

Subject to ratification at the next meeting

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 25 October 2023 at 10:00am to 12:30pm in the Lancashire and South Cumbria
Integrated Care Board (LSCICB) Offices, Lune Meeting Room 1,
County Hall, Preston**

Position on Committee	Name	Title/Role
Members	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair)
	Professor Sarah O'Brien	Chief Nurse
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Dr Lindsey Dickinson	Associate Medical Director
	Heather Woodhouse	Place representative for Lancashire (Integrated Place Leader - North Lancashire)
	Pauline Wigglesworth	Place representative for Blackpool
	Dr Victoria Ellarby	Place representative for South Cumbria (Program Director – System Reform)
Participants	Naz Zaman	Representative of Voluntary, Community, Faith and Social Enterprise (VCFSE)
	Andrew Bennett	Director of Population Health
	David Brewin	Head of Patient Experience
In attendance	John Barbour	Head of Communications and Engagement (Corporate Communications)
	Peter Tinson	Director of Primary Care
	Beth Martin	Healthwatch
	Louise Talbot	Corporate Governance Manager
	Chantelle Bennett	Communications and Engagement Manager
	Jeremy Scholey	Communications and Engagement Specialist
	Shelley Whittle	Communications Officer
	Louise Coulson (Minutes)	Committee and Governance Officer

No	Item	Action
1.	<p>Welcome and Introductions</p> <p>The Chair opened the meeting and welcomed everybody.</p>	
2.	<p>Apologies for Absence</p> <p>Apologies had been received from Tricia Whiteside, Lindsay Graham, Steph Cordon and Tracey Ingham.</p>	
3.	<p>Declarations of Interest (a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted</p> <p>A declaration of interests form would be sent to V Ellarby and N Zaman for completion in order that the information can be captured on the committee register of interests. H Woodhouse would also receive a form for updating relating to her change of surname.</p> <p>RESOLVED: That the committee note the register and the actions to be undertaken as highlighted above.</p> <p>The Chair asked to be informed should any conflicts arise during the meeting.</p>	LJT (✓)
4.	<p>(a) Minutes from the previous meeting held on 6 September 2023 and Matters Arising</p> <p>The Chair requested that thanks be sent to Sam Plum for her input and support at the PIEAC and that the minutes be updated to reflect this addition.</p> <p>The minutes will be updated to include the vote of thanks and recognition proposed by T Whiteside and agreed by the Committee for the ICB communication and engagement teams continued development of the insight and engagement reports which continue to drive improvements in reporting and richness in feedback and understanding.</p> <p>RESOLVED: Subject to the update as highlighted above, the minutes of the meeting held on 6 September 2023 were approved as a correct record.</p> <p>(b) Action Log</p> <p>Updates for Action Log: Ref: (23/24)06Sept2023-01 - Priority wards project to be an item for a future PIEAC agenda – action completed – close.</p> <p>Ref: (23/24)06Sept2023-02 - N Greaves to circulate the engagement checklist internal assessment for comment by committee members – close.</p> <p>Ref: (23/24)28June2023-02 - Overview of Advocacy Services from Healthwatch – D Brewin thanked L Graham. Advocacy to be included on the PIEAC workplan and the website to be updated. N Greaves stated the joint working was useful, the connection with provider organisations in relation to advocacy etc. Request the minutes capture thanks for both Healthwatch and specifically L Graham - close.</p> <p>Action(s) for other committees:</p>	<p>LC (✓)</p> <p>LC (✓)</p> <p>LC (✓)</p> <p>LC (✓)</p> <p>NG/LC (✓)</p> <p>NG/LC (✓)</p>

	<p>Ref: ICB Quality Committee – March 2023 - PIEAC has been requested by the ICB’s Quality Committee to explore issues relating to advocacy D Brewin will update Quality Committee – close.</p>	DB
5.	<p>(a) Public Engagement and Involvement Assurance Report – August to September 2023</p> <p>D Rogers introduced the assurance report, highlighting the good work that had taken place to support the engagement and involvement for the ICB between August and September.</p> <p>As part of the communications and engagement structure, engagement coordinators were in place in the ICB for Lancashire, Blackburn, and Blackpool. The engagement coordinators were working with colleagues to support the delivery of local priorities and developing local engagement plans. Subject to HR checks, an engagement coordinator had been appointed for South Cumbria.</p> <p>D Rogers highlighted the executive summary of engagement activities and key themes to the committee.</p> <p>D Rogers described how the communications and engagement team have been working closely together to co-produce tool kits and guidance for ICB staff.</p> <p>The Chair thanked Dr Rogers for the report and opened the floor for comments and questions.</p> <p>S O’Brien referred to item 7 <i>Children in care leavers’ health review</i>, noting that the ICB Quality Committee monitors Children in Care Health Reviews, which, to note, were not performing well. S O’Brien raised concerns that the plan to improve appeared to be disjointed. D Rogers advised that it was a very hard to reach group and that the ICB was working with the three local authorities, children in care and safeguarding leads to develop a comprehensive engagement approach.</p> <p>R Fisher thanked D Rogers and the communications and engagement team for the engagement work undertaken. D Rogers advised that the team had learnt much from engagement work over the past six months which had enhanced the listening aspect and open conversations to support said engagement work.</p> <p>P Wigglesworth asked the committee to note the excellent work by the group established to work closely with general practice and the many experienced young people contributing to, <i>Active into Autumn</i>.</p> <p>N Greaves highlighted section 5 <i>Formal consultations and service change</i>, the potential areas of consultation in West Lancashire around the Shaping Together Strategy, which are being developed this with Cheshire and Merseyside ICB and how this links to other transformational programmes. N Greaves also described the engagement to support clinical service transformation work. It was commented that when connecting with</p>	

members of the public there is a need to ensure we reach out to more diverse communities and assurance given that this is the approach being taken.

D Rogers stated expressions of interests have been received from the public to join a Citizen Health Reference Group and discussion was underway for a Chair/Deputy Chair with representatives to feed into PIEAC which was currently being worked through.

N Greaves referred to the report relating to the New Hospitals Programme, and how he is working with the programme team to adapt a more joined up approach with a view to feeding into clinical service re-design. It was likely to be May 2024 before the pre-consultation engagement is commenced.

The Chair reflected on the number of workstreams in place and the joined up work under the remit of the Primary Care Commissioning Committee (PCCC), particularly the work with the patient groups. D Rogers reiterated the commitment to engagement with Withnell Health Centre and how the data had fed into the production of the report.

S O'Brien asked the committee to note the National ICB Survey produced by Ipsos Mori in relation to general practice, primary care and the extraction of data. It was noted that the data was being produced by the Business Intelligence Team and adheres to Information Governance principles. D Rogers is currently working on the production of a planner for data capture to be launched in January 2024.

V Ellarby asked when the results would be published and whether they would include a place level breakdown or just the overarching system level data. D Rogers advised that a steering group was in a place to disaggregate the data.

The Chair noted the approach by PCCC and Quality Committee which needed to be consistent in their reporting mechanisms and that there was a real richness to the reports. The ICB approach and New Hospitals Programme was noted by the committee. The committee await the developments from the Citizens Health Reference Group and how they will link to and report into the PIEAC.

RESOLVED: That the committee note the report.

(b) Public and Community Insights Report – August to September 2023.

D Rogers and D Brewin spoke to the report which highlighted the headline trends and key themes including primary care, urgent and emergency care, continuing healthcare and dentistry which all continue to be a focus of interest and concern in relation to patient complaints.

The Chair expressed concern as to the continued increase in complaints and requested an explanation around this. D Brewin advised that there had been a change in commissioning arrangements i.e., NHSE was previously responsible for primary care complaints which had transferred to the ICB. It was noted that some staff had transferred to support the change but it was not enough to meet current demand and this

	<p>was impacting on both performance and quality of responses to complaints. L Dickinson enquired if the complaints were received by the ICB as a first point of call. Clarification was provided that patients have a choice to approach either the ICB or the GP practice but not both.</p> <p>L Talbot advised that the contact form on the ICB website for members of the public to submit questions/request attendance at the Primary Care Commissioning Committee meetings in public may have also generated complaints.</p> <p>N Greaves asked the committee to note that despite primary care complaints to the ICB increasing, likely due to the public awareness of the new organisation, it is important not to lose sight of other increasing areas even if they are lower in number. N Greaves enquired about want ICB categorized complaints are made up of.</p> <p>D Brewin advised that the change to the regional complaints team for the North West had impacted and that the national data set was due to be published the following day which may help to highlight the issues nationally and give context. It was noted that biggest issue was mainly around prescribing complaints. It was commented and welcomed by the Committee that in terms of a deep dive, NHSE would work with the ICB to produce a joint piece of work around the data.</p> <p>B Martin stated that Healthwatch had noted that there is a perception by patients that primary care is still closed since Covid-19. A Bennett gave an overview of the situation from a public health perspective asking the committee to note that there had been various changes implemented by GP practices as to how patients can access services. Work was taking place to try and resolve many issues locally.</p> <p>In summary, the Chair requested that a deep dive into complaints be brought to the next PIEAC in December. An alert to the ICB Board would be issued in relation to the increase in patient complaints received. In relation to the rise in PALS (Patient Advice and Liaison Service) enquiries to Trusts, clarification was sought as to whether it warranted quality visits be undertaken by the ICB. It was suggested that work takes place in having a standardised consistent quality response for Trusts to issue. The Chair also noted that the primary care access plan was scheduled to be taken to the next ICB Board meeting in November 2023 and it was noted that patient engagement would form part of the plan. The Chair asked the committee to consider how it is triangulated with the dentistry plan, which was also scheduled to be submitted to the November meeting of the ICB Board.</p> <p>Action: The Chair requested a deep dive into complaints to be brought to PIEAC in December 2023.</p> <p>RESOLVED: The committee note the report and the actions to be undertaken.</p>	DB
6.	<p>Deep Dive: Engagement in Blackpool Place</p> <p>P Wigglesworth spoke to the report highlighting elements for the committee. The presentation detailed the breadth of representation across the range of engagement and</p>	

involvement activity in the Blackpool Place. There had been good investment in communications for Blackpool enabling the development of the principles of practice; How we behave, How we work and How we think.

In conjunction with Healthwatch, Blackpool Council and the ICB, there had been many engagement and communication activities that had been undertaken at Place in Blackpool. For example, the Right Care Right Time Right Place, which involved paid co-production sessional workers enabling work with patients in the Emergency Department (ED) to explore the drivers of non-emergency presentations in ED leading to priorities and potential solutions detailed in the slide deck.

B Martin went into detail around the phases for priority wards, including social prescribing. Introducing the engagement developed around vaping by young people the findings noting that 27% of buy vapes from corner shops and newsagents, 36% of children are given vapes by peers, 55% of young people's parents/carers vape or smoke to highlight a few of the report's findings. The focus group comprised of 638 young people in the Blackpool area.

The Chair thanked the team for their presentation and asked how the committee could facilitate the learning across Places and within the ICB around this. A Bennett stated that the information was still being worked up and further slides would be produced to evidence development.

S O'Brien was not aware of this level of engagement and found it helpful, enquiring if it was happening everywhere across the system, at Place level. She asked, for example, how would we apply such learning to the crisis with young people and vaping and how could we have an ICB wide focus on this.

A Bennett stated that Priority Wards in each locality were working systematically to link workstreams such as medications management, mental health work programmes with a focus on Priority Wards for December 2023.

N Greaves thanked Healthwatch for the insights and how they had been replicated in other Place based areas, for example, The Public and Community Insights report captured the key findings from the workstreams in Blackburn with Darwen re: Priority Wards with details of the next steps and actions taken. N Greaves requested the committee note the priority ward engagement at a local level having had the most impact for patients and provider organisations.

The Chair asked the committee to note how it linked with the MIAA (Mersey Internal Audit Agency) recommendations and that the ICB approach to integration across the system should be a systematic approach.

N Zaman remarked learning needs to turn into action, [in relation to vaping] many of these devices were being used for other substances such as Spice and Cannabis. B Martin acknowledged that it was part of the findings and had been picked up by public health.

R Fisher commented that from a welfare and wellbeing perspective he believed funding preventative schemes in primary care rather than funding being spent in secondary care would be more beneficial and successful in certain key issues. The diagnostics agenda in community care was more successful at improving access to services offering support.

The Chair thanked everybody for a rich discussion, in particular the team for a comprehensive presentation.

	<p>RESOLVED: The committee was assured of the work taking place, noted the challenges across the system and looked forward to receiving the updates from the other Place Based Teams.</p>	
7.	<p>Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan</p> <p>J Barbour introduced the report noting its purpose to outline the NHS communication teams engagement plan across Lancashire and South Cumbria in relation to the Winter Plan, and the key areas of partnership working [for the communications teams] including the collective approach to managing ten months of industrial action and planning for winter pressures and demands. This joint planning facilitates the consistent broadcast of common key messages across the region for maximum impact to keep our populations and communities informed with limited to no additional budget for using external paid-for marketing channels.</p> <p>The Chair thanked J Barbour for the report and asked the committee if they were assured by the plan. The Chair raised the feedback from MIAA in relation to learning and support, and if the committee believed the framework to be robust.</p> <p>S O'Brien asked if the 'So what?' element of scrutiny had been applied to understand if this would work, in relation to the winter plan and communications. S O'Brien was unsure that the plan had the impact needed believing it may not land with most of the ICB populace, young people particularly. It was discussed that the communications plan will not be able to resolve the transformation needed across services and it was agreed it is a good communications plan and expectations need to be managed.</p> <p>L Dickinson raised the question of how the plan fits with primary care, how are we communicating with patients as to what could have been done better i.e., discharges, right care etc. N Greaves reassured that Amanda Bate is the link into the primary care team relating to winter messaging.</p> <p>N Zaman commented that it appeared to meet a certain target audience for example this leaflet (provided by NHSE) would not land well with certain hard to reach or disengaged groups.</p> <p>D Rogers thanked the team for their work on the plan responded to the point around reaching health inclusion groups through the work undertaken in places, providing an example of the work of the Blackburn with Darwen team in conjunction with Healthwatch and Age UK in creating toolkits to assist in working with volunteers. It was noted in the previous year there was a communication in local trusts however, it did not match up across the system. The new plan included branding that would be used by Trusts and primary care across the footprint which will maximise the impact of the campaign work and reach into communities.</p> <p>The Chair thanked J Barbour and team for the report and asked the committee to note that some parts of the plan offered assurance however, it was varied.</p> <p>Action: The Chair requested a summary report of the Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan to be brought back to PIEAC. Update and evaluation of impact to be provided to the committee at February's PIEAC.</p>	<p>JB</p> <p>NG/ NZ/ LD</p>

	<p>Action: N Greaves and team to connect with the teams from Primary Care, L Dickinson and N Zaman of the VCFSE (Voluntary, Community, Faith and Social Enterprise) alliance to discuss in further detail the communications plan to further strengthen it, considering Committee feedback.</p> <p>Action: J Barbour and P Wigglesworth to connect teams and key messages in place relating to the winter campaign.</p> <p>RESOLVED: That the committee note the report which offered partial assurance.</p>	NG / PW
8.	<p>Dying Well Engagement Update</p> <p>L Dickinson introduced the slide deck to the committee highlighting that Lancashire and South Cumbria ICB has a 'good' CQC (Care Quality Commission) rating for Palliative and End of Life Care (EoLC). The ICB had joined the national programme 'Getting to Outstanding,' for Palliative and EoLC as this is the ICB's aspiration. The Health & Care Act (2022) places statutory responsibilities' for ICB's to commission palliative care services to meet the needs of their population. Working with system partners we are building compassionate communities to ensure we are catching the conversations. This includes increasing the number of staff and volunteers across our Partnership who have completed training in palliative and end of life care; personalised care and support planning – with staff and volunteers reporting improved confidence, knowledge, and skills. A public health approach to future care planning is being taken and a localised version is currently being built for across L&SC ICB and into Place.</p> <p>The Chair thanked L Dickinson for the presentation and asked for comments and questions from the committee.</p> <p>S O'Brien raised the issue that the ICB has a key statutory responsibility and leadership role in this agenda, and that she was concerned that practice had 'moved backwards' since Covid-19.</p> <p>L Dickinson discussed how the EoLC service was fragmented and noted the situation is better for patients with long-term illnesses as they are already engaged with specialist services and would likely have District Nurses supporting EoLC at home. There is place based support but it was not working at the same level in all place based localities.</p> <p>R Fisher noted that the service was not meeting the performance targets and ambitions, and suggested that L Dickinson delivered the same presentation to Finance and Performance Committee, noting the present situation relating to data and performance as is currently. This would allow consideration of whether there is sufficient and appropriate resourcing to deliver on the ICB and systems ambitions and commitments.</p> <p>RESOLVED: That A Bennett declared an interest in this item as his wife is a nurse and works with patients at the End of Life within the L&SC system. This was noted and he remained in the meeting. The Board Secretary would be asked to include the declaration in the committee log.</p> <p>The Chair asked that an alert to the ICB Board be raised given this was a statutory responsibility of the ICB, and while the Committee had received insight and assurance of the approach to involving and engaging communities, there needed to be consideration of the performance position and deliverability, with consideration by the ICB's Finance and Performance Committee.</p>	<p>RF/LD</p> <p>LC/LJT</p>

	<p>V Ellarby stated from a Place Based perspective there is a need and opportunity for work across boundaries in the system to be better joined up in this area – as well as unwarranted variation. South Cumbria for example does not have a 7 day service and the previous CCG (Clinical Commissioning Groups) services were very different. There needed to be equal access to services, currently this was not offered.</p> <p>RESOLVED: That the committee note the report and that the matter would be referred to the Finance and Performance Committee, and included as an alert to the ICB Board.</p>	<p>DC</p> <p>DC / RF</p>
<p>9.</p>	<p>Engagement and Involvement Approach to Support a Primary Care Procurement Evaluation Strategy</p> <p>P Tinson (role) was welcomed into the meeting.</p> <p>N Greaves introduced the paper, which set out as how engagement and involvement had informed and supported the development of a new Lancashire and South Cumbria Procurement and Evaluation Strategy (PES), which had recently been approved by the Primary Care Commissioning Committee (PCCC).</p> <p>P Tinson spoke to the report outlining the key purpose and context. The paper outlined the Procurement Evaluation Strategy (PES) for the procurement of primary care services initially but will be used to support other services. A Procurement Evaluation Strategy (PES) is developed following a decision to procure a service. The development and agreement of a PES is a critical part of the wider procurement process. The ICB has reviewed the current inherited Primary Care PES and applied learning from recent procurement exercises.</p> <p>The Primary Care PES review and development has been independently led by NHS Shared Business Services (SBS) and has involved senior representatives from all ICB Directorates and current procurement support partners. The review and development has been significantly informed by patient feedback.</p> <p>This paper aims to outline the engagement and involvement approaches which underpin the PES and aligns to the ICB strategy for working in partnership for people and communities.</p> <p>The Chair thanked both N Greaves and P Tinson for the presentation. The Chair asked the committee to note that after the re-focus the approach to engagement and involvement had been strengthened and will support a more robust approach to procurement. It specified a more open and honest approach and brings clarity to what can and cannot be achieved due to procurement.</p> <p>D Brewin highlighted the difficulties around Liverpool House and the ICB's decision not to procure but to disperse the list, and that the message locally and centrally had not been fully aligned, which had resulted in a difficult to manage situation.</p> <p>The Chair raised the question as to how learning had been considered and if it had changed our approach in similar situations.</p> <p>N Greaves advised reassured that the approaches of engagement and involvement did effectively support this situation and there was support implemented from the system to support this change and local communications were delivered acknowledging that</p>	

	<p>listening to patients had been implemented. N Greaves stated public meetings were held to assure the public and this is common practice for the ICB in responding quickly to manage issues.</p> <p>P Tinson added that the procurement and engagement needed to occur at the very beginning of the procurement journey so the initial focus from the patient’s perspective is captured and is critical to the location of practice.</p> <p>The Chair summed up by stating that where unpopular decisions have to be made, there needed to be clarity and clear communication as to why the decision had been made.</p> <p>RESOLVED: The committee received assurance noted the report and received assurance on the consideration of engagement and involvement in development and implementation of the PES.</p> <p>P Tinson was thanked for the report and joining for the item and left the meeting.</p>	
10.	<p>ICB Audit of Engagement with Public, Patients and Carers, MIAA (Mersey Internal Audit Agency)</p> <p>N Greaves spoke to the report outlining the context to the audit of ICB engagement with public, patients and carers conducted by MIAA. At the Public Involvement and Engagement Advisory Committee in September 2023, members were invited to contribute to a draft internal assessment of ICB public, patient and carers engagement. This was used as part of an audit undertaken by Mersey Internal Audit Agency (MIAA) which aimed 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.</p> <p>The report provided an outcome of the audit and included a series of actions for improvement. Overall, the review identified that the ICB was 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. The overall outcome of the report was that there is ‘moderate’ assurance which reflected 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.</p> <p>N Greaves went on to summarise some of the key points raised and asked the committee to consider the implementation and development of the action plan. For example, how the impact of engagement needed to be better demonstrated. Deputisation should be improved for members unable to attend PIEAC, and the Public Involvement and Engagement Policy requires updating. The Committee welcomed and noted the areas for strengthening, and also reflected that there were many positives to taken away from this audit such as, how the ICB reached into the seldom heard and protected characteristic groups in its engagement activities. A key improvement was the need to ensure analysis was routinely provided through the engagement assurance reports of actual versus desired or target reach. Strengthening of the analysis will help to move this to the desired target, members and attendees of PIEAC will assist in developing this further with the inclusion of lessons learned reflection. Updating the Public involvement and Engagement Policy and considering whether the examples provided an engagement evaluation framework and an independent scrutiny panel might be of relevance to the ICB. The policy was being worked up currently with a view to it being presented at PIEAC at the January 2024 committee meeting.</p>	

	<p>N Zaman believed there was a difficulty when working with limited budgets and for this to be acknowledged. A deep dive into the demographics of the system would be very useful to reflect the socio-economic footprint. How have patients and the public been approached and invited to engage with programmes, do the early stages of this engagement require more investment? Measuring the impact of the complete approach, needs to come back to the committee for scrutiny and where pertinent adjustments made to capture the analysis of the effectiveness of engagement.</p> <p>N Greaves commented that the type of engagement would need to be considered, for place and the priority wards workstreams the full demographic should be captured. The ICB approach of transformation and engagement aims to reach diverse communities and considers the characteristics of local populations and context for the work. For example, the populace of Withnell, e.g., 98.9% white British. With the system running on a footprint capturing demographics from both urban, semi-rural and population variations in between there is a wide disparity and richness to capture. D Rogers referred to the demographic insight report and suggested that demographics could be included as part of the evaluation of engagement. He offered to share this with committee members in due course.</p> <p>P Wigglesworth asked how ‘good’ was being measured and whether it was clear to the ICB Board what was sufficient and important to outline what sufficient looks like in this instance.</p> <p>The Chair noted that the full system reflection was an excellent way of testing where there were areas for improvement within the system. An action plan to take forward the internal audit recommendations with continuous review and reflection would assist in ensuring the committee can support and contribute to continuous improvements.</p> <p>Action: N Greaves, D Corcoran and S O’Brien to formulate an action plan for the committee to monitor, with milestones and timeframes, policy, framework and audit to enable an embedding in practice.</p> <p>RESOLVED: The committee noted the audit report and was assured by the committee’s approach to ensuring recommendations were captured and monitored through the committee.</p>	<p>DR</p> <p>NG / DC / SOB</p>
11.	<p>Committee Highlights Report to the Board Advise / Alert / Assure</p> <p><u>Alert</u></p> <ul style="list-style-type: none"> - Dying well - ICB’s Finance and Performance Committee to receive and consider the forward strategy and plan against the ICB’s contribution to ‘Dying Well’, and any associated commissioning considerations. - Public and Community Insights Report – August to September 2023 - Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee. <p><u>Advise</u></p> <ul style="list-style-type: none"> - Engagement and Involvement Approach to Support a Primary Care Procurement 	

	<p>Evaluation Strategy</p> <ul style="list-style-type: none"> - Internal Audit of Engagement with Public, Patients and Carers - Relevant actions to be embedded in PIEAC's work programme, and an action plan to progress the recommendations and agreed actions in the internal audit to be received by PIEAC in six months' time. To include cross-ICB actions such as strengthening of the focus on and recording of impact measures against involvement and engagement - Place Based Showcase – Blackpool, To deepen understanding and to support the sharing of best practice across Places in engagement and involvement, PIEAC has introduced a 'Showcase' item for each Place at future meetings. <p><u>Assure</u></p> <ul style="list-style-type: none"> - Public Engagement and Involvement Assurance Report – August to September 2023 - Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan - Evaluation of the approach and its impact to return to PIEAC, recommendations made to refine reach into priority and hard to reach groups and to further strengthen shared approaches with the voluntary community and faith sectors, plus primary care. <p>RESOLVED: That the committee note the escalations to the Board.</p>	
12.	<p>Items referred to other committees:</p> <p>Finance and Performance Committee</p> <p>Dying Well to receive and consider the forward strategy and plan against the ICB's contribution to 'Dying Well', and any associated commissioning considerations.</p> <p>Quality Committee</p> <p>Public and Community Insights Report – August to September 2023 Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee.</p> <p>Children and Young People Link with Place Based Teams and Public health in relation to the work carried out around children and young people in relation to vaping.</p>	
13.	<p>Any Other Business</p> <p>No items raised under any other business.</p>	
14.	<p>Items for the Risk Register</p> <p>No items highlighted for the risk registers.</p>	
15.	<p>Reflections from the meeting</p> <p>The Chair requested reflections from the committee on the subjects raised and discussed.</p>	

	<p>Was the committee challenged?</p> <p>N Zaman believed the committee allowed challenge and constructively receives feedback even though at times this may be contentious and difficult to hear. There is an ability for the committee to measure the impact and differences the committee is making.</p> <p>Have we made a difference?</p> <p>H Woodhouse commented that with the inclusion and representation of Place Based Teams more prominent at PIEAC, it enabled feedback to the Place Based Teams to acknowledge the work that is happening across the system and the discussions enable an approach to improve communications across the 4 areas to move towards creating a more cohesive system approach.</p> <p>RESOLVED: The Chair noted the discussion throughout and asked the committee to continue considering together ways of testing actions and suggestions, specifically on capturing lessons learned.</p>	
16.	<p>Date, Time and Venue of Next Meeting Wednesday 13 December 2023 (10 am – 12 noon, Meeting Room 1, ICB offices, County Hall, Preston, PR1 8XJ)</p>	

DRAFT