebook ICB) | Safer Sleep (Facebook ICB) |

| | | | | |
|---|--|---|---|--|
| 2 | New pc centre - Wesham (Facebook Fylde Coast) | Have your say: ICS strategy (LinkedIn ICB) | Repeat prescriptions - Easter (Facebook ICB) | New pc centre - Wesham (Facebook Fylde Coast) |
| 3 | Kevin Lavery – system report (Twitter ICB) | Self-harm kits (Twitter ICB) | Self-harm kits (Twitter ICB) | Blackpool spring event (Facebook ICB) |

The data above suggests, as with previous months, and reports to PIEAC, that the most engaging social media content is local news/updates which potentially have a direct impact on local people. Of particular interest is the “have your say” on the ICS strategy story which was the most popular story on Twitter and on LinkedIn, as well as the new primary care centre in Wesham, and the Blackpool engagement event. Posts offering practice support and self help are also popular going some way towards our goal of empowering residents. In this instance the safer sleep, repeat prescription information and self-harm kits information are good examples of such popular posts.

Facebook

| | February | March |
|-------------------------|----------|--------|
| Followers | 1264 | 1902 |
| Total posts | 54 | 65 |
| Post impressions | 18,198 | 19,539 |
| Post reach | 17,475 | 18,842 |
| Link clicks | 429 | 236 |
| Post engagement | 3.06% | 2.27% |

Twitter

| | February | March |
|-------------------------|----------|--------|
| Followers | 1,312 | 1,409 |
| Total posts | 54 | 68 |
| Post impressions | 27,329 | 46,911 |
| Post reach | N/A | N/A |
| Link clicks | 522 | 441 |
| Post engagement | 3.03% | 1.74% |

Instagram

| | February | March |
|-------------------------|----------|-------|
| Followers | 342 | 366 |
| Total posts | 5 | 10 |
| Post impressions | 619 | 1,262 |
| Post reach | 567 | 1,168 |
| Link clicks | N/A | 1 |
| Post engagement | 2.42% | 2.06% |

LinkedIn

| | February | March |
|------------------|----------|-------|
| Followers | 534 | 589 |
| Total posts | 1 | 7 |
| Post impressions | 441 | 2,650 |
| Post reach | 273 | 1,866 |
| Link clicks | N/A | 136 |
| Post engagement | 1.36% | 8.83% |

YouTube

| | February | March |
|---------------------------|------------|-----------|
| Number of views | 1600 views | 954 views |
| Total hours of watch time | 243 hours | 152 hours |

ICB and Lancashire and South Cumbria Integrated Care Partnership website statistics

| | New users ^[1] | Page views ^[2] | Engaged sessions ^[3] |
|----------|--------------------------|---------------------------|---------------------------------|
| February | 18,457 | 61,112 | 17,565 |
| March | 18,287 | 76,094 | 17,341 |

Most popular web pages

| February | March |
|---|---|
| <ul style="list-style-type: none"> ICB: About us ICB: Contact us ICB: About the board ICB: Cost of living support ICB: Leadership team | <ul style="list-style-type: none"> ICB: Chatbot – managing waiting lists ICB: Contact us ICB: About us ICB: What is an integrated care board? ICB: The board |

6. Survey responses

The number of surveys with members of the public that we are managing is stable while response rates have declined during this period. This is both an indication of the specialist nature of the majority of the surveys that we have been undertaking, and that several, 'big ticket' surveys, such as COVID-19 vaccines, have come to an end during this period.

Overall, we have received 19,615 responses to our surveys, which equates to approximately 1% of the population of Lancashire and South Cumbria.

| | Number of live public surveys | Total number of responses |
|--|-------------------------------|---------------------------|
| | | |

^[1] Number of new and returning people who visited our site during the given time frame

^[2] Number of times a visitor loads a page on the site

^[3] Number of sessions where people have scrolled at least 90% of the page

| | | |
|-----------------------------------|----|--------|
| September | 12 | 14,953 |
| October | 13 | 2,428 |
| November | 14 | 948 |
| December | 11 | 356 |
| January | 14 | 98 |
| February | 16 | 115 |
| March | 16 | 717 |
| Running total of responses | | 19,615 |

The survey with the highest number of responses in February was our Provider Collaboration Colleague Briefing evaluation survey with 29 responses. The survey with the highest number of responses in March was the GP survey as part of our engagement regarding Liverpool House Surgery with 433 responses.

The main survey subject areas in February were:

- ICB staff questions
- Provider Collaboration Colleague Briefing
- Chatbot – Citizen’s Panel Survey
- L&SC Citizens Panel Member Registration
- LTHTr/UHMBT Inclusion Forums

The main survey subject areas in March were:

- Liverpool House Surgery
- Integrated Care Strategy
- Provider Collaborative Colleague Briefing
- Winter Campaign Evaluation
- Feedback for online training – Sanofi Pasteur vaccine
- Care Leaver Health Summary Letter

7. Capturing lived experience

Our programme of capturing lived experience is a growing and important aspect of our work. These are captured either in video or narrative format. A growing number of people are keen to share their experiences and insights and we are building a schedule of these. The communications and engagement team work with the quality team to follow up the actions arising from these stories, while recognising that action, change and improvements do take time to agree and embed.

| | Topic of story | Committee it was received |
|---------------|------------------------|----------------------------------|
| October 2022 | Long Covid | ICB Board |
| November 2022 | ICU | ICB Board |
| | Continuing Health Care | Quality Committee |
| December 2022 | Vaccination Outreach | ICB Board |
| | Safeguarding | Quality Committee |

| | | |
|---------------|------------------|-------------------|
| February 2023 | Virtual wards | ICB Board |
| | Diabetes | Quality Committee |
| March 23 | End of life care | ICB Board |
| | Lung Cancer | Quality Committee |

8. Citizen's Panel

The Citizen's Panel is a distribution list of members of the public who have agreed to receive regular emails and take part in NHS research and provide feedback.

The total membership as of the time of this report is 1,338 residents from across Lancashire and South Cumbria. This is a slight increase from the last report.

The items in the citizen panel newsletters include surveys or opportunities to feedback which contribute to engagement initiatives as described in the survey responses section of the report above.

Popular (% of total clicks) stories in last newsletter (February):

- Bowel cancer screening kit awareness PR – 20%
- New electronic patient records system – 11%
- ICB volunteer expenses policy – 5%
- Chatbot survey feedback – 4%
- F.A.S.T. campaign – 4%
- Invite to central Lancashire listening event – 4%

Popular (% of total clicks) stories in last newsletter (31 March):

- Winter campaign evaluation – 25%
- Update re Wesham PHCC – 19%
- State of the system report – 11%
- Blackpool residents call for lung health checks – 5%
- Emergency alerts test by UK government – 2%
- Place Virtual Ward Patient Experience Survey – 2%

Engagement with the monthly citizen panel bulletin:

| | February 23 | March 23 |
|----------------------------------|-------------|----------|
| Total recipients of the bulletin | 1,299 | 1,303 |
| Email opens | 650 | 747 |
| Open rate (%) | 50% | 57% |
| Total clicks | 143 | 107 |

9. Readers Group

The readers' group is a subset of the citizen panel, and consists of 160 residents who have expressed an interest in reviewing documents and materials produced by the ICB. Although a relatively new innovation, the readers group has actively contributed to the development of the following:

- **Integrated Care Strategy**

Key themes captured were identified focused on:

- the use of language, particularly about simplifying and making it more understandable
- design and layout to make more easier to read
- accessibility – create versions in alternative formats
- content specific suggestions around the content and specific amends. More detailed feedback is provided in the report from the engagement in its entirety.

- **Compassionate communities website** - key themes were identified around the (1) website being understandable and clear, (2) easy to follow and navigate (3) positive feedback about the utility of the links and resources (4) simplify more technical language. Some detailed suggestions were given and have been logged for action with the team. (<https://www.england.nhs.uk/north-west/north-west-coast-strategic-clinical-networks/our-networks/palliative-and-end-of-life-care/for-the-public/compassionate-communities/>)

10. Listening Events

A programme of listening events has been established across the integrated care system, led by the ICB and delivered in each place, the intention is to increase our visibility and connection with communities. The first two events have taken place in Blackpool and Central Lancashire respectively. The insights from these events have shaped some recommendations and these are listed here.

10.1 Blackpool

| Recommendations | What is taking place to improve | Where will this feedback contribute / where will it be shared |
|---|---|--|
| Improve communication between patients and public and clinicians/ health and care professionals | The ICB is leading work to improve and support clinical leadership across the system, and supporting continuing professional development with our clinicians. As part of this, the Leadership Academy, and the Population Health Academy are supporting professional development for clinicians how we support clinicians etc re personalised | Captured as part of development of NHS Joint Forward Plan for Lancashire and South Cumbria |

| | | |
|--|--|---|
| <p>Improve communications across the system within and between organisations</p> | <p>care and art of hosting training.</p> <p>The development of the Integrated Care Partnership, along with the ICP strategy and related plans will result in improvements and a strengthening of communication across the system and between organisations over time.</p> | <p>This will contribute to Lancashire and South Cumbria Integrated Care Partnership development.</p> <p>It is relevant insight for all partner organisations in Lancashire and South Cumbria have an important part to play in collaboration.</p> <p>This has been captured as part of the Blackpool place-based partnership development.</p> |
| <p>Make better use of the Friends and Family Test in primary care.</p> <p>Ensure patients understand the role of care navigators</p> | <p>Lancashire and South Cumbria ICB has a strategy to implement the outcomes of the Fuller Stocktake report which is setting the improvements required in primary care to improve access to services.</p> <p>The ICB has been running a campaign to improve awareness of available services and understanding the role of care navigation.</p> | <p>Feedback will be shared with Lancashire and South Cumbria ICB's primary and community care team</p> <p>The communication and engagement team will proactively seek opportunities to improve awareness working with the primary care team</p> |
| <p>Greater support for GP surgeries to have functioning patient participation groups</p> | <p>The Involvement, Coproduction and Engagement (ICE) team are working with PPGs to support</p> | <p>Our response to the Fuller Report includes details about how we will support PPGs.</p> |

| | | |
|--|---|--|
| <p>Make better use of PPGs in health promotion</p> <p>Ensure that all GP practices have active and meaningful PPGs</p> | <p>GP practices and PPGs with a toolkit, training and development and specific support available</p> | <p>NHSE, with support from ICB C&E</p> <p>Primary Care board to oversee implementation at practice level</p> <p>NHSE/ Primary Care board</p> |
| <p>Make better use of social prescribing and self-care</p> <p>Tackle loneliness</p> | <p>Promotion of Social Prescribing, and Self-care via communication and engagement teams as well as particular campaigns to tackle loneliness (such as our Christmas cards for loneliness campaign) and promotion of the work of VCFSE groups such as “Just Good Friends” on the Fylde Coast.</p> | <p>Liaison between Primary Care, Blackpool CAB/ local community groups (e.g. Just Good Friends) and adult social care</p> <p>As above, plus local NHS services</p> |
| <p>Highlight local services</p> <p>Better planning and promotion of already existing services</p> <p>Health and social care integration</p> <p>Reduce variability between services depending on where patients live</p> <p>‘Take the services to the people’; make more use of creative ways to reach patients</p> | <p>The ICB will continue to promote and support the promotion of local services via the communication and engagement team.</p> | <p>All local C&E teams (local authority, Trusts, ICB, VCFSE etc.) to actively promote services</p> <p>Director of Health and Care Integration, supported by Primary Care board</p> |
| <p>Acknowledgement that many patients use</p> | <p>This is part of and a focus of the ICB Place Development</p> | <p>Blackpool and Lancashire place-based teams and</p> |

| | | |
|--|---|---|
| <p>Blackpool services even if they live in Fylde/ Wyre, and not Preston or Lancaster</p> | <p>programme. Along with our population health teams we will aim to focus on understanding the local population's needs and how to meet them.</p> | <p>Directors of Health and Care Integration</p> |
|--|---|---|

10.2 Preston key findings and recommendations

| Recommendations | What is taking place to improve | Where will this feedback contribute / where will it be shared |
|---|--|--|
| <p>Improve health service communication to the public/population</p> <p>Improve communication between and within services</p> <p>Improve professional communication to patients,</p> <p>Improve education for patients, including children and young people, and about the services available, particularly urgent care services.</p> | <p>The ICB will continue to promote and support the promotion of local services via the communication and engagement team.</p> | <p>All local C&E teams (local authority, Trusts, ICB, VCFSE etc.) to actively promote services</p> <p>Director of Health and Care Integration, supported by Primary Care board</p> |
| <p>Improve the transfer of information and IT systems for patients between hospital and GP services</p> <p>Need to support more people to become digitally enabled</p> | <p>The ICN Digital Strategy is in development and work ongoing to review and improve IT systems across the system.</p> | <p>This will be shared with the Digital Team and the IT team as well as with the Provider Collaborative and Primary Care Teams</p> |
| <p>Consider the needs of marginalised individuals including those with</p> | <p>The Insight, Coproduction and Engagement (ICE) Team routinely consider the needs of marginalised groups,</p> | <p>The ICE team will continue its programme of targeted engagement, and lived</p> |

| | | |
|--|---|--|
| <p>disabilities and communication needs</p> <p>Listen more to lived experience from patients</p> <p>Support for deaf people in particular</p> <p>ICB representatives should attend the visual impairment forum, not just hear by email</p> | <p>including our work recently for the New Hospital Programme. Our programme of lived experience accounts is now a firm feature of the delivery and assurance framework for the ICB.</p> | <p>experience accounts that are shared and acted on.</p> |
| <p>Introduce support and befriending services for service users and their carers/relatives</p> | <p>We will raise this with the providers via the Provider Collaborative and directly with the elective care and primary care team. We will also work with the VCSE to promote existing support.</p> | <p>This will be shared with the Provider Collaborative and the Elective Care and Primary Care Teams</p> |
| <p>Staff training and familiarise staff with the policies and procedures/records they need to when dealing with/supporting a patient</p> | <p>Although this is an operational issue for each provider organisation, we will raise this with the provider patient experience teams, and via the Provider Collaborative and directly with the elective care and primary care team.</p> | <p>All Provider patient experience teams, and local C&E teams (local authority, Trusts, ICB, VCFSE etc.) to actively promote services</p> |
| <p>Integrate health, social care and VCFSE organisations.</p> | <p>This is part of and a focus of the ICB Place Development programme. Along with our population health teams we will aim to focus on understanding the local population's needs and how to meet them.</p> | <p>All local C&E teams (local authority, Trusts, ICB, VCFSE etc.) to actively promote services</p> <p>Director of Health and Care Integration, supported by Primary Care board</p> |

| | | |
|---|---|--|
| Make channels for complaints clearer | While recognising the legislative requirements and duties around complaints management, work is ongoing to improve the complaints process with each provider and the ICB. | ICB Complaints Team. |
| Regular contact for patients on a waiting list after a given period of time | Although this is an operational issue for each provider organisation, we will raise this with the providers via the Provider Collaborative and directly with the elective care and primary care team. | This will be shared with the Provider Collaborative and the Elective Care and Primary Care Teams |
| Better fund Personal Health Budgets | The Personal Health Budget programme is under review and is now being led by the Population Health team | Population Health Team Personal Health Team |
| Improve the process for blood tests | Although this is an operational issue for each provider organisation, we will raise this with the providers via the Provider Collaborative and directly with the elective care and primary care team. | This will be shared with the Provider Collaborative and the Elective Care and Primary Care Teams |

11. 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.

| Report name | Description and key findings | Next steps / Actions |
|---------------------------|---|--|
| ICP Priorities Engagement | Second engagement on the ICP priorities. First in October, followed up in March/April with engagement on the strategy and priorities. Key findings are in the full report which is presented to PIEAC in April. | Report findings are being considered by the ICP oversight group and implemented. Report will be made available on the website and detail of change and improvements shared with participants and the public. |
| New Hospital Programme – | Focused engagement with seldom heard groups as part of the ongoing | Report findings have been considered by the New Hospital |

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| <p>Engagement with seldom heard groups</p> | <p>engagement process for the New Hospital Programme. Key findings are in the full report available here: https://www.healthierlsc.co.uk/download_file/7797/0</p> | <p>Programme Communication and Engagement Group with recommendations for the insight to be adopted into the plans as they are developed. Report will be made available on the website and detail of change and improvements shared with participants and the public. Engagement with key groups will continue as relationships have been established and built.</p> |
| <p>Urgent care pathway development work (Central Lancashire)</p> | <p>Agreement by the urgent care group to undertake a desk top review of existing engagement reports and service user research concerning the experiences of urgent care and urgent care pathways. Key findings are in the full report and include findings from existing Healthwatch reports of urgent care in 2022 and early 2023 (Lancashire Healthwatch Together, and Healthwatch BWD). The report is included here: https://www.healthierlsc.co.uk/download_file/7796/0</p> | <p>The desktop review report is being considered by the urgent care group for central Lancashire and will be included in the proposal for the next stage of the work and engagement.</p> |
| <p>Liverpool House GP Surgery, Barrow</p> | <p>Engagement with the registered practice list to elicit their views concerning the possible disbursement of the list following the retirement of the GPs. The findings are in the report, available here: https://www.healthierlsc.co.uk/application/files/8416/8130/3393/Liverpool_House_Surgery_-_engagement_report.pdf</p> | <p>The insight from this report have been considered by the Primary Care Committee and a decision to disperse the practice list taken, drawing on the insight from the engagement to ensure that this takes into account the needs of those registered with the practice.</p> |
| <p>Healthwatch published reports:</p> | <p>Douglas Bank Nursing Home Enter and View https://healthwatchlancashire.co.uk/report/douglas-bank-nursing-home-enter-and-view/</p> <p>Voices of the Seldom Heard – experiences of the covid-19 vaccination programme: https://healthwatchlancashire.co.uk/w</p> | <p>This report has been shared with the adult social care team in the ICB</p> <p>Commissioned by the ICB, this report has been shared with the vaccination team.</p> |

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| | p-content/uploads/2023/01/Voices-of-the-Seldom-Heard-Covid-Report.pdf | |
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Glossary

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| A&E | Accident and Emergency |
| GP | General Practitioner |
| ICB | Integrated Care Board |
| ICP | Integrated Care Partnership |
| ICU | Intensive Care Unit |
| LSC | Lancashire and South Cumbria |
| NHSE&I | NHS England and Improvement |
| PIEAC | Public Involvement and Engagement Advisory Committee |
| SEND | Special Educational Needs and Disabilities |
| Strep-A | Group A streptococcus (GAS), also referred to as Strep A is a common bacterium |
| VCFSE NW | Voluntary, Community, Faith and Social Enterprise Sector North West |