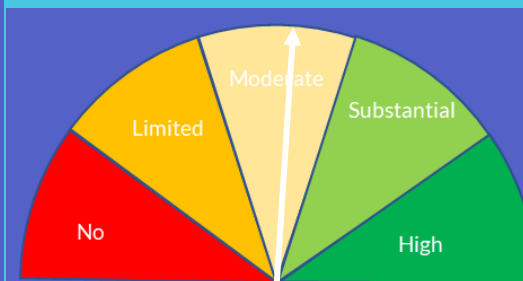


NHS Lancashire and South Cumbria Integrated Care Board

Report Ref: 540L&SCICB\_2223\_205 DEF

September 2023

#### Overall Assurance Opinion



There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.

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#### Acknowledgement and Further Information

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

This report has been prepared as commissioned by the organisation and is for your sole use. If you have any queries regarding this review please contact the Engagement Manager. To discuss any other issues then please contact the Director.

# 1 Executive Summary

**Overall Audit Objective:** To provide assurance on the methods deployed for engagement and consultation with patients, carers and residents, including hard to reach groups, and that such engagement is clearly linked to changes in healthcare provision.

## Key Findings/Conclusion

Overall, the review identified that the ICB is developing effective governance arrangements over the delivery of its 'Strategy for Working in Partnership with People and Communities 2023-2026', engaging with stakeholders on matters of commissioning and redesign of service delivery in line with statutory requirements.

As part of this review the ICB completed a self-assessment questionnaire developed by MIAA which was aligned to NHSE's 'Working in Partnership with People and Communities Statutory Guidance document; issued 4th July 2022'. Management presented its assessment to the September 2023 Public Involvement and Engagement Advisory Committee (PIEAC), concluding that considerable progress had been made by the ICB whilst acknowledging the context of the ICB's development had been a factor in the progress of implementation of improvements and arrangements for public involvement and engagement. The key area highlighted for improvement was the need to strengthen work around implementation of change and impact of engagement.

We found this a fair overall assessment and identified many positives. There was a clear strategy aligned to statutory guidance and a clear commitment to its implementation with examples of how engagement was driving better commissioning. We note that the work of PIEAC was publicly available and found that included healthy self-reflection and challenge in the minutes, demonstrating the desire to improve, both in committee effectiveness and in the organisational and system-wide maturity of engagement.

Key areas being developed at the time of review were a system wide approach to engagement with patient experience teams across trust partners supporting recovery and transformation and supporting place-based integration. Other plans were in progress, such as establishing a Citizen Health Reference Group. An 'insights' database was being formalised to provide a source of engagement and other intelligence – this should also be a useful resource for the ICB's risk management processes.

'Moderate' assurance reflects the stage of the journey to develop a fuller engagement programme, which is in turn linked to the development of the ICB's place-based delegation, and reflects the areas of

improvement identified. Recommendations are made in support of further development and include some practices adopted by other ICBs which are noted for consideration.

We will conduct a follow-up of actions/further progress towards maturity of the engagement programme in Q4 2023/24 for incorporation into our Head of Internal Audit Opinion.

Objectives Reviewed	RAG Rating
Strategy	Green
Governance	Amber
Engagement Programme	Amber
Public Information	Green
Acting and Feeding Back	Red
Reporting Assurance	Amber
Overall Rating	Moderate

Recommendations		
Risk Rating	Control Design	Operating Effectiveness
Critical	0	0
High	0	1
Medium	0	2
Low	2	1
Total	2	4

## Areas of Good Practice

- The development of the NHS Joint Forward Plan for Lancashire and South Cumbria was subject to an engagement exercise with amendments made reflecting feedback received.
- The Lancashire and South Cumbria Strategy for working in partnership with people and communities 2023-2026 was published in July 2023 revising the earlier version since the inception of the ICB. The strategy includes a public involvement roadmap for 2023/24 to 2025/26.
- The ICB has established a bi-monthly Public Involvement and Engagement Advisory Committee (PIEAC) to provide assurance of engagement to the Board. This included an 'insights' report drawn from engagement and other sources of intelligence, such as complaints.
- The ICB's strategy and PIEAC were aligned with its constitution and statutory guidance.
- There was a clear map of PIEAC as part of the governance structure and how it linked to the Board and fellow sub-committees.
- Healthwatch and voluntary, community and social enterprise (VCSE) groups were represented at PIEAC and at the Quality Committee together with local authority representation. The Place Integration Deal announced in July 2023 extended representation to place level decision making.
- Overall, accessibility needs on the ICB's website and key programmes were seen to be clearly accommodated.
- Engagement activities were promoted in a range of ways including on the ICB's website. In addition, outreach exercises were conducted to raise awareness of the engagement.
- Good evidence was provided of how the ICB informs the public on relevant matters of importance through a variety of channels, which in turn promotes the involvement agenda.

- The ICB has developed skills-based training documentation and toolkits and has piloted training for staff, the wider workforce and partners. Documentation to support the implementation of the Strategy for working in partnership with people and communities included the following guidance reviewed at January 2023 PIEAC:
  - Insight, Co-production and Engagement Guide: a guide for commissioners, PCNs and engagement professionals – a toolkit providing practical advice on how to go about public engagement and make it an integral part of health service at all levels and at all stages of the commissioning cycle and processes.
  - Engagement Toolkit developed to support the Provider Collaborative with a hands-on, practical implementation guide for conducting patient and public engagement activity.

And the following guidance reviewed at September 2023 PIEAC:

- Engagement, involvement and co-production framework for the NHS in Lancashire and South Cumbria.
- An engagement, involvement and co-production quick-start guide for staff.
- A draft demographic insight report.
- A diversity and inclusion glossary of terms.
- Plans were in place for further development of the engagement approach to support the recovery and transformation programme, and to support place-based integration.
- A workshop with the Governance team was planned to work-up a proposed generic risk around public and patient involvement in service change and transformation for the ICB risk register. No recommendation has therefore been made.

## Key Findings – Issues Identified

High	1.1 Impact of engagement needs to be better demonstrated.
Medium	1.2 Deputisation should be improved for members unable to attend PIEAC. 1.3 Assurance and analysis of engagement reach should be improved.
Low	1.4 Public Involvement and Engagement Policy requires updating. 1.5 The accessibility statement requires updating. 1.6 Consider adding as standard demonstration of engagement route to the Board and sub-committee cover papers.

## 2 Findings and Management Action

1. You Said We Did		Risk Rating: High
Operating Effectiveness		
<p><b>Key Finding</b> – The results of the MIAA self-assessment exercise highlighted the need to strengthen work around implementation of change and impact of engagement.</p> <p>Some evidence of change was provided. However, in the ICB’s website ‘What You’ve Told Us’ section it was generally unclear what changes or improvements had been made. For example:</p> <ul style="list-style-type: none"> <li>• The patient’s story on diabetes care updated on 28<sup>th</sup> March 2023 noted key actions that included ‘will organise a workshop’ and ‘Psychological support for people and their families with long term conditions.’ It was not clear when the workshop happened and what the outcome was, or what changes or additions were made to psychological support.</li> <li>• Feedback from the six listening events included lists of key issues from Burnley on 7<sup>th</sup> June 2023 and Central Lancashire on 1<sup>st</sup> March 2023 but all sections for ‘action/learning points’ were left blank.</li> </ul>	<p><b>Specific Risk</b> – Lack of assurance to demonstrate engagement brings change.</p>	<p><b>Recommendation</b> – Ensure that engagement includes outcomes demonstrating what has changed and ensure responses are provided from an ICB perspective rather than an engagement team perspective.</p>

<ul style="list-style-type: none"> <li>The Barrow in Furness event on 31<sup>st</sup> May 2023 resulted in action points but these were generally intentions and in some cases the action was to re-direct concerns to other teams or committee for consideration and comment.</li> </ul>		
<p><b>Management Response –</b></p> <p>It is important that the ICB demonstrates the impact and outcomes from engagement with public, patients and carers in transformational change. This is important to building confidence with our communities that the organisation listens and responds to feedback and insights from the populations we serve. The ICB will make greater links between the insights we collect and the role of the ICB Quality Committee in demonstrating actions to improve services.</p> <p>As the ICB’s strategic priorities are clearer there is an expectation that more targeted and relevant engagement with patients, public and carers will be undertaken either through work in places or on system transformation programmes where implementing the strategic approaches to engage, listen and coproduce will allow for greater demonstration of impact and involvement and this can be captured and included across ICB communications and engagement channels.</p> <p>The ICB website will also be reviewed to include examples where engagement is taking place with evidence of the outcomes and impact of those projects / initiatives.</p> <p><b>Responsible Officer –</b> Sarah O’Brien, Chief Nursing Officer</p> <p><b>Implementation Date –</b> Website review will be completed by 31 October with current examples of impact of engagement. Further work to April 2024 will be needed to put in place processes to demonstrate impact of work taking place within teams working with directorates across the ICB.</p>		<p><b>Evidence to confirm implementation –</b></p> <p>Clear feedback on website on changes driven by engagement.</p>



2. PIEAC Attendance		Risk Rating: Medium
Operating Effectiveness		
<p><b>Key Finding</b> – PIEAC terms of reference stipulate that where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf. From review of PIEAC minutes attendance deputising of members was frequently not evident. For example:</p> <ul style="list-style-type: none"> <li>the local authority member gave apologies in January, June and September 2023 but no deputy attended.</li> <li>the Chief Nurse gave apologies in February and April 2023 but no Quality Committee deputy attended.</li> <li>the April 2023 meeting was not quorate as three place- based partnership board members gave apologies without deputisation.</li> </ul>	<p><b>Specific Risk</b> – Committee effectiveness is reduced.</p>	<p><b>Recommendation</b> – Ensure that deputisation is in place where committee members cannot attend.</p>
<p><b>Management Response</b> – Attendance of PIEAC and participation of deputies where members cannot attend will be strengthened for future committees.</p> <p><b>Responsible Officer</b> – Debra Atkinson, Director of Corporate Governance</p> <p><b>Implementation Date</b> – 25 October 2023</p>		<p>Evidence to confirm implementation – Minutes confirming that deputisation is in place.</p>

3. Engagement Reach Assurance		Risk Rating: Medium
Operating Effectiveness		
<p><b>Key Finding</b> – Although good examples were provided into how the ICB has reached into the seldom heard and protected characteristic groups in its engagement activities, analysis was not routinely provided through the engagement assurance reports of actual versus desired or target reach. Attempted reach was explained, but actual reach was less clear. Whilst appreciating that reaching such groups can be challenging, where reach was not as comprehensive as desired then assurance reports could include any lessons learned for repeat or other engagement activity. We noted for example that 91% of the response to the Joint Forward Plan engagement surveys (other events were part of the process) was white British. A series of ‘listening to our communities’ was held in March to June 2023. In Burnley 30 members with a notable contribution from the deaf community. In Barrow and Furness 11 members of the public but there was no further breakdown. The Burnley event attracted 3 members of the public.</p>	<p><b>Specific Risk</b> – If adequate reach is not assured then effectiveness of engagement may be reduced.</p>	<p><b>Recommendation</b> – Engagement activity should be routinely accompanied by an analysis of actual reach versus target reach as appropriate to the subject, together with analysis of any lessons to be learned.</p>
<p><b>Management Response</b> – There is considerable work to reach seldom heard and vulnerable communities by the ICB engagement team as part of the New Hospitals Programme, outreach and coproduction in place-based partnerships and priority wards work of population health teams, however this needs to be more systematic and the principles</p>		Evidence to confirm implementation –

within the ICB's strategy for working in partnership with people and communities need to be embedded across the organisation.

Through learning from what has worked well in the New Hospitals Programme, there has been an alignment of working across teams and workshops to learn and embed good practice for analysing, logging and recording public engagement. One of these areas, discussed in a workshop on 20.09.2023 is logging and recording of engagement with community groups. This will enable more detailed analysis and targeted reach to be proposed on programmes of work. This will be something the communications and engagement team will embed as standard practice across engagement programmes. It is acknowledged that advice for the Consultation Institute is to demonstrate the population of the area and demonstrate actions to capture insight from targeted community groups.

**Responsible Officer** – Neil Greaves, Director of Communications and Engagement

**Implementation Date** – by December 2023

Engagement reports to provide fuller analysis on actual reach versus optimal reach and set out whether there are lessons to be learned.

4. Policy		Risk Rating: Low
Control Design		
<p><b>Key Finding</b> – The ICB’s Public Involvement and Engagement Policy, published within the corporate publications section of the website, was dated July 2022 with a review date of July 2023. The policy pre-dates the revised strategy which repeats or elaborates upon much of the policy’s content.</p> <p>A policy, which would normally be subject to more frequent refresh than a longer-term strategy document and with a purpose to establish how strategy is put into practice, might be used as follows:</p> <ul style="list-style-type: none"> <li>• To establish the ICB’s commitment to the resourcing of the engagement programme and function of the team.</li> <li>• To elaborate on roles and responsibilities throughout the ICB and the system.</li> <li>• To set out mechanisms for routine annual engagement requirements, plans and the processes by which additional engagement is targeted – i.e. how issues identified (e.g. through complaints review) that might benefit from engagement are prioritised.</li> <li>• As a single repository that brings together the various guidance documents produced (noted in section 1 – areas of good practice)</li> </ul>	<p><b>Specific Risk</b> – Out of date policy may impact effectiveness of engagement.</p>	<p><b>Recommendation</b> – Update the public involvement and engagement policy and consider whether the examples provided of an engagement evaluation framework and independent scrutiny panel might be of relevance to the ICB.</p>

<p>explaining their different purposes and inter-relationships, for example the use of demographic data.</p> <ul style="list-style-type: none"> <li>• To establish how effectiveness of engagement is assured.</li> </ul> <p>An example for consideration of effectiveness is that of Sussex ICB who has produced an evaluation framework with suggested metrics <a href="#">FINAL-Sussex-evaluation-framework_021222.pdf (ics.nhs.uk)</a> and has constituted an independent panel chaired by Healthwatch which comments on the extent to which the ICB has delivered against the aims and principles of the its strategy. <a href="#">How we involve people and communities - Sussex Health and Care (ics.nhs.uk)</a></p> <p>Note – we are not advocating that the ICB directly follows this approach rather it should consider whether there are ideas therein that might be appropriate.</p>		
<p><b>Management Response –</b></p> <p>The Public Involvement and Engagement Policy will be updated based on the revised strategy for working with people and communities published in August 2023.</p> <p><b>Responsible Officer –</b> Neil Greaves, Director of Communications and Engagement</p> <p><b>Implementation Date –</b> Complete by 31 October 2023.</p>	<p>Evidence to confirm implementation –</p> <p>Updated policy.</p>	

5. Accessibility Statement/Support to Get Involved		Risk Rating: Low
Operating Effectiveness		
<p><b>Key Finding</b> – In general, we found that the ICB’s website had a good range of accessibility options, utilising the ‘Reciteme’ toolbar. The accessibility statement published in the ‘About Us’ section sets out some limitations and the latest update on 30<sup>th</sup> June 2022 noted that the website had been tested by the communications and engagement team and that an external organisation had been commissioned to carry out a full accessibility review and audit, and the subsequent report would be loaded once finished. Current status was unclear.</p> <p>The ‘Get Involved’ section of the website explains the purpose of involvement and the opportunities available. Greater Manchester ICB’s equivalent section also includes a note on the availability of accessible formats – large print and braille, as well as inviting contact for other support available, e.g., help with attending meetings. We noted that L&amp;SC’s policy on volunteer expenses was to be confirmed at the conclusion of review.</p>	<p><b>Specific Risk</b> – Accessibility may not be optimal.</p>	<p><b>Recommendation</b> – Update the ICB’s website with the results of the external accessibility review implementing as appropriate any resultant actions.</p>
<p><b>Management Response</b></p> <p>The website has been reviewed and the accessibility statement has been amended. The communications and engagement team used the infrastructure of the previous ICS website to create multiple websites under the same content management system when the ICB was established, including the ICB and Integrated Care Partnership websites. The accessibility</p>		<p>Evidence to confirm implementation –</p> <p>Updated website and accessibility options where appropriate.</p>

review was undertaken on the system which the ICB website is built upon however the website has changed significantly since the launch of the ICB. Since the establishment of the ICB the communications and engagement team have embedded the principles of the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 to improve the accessibility of the website and embed consistent standards.

To enhance this further, more consideration is needed about the accessibility of Board papers and documents and producing templates which have a greater level of accessibility. It is a consideration that this is a more medium term ambition which requires upskilling of individuals across the organisation around accessibility of documents and standards across ICB teams and directorates.

Information about requesting accessible information was already available in the contact us section of the website under Contact Us/Accessible information. This information has been added to additional pages on the website.

**Responsible Officer** – Neil Greaves, Director of Communications and Engagement

**Implementation Date** – Website updates to be completed by 1 October 2023. Accessibility of Board papers and documents to be reviewed by 1 November with further review by end of March 2024.

6. Standard Assurance of Engagement Route		Risk Rating: Low
Control Design		
<p><b>Key Finding</b> – Overall, we found cover papers to Board and sub-committees reviewed (PIEAC and PCCC) to contain an informative range of standard considerations for the agenda item such as relevance to strategic objectives and risks, governance route, any conflicts of interest and impact assessments. The ICB could consider including engagement route (perhaps combined with the governance section - a practice noted at another ICB) – which would also include a brief justification should engagement not be applicable or covered by engagement at NHSE level.</p>	<p><b>Specific Risk</b> – Lack of assurance on appropriate engagement.</p>	<p><b>Recommendation</b> – Consider adding demonstration of engagement route to Board and sub-committee cover papers.</p>
<p><b>Management Response</b> – Cover papers for committees will be reviewed based on this feedback working with the corporate governance team to demonstrate this most effectively.</p> <p><b>Responsible Officer</b> – Sarah O’Brien, Chief Nursing Officer</p> <p><b>Implementation Date</b> – November 2023</p>		<p>Evidence to confirm implementation – Updated papers or confirmation that no amendment required.</p>



## Appendix A: Engagement Scope

### Scope

This review incorporated the following areas:

- A strategy aligned to the 'working in partnership with people and communities' plan is in place to direct how the ICB will work with people and communities in service redesign and commissioning.
- There are appropriate governance arrangements setting out individual and corporate responsibilities for public and patient engagement.
- A stakeholder engagement programme has been developed in line with the principles set out in statutory guidance, including involving Healthwatch and the voluntary, community and social enterprise sector as key partners.
- Clear and accessible public information is provided on engagement and consultation opportunities.
- There are effective processes for obtaining, reviewing, and acting upon feedback from engagement activities, and reporting outcomes to stakeholders.
- Assurances are provided that the ICB effectively identifies and engages its population.

The following approach was adopted to enable us to evaluate potential risks, issues with controls and recommend improvements:

- Development and review of a self-assessment questionnaire aligned to '*Working in Partnership with People and Communities Statutory Guidance document; issued 4<sup>th</sup> July 2022*' completed by

management and considered at the ICB's Public Involvement and Engagement Advisory Committee.

- Discussions with key members of staff to ascertain the nature of the systems in operation.
- A desktop review of a sample of ICB engagement exercises against the criteria of effectiveness, timeliness, communication, compliance with statutory guidance.
- A walkthrough of the process from initial reporting to Board.
- Desktop review of existing policies, procedures, local guidelines to confirm that they were up to date and communicated across the ICB.

### Limitations

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regards to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify all circumstances of fraud or irregularity. Effective and timely implementation of our recommendations by management is important for the maintenance of a reliable internal control system.

## Appendix B: Assurance Definitions and Risk Classifications

Level of Assurance	Description
High	There is a strong system of internal control which has been effectively designed to meet the system objectives, and that controls are consistently applied in all areas reviewed.
Substantial	There is a good system of internal control designed to meet the system objectives, and that controls are generally being applied consistently.
Moderate	There is an adequate system of internal control, however, in some areas weaknesses in design and/or inconsistent application of controls puts the achievement of some aspects of the system objectives at risk.
Limited	There is a compromised system of internal control as weaknesses in the design and/or inconsistent application of controls puts the achievement of the system objectives at risk.
No	There is an inadequate system of internal control as weaknesses in control, and/or consistent non-compliance with controls could/has resulted in failure to achieve the system objectives.

Risk Rating	Assessment Rationale
Critical	Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to: <ul style="list-style-type: none"> <li>the efficient and effective use of resources</li> <li>the safeguarding of assets</li> <li>the preparation of reliable financial and operational information</li> <li>compliance with laws and regulations.</li> </ul>
High	Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives. This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.
Medium	Control weakness that: <ul style="list-style-type: none"> <li>has a low impact on the achievement of the key system, function or process objectives;</li> <li>has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.</li> </ul>
Low	Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.

## Appendix C: Report Distribution

Name	Title
Neil Greaves	Director of Communications
David Brewin	Associate Director of Customer Care and Engagement
David Rogers	Head of Communication and Engagement
Debra Atkinson	Director of Corporate Governance/Company Secretary
Professor Sarah O'Brien	Chief Nursing Officer
Debbie Corcoran	Non-Executive Chair - Public Involvement and Engagement Advisory Committee
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