

Approved 28 June 2023

**Minutes of the meeting of the  
Public Involvement and Engagement Advisory Committee  
held on Tuesday 25 April 2023 at 10.00am  
in Boardroom 1 at Chorley House, Centurion Way, Leyland, Preston**

	<b>Name</b>	<b>Job Title</b>
<b>Members</b>	Debbie Corcoran	Non-Executive Chair
	Roy Fisher	Non-Executive Member of the ICB
	Dr Lindsey Dickinson	Associate Medical Director (representing Primary Care)
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement
	Tricia Whiteside	Non-Executive Director (Lancashire Teaching Hospitals NHS Foundation Trust) – representing NHS provider Non-Executive with a role for patient experience or public engagement
	Cath Whalley	Director of Adult Social Care (DAS), Westmorland and Furness Shadow Authority
	Philippa Cross	Place Development Lead – Blackburn with Darwen
<b>Participants</b>	Lindsay Graham	Advocacy and Engagement Director (Healthwatch)
	Joe Hannett	Partnerships Manager at Community Futures (representing Voluntary, Community, Faith and Social Enterprise (VCFSE))
<b>In attendance</b>	Sarah Mattocks	Head of Governance
	David Brewin	Head of Patient Experience
	Jonathan Bridge	Population Health Lead (Central and West)
<b>Apologies for Absence</b>	Professor Sarah O'Brien	Chief Nurse
	Sarah James	Integration Place Lead (Place Based Partnership representative - Central Lancashire)
	Pauline Wigglesworth	Place representative (Placed Based Partnership representative – Blackpool)
	Karen Kyle	Place Development lead (Place Based Partnership representative - South Cumbria)

<b>Item</b>	<b>Note</b>
<b>Section 1 – Introduction</b>	
1.	<b>Welcome and Introductions</b> Debbie Corcoran (Chair) welcomed everyone to the meeting and introductions were made.
1.1	<b>Apologies for Absence</b> Apologies for absence were noted as above.

	<p>The Chair noted that the meeting was not quorate due to there being one place based lead and not the two required for quoracy. Therefore the committee may make recommendations for approval to approve outside of the meeting if time sensitive, or at the next quorate meeting.</p>
1.2	<p><b>Declarations of Interest</b> There were no declarations of interest relating to items on the agenda.</p>
1.3	<p><b>Minutes from the previous PIEAC meeting held on 20 October 2022</b> <i>Unapproved minutes shared in the pack</i></p> <p>The notes of the previous meeting held on 22 February 2023 were approved as a correct record, subject to the following amendments:</p> <p>Page 1 – job title to be confirmed for Shelley Whittle Page 5 – lists next meeting as Wednesday 25<sup>th</sup> April rather than Tuesday 25<sup>th</sup> April</p>
1.4	<p><b>Actions and Matters Arising from the minutes</b> <i>Matters Arising Log shared in the pack</i></p> <p><b>1) Update on Actions</b> Action page 3 – agenda item 2.4 covers this</p> <p><b>2) Matters Arising</b> 1.4 – item 2.1 touches on this and a further update regarding this will be brought to the committee in June.</p> <p>ICB Quality Committee – March 2023 – information will be brought back to the committee regarding advocacy services to shape next steps. Lindsay Graham offered to support with this. The Chair noted that this action log is to be used not only to monitor actions arising from this committee, but also actions the committee is asked to address by Board or other committees. A process will be developed to formalize this.</p> <p>Item 5 – the report which comes to the committee in June should include the first patient story to Board on this topic. Tricia Whiteside noted that the providers would be interested in this item and with regards to ‘dying well’, there is a specific review in the Trust around bereavement which may provide some useful information for this.</p> <p>All other actions were noted as complete</p> <p>It was noted that 2.1 can close however the action was to ensure members of the committee were invited to the listening event and the invites have not yet been sent. Tricia Whiteside noted that it would be useful to have visibility of all events.</p> <p>The Chair noted that these actions need a consistent code so that they can be easily cross referenced against updates.</p> <p>Philippa Cross noted that Healthwatch are doing some work on ‘dying well’ which will be complete by the end of May and would be happy to share this with the committee. Joe Hannett echoed this and was also happy to support with this work, and noted it is important that the hospices are involved in this. Lindsey Dickinson added that as the Senior Responsible Officer for ‘dying well’ for the Integrated Care Board, assurance can be given that all the work is focused on patient engagement undertaken as part of Integrated Care Board (ICB) strategy, and that the hospice alliance are supporting this.</p>

## Section 2 - Assurance/Committee input

2.1	<p><b>Workshop outcome report</b> <i>Report shared in the pack</i></p> <p>Neil Greaves introduced the paper to provide a summary of the workshop held in the last committee meeting. It was clear from all who attended that the priority is to have public engagement at the heart of what we do in the ICB. The paper draws out the themes and proposed next steps. Reporting strategic set pieces at the committee was a priority and this has led to the action to review the agendas for the June meeting. The other key priority was to develop a proposal for including the public in a pertinent way in this committee. The directors of health and care integration should also be included. The aim is to have this in place by June.</p> <p>Tricia Whiteside noted that a debate took place at the workshop regarding policy and how the committee enacts the processes it develops, and this needs to be included with the next steps. Neil Greaves confirmed that the intention is to bring back a toolkit to the committee to provide a framework for this. The Chair requested that for completeness this is made more explicit in the report.</p> <p style="text-align: right;"><b>Action: Neil Greaves</b></p> <p>Cath Whalley asked for clarification whether the paper is asking the committee how to engage with the public, or whether the public will be asked how they would like to be engaged with. Neil Greaves confirmed that prior to this an engagement model has been developed whereby one of the gaps is having local people with lived experience attend this committee, for which there is an action to address this by June. Neil Greaves also provided reassurance that the ICB has a range of mechanisms across the system such as a Citizens Panel, for the public to contribute their views. The Chair requested that this was shared.</p> <p style="text-align: right;"><b>Action: Neil Greaves</b></p> <p>The committee agreed with the report and with the actions discussed. Members provided the following feedback:</p> <ul style="list-style-type: none"><li>• There needs to be a level of accessibility to have the public attend the committee, as the papers are long in number and can be difficult to understand.</li><li>• We would need to provide support and training to public members</li><li>• Committee members need to constantly challenge ourselves to ensure the papers can be read by the public</li><li>• There is a public advisor role which NHL use which is well developed, this has a recruitment and support process, methods for training and claiming expenses for example which may be useful to learn from</li><li>• We need to consider how the system feeds into this, individual public representatives cannot carry the responsibility to be fully reflective of the population, other mechanisms such as those in Place need to feed into this.</li></ul> <p><b>RESOLVED:</b> <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"><li>• <b>Note the contents and summary of insights contained in the workshop outcome report and look forward to receiving the recommendations in June</b></li></ul>
2.2	<p><b>Integrated Care Strategy – Engagement Process and Insight</b> <i>Report shared in the pack</i></p> <p>Neil Greaves introduced the paper which has been to a number of committees previously. The paper describes the ICB's engagement and involvement work in its latest phase. The committee</p>

received a paper regarding this in January where there was discussion around how the engagement work would shape the priorities. The aim was to do a check on understanding of language in the document. Thanks were given to Healthwatch for supporting this work.

The key finding was that there was too much jargon and the level of understanding needed for the document was too high and act as a barrier. Another overarching theme was that people want to access information in large print, therefore an easy read and video version are being created.

The Chair welcomed this work and how it shows the different channels who have been reached in order that the committee can start to understand against the ICB and Integrated Care Partnership (ICP) values such as reaching seldom heard. The Chair asked for clarification as to the degree to which the engagement has achieved the desired and necessary reach into the general population and seldom heard groups in particular. The Chair also requested that as well as seeing an update on the individual strands of engagement and involvement work, the committee should receive an overarching analysis of impact and reach in one report to see which characteristics we have reached. For example, it is concerning that we haven't had the reach into the communities or groups that we would want, with ethnicity being a key characteristic and represented in low numbers. It is important that we can flex the process whilst undertaking it, in order to tweak this rather than wait until the end to see we haven't reached as far as we would like.

Roy Fisher raised the importance of recognising that our residents may suffer from engagement exhaustion. For example, a helpful document was released before the ICB was established that talked about what the Integrated Care System (ICS) was and what the ICB would be, and how the public could get involved. Furthermore local authorities have done lots of engagement and have received rich information. Therefore we cannot expect residents to come forward again and feel the need to fully engage again perhaps, if they feel well versed. Neil Greaves agreed with this and advised that in the insight report received by today's meeting there is a paper regarding a gap analysis on the 'New Hospitals Programme' (NHP). The NHP has spent significant time and resources reaching seldom heard groups, and last October there was an ask for the ICB to target some additional specific groups who hadn't been reached including sex workers and people in our communities who are BAME, as these were the gaps. The committee were in agreement that in order to reach these people it requires a type of relationship that isn't something that can stop and start. Also these groups don't necessarily want to comment on a strategy, they want to be engaged with what makes a difference to them.

Tricia Whiteside raised that the committee should ask itself if this is sufficient to conclude that no further engagement is needed. The Chair agreed that whenever the committee receives a report which gives assurance against engagement activity we need to see how it has been matched against protected characteristics and how it looks holistically.

Lindsay Graham advised that the Healthwatch approach to supporting engagement and involvement in relation to the ICS strategy is to plot out engagement against different demographic types against the 5 priorities to target existing support groups, but also join pop up events in town centers and markets for example to maximise opportunities to speak to people.

The committee welcomed the report. Members provided the following feedback:

- Deprivation needs to be included as a key demographic. The ICB's Population Health team are capturing some of this and would be happy to support the communications team to include this.
- In terms of ethnicity all groups need to be considered such as eastern European which has seen an increase in the patch for example.
- Ongoing opportunities to be explored for the voluntary sector needs to be brought into this work

	<p><b>RESOLVED:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the engagement process undertaken with regards to the Integrated Care Strategy, and offer recommendations for further development and improvements in the approach taken to engagement and involvement.</b></li> </ul>
2.3	<p><b>NHS Forward Plan – Proposed engagement and involvement process</b>  <i>Report shared in the pack</i></p> <p>David Rogers introduced the paper, advising that once the local elections are complete this engagement will be launched. David noted the comments received at earlier agenda items regarding ensuring adequate reach of the public and assured that this will be taken into consideration with this process.</p> <p>Tricia Whiteside asked for clarification regarding the aim of this engagement, and if it was to ensure the needs of the population are represented by this work. Neil Greaves advised that the aim is to test the emerging ICB vision and values with the public and use this as an opportunity in particular to do some co-design sessions to review the pledges and strategic priorities, and capture feedback from this to influence their implementation.</p> <p>Lindsay Graham asked if Healthwatch could be involved.</p> <p style="text-align: right;"><b>Action: Neil Greaves</b></p> <p>Philippa Cross asked for clarity regarding the Health and Well Being Boards having statutory responsibility, noting that they do not meet in May and would need clarity on the aim and expectation of the engagement with them.</p> <p style="text-align: right;"><b>Action: Neil Greaves</b></p> <p><b>RESOLVED:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the proposed engagement and involvement process planned with the NHS Forward Plan, and area assured on the process and approach in place</b></li> </ul>
2.4.	<p><b>ICB Procurement engagement and involvement framework and checklist</b>  <i>Report shared in the pack</i></p> <p>Neil Greaves presented the paper and outlined that some areas of work from the ICB have received significant public interest. This paper proposes the development of a set of standards that are acceptable for commissioning processes with regards to engagement which are tested by the public.</p> <p>The Chair updated the committee of a new additional role she is beginning for the ICB as Chair of the newly developed Primary Care Commissioning Committee which has derived from the Primary Care Commissioning Group. A task will be given to officers to assure the committee with a flowchart of the decision-making points at each stage of commissioning against the involvement and engagement steps. The Chair also noted that we must always be clear on what we are asking the public and why when progressing engagement.</p> <p>The committee welcomed the paper. Members provided the following feedback:</p> <ul style="list-style-type: none"> <li>• The checklist must include the stages before procurement begins</li> <li>• The process must be mindful that procurements have different circumstances, sometimes where there is a need to react quickly to renew contracts for example</li> <li>• The process must be tested with multiple groups reflecting the variety of views of primary care</li> </ul>

	<ul style="list-style-type: none"> <li>• The ICB's legal duty to consult must be included where relevant</li> <li>• The process needs to be framed alongside some strategic decision-making criteria as patient engagement is just one strand of the decision making process</li> <li>• The Equality Impact Assessment should come in at point 2, that way additional stakeholders to work with will be identified earlier.</li> </ul> <p><b>RESOLVED:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the proposed framework and encourage further work on developing this in line with the Primary Care Commissioning Committee</b></li> </ul>
2.5.	<p><b>Engagement and involvement assurance report</b>  <i>Report shared in the pack</i></p> <p>David Rogers presented the report and advised that this was about the mechanics of engagement. The aim of the paper is to describe the strategic tools in place for engagement and the work with patient groups and Primary Care Networks.</p> <p>Tricia Whiteside welcomed the paper and asked when the operating model and toolkit would be implemented, with Neil Greaves advising that this would be in June. Tricia Whiteside recommended the 'in the know' framework from the Lancashire Constabulary to support with this.</p> <p>Philippa Cross asked for clarity regarding the plans to engage with those in Place. Neil Greaves responded that there are now engagement officers in post to support place. It was also noted the importance of ensuring Place was fully represented at this committee.</p> <p>Jonathan Bridge referred to population health information with regard to the urgent care pathway and the need for population health to work with other ICB teams to build this in.  <b>Action: Dr Andy Knox</b></p> <p>Joe Hannett asked for the committee to agree a strategic framework that maps out how the voluntary sector is linked into this work.  <b>Action: Neil Greaves and Joe Hannett</b></p> <p><b>RESOLVED:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the Engagement and Involvement Assurance Report and recommend further work to bring the voluntary sector into the report.</b></li> </ul>
2.6.	<p><b>Public Insight report</b>  <i>Report shared in the pack</i></p> <p>David Brewin presented this report and drew members attention to sections 10 and 11 which outlines the support services the customer care team can provide.</p> <p>The committee welcomed the paper. Members provided the following feedback:</p> <ul style="list-style-type: none"> <li>• This needs to include what our populations say to us and how we convey this within the ICB, such as changes made to improve policy and practice as a result of feedback. This is the feedback that has rich meaning to those that provide their views.</li> <li>• It would be useful to include data relating to those complaints which NHS Trusts have not upheld but have then been upheld by the Ombudsman to understand how Trusts are responding to these complaints</li> <li>• It would be useful to include data wider than the ICB, such as those complaints reported in primary care to learn lessons from significant events.</li> </ul>

	<p><b>RESOLVED:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the Public Insight Report and welcome exploring further themes and wider examples of trends at future meetings.</b></li> </ul>
<p><b>Section 3 - Governance</b></p>	
<p>3.1</p>	<p><b>ICB Annual Report</b>  <i>Report shared in the pack</i></p> <p>The Chair noted that this had been shared with the committee for information. In future as the committee develops it will add some more personalized detail to this, however in its current form the business of the committee has been well reflected against the terms of reference.</p> <p><b>Resolved:</b>  <b>That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>had no amendments to make against the ICB annual report</b></li> </ul>
<p>3.2</p>	<p><b>Committee Workplan 2022/23</b>  <i>Verbal item</i></p> <p>The Chair advised that this item would return at a future meeting</p> <p style="text-align: right;"><b>Action: Neil Greaves</b></p>
<p>3.3.</p>	<p><b>Any Other Business</b>  There was no further business.</p>
<p>3.4.</p>	<p><b>Reflections from the meeting</b>  <i>Verbal item</i></p> <p>Members made the following reflections:</p> <ul style="list-style-type: none"> <li>• Members might need to consider working outside of the meeting due to time pressures to input into agenda items.</li> <li>• The agenda could better reflect the richness of the papers.</li> <li>• There is a context to complaints data and this could be described to the committee at a later date as a discussion topic</li> <li>• The committee has a requirement to balance providing assurance to the ICB Board as well as ensuring the priorities of multi agency partners are met</li> <li>• A glossary in reports would be of use.</li> </ul>
<p>3.5.</p>	<p><b>Committee Highlights Report to the Board Advise / Alert / Assure</b>  <i>Verbal item</i></p> <p>The committee agreed the following themes to be included in the highlights report to Board:</p> <p><u>Assure</u></p> <ul style="list-style-type: none"> <li>• Integrated Care strategy</li> <li>• NHS Forward Plan</li> <li>• Insights and assurance report</li> </ul> <p><u>Advise</u>  Toolkit and developments – recognition to connect better with partners</p>

	Challenge regarding place and connectivity  <u>Alert</u> Strengthen Place representation.
3.6.	<b>Date and Time of Next Meeting</b> <ul style="list-style-type: none"><li>• Wednesday, 28 June 2023</li><li>• 10am to 12pm</li><li>• Chorley House, Centurion Way, Leyland, Preston, PR26 6TT</li></ul>