

Approved at the meeting held on 26 January 2023

**Minutes of the meeting of the  
Patient Involvement and Engagement Advisory Committee  
held on Thursday 20 October 2022 at 9.30am  
in Boardroom 1 at Chorley House, Centurion Way, Leyland, Preston**

	<b>Name</b>	<b>Job Title</b>
<b>Members</b>	Debbie Corcoran	Chair
	Roy Fisher	Non-Executive Member
	Dr Lindsey Dickinson	Associate Medical Director - Primary Care Representative
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement
	Jane Scattergood	Director of Health and Care Integration (South Cumbria)
	Professor Sarah O'Brien	Chief Nurse
<b>Participants</b>	David Blacklock	Chief Executive Officer - Healthwatch
<b>In attendance</b>	Amanda Bate	Head of Communications and Engagement
	Pam Bowling	Corporate Office Team Leader
<b>Apologies for Absence</b>	Sam Plum	Chief Executive, Westmorland & Furness Shadow Authority - Partner Member – Local Authorities

<b>Item</b>	<b>Note</b>
1.	<p><b>Welcome and Introductions</b></p> <p>Debbie Corcoran welcomed everyone to the first formal meeting of the Patient Involvement and Engagement Advisory Committee (PIEAC). Two workshops had previously been held to discuss the framework and development of key reports for the first formal meeting. A nomination process for membership of the group was underway.</p> <p>Debbie explained that public involvement and engagement is a statutory function of the ICB and the ICB is committed to working with patients to ensure that public and patient engagement is at the heart of everything it does, to enable it to make the right decisions and deliver the best quality care. Whilst it is not a statutory committee, the establishment of the committee was strongly supported by the Board and brings together partners to achieve a step change around this agenda.</p> <p>Debbie emphasised the need to ensure that the following aims were always at the forefront of the committee's considerations: improving outcomes for people; reducing inequalities; and looking at unwarranted variation.</p>
1.1	<b>Apologies for Absence</b>

	Apologies for absence had been received from Sam Plum
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>Notes from the previous PIEAC workshop held on 29 September 2022</b> The notes of the previous PIEAC workshop held on 29 September 2022 were received for information.</p>
1.4	<p><b>Actions and Matters Arising from the PIEAC workshop</b> Neil Greaves provided an update on membership of the committee.</p> <p>Expressions of Interest had been sought from Trust Non-Executive Directors. Four expressions of interest had been received and were being considered by the Chair of the PIEAC. The VCFSE sector had also been invited to nominate a representative to join the PIEAC membership.</p> <p>It was confirmed that all the other actions would be picked up as part of the agenda items at today's meeting and could be closed.</p>
2.	<p><b>Strategy for working with people and communities</b> The committee received the 'NHS Lancashire and South Cumbria ICB Working with People and Communities Strategy' which had been developed with partners across Lancashire and South Cumbria. NHS England had reviewed the strategy and provided positive feedback. The strategy includes a framework for engagement, involvement and coproduction and a set of principles for ensuring the public voice is embedded throughout the NHS in Lancashire and South Cumbria.</p> <p>It was confirmed that the Strategy will be published on the ICB Website and an 'easy to read' version produced for wider public audiences.</p> <p>Discussion took place about the governance arrangements set out on page 18. In conclusion it was agreed to include a link to the ICB Quality Committee as part of the assurance process.</p> <p>The importance of ensuring the patient voice is actively embedded and valued in decision-making of the ICB was discussed and it was recognised there is still work to be done around this. It was noted that the engagement and involvement toolkit will assist in raising awareness. This is a guide for ICB staff and partners working across the ICB to embed the ten principles for engagement and involvement and will provide a consistent set of standards and approaches to engagement and involvement. Further information on the toolkit will be provided at the next meeting.</p> <p>The following principles were discussed and agreed:</p> <ul style="list-style-type: none"> <li>- To gather intelligence to support decisions and be able to escalate at different levels of the system.</li> <li>- To be on the front foot around approaches and inform and support the Board but recognise that sometimes the committee will be sharing information and feedback after decision making.</li> <li>- Use local intelligence and escalate where it makes sense to do so, to support a</li> </ul>

	<p>system wide approach.</p> <p><b>Actions:</b></p> <ol style="list-style-type: none"> <li>1) To review and strengthen ‘public involvement and engagement in ICB governance model’ in terms of key links with the Quality Committee and Place-based Partnerships and to ensure that development and delivery of services is clear.</li> <li>2) Review in terms of use of language ie ‘Integrated Neighbourhood Teams’ (on pages 15 and 20) rather than neighbourhoods and ‘primary care’ rather than ‘GP practices’.</li> </ol> <p><b>RESOLVED:</b>  <b>That the Committee endorse the Strategy for working with People and Communities subject to the above changes.</b></p>
<p>3 and 4</p>	<p><b>Engagement and Involvement Assurance Report</b>  <b>Public and Community Insights Report</b></p> <p>Neil Greaves introduced the reports which are at an iterative stage of development and feedback from committee members was welcomed.</p> <p>The assurance report provides a summary of activities and insights related to engagement, involvement and coproduction undertaken by the ICB. The public and community insights report provides a summary of public and community insights captured by the ICB. The report also collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives, trends from ICB corporate channels such as complaints and a summary of insights received by partner organisations. Both reports cover the period 1 July to 30 September 2022.</p> <p>David Rogers highlighted the following key points from the reports. The Citizen’s Panel database of public connected to the ICB has been developed and a recruitment drive is underway. Members of PIEAC were invited to join the recruitment campaign: <a href="http://www.healthierlsc.co.uk/get-involved/citizen-panel">www.healthierlsc.co.uk/get-involved/citizen-panel</a>. The Community Connectors project had been piloted in Blackpool and engagement was ongoing with the final workshop in October. There was ongoing engagement and involvement with the New Hospital Programme where engagement with health inclusion groups is currently being prioritised to address any gaps identified. Engagement and involvement with or led by key system partners was also described.</p> <p>Debbie Corcoran added that at a recent Board development session on the ICB’s approach to risk management, the following three areas of focus that the board should seek assurance against to support the achievement of the ICB’s strategic objectives were agreed:</p> <ul style="list-style-type: none"> <li>Level 1 – the responsibilities of the ICB as a statutory body</li> <li>Level 2 – the role of the ICB for NHS system</li> <li>Level 3 – the role of the ICB as a system partner to support integration</li> </ul> <p>Debbie welcomed the report which provided a good flavour of the breadth and depth of the engagement and involvement work and insights and thanked the team for their work on it. Comments from members and partners round the table were invited.</p> <p>Members responded that the report was good and very helpful and provided the following feedback:</p>

- Be clear around the duty to consult on service changes and be explicit and flag up where there is a need to consider service change as a result of feedback.
- Welcome further work with Jane Scattergood around the Place-based Partnership section of the report and what further insight can be gathered to add richness to the report from 'place'.
- Seek reassurance around increased intelligence (via complaints) that will be available. Neil Greaves and Sarah O'Brien to work together on an Insight Report and consider reporting arrangements to the PIEAC and Quality Committees. Consideration also to be given as to whether the Assistant Director for Customer Care be invited onto the membership of the PIEAC.

**Action: Neil Greaves**

- The format of the report does not currently provide assurance on unwarranted variation and where outcomes and impact are different.
- The current format does not work in terms of Seldom Heard Groups and needs more cross-checking, particularly in terms of the column 'Fit 10 principles' – if it all maps across.
- Strengthen the 'so what'.
- To add named contacts to the report for the reader to seek further information if required.
- Consider the impact and difference made and where this intelligence feeds into.

**Action: Neil Greaves**

The Chair thanked everyone for their contributions and looked forward to the next stage of development of the reports.

**RESOLVED:**

**That the Board note the contents of the reports.**

**5. Deep Dive into Primary Care Engagement and Involvement**

Dr Lindsey Dickinson and Amanda Bate presented a deep dive into Primary and Integrated Neighbourhood Care. The presentation covered the following:

- What is Primary and Integrated Neighbourhood Care?
  - General Practice – 201 contracts
  - Community Pharmacy – 424 providers
  - Dentistry – 219 dental practices
  - Optometry – 246 contracts
- Primary Care Access – numbers of GP and non-GP clinical appointments provided by practices over the past four years
- Increases in complex consultations
- Workforce pressures and workload
- Summary of GP access data
- Ambitions for patient engagement
- Patient insight and engagement so far – overview
- Insight – Healthwatch together – You said, we did
- GP Patient perception survey
- Right Person, Right Care campaign
- GP Patient Survey – Ipsos MORI – 2022
- Assessing patient access to GPs and core drivers of repeat attendance
- Patient Participation Groups

- Supporting Primary Care Networks
- Next Steps

It was noted that in terms of primary care access, compared to the national trend, there has been an increase in both GP and non-GP clinical appointments provided by practices over the past four years (6.8% and 7.5% increase respectively) however this is not what is being heard from the public in terms of patient satisfaction. The workforce data showed an overall increase in the total clinical practice workforce but a significant reduction in FTE GPs and a significant increase in FTE GP workload.

Ambitions for patient engagement include listening to patients, their families and carers; improve access to primary care by improving patient knowledge of appointment types, professionals available and other services offered; manage patient expectations; support staff; support patient engagement at neighbourhood and place; and improve patient experience.

Debbie Corcoran thanked Lindsey and Amanda for their informative presentation and invited comments.

Sarah O'Brien commented on the need to understand variation, to have plans around practices that are not doing engagement and access well and to get better at spreading innovation. Lindsey Dickinson responded that the Quality Contract targets access and Practices are asked to target an area they can improve using a PDSA cycle. The Fuller report also provides a compendium of areas of excellence and innovation in practices. Neil Greaves added that work is ongoing to get practice-level data.

Jane Scattergood referred to the large number of contracts across primary care, ie 1090, and that if activity is to be influenced this needs to be done at place. Jane referred to out of hours and advised that NWAS have a lot of information about frequent flyers and why they contact 111 and it would be helpful to dovetail this information into the report.

David Blacklock advised that the PPG survey audit results appeared to be different from the findings of Healthwatch, who had experienced difficulty in getting information from some Practices and found that there appeared to be a limited number of people involved in PPGs, concluding that there was more work to be done around this. David added that co-production/training was a weakness across system and Healthwatch had developed a toolkit with Cumbria which he was happy to share.

Roy Fisher referred to the Extended Access Service and the experience across the Fylde Coast where despite marketing, the appointments had not been taken advantage of and the need to reflect on this.

Discussion took place about the 'Deep Dive' format and it was suggested that the Deep Dive should use the framework of the 3 As – Advise, Alert and Assure. It was suggested that the PIEAC committee minutes could also be produced using this framework. It was recognised that there was also a need for the committee to be kept informed on any gaps identified, areas highlighted for improvement and action plans and identify a timeframe for a report back to the Committee. It was agreed that a written framework for Deep Dive reports be prepared.

**Action: Neil Greaves**

	<p><b>RESOLVED:</b>  <b>That the committee note the report.</b></p>
6.	<p><b>Update from Healthwatch on Citizens Panel and Ambassador Programme</b>  David Blacklock delivered a presentation on ‘Developing our Engagement Offer: Healthwatch Together Supporting Engagement’</p> <ul style="list-style-type: none"> <li>- Key Principles</li> <li>- Key Challenges</li> <li>- Key Messages</li> <li>- Citizen Ambassadors – target December 2022</li> <li>- Community Panel Events – target December 2022</li> </ul> <p>Discussion took place about the 2 key programmes, the Citizen Ambassadors and Community Panel Events, and the need to progress by December 2022. It was explained that the Citizen Ambassador model is based on the successful Surrey Model and the Ambassadors would be integrated through the System. Initially 6 ambassadors will be recruited, hosted, trained and supervised by Healthwatch. Work is ongoing with a range of stakeholders to establish the programme.</p> <p>It was expected that the role of the ambassador would be different in each area, based on priority and need. The need for transparency was emphasized and whilst they are funded by the ICB, it was felt that they should not be controlled or constrained by the ICB.</p> <p>It was noted that the ICB have commissioned Healthwatch to do some work this year in addition to funding the Ambassadors. Whilst David Blacklock welcomed this resource he added that it was important that partners were funded appropriately in order to avoid short term contracts.</p> <p>The Community Panel Events would be trialed in South Cumbria by December 2022.</p> <p><b>RESOLVED:</b>  <b>That the Committee support the plans for working with local Healthwatch to support the ICB to establish a series of Community Panel events in local areas across Lancashire and South Cumbria and the recruitment of Community Ambassadors to embed lived experience in decision making.</b></p>
7.	<p><b>Committee Workplan 2022/23</b>  Discussion took place on the draft committee workplan for 2022/23 and the contents were noted. The ‘Working as a system – partner introduction’ item would involve invitations to partner organisations to provide insight and linkage. Suggestions for areas for Deep Dives were welcomed.</p>
8.	<p><b>Terms of Reference</b>  Members were invited to submit any comments on the Terms of Reference via email.</p> <p>The inclusion of a Healthwatch representative as a participant was supported.</p> <p>The suggestion to include the ICB Lead for Complaints (Assistant Director for Customer Care) as a participant of the committee was also supported in principle.</p>

	<p>As discussed at agenda item 1.4, the process to identify a non-executive director representative from an NHS Trust, and a VCFSE representative were underway and would be confirmed at the next meeting.</p> <p>Further work to be done on the membership of the committee in terms of an ambassador.</p>
<p>9.</p>	<p><b>ADVISE</b></p> <ul style="list-style-type: none"> <li>• The committee received the ‘NHS Lancashire and South Cumbria ICB Working with People and Communities Strategy’</li> <li>• The committee supported plans for working with local Healthwatch to support the ICB to establish a series of Community Panel events in local areas across Lancashire and South Cumbria and the recruitment of Community Ambassadors to embed lived experience in decision making.</li> <li>• The committee advise a review of membership of the committee which includes the addition of a Healthwatch representative as a participant. A robust expression of interest process has been undertaken to identify a non-executive director representative from NHS Trusts. A process for identifying VCFSE representation is being agreed. There has been involvement from partners from NHS Trusts, VCFSE, Healthwatch and Local Authorities in two workshops prior to the first formal committee.</li> </ul> <p><b>ASSURE</b></p> <ul style="list-style-type: none"> <li>• The committee is able to provide assurance to the Integrated Care Board that a range of mechanisms are in place within the ICB to enable oversight and understanding of insights from public and patients. This includes information received from complaints, social media, engagement and involvement activity and other sources of intelligence. Recommendations were made to continue to develop and improve these reports and to provide a link with the Quality Committee.</li> <li>• The committee is able to provide assurance to the Integrated Care Board that there are processes in place to oversee and evaluate engagement and involvement initiatives being undertaken across the ICB and how they support ICB priorities.</li> <li>• The committee received a deep dive report into engagement and involvement to support the primary care transformation programme and the implementation of the Fuller recommendations. This covered queries arising from a primary care update on the Integrated Care Board in September relating to patient satisfaction. The committee is able to provide assurance regarding an extensive programme of engagement and communications to understand and respond to patient and public experience relating to primary care and issues relating to access and involvement of patients in neighbourhoods.</li> </ul> <p><b>ALERT</b></p> <ul style="list-style-type: none"> <li>• Nothing to escalate but agreed forward work plan of Deep Dives of considered areas of intensive development and priorities.</li> </ul>
<p>10.</p>	<p><b>Reflections from the meeting</b></p> <p>The Chair commented that the intention was that the meeting would be open and frank with the right information that works for everyone and comments were welcomed.</p> <p>In relation to the Deep Dive reports, it was agreed that it was important for those</p>

	<p>presenting the Deep Dive to be clear about what is required for the committee and expectations beyond the report and a framework for this would be prepared.</p> <p>It was agreed that if members had any technical questions on any of the reports it would be appropriate for them to approach the author in advance of the meeting.</p>
11.	<p><b>Any Other Business</b> There was no further business.</p>
12.	<p><b>Date and Time of Next Meeting</b></p> <ul style="list-style-type: none"> <li>• Wednesday, 21 December 2022</li> <li>• 10am to noon</li> <li>• Boardroom 2, Chorley House, Centurion Way, Leyland, Preston, PR26 6TT</li> </ul>