

Approved 25 October 2023

**Minutes of the meeting of the  
ICB Public Involvement and Engagement Advisory Committee (PIEAC)  
held on Wednesday, 6 September 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
<b>Members</b>	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)
	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
	Heather Crozier	Place representative for Lancashire (Integrated Place Leader - North Lancashire)
	Michaela Goodridge (named deputy on behalf of Pauline Wigglesworth)	Place representative for Blackpool
	Philippa Cross	Place representative for Blackburn with Darwen (Head of Partnership Development)
	Sarah James	Place representative for Central Lancashire
<b>Participants</b>	Naz Zaman	Representative of Voluntary, Community, Faith and Social Enterprise (VCFSE)
	Andrew Bennett	Director of Population Health
	Lindsay Graham	Advocacy and Engagement Director (Healthwatch)
<b>In attendance</b>	Debra Atkinson	Company Secretary /Director of Corporate Governance
	Sarah Mattocks	Head of Governance
	David Brewin	Head of Patient Experience
	Catherine Wright	Transformation Programme Manager (Virtual Wards)
	Nathan Skelton	Communications and Engagement Manager
	Louise Coulson (Minutes)	Committee and Governance Officer

No	Item	Action
1.	<p><b>Welcome and Introductions</b></p> <p>Welcome was conveyed to Andrew Bennett who was attending on behalf of Population Health.</p>	
2.	<p><b>Apologies for Absence</b></p> <p>Amanda Bate, Pauline Wigglesworth (Michaela Goodridge deputising) and Lindsey Dickinson.</p>	
3.	<p><b>Declarations of Interest</b></p> <p>(a) Public Involvement and Engagement Advisory Committee Register of Interests</p> <p>There were no declarations of interest relating to items on the agenda.</p>	
4.	<p><b>(a) Minutes from the previous PIEAC meeting held on 28 June 2023</b></p> <p>Agreed with one amendment to the statement on page 5 – N Greaves and T Whiteside agreed to speak outside of the meeting about developments to the insight reporting.</p> <p><b>(b) Matters Arising and Action Log</b></p> <p><b>Matters Arising</b></p> <p>The Chair and committee expressed thanks to Sam Plum for representing Westmorland and Furness Council at the committee. Steph Cordon will join future committees, on behalf of the Council.</p> <p><b>Updates for Action Log:</b></p> <p>01 – Link with new Place Based colleagues to ensure inclusion in place-based reports – Place Based Leads are meeting with D Corcoran and N Greaves on 08/09/2023 to discuss reflections and actions from the committee.</p> <p>02 – D Brewin will update the committee re: overview of Advocacy Services.</p> <p>03- Insight report – N Greaves will arrange to meet with T Whiteside to discuss recommendations.</p> <p>04 – Chairs Report to People Board – NHS Joint Forward Plan – completed.</p>	
5.	<p><b>System and Strategic Update</b></p> <p><b>(a) ICB Working in Partnership with People and Communities Strategy and Toolkit</b></p> <p>N Greaves introduced and updated the committee. The ICB has approved a revised strategy for working in partnership with people and communities which has now been published. Further work has been completed by the ICB Board to ensure implementation of the strategy and toolkit has been developed to embed this within teams and staff across the organisation. An engagement framework, quick start guide, demographic insight report and an inclusion glossary have been produced to support staff across the ICB to embed the principles of the strategy in their work. Teams across the ICB have</p>	

tested the tools providing rich insights. The ICB Communications Team and the team supporting the New Hospitals Programme have worked with the Business Intelligence (BI) Team at Midlands and Lancashire Commissioning Support Group (MLCSU) to develop the draft demographic report which is shared as a draft and is expected to be completed in October.

Chair thanked N Greaves and opened questions and comments. The comments and questions are themed:

- The demographic element of Insight Report was well received.
- Department for Work and Pensions (DWP) data which was included in the report provided a useful indicator to aid understanding.
- How do we now use this intelligence, from a system perspective?
- Data should be triangulated before engagement.
- The toolkit is excellent.
- How the toolkit will be shared is through internal communications and direct support to teams on specific areas of work
- Learning from Local Authority Reviews, Children and Adult Services takes time.
- Co-production, co-design is still in development with partners and stakeholders.

Chair thanked the committee for the comments and questions and summed up; Requested that this is reflected in the AAA Escalations to ICB Board Report and the elements relating to Quality Assurance (to share with Quality Committee) and the data on death inequalities is shared with the ICB Board.

**(b) System Recovery and Transformation and place-based integration**

N Greaves introduced the report highlighting the work underway to support the place-based integration by the communications and engagement team working with place teams to create communications and embed place updates across the organisation. More work is underway to work with places to develop engagement and involvement plans which are unique to each place. On Recovery and Transformation, there is work commenced to support embedding the principles of the strategy for working with people and communities in NHS Trusts work to transform clinical services – starting with Head and Neck, Urology and vascular services and have already undertaken some insight work with the public regarding clinical service changes. As the programmes develop, the ICB will have open and transparent conversations with the public and will seek to engage and involve local people in the work around recovery and transformation and the priorities and is committed to the principles of working with people and communities.

Chair asked the committee to consider how this sits with the recovery and transformation programme and will request M Oldham to attend the next PIEAC, to give a more detailed update on the programme as this is currently being established.

P Cross noted that the Communications Plan has proven useful at a place-based level but believes teams are still establishing therefore the message to stakeholders is still developing. However, the value of the Engagement coordinators is producing green shoots resulting in robust co-production.

S O'Brien highlighted to the committee the community supported offered to patients via the menopause café, the initiative in Milnthorpe to support patients recovering from

	<p>substance misuse and various community-based initiatives throughout Lancashire and South Cumbria.</p> <p>Chair thanked the committee for the rich conversation and requested:</p> <ul style="list-style-type: none"> <li>- The reflections are shared with M Oldham.</li> <li>- Show case where possible the work being undertaken to highlight how the ICB and partners are on a journey with the public.</li> </ul>	
6.	<p><b>Standing Assurance and Insight Reports:</b></p> <p><b>(a) Public Engagement and Involvement Assurance Report: June to July 2023</b></p> <p>D Rogers introduced the report highlighting the engagement at Place and how the Population Health Team have proven to be highly influential at a neighbourhood level, with co-production with the Withnell Health Centre patient steering Group proving to be invaluable. The <i>Lundy Model of Participation</i> is also in use by Lancashire County Council and is underpinned by the Human Rights Act 1998.</p> <p>D Rogers introduced the paper highlighting a gap in the Communications and Engagement team in South Cumbria. Plans are developing as to how the area is supported. The priority wards initiative is working well across each of the places and he highlighted these as a good example of engagement taking place in our most vulnerable communities by the population health team.</p> <p>S O'Brien stated that the Lundy Model is used when producing the Deep Dive into Children and Young People and this is aligned to the engagement principles and is a good model, we intend to use for other areas of work around children and young people. The example was provided of how in maternity and Neonatal an ICB Maternity Advocate is meeting with families.</p> <p>N Greaves asked the committee to note the New Hospital Programme and Recovery and Transformation work will be discussed at ICB Board next week.</p> <p>Andrew Bennett recommended a deep dive into the priority wards work in population health management for a future committee meeting.</p> <p><b>Action: Priority wards project to be an item for a future PIEAC agenda</b></p> <p><b>(b) Public and Community Insights Report: June-July 2023</b></p> <p>D Rogers introduced the paper highlighting the insights from ICB channels and the insights which have been captured from engagement work which has taken place in particular listening events in places and the reports from local Healthwatch.</p> <p>David Brewin presented the section of the report on complaints, MP letters and FOIs showing the key themes. The committee was advised that the increase in complaints received was a result of primary care complaints being transferred to the ICB from NHS England on 1 July 2023. The resource which has been provided to support this is not felt to be sufficient. The complaints annual report was also attached as an appendix to the insight report for information.</p> <p>Chair invited comments and the following themes emerged from the discussion:</p> <ul style="list-style-type: none"> <li>- Welcome the assurance in this report.</li> <li>- The Boards are a long way from the communities and this is proving to be challenging, hopefully overtime this group can open the learning and it can be reported to the committee.</li> <li>- Issue around engagement fatigue - patients do engage and then don't necessarily come back, there are issues around patients reliving trauma through this process.</li> </ul>	

	<ul style="list-style-type: none"> <li>- The insight re: trends need further clarity.</li> </ul>	
7.	<p><b>Deep Dive:</b> Virtual Wards Patient Experience C White introduced the report and discussed the data with the committee.</p> <p>Chair opened for questions and comments, the following points were forthcoming:</p> <ul style="list-style-type: none"> <li>- Need more data as some elements lacked baseline to provide conclusive results in the infographics, if only 1% needs strengthening.</li> <li>- Need to understand how the virtual wards are working from a patient's perspective.</li> <li>- Performance for virtual wards needs to be monitored via Finance and Performance Committee and from a quality-of-service perspective this needs to be monitored via Quality Committee.</li> </ul> <p>Chair asked the committee if they were assured in relation to the outcomes highlighted within the report and is this a solution for patients being discharged from hospital.</p> <ul style="list-style-type: none"> <li>- The framework is in place.</li> <li>- Presents a positive picture although recognise more patient insight is needed.</li> <li>- Need to refer to Primary Care Commissioning Committee re: Fuller.</li> <li>- T Whiteside wished to express her thanks for the significant improvement.</li> </ul>	
8.	<p><b>I Care: Hearing the Voices of Unpaid Carers in South Cumbria and Carers Charter for Lancashire and South Cumbria</b> L Graham presented the report and highlighted key themes and recommendations from the report.</p> <p>L Graham described how the insight from the Healthwatch I Care project has been used by a multi-agency group to develop a carers' charter which is presented to the committee as a draft as this is likely to be developed as a wider partnership of which the ICB is one organisation.</p> <p>Sarah O'Brien stated that if this is identified by the partnership as a priority group, the decisions which would need to be made to understand the impact on this targeted community group would need exploration prior to ICB endorsement.</p> <p>Chair requested comments and suggestions:</p> <ul style="list-style-type: none"> <li>- There was an acknowledgement of the engagement work Healthwatch had undertaken in South Cumbria.</li> <li>- There was recognition that this was qualitative with relatively small numbers with very little reach into health inclusion groups and more work is needed with unpaid carers in full time employment.</li> <li>- There were updates from places about similar work which is underway to engage with carers in some of the other places in Lancashire and South Cumbria.</li> <li>- On the carers charter there was a discussion about broader engagement being needed to include the health inclusion groups and more targeted communities in order for this to be adopted by the ICB.</li> <li>- There was a discussion that as this is being developed by a multiagency group it would be more likely this would be agreed as a partnership first (suggested the ICP) and then the ICB will need to describe more specifically what adopting the charter would mean to the ICB as an organisation.</li> </ul>	

9.	<p><b>Committee Effectiveness</b>  <b>(a) In ICB context: NHS England annual assessment of the ICB and ICB Annual Report</b>  D Atkinson introduced the outcome of an annual assessment of Lancashire and South Cumbria ICB by NHS England. The committee was asked to note the contents of the report. The following key points were highlighted from the annual assessment for the committee to be aware of:</p> <ul style="list-style-type: none"> <li>- The annual assessment does not include any ratings.</li> <li>- There are many positives which have been highlighted in the report in relation to the establishment of the ICB and progress which has been made by the organisation in 2022/23.</li> <li>- The annual assessment recognises positive work of the ICB in the elements relating to the work of this committee – public engagement and involvement. This includes the establishment of the Public Involvement and Engagement Advisory Committee being positive and demonstrates the ICB’s commitment to engaging and involving local communities along with the engagement approaches being developed by the ICB.</li> </ul> <p><b>(b) Committee Effectiveness Review</b>  D Atkinson introduced the outcome of a committee effectiveness review and a survey which was undertaken with Public Involvement and Engagement Advisory Committee members. The key findings were shared with the committee:</p> <ul style="list-style-type: none"> <li>- The review took into consideration the maturity of the ICB and aimed to improve governance and committee effectiveness</li> <li>- The membership response which was only 50% and therefore there is more work to be done.</li> <li>- An area of further work is the interdependency of the committees and more work will be undertaken to ensure the interactions between the ICB committees work well – particularly in relation to actions and agenda items.</li> </ul> <p><b>(c) MIAA 2022/23 Patient and Public Engagement Checklist – and associated review</b>  N Greaves provided an update on an audit of ICB patient, public and carer engagement including an internal assessment being undertaken using a checklist produced by MIAA based on national guidance. The Chair asked the committee to note the content and approach, and the draft checklist would be sent to members in a separate email following the committee for comment.</p> <p><b>Action: N Greaves to circulate the engagement checklist internal assessment for comment by committee members</b></p>	
10.	<p><b>Committee Workplan</b>  Deferred to next meeting.</p>	
11.	<p><b>Committee Highlights Report to the Board Advise / Alert / Assure</b></p> <ul style="list-style-type: none"> <li>- Complaints - Alert – NHSE not fully updated ICB before hand over</li> <li>- Virtual Ward – Advise</li> <li>- Discharge – Alert</li> </ul>	
12.	<p><b>Items referred to other committees</b>  There were no matters.</p>	
13.	<p><b>Any Other Business</b>  There was no further business.</p>	

14.	<p><b>Items for the Risk Register</b></p> <p>N Greaves recommended that a risk needed to be added to the risk register relating to public and patient involvement in transformation programmes and a workshop is in place to do this.</p> <p><b>Action: risk to be added to the ICB risk register relating to engagement and involvement of people in service transformation</b></p>	<b>NG</b>
15.	<p><b>Reflections from the meeting</b></p> <ul style="list-style-type: none"> <li>- Was the committee challenged?</li> <li>- Have we made a difference?</li> </ul> <p>T Whiteside commended the work of the communications and engagement team and the progress which has been made.</p>	
16.	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 25 October 2023 (10 am – 12 noon, Meeting Room 1, County Hall, Preston, PR1 8XJ)</p>	