

# ICB Public Involvement and Engagement Advisory Committee

Wednesday 18<sup>th</sup> December 2024 at 10:00am – 12:30pm  
in Lune Meeting Room 1, Level 3, Christchurch Precinct, County Hall,  
Preston, PR1 8XB

## AGENDA

\* Alert, Assure, Advise

No	Item	Lead	Purpose	Format	SO	*AAA
<b>Standing Items 10am – 10:15am</b>						
1.	Welcome, Introductions and Chair's Remarks	Chair	Note	Verbal		
2.	Apologies for Absence / Quoracy of meeting	Chair	Note	Verbal		
3.	Declarations of Interest (a) Committee Register of Interests	Chair	Note	Attached		
4.	(a) Minutes of the Meeting Held on 25th September 2024 and Matters Arising	Chair	Approve	Attached		
	(b) Action Log	Chair / Neil Greaves	Approve	Attached		
<b>Updates on Engagement Programmes 10:15am – 11:20am</b>						
5.	Your health. Your future. Your say. engagement programme and insights.	Neil Greaves	Note	Attached	1,2,4-6	Advise, Assure
6.	Engagement in priority wards – population health improvement	Andrew Bennett	Note	Attached	1,2,5	Advise, Assure
<b>Assurance 11:20am - 12:15pm</b>						
7.	Standing Assurance and Insight Reports:					
	a) Public Engagement and Involvement Assurance Report: Sept 2024 to Nov 2024	David Rogers	Note	Attached	1-6	Assure
	b) Public and Community Insights Report: Sept 2024 to Nov 2024	David Rogers	Note	Attached	1-6	Assure Advise
	c) Complaints report	David Brewin	Note	Attached	1	Assure Advise
d) Update from the Citizen's Health Reference Group held on 5 December	CHRG Rep	Approve	Attached	1,2,5	Assure Advise	

	e) Report from ICB consultation working group: <ul style="list-style-type: none"> <li>i) New Hospitals Programme</li> <li>ii) Shaping Care Together</li> </ul>	Andrew Bennett	Approve	Attached	1,2,4-6	Advise Assure
	f) Healthwatch Report	Lindsey Graham	Note	Attached	1	Assure
<b>Standing Items 12:15pm – 12:30pm</b>						
8.	Committee Escalation and Assurance Report to the Board (AAA Report)	Chair	Agree	Verbal		
9.	Items referred to other committees	Chair	Agree	Verbal		
10.	Any Other Business	Chair	Note	Verbal		
11.	Items for the Risk Register	Chair	Discuss	Verbal		
12.	Reflections from the meeting: <ul style="list-style-type: none"> <li>- Was the committee challenged?</li> <li>- Have we made a difference?</li> </ul>	Chair	Discuss	Verbal		
13.	Date and time of next meeting: Wednesday, 25 <sup>th</sup> March 2025 10 am – 12:30pm, Lune Room 1, ICB Offices, County Hall, Preston, PR1 8XJ	Chair	Note	Verbal		

<b>ICB Strategic Objectives</b>	
1	Improve quality, including safety, clinical outcomes, and patient experience
2	To equalise opportunities and clinical outcomes across the area
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees
4	Meet financial targets and deliver improved productivity
5	Meet national and locally determined performance standards and targets
6	To develop and implement ambitious, deliverable strategies

**Glossary of Terms:** [LSC Integrated Care Board :: Glossary of terms \(icb.nhs.uk\)](https://www.lsc.nhs.uk/glossary)

## NHS LANCASHIRE AND SOUTH CUMBRIA ICB PUBLIC INVOLVEMENT AND ENGAGEMENT ADVISORY COMMITTEE OCTOBER 2024

Name	Current position (s) held in the ICB i.e.: Board Member; Committee Member; Employee or other	Declared Interest (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Indirect	Nature of Interest	Date of Interest From	Date of Interest To	Action taken to mitigate risk
David Brewin	Associate Director of Customer Care and Engagement	Nil								
Debbie Corcoran, Director of Governance Nelson and Colne College Group	Non-Executive Member Chair of Public Involvement and Engagement Advisory Committee Chair of Primary Care Commissioning Committee	Nelson and Colne College Group		Yes			The College works directly with NHS organisations/Trusts to deliver training. A College Board Member is a non-executive Director of East Lancashire Hospitals Trust; another is a non-executive director at NWAS and, a committee member is Chief Executive at Pendleside Hospice. The Adult Community Learning (ACL) delivery arm of Nelson and Colne College Group - Lancashire Adult Learning or LAL - are developing links with Primary Care Networks to offer support with social prescribing through provision of learning and skills to support to the community at no cost.	22 September 2023	Present	Declare interest and do not take part in decision-making or procurement, or other activities relating to this interest in accordance with ICB policy
		Commercial organisation - Intersystems - which contracts with acute NHS Trusts for the provision of electronic patient record (EPR) systems.				Yes	Husband is an employee	20 February 2017	Present	
		Trusthouse Lancashire				Yes	Daughter is a volunteer	28 August 2023	Present	
Steph Cordon Director of Thriving Communities Westmorland and Furness Council	Local Authority Representative PIEAC	Nil								
Philippa Cross	Associate Director Place Development and Integration, ICB/ELHT	Yes		Yes			Employment is hosted by ELHT (seconded into ICB) and ELHT are a key member of the Blackburn with Darwen Place-based Partnership which I support.	01/02/2019	Present	Not to be involved in any decision making discussions relating to these interests in accordance with the ICB Policy.  All Place-based Partnership Board meetings (once delegations have been made from the ICB) will operate with a clear a declarations of interest policy. This process will be managed by the PBP Board chair who will ensure due process is followed should any conflict of interest arise within the course of the meeting.
Dr Lindsey Dickinson	Associate Medical Director Primary Care	The Chorley Surgery	Yes				GP Partner	2011	Present	Not to be involved in decision making at Primary Care Contracting Group for decisions that impact General Practice finances.
		Chorley Central Primary Care Network limited	Yes				Shareholder	November 2022.	Present	Not to be involved in decision making at Primary Care Contracting Group for decisions that impact PCN finances.
		LCFT				Yes	Sister-in-law is Team Manager for LSCFT	2018	Present	Not to be involved in contractual decision making involving LCFT.
		Positive Solutions				Yes	Husband works for 'Positive Solutions', company provides software solutions to pharmacy industry	November 2022.	Present	Not to be involved in any decisions regarding software for community pharmacy at
		LSCFT				Yes	Sister is Team manager for Rapid intervention and treatment team,in Blackpool, for LSCFT	01 February 2024	Present	Not to be involved in decisions around mental health services for LSCFT in Blackpool.

<b>Vicki Ellarby</b>	Director of Place Development and Integration South Cumbria	Nil								
<b>Katie Egan</b> Member of VCFSE Alliance and Integrated Care System Lead; Change, Grow, Live	VCFSE representative at PIEAC (participant) Named deputy to N Zaman	Commissioned Drug and Alcohol Services		Yes			Advocate for a particular group of patients in my main role as Integrated Care System Lead for the commissioned drug/alcohol service	01 July 2018	Present	Declare interest in meetings and manage in line with ICB Policy
<b>Roy Fisher</b>	Non-Executive Member ICB Deputy Chair Chair of Finance and Performance Committee Chair of Remuneration Committee	Layton Primary School, Blackpool		Yes			Chairman of the Governing Body	2008	Present	Declare interest and manage in line with ICB Policy
<b>Lindsay Graham</b> Lancashire and South Cumbria Director (Healthwatch Cumberland, Westmorland and Furness)	Committee member	Healthwatch	Yes				Healthwatch may be commissioned at times by the ICB to deliver engagement activities and services.	1.4.22	Ongoing	Should discussions take place about commissioning HW, I would declare an interest and not be involved in these.
		Carlisle Parkrun			Yes		Carlisle parkrun Event Director (volunteer role with overall responsibility for the safe and effective running of Carlisle parkrun on behalf of parkrun UK/Global.	1.1.2018	Ongoing	Role falls outside of Lancashire and South Cumbria ICB
		People First Independent Advocacy	Yes				Local VCFSE organisation providing a range of services to support people to lead the lives they choose.	27.4.2008	Ongoing	Should discussions take place about commissioning HW, I would declare an interest and not be involved in these.
<b>Neil Greaves</b>	Director of Communications and Engagement	Nil								
<b>Dr Andy Knox</b>	Associate Medical Director Population Health	Ash Trees Surgery	Yes				Partner	2013	Present	To declare in minutes when appropriate
		Ash Trees Pharmacy	Yes				Director	2018	Present	To declare in minutes when appropriate
		The Well CIC (unpaid)			Yes		Director - became chair	2017	Present	To declare when decisions made re social prescribing contracts and alcohol/drug services
		King's Fund		Yes			Associate Population Health	January 2022	Present	To state in minutes when necessary
		Lancaster University		Yes			Senior Lecturer	September 2020	Present	To state in minutes when necessary
		UCLAN Medical School		Yes			Associate	September 2020	Present	To state in minutes when necessary
		Trustees Westmorland Multi-Academy Trust				Yes	Vice Chair	Sep-20	Present	To state in minutes when necessary
<b>Professor Sarah O'Brien</b>	Chief Nursing Officer	Liverpool John Moore's University		Yes			Visiting Professor of Nursing	2010	Present	Declare in any meetings discussing work with LJMU and Chair to decide how to manage conflict of interest
		Edge Hill University		Yes			Honorary Professor	2020	Present	Declare in any meetings discussing work with Edge Hill University and Chair to decide how to manage conflict of interest

		Diabetes UK		Yes			Previous role as Diabetes Nurse Consultant - ad hoc support	1999	Present	Declare professional diabetes interest in any relevant meetings.
		Corpus Christi Catholic Primary School St Helens		Yes			Foundation Governor	2018	Present	Declare in any meetings if discussing work with Corpus Christi School and Chair to decide how to manage conflict of interest
		De La Salle School St Helens		Yes			Foundation Governor	November 2022.	Present	Declare in any meetings if discussing work with De La Salle School and Chair to decide how to manage conflict of interest
		Girl Guiding Association			Yes		Volunteer - (leader in training)	15.04.24	Present	Declare in any meetings relevant to work with Girl guiding
<b>Jessica Partington</b>	Head of Partnership Development and Delivery Lancashire Place	Nil								
<b>David Rogers</b>	Head of Communication and Engagement	NIL								
<b>Tricia Whiteside, NED, Lancashire Teaching Hospitals NHS Foundation Trust</b>	Non-Executive Member with a role for patient experience or public engagement from an NHS provider	LTH		Yes			NED at LTHTR	September 2019.	Present	
		NWAS				Yes	Daughter works for NWAS	June 2022.	Present	
		Joint Ethics Advisory Committee				yes	Member	01 October 2023	Present	Declare interest in meetings and manage in line with the ICB policy
<b>Pauline Wigglesworth Representative from place-based partnership board, Blackpool Council</b>	Committee member	Nil								Declare interest in meetings and manage in line with the ICB policy
<b>Helen Williams</b>	Interim Associate non executive member left the organisation 25.09.24	Great Arley Special School		Yes			Chair of Governing Body at Great Arley Special School	01/01/2016	Present	Declare interest and manage in line with ICB Policy
<b>Naz Zaman Chief Officer Lancashire BME Network</b>	VCFSE representative at PIEAC (participant)	Lancashire BME Network	Yes				Chief Executive of a voluntary sector organisation and trustee for a number of VCFSE organisations (Burnley, Pendle, Rossendale CVS -from Oct 18 Lancashire Associated of CVS - from Oct 2019, Community Foundation for Lancashire and Merseyside-from Nov20) that could stand to benefit financially depending on type of decisions made.	Oct-23	Present	To declare the interest and abstain from discussions/decision making as appropriate.
		Burnley Pendle Rossendale CVS		Yes			Trustee	Oct-18	Present	To declare the interest and abstain from discussions/decision making as appropriate.
		Lancashire Associate of CVSS		Yes			Trustee	Oct-19	Present	To declare the interest and abstain from discussions/decision making as appropriate.
		Community Foundation for Lancashire and Merseyside		Yes			Trustee	Nov-20	Present	To declare the interest and abstain from discussions/decision making as appropriate.

Subject to ratification

**Minutes of the meeting of the  
ICB Public Involvement and Engagement Advisory Committee (PIEAC)  
held on Wednesday, 25 September 2024 at 10:00am to 12:30pm in the Lancashire and South  
Cumbria Integrated Care Board (LSCICB) Offices, Coniston Meeting Room 2,  
County Hall, Preston**

Position on Committee	Name	Title/Role
<b>Members</b>	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Helen Williams	Interim Associate Non-Executive
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Amanda Bate	Head of Communications and Engagement (Fylde Coast)
	John Barbour	Head of Communications and Engagement (Corporate Communications)
	Vicki Ellarby	Associate Director of Strategic Place Delivery
	Kathryn Lord (deputy for Sarah O'Brien)	Director of Quality Assurance and Safety
	Chantelle Bennett (representing Pauline Wigglesworth)	Engagement senior officer - Blackpool
	Laura Bell (representing Jessica Partington)	Place Development and Governance Manager – Lancashire place
	Jonathan Bridge (representing Andrew Bennett)	Head of Population Health Central and West
<b>Participants</b>	David Brewin	Head of Patient Experience
	Louise Barker	Communications Workstream Project Manager, New Hospitals Programme – Lancashire Teaching Hospitals Trust
	Paul Bousted	OKA People Consulting
	Lindsay Graham	Healthwatch
	Ann Christopher	Citizens Health Reference Group Representative
	Howard Ballard	Citizens Health Reference Group Representative
	Sarah Mattocks	Head of Governance
	Louise Coulson (minutes)	Committee and Governance Officer

No	Item	Action
17 24/25	<p><b>Welcome, Introductions and Chairs Remarks</b></p> <p>The Chair opened the meeting and welcomed everybody and introduced Paul Bousted who was observing today's meeting (representing OKA Consulting), Ann Christopher and Howard Ballard from the Citizen's Health Reference Group and Louise Barker from the New Hospitals Programme Team.</p> <p>The Chair also thanked Helen Williams, Interim Associate non-executive for supporting PIEAC and People Committee over the last six months and wished Helen well with all her future endeavors.</p>	
18 24/25	<p><b>Apologies for Absence/ Quoracy of the meeting</b></p> <p>Apologies had been received from Andrew Bennett (Jonathan Bridge attending as deputy), Naz Zaman, Phillipa Cross, Roy Fisher, Pauline Wigglesworth (Chantelle attending as deputy), Steph Cordon, Tracey Ingham, Tricia Whiteside, Lindsey Dickinson, Jessica Partington (Laura Bell attending as deputy), Sarah O'Brien (Kathryn Lord attending as deputy) and Debra Atkinson.</p> <p>The meeting was confirmed as quorate.</p>	
19 24/25	<p><b>Declarations of Interest</b></p> <p>(a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted.</p> <p><b>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</b></p>	
20 24/25	<p><b>(a) Minutes from the previous meeting held on 26 June 2024 and Matters Arising</b></p> <p><b>RESOLVED: The minutes of the meeting held on 26 June 2024 were approved as a correct record.</b></p> <p><b>(b) Principles of the committee subgroups – N Greaves</b></p> <p><i>Agenda item 4b taken out of running order, this item was discussed after the action log item (item 7d had been discussed and updated also).</i></p> <p><i>Louise Barker joined the meeting at 10:25am</i></p> <p>N Greaves provided a verbal update. Speaking in relation to a <i>voluntary sector partners working group</i>, this has initially been a task and finish group to support the pre-consultation and engagement for the New Hospitals Programme. A group was established to help shape a commission for the voluntary sector to support with capturing views of targeted health inclusion and community groups. The group supported a commissioned opportunity to be developed and shared through Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance partners. The commission will form part of the NHP programme going forward. More work is to be undertaken to</p>	

<p>develop partnerships with VCFSE sector in relation to listening to communities.</p> <p>The second sub-group <i>was to focus on digital inclusion</i> N Greaves expressed this group has been exploratory and several colleagues from across the ICB have met to scope out what a future group may look like and what it may focus on. Following three meetings, the group has set out looking at what examples of good practice there are, what the principles for good digitally inclusive care look like and sharing positive examples. For the next PIEAC committee meeting, there is an expectation to have a more formalised group with updates and terms of reference.</p> <p>The Chair added there was much richness identified in the sub-group mechanisms especially relating to research and a more robust mechanism to record this is required. The PIEAC AAA report needs to record a cohesive stream of understanding to capture the work of the sub-groups.</p> <p><b>(c) Action Log</b></p> <p>(23/24)12Dec2023- <b>Ref 01 (min ref 1.4 (b)) - Freedom of Information</b> – N Greaves update 28/08/2024 this is on the agenda and propose to close.</p> <p>(23/24)28Feb2024- <b>Ref 02 – Develop webinars to demonstrate good practice engagement in place based partnerships</b> – D Rogers &amp; J Partington – update 28/08/2024 webinars have been planned, shared with PIEAC members, staff and wider partners. This is therefore proposed to close.</p> <p>(23/24)28Feb2024- <b>Ref 03 - Metrics for the committee effectiveness review</b> – S Mattocks update 2/08/2024 this is now planned to take place for the committee in December 2024.</p> <p>(23/24)28Feb2024- <b>Ref 04 - Repository of insights</b> –D Rogers update 28/08/2024 A repository of ICB insights has been created and published on the ICB website - <a href="https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us-1/what-youve-told-us">https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us-1/what-youve-told-us</a> There is more to develop insights collectively with partners and looking how themes are developed. This will take time to develop systems to support this.</p> <p>(23/24)28Feb2024- <b>Ref 06 - Insights from engagement relating to primary care</b> – L Dickinson &amp; A Bate update 28/08/24 – Elements of this has been included in the insights report on the agenda including insights from the national GP patient survey. As this is planned within the workplan of the committee, it is proposed this action is closed.</p> <p>(24/25)26 June 2024- <b>Ref 07 (min ref 1.4) - Pharmacy First</b> – N Greaves update 28/08/2024 - A survey has been developed and shared with Citizen’s Panel to capture insights and an update will be provided with the outcomes of this work in the committee meeting in December. As this has been followed up and the response to the insights will be part of business as usual, it is proposed this item is closed.</p> <p>(24/25)26 June 2024 – <b>Ref 08 (min ref 2) - Committee Effectiveness: embedding learning from the workshop in April 2024</b> – N Greaves update 28/08/2024 - Terms of reference for the subgroups will be brought to the committee in December. This will be covered on the agenda for the consultation working group.</p> <p>(24/25)26 June 2024 – <b>Ref 09 (min ref 3c) - Complaints report</b> – D Brewin update 28/08/2024 – A more detailed complaints report with key themes has been included</p>	<p><b>NG ✓</b></p>
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	<p>within the agenda of the committee and therefore it was agreed this action will be closed.</p> <p>(24/25)26 June 2024- <b>Ref 10 (min ref 3c) - Sharing complaints and insight reports with other committees</b> – N Greaves &amp; D Brewin update 28/08/2024 – This is covered on the agenda and is a recommendation within a committee paper.</p> <p>(24/25)26 June 2024- <b>Ref 10 (min ref 3d) – Update requested from Citizens Health Reference Group members on PPG</b> - N Greaves update 28/08/2024 – A verbal update will be provided at the meeting regarding actions taken including sharing good practice on the GP intranet for embedding Patient Participation Groups. An audit of PPGs was undertaken in Q3 2022/23 and this is planned to be undertaken in Q4 2024/25 to understand current self-assessment from GPs on having a PPG in place and opportunity to capture good practice and what is working well. This can be reported to PIEAC in March 2025.</p> <p>(24/25)26 June 2024 – <b>Ref 11 (min ref 4) - Involvement and engagement process and outcomes to support urgent and emergency care strategy</b> - N Greaves update 28/08/2024 - Strategy has been shared with members. This was endorsed at the ICB Board on 11/09/2024.</p> <p>(24/25)26 June 2024 – <b>Ref 12 (min ref 5) - Strategy for working in partnership with people and communities progress review</b> – N Greaves update 28/08/2024 – Committee endorsed this being complete and is included on the committee workplan for 25/26</p> <p>(24/25)26 June 2024 – <b>Ref 13 (min ref 6) - Shaping Care Together: engagement on case for change</b> - N Greaves update 28/08/2024 – This was completed in September therefore propose to close.</p> <p><i>Howard Ballard joined the meeting 10:10am</i></p> <p><b><u>Actions for PIEAC from ICB Board or other committees</u></b></p> <p>(24/25)26 June 2024 - <b>Ref 1 - Primary Care Commissioning Committee - Pharmacy First – D Corcoran (Chair)</b> – update the recommendation from the PIEAC was to coordinate the capture of insights from the virtual Citizens Panel which had been undertaken in August and September with insights being presented to the ICB’s primary care team for action. A verbal update was provided to the Primary Care Commissioning Committee 29.08.2024.</p>	
21 24/25	<p><b>Public engagement and pre-consultation engagement programme 2024/25 – N Greaves</b></p> <p>N Greaves spoke to the report detailing the Integrated Care Board (ICB) has submitted a plan for 2024/25 that requires the delivery of a large portfolio of savings plans and achieving this and supporting organisations to deliver against their plans is the focus of the Recovery and Transformation Programme.</p> <p>The Recovery and Transformation programme aims to:</p> <ul style="list-style-type: none"> <li>• reduce waste and duplication</li> <li>• improve quality and</li> <li>• transform services to ensure long terms clinical, operational, and financial sustainability.</li> </ul> <p>An honest dialogue with the public will support creating a shared understanding for any future decision making and feedback on the vision and priorities of the ICB, along</p>	

with capturing important insight which will contribute to several preconsultation engagement activities for transformation programmes, including Shaping Care Together, New Hospitals Programme and acute clinical reconfiguration.

There is also a need for early engagement to support IUC (Integrated Urgent Care) commissioning and TCC (Transforming Community Care) programmes.

A proactive engagement programme with public, stakeholders and partners, consisting of a series of local engagement events, local focus groups and discussions with targeted patient groups have been launched. This will run between September and November 2024. The purpose of the programme is to listen to local communities to understand key issues relating to the ICB and system vision and priorities for health and care and to capture valuable public and patient insights which will contribute towards planning any future reconfiguration and commissioning programmes.

In addition, N Greaves spoke to Appendix A - a slide set which presents the legislation and an approach for preconsultation engagement. The committee were presented with details on the approach to how the ICB will listen and promote in addition to which channels will be used to capture feedback in programmes of work where formal service change is required.

N Greaves highlighted the two parts to the report namely the ICB vision and priorities plan required in relation to the public.

L Barker added that market research had been commissioned to work with underrepresented groups and asked those present note N Greaves proposals within the report.

The Chair commented this was a helpful overview and update in relation to the coverage reached working with providers and the public and enquired as to what were the key messages coming back in relation to the 'So What?' element.

K Lord commented that the outcomes demonstrate the feedback to streams of work that have been captured via a governance and quality route. N Greaves responded that the engagement events working with teams highlighted the principles of re-configuration of the blueprint in acute settings, would assist in capturing the insights from such engagement. However, this needs to align with and provide challenge to various elements especially relating to co-production and engagement.

A Bate added that responding to contributions and conversations was helpful in forming context and developing the foundation of capturing outputs which supports the approach to engagement in the paper.

Discussion relating to the new governments response to the New Hospital Programmes (NHP) was that the ICB and partners remain positive. Although it was noted no decisions or updates had been received and teams involved in this workstream had been asked to continue with the current preparation of work.

N Greaves commented that developments relating to treatment pathways such as cardiac, vascular, neurology etc. although not directly linked to the NHP, consideration of interdependencies must be kept in mind. The engagement approach in the paper will help to understand what is important and what are the concerns and opportunities for local people in relation to these pieces of work.

V Ellarby noted how the different place based areas stood in relation to this noting that

	<p>much of the footprint of Barrow and areas in Morecambe had not been directly represented in face-to-face engagement sessions planned, and asked the meeting to consider what such future locations would look like. V Ellarby welcomed opportunities for the ICB Executive Team to visit the wider footprint when engagement sessions are held and broaden the range of ICB staff supporting and representing the organisation.</p> <p><b>RESOLVED: That the ICB public involvement and engagement advisory committee:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report and the programme of public, stakeholder, staff and partner engagement planned between September and November</li> <li>• Endorse the approach to pre-consultation engagement to be adopted by transformation programmes</li> </ul>	
22 24/25	<p><b>Winter communications and engagement strategy and plan – J Barbour</b></p> <p>J Barbour spoke to the report outlining that the paper summarised the collective and coordinated approach taken across Lancashire and South Cumbria, the North West of England and England to coordinate NHS winter messaging for 2024/25. Such an approach maximises the efficiency and impact of the messaging. The ‘Think’ campaign booklets will be used again this year locally to advise the public of where and how to access services.</p> <p>The Chair thank J Barbour for his report and opened the floor to questions.</p> <p>H Ballard asked if any contingency had been considered in relation to fuel poverty, noting the ‘eat or heat’ choice that will be affecting many people this winter. J Barbour replied, the ICB is working closely with local authorities, to support this message and that local authorities were coordinating strategies across the north west to support vulnerable residents. Cheshire and Mersey were coordinating a discharge from hospital campaign across the north west footprint.</p> <p>N Greaves added that the ICB’s Population Health team work in areas to embed the committee strategy to support services, for example child asthma, hypertension etc. working with priority wards and areas with high health inequalities across the 5 places. Population Health’s work with wider partners, was due to be presented at committee today to give a broader picture of the work that is being undertaken to support vulnerable groups but due to competing priorities this update had to be stood down.</p> <p>The Chair added in relation to the impact, what is the current level of understanding, what would be helpful to capture an holistic view, reassurance around how this would be measured would prove helpful.</p> <p>J Barbour responded that the report with such detail would be presented at the December 2024 PIEAC meeting. Some of the detail was still being worked through. Research had shown that people responded well and the message lands well if people hear the message around the winter plans, the branding is less successful.</p> <p><i>John Barbour and Louise Barker left the meeting 11:05am</i></p> <p><b>RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report</li> <li>• Note the engagement and testing of winter campaign messages with members of the public</li> <li>• Note the activity planned over the coming weeks to work in partnership with</li> </ul>	

	<p>local authorities and wider partners to explore all opportunities to share key messages in a consistent and timely way throughout winter 2024/25.</p> <ul style="list-style-type: none"> <li>• Endorse an evaluation of the 2024/25 winter communications campaign to be shared in the March 2025 committee.</li> </ul>	
<p>23 24/25</p>	<p><b>Standing Assurance and Insight Reports:</b></p> <p><b>a) Public Engagement and Involvement Assurance Report: June 2024 to Aug 2024 – D Rogers</b></p> <p>D Rogers spoke to the report which provided members of the Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 June and the 31 August 2024. The report sought to provide assurance to the committee and the ICB Board for the delivery against the strategy for working in partnership with people and communities across the ICB and embedding the principles of public involvement and engagement. The report also summarised engagement, involvement and co-production activity which supports the priority of system transformation programmes and other ICB programmes of work and a summary of activity to support partnership working in place. Key summary of the report:</p> <ul style="list-style-type: none"> <li>• A continued focus on engagement and related activity has been undertaken in our places from June to August, and this continues, this includes continuing to build relationships and strengthen partnerships.</li> <li>• Mechanisms for engagement and involvement have been further developed with the development of the Citizen’s Health Reference Group. Following the successful recruitment and induction process, the group are poised to support the ICB in the delivery of transformation programmes, bringing public and patient perspective.</li> <li>• The Lancashire Place Partnership agreed an approach to engagement and communication working in collaboration with partners across Lancashire and South Cumbria. The completion of an engagement programme to support the recommissioning of community equipment services is a step towards this approach.</li> <li>• We have seen a growing shift towards engagement focused on the transformation and recovery programme, and this has included engagement with people and communities, as well as preparation for some large-scale engagement over the coming months.</li> <li>• Our focus on place-based engagement aims to support people and communities throughout the winter months. We have listened to feedback from several key groups on winter campaign materials this year. The feedback is being used to strengthen messages from all NHS partners and will go towards making the winter campaign more resonant for communities.</li> </ul> <p>D Rogers added that patient stories, presented at Quality Committee and ICB Board assisted with triangulating data and intelligence, closing the loop. How committees receive stories and feedback to patients is invaluable.</p> <p>The Chair noted the richness of the work captured in the report and the impact on communities, this has been recommended to and by the ICB Board.</p> <p>H Ballard commented that he believed this to be a great report and queried that there is no mention of the PPG (Patient Participation Group) for the Blackburn with Darwen place. D Rogers responded that he and S Whittle have met with and provided a tool kit for the PPG in the area but further work is required. Councillor Jackie Floyd has been supportive of the work being undertaken in this place based local.</p> <p>A Christopher asked if anything was planned for Chorley for patient groups. N Greaves stated that A Bate was building on networks already embedded in this area and a future</p>	

update will be provided on patient participation groups.

V Ellarby noted the contents of the report detailing the in-depth organised work, echoing the Chair's comments that for maximum impact its important that the in-reach is shared across the ICB and executive team.

The Chair stated she had previously shared with the ICB Board some of the highlights from the workshops. The Chair stated it would be useful if a hyperlink to this report could be embedded in the AAA Assurance Report to the ICB Board so she may refer them [the ICB] Board to specifics.

J Bridge from the population health team spoke in detail of all the various partners involved across the patch in the Ryelands area in Lancaster and how this has generated a widely successful engagement with residents within this ward. This is just one of several local examples.

N Greaves responded there was a wealth of excellent examples, from strengthening foundations with citizen's health research groups through to developing how the ICB and partners are developing their engagement with people. The population and place teams offer examples of how such engagement is developing and creating further opportunities for cohesive engagement at community level. Adding the insight report feeds into the carer's groups and women/s groups and how this links into Quality Committee.

K Lord suggested that this would come through to the System Quality Group and bring place into this in relation to frailty assurance etc.

The Chair thanked everyone for an enthusiastic discussion and raised the prospect that a conversation around SEND (Special Educational Needs and Disabilities) and ADHD (attention deficit hyperactivity disorder) should return to the ICB Board especially in relation to the new pathways if the committee could look at the programme before going to ICB Board.

**RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:**

- Note the contents and summary of insights contained in the report
- Recognise and endorse the engagement and involvement activity undertaken across the ICB and the learning being embedded
- Note the forward view of upcoming engagement, involvement and co-production activities for the next period

**b) Public and Community Insights Report: June 2024 to Aug 2024 - including Freedom of Information Themes and Trends – D Rogers**

D Rogers spoke to the report which provided members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of insights which have been captured through pro-active public and community engagement activities between June and August 2024.

The insight report shared the summary findings from four large scale engagement exercises, focusing on:

- cardiac services
- women's health
- barriers to cancer screening experienced by south-east Asian women

regarding cancer care

- community equipment
- Inclusive North, on the needs of BME carers.

The report also presents analysis of two national surveys:

- the national GP survey
- the national cancer survey.

Assurance was given that findings are being considered by the relevant programmes.

The Chair thanked D Rogers for his report and opened the floor to questions.

D Brewin raised the issue of Freedom of Information (FOI) subject access requests from patients and where this is managed by the ICB. N Greaves replied, cases from the CSU (Commissioning Support Unit) are picked up via Asim Patel's digital directorate – within the digital team, however further work is required to streamline this process. It would be helpful if the staff member leading this work could attend future committees.

**Action:** N Greaves and D Brewin to pick up FOI subject access requests with the digital team.

NG/DB

**RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:**

- Note the contents and summary of insights contained in the report
- Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis
- Endorse the sharing of this report with the ICB Quality Committee for consideration of how the findings are relevant to the quality of services provided by, or commissioned by, the ICB.

### **c) Complaints report – D Brewin**

David Brewin introduced the report which set out the activity of the Lancashire and South Cumbria (LSC) ICB Patient Experience Service for the period 1 June 2024 to 31 July 2024. The information for this report was extracted on 10 September 2024.

Patient Experience activity has been reported to PIEAC from the outset and includes:

- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging where identified.
- Examples of learning

The complaints included in the report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the 'Responsible Body'. There was a combination of complaints about the actions and omissions of the ICB itself and the ICB's commissioned providers. Letters from MPs made up of complaints from constituents, other queries raised by constituents but not handled as complaints and correspondence from MPs themselves typically about funding or strategy or other local health and care topics. The PALS totals reported reflected concerns the ICB were able to resolve quickly and informally and requests for advice and information.

The Chair thanked D Brewin for his report and requested the elements relating to clinical care discussed within the report, could be shared with the Chair's of other committees since if this could be linked with other committees that would provide useful insight.

H Ballard enquired what were they key themes in relation to mental health services. D

Brewin confirmed the two main areas of concern were access to services and waiting times. However, the ICB is unable to break down the data to specific areas. The ICB is unable to capture what providers are doing individually. That said, the ICB do meet with Trusts and they do share their individual patient complaints numbers and targets to resolve complaints. D Brewin noted that when the ICB have met with provider Trusts the reporting has been both open and transparent, including their action planning around improvements.

H Ballard enquired the complaints for NWAS (North West Ambulance Service). D Brewin responded that the numbers were low and this was disconcerting. The Chair interjected, this issue is to be raised through contracting discussions, specifically relating to quality of service. K Lord stated she would raise this as an action.

**Action:** K Lord to liaise with quality contract team, NWAS patient complaints reporting.

KL

**The Committee recognised and thanked D Brewin and the team for the greatly enhanced and much richer report, which had included additional analysis of key themes to support triangulation of insight from experience and engagement.**

**RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee receive the Complaints Report and:**

- Note the activity, volumes and learning reported for the period June and July 2024
- Note the three thematic reports produced by the team during this period

**d) Update from the Citizen’s Health Reference Group held on 5 September 2024 – CHRG Rep**

A Bate and A Christopher spoke to the report which provided members of the PIEAC with an update on the recent activities of the Citizens Health Reference Group.

**Recruitment**

Following a recruitment campaign over recent months, there are now around 50 members of the Citizens Health Reference Group. All members have expressed an interest in joining the group and attended induction sessions either in person or via Microsoft Teams.

**Contributing to transformation programmes**

The communications and engagement team are now prioritising identifying workstreams that will benefit from a patient voice and aligning members of the group to those workstreams. This could take the form of a limited number of individuals joining an existing group or a newly established task and finish group, the formation of a special subgroup for engagement, or the facilitation of a full meeting to discuss a specific topic.

**Current activity of group members**

Due to the focus on engagement in recent weeks and months, only a small number of members have been actively involved in supporting workstreams. These include:

- A group of members has worked with the team developing a new strategy for urgent and emergency care and made several suggestions for the strategy which have been taken on board. The members were regularly communicated with by the programme lead and have reported feeling valued and listened to.
- A member of the group has agreed to become part of the vascular network and has recently attended his first meeting.
- A small number of members have volunteered to represent the Group at the Public Involvement and Engagement Advisory Committee.

Both the Chair and N Greaves thanked A Bate and A Christopher for the details and discussion they had highlighted from the report.

**RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:**

- Note the contents of the report
- Recognise and endorse the activity undertaken by the Citizens Health Reference Group

**e) Update from Sub-groups and working Groups – N Greaves**

*Item discussed under the Matters Arising – (minute reference 20 - 20/24 above)*  
*(b) Principles of the committee subgroups.*

**f) Healthwatch Report – Lindsey Graham**

L Graham spoke to the report, updating on the work of Healthwatch Together which is the collaboration of five local Healthwatch groups working across Lancashire and South Cumbria ICS. The primary purpose is to listen to the views and experiences of local people who use health and social care services and work with the system to support the involvement of people, improvements in service delivery and promote and enable coproduction.

The report was the first formation of a new standalone Healthwatch Together report. The report will be produced on a quarterly basis to highlight what Healthwatch has heard and the actions taken. The report included key themes and issues from each local area as well as reports Healthwatch have published.

Included in the report were links to each local Healthwatch Annual report which, includes work programmes for the year ahead. Examples of projects include, Disability Voices - exploring people's experiences of living in Lancashire with a disability and Women's Health.

The report will continue to develop as collaboration matures and will include stories and project spotlights, impact and outcomes.

L Graham thanked the committee for receiving the report and asked for comments as this was the first standalone report Healthwatch had provided for the committee.

D Brewin commented that the volume, breadth and activity were well captured across the locality. Similarity of what was happening across the health economy highlighted the work that all organisations and partners were involved in both individually and collaboratively, D Brewin added he was aware that Healthwatch feed into Primary Care. The 30 reviews across the five different services areas were comprehensive.

*Jonathan Bridge left the meeting at 12pm*

L Graham added that a summary report would be produced in October and November with a focus on pharmacy.

N Greaves thanked L Graham for the report adding that even with extra staff it would prove difficult to engage with some of the harder to reach groups within in population. Working together focusing on how to make improvements at the same time, feeding into other teams is crucial. N Greaves reiterated a big thank you to Healthwatch.

	<p>The Chair noted that the report did highlight how the same assurances and frustrations were shared throughout organisations and partners and added that the report highlighted excellent examples of engagement work. L Graham thanked the Chair and added a quarterly report would be produced.</p> <p><b>ACTION:</b> L Coulson to add to the Business Plan, future agendas the inclusion of the Healthwatch Quarterly Report.</p> <p>V Ellarby congratulated L Graham on an excellent report and asked if the south Cumbria element could provide information specifically on the Millom and Bentham footprint.</p> <p><b>ACTION:</b> L Graham and V Ellarby will link up on the insights related to Millom and Bentham.</p> <p>The Chair invited comments on what are the big ticket items we are working on to give assurance of engagement and involvement. From a place perspective, forums and sessions – its important the Committee understands what the resident insight is, understands the firsthand accounts from residents themselves and supports the ICB’s 2025/26 priorities adhering to what we have heard. If we read across for example, primary care is a key theme, with the need for improvement and recovery linking to the Darzi report which highlights a move from hospital to primary and community care.</p> <p>N Greaves added the genuine issue is how we bring in all elements of organisational development, to ensure that the patient voice is embedded into our organisational culture. S Mattocks commented that changes in ICB Board cover sheets for example, are strengthening and demonstrating engagement and involvement with the public at meetings of the ICB Board.</p> <p>A Bate added the importance of public understanding of service transformation and change needs to be explored with patients to understand how we can educate and manage patient expectations and asked how Healthwatch support this with the engagement they undertake.</p> <p>L Graham provided reassurance that Healthwatch officers discuss with patient groups and help share their understand of changes but their role is to listen to the public voice and present that to organisations, such as the ICB. L Graham gave the example of blood clinic services and how they explained to public groups how they work differently to other services. The desktop research conducted by Healthwatch highlighted how clinics themselves should be running.</p> <p><b>RESOLVED: That the ICB Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• Support that the Healthwatch Together report is recommended and read across the ICB and system networks.</li> </ul> <p>The annual reports for each local Healthwatch, including their annual workplans are considered to inform ICB and partner organisations workstreams and ambitions through partnership meetings.</p>	<p><b>LC✓</b></p> <p><b>LG/VE</b></p>
<p>24 24/25</p>	<p><b>Committee Escalation and Assurance Report to the Board (AAA Report) – Chair</b></p> <p><b>ACTION:</b> The Chair and N Greaves will discuss how Committee reports can be</p>	<p><b>DC/NG ✓</b></p>

	shared or hyperlinked through the Committee's AAA report to Board to support their dissemination.	
25 24/25	<p><b>Items referred to other committees – Chair</b></p> <p>Public feedback on translation Services to System Quality Group. L Coulson to work with D Upson for considering how this is shared with the committee.</p> <p><b>Action:</b> L Coulson and K Lord QC to discuss System Quality Group as to where actions need to be picked up.</p>	<p><b>LC/DU</b></p> <p><b>LC/KL</b></p>
26 24/25	<p><b>Any Other Business</b></p> <p>No items raised.</p>	
27 24/25	<p><b>Items for the Risk Register</b></p> <p>No items raised.</p>	
28 24/25	<p><b>Reflections from the meeting</b></p> <p>The general feedback was the new structure of the meeting worked better, communication was clear and provided a space to understand what is happening across the 5 localities in relation to communication and engagement with the public and patients.</p> <p>The Place focus was excellent, seeing in real time the evidence of the positive changes made at place.</p> <p>The step change in reporting, getting behind the numbers, has provided a great balance.</p> <p>A real plan in how we aggregate this and bring together the strategy in action. We are listening!</p> <p>Pre-consultation is working, engagement involvement via lots of teams the Population Health update was great.</p> <p>The agenda worked well.</p> <p>There is a gap with no one round the table today representing Primary Care, or a member representing commissioning.</p> <p>How can the committee support information and learning to be shared with the ICB Board.</p> <p>A very positive meeting in terms of listening to people about the work and staff really do care about the public involvement – foundations have been laid and in a very positive way and principles of openness form part of this.</p>	
29 24/25	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 18 December 2024 (10 am – 12.30 pm, Lune Room 1, ICB offices, County Hall, Preston, PR1 8XJ)</p>	

# Lancashire and South Cumbria Integrated Care Board Public Involvement and Engagement Advisory Committee (PIEAC) – Action Log 18 December 2024

Key to status symbols							
Complete and propose to close		Overdue		In progress		Cancelled	

**Actions**

Ref	Min Ref	Meeting date	Action title and description	Owner	Due date	Status	Progress Update
3		28 February 2024	<b>Metrics for the committee effectiveness review</b> Agree and confirm plans for the PIEAC committee effectiveness review.	Sarah Mattocks	18 December 2024		19.06.2024 – this is being organised by the corporate governance team to take place during summer 2024. 26.06.2024 – review to incorporate the impacts of engagement. 28.08.2024 – this is now planned to take place for the committee in December 2024. 19.11.2024 – a review of ICB committee structure and delegation is underway which needs to be concluded prior to any committee review

**Committee to Committee Actions**

Ref	Action to and from Board and other Committee	Committee referred from	Owner	Due date	Status	Progress Update

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	18 December 2024
<b>Title of paper</b>	Your health. Your future. Your say engagement report
<b>Presented by</b>	Neil Greaves, director of communications and engagement
<b>Author</b>	Laura Harvie, communications and engagement senior manager Nathan Skelton, communications and engagement manager
<b>Agenda item</b>	5
<b>Confidential</b>	No

### Executive summary

To support an honest and open dialogue with members of the public, a *Your health. Your future. Your Say.* programme of public engagement took place to share the challenges faced by health and care services, opportunities for improvement and to listen to views of local people about what is important to them.

The aim of the engagement programme was to have honest discussions and gather feedback on the key principles of the system recovery and transformation programme and responses to challenges in our place-based partnership areas. Feedback and insights will be used to influence and help inform early-stage decision-making for the key ICB programmes. It will build on engagement which has taken place over the previous 12 months and help lay the foundations for further in-depth discussions with local communities, which will be needed over the next five years as we look to transform health and care services to be fit for the future.

More than 1,800 responses were received through a series of public engagement events, reaching into targeted community groups and networks and surveys. The report presents the findings including key themes from a system and place perspective and recommendations for the ICB going forward in relation to transformation.

A report from the insights from the engagement programme have been published: [lancashireandsouthcumbria.icb.nhs.uk/get-involved](https://lancashireandsouthcumbria.icb.nhs.uk/get-involved).

### Advise, Assure or Alert

This report:

- advises the committee of the insights and public perceptions captured from the public engagement programme
- assures the committee of the approach undertaken to listen, engage and capture views of local people across Lancashire and South Cumbria.

Recommendations				
The committee is asked to note the public engagement report.				
Which Strategic Objective/s does the report contribute to				Tick
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
4	Meet financial targets and deliver improved productivity			✓
5	Meet national and locally determined performance standards and targets			✓
6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
N/A				
Conflicts of interest associated with this report				
N/A				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed	✓			EHIIRAs were developed for each of the public engagement events
Data privacy impact assessment completed			✓	
Report authorised by:	Neil Greaves, director of communications and engagement			

# Your health. Your future. Your say

Listening to communities report

November 2024



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## Introduction

NHS Lancashire and South Cumbria Integrated Care Board (ICB) has developed a vision and plan for recovery and transformation through working in partnership across the health and care system. This is for a high-quality, community-centred health and care system by 2035 focused on 'well care' rather than 'sick care' by prioritising prevention, wellbeing and early intervention.

Our vision is very much aligned with the national report on the state of the National Health Service in England by Lord Darzi, published in late September, and announcements from the Secretary of State for Health and Social Care to focus on moving from an acute centric to a community centric health and care system with maximum use of digital technology and a strong focus on wellness, prevention and demand management.

To support an honest and open dialogue with members of the public, a programme of public engagement took place to share the challenges faced by health and care services, opportunities for improvement and to listen to views of local people about what is important to them.

This aligns with the principles of the ICB's [working in partnership with people and communities strategy](#) and supports the ICB to meet its duty to involve the public in decisions and commissioning of health and care services.

The aim of the engagement programme was to have honest discussions and gather feedback on the key principles of the system recovery and transformation programme and responses to challenges in our place-based partnership areas. Feedback and insights will be used to influence and help inform early-stage decision-making for the key ICB programmes. It will build on engagement which has taken place over the previous 12 months and help lay the foundations for further in-depth discussions with local communities, which will be needed over the next five years as we look to transform health and care services to be fit for the future.

This report details the findings and public insights from the 'Your health. Your future. Your say.' programme of engagement which included a series of roadshows and targeted outreach engagement with targeted health inclusion groups. It also pulls out some insights from other activities which took place at the same time, which are pertinent to understanding local perspectives on the ICB's vision and priorities.



**YOUR**  
health.future.say.

## Executive summary

Throughout October and November 2024, the 'Your health. Your future. Your say.' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. They featured information about areas of focus for the ICB including challenges and opportunities with the quality and sustainability of health and care services, increasing health inequalities, hospital reconfiguration, integrated urgent care and transforming community care.

The events were open to the public and were extensively promoted through multi-channel marketing campaigns which included social media, local media and through direct contact and conversations with community groups, patient participation groups, partner organisations, staff and local public networks.

188 members of the public attended the roadshows to share their views. This does not include NHS, local council staff and clinical and care professionals who supported and participated in discussions at the events.

Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups. In total, insight was gathered from 242 people at events and 1,836 responses from the surveys.

The views of the public were sought on the work of the ICB and its vision and priorities. This was coupled with design principles for urgent care service recommissioning which could be relevant for other programmes of work within the ICB.

In general, those we engaged with were favourable of the work of the ICB and supported the vision for a more community-centred health and care system. There was general support for the need for transformation of services, but concerns were raised about the scale of the work being undertaken and the financial challenge.

Members of the public expressed concerns particularly over the difficulty of joining up services to provide efficient services without harming the overall patient experience. They also expressed concerns over the confusion of having services which are not well connected and often make it difficult for patients and the public to navigate the health and care system.

People supported a move to more services in the community, care closer to home and a focus on keeping people well, but also expressed a need to make all services as easy as possible to access, preferably in a single point of access hub. They also wanted to be more involved or informed in this process and urged for better communication about services with a repeated theme of the need for simplicity to support easier access.

A number of recommendations have been created based on the findings of this report and they are:

1. Keep everything as simple as possible to ensure good patient experience of services.
2. Continue with a community approach but make this a one-stop shop for all services including primary care, community services, mental health, council services and voluntary services.
3. Improve IT systems so all services use or have input into a central system that can be accessed by everyone including the patient.
4. Involve people earlier in projects.
5. Ensure GP practices all offer the same services, especially blood tests.
6. Improve communication and awareness of services. This includes between health professionals but especially the public.
  - a. Educate people on which service to use and when.
  - b. Keep patients involved and provide information on what to expect at every stage.



## What have we been talking to people about and why?

### We want to make sure local people...



...Are aware and informed about proposals...

... Know how they can get involved...



... Understand why decisions are made...

...Feel enthusiastic about what is possible...



...Have trust in the process.

Throughout 2024/25 the ICB faces many difficult decisions that will impact how health and care services are delivered across Lancashire and South Cumbria. These include transforming care in the community, clinical reconfiguration of services in hospitals and the integration of urgent care services. These are all required to transform services and recover from the COVID-19 pandemic.

Many of the transformation and recovery programmes will require further detailed engagement and potentially a formal process of pre-consultation engagement and public consultation.

In order for the detailed conversations to be properly introduced and informed it was decided that a broader conversation about recovery and transformation and the vision and priorities of the ICB and NHS in Lancashire and South Cumbria was needed.

To that end, the 'Your health. Your future. Your say' engagement provided an initial opportunity to discuss the vision and direction for the ICB and the challenges it faces. These can be found in [Appendix 1](#).

Whenever possible the discussions also looked at some of the achievements already made by the ICB and partners so far.

Each local event was undertaken with full consideration of different local issues and projects, such as:

- A programme of proactive communications and engagement that commenced in West Lancashire

in July 2024 to support 'Shaping Care Together;' an NHS programme aimed at changing the way health and care services are provided in Southport, Formby and West Lancashire. This includes the district hospitals in Southport and Ormskirk as well as several community hospital sites and services. It is a partnership programme between Mersey and West Lancashire Teaching Hospitals NHS Trust, and the ICBs of Cheshire and Merseyside, and Lancashire and South Cumbria.

- The New Hospitals Programme was an issue of national discussion during the engagement with there being, at the time of the engagement programme, a pending government review for the programme and the possibility for a consultation on proposed sites for new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital as part of the New Hospitals Programme.

## What have we talked about before?

### Previous engagement

- Each of the transformation and recovery programmes have embarked on their own engagement programmes. These have been targeted at specific groups of patients with lived experience of the services involved. They have focused on assessing the current situation and areas requiring change. They have not led to any major service change decisions being made but have fed into options for what could and could not be changed in the future.
- The ICB has presented the challenges it faces and the reasons for some of the transformation and recovery programmes a number of times at its own board meetings and through annual reports. These are further spelled out in the chief executive's 'State of the system' reports. These can be found on the ICB website here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/publications/state-our-system-report>
- The ICB also has a team of engagement professionals who work exclusively at Place to meet with and gather insight from various community groups on a range of subjects. The insights are shared through the ICB Public Involvement and Engagement Advisory Committee (PIEAC) <sup>1</sup> with the ICB board and any programme groups they are relevant to.



<sup>1</sup> <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/sub-committees/public-involvement-and-engagement-advisory-committee>

## Who have we heard from and how?



### Deciding who to talk to

The ICB has a cohort of nearly 1,500 engaged people through the various panels and participation groups it has open. These people are heavily engaged and enthusiastic about the part they play in informing the ICB. Likewise, our partner organisations, councillors, VCFSE groups and patient groups also provide their comments on a regular basis.

It is acknowledged that engagement with the wider public is difficult. The aim of this engagement was primarily to reach out to people who we do not hear from on a regular basis.

A mapping exercise identified key areas in each of the four Places (and three localities in Lancashire) that met the following criteria:

- High population of people with multiple long-term conditions – as these are people most likely to use in-hospital services and therefore most likely to be affected by any changes to services. They are also more likely to be at risk of conditions the clinical reconfiguration programme is interested in.
- High levels of deprivation.
- At least one location within West Lancashire's northern parishes to support the Shaping Care Together engagement.
- Areas affected by the New Hospitals Programme.
- Areas of interest to the Integrated Urgent Care programme.
- Easy to get to for the public attendees.
- Areas where other engagement activity had not widely taken place by the ICB directly.

This resulted in key areas being identified as:

1. Banks (West Lancashire, northern parishes – part of the North Lancashire locality)
2. Burnley (East Lancashire)
3. Preston (Central Lancashire)
4. Morecambe (North Lancashire)
5. Blackpool
6. Barrow-in-Furness
7. Blackburn

## How did we speak to people?

To gather the feedback a number of methods were used. This section outlines these.

### Roadshow of public events

These in-person events were held within local community venues in the seven key locations listed above.

They were held at a time that was felt to be suitable for people who worked or had children and also accounted for the potential for darker nights. Most were held at the end of the day between 4pm and 7pm to allow for these factors.

They were promoted extensively through the press, organic social media, paid-for social media advertising, stakeholder newsletters, via council officials, VCFSE groups, websites and through the sharing of leaflets.

At the events, ICB leaders, Place directors of health and integration, clinical and care professional leaders and subject matter experts gave brief presentations about the ICB and its challenges, vision and priorities, how this worked at Place in local communities and integrated urgent care. A list of representatives is provided in [Appendix 2](#). Discussions were facilitated in small groups by members of the communications and engagement team and notes of the discussions were captured.

At the event in Banks the agenda was changed slightly to include more about Shaping Care Together and focused primarily on this discussion.

To make the events accessible to all, we worked with the Deaf Village charity and established that the event in Burnley would have provision for the high number of deaf people living in that and surrounding areas. Two BSL translators were provided at the meeting.

The roadshow event in Blackpool was different than in other areas in that it was part of a larger health event organised by the place-based partnership. The Active into Autumn event saw more than 80 exhibitors share details of services available for the people living in Blackpool. The ICB took a stand at the event over two days. No presentation was given but people were encouraged to attend the ICB stand to discuss the same topics that were covered in the other events and leave their comments.

### Online meetings

Many people live outside of the areas highlighted in the mapping exercise and their views are equally as important. We also acknowledged that the timing of in-person events would not suit everyone.

**Our vision**

**Vision:** High-quality, community-centred health and care system by 2035, focusing on prevention, wellbeing, and early intervention.

**We aim to:**

- Transform care in the community.
- Reconfigure acute clinical services.
- Improve quality and resource use.

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**So what do we plan to focus on?**

- Three key areas:
  - Reduce waste and duplications
  - Improve quality
  - Transform
- Mental health, learning disabilities and autism
- Supporting our workforce
- Listening to communities

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Two online roadshow meetings were also held via Microsoft Teams to accommodate those people. One meeting was held in a morning and one in the evening to maximise the options for people to attend. These were held on 18 and 20 November respectively.

The format of the online meetings was similar to the roadshow in-person events; a short presentation followed by an open discussion. Polls were used to rank some of the priorities.

## **Engagement with health inclusion groups**

Outreach with existing community groups and networks meant we were able to reach health inclusion groups and those who would not typically attend NHS events where they live. In each of our Places we contacted our networks and groups to see if they could accommodate us in their meetings within the timeframe of this work, or if they could work with us to create opportunities to engage with them. Accommodating the engagement within the timescale was difficult with some groups and the learning we took away is that more notice is needed for the community groups.

The groups we attended include:

- Asian women walking group in Pendle - three sessions in September and October (19 South East Asian women)
- Kirkby Lonsdale health and wellbeing event in South Cumbria - October (12 people)
- Dementia awareness group with Age UK in Lancaster - November (20 older people with dementia and carers)
- Older people's groups in Ribble Valley - two sessions in November (36 people)
- Clitheroe Warm Hub group - November (30 people living in deprivation)
- Veterans in the Community group - November (18 military veterans)
- Neurological patient support group in Blackburn - November (20 people)
- Poverty Truth Commission in Barrow - November (10 citizens with lived experience of poverty, health inequalities, disability and mental health)
- Virtual Carers Forum - November (12 carers)
- Pendle health awareness event - December (40 people, mainly South Asian community)
- Brinscall coffee morning - December (10 people)

ICB engagement team members joined these groups and networks and used a similar format as the roadshow events for capturing people's views and experiences in relation to the vision of the ICB. We learned the experiences of health and health services are very much seen and framed through their specific conditions or characteristics.

## **Integrated Urgent Care survey**

Concurrent to this wider engagement, and informed by it, the ICB is looking at the way urgent care services are designed across Lancashire and South Cumbria. The aim of this work is to integrate services more in the community and ensure provision is equitable across the region.

One of the key questions featured in the Integrated Urgent Care (IUC) survey was around the design principles used when creating a vision for urgent care services. These were:

- More urgent care within a community setting – ensuring more appropriate use of A&E and enable people to access care closer to home
- Right care, right place, right time - for all people in Lancashire and South Cumbria

- Pathways to 24-hour access – everyone can access some form of urgent care advice and care 24 hours a day
- Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria
- Accessible, secure, connected IT systems - all clinicians/professionals being able to access required records, systems that connect and ‘talk’ to one another
- Equitable access – ensuring access is fair for all our population
- Appropriate waiting times – aim to improve the outcomes for people by receiving timely interventions and for those that need to be seen this should be in the most appropriate place i.e. appropriate conditions will be seen in A&E, providing an appointment slot to be seen in an Urgent Treatment Centre
- Stakeholder engagement – ensuring we engage with service users, staff and partners
- Joint working and integration – working jointly across the system with the same goals/aims, to provide our population with the best high-quality service and outcomes
- Efficiencies – using resources more wisely, workforce productivity, savings, addressing our challenges
- Reduce health inequalities – ensuring we do all we can to respond to health inequalities
- Workforce development – a multi-disciplinary and rotational skill mix ensuring appropriate utilisation and upskilling of the workforce, contributing to development and retention of urgent care staff

Many of these design principles could be relevant for other programmes and so these were discussed at roadshow events.

A copy of all the questions asked in the questionnaire can be found in [Appendix 3](#). Only some of the questions are relevant to this report and so only data from those has been used.

A full report of the findings of the survey is being collated and will be shared with the IUC recommissioning programme group and published on the ICB website. The key findings from that report have been included where relevant within this one. The findings from this report, particularly the roadshow events have also been shared with the IUC recommissioning programme group for their consideration.

### **ICB public perception survey**

A public perception survey was developed and shared with the ICB’s virtual citizens’ panel. It was open from 17 to 31 October 2024 and asked about recent experiences with health services, the quality of care provided, and whether there was room for improvement in people’s local NHS. A total of 777 responses were received.

## How many people got involved?

We spoke directly with 415 people through the roadshows, online meetings and community health inclusion groups and received a total of 1,836 responses to the two surveys.

Engagement opportunity		Number of people/responses
Roadshows	Banks	9
	Barrow-in-Furness	29
	Preston	19
	Blackpool	15
	Morecambe	22
	Burnley	38
	Blackburn	19
Online meetings	18 November	20
	20 November	17
Engagement with health inclusion groups		227
ICB public perception survey		777
IUC survey		1,059

To help ensure we had collected feedback from a good representation of participants, where possible, they were asked to share where they lived.



## What did we hear?



The conversations were fluid and therefore covered a lot of topics and raised some points of discussion pertinent to the programmes of work across the ICB. These have been picked out in the next sections.

### About the ICB, its vision and priorities

The perception survey indicated that 57 per cent agreed that the NHS is providing good services within Lancashire and South Cumbria with only 26 per cent disagreeing.

However, 30 per cent said that a lot of improvement was needed and 66 per cent said a little or fair amount of improvement was still needed.

The most common areas for improvement cited were:

- **Long waiting times:** Many comments mentioned lengthy waiting times for A&E, GP appointments and referrals, highlighting a general struggle to access timely care.
- **Overcrowding and capacity issues:** There were concerns about overcrowding in A&E departments and the inadequacy of available inpatient beds.
- **Insufficient resources and funding:** A lack of investment in community services and social care, which could help alleviate the pressures on hospitals and urgent care facilities.
- **Poor quality of care:** Dissatisfaction with the quality of care received, leading to feelings of being dismissed or ignored.
- **Challenges in accessing specialist services:** There were frustrations regarding the difficulty in obtaining referrals to specialists, particularly for mental health services.
- **Neglect of vulnerable populations:** Inadequate support for elderly individuals, neurodivergent patients, and young people requiring mental health care.
- **Bureaucratic inefficiencies:** Comments about the bureaucratic nature of the NHS, including excessive paperwork and communication regarding appointments, indicate a need for more streamlined administrative processes.

These themes were also found in the other engagement activities.

At the roadshows, the priorities of the ICB and some of the challenges the organisation faces were presented and then people were asked to reflect on what they heard. Their thoughts were collated and keywords were lifted from them. These give an insight into some of the areas that people felt were important and perhaps needed a greater focus in order to improve. The below word cloud pulls out some of the keywords from those comments.



Conversations demonstrated that people approved of the work and focus of the ICB.

Some people commented that geography was a huge challenge and potentially a barrier to some of the programmes of work. Others said it would be impossible to create services that would suit everyone given the variety of communities relating to rural and urban areas.

People commented about moving services into the community more. However, concerns were raised about making this work with rural areas. Another concern was that having more services in more places meant those services would not work together as well and records would not be shared. A multidisciplinary 'one-stop shop' was suggested at all events.

There were also comments about the size of the ICB although these conflicted; some saying there was a lot to do and were there enough staff in the ICB to complete all the tasks that were needed. Others said they felt the ICB was too big and combined with other NHS organisations they felt there needed to be some flattening of the system to reduce bureaucracy.

People also wanted the ICB to be more open about plans, not just talking about them when plans are in place but getting the public involved at the earliest stages, before decisions are made. Then if a decision is made or a project cancelled, the ICB should be open about how it came to the decision. People would have a better understanding this way.

In areas with higher levels of people of an ethnic background there were comments made more about how the ICB integrates within their communities. The faith sector was emphasised as the best way to affect change in large Muslim communities.

Discussions across all engagement opportunities also gathered insight into the work of the ICB and areas of focus that are important to the public.

The key topics from each place are outlined in the sections below. There were some common themes across all areas, and these were:

- **Accessibility of services:** Issues regarding poor public transport options to hospitals and the impact this has on people's ability to access healthcare, especially in rural areas.
  - Another issue around the number of services that could be accessed was raised. When discussing emergency care, the general feeling was there were

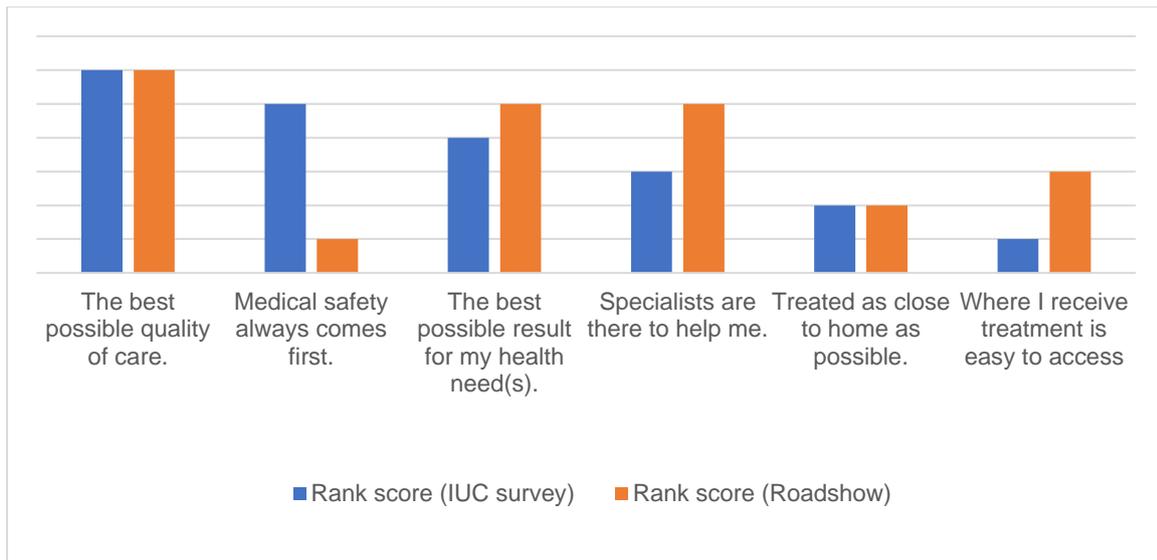
- too many layers or sections of the NHS which made navigating services difficult. People wanted a much more simplified way of accessing services.
- Related to the above people were very keen to see services in their community and in a 'one stop shop' for all health and social care services.
  - **Capacity and waiting times:** Issues relating to the backlog of patients occupying hospital beds, leading to longer wait times and forcing patients to go to A&E for non-emergencies due to limited access to other healthcare services.
    - GP appointments in particular were raised.
  - **Communication and awareness:** The need for better communication about available services and more public awareness regarding where to seek treatment for different medical conditions.
    - The VCFSE sector was often raised as a way of signposting people to the right service.
    - Information from services such as letters, messages or phone calls around arranging appointments to hospital or primary care were areas where many people have a poor experience. We heard of people with neurological conditions, dementia and those who rely on public transport with low incomes taking time to get to appointments only to learn that it had been cancelled with no advance notification of this.
    - Internal awareness of services available was particularly raised with people saying many members of staff don't know what services are available to refer patients to.
    - While people praised health professionals for their expertise, there was a general perception that many staff could be trained to communicate better.
  - **Digital exclusion:** Older people, while receptive to the idea of digital services, were concerned about the challenge of using digital and technology. Digital literacy, know-how and use is lower. There was a fear of scams and fraud, particularly where older people live alone and cannot easily check with others if notifications, for example, are legitimate or not. It was clear this creates distrust and there is a preference for human interaction.
  - **Travel and transport:** Travel to hospital and other services, particularly where there is a reliance on public transport, is a significant issue for older people, those in poverty or with low incomes, carers and those with conditions that make it harder such as disabilities, dementia and frailty.
    - For many, a hospital appointment requires careful planning, time and reliable services.
    - For those with their own transport, parking at hospital or other services continues to be a source of stress, particularly for those with poor mobility. This is caused by people searching for parking spaces while worrying about missing an appointment, the cost of parking and, for those with mobility issues, proximity to entrances.
  - **Staffing and resource allocation:** Concerns about adequate staffing in both A&E and care home settings to ensure proper care and support for patients, especially the elderly.
    - Specific comments covered training of staff and how young people are encouraged to seek a career in the health service suggesting this should be a priority.
    - Others asked questions about how staff are being encouraged to work in Lancashire and South Cumbria as opposed to other places in the UK.
    - Funding was also raised in terms of how the VCFSE sector is funded for taking referrals.
  - **Integration of services:** The necessity for improved coordination among healthcare providers to avoid patients having to repeat their medical histories and ensure

smoother transitions between services. The fact the ICB was working so hard to achieve this was welcomed and seen as a huge improvement.

- There were comments about how integration has been talked about within the NHS for several years and has not yet been achieved. There were questions over whether it is truly achievable.
- Integration between GP practices and urgent care was raised most.
- **Digital and communications between services:** Similar to above, there was a lot of dismay that computer systems and notes etc. did not connect to each other and sharing information was so difficult.
  - Many people commented that IT systems not integrating was 'shocking' and showed the NHS is not moving with the times.
  - Sharing of records was key here as it had the biggest impact on patient experience.
    - The sharing of records should be easy and work not just across trusts but across primary and community care and with hospitals in other areas too.
    - Patients should be notified when changes are made to records too; this should be possible with digital records.
  - People commented that GP access apps are good but there are so many they are unsure which to use.
    - Manchester was highlighted as having an excellent app that worked very well because it was designed with the end user in mind and had early development from potential users. The suggestion was the ICB learn from this.
  - There was support for virtual wards.
  - However, there were comments about how the NHS can support those who do not have access to it or cannot use it for any reason.
    - A suggestion here was for digital ability to be included within a patient's care pathway, with at some point in their care the patient being asked how they prefer to be communicated with and a choice between digital means and non-digital means. Non-digital means should be taken into account and be as effective as the digital. But eventually, more people will turn to digital.
- **Care for vulnerable populations:** Highlighting special considerations for vulnerable groups, such as the elderly and those with language barriers.
  - The availability of social care intervention was particularly highlighted as an area that needs more focus.
- **Mental health:** There were a lot of discussions about mental health. Some said services had improved and others said they were pleased the ICB had it as a main focus. However, the quality of service was raised.
  - The living conditions for people in long-stay mental health hospitals were raised.
  - The issue of crossover, when a mental health hospital patient needs acute hospital admission, was passionately raised since this is often a huge issue. The suggestion was that there should be treatment for acute health conditions in a mental health hospital.
  - Training for carers of people with mental health conditions was also raised.

During the roadshows and within the IUC survey, there was an opportunity for people to vote for six priorities when it comes to organising healthcare. At the roadshows, attendees were asked to indicate their top three whereas the survey asked people to rank in order.

The rankings for each of the priorities presented are shown below.



In both cases, the top priority was for the patient to receive the best possible quality of care.

Insight that focused on what the principles should be for the ICB when redesigning or commissioning services was gathered through both the IUC survey and the roadshow events.

The IUC survey found the most favoured principles were ‘easier navigation for patients and professionals’ (82.4 per cent strongly agree), ‘accessible, secure, connected IT systems’ (81.8 per cent strongly agree), ‘right care, right place, right time’ (81.7 per cent strongly agree) and ‘pathways to 24-hour access’ (81.6 per cent strongly agree).

The roadshow discussions also reflected this, with conversations at each event commonly focusing on:

- **Easier navigation for patients and professionals**
  - Suggesting a one-stop shop / single point of access.
  - A need for better public education on navigating the healthcare system and understanding urgent care services.
  - Confusion among patients about where to seek care, resulting in increased A&E visits.
  - Importance of consistent messaging and reducing jargon in communications.
- **Accessible, secure, connected IT systems**
  - Mostly connected to joined up working.
  - Incompatibility of IT systems across different healthcare providers.
- **Equitable access**
  - Inadequate provision of services.
  - Public transport limitations hinder access to services.
  - Disparities in access, especially for vulnerable populations and areas with high health inequalities.
  - The need for services tailored to specific community health needs.
- **Joint working and integration**
  - Citing poor communication between NHS services and external organisations, leading to fragmented care.

- **Right care, right place, right time**
  - Again, referring to a preference for a single point of access.
- **Pathways to 24-hour access**
  - Connected to the above as being part of the 'right time' aspect.

Although these issues were discussed in the context of designing urgent care services, the ones highlighted above are principles that should be noted by all ICB programmes. They are particularly relevant to primary care as participants often pointed out the similarities between what is needed for urgent care and what they want to see in primary care and indeed all health services.

## At Place

The insight detailed in the section above was common across all engagements at all Places. However, there were some local nuances. These are provided below and will be shared with directors of health and care integration for each Place.

### South Cumbria

The perception survey indicated 50 per cent of respondents from South Cumbria felt the NHS was providing good services locally and 30 per cent disagreed.

The discussion at roadshows and other events about priorities and vision talked about:

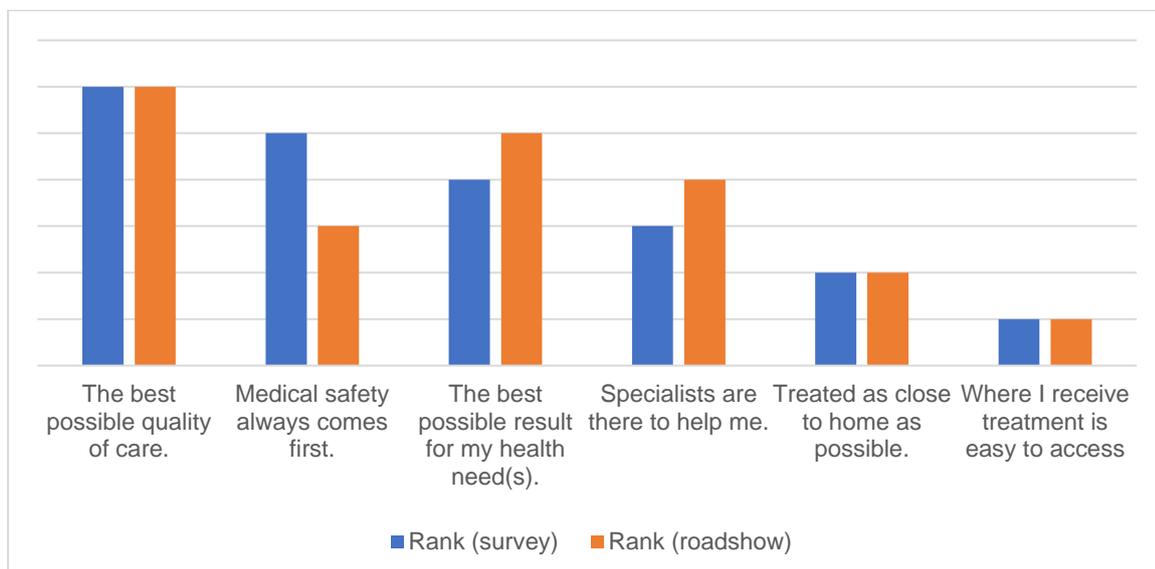
- **GP access and caregiver involvement:** There was a strong sentiment that caregivers feel undervalued in the current GP appointment system, particularly with remote consultations. Face-to-face appointments were preferred.
- **Financial barriers in healthcare access:** Concerns were expressed about individuals in poverty facing difficulties in accessing healthcare especially when waiting on telephone lines.
- **Voluntary sector engagement:** The potential for the voluntary sector to assist with long-term condition triage and health initiatives was highlighted.
- **Workforce challenges:** There were discussions around workforce fatigue, recruitment issues, and the impact of large employers on healthcare staffing availability.
  - Some comments suggested recruiting and training from people already living in the area to avoid reliance on recruiting from further afield.
- **Community investment:** The need for long-term investment in community health projects and strategies to mitigate the exodus of trained staff was emphasised.
- **Collaboration opportunities:** There was a call for better collaboration between the NHS and local employers, to address healthcare needs in Barrow.
- **Mental health concerns:** There are significant gaps in mental health provision, especially for children and vulnerable groups, with a need for improved awareness and support systems.
  - There is also a lack of some specialists in the South Cumbria area, neurology being mentioned specifically.
- **Advocacy involvement:** A call for greater involvement from local officials and decision-makers (e.g. councillors and MPs) in discussions around healthcare provision, ensuring they understand on-the-ground challenges faced by services and patients.

- **Transport:** It was suggested the ICB needs to work with partners to ensure proper transport infrastructures are in place to enable easy and regular access to services. Especially for those who live in rural areas.

This was echoed in the conversations in the context of design principles for urgent care. Discussions here also included:

- **Equitable access:** A strong emphasis on the need for equitable access to healthcare, especially in areas with higher health inequalities. The provision of services should be tailored to the specific health needs of the population.
- **Community-based care:** There was a desire for more services within the community setting.
- **Need for continued support:** The need for ongoing support for mental health services and proper referral practices within the NHS.

Receiving the best possible quality of care was the most voted for priority in both the IUC survey and roadshow event.



## Lancashire

Lancashire as a whole Place had 59 per cent of respondents saying they agreed the NHS was providing good services locally and 25 per cent disagreed. This, and other feedback, has been broken down into the localities for Lancashire as follows.

### East

Of those taking part in the perception survey in East Lancashire 58 per cent said they agreed the NHS was providing good services locally while 29 per cent disagreed.

The key points raised in the discussion about Burnley's healthcare challenges were:

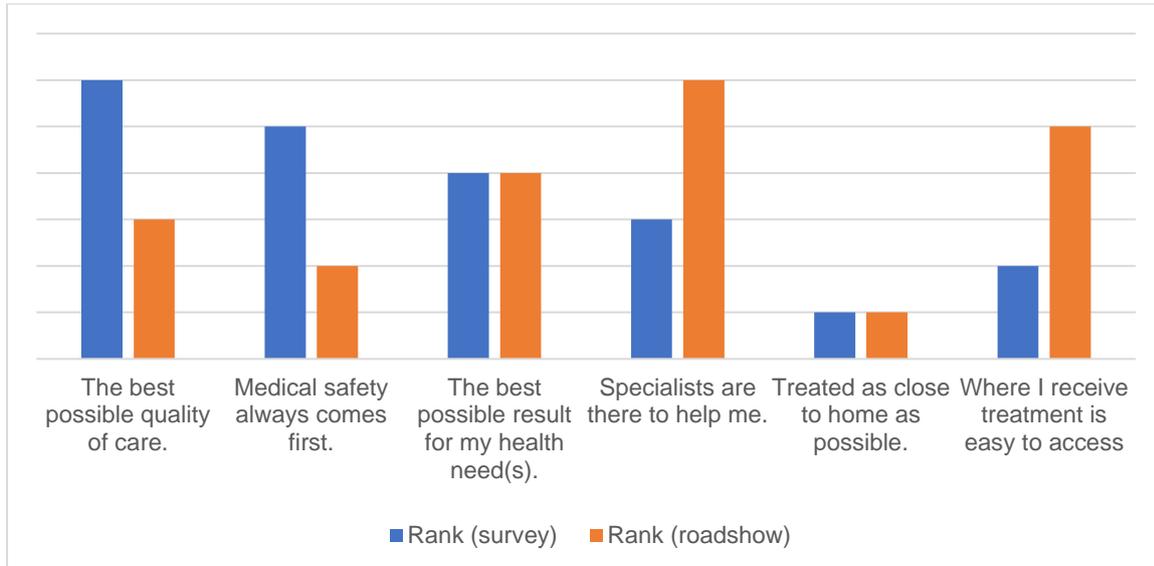
- **Inequitable NHS services:** Participants agreed Burnley is overlooked, receiving a worse deal from the NHS and ICB compared to other areas in Lancashire and South Cumbria, leading to significant inequalities.

- **Procedural inefficiencies:** Participants noted inefficiency within the healthcare system, particularly regarding the discharge process for patients, including a lack of proper reports for families.
- **Underutilisation of local resources:** Although there are local health hubs like Rossendale, they are underused due to unclear information about available services.
- **Homelessness and vulnerable populations:** Increasing homelessness and barriers faced by refugees and asylum seekers in accessing healthcare were discussed, with concerns about their health needs being overlooked.
- **Systemic inequalities:** Participants expressed frustration with the differences in resources and care levels across various NHS Trusts, indicating that the NHS feels fragmented rather than a unified organisation.

Again, these points were echoed in the discussions around design principles with anything that participants felt would help with the issues above highlighted, specifically:

- **Access to urgent care:** There were significant concerns about the accessibility of urgent care services, especially for those in rural or remote areas, as well as for people with disabilities, language barriers, and low income. Public transport options are highlighted as insufficient for accessing services like A&E.
  - The closing of Burnley A&E was raised with people being concerned about travelling to Blackburn for urgent care, especially with rumours about transport services being under review.
- **Easier navigation:** Many comments reflect the confusion around navigating the NHS, with a call for clearer communication, less jargon, and more straightforward pathways to healthcare services.
- **Right care, right place, right time:** There was a strong advocacy for personalised, compassionate care that acknowledges individual patient needs and experiences.
- **Equity of access:** Concerns about inequitable access to services, particularly in certain areas, and the inconsistency of care quality and wait times were frequently mentioned.
- **Appropriate waiting times:** There were frustrations with long waiting times in urgent care settings and calls for a better system to manage patient flow, including potential triage before patients arrive at facilities.

The top priorities for this area were different between the survey and the roadshow events with people voting for quality of care and availability of specialists when needed as their top priorities respectively.



### North

56 per cent of respondents living in North Lancashire said they felt the NHS was providing good services locally with 24 per cent disagreeing.

Initial discussions at the roadshows found that people in Morecambe felt the following issues were important to acknowledge:

- **Access to care:** Concerns about non-digital access options, especially for those with disabilities, and the need for a mix of appointment types (face-to-face, telephone).
- **Continuity of services:** Importance of consistent care, particularly in mental health services, and the need for ongoing support without lapses.
- **Joined up systems:** The necessity for integrated processes between primary and secondary care to ensure smoother patient experiences and better information sharing.
- **Whole person approach:** Emphasising the need to treat individuals holistically rather than focusing on isolated symptoms.
- **Challenges with referral processes:** Issues with communication during referrals, long waiting times, and a lack of guidance for patients on what to expect.
- **Mental health support:** Concerns regarding the speed of mental health diagnoses, the availability of extra support services, and suicide prevention campaigns.
- **Patient communication:** The necessity for healthcare staff to engage more with patients and families, especially in emergency settings.
- **Support from VCFSE:** The role of Voluntary, Community, Faith, and Social Enterprises (VCFSE) in bridging gaps between services and ensuring inclusive care, particularly for neurodivergent individuals.

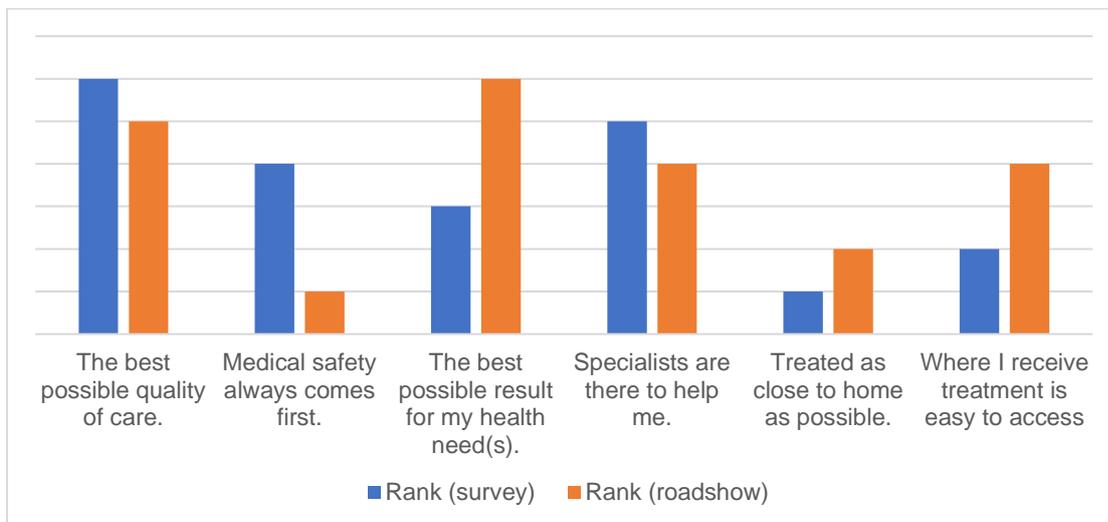
The themes that came up during the discussion on design principles for IUC as being the most important were:

- **Easier navigation:** A single point of access that triages services is recommended.
- **Equitable access:** The need for equitable healthcare access across geographic locations was highlighted, ensuring that urban and rural communities have appropriate services.
- **Pathways for 24-hour access:** The demand for continuous access to services, including urgent and specialised care during off-hours, is stressed.

- **Joint working and integration:** The idea of co-locating multiple healthcare services, such as mental health, sexual health, and GP services in community hubs, was proposed to reduce complexity and improve accessibility.
- **Workforce development:** There was a call for enhancing the workforce for urgent care services, addressing on-call rotations, and ensuring quality care is available consistently.

There was also a recommendation that when designing services, special consideration about how those services can be used to educate patients, particularly around prevention and reducing reliance on emergency services.

In North Lancashire, the top priorities were receiving the best quality of care and achieving the best result for their health needs.



### Central

The central area of Lancashire had 64 per cent of respondents who agreed the NHS is delivering good services locally and 25 per cent disagreed.

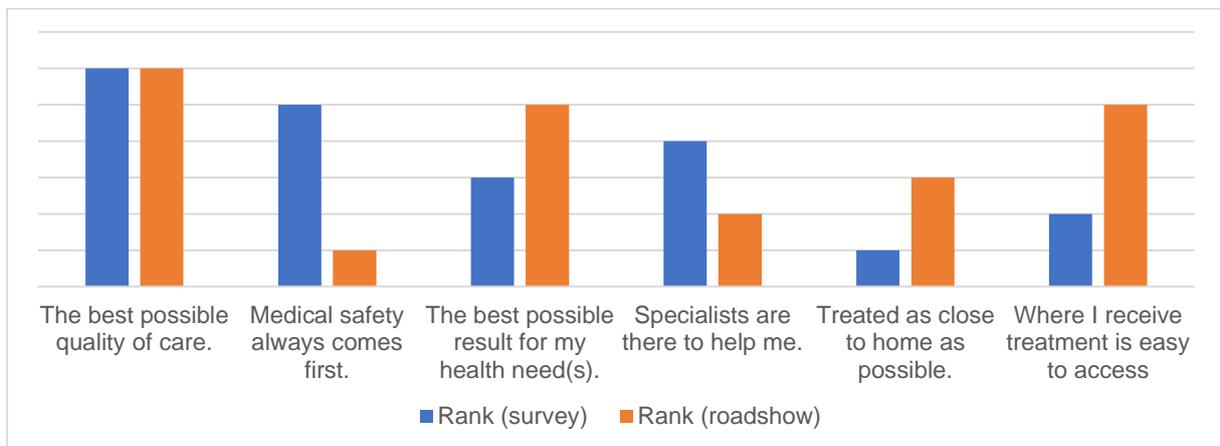
The comments about challenges and work of the ICB in the area included:

- **Education:** Lack of awareness about healthcare options creates barriers for patients. Individuals need better guidance on where to seek help based on their conditions.
- **Technology:** NHS systems are not well-integrated, leading to fragmented care records. While health apps are useful, they can be confusing, and support is needed for access. Concerns about IT literacy among some patients should be addressed.
- **Workforce:** There was felt to be a need to make healthcare jobs, especially in social care, more attractive.
- **Long waiting times:** Accessing GP appointments remains a challenge, leading to frustrations with time waits and appointment availability.
- **Comprehensive Care:** Integration of services is lacking, particularly between health and social care.
- **Rural health challenges:** Addressing healthcare access in rural areas poses additional challenges in service delivery.

As with other areas these themes also came up when discussing design principles. In Preston, the key themes identified here were:

- **Easier navigation:** Easy navigation is vital for patients, and clear information about waiting times is necessary. Many people are unaware of their healthcare options.
- **Accessible connected IT systems:** There is a need for integrated IT systems to access medical records across all hospitals, not just those within specific areas.
- **Right care at right time and right place:** The community should house various health services, and there should be navigators available to assist patients in understanding their options.
- **Joint working and integration:** The community's assets, like leisure centres, should be utilised to provide wellness and health services and to enhance integration with healthcare.
  - There were also perceived issues with private nursing homes and their integration with health services, raising concerns about the quality of care.

The top priority was receiving the best quality of care. Those who attended the roadshows were tied between treatment being easy to access and getting the best possible results for second highest rated priority.



## Blackpool

In Blackpool the perception survey showed 63 per cent of respondents thought the NHS was providing good services locally and 17 per cent disagreed.

Conversations at the Active into Autumn event can be summarised as:

- **Services being inadequately provided for minor illnesses:** Ear syringing was particularly mentioned as being a service that is not widely available but had an impact on people being able to go about their day-to-day lives. This was reflected by others who thought more was needed on self-care or minor ailments and how to deal with them; either through education or having more services available.
- **Long waits for mental health services:** This was the most raised issue which is understandable given the nature of the Active into Autumn event and the audience it was targeted at. However, the points raised noted concern over waiting times for services such as counselling.
- **Being passed around the system:** Related to the above as well as in general, people felt that they were being passed around the health and social care service too much and this was both frustrating and confusing. People felt they were not being provided with good services. This also led to people pointing out that the many services they were being passed around very often didn't talk to each other, so they had to keep explaining their condition or issue. For people with mental health issues,

this could often make their condition worse – “The more we have to tell people about it, the more it becomes a defining part of who we are – which we don’t want it to be!”

This was further echoed in the IUC survey where people were asked what was important to them and they responded by saying that waiting times were too long and that they wanted to be respected and not judged.

The priority for people living in Blackpool was they receive the best quality of care, with medical safety and getting the best result for their needs coming in second. Quality of care was raised during the conversations as something that was lacking.



## Blackburn with Darwen

In Blackburn the perception survey showed 47 per cent of respondents thought the NHS was providing good services locally and 36 per cent disagreed.

At the roadshows, the majority of attendees were very supportive of the work being demonstrated in the area and spoke very favourable about the Place team and the ICB. Issues raised in conversations were:

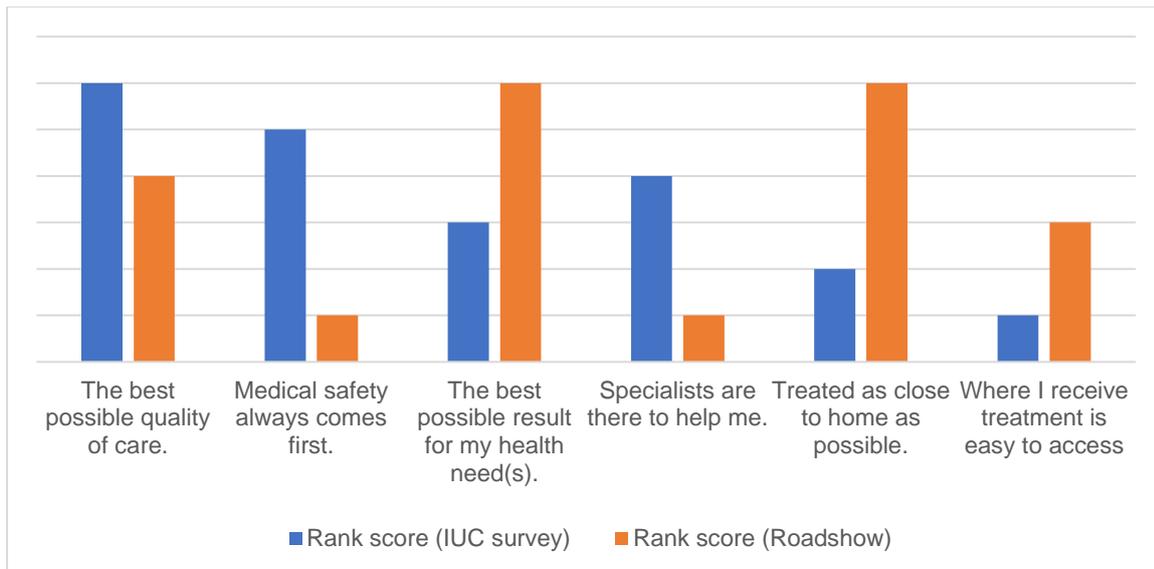
- **Support for the VCFSE:** The link with the VCFSE sector was applauded and the value of this work was very much emphasised. People said there should be more investment in this type of work.
  - Some said there was more to be done with some of the faith groups but acknowledged it was taking place.
- **Mental health:** The feeling was mental health services were not as good as they could be in the area.
  - People felt they were not as good as other areas and were not taken as a priority.
    - It was pointed out that a recent contract change had taken place to ensure services were aligned with other areas of Lancashire and South Cumbria and an improvement should be seen soon.
  - Some said that there was not as much apathy for people with mental health conditions and this led to poor patient experience.
  - This was also true of some of the addiction services.

- **Services in the community:** This was raised as part of discussions around social care and how there needs to be more provision for this.
- **Navigation:** People said there was not enough information about what services were available.
- **Housing:** This was raised as a big issue as a pre-determinant of health and the quality of housing was the problem. The suggestion was to encourage council services to do more to remove mould or dampness in houses to help improve health.
- **Support for children:** Not just in the case of mental health but also support in schools.
  - Suggestions were around better health education in schools.
  - Nutrition was raised suggesting that schools should teach children how to cook cheap meals and not rely on takeaways.
  - There were also suggestions that a programme of teaching children basic DIY skills or non-academic skills would help them into work which would support them to better look after themselves.

When talking about the IUC design principles, most were widely supported. Several were raised as being important. These were:

- **Accessible IT:** The sharing of records and health professionals having the most up to date records available and treatment pathways highlighted has been widely raised throughout this report. It was a key consideration in Blackburn. As was the use of apps.
  - However, it was made clear the road to digital should not block the path of those who do not know how to use or have access to digital technologies.
- **Right care, right place, right time:** People said this actually covered a number of issues, namely:
  - Better efficiency and more joined up services to provide the right care.
  - Better navigation to make services easier to use and for people to know where the right place for them is (preferably all in one place in the community).
  - Better access and pathways to 24-hour care to make sure people can access at the time that suits them and meets their need.
- **Navigation:** As well as the above people said there were too many services and it was all too confusing.
- **Children:** The issue about children was raised in the context of more situations are considered urgent or an emergency for new parents when their child is ill. Provision for care of children should be included in all services so the child can be treated straight away.
- **NHS 111:** This service is seen as being an extra step in the process that isn't helpful. With one person saying that they always find 111 sends them where they don't want to go. Another pointed out that 111 was not good for mental health or when a child is involved, preferring to default to directing people to hospital when that isn't always the best place for them.

As shown below, the main priority for people in Blackburn with Darwen was split between getting the best possible result and getting treated as close to home as possible.



## What was relevant to specific programmes?

In the sections above we have highlighted the comments and themes that came out of discussions about the general work and challenges facing the ICB. However, some of the insights gathered relate directly to specific areas of focus in the recovery and transformation programme. These insights are outlined in the following sections.

### Urgent care

Many of the urgent care design principles have been discussed in the previous sections where they are pertinent to the general work of the ICB and Place teams.

The following are summaries of points raised when discussing the ICB and the IUC design principles that relate specifically to urgent care. Some of the comments also come from the perception survey where people are asked to explain their answers to whether they think the NHS is providing good service.

- **Education and navigation:** There was a clear misunderstanding of the difference between urgent care and emergency care with many people confusing the two. This is leading to more people attending A&E because they consider it to be the best place for urgent care too.
  - People did not realise there was a difference between many of the urgent care services such as minor injury centres and walk-in centres. So many services and different names for them all add to confusion and therefore there is rejection of any message about using the right service.
- **Location of services:** Many felt that co-located urgent treatment centres simply confused the issue of where to go especially when trying to educate people. People still perceive themselves as going to A&E for urgent care when they are co-located. Telling people not to go to A&E is often confusing. Many felt that if they are to be co-located then the NHS should talk about them as being together, so it is less confusing.
  - However, many people in areas with few or no urgent care centres said they wanted to see more urgent care in the local community. These should be located with other community services. Others referenced having GP out-of-

hours services located with them too. Again, echoing the 'one-stop shop' suggestion.

- In Preston, people said they felt services in their area should be more like what is available in Blackpool.
- People in rural areas cited difficulty getting to many urgent care centres and were keen to see more in the community. Although they did understand the issue of trying to have urgent treatment in very rural areas as this would not be cost or resource efficient. It was suggested the ICB needs to work with partners to ensure proper transport infrastructures are in place to enable easy and regular access to services.
- **Challenges with 111 service:** There were significant concerns regarding the effectiveness of the 111 service, specifically its triage process and its tendency to escalate situations unnecessarily.
- **Patient experiences:** Feedback indicates that personal experiences with services, particularly 111, greatly influence willingness to use these resources, emphasising the need for clear communication and trust-building.
  - The general feel was that experience of urgent care was not always good, although many put this down to staff being over worked and there not being enough staff available in the first place.
  - The experience is particularly poor for older people who struggle for long waits with some community groups suggesting dehydration and tiredness are risks for people sitting in waiting areas.
- **A&E triage:** There should be more willingness to direct people away from A&E at the door and signpost to more appropriate services. Chorley hospital was mentioned as being very good at their triage to co-located urgent care.
- **Disparity between services:** The nature of tests and treatments available in many of the urgent treatment centres differs dramatically. Some are able to do blood tests or x-rays whereas others are not able to. This needs to be similar everywhere.
- **Prevention:** People felt that part of the plan to deal with urgent care should be an emphasis on prevention – this is also relevant across all programmes.

## In-hospital care

Much of the conversation about care in hospitals did not relate to people staying in hospital for any length of time but instead focused mostly on outpatient appointments and consultation clinics provided in a hospital setting.

- **Coordination of appointments:** This was regularly raised as an issue with attending hospital appointments. People did not mind travelling for appointments but did feel they should be coordinated so that they didn't have to travel long distances on multiple occasions.
  - There were some comments made about whether this could be done in such a way that all consultants met with the patient at the same time for a multidisciplinary approach where appropriate. However, it was understood that this would be very difficult.
  - Other comments were around whether travel could be avoided by having consultations in the community. However, it was also understood that this would take consultants out of hospitals.
- **Importance of patient choice:** People suggested they probably would prefer a hospital stay nearer to home but there were circumstances whereby they felt they would be happy to travel further afield, for example for perceived better quality of care or specialist expertise or if the appointments were sooner. They said that the choice to do this is not always given and should be emphasised more when making appointments.

- **Importance of involving carers:** There is a need for better communication with carers or families of patients.
  - Particularly when ready for discharge. People said, as carers, they need to know what additional support is needed on discharge and ideally plenty of notice to put this in place at home.
  - There was a suggestion of training being provided for people who care for a person with severe mental health conditions so they can help to support those they care for in a crisis situation.
- **Seven-day service:** People also highlighted delays in discharge from hospital usually citing the reason for this being that there wasn't always provision for it at weekends. Discharge lounges and consultants being available to agree to discharge patients were referenced as services that should be available seven days a week.
- **Information for patients:** Especially during a referral for treatment. Some people claimed that they had been told they were being referred to treatment but then not hearing anything for long periods.
  - In some cases, the referral has been lost and patient haven't known who to contact.
  - An acknowledgement of the referral would be reassuring.
  - Additional information about what to expect from the referral process and from the hospital in terms of arranging appointments would also be useful.
- **Mental health hospitals:** One of the roadshow events saw comments from people who had personal experiences of a loved one being in a mental health hospital ward for a long period. They all agreed that the quality of life on the ward was very poor. Although they agreed the care and treatment was very good there was little to do or to stimulate the patients which made "one day on the ward feel like a lifetime – so imagine being there for six months."
- **Staffing:** There was a lot of praise for NHS staff on the front line and the feeling was that we must do all we can to treat them well and retain staff whilst ensuring they are competent in their duties.
  - Some people noted the variation in experience and quality of staff at different levels with some having better expertise than others of a similar level. There were comments about cohesiveness.
  - Comments were made about the number of part time staff. They suggested staff of a certain level working part-time meant that there were times when staff at that level were in shorter supply or unavailable at all meaning longer waits for treatment in hospital.
  - The availability of specialists was raised several times saying they are stretched too thinly across Lancashire and South Cumbria resulting in more travel to see them and longer waiting times as they struggle to meet the demand.

## Community care

As well as the desire for more services in the community, which has already been outlined in previous sections, conversations about community care included:

- Suggestions of **re-instigating community hospitals** either for respite care or consultations.

- **Social care and community support:**
  - Involvement of voluntary organisations can assist those without a GP.
  - Access to social services often only occurs after hospital visits, indicating a gap in proactive support.
- **Community-based services:** The community should house various health services, and there should be navigators available to assist patients in understanding their options.
- **Funding and support for community initiatives:** Increased support and funding for local health initiatives and outreach programmes are necessary.
  - There are too many barriers to physical activity, and funding some activities takes away those barriers for a lot of people.
- **Provision for transient populations:** The mostly widely named of these being students in the context of making sure services are easily integrated with the services they are used to at home and records being available.
- **Quality of care:** Some comments reflected dissatisfaction with the quality of care, where patients felt they had to advocate for necessary treatments or assistance. This indicates a perceived lack of resources and staff availability in community settings.
- **Protection for staff:** There were concerns that staff being in the community meant they could face more abuse or extra pressure.
  - There was a suggestion that staff going to home visits shouldn't be made to pay for parking either at their main base or when out on their rounds.
- **Physical environment:** Comments highlighted the need for improvements in the physical environment of community care facilities, including surgeries and treatment rooms, to enhance the patient experience.
- **Mental health and third sector involvement:** In one of the discussions a point was made about how mental health and community services are contracted. This cited that the third sector often take short-term contracts but then when those contracts end, NHS teams don't realise this and keep sending referrals.
  - This puts pressure on those services who are under-resourced. It also leads to ill will towards the NHS.
  - Also, since there is no contract, there is no control over quality, resulting in different levels of services provided by third sector organisations.
  - Contracts ending and being renewed etc. also means there is confusion and a view that NHS staff don't know what is available and which service/s to offer.

## Primary care

The comments regarding primary care cover several key themes, many of which have already been discussed as a general theme across all services:

- **Access to services:** Many individuals expressed challenges in getting timely GP appointments, highlighting a need for improved accessibility and increased availability of healthcare services in community settings.
  - The issue of having to call first thing in the morning was raised as being difficult either for the elderly who do not always rise early or for parents or people who work night shifts and are therefore in bed when practices open.
  - Many people suggested having a same day drop in service for primary care in the same way as for urgent care.
  - Others discussed the need for face-to-face appointments being prioritised for people with conditions such as Alzheimer's or Dementia as telephone conversations were often confusing or upsetting or left the patient feeling undervalued.

- **Continuity of care:** There was a particular concern about the ability to see the same GP for ongoing issues to ensure continuity of care.
- **Appropriate advice and guidance:** Some patients said they had experience of not receiving enough information about medication or courses of treatment and what to expect. People mentioned side effects to medication that they hadn't expected or had explained to them which caused them concern but were perfectly normal.
- **Digital solutions:** Connected again with access to services but mentioned enough to stand out was the issue of apps.
  - Some saying they could access their GP through several apps, some saying their GP didn't use them or used ones that do not also interact with other services.
  - The three mostly cited are the My GP app, the NHS app and Patient Access app although others were mentioned.
  - There was a desire for either just one app that does everything (preferably by updating one of the existing top three) or for all practices to use all the apps, and for them to use all services with some not allowing appointments to be booked via the app and some preferring it.
- **Referral process:** There appeared to be a reluctance to refer patients to specialist services from GP practices, which can delay necessary care.
  - Health professionals tend to be risk-averse and may not refer patients to less familiar services. Education about available services is crucial.
- **Prevention:** People felt that GPs should offer more advice about prevention to avoid conditions becoming worse or unmanageable.
- **Disparity of services:** People commented about GPs being a business of their own and therefore being able to offer different services in one practice compared to another. Services such as phlebotomy were referenced with some practices able to do blood tests and others not.
  - Comments suggest a desire for the ICB to have more control over local GP services. This includes the need for standardisation in the quality and types of services provided.

Overall, the feedback indicated a strong need for more efficient integration between primary care and emergency services, improved access to GP appointments, and better communication regarding available healthcare resources within the community.

## What we have learned - Conclusion



People are mostly supportive of the NHS and feel there are good services in Lancashire and South Cumbria. People understand, and are sympathetic to, the challenges the ICB faces.

There is some commonality across all of Lancashire and South Cumbria in terms of which of the ICB's priorities are most important to the public. These are:

- **Joined up services:** This covers both the sharing of records, so everyone is aware of the patient's care pathways and also making referrals easier and more efficient.
- **Better IT systems:** Linked to the above and joining up services but also to make sure systems are all connected to make appointment making and seeking advice easier.
  - Consideration needs to be given to those people who are not technology enabled and provision should be made accordingly.

- **Navigation and education:** To help people understand which services to use when. Ideally in a community setting and all in one place thereby making a single point of access for all health needs outside of acute hospital and emergency care.
  - This should include services such as social care and VCFSE services.

There are some nuances to priorities at Place and these were:

- **Lancashire:**
  - Equity of access and disparity of services in different areas of Lancashire
  - Continuity of care
  - More support for and involvement with the VCFSE services
- **Blackpool:**
  - Services for the homeless and people with particular needs
  - Mental health services
  - Joining up services so people aren't passed around
- **Blackburn with Darwen**
  - Better mental health support
  - More support and education on health for children
  - Housing issues
  - More involvement with faith organisations
- **South Cumbria**
  - Support for carers
  - Retention of workforce
  - Voluntary sector involvement in triage and signposting
  - Transport links

There are also some priorities for specific ICB programmes of work which include:

- **Urgent care**
  - Key design principles that are most important to the public are:
    - Right care, right place, right time
    - Easier navigation
    - Connected IT systems (and systems in general)
    - Joined up working with more multidisciplinary teams.
  - Other key considerations that are missing are:
    - Prevention
- **In-hospital care**
  - Referral processes
  - Joined up teams
  - More information for patients and carers
  - Patient experience
- **Community care**
  - More in the community
  - Joined up with all other services in hospital and especially primary care
  - Connection to social care
  - Quality of care
- **Primary care**
  - Disparity of service depending on practice
  - Patient access to appointments
  - Abundance of apps for patients
  - More fair funding
  - Continuity of care

## Recommendations

The discussions were intended to inform the ICB about its work and the expectation was set that the views would be taken on board. There were no specific actions to be taken. However, there are some recommendations that can be lifted based on the common themes and comments that have arisen. These are:

1. Keep everything as simple as possible to ensure good patient experience of services.
2. Continue with a community approach but, where possible, make this a one-stop shop for all services including primary care, community services, mental health, council services and voluntary services.
3. Improve IT systems so that all services can use or have input into a central system that can be accessed by everyone including the patient.
4. Involve people earlier in projects.
5. Ensure GP practices all offer the same services, especially blood tests.
6. Improve communication and awareness of the services available. This includes between health professionals but especially the public.
  - a. Educate people on which service to use and when.
  - b. Keep patients involved and provide information on what to expect at every stage.

The conversations have paved the way forward when discussing some of the key programmes of work regarding recovery and transformation such as the New Hospitals Programme, Integrated Urgent Care recommissioning, clinical reconfiguration, Transforming Community Care and others. People now have a better knowledge of what the ICB is working on and why. We also now know what is most important to people and can address those issues more readily when talking about programmes in more depth.

Localised community engagement will continue to gather more insight into these priorities and issues.

## Appendix 1 – Topics covered in engagement conversations

The vision: High-quality, community-centred health and care system by 2035, focusing on prevention, wellbeing, and early intervention.

The aims:

- Transform care in the community.
- Reconfigure acute clinical services.
- Improve quality and resource use.

Areas of focus:

- Sustainable, integrated clinical services.
- Shift care to the community, especially for mental health and autism.

The challenges include:

- Too many services in too many places with too few staff, leading to high agency/locum costs.
- We have fragile services, some with poorer quality outcomes.
- Demands on all our services are ever-increasing alongside a significant financial challenge and gaps in our workforce.
- Widening differences in the quality and length of life depending on where people live.
- Backlog of appointments and treatment, resulting in long-term conditions getting worse.

We wanted to know what was important to people, what opportunities lay before the ICB and the way it plans to work and if there were any other barriers that the public perceived should be considered equally as important to tackle.

We also sought feedback on some key design principles for planning services – NB: These have been set out by the Integrated Urgent Care workstream but have relevance for other programmes too;

- More urgent care within a community setting – ensuring more appropriate use of A&E and enabling people to access care closer to home.
- Right care, right place, right time.
- Pathways to 24-hour access.
- Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria
- Accessible, secure, connected IT systems – all clinicians/professionals being able to access required records, systems that connect and ‘talk’ to one another.
- Equitable access – ensuring access is fair for all our population.
- Appropriate waiting times – Aim to improve the outcomes for people by receiving timely interventions and for those that need to be seen this should be in the most appropriate place.
- Stakeholder engagement – ensuring we engage with service users, staff and partners
- Joint working and integration – working jointly across the system with the same goals/aims, to provide our population with the best high-quality service and outcomes
- Efficiencies – using resources more wisely.

- Reduce health inequalities – ensuring we do all we can to respond to health inequalities
- Workforce development – a multi-disciplinary and rotational skill mix ensuring appropriate utilisation and upskilling of the workforce.

It also attempted to rank some key priorities for the public which we have heard from previous engagements:

- I receive the best possible quality of care.
- Medical safety always comes first.
- Where I receive treatment is easy to access e.g. parking/ public transport/ accessibility.
- The specialists I need are there to help me.
- I am treated in a healthcare setting as close to home as possible.
- I get the best possible result for my health need/s.

## Appendix 2 – List of ICB representatives present at roadshow events

Location	Representatives in attendance
Banks	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Sarah James, Integrated place leader</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Kate Clark, Director of strategy</b> Mersey and West Lancashire Teaching Hospitals NHS Trust</li> <li>• <b>Dr Lizzy MacPhie, Place clinical and care professional lead (Central and West Lancashire)</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Lyndsey Shorrocks, Senior communications and engagement manager</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Barrow in Furness	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Jane Scattergood, Director of health and care integration – South Cumbria</b></li> <li>• <b>Dr Jim Hacking, Clinical lead,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Lauren Dixon, Clinical director – South Cumbria</b></li> </ul>
Preston	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Sam Proffitt, Chief finance officer,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Andrew Bennett, Director of population health,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Louise Taylor, Director of health and care integration,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Sarah James, Integrated place leader,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Lizzy MacPhie, Place clinical and care professional lead (Central and West Lancashire)</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Lyndsey Shorrocks, Senior communications and engagement manager</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Morecambe	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Debbie Eyitayo, Chief people officer,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Jim Hacking, Clinical lead,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Heather Woodhouse, Integrated place leader – North Lancashire,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Tony Naughton, Clinical care and professional lead – North Lancashire,</b> Lancashire Placed based partnership</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Laura Harvie, Senior communications and engagement manager</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Blackpool	<ul style="list-style-type: none"> <li>• <b>Prof Craig Harris, Chief operating officer</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Neil Hartley-Smith, Clinical Director – Place (Blackpool)</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Burnley	<ul style="list-style-type: none"> <li>• <b>David Rogers, Head of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Kevin Lavery, Chief executive</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Jackie Moran, Integration place leader – East Lancashire</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Santhosh Davis, Clinical and care professional lead - East Lancashire</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Carrie Cobb, Clinical and care professional lead (IUC and virtual wards),</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Blackburn	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Claire Richardson, Director of health and care integration – Blackburn with Darwen</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Sam Proffitt, Chief finance officer,</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Mohammed Umer, Clinical and care professional lead – Blackburn with Darwen</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Philippa Cross, Head of partnership development</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Online 1	<ul style="list-style-type: none"> <li>• <b>Neil Greaves, Director of communications and engagement</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Prof Craig Harris, Chief operating officer</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>
Online 2	<ul style="list-style-type: none"> <li>• <b>Lyndsey Shorrock, Senior communications and engagement manager</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Dr Andy Knox, Associate medical director</b> NHS Lancashire and South Cumbria Integrated Care Board</li> <li>• <b>Carrie Cobb, Clinical and care professional lead (IUC and virtual wards),</b> NHS Lancashire and South Cumbria Integrated Care Board</li> </ul>

## Appendix 3 – IUC questionnaire questions

1. Which local authority area do you live in?
  - a. Blackburn with Darwen Borough Council
  - b. Blackpool Council
  - c. Cumberland Council
  - d. Burnley district – Lancashire County Council
  - e. Chorley district – Lancashire County Council
  - f. Fylde district – Lancashire County Council
  - g. Hyndburn district – Lancashire County Council
  - h. Lancaster district – Lancashire County Council
  - i. Pendle district – Lancashire County Council
  - j. Preston district – Lancashire County Council
  - k. Ribble Valley district – Lancashire County Council
  - l. Rossendale district – Lancashire County Council
  - m. South Ribble district – Lancashire County Council
  - n. West Lancashire district – Lancashire County Council
  - o. Wyre district – Lancashire County Council
  - p. North Yorkshire Council
  - q. Westmorland and Furness Council
  - r. Other (please state)

2. Which NHS urgent care services do you already know about and are there any that you can remember using?

Don't worry if you haven't heard of some of them. Please select all of the statements on each row that are true for you.

	I've heard of this service	I have used this service	I have friends or family who have used this service	I can't remember if I've previously used this service	I haven't used this service before	I haven't heard of this service
Urgent treatment centre (UTC)						
Minor treatment unit (MTU)						
Walk-in centre (WIC)						
Minor injuries unit (MIU)						
NHS 111 (telephone)						
NHS 111 (online)						
GP out-of-hours service						
Acute Visiting Service (AVS)						

Clinical Assessment Service (CAS)						
ARI hubs (acute respiratory infection)						
2-hour Urgent Community Response						

3. Are there any other urgent care services you know about?
  - a. Yes (If you answer yes, please specify which one/s in the text box that will appear.)
  - b. No
  
4. If you needed urgent care (treatment for something that was urgent but non-life threatening), where are you most likely to go, and why? Please also tell us where you would be most likely to seek urgent care for a child.
  
5. Thinking about NHS urgent care services, which of the following statements are most important to you and/or for your family? Please put the list into order of importance by placing the number 1 next to the most important, the number 2 next to the second most important, and so on.
  - a. I receive the best possible quality of care.
  - b. Medical safety always comes first.
  - c. Where I receive treatment is easy to access e.g. parking/public transport/building accessibility.
  - d. The specialists I need are there to help me.
  - e. I am treated in a healthcare setting as close to home as possible.
  - f. I get the best possible result for my health need/s.

The ICB is currently looking to improve urgent care services across Lancashire and South Cumbria. We will be following the design principles below and making sure these are considered at all times. They are:

- More urgent care within a community setting – ensuring more appropriate use of A&E and enabling people to access care closer to home
- Right care, right place, right time - for all people in Lancashire and South Cumbria
- Pathways to 24-hour access – everyone can access some form of urgent care advice and care 24 hours a day (pathways are how people access this)
- Easier navigation for patients and professionals – making it clear how to access services and having consistency across Lancashire and South Cumbria
- Accessible, secure, connected IT systems – all clinicians/professionals being able to access required records, systems that connect and ‘talk’ to one another
- Equitable access – ensuring access is fair for all our population
- Appropriate waiting times – improving people’s experience by being seen in the most appropriate place e.g. appropriate conditions will be seen in A&E and an appointment slot provided to be seen in an Urgent Treatment Centre.
- Stakeholder engagement – ensuring we engage with all stakeholders, which includes people who use urgent care services, staff and partner organisations
- Joint working and integration – working jointly across the system with the same goals/aims, to provide our population with the best high-quality service and outcomes
- Efficiencies – using resources more wisely, workforce productivity, savings

- Reduce health inequalities – ensuring we do all we can to respond to health inequalities
  - Workforce development – a multi-disciplinary and rotational skill mix ensuring appropriate use of and training for the workforce, contributing to development and retention of urgent care staff
6. These are draft principles, so we want to know your views on them. Do you feel these are the right principles for us to be following?
    - a. Strongly agree
    - b. Generally agree
    - c. Generally disagree
    - d. Strongly disagree
  7. Is there anything missing that is important to you and your family?
    - a. Yes (open text box for answers)
    - b. No
  8. How important is it that NHS urgent care services are available and at the same opening times across all of Lancashire and South Cumbria?
    - a. Very important
    - b. Quite important
    - c. Not very important
    - d. Not at all important
  9. Is there anything else you wish to tell us about NHS urgent care services in your area or across Lancashire and South Cumbria?
    - a. Yes (open text box for answers)
    - b. No

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	18 December 2024
<b>Title of paper</b>	Engagement on Population Health
<b>Presented by</b>	Jonathan Bridge, Head of Population Health, Central and West Lancashire
<b>Author</b>	Jonathan Bridge, Head of Population Health, Central and West Lancashire
<b>Agenda item</b>	6
<b>Confidential</b>	No

### Executive summary

This report provides the committee with an update on work undertaken through the ICB's Population Health team to engage with and involve communities and individuals across Lancashire and South Cumbria.

Particular work through the priority wards programme and embedding a health inclusion approach across PCNs has involved significant amounts of participation and engagement and helped the ICB, as well as wider partners, to gather a deeper understanding of inequalities in some of our most disadvantaged communities.

Through working with trusted partners in the VCFSE and community leaders, place-based population health teams have been able to hear from local people about the issues affecting them, barriers to accessing services and their experiences of care. This coupled with the range of data we hold on health inequalities and service activity has enabled places, through the Health and Wellbeing Partnerships, to develop action plans to address what has been found.

Work is ongoing to spread the learning from these approaches and encourage wider ICB teams to recognise the importance and value of involving individuals and communities at the earliest possible stage.

### Advise, Assure or Alert

This report is provided to advise and assure the committee of work undertaken through the ICB's Population Health team to engage with and involve communities and individuals across Lancashire and South Cumbria.

### Recommendations

The committee is asked to note the contents of this paper and supplementary presentation during the agenda of the meeting.

**Which Strategic Objective/s does the report contribute to**

**Tick**

1	Improve quality, including safety, clinical outcomes, and patient experience	x
2	To equalise opportunities and clinical outcomes across the area	x
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	x
6	To develop and implement ambitious, deliverable strategies	

### Implications

	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	

### Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes

### Conflicts of interest associated with this report

N/A

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed		X		
Equality impact assessment completed		X		
Data privacy impact assessment completed		x		

### Report authorised by:

Andrew Bennett, Director of Population Health

# ICB Public Involvement and Engagement Advisory Committee- 18 December 2024

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## Engagement on Population Health

### 1. Introduction

- 1.1 This report is provided to inform and assure the committee of work undertaken through the ICB's Population Health team to engage with and involve communities and individuals across Lancashire and South Cumbria.
- 1.2 The Population Health team views the involvement of people and communities as key to addressing inequalities and creating health equity across Lancashire and South Cumbria. This is built upon the ethos of 'nothing about us, without us, is for us' which underpins how the population health team approaches assessing the multi-faceted issues of health inequalities and co-creating solutions to address these.

### 2. Working with people and communities in priority wards

- 2.1 This paper and the appendix provides an opportunity to update PIEAC on the work undertaken on the 'priority wards' programme in each of our four places.
- 2.2 For a variety of reasons, a person living in a community with higher levels of deprivation is more likely to suffer avoidable ill health, and consequently, poorer health outcomes and a shorter life expectancy.
- 2.3 Through the lens of service planning, we can expect areas of higher deprivation to require increased levels of health and social service support.
- 2.4 Analysis by NHS Right Care and Prof. Chris Bentley in 2018 showed a direct correlation between the index of multiple deprivation (IMD) score of an electoral ward and the rate of unplanned hospital admissions. The more deprived the ward, the greater the rate of admission.
- 2.5 Yet, the analysis showed a level of variation, suggesting that this pattern could be influenced and the rate potentially reduced. Wards with a high level of deprivation but relatively low levels of unplanned hospital admission were termed "exemplar wards", those conversely with very high rates of admission were termed "priority wards".
- 2.6 Across the priority wards in Lancashire and South Cumbria, we have undertaken deep listening exercises to learn what matters to the people living there to shape the strategic direction of the health and wellbeing partnerships to ensure long term improvement.

2.7 Action planning in response has also been undertaken at a place and community level. The learning has been used to influence and shape actions at a place level. This project did not have a budget for implementation, so the approach has been to collaborate and influence.

2.8 The analysis identified 33 “Priority wards” across Lancashire and South Cumbria.

- 11 in Blackburn with Darwen
- 15 in Lancashire
- 5 in Blackpool
- 2 in South Cumbria

2.9 The ICB Population Health team were keen to understand the reasons for this trend and to learn what opportunities there may be to influence and improve health outcomes and reduce urgent care demand as a result.

2.10 Within each place:

- We worked closely with partners to analyse the data we held.
- We reviewed existing evidence and research.
- Listened to residents in these wards, working through trusted partners in the VCFSE.

2.11 The Population Health team then shared high level findings with ICB teams and wider stakeholders and more detailed place level analysis with local authorities, community partners, residents and the VCFSE.

### **3. Responding to the findings**

3.1 Across the priority wards we have undertaken deep listening exercises to learn what matters to the people living there to shape the strategic direction of the health and wellbeing partnerships to ensure long term improvement.

3.2 Action planning in response has also been undertaken at a place and community level. The learning has been used to influence and shape actions at a place level. Detailed examples of work undertaken in each place can be found at Appendix A.

### **4. Involving marginalised communities through inclusive approaches**

4.1 In addition, during the course of 24/25 the population health team has encouraged Primary Care Networks (PCNs) to transition towards health inclusion approaches for their own populations in order to address known inequalities and in-line with [NHS England's inclusion health framework](#).

- 4.2 Inclusion health is an umbrella term used to describe people who are socially disadvantaged and/or excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence, and complex trauma (these are the groups referred to as the 'Core20plus' in the national Core20plus5 frameworks). These could be people who live within our most deprived areas (IMD 1 and 2 areas), those who experience homelessness, drug and alcohol dependence, vulnerable migrants, sex workers, people in contact with the justice system and victims of modern slavery. It also includes communities such as the Gypsy, Roma and Traveller community and people of BAME heritage who may not necessarily have more complex health issues but face additional barriers to accessing health care and require tailored approaches to ensure equitable experience and outcomes relevant to their needs.
- 4.3 People belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities.
- 4.4 Poor access to health and care services and negative experiences can also be commonplace for inclusion health groups due to multiple barriers, often related to the way healthcare services are delivered.
- 4.5 Inclusion health groups are relatively small but significant populations with high needs for healthcare, but who face a range of barriers in accessing healthcare services. Whilst numbers may be small, the cost is high to individuals and systems.
- 4.6 The intention is to increasingly improve our ability to address health inequalities and to enable PCNs and practices to be responsive to the needs of their specific community through inclusive approaches. Ultimately our goal is to break down barriers to accessing services and increasing individuals' opportunity for good health and wellbeing.
- 4.7 At the end of Q3 in 2024/25 there are already a number of examples from across Lancashire and South Cumbria whereby PCNs have engaged with specific population groups and begun to develop different service offers, amended existing ways of working and, or radically changed their approach. One example of this has been that of Greater Preston PCN whom in July 2024 launched a new outreach service for individuals rough sleeping in Preston which is already demonstrating significant improvements in the experience of healthcare and overall health and wellbeing of individuals supported. Other positive examples from PCNs across Lancashire and South Cumbria include outreach sessions in foodbanks, community centres and veterans' coffee mornings, 'door knocking' to target people in areas of high disadvantage but not regularly engaging with services, plus many more.

## **5. Spreading this work**

- 5.1 The core principle of involving individuals and communities in population health is a core component of the learning shared via the Population Health Academy Leadership Development programme. The ICB team also continually encourage other teams and directorates to think differently about our approaches to engaging communities and how we utilise trusted sources within the VCFSE and local district councils.
- 5.2 Joint team-to-team sessions have been held between population health and the communications and engagement team to share learning and expertise, maximise resource and effort as well as understand each differing skillset and relationships.
- 5.3 An ICB-wide celebration event was also held in September 2024 with the aim of promoting the good practice outlined above and spreading this type of work, whilst acknowledging the efforts of those involved.

## **6. Recommendations**

The committee is requested to note the contents of the report and further detailed examples of work undertaken is to be presented during the agenda of the meeting.

**Jonathan Bridge**

**December 2024**

## Appendix A – Responding to findings in priority wards

### South Cumbria Examples

Barrow-In-Furness. Building on the existing programme of place work, the priority wards analysis has initially led to several pieces of project work which are being undertaken by partners at place, examples include:

- **Self-Harm:** The Mental Health Team has convened partners in Barrow to review how we support residents with high levels of non-suicidal self-harm. Mental Health Investment fund monies have allowed us to increase counselling services that are delivered within the wards. We are capturing lived experience and ensuring this informs service design. We are working with leaders such as Hilary Cottam to explore an alternative relational model of care which we hope to develop and pilot in the next 12 months. This will lead to reduce A&E attendance and non-elective admissions.
- **Case Finding and LTC support:** Population Health monies have been provided to Barrow PCN so that they can proactively seek out and engage patients in the priority wards. The initial focus is on those patients with LD, SMI and a known LTC who have not engaged with primary care in the last 12 months. The PCN will also work with the VCFSE to engage other high-risk residents who are not known to primary care, so that we can work upstream and avoid future demand. This will increase our compliance with NICE guidance, QOF (Quality Outcomes Framework) and lead to earlier detection of issues such as hypertension.
- **The Healthier Streets project** is led by residents and community champions in the Hindpool ward. Working with community-led Love Barrow Families, the project is supporting residents to address issues such as the environment, litter, housing repairs etc. within 4 key streets. The project enables greater community power and is creating a sense of belonging and 'neighbourliness' to combat loneliness, social isolation and to support mental health. This will support a reduction in attendance at both A&E and GP practices. Residents are working with a local media company to video and document progress.
- **Respiratory Outreach.** Working with Primary care, ICCs, and NHS community services, we are seeking to expand our outreach work into community hubs and venues. We know that many COPD patients are not accessing support or managing their condition optimally; by moving services into pubs and community centres we can improve condition management and reduce A&E and non-elective activity.
- **Pharmacy First.** Although residents can access free services in their wards, the uptake is very low. Population Health and Medicines Management are working with local schools to educate and support parents on the paediatric and adult pharmacy services available. This will contribute to a reduction in A&E attendances for over-the-counter drugs such as Calpol.
- These projects are further underpinned by the learning from two Poverty Truth Commissions in South Cumbria, funded jointly by Population Health and the

Local Authority. This ensures lived experience from the representing varied populations across South Cumbria are included in our thinking and service response.

- The learning from our Priority Wards work has also been shared with government departments as part of the Barrow Delivery Board programme. The £200 million investment announced for Barrow has a strong focus on work and health and includes targeted activities in our Priority Wards which will help support children and families, those in work with a long-term condition, and those furthest from work.

### **Lancashire Examples**

In Rossendale, working closely with the PCN and Borough Council we collaborated with local community leaders and champions who could reach parts of the community we don't always hear. We developed a model of surveys and supported interviews delivered by community leaders and small organisations that work with people in our communities that face additional barriers to living healthy lives – through unemployment, living with deprivation or being of BAME heritage for example. This approach is helping us to build networks between decision making at partnership level and those in the community we most need to hear from. We learned that a lot of the solutions lay in communication and education around both primary and urgent care services, and what voluntary support services were available. In terms of improving physical or mental wellbeing, it was wider support that was most sought, such as accessible low intensity physical activity and talking groups. The Health and Wellbeing Partnership in Rossendale is now writing a physical activity strategy which will incorporate this learning.

Short term initiatives have been provided additional funding to provide much needed support in the here and now such as:

- In Preston, we supported community volunteers to reopen a disused church in order to establish a much-needed community hub in the Lea and Larches ward. The St Bernards Hub is now a warm, welcoming space offering free advice and support on managing the cost of living, a community fridge and food hub and opportunities for local children, young adults & local adults to access activity for healthy living and recreation in a safe, inclusive environment. Local social prescribers from the PCN regularly utilise the hub with patients they support also.
- We also worked with Preston Care and Repair to undertake 125 'Healthy Homes Assessments' across Lea and Larches. This is a person-centred approach looking at the whole home environment and what improvements can be made to improve health, safety, and wellbeing within the key themes of; staying safe, staying secure, staying warm and staying independent. On evaluation, 100% of people felt more safe at home, every individual also reported a better understanding of other services available to help them continue to live independently and how to access these as well as 93% reporting improved mental health through reduced anxiety and worry as a result of the assessments.

- Within the same Lea and Larches ward, local GP practices are also actively identifying and providing focused support to patients identified as frail and/or living with respiratory conditions in-order to prevent increased hospital admissions
- Skerton West & Poulton focused wards: Over the last year, Lancaster PCN and Bay PCN have been funded to roll out inclusion health approaches and they have focused on two areas of disadvantage. The approach has seen a health outreach programme (including door knocking) across the Ryelands Estate in Skerton West ward in Lancaster and in the disadvantaged streets near the coast in Poulton Ward in Morecambe. The outreach programme has reached over 200 residents (who had previously had no contact with their GP setting for over 5 years), who have agreed to and received a health check or some kind of health and / or non-clinical intervention (help with crisis / food parcels etc). Examples of people that have been reached are people with undiagnosed pneumonia and cancer who are now receiving the right care and some people have received help to address alcohol issues, smoking cessation, debt and receiving correct benefits.
- Skerton West Focused Ward: As a result of the health inclusion work on Ryeland's estate; population health, health inequalities clinical lead and the health inclusion outreach nurse have been working with Ryeland's residents' association to determine the issues that are important to them to be able to help support some of the wider determinant issues that impact on the residents of Ryeland's estate. The residents have clearly communicated that a children's playground and community open space where people can come together is what they want and have made a clear connection between this and wider health. The issue has been brought to the health and wellbeing partnership and multi-agency work is progressing to support the residents to get the much-needed communal space on the estate to help the community thrive. Through this work many positive relationships and much trust has been built between the residents and agencies, particularly the NHS.
- Focused disadvantaged wards: As a result of adults' respiratory issues being identified as a clinical area of focus disproportionately driving ED attendance in the six focused ward, a Lancaster District system wide workshop was held on Tuesday 21st May to highlight the issues and to get buy in from the system to help provide some of the solutions. The workshop was very well attended by over 40 stakeholders (including people with lived experience) and all stakeholders have pledged the action they will commit to and what they feel needs addressing in the six focused wards. Next steps re this are to engage with the communities in each of the wards to determine what they feel would help them and then develop a system wide action plan focusing on the most impactful priority areas to tackle the causes.
- Focused disadvantaged wards: We are working with Lancaster District Poverty Truth Commission to enable people with lived experience of poverty to support us in identifying the issues by challenging the system so we can work together to tackle poverty. We are joining this work up to the focused wards.

## **Blackburn with Darwen Examples**

Working in partnership with Blackburn with Darwen Borough Council to maximise the impact of the 4 Family Hubs, this has included a full programme of assisted tooth brushing in nurseries and schools, innovative approaches to improving immunisation and vaccination. The ICB and Local Authority have worked in partnership to hold a series of engagement and listening events with parents and carers with the aim of improving the service provision through the Family Hubs but also understanding barriers to accessing wider health and care provision. The Family Hubs are now engaging with Primary Care to improve relationships and ensure a complete understanding of services offered and how to connect people to wider services offered through the VCFSE sector.

Working in Priority Wards we have adopted a multi-agency approach to engaging with residents of Houses of Multiple Occupation and Asylum Seekers and Refugees. Our lead GP and Health Inequality Clinical lead has led the implementation of a coordinated stakeholder drop-in session to work with individuals and families to coordinate care and support. The care and support can come from several different agencies and therefore streamlining the offer has led to an improved up take and levels of engagement.

Blackburn Central ward has significantly higher non-elective attendances for people aged 20-64 and those people admitted to hospital have a significantly longer length of stay. The ward is home to a complex population which incorporates the town centre. A multi-agency stakeholder group is being established to work with communities to understand the underlying causational factors leading to non-elective care and this is being aligned to the UEC Delivery Board access plan for 2024/25.

Darwen East is a ward with a high concentration of our older population and the population make up is different from the rest of BWD. The area experiences higher levels of +65 attending hospital through non-elective routes. We have commenced work with Ash Grove, a community group who have recently grown its membership and are determined to improve the lives of people in the Ward. The community group are engaging with the Primary Care Neighbourhood, which includes Primary Care, elected members, VCFSE and Local Authority representatives. The community group are developing an understanding of how they communicate the challenges they face and influence change in service provision to meet the needs of residents.

## **Blackpool Examples**

Blackpool has a significant number of residents experiencing multiple disadvantage (substance misuse, domestic violence, contact with the criminal justice system, homelessness, mental health issues). Recognising that these residents often struggle to access traditional services, Blackpool, Fylde and Wyre have established a trauma informed, peer-led system delivery model which supports individuals experiencing severe and complex multiple disadvantage in accessing health and care services. The clients within this service include people experiencing homelessness, drug and alcohol dependence, poor mental health, domestic abuse, and/or contact with the criminal justice system.

The golden thread of this delivery model is the Lived Experience Team, who are an outreach-based team providing peer support who, through their network of volunteers, have personal experience of issues such as homelessness, mental health, offending and substance misuse, are skilled in building trust with, and advocating for, people facing multiple disadvantages. They work collaboratively with health, social care and voluntary organisations and continually adapt their approach to meet individual client need, actively providing support and guidance in the continued development of services using their creative thinking to embed positive change. This enables delivery of effective services, placing complex people at the heart of everything we do.

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	Wednesday 18 December 2024
<b>Title of paper</b>	Public engagement and involvement assurance report: Sep-Nov 2024
<b>Presented by</b>	David Rogers, head of communications and engagement
<b>Author</b>	David Rogers, head of communications and engagement, Hannah Brooks and communications and engagement team members
<b>Agenda item</b>	7a
<b>Confidential</b>	No

### Executive summary

This report provides members of the Public Involvement and Engagement Advisory Committee (PIEAC) a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 September and 30 November 2024.

The report seeks to provide assurance to the committee and the ICB Board for the delivery against the strategy for working in partnership with people and communities across the ICB and embedding the principles of public involvement and engagement, demonstrating how the voice of our communities is central to decision-making and service delivery.

The report also summarises engagement, involvement and co-production activity supporting priority system transformation programmes and other ICB programmes of work and a summary of activity to support partnership working in place.

The report includes updates on our key mechanisms for engaging with our communities, a summary of how we have engaged within each of our places during the last quarter and an overview of the system-wide engagement activities we have undertaken, including 'Your health. Your future. Your say.', Shaping Care Together and Pharmacy First.

### Advise, Assure or Alert

Assure the committee:

The ICB is delivering a range of engagement and involvement activity as part of our delivery, transformation and across a range of programmes and initiatives. This meets our aspiration to involve and engage members of the public, patients, communities, staff, carers and partners.

### Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents and summary of insights contained in the report.
- Recognise and endorse the engagement activity undertaken across the ICB and the learning being embedded.

- Note the forward view of upcoming engagement, involvement and co-production activities for the next period.

Which Strategic Objective/s does the report contribute to		Tick		
1	Improve quality, including safety, clinical outcomes, and patient experience	x		
2	To equalise opportunities and clinical outcomes across the area	x		
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x		
4	Meet financial targets and deliver improved productivity	x		
5	Meet national and locally determined performance standards and targets	x		
6	To develop and implement ambitious, deliverable strategies	x		
Implications				
	Yes	No	N/A	Comments
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?		x		
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date	Outcomes		
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	EHIRA assessments are completed for individual programmes of work.
Data privacy impact assessment completed			x	
<b>Report authorised by:</b>			Neil Greaves, director of communications and engagement	

## Public engagement and involvement assurance report: September to November 2024

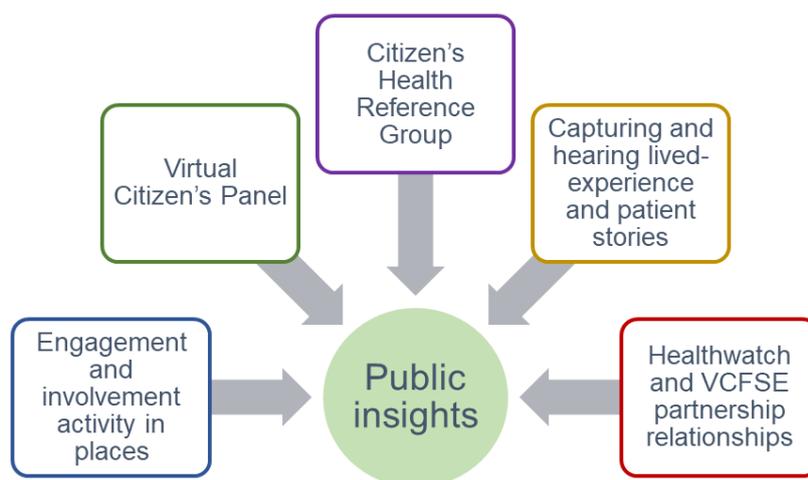
### 1. Introduction

Public involvement is an essential part of making sure that effective and efficient health and care services are delivered; by reaching, listening to, involving and empowering our people and communities. This is so that we can ensure that people and communities are at the heart of decision making. The NHS in Lancashire and South Cumbria is committed to putting our population’s needs at the heart of all we do.

This report provides assurance to the committee and the Integrated Care Board (ICB) for the delivery against the [ICB strategy for working in partnership with people and communities](#) (as revised in July 2023) and embedding the principles of public involvement and engagement. This includes the establishment and development of an engagement and involvement infrastructure across the integrated care system, and at place. This demonstrates how the public voice can be, and is, at the heart of decision-making and service delivery and improvement in the ICB.

As well as evidencing good practice, this report importantly provides the ICB with assurance of engagement, co-production and involvement in its work and the compliance of the ICB in its duty to involve. Significant work has been undertaken to ensure the work of the Public Involvement and Engagement Advisory Committee (PIEAC) and the Quality Committee are integrated and to avoid unnecessary duplication of effort and to ensure that there is strengthened oversight and connectivity between the committees.

The diagram below shows, at a high level, the proactive engagement mechanisms which have been developed to engage and involve the public as set out in the ICB’s strategy for working in partnership with people and communities.



### 2. Virtual Citizen’s Panel

The Virtual Citizen’s Panel includes members of the public who have expressed an interest in receiving regular emails and taking part in NHS research, surveys and questionnaires and provide feedback. Citizen Panel newsletters are distributed each month.

The total membership is at **1,502** individuals from across Lancashire and South Cumbria, as of 6 December 2024. This is an increase from the previous report and is largely as a result of signing individuals up to the panel as part of the 'Your health. Your future. Your say.' engagement programme.

The open rates show that members of the panel are highly engaged with the content that they receive, and the panel has driven up responses to the recent public perception and Integrated Urgent Care surveys.

The ICB also manages a readers' group which is a subset of the citizen panel and consists of 183 residents, which is a decrease from previous reports. The panel consists of those who have expressed an interest in reviewing documents and materials produced by the ICB. The group has been most recently involved in providing feedback on the perception survey and a women's health survey.

### **3. Citizens Health Reference Group**

Membership of the Citizens Health Reference Group now stands at 59 people. Since the quarterly meeting in September, members have been offered a number of workstreams to support. This was done via an expression of interest process and members have since been allocated to a number of workstreams.

The workstreams currently being supported are:

- New Hospitals Programme
- Dental access
- Vascular Network
- Head and neck cancer
- Urology
- Cardiac
- Virtual wards
- Mental health redesign
- Women's health programme

Workstreams that have had support and concluded are:

- Urgent and emergency care strategy development
- Physical health checks for people with a severe mental illness (campaign design)

Workstreams planned for the near future:

- Clinical policies
- Transforming community care
- Non-emergency patient transport services

All members were invited to a dedicated dental access session on Thursday 28 November. The session was attended by 17 members. A quarterly meeting took place on Thursday 5 December.

A full report of the Citizens Health Reference Group is included as part of the standard agenda item for the committee.

#### 4. Capturing lived experience and patient stories

Our programme of capturing lived experience and patient stories is an important aspect of our work. Sharing a patient experience at our board and quality committee meetings helps to ground discussions in the reality of patient care and the purpose of the ICB to improve health and wellbeing. Members of the public are therefore at the centre of the decisions made by the committees.

The stories are captured in a range of formats. A growing number of people are keen to share their experiences and insights through patient stories.

Date	Committee	Focus of story
September	Board meeting	Chronic disease management and monitoring relating to urgent and emergency care:  <a href="https://www.youtube.com/watch?v=fPsfVAYJMW0">https://www.youtube.com/watch?v=fPsfVAYJMW0</a>
	Quality committee	Cardiac rehabilitation
October	Quality committee	Community equipment
November	Board meeting	Long delays to operation, poor communication from hospitals, with mixed messages and concerning advice or no support:  <a href="https://www.youtube.com/watch?v=Dxq94N2_uTA">https://www.youtube.com/watch?v=Dxq94N2_uTA</a>
	Quality committee	Cancer diagnosis

The communications and engagement team has completed a thorough review of each of the patient stories that have been developed for the board and the quality committee. These reviews have been conducted with relevant clinical and commissioning leads, and their teams. While recognising that action, change and improvements do take time to agree and embed, we have compiled a powerful set of narratives that show how the insights from the patient stories have influenced strategy, policy and practice. We are now populating these on our website: [LSC Integrated Care Board: Lived experience.](#)

#### 5. Making every engagement contact count – empowering our engagement team

In October, six of the seven members of the ICB's place-based engagement team were provided with blood pressure and atrial fibrillation training. They received blood pressure monitors and an atrial fibrillation device along with an app to record findings by Blackburn Council health and wellbeing team. Equipping the engagement team with the skills and ability to check the blood pressure and heart health of members of the public while in the community engaging with the public is an opportunity to make every contact count as well as gaining insight into their experiences. Encouraging members of the public and patients to start a conversation about their health and use of health services can be challenging without an

incentive or something to draw them in. We know a small chat can lead to big change so this will provide the opportunity to make every contact count and have active discussions.

Plans are in development for regular visits to places such as the family hubs, Deaf Village and other community groups. A regular data report will be shared with the health and wellbeing team for their performance reporting, as well as included in this report for PIEAC members.

Between September and November, a total of 60 blood pressure checks and 57 atrial fibrillation readings have been taken by our engagement team. As well as being an opportunity to gain insight into the public's health and experience of health services, the team has referred 13 people to health services due to their high blood pressure, helping those individuals to avoid health problems as a direct result of the contact.

## **6. Engagement good practice webinars**

Following a development session for PIEAC members in April, an agreed action was to establish a webinar for the health and care system to showcase good practice and share the learning and insights from engagement across the system and in our places. The first webinar took place in September. Two presentations were shared: a team from Blackpool Healthwatch shared their engagement with children and young people on vaping, and a team from Blackpool Council shared their model of coproduction and how this helped support the recent SEND inspection in Blackpool.

A total of 63 people registered to join the webinar, and 40 people attended. Both presentations were well received and generated a good discussion. The webinar, along with an audio file, the questions and answers, and a blog are available on our website:

[LSC Integrated Care Board: Good engagement webinars](#)

The next webinar is on the 31 January 2025, and will focus on engagement with women about the menopause. One presentation will focus on how engagement with women has led to the development of menopause clinics and support in primary care in South Cumbria, and the other presentation will be a recent project in Blackpool to understand the experiences of women going through the menopause.

## **7. Engagement in each of our places**

### **7.1 Blackburn with Darwen**

#### **Winter**

Our focus on winter is about engaging with networks and community groups to ensure people are informed about accessing appropriate services and to support the overarching winter communications plan for the NHS in Lancashire and South Cumbria. As part of the engagement with those groups, our engagement team is delivering blood pressure and atrial fibrillation checks.

A number of resources that are relevant to place have been developed to help communicate messages, working with volunteers, community leaders, councillors and staff from community organisations and groups to use to help share important messages when they are in contact with people who are vulnerable, or likely to benefit from support from health and care services.

Two additional documents are also in development with key messages to support mental health wellbeing and 'Beat the Winter Blues'. One is for staff and organisations to use and contains tips for starting a conversation about mental health, links to various support lines including who to contact when a person may be in crisis, and tips to share on the ways to mental wellbeing. The public version is similar in that it provides information about mental wellbeing and the organisations who can provide mental health support when needed. We will continue to work with local groups and community partners to ensure these messages continue to be shared throughout the winter period.

### **Putting People First**

Blackburn with Darwen place-based partnership board has now implemented a 'putting people first' element at each board which involves a patient story relating to the topics of discussion at that meeting. This may be in the format of a written case study, however people telling their story are invited to the board meeting to tell their story for themselves. The first story was shared at the board meeting on 30 October and was a social prescribing case study.

### **Care Sector Quality Improvement Group**

A care sector quality improvement group for Blackburn with Darwen has been re-established. One of the workstream sub-groups relates to communication, engagement and co-production, led by Healthwatch Blackburn with Darwen's chief officer.

### **Population Health – Priority Wards**

The Blackburn Central electoral ward footprint generates double the attendance to A&E than any other ward in Blackburn with Darwen. The population health team is continuing to work with partners to reach individuals and families in this footprint who are already struggling, or who may reach that point in the next few months. The team is working on small initiatives to engage, identify and support the issues generating this need. This moves beyond the health presentation and seeks to understand the underlying factors such as:

- Isolation / loneliness
- Anxiety and depression
- Poor Self care
- Food poverty
- New parents
- Literacy barriers
- Poor support networks
- Debt
- No understanding of the health system
- Carer responsibilities
- Culture barriers
- Poor housing
- Fuel poverty

Next steps include mapping assets and identifying which organisations could contribute, community engagement with an invite to a community event to listen to challenges, gather or provide information, build connections and get a sense of what the community interests are.

### **Blackburn with Darwen Insight, Communication and Engagement Group**

This group continues to meet fortnightly alternating between online and face-to-face to ensure there is consistent, coherent and targeted messages to Blackburn with Darwen residents with the added opportunity to share engagement plans and to identify opportunities for working together.

### **Blackburn with Darwen family hubs – conversations with CAMHS and pharmacy**

Early in 2024, a questionnaire was sent to parents/carers associated with the family hubs to ask which, if any, health services they would be interested in hearing from. Options given included mental health (both adult and children), pharmacy, learning disability, and sexual health. Following the responses given, both pharmacy services and the school-based mental health support team (part of East Lancashire Child and Adolescent Services) were invited to come and speak to parents/carers at three of the family hubs in October 2024.

Invites to the sessions were sent to the growing database of family hub parent/carer panel members as well as being promoted on the family hub private Facebook page which currently has over 600 followers. To encourage more people to come along, a £20 voucher supplied by the family hubs was offered to each participant to cover their time and expenses.

In total, 23 people attended the three sessions which were held at Shadsworth, Darwen and Little Harwood family hubs.

The clinical team manager of the Blackburn with Darwen school-based mental health support team – part of East Lancashire Child and Adolescent Services (ELCAS) hosted by Lancashire and South Cumbria NHS Foundation Trust – attended all three of the engagement sessions to provide information about the services available to help support a young person's mental health.

A member of the ICB's medicines optimisation team and community pharmacists each attended one of the sessions to talk about the services a pharmacy can provide and to explain about the new Pharmacy First service.

The sessions, which each lasted for around two hours, were very informal with time for questions and answers throughout. Not everyone present was aware of the routes into mental health services for young people or aware of the Pharmacy First scheme or the regular services a pharmacy can provide.

Following the sessions, information relating to Child and Adolescent Mental Health Services (CAMHS) and pharmacy services were emailed to each of the attendees.

## **7.2 Blackpool**

### **Active into Autumn community engagement**

Throughout the week of the 7-11 October 2024, we planned and delivered community events throughout Blackpool, culminating in a large community event at the Winter Gardens in Blackpool. A total of 573 people across partner organisations, services, and members of the public attended over the week.

A notable achievement, given the high incidence of musculoskeletal problems experienced by Blackpool residents, the Musculoskeletal (MSK) service advised and gave self-care advice to 47 people, potentially supporting independence and unnecessary hospital demand.

Learning from the events has been collated outlining successes, areas for improvement and overall impact of delivery. A coproduction approach has been suggested for subsequent events in 2025; this will be led by Chantelle Bennett, engagement senior officer for Blackpool, and Jill Gardner, place-based partnership officer.

### **Fylde Coast Patient Participation Group Chairs network**

The Fylde Coast Patient Participation Group Chairs network meets bimonthly with a full calendar of network meetings planned for 2024. Following discussions in September about a reconfiguration along Blackpool/Fylde Coast lines, the network has agreed to explore this in 2025. The network has elected a temporary secretary and in the absence of Gemma Jackson, chair, due to ill health, was chaired by ICB engagement senior officer for Blackpool, Chantelle Bennett. The network had a workshop in October led by Michelle Ashton from Lytham PCN, focusing on Lord Darzi's recommendations for primary care.

## **7.3 South Cumbria**

### **South Cumbria place team**

The South Cumbria place team has held a number of team development sessions which have included the ICB engagement coordinator for South Cumbria, Trina Robson, both reiterating and agreeing its mission/core purpose and focusing on building relationships and a shared vision.

Central to delivering this was deep listening to our residents, a proper understanding of their needs, involving them meaningfully in future decision-making, and working alongside them to increase aspirations around living, working and ageing well. This will be reflected in our approach to resident engagement in all of our work programmes and in the work of our place board.

The place team Programme Delivery Board meets monthly, attended by Trina, which aims to ensure residents voices are at the centre of, and inform, the workstreams.

### **Integrated Wellness Service**

ICB engagement coordinator for South Cumbria, Trina Robson, has played a key role in supporting the place team with the development of the Wellness Service and ensuring that it is underpinned by coproduction principles. Targeted engagement has continued throughout September and October with a small cohort of patients who have had frequent and long lengths of stay in hospital. This has been proactively used in the design of the services offered, and professions involved, in the Integrated Wellness Service.

### **Barrow and Millom community of practice**

Trina has also supported the place team leads for the community of practice aimed at reducing the long term used of opioids in Barrow and Millom and the WorkWell project, including the engagement of service users in telling their stories.

### **Development of Patient Participation Groups network**

Work is continuing with the development of a Patient Participation Group (PPG) network for South Cumbria. ICB colleagues are working together to identify the PPGs in South Cumbria, offer support and help develop PPGs. As well as helping PPGs support their practices, the PPGs are considering how to support place and the wider system.

### **Priority wards**

Work is continuing with the priority wards and with the Healthier Streets Project in Barrow where we have been working closely to engage with a group of residents in South Cumbria that wish to be involved in developing a blueprint for the coproduction of services. Between September and November, ICB engagement coordinator for South Cumbria, Trina Robson, has continued to work with the population health team, the ICC development lead and the

third sector in supporting the development of the healthier streets work and the integration and coordination of statutory and VCFSE services in the neighbourhood.

### **Barrow Delivery Board**

Trina has provided support to members of the Barrow Delivery Board, some of whom are also civic commissioners for the Poverty Truth Commission and in particular the development of the Barrow Way principles and Team Barrow work. Part of this involves working closely with Hilary Cottam, a well-known social innovator, author and entrepreneur to facilitate a piece of work with local leaders entitled Creating the Right Conditions for Barrow to Thrive.

### **Engagement with voluntary sector and third sector**

Trina also co-facilitates a third sector CEO breakfast group and is a member of the Furness Not for Profit Health Forum, a well-attended gathering of third sector leaders across Furness which meets every six weeks. The organisations work with some of the most vulnerable members of our communities and keeping them updated with our key messages enables the dissemination of messages into communities that are less likely to interact with NHS services.

## **7.4 Lancashire**

### **Community engagement networks**

We are working with the Lancashire place team to establish a network of place-based engagement support and conversations to ensure that partners across Lancashire are supported through mutual aid, shared insights and practical support. This work, which complements our existing networks in each of the areas of Lancashire will ensure stronger connectivity between partners to ensure that the voice of people and our communities is heard and acted on.

Our existing networks continue. In East Lancashire a large network has been developed. We are also attending the VCFSE networks established by Hyndburn and Ribble Valley CVS and Burnley, Pendle and Rossendale CVS – these are People of Pendle, Rossendale Connected, Burnley Linked, Hyndburn CAN and the Ribble Valley CAN. These are proving to be important and powerful links to our communities in East Lancashire. In Central Lancashire a network has been established and will be reinvigorated over the coming months. In North Lancashire we are working with existing networks. The community conversations project and the poverty truth commission has supported this development.

### **Community conversations**

As part of the community conversations group run by the population health team and supported by other teams within the ICB and their partners, updates are provided by partners engaging with people in their communities. Lancaster City Council has been undertaking a series of focus group sessions on climate and nature during October and November, supported by partners. A community dialogue project run by Lancaster University has held a series of workshops in November, attended by members of the ICB, and further engagement sessions with the council, anchor organisations and the community will follow. This work is ongoing.

### **Suicide prevention**

A bespoke suicide prevention campaign has been developed for North Lancashire by a partnership including Lancashire and South Cumbria NHS Foundation Trust, Lancaster City

Council, Lancaster CVS and members of the ICB. The campaign has two elements, a district wide, all age campaign that directs people to local support, and a programme aimed at young people, aged 11-24, which will give them tools to help manage situations and feelings. The campaign, which it is hoped will support people's mental health and reduce the number of deaths by suicide in the district, goes live in January 2025.

### **Feedback Fortnight**

Led by our ICB's children and young people team, a 'Feedback Fortnight' will be carried out at the beginning of March next year across our system/places. This is a method of providing a 'real time' snapshot over a short period of time, ensuring that the perspectives of children and young people, parents and carers are considered. By gathering their feedback and insights it will help guide our commissioners about how, and where, they can improve services and programmes. This is a pilot project but if successful, will be carried out at the same time every year.

Liaison is currently taking place with the family hubs across Lancashire to consider the best days and times to conduct this. There is an agreement also that the Lancashire and South Cumbria NHS Foundation Trust HARRI van will be present at the family hubs.

### **Pendle communication and engagement plan**

In East Lancashire we have developed a focused communication and engagement plan which supports the priorities of the Pendle Partnership. This is in addition to our support to other partnerships in East Lancashire. The other partnerships are Rossendale Connected, Burnley Together, and the Hyndburn Way. An important benefit of us working with these networks is that they have facilitated our engagement on the 'Your health. Your future. Your say.' engagement, and will continue to be a source of support and insight. We have tapped into these networks to promote the messages and resilience tips throughout September to November as part of the system awareness and readiness for winter. Aligning our messages and tips with those of our partners ensures that messages are conveyed deep into communities and to those populations who could benefit from a more targeted approach.

### **East Lancashire physical activity campaign**

We have been working with Lancashire County Council's Public Health team, and Together An Active Future (TAAF) to develop a campaign approach using engagement and communication methods to promote physical activity. This work builds on previously successful engagement in Pennine Lancashire, and a considerable amount of work has been invested in aligning partnership priorities to promote physical activity using the lived experience of local community leaders, including GPs, councillors, and members of the public. We anticipate that this development work will come to fruition in spring 2025.

### **Ryelands estate residents' engagement in Lancaster**

The Lancaster District Health and Wellbeing Board Ryelands task group continues to meet and progress the development of the park/open space for the Ryelands estate community.

Members of the multi-agency task group met with the residents' association to co-produce a consultation event led by the Lancaster District Health and Wellbeing Partnership, which took place on the 24 October. A survey was also made available to residents of the estate, via Lancaster City Council, which 67 people completed.

55 people attended the consultation event, many of them children, and the resident's association were happy with the attendance from estate. All the partners supporting the face-to-face engagement at the event, including representatives of the ICB, agreed that it was a

success and demonstrated close working with the community. The results of the consultation have been produced, and the next steps are being planned by the multi-agency task group.

### **Relocation of PWE Accrington Victoria GP practice**

It has been identified by East Lancashire Hospitals NHS Foundation Trust that Accrington Victoria Hospital is no longer fit for purpose and presents a safety risk to patients. For that reason all services need to be relocated.

One of the services based within the Hospital is a GP practice, called PWE Accrington Victoria. The process required to relocate a GP practice involves approval from the ICB's primary care commissioning committee, which needs to see evidence of robust engagement that has helped to shape the decision.

Almost 200 people (around five per cent of the total number of patients registered at the practice) provided feedback. Engagement included an online survey and face-to-face drop-in session at the practice, taking place from Friday 11 to Tuesday 22 October 2024.

### **Relocation of Dr Bello's Surgery and King Street Medical Centre**

Dr Bello's Surgery in Church and King Street Medical Centre in Accrington are two separate GP practices with separate contracts and patient lists, but the same management team. The list size at Dr Bello's Surgery is 2,484 while at King Street Medical Centre it is 1,761.

Due to both buildings being no longer fit for purpose, Dr Bello's Surgery building being currently without a lease and the lease at King Street coming to an end, and with both practices requiring suitable modern premises from which they can deliver efficient services, it has been proposed to relocate the two practices to more modern and purpose-built facilities at Acorn Primary Health Care Centre in Blackburn Road.

Space has been identified within the centre, which is 0.3 miles from Dr Bello's and 0.7 miles from King Street. The new site has ample parking and sits on a main road and bus route.

Engagement took place throughout October and November to understand any issues patients of the two practices would face from relocating. This took the form of an electronic survey, the link to which was distributed to all practices via a direct letter and/or text message. Printed copies were also available in the practices and physically handed to people as they went for appointments. In addition, face-to-face engagement sessions were held in each of the practices.

## **8. ICB engagement and involvement projects from September to November 2024**

The following projects and activities have been delivered during this period, and are continuing:

### **8.1 Your Health. Your Future. Your Say. programme of engagement**

In August 2024 it was decided that public engagement should commence to discuss some of the priorities and principles of the Lancashire and South Cumbria Integrated Care Board.

Throughout September to November 2024 the 'Your health. Your future. Your say' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area.

These were:

- Banks
- Barrow in Furness
- Preston
- Morecambe
- Burnley
- Blackpool (as part of the Active into Autumn events)
- Blackburn

Plus, two more online events; one in a morning and one in an evening.

The location of the events were organised following a mapping exercise which took into account a set of criteria agreed by a working group within the communications and engagement team. These criteria included density of population with multiple long-term conditions, areas of deprivation, proximity to the work of the Shaping Care Together consultation, proximity to areas affected by the New Hospital Programme, areas with good accessibility to the public and with venues in the community large enough to seat groups of people and areas that had not widely been engaged with during previous similar engagement opportunities.

The events were open to everyone and were extensively promoted through the press, social media and our network of community groups and public volunteers.

The events featured information about challenges and areas of focus for the ICB including integrated urgent care and transforming community care.

Views of the public were sought on the work of the ICB and its vision and priorities. This was coupled with design principles for urgent care service recommissioning which could be pertinent to other programmes of work within the ICB.

A total of 188 members of the public attended the roadshows to share their views. This does not include NHS and local council staff and clinical and care professionals who supported and participated in discussions at the events.

In promoting the engagement, we also gave people who could not come to our events the opportunity to invite us to patient interest groups, and community groups and networks. Outreach with existing community groups and networks meant we were able to reach health inclusion groups and those who would not typically attend NHS events where they live. In each of our places we contacted our networks and groups to see if they could accommodate us in their meetings within the timeframe of this work, or if they could work with us to create opportunities to engage with them. Accommodating the engagement within the timescale was difficult with some groups and the learning is that more notice is needed for the community groups.

The groups we attended include:

- Asian women walking group in Pendle - three sessions in September and October (19 South East Asian women)
- Kirkby Lonsdale health and wellbeing event in South Cumbria - October (12 people)

- Dementia awareness group with Age UK in Lancaster - November (20 older people with dementia and carers)
- Older people's groups in Ribble Valley - two sessions in November (36 people)
- Clitheroe Warm Hub group - November (30 people living in deprivation)
- Veterans in the Community group - November (18 military veterans)
- Neurological patient support group in Blackburn - November (20 people)
- Poverty Truth Commission in Barrow - November (10 citizens with lived experience of poverty, health inequalities, disability and mental health)
- Virtual Carers Forum - November (12 carers)
- Pendle health awareness event - December (40 people, mainly South Asian community)
- Brinscall coffee morning - December (10 people)

ICB engagement team members joined these groups and networks and used a similar format as the roadshow events for capturing people's views and experiences in relation to the vision of the ICB. We learned that the experiences of health and health services are very much seen and framed through their specific conditions or characteristics. The findings have been integrated into the roadshow findings, as we heard the same insights and views.

Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups. We spoke directly with 415 people through the roadshows, online meetings and community health inclusion groups and received a total of 1,836 responses to the two surveys.

The insights gathered in relation to integrated urgent care have been fed into the Integrated Urgent Care Programme Group to help shape the design of the new proposed clinical model.

## **8.2 Shaping Care Together – pre-consultation engagement**

Between 26 July and 4 October, the pre-consultation engagement period for the Shaping Care Together programme was live. People were asked to share their views on urgent and emergency care across Southport, Formby and West Lancashire. Several tactics were deployed during this period to gather a rich amount of insight:

- A questionnaire (shared both online and offline).
- Two public roadshows (one at the Concourse Shopping Centre in Skelmersdale).
- Six public meetings (one in Ormskirk and one in Banks).
- Five focus groups sessions with patients, staff and VCFSE groups.

The engagement was coordinated and delivered in the main by Freshwater – the agency leading the communication and engagement work in relation to the programme. However, members of the ICB's communications and engagement team also supported the West Lancashire elements of the engagement.

Nearly 3,000 people completed the questionnaire and more than 200 people attended the public meetings. The insights from this engagement were used to inform the options appraisal process (supported by three West Lancashire residents) which concluded in November. A draft pre-consultation business case is now being developed.

### **8.3 Pharmacy First**

The ICB is the organisation responsible for organising primary care services – including pharmacy services – across the region.

Under the Pharmacy First service, most pharmacies can offer prescription medicine for some conditions, without people needing to see a GP or make an appointment.

Conditions they can offer prescription medicine for are:

- Impetigo (for those aged 1 year and over)
- Infected insect bites (for those aged 1 year and over)
- Earache (for those aged 1 to 17 years)
- Sore throat (for those aged 5 years and over)
- Sinusitis (for those aged 12 years and over)
- Urinary tract infections (UTIs) (women aged 16 to 64 years)
- Shingles (for those aged 18 years and over)

To support work to promote the Pharmacy First service and provide an efficient and quick way of getting some initial intelligence ahead of a promotional campaign planned to start in November 2024, it was agreed that the levels of public awareness and perceptions of both the service and of pharmacy in general needed to be understood. This was a recommendation from the Primary Care Commissioning Committee.

A survey was shared primarily with members of the ICB's Citizen's Panel and Citizens Health Reference Group, as well as on social media and was completed by 448 people.

## **9. Planned engagement and involvement by the ICB for December 2024 and January and February 2025**

The following projects are planned and or will be developed over the next three months:

### **10.1 Epilepsy services at the transition between paediatric and adult care**

The ICB is looking to gain insight and support improvements at the transition from children and young people's epilepsy services to adult care. Face-to-face engagement alongside epilepsy nurses commenced in the week beginning 2 December 2024 and will seek feedback and involvement from parents, carers and children to understand what they feel is needed to improve the quality and effectiveness of the transition.

### **9.2 New Hospitals Programme**

Following completion of land acquisition, on Monday 2 December 2024 the ICB on behalf of the NHS in Lancashire and South Cumbria announced the proposed sites for a replacement Royal Lancaster Infirmary and a replacement Royal Preston Hospital.

From mid-January 2025, a programme of public engagement will be launched as an opportunity to connect with members of the public, patients, partners, and stakeholders in an honest and open conversation to discuss the proposed sites for the two new hospitals.

The feedback gathered from the engagement programme will help the NHP programme team, the Trusts and the ICB to understand more about how a change of location could positively

and negatively affect patients, colleagues, and the population, and identify mitigations that may be required.

### **9.3 Women's health hubs**

In the next quarter, there will continue to be further engagement to understand women's health across Lancashire and South Cumbria, building on the work that has already taken place.

Healthwatch Blackpool and Healthwatch Lancashire have undertaken significant research projects which will feed into Place and system planning. In the next quarter, we will continue to work with Healthwatch and VCFSE to ensure that public voices are heard in relation to women's health and to support the women's health hubs.

## **10. Informing and communication campaigns**

The corporate communications team continues to inform the public and specific stakeholder groups about key ICB and health and care matters.

The ICB's communications team supported the amplification and localisation of health-related campaigns during the period. The overarching aim was the reinforcement of messages known to have an impact on managing pressures. These broadly fell under themes of self-care, prevention, and signposting. Campaigns run during the period concerned:

### **Prevention and self care**

- [Blood pressure awareness campaign urges people to 'Know Your Numbers'](#)
- [Awareness Month highlights the importance of detecting lung cancer early](#)
- [Awareness month highlights one of the most difficult cancers to diagnose](#)
- [NHS in Lancashire and South Cumbria offers practical tips to stay healthy this winter](#)
- [NHS launches 'a to z for a healthier mouth'](#)
- [Help reduce medication waste and support the NHS across Lancashire and South Cumbria](#)
- [Get ready to prevent falls and avoid injuries this winter](#)
- [Suicide prevention schemes can help "change the narrative" with rates on the rise](#)

### **Signposting**

- [Minor health complaint? Visit your Pharmacy First](#)
- [Choose the right NHS service this winter](#)

The campaigns were supported through a number of channels to reach a range of people across our communities, including media releases, social media, Citizen's Panel and targeted messaging.

For information or contacts for any of the engagement initiatives described in this report, please contact David Rogers: [david.rogers10@nhs.net](mailto:david.rogers10@nhs.net)

### **Glossary**

A glossary of terms to support this paper is available here:  
<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>

# ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	Wednesday 18 December 2024
<b>Title of paper</b>	Public engagement and involvement insights report: Sep-Nov 2024
<b>Presented by</b>	David Rogers, head of communications and engagement
<b>Author</b>	David Rogers, head of communications and engagement and communications and engagement team members
<b>Agenda item</b>	7b
<b>Confidential</b>	No

## Executive summary

This report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of insights which have been captured through proactive public and community engagement activities between September and November 2024.

In this insight report, we share the summary findings from:

- Your Health. Your Future. Your Say.
- Shaping Care Together – pre-consultation engagement
- Lancashire and South Cumbria NHS public perceptions survey
- Integrated Urgent Care
- Community equipment services
- Relocation of PWE Accrington Victoria GP Practice
- Relocation of Dr Bello’s Surgery and King Street Medical Centre
- Pharmacy First

The report also includes results from two national surveys:

- Under 16 Cancer Patient Experience Survey (2023)
- CQC Urgent and Emergency Care Survey (2024)

## Advise, Assure or Alert

**Assure the committee:**

- The ICB has methods and approaches to capture public and patient insight.

**Advise the committee:**

- Of insights acquired through engagement.

## Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents and summary of insights contained in the report.
- Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis.

- Endorse the sharing of this report with the ICB Quality committee for consideration of how the findings are relevant to the quality of services provided by, or commissioned by, the ICB.

Which Strategic Objective/s does the report contribute to		Tick		
1	Improve quality, including safety, clinical outcomes, and patient experience	✓		
2	To equalise opportunities and clinical outcomes across the area	✓		
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓		
4	Meet financial targets and deliver improved productivity	✓		
5	Meet national and locally determined performance standards and targets	✓		
6	To develop and implement ambitious, deliverable strategies	✓		
Implications				
	Yes	No	N/A	Comments
Associated risks				
Are associated risks detailed on the ICB Risk Register?	x			
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date	Outcomes		
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

<b>Report authorised by:</b>	Neil Greaves, director of communications and engagement
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## **Public and community insights report: September to November 2024**

### **1. Introduction**

The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of public and community insights captured by the ICB between September and November 2024, or relevant engagement insights published by partner organisations.

### **2. Reports, insights and outcomes from engagement activity**

#### **2.1 Your health. Your future. Your say. engagement**

Throughout October and November 2024, the 'Your health. Your future. Your say.' roadshow events took place in seven locations across the Lancashire and South Cumbria ICB area. The events sought views on the work of the ICB and its vision and priorities, along with design principles for urgent care service recommissioning.

A total of 188 members of the public attended the roadshows to share their views. Insights were also gathered through an ICB perception survey, an Integrated Urgent Care (IUC) survey and targeted engagement with health inclusion groups. We spoke directly with 415 people through the roadshows, online meetings and community health inclusion groups and received a total of 1,836 responses to the two surveys.

A number of recommendations have been created based on the findings of this report and they are:

1. Keep everything as simple as possible to ensure good patient experience of services.
2. Continue with a community approach but make this a one-stop shop for all services including primary care, community services, mental health, council services and voluntary services.
3. Improve IT systems so that all services use, or have input into, a central system that can be accessed by everyone including the patient.
4. Involve people earlier in projects.
5. Ensure GP practices all offer the same services, especially blood tests.
6. Improve communication and awareness of services. This includes between health professionals but especially the public.
  - a. Educate people on which service to use and when.
  - b. Keep patients involved and provide information on what to expect at every stage.

The full report can be found at:

[https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your\\_health\\_your\\_future\\_your\\_say\\_roadshows\\_listening\\_report\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/9017/3350/0486/Your_health_your_future_your_say_roadshows_listening_report_V1.pdf)

## **2.2 Shaping Care Together – pre-consultation engagement**

Between 26 July and 4 October, the pre-consultation engagement period for the Shaping Care Together programme was live. People were asked to share their views on urgent and emergency care across Southport, Formby and West Lancashire. Below are some of the highlights:

A final report is currently being developed which will include a more detailed quantitative analysis of the engagement. This will include by geography, protected characteristics and other demographics. The final report will also include thematic reports per location, details of all public meetings and focus groups, and a 'you said, we did' account of all input received.

The insights from this engagement were used to inform the options appraisal process which concluded in November. A draft pre-consultation business case is now being developed.

Communications and engagement report:

[https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT\\_CE\\_progress\\_report\\_29OCT24.pdf](https://www.healthierlsc.co.uk/application/files/4817/3382/9194/SCT_CE_progress_report_29OCT24.pdf)

## **2.3 Public perceptions**

In October 2024, the first quarterly NHS perception survey of Virtual Citizen Panel members was launched. The survey is designed to track responses to the same questions over the course of the year.

The survey ran from 17 October to 31 October 2024 and 777 virtual citizen panel members responded of the 1,380 members at that time, resulting in a response rate of 56 per cent.

The questions cover the perception of the NHS both locally and nationally, whether the NHS is in need of improvement, and whether the NHS listens to and acts on public feedback.

Aggregating the results into a comparable score out of five for the perceptions on whether the NHS provides a good service, the local score is 3.4 out of 5, while the national score is 2.6 out of 5. This indicates a more positive local perception compared to the national service, where people are less likely to have an opinion.

More than 65 per cent of respondents felt the NHS requires a fair amount or a lot of improvement. More than 50 per cent of respondents indicated that they didn't know if the NHS listens and acts on feedback.

The full report can be accessed here:

[https://www.healthierlsc.co.uk/application/files/8917/3384/0746/ICB\\_Quarterly\\_Perception\\_Survey\\_November2024.pdf](https://www.healthierlsc.co.uk/application/files/8917/3384/0746/ICB_Quarterly_Perception_Survey_November2024.pdf)

## **2.4 Integrated Urgent Care**

As part of the Integrated Urgent Care Programme that is exploring and agreeing the options available to re-commission urgent care services, we have engaged with members of the public to find out what is important to them and their families when it comes to urgent care services. We asked what urgent care services they are aware of, which they use, why they choose them and what their experience has been. The insight gathered has been fed into the Integrated Urgent Care Programme Group to help shape the design of the new proposed clinical model.

Urgent care conversations formed part of the seven face-to-face and two virtual 'Your health. Your future. Your say.' events that the ICB held across Lancashire and South Cumbria, and conversations with health inclusion groups. These were supplemented by an online survey that ran from 25 October to 10 November 2024. In total 1,474 people were engaged with.

Members of the public told us that access to urgent care is inconsistent, with a lack of walk-in facilities in some areas and a significant gap in providing services tailored to address health inequalities. Many of those we engaged with were unaware of the available urgent care options, often defaulting to A&E due to familiarity, and we were told people have an increased reliance on A&E when they are unable to secure GP appointments.

There was support for the programme's draft design principles, with strong support for easier navigation for patients and professionals, accessible, secure and connected IT systems, having the right care, in the right place, at the right time and providing pathways to 24-hour access.

In summary, the public called for accessible, 24-hour, person-centred urgent care solutions, emphasising the importance of integrating mental health and physical health services. Addressing the demand for urgent care requires not only improving access to services but also fostering greater awareness and understanding of the options to ensure patients seek the right care, at the right time, in the right place.

Access the full report:

[https://www.healthierlsc.co.uk/application/files/7617/3350/0520/Urgent\\_care\\_public\\_engagement\\_report\\_12.2024\\_V1.pdf](https://www.healthierlsc.co.uk/application/files/7617/3350/0520/Urgent_care_public_engagement_report_12.2024_V1.pdf)

## **2.5 Community equipment services**

Community equipment is a free service provided to residents of Lancashire and South Cumbria through a series of joint contracts between the NHS and local authority partners. The equipment, which ranges from profile beds and mattresses to hoists and commodes, is integral to supporting people to live independently and help them carry out day to day tasks and activities.

Each place currently has a different provider, but the NHS and upper tier local authorities of Lancashire County Council, Blackpool and Blackburn with Darwen wish to improve the service to patients and move towards having one provider for all partners.

Before developing a new specification for the community equipment service, all partners wanted to talk to staff involved in the process on a daily basis and to patients and carers, benefitting from their lived experience of the service in each locality.

A survey and several online focus group sessions and interviews were undertaken to understand the views, comments and concerns of those experiencing the community equipment service. These asked for feedback on the five key elements of the service: assessment; delivery; set-up and instructions; faults, repairs and replacements; and collection of equipment.

Approximately a third of respondents considered most if not all of these steps went well. For many others the process was let down at one or more stages. No stage in the process, in any locality, was without a level of concern, some of which were significant.

Patients and carers were also asked to consider what worked well overall, what did not work well and what improvements they would prefer to see.

The engagement report has been used to inform the development of the draft service specification, and several patients will act as the lived experience patient voice during the development process and beyond.

Full report: [Community equipment service patient feedback](#)

## **2.6 Relocation of PWE Accrington Victoria GP practice**

It has been identified by East Lancashire Hospitals NHS Foundation Trust that Accrington Victoria Hospital is no longer fit for purpose and presents a safety risk to patients. For that reason, all services need to be relocated. One of the services based within the Hospital is a GP practice, called PWE Accrington Victoria.

The process required to relocate a GP practice involves approval from the ICB's primary care commissioning committee, which needs to see evidence of robust engagement that has helped to shape the decision.

Almost 200 people (around five per cent of the total number of patients registered at the practice) provided feedback through either an online survey or face-to-face drop-in session.

The overriding feedback from patients is a concern regarding the distance from the current site to the proposed new building, which is 1.3 miles away. Fifty-two per cent of respondents to the survey said they access the current practice on foot, so would be significantly disadvantaged by the move.

Full report: [DRAFT PWE Accrington Victoria relocation](#)

## **2.7 Relocation of Dr Bello's Surgery and King Street Medical Centre**

Dr Bello's Surgery in Church and King Street Medical Centre in Accrington are two separate GP practices with separate contracts and patient lists, but the same management team. The list size at Dr Bello's Surgery is 2,484 while at King Street Medical Centre it is 1,761.

Due to both buildings being no longer fit for purpose, Dr Bello's Surgery building being currently without a lease and the lease at King Street coming to an end, and with both practices requiring suitable modern premises from which they can deliver efficient services, it has been proposed to relocate the two practices to more modern and purpose-built facilities at Acorn Primary Health Care Centre in Blackburn Road.

Space has been identified within the centre, which is 0.3 miles from Dr Bello's and 0.7 miles from King Street. The new site has ample parking and sits on a main road and bus route.

Engagement took place throughout October and November to understand any issues patients of the two practices would face from relocating. This took the form of an electronic survey, the link to which was distributed to all practices via a direct letter and/or text message. Printed copies were also available in the practices and physically handed to people as they went for appointments. In addition, face-to-face engagement sessions were held in each of the practices.

During the engagement, very few concerns were raised about the move. Some respondents were worried about parking and a loss of the friendly service they had come to expect and enjoy. Many also took the opportunity to ask about the whereabouts of the practice GP, Dr Bello, who has been away from the practice and is expected to return.

Full reports:

Dr Bello's Surgery:

[https://www.healthierlsc.co.uk/download\\_file/force/11146/13706](https://www.healthierlsc.co.uk/download_file/force/11146/13706)

King Street Medical Centre:

[https://www.healthierlsc.co.uk/download\\_file/force/11145/13706](https://www.healthierlsc.co.uk/download_file/force/11145/13706)

## **2.8 Pharmacy First**

The ICB is the organisation responsible for organising primary care services – including pharmacy services – across the region. Under the Pharmacy First service, most pharmacies can offer prescription medicine for some conditions, without people needing to see a GP or make an appointment.

In order to support planned promotion of Pharmacy First, the ICB carried out a survey to understand what existing awareness was of the service and what people's

experiences of it were. The survey also explored people's attitudes to pharmacy in general which will support with upcoming communications and engagement activity around pharmacy access.

The survey was completed by 448 people, 72.5 per cent of which said they had heard of the Pharmacy First service. The majority of those who had heard of the service had seen adverts in their GP practice, while social media and TV advertising also scored highly.

Despite the high levels of awareness of the service, only 21 per cent of respondents said they had used the Pharmacy First service, and of those, 76.5 per cent had accessed the service via walk-in and only 12 per cent had arrived following a GP referral.

Asked to provide feedback on the service, 78.5 per cent said they had received the treatment and/or support the needed from the pharmacy, 61 per cent did not need to return to their GP practice for any aspect of the ailment, 69 per cent were able to access the required medication they needed to treat their condition and 75 per cent were satisfied with the treatment they received.

All survey respondents were asked if they would be happy to visit a pharmacist instead of their GP practice, and almost 85 per cent of those who answered the question said they would. The survey also asked if there were any reasons they would not visit a pharmacy, and the most common negative response was the lack of privacy available at a pharmacy (17 per cent).

Full report: [https://www.healthierlsc.co.uk/download\\_file/view/11147/10892](https://www.healthierlsc.co.uk/download_file/view/11147/10892)

### **3. Reports, insights and outcomes from national patient surveys**

#### **3.1 CQC Urgent and Emergency Care Survey (2024) results published**

The Care Quality Commission (CQC) has published the results of the 2024 Urgent and Emergency Care Survey.

The survey looks at the experiences of people using type 1 and type 3 urgent and emergency care services. The 2024 survey received feedback from 35,670 people who attended a type 1 service in February 2024 and 10,325 people who attended a type 3 service.

Overall, results from this survey show people are having poor experiences of urgent and emergency care services. This applies more so for people using A&E services, with urgent treatment centre patients generally reporting more positively.

Patients with long waits to initial assessment and those whose visits lasted more than four hours consistently report poorer care experiences.

For the first time, the survey asked why respondents attended urgent and emergency care, rather than opting to receive care from another service. The results show that a

lack of timely access to other services may be contributing to unnecessary attendances at urgent and emergency care services.

Access the full report:

[Urgent and emergency care survey 2024 - Care Quality Commission](#)

### 3.2 Under 16 Cancer Patient Experience Survey (2023) results publication

The results from the [2023 Under 16 Cancer Patient Experience Survey \(U16 CPES\)](#) have been published. The survey measures experiences of tumour and cancer care for children across England to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting children with cancer.

This is the fourth iteration of the survey, and the [publication](#) includes a [national quantitative report](#) (and accompanying [easy read](#)), [national qualitative report](#), [national data tables](#), as well as reports and data tables for each Principal Treatment Centre (PTC).

Access the reports:

<https://www.under16cancerexperiencesurvey.co.uk/technical-reports>

#### 4. Glossary

A glossary of terms to support this paper is available here:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>

#### Results

Thematic analysis of the qualitative data revealed the following key themes:

<p><b>Staff</b></p> <p>Staff were central to experiences of care, and positivity about their manner and personal attributes was frequently raised. Key staff attributes were friendliness and kindness, with these greatly appreciated. In addition, being listened to and understood by staff was of importance.</p>	<p><b>Communication</b></p> <p>A range of features that characterised good communication between staff and parents, carers and children were highlighted, as well as some opportunities for improvement. Issues were experienced with communication between hospitals, within hospitals as well as with parents or carers outside of hospital stays.</p>
<p><b>Access to care</b></p> <p>Staff were not always responsive to needs which was attributed to understaffing as well as issues during weekends/evenings/at night. There was variation in how long it took for diagnosis and treatment to start. Access could also be impacted by waits in hospital and travel issues including parking.</p>	<p><b>Personalised care</b></p> <p>There were unmet needs around psychological support for both children and parents or carers. Variable experiences were shared around whether the specific needs of autistic patients had been considered and met.</p>
<p><b>Hospital food</b></p> <p>Hospital food was a frequently raised area for improvement with issues around quality and choice; how well food met personal needs; food preparation facilities; and provision for parents or carers to eat.</p>	<p><b>Things to do in hospital</b></p> <p>Positive experiences were shared of play, though a need for increased access and more age appropriate offering too. Similarly there were calls for increased access to education which on the whole was positively experienced. Improvements were needed to Wi-Fi in hospitals and use of technology.</p>
<p><b>Hospital environment</b></p> <p>Noise at night impacting sleep was common, with suggestions of how this could be improved from some. Other issues described included comfort of sleeping arrangements for parents or carers; the temperature of rooms; and matters of privacy.</p>	

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	18 December 2024
<b>Title of paper</b>	Complaints and Patient Experience
<b>Presented by</b>	David Brewin, Head of Patient Experience
<b>Author</b>	David Brewin, Head of Patient Experience
<b>Agenda item</b>	7c
<b>Confidential</b>	No

<b>Executive summary</b>				
This report sets out Patient Experience and Complaints activity for the period August 2024 – November 2024.				
<b>Advise, Assure or Alert</b>				
<p><b>Assure</b> the committee:</p> <ul style="list-style-type: none"> <li>- That the ICB is investigating and responding to formal complaints and MP correspondence appropriately.</li> </ul> <p><b>Advise</b> the committee:</p> <ul style="list-style-type: none"> <li>- That the Patient Experience Team has developed a ‘Patient Experience Index’ for General Practice to help our Primary Care team support our practices.</li> </ul>				
<b>Recommendations</b>				
<p>The Public Involvement and Engagement Advisory Committee (PIEAC) is asked to:</p> <ul style="list-style-type: none"> <li>• Note the activity, volumes and learning reported for the period August 2024 to November 2024.</li> <li>• Note the development of a Patient Experience Index for General Practice.</li> </ul>				
<b>Which Strategic Objective/s does the report contribute to</b>				<b>Tick</b>
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
4	Meet financial targets and deliver improved productivity			
5	Meet national and locally determined performance standards and targets			
6	To develop and implement ambitious, deliverable strategies			
<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks			✓	

Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications		✓		
<b>Where paper has been discussed</b> (list other committees/forums that have discussed this paper)				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
<b>Report authorised by:</b>	Sarah O'Brien, Chief Nursing Officer			

# ICB Public Involvement and Engagement Advisory Committee - December 2024.

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## Patient Experience and Complaints

### 1. Introduction

1.1 This report sets out the activity of the Lancashire and South Cumbria (LSC) ICB Patient Experience Service for the period 1 August 2024 to 30 November 2024. The information for this report was extracted on 2 December 2024.

1.2 Patient Experience activity has been reported to PIEAC from the outset and includes:

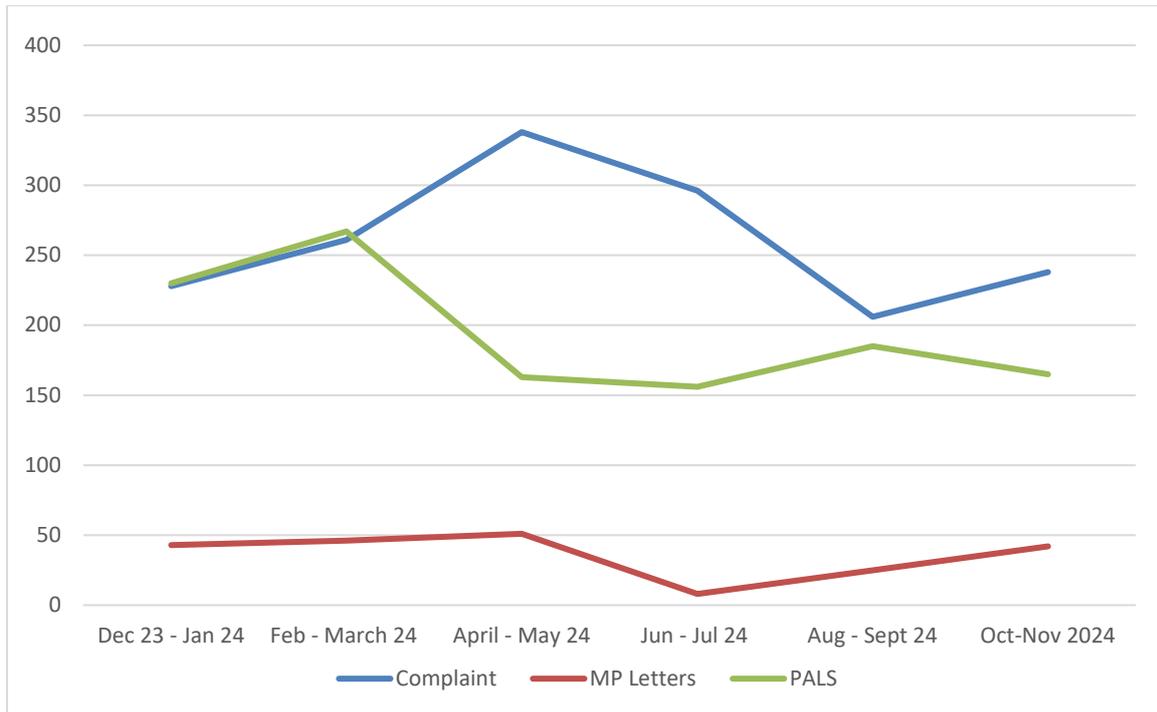
- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging where identified.
- Examples of learning.

1.3 The complaints included in this report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the 'Responsible Body'. They are a combination of complaints about the actions and omissions of the ICB itself and our commissioned providers. Letters from MPs are made up of complaints from constituents, other queries raised by constituents but not handled as complaints and general correspondence from MPs that is not about a specific patient. The PALS totals reported here are those concerns we were able to resolve quickly and informally and requests for advice and information.

### 2. Activity

2.1 The chart below records the number of contacts by type for each two-month period over the last year extracted from the 'Ulysses' case management system. Each PIEAC meeting will receive details of incoming volumes for a rolling 12-month period. Due to the timing of recent meetings, this report covers four months.

## Total volumes received.



2.2 Numbers of complaints showed a significant reduction in August but have increased through the autumn. Unsurprisingly, MP letters decreased in the build up to the General Election but are now rising slowly. More analysis is below.

2.3 When this data was extracted, we had 242 open cases which is a reduction of 81 compared to our last PIEAC report. This is mostly attributable to a group of complaints about linked events in a GP Practice and Pharmacy which we were able to close.

## 3 Analysis

### Complaints

3.1 The complaints we handle can be broken down into four categories. We have reported this to PIEAC from June 2023 onwards.

Reporting Period	ICB	All Continuing Care	Age	Secondary Care Provider	Primary Care
December 2023 – January 2024	15	25		55	133
February – March 2024	17	19		76	149
April – May 2024	13	18		105	202

June – July 2024	10	14	83	189
August 2024 – September 2024	17	12	62	140
October 2024 – November 2024	34	14	70	162

3.2 The proportion of complaints about primary care has remained consistently high compared to other categories. For this period, we saw 197 about General Practice, 68 about Dentistry and 16 about Community Pharmacy. The remainder were coded as Primary Care.

### Complaints about the ICB

3.3 For this period, we have taken a closer look at complaints received about the ICB. The numbers received about our **All-Age Continuing Care** service have remained consistently low with single figures being received each month from January onwards. In previous years, the main theme was delay and failure to update but they are now substantially reduced as the responsiveness of the service has improved. There were several about decision making including dissatisfaction with assessments, appeals, fast track, implementing Personal Health Budgets and retrospective reviews. A smaller group were concerned about quality-of-care delivery and three mentioned timely supply of appropriate equipment. Only two complained about staff attitude or conduct. There remains some concern about the rigour and timeliness of complaint investigations and Patient Experience Team continue to work with All-Age Continuing Care colleagues to improve this.

3.4 Turning to complaints about **other ICB functions**, these can be broken down as:

- Weight loss injections. These account for 10 formal complaints in the period and largely explain the increased number for October and November. There were also some enquiries dealt with informally. This could continue to increase.
- Other prescribing rules including requests for branded medication.
- There were three complaints about a lack of support for long COVID.
- Two referenced Autism and ADHD assessments
- Two were unhappy about our Individual Funding Request process.
- Two were about access to fertility treatment.

3.5 There was one contact from the Parliamentary and Health Service Ombudsman (PHSO) in the period who have identified a case as being suitable for their mediation process. We have agreed the ICB will participate, and we await details.

### MP Correspondence

3.6 We received 67 letters in total (25 in August/September and 42 in October/November). The highest number were received from Tim Farron with nine followed by Cat Smith and Ashley Dalton who sent five each. Towards the end of

the period, we started to receive correspondence from some of our new MPs for the first time.

### **PALS Enquiries**

3.7 PALS totals show a small increase from the number reported at the September meeting but remain lower than the totals seen in the spring of 2024.

### **Learning from Complaints**

3.8 When a complaint is fully or partially upheld, we identify learning and include it in our response. This could be additional actions to resolve individual complaints or broader service improvements. These examples could be about LSC ICB or a commissioned provider. Examples of learning from this period are:

<b>You Said</b>	<b>We did</b>
Your nominated pharmacy was changed by your GP without your knowledge or consent.	We ensured that your nominated pharmacy was amended to the correct pharmacy and asked the GP to investigate. The GP acknowledged that nominations had been changed without appropriate consent. They are currently drafting a new consent policy that outlines the procedures for obtaining, documenting, and verifying patient consent for any changes in care plans including pharmacy nominations. They have also initiated a patient engagement programme to keep the patients informed about their rights and the importance of consent in managing their care.
Your mother's MRI results picked up some unusual findings in her uterus in February 2023 however, she wasn't referred to gynaecology until August 2023.	We asked the Trust to investigate and explain the significant delay between the MRI results and referral. The Trust's investigation identified that a delay had occurred as the referral had been sent via internal post in March 2023. The referral process had not been followed as an email should have been sent in addition to the hard copy. The Trust extended their apologies for this error and advised that all gastroenterology secretaries will email all referrals immediately in addition to sending via the internal post.
You have raised significant concerns regarding the standard of care provided to your father following his discharge from	We asked the Trust to undertake an investigation of your concerns. Following this, they acknowledged that there was a

<p>hospital and the poor standard of communication you received from the clinicians involved in your care.</p>	<p>lack of clear communication with the patient's family and the care provided by the District Nurses was disjointed with a lack of structure. The Head Matron is going to feed your concerns back to the team along with the findings of the investigation and complete a 'round table' discussion so that all those involved in the patient's care can reflect on the care provided. The Head Matron will also ensure that the patient's case is shared with the bi-weekly Catheter Care MDT to identify learning and understanding across all services.</p>
<p>Your son is non-verbal, autistic and has a neurological condition called HADDS syndrome. Your son has been experiencing severe toothache for four months however, you have really struggled to get him an appointment with the special needs dental team.</p>	<p>We initially confirmed that an urgent referral to the Special Care Dentistry Referral Hub was actioned immediately. We then coordinated a multiagency investigation of the complaint. The investigation findings identified that there was a lack of continuity in communication with the patient's mother due to reduced staff resource, which meant that adequate records were not kept. The team have committed to recording all patient contact from the point of referral and saving to the patients notes. They will also raise this at locality team meetings to identify any additional learning.</p>
<p>You said that you were diagnosed as a type 1 diabetic in November 2017 but were suffering for months beforehand. Your diabetic nurse recently reviewed your medical records with you and found a letter containing blood results which showed high glucose levels in May 2017. You were shocked to discover you were living a dangerously unhealthy life well before your diagnosis.</p>	<p>We asked the Trust to investigate your concerns regarding the missed diagnosis. The Trust acknowledged that they appear to have missed the findings of a raised glucose level which should have resulted in further blood tests and follow-up with the patient's GP. The Trust has advised that there is now an electronic computer system for the reporting of bloods and paper blood reports are no longer sent to the Emergency Department. This system also identifies who has reviewed the blood result and what action has been taken.</p>
<p>You said that there have been several incidents where incorrect information has been recorded on your NHS app. You have received letters and scan results for different patients, and it has failed to</p>	<p>We contacted the surgery and asked whether the matter had been raised with Information Governance in consideration of the concerns raised. The practice confirmed that the error had occurred during the</p>

<p>recognise your married name. This has meant that you have struggled to book appointments or receive results following tests.</p>	<p>process of digitising paper records from their previous surgery. They have conducted a thorough review with their administration team and have recorded the incident as a 'Significant Event' to ensure they learn from it to prevent future occurrences. The practice have offered their assurance that there has been no unauthorised access to the patient's medical records and that the errors have now been amended to record the correct information.</p>
<p>You said that the current waiting times for autism assessments within the Lancashire area are unacceptable and are causing your son further distress.</p>	<p>We acknowledged that the waiting times are currently too long and confirmed that the ICB are implementing changes to reduce these waits. We are developing a new integrated neurodevelopmental pathway which will encompass ASD and ADHD assessments. We also ensured that current support options were highlighted to mum and confirmed that as an interim solution, the ICB were working with providers including LSCFT to implement waiting list initiatives to support children on the current waiting lists.</p>

#### 4. National Complaints Data

4.1. Each year, all NHS Responsible Bodies complete and submit a return (known as KO41) to the Department of Health and Social Care. This is reported by ICB, Trust and GP and Dental Practice each year and results for 2023/24 were published in October 2024. This showed that both our ICB and ICS are outliers. The numbers about GPs and Dentistry handled by the ICB were the second highest in England and showed a vast increase compared to the period prior to delegation in July 2023 when this was managed by NHSE. This is consistent with numbers reported to PIEAC over the period and is being explored with the NW Region of NHSE.

4.2 Looking at all complaints received over the last three years, our Hospital and Community are down 2.6% and our GP and Dental are up 18%. If we go even further back and take the last, full pre COVID year of 2018/19 as a baseline then our Hospital and Community are down 28% and GP and Dental are up 54%. This is not in line with the national picture which showed a modest increase in both categories over the three-year period.

#### 5. Patient Experience Index

5.1 Our Patient Experience Team have developed a new dashboard which is held on the Aristotle business intelligence portal. The aim was to bring together five existing sources of Patient Experience data to provide a more rounded view of how it feels to receive General Practice services in our geography.

5.2 This was presented to the Primary Care Quality Group in November 2024 and was well received. A summary of the slides is appended to this report for information.

## **6. Recommendations.**

6.1 PIEAC is asked to:

- Note the activity, volumes and learning reported for the period August 2024 to November 2024.
- Note the development of a Patient Experience Index for General Practice.

# Appendix – Patient Experience Index in General Practice

## Patient Experience

Development of a Patient Experience Index in General Practice

Public Involvement and Engagement Advisory Committee  
13 December 2024

1

## Background and Overview

- There are a range of existing sources of patient experience data about GP Practices. Set out below.
- These are all directly from patients rather than through inspection, audit or professional concerns.

Source	Current tool/dashboard
1. KO41 B Practice Complaints	NHSE Excel spreadsheet
2. ICB Complaints	Manual extract from Ulysses
3. GP Friends and Family Test	New Aristotle GP FFT Dashboard
4. GP Patient Survey	NHS Analysis Tool
5. <a href="http://www.nhs.uk">www.nhs.uk</a> reviews	NHSE dashboard

2

## Development of the Dashboard

- Done jointly with MLCSU
- Works alongside Primary Care information to inform programme of proactive and reactive visits and support to Practices.
- Complaints handling is one of the elements of support that can be offered.
- Data is all collected at Practice Level but can be aggregated up by PCN, Place or System.
- Used to identify inconsistencies or variations. Further enquiries may be needed.

3

## Next Steps

- Bring together five indicators as a single dashboard held on the Aristotle system.
- Add in weighted complaints measures by patient population.
- Establish routine process or automation for extracting [www.nhs.uk](http://www.nhs.uk) reviews and Ulysses data into the report.
- Compare with other data held by Primary Care and Medicines Management teams to identify priorities.

4



**Lancashire and  
South Cumbria**  
Integrated Care Board

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# ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	Wednesday 18 December 2024
<b>Title of paper</b>	Citizens Health Reference Group report
<b>Presented by</b>	Neil Greaves, director of communications and engagement
<b>Author</b>	Dan Clough, communications and engagement manager
<b>Agenda item</b>	7d
<b>Confidential</b>	No

**Executive summary**  
 The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with an update on the recent activities of the Citizens Health Reference Group.

**Advise, Assure or Alert**  
**Assure the committee:**  
 - The ICB is effectively managing and utilising the Citizens Health Reference Group.  
**Advise the committee:**  
 - Of the latest activities of the Citizens Health Reference Group.

**Recommendations**  
 The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents of the report.
- Recognise and endorse the activity undertaken by the Citizens Health Reference Group.

Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	✓
6	To develop and implement ambitious, deliverable strategies	

Implications				
	Yes	No	N/A	Comments
Associated risks				
Are associated risks detailed on the ICB Risk Register?			x	
Financial Implications			x	

**Where paper has been discussed (list other committees/forums that have discussed this paper)**

Meeting	Date	Outcomes
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<b>Conflicts of interest associated with this report</b>				
Not applicable				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Quality impact assessment completed			<b>x</b>	
Equality impact assessment completed			<b>x</b>	
Data privacy impact assessment completed			<b>x</b>	

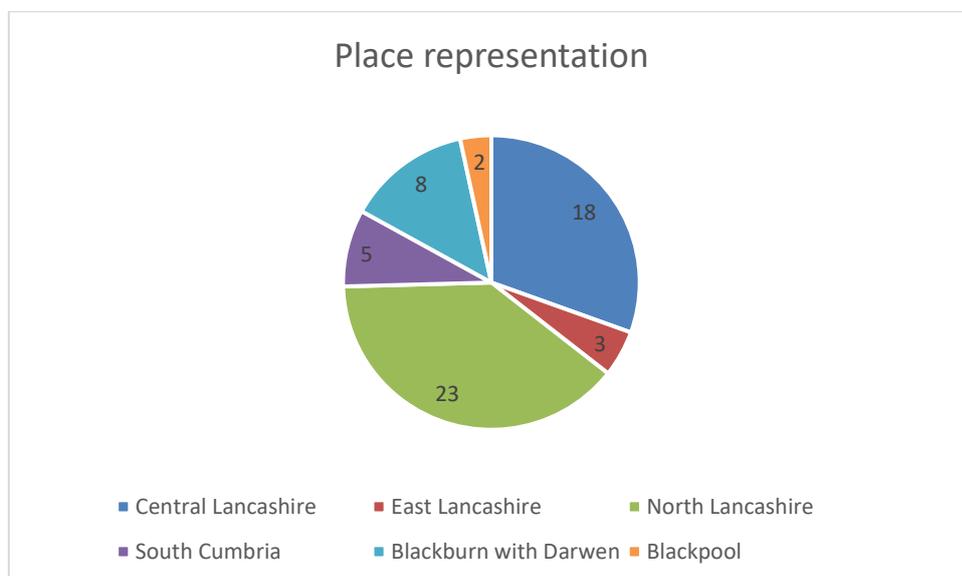
<b>Report authorised by:</b>	Neil Greaves, Director of Communications and Engagement
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## 1. Introduction

1.1. The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with an update on the progress of establishing a programme of involvement of citizens advisors who volunteer their skills and experience to support the ICB and recent activities of the Citizens Health Reference Group.

## 2. Membership

2.1. Membership of the Citizens Health Reference Group now stands at 59 people. There is representation within the membership for all the ICB 'places', however work needs to be done during the next recruitment to target people in Blackpool, East Lancashire, West Lancashire and South Cumbria.



## 3. Workstreams

3.1. In the three months since the last Citizens Health Reference Group report, work has taken place to identify new workstreams that members can support as part of the ICB's work to involve members of the public at every level of its work. These workstreams were presented to the members who were asked to express an interest in those that appealed to them.

3.2. Please find below details of workstreams which have now concluded:

Date	Workstream	Comments/Outputs
March to October 2024	Urgent and emergency care strategy development	<p>Following feedback from the CHRG and via the public survey, a further iteration of the strategy was developed to include a number of changes. We received some really positive feedback too, which has also been incorporated.</p> <p>The key changes were:</p> <ul style="list-style-type: none"> <li>• A glossary was developed to provide definitions of acronyms, system, place etc.</li> </ul>

		<ul style="list-style-type: none"> <li>• Amended wording to ensure consistency.</li> <li>• Aim 4 was changed as originally this was an enabler.</li> <li>• Expanded sections/narrative: <ul style="list-style-type: none"> <li>○ Roles and responsibilities</li> <li>○ Expectation to deliver at place</li> <li>○ Self-care and prevention</li> <li>○ End of Life care</li> <li>○ Connectivity between acute and community care transformation</li> <li>○ Clinical leadership to ensure delivery</li> </ul> </li> <li>• Included: <ul style="list-style-type: none"> <li>○ Quality standards</li> <li>○ Performance metrics</li> <li>○ Narrative to ensure we support our West Lancashire population as we are working closely with Mersey and West Lancashire colleagues</li> </ul> </li> <li>• Changed some of the layout to make it an easier read.</li> <li>• We liaised closely with workforce and digital colleagues to ensure we had the right balance and correct information, linking to other strategies.</li> </ul>
October 2024	Public perceptions survey testing	Reworded question that didn't make sense. Added additional demographic questions.
October 2024	Integrated urgent care survey	<p>We received 25 responses from the CHRG on the draft urgent care survey and incorporated many of the suggestions prior to launching the survey with the public. Some responses had no suggestions and were supportive of the draft questions/layout/wording/accessibility.</p> <p>The amends made to the survey were:</p> <ul style="list-style-type: none"> <li>• Changes to wording to make the questions and answer options easier to understand.</li> <li>• Adding in more detail about what urgent care is to the survey introduction.</li> <li>• Simplifying the explanations around the draft design principles.</li> <li>• Inclusion of an additional question about where people would choose to go with an urgent care need (for themselves and for a child).</li> </ul>
October 2024	Physical health checks for people with severe mental illness (SMI)	Group members with lived experience of SMI took part in a meeting which provided extremely rich insights which will support the development of a communications campaign aimed at raising awareness of health checks for this cohort of patients.

3.3 Please find below details of workstreams which are now live and have Reference Group members assigned to them:

Date started	Workstream	Comments
April 2024	Vascular Network	One member of the group sits on this network as a patient rep
October 2024	New Hospitals Programme	A group of members will support the New Hospitals Programme as work on this develops in the New Year.
October 2024	Dental access	A small group of members has come forward to support ongoing work to improve dental access and oral self-care
October 2024	Head and neck cancer, urology and cardiac	Split into three individual workstreams, members will support these acute transformation programmes as they develop next year
October 2024	Virtual wards	Members will work with the ICB communications lead to support the ongoing development of virtual wards in Lancashire and South Cumbria
October 2024	Mental health crisis services spec development	A group of members will work with the team developing a Lancashire and South Cumbria-wide service spec for mental health crisis services as this develops into 2025.
November 2024	Women's Health Group	Female patient reps have been sought to support a newly-established Women's Health Group.
December 2024	New Hospitals – Equalities Working Group	A patient rep was sought to attend this meeting. As there were a number of volunteers, three members of the Group will attend.

3.4 Please find below details of workstreams which are planned to commence in the New Year:

Workstream	Comments
Non-emergency patient transport services (NEPTS)	Expected to commence from April 2025
Clinical policy development	To launch in 2025
Campaigns	To launch in 2025

## 4 Meetings

4.1 At the Group's last quarterly meeting on 5 December 2024, 22 members were in attendance – 16 virtually via MS Teams and six in person at County Hall. The meeting was chaired by communications and engagement manager Dan Clough, and attended by two senior communications and engagement managers, Lyndsey Shorrock (in person) and Laura Harvie (via MS Teams). Director of communications and engagement Neil Greaves also attended to provide the strategic update.

4.2 Neil talked to the Group about the recent insight gained from the ICB roadshows which prompted a lively debate. He then introduced Lyndsey Shorrock who updated the group on the recent site announcement from the New Hospitals Programme and outlined plans for a public engagement programme in the New Year, before answering questions and taking comments on the proposals.

4.3 The group also received an update on the alignment of members to workstreams, with many of these expected to commence from January.

#### 4.4 Dental access session

4.5 In addition to the quarterly meeting, a special session on dental access took place on 29 November 2024 to provide members with information on how NHS dental services are commissioned and to explain some of the issues people are facing with accessing NHS dentistry services.

4.6 An exercise was also run with members where they were asked to prioritise how they would spend NHS funding to target specific populations. The results of this exercise, outlined below, will support the development of a five-year plan for dental commissioning which will be published next year.

4.7 Members were asked to rank 10 areas of spending as either 'high', 'higher' or 'highest' in order to understand what they would prioritise. They were split into four groups and then the results were scored as one for 'high', two for 'higher' and three for 'highest' in order to put them into an overall table to see how the four different groups compared. The results are below:

Priority area	Score
Areas where there are high levels of children living in deprivation	12
Areas with highest rates of people who have contacted the NHS with toothache or an urgent need	11
Areas with highest rates of children (aged 5) who already have tooth decay	10
Areas where there are high levels of deprivation	
Areas where there are high levels of older adults living in deprivation	
Areas with low numbers of children already attending a NHS dentist	9
Areas with low numbers of older adults (65+) already attending a NHS dentist	7
Areas where there are high levels of older adults with a long term health problem	6
Areas where there is less money already invested in routine dental services	
Areas with low numbers of adults already attending a NHS dentist	5

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	18 December 2024
<b>Title of paper</b>	Update from ICB Consultation Working Group
<b>Presented by</b>	Andrew Bennett, director of population health
<b>Author</b>	Neil Greaves, director of communications and engagement
<b>Agenda item</b>	7e
<b>Confidential</b>	No

### Executive summary

This short summary note provides an update from the Consultation Working Group with relevant updates for the ICB Public Involvement and Engagement Advisory Committee and will be supported by a verbal update.

The Consultation Working Group has been established by the ICB to support areas of reconfiguration and service change which may lead to pre-consultation or formal consultation processes. A line of reporting was agreed in the Terms of Reference to provide assurance on any related engagement and involvement processes.

The Consultation Working Group met on 9 December 2024 and received detailed programme updates for Shaping Care Together and New Hospital Programme. This included:

- Updates from each programme and a discussion opportunities for shared learning and areas of interdependency such as engagement with scrutiny committees and resourcing consultation activity
- A summary and detailed report of the communications, engagement and involvement outcomes from the pre-consultation and engagement programme delivered between September and November and involvement in the next phase. These are available here:  
[Report on Shaping Care Together engagement and involvement](#)  
[Shaping Care Together communications and engagement update](#)
- A detailed plan for pre-consultation engagement to be delivered between January and March 2025. A report is available here:  
[New Hospitals Programme pre-consultation engagement update](#)

The committee agreed the pre-consultation engagement activity undertaken as part of the Shaping Care Together programme has been robust and supported the levels and approaches for engagement which were used.

The committee agreed that the detailed plan for pre-consultation engagement for the New Hospitals Programme is robust and supported the approaches to engagement and involvement which are due to be implemented.

Advise, Assure or Alert				
<p>This report:</p> <ul style="list-style-type: none"> <li>• advises the committee that the approach to pre-consultation and engagement for Shaping Care Together has been robust and aligns to the pre-consultation engagement and formal consultation framework endorsed by PIEAC in September 2024</li> <li>• advises the committee the detailed plan for pre-consultation engagement for the New Hospitals Programme is robust and the approaches to engagement and involvement are appropriate.</li> <li>• assures the committee of the approaches being undertaken and planned in relation to pre-consultation engagement and formal consultation to listen, engage and capture views of local people across Lancashire and South Cumbria are effective.</li> </ul>				
Recommendations				
<p>The committee is asked to:</p> <ul style="list-style-type: none"> <li>• note the public engagement report</li> <li>• endorse the recommendations for appropriate levels and approaches to engagement to support service change programmes</li> </ul>				
Which Strategic Objective/s does the report contribute to				Tick
1	Improve quality, including safety, clinical outcomes, and patient experience			✓
2	To equalise opportunities and clinical outcomes across the area			✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
4	Meet financial targets and deliver improved productivity			✓
5	Meet national and locally determined performance standards and targets			✓
6	To develop and implement ambitious, deliverable strategies			✓
Implications				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks			x	
Are associated risks detailed on the ICB Risk Register?	x			
Financial Implications			x	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
ICB Consultation Working Group	9 December 2024		Group supports approaches to engagement and involvement and assures PIEAC of activity undertaken and planned.	
Conflicts of interest associated with this report				
N/A				
Impact assessments				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>

Quality impact assessment completed			✓	
Equality impact assessment completed	✓			EHIIRAs were developed for each of the public engagement events
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Neil Greaves, director of communications and engagement
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# ICB Consultation Working Group

Report from meeting on 9 December 2024

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## Lancashire and South Cumbria ICB – New Hospitals Programme

Contact for more information: Andrew Bennett, Director of Population Health and System Lead for the New Hospitals Programme, [andrew.bennett5@nhs.net](mailto:andrew.bennett5@nhs.net)

### 1. Introduction

- 1.1 Following completion of land acquisition, on Monday 2 December 2024 the ICB on behalf of the NHS in Lancashire and South Cumbria announced the proposed sites for a replacement Royal Lancaster Infirmary (RLI, University Hospitals of Morecambe Bay NHS Foundation Trust) and a replacement Royal Preston Hospital (RPH, Lancashire Teaching Hospitals NHS Foundation Trust). A copy of the announcement can be found in Appendix A.
- 1.2 Briefings on the announcement were shared with key internal and external stakeholders, including Boards, colleagues and Governors, MPs, Local Authorities and wider partners, and Foundation Trust Members. A media release was issued, resulting in a wide range of TV, radio and print / online coverage.
- 1.3 A programme of proactive communications and engagement is required across all audiences to inform internal and external stakeholders that UHMBT has secured a preferred new site to replace RLI and that LTHTr has secured a preferred new site to replace RPH and encourage people to have their say about proposals.
- 1.4 This paper presents an update on the planned pre-consultation engagement activity on the preferred sites. This is intended as an introduction and the ICB and Trust representatives welcome returning to the Committee in January 2025 as planned to discuss in further detail.

### 2. Timeline

- 2.1 The below table demonstrates the latest timings for pre-consultation engagement:

<b>Audience</b>	<b>RLI site</b>	<b>RPH site</b>
Internal NHS staff	From 2 December 2024 until mid-March 2025	From 2 December 2024 until mid-March 2025
Public, partner and stakeholder	w/c 13 January until mid-March 2025	w/c 13 January until mid-March 2025
Non-trust clinical and care professional colleagues	From 2 December 2024 until mid-March 2025	From 2 December 2024 until mid-March 2025

### 3. Planned activity

- 3.1 From mid-January 2025, a programme of public engagement will be launched as an opportunity to connect with members of the public, patients, partners, and stakeholders in an honest and open conversation to discuss the proposed sites for the two new hospitals.
- 3.2 Proposed timetable of public, partner and stakeholder engagement events and activity:

<b>Date</b>	<b>Planned activity</b>	<b>Audience</b>
w/c 13 January 2025	Launch of promotion of survey and engagement events	Key internal and external stakeholders Public NHS staff Media
End January to mid-March 2025	Public engagement events held in Morecambe Bay and Central Lancashire, as well as online	Members of the public most affected by NHP – this is broad so covers the whole of LSC. MPs Councillors Elected members VCFSE colleagues
End January to mid-March 2025	Roadshows and workshops / focus group sessions, delivered by Healthwatch Together	Local people in Morecambe Bay, Central Lancashire and the wider Lancashire and South Cumbria area.
End January to mid-March 2025	Listening events and focus groups capturing views from specific and targeted health inclusion groups, delivered by Inclusive North	Under-represented communities and health inclusion groups, for example minority ethnic groups within our local populations and those who are disadvantaged.

End January to mid-March 2025	Market research using a survey to reach the population through face-to-face, telephone and online	<ul style="list-style-type: none"> <li>• People in north Lancashire and South Cumbria</li> <li>• People in central Lancashire</li> </ul>
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3.3 Internal communications and engagement will run alongside, working with Trust colleagues, in addition to stakeholder engagement with primary care, elected members, MPs and partner organisations such as councils, voluntary, community, faith and social enterprise organisations (VCFSE), etc. This feedback will help the NHP programme team, the Trusts and the ICB to understand more about how a change of location could positively and negatively affect patients, colleagues, and the population, and identify mitigations that may be required.

#### 4. Measures

- 4.1 A range of measures will be required to demonstrate the scale and effectiveness of the engagement.
- 4.2 Reporting will be required across each engagement activity, including (but not exclusive to) recording of the number of people engaged, key themes of discussion, specific feedback on proposals, impact on particular groups of people, suggested mitigations and any questions that are not covered within key messages / FAQs. This insight will be used to inform the public consultation stage of the NHP.
- 4.3 Robust reporting is an essential element of monitoring the effectiveness of pre-consultation engagement. Reports will be produced in relation to each specific engagement activity and an overarching report will be provided to summarise the overall findings and recommendations.

#### 5. Recommendations

- 5.1 The Committee is requested to:
1. Note the proposed programme of engagement commencing in mid-January and ending in mid-March 2025.
  2. Note the proposed scale of public engagement activity and the level of leadership commitment required.

## **Appendix A: Media release – issued 2 December 2024**

### **Proposed sites confirmed for two new hospitals in Lancashire**

After considerable negotiations, the NHS can reveal the locations of two new potential sites for brand new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary.

Patients in the region are now set to benefit from cutting-edge facilities and the absolute best in modern healthcare through high-quality, next generation hospital facilities and technologies as part of a programme of national investment through the New Hospital Programme.

- The proposed site for the replacement of Royal Preston Hospital is land between Stanifield Lane and Wigan Road, south of Stoney Lane in Farington, near to the end of the M65 West.
- The proposed site for the replacement Royal Lancaster Infirmary is Bailrigg East, situated north of and in close proximity to Lancaster University.

Proposals for investment in Furness General Hospital's infrastructure are also in development and will be shared in due course.

#### **Professor Silas Nicholls, Chief Executive of Lancashire Teaching Hospitals NHS Foundation Trust, said:**

“Securing our preferred site is a huge step forward in our bid to create a state-of-the-art new hospital to replace Royal Preston Hospital. This would provide major trauma and specialist services to the population of Lancashire and South Cumbria and acute hospital services to Central Lancashire.

“A new hospital will improve quality, safety and patient experience and have a transformative impact on the services we will be able to provide on-site and in our wider communities, so we can meet the needs of our patients and future generations.

“In addition, it would drive much-needed investment to the region, acting as the catalyst for future jobs, skills, research and further economic development opportunities.”

#### **Aaron Cummins, Chief Executive of University Hospitals of Morecambe Bay NHS Foundation Trust, said:**

“A new hospital on a new site in Lancaster will allow us to fully address the significant problems that we face with the current ageing buildings at Royal Lancaster Infirmary and will bring huge benefits to our communities and to the wider economy.

“We have the opportunity to create a legacy, with a hospital specifically designed for the needs of our population, improving their experience and giving them the best clinical care. We additionally have significant ambitions to create facilities that are digitally innovative, much more cost effective, and with a reduced carbon footprint.”

The local NHS wants to hear from patients, residents, colleagues and stakeholders about what a new hospital will mean for them and how the move to a new hospital site might impact them. People will be invited to have their say through a series of public events as well as through a survey, details of which will be shared in the new year.

**Kevin Lavery, Chief Executive of NHS Lancashire and South Cumbria Integrated Care Board, said:**

“A comprehensive review of sites, including plot size, location, motorway access, existing highways infrastructure, public transport, planning and environmental conditions, has been undertaken to assess sites for their suitability.”

“Whilst proposals are at an early stage, we understand many people will want more information about how the travel and transport arrangements will work for the new facilities.”

“We want to hear about how our proposals for the two new hospitals on new sites would affect you, your family or people you care for. Your views will help to inform the development of any plans going forward.”

“While the local NHS has secured the potential new sites, no final decisions have been made. It is important to emphasise that any such decision would be subject to full public consultation at a later date.”

**Morag Stuart, Chief Programme Officer for the New Hospital Programme, said:**

“This is a significant step towards two brand-new hospitals to replace both Royal Preston Hospital and Royal Lancaster Infirmary to benefit local people and NHS colleagues living and working in Lancashire and South Cumbria. The New Hospital Programme has been pleased to support the land acquisition process for these sites, which are two key milestones in our mission to transform the delivery of healthcare infrastructure and services.”

The NHS is open to other sites being suggested, which would be subject to the same comprehensive review as the proposed sites.

The existing Royal Preston Hospital and Royal Lancaster Infirmary sites will remain in place and deliver services until new hospital facilities are opened. The local NHS will continue to keep communities involved and provide further updates throughout the process.

The two new hospitals are part of a wider programme of work that is considering how clinical services are configured across all acute hospital sites in Lancashire and

South Cumbria to meet the needs of the population in the future in a way that makes the best use of all available resources, with the aim of supporting our communities, bringing jobs, skills and contracts to local businesses and residents.

For more information, please visit <https://newhospitals.info>

### **Notes to editors**

Whilst the NHS in Lancashire and South Cumbria has identified and secured proposed sites for new hospitals on new sites to replace both Royal Preston Hospital (Lancashire Teaching Hospitals NHS Foundation Trust) and Royal Lancaster Infirmary (University Hospitals of Morecambe Bay NHS Foundation Trust), it remains open to and welcoming of suggestions of alternative sites, which will be subject to the same assessment criteria. To find out more about the criteria for suitable new hospital sites in our area and how to submit a site for review, visit <https://newhospitals.info/SubmitSite>

The local NHS will be proactively seeking feedback through a survey and programme of public engagement events, which will be launched early in 2025. This would be ahead of later formal public consultation.

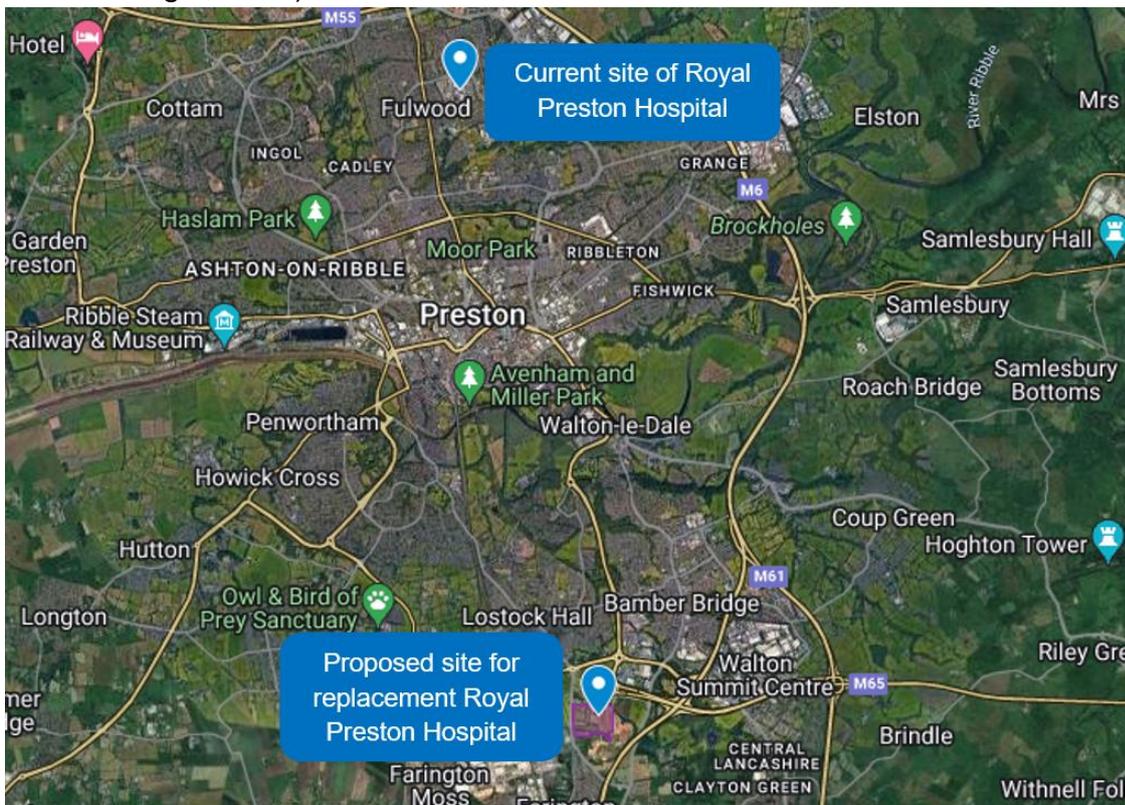
### **More about the potential sites**

#### **Proposed site for the replacement of Royal Preston Hospital**

- The proposed site for the replacement of Royal Preston Hospital is the land between Stanifield Lane and Wigan Road, south of Stoney Lane, in Farington, near to the end of the M65 West.
  - o The site comprises of farmland.
  - o It is close to residential, commercial and retail areas.
  - o Major motorway links include M6 and M65.
  - o The nearest railway station is 1 mile away.
  - o There are various existing bus routes.



Above: Map showing proposed site for replacement Royal Preston Hospital. (Image credit: Google, 2024).



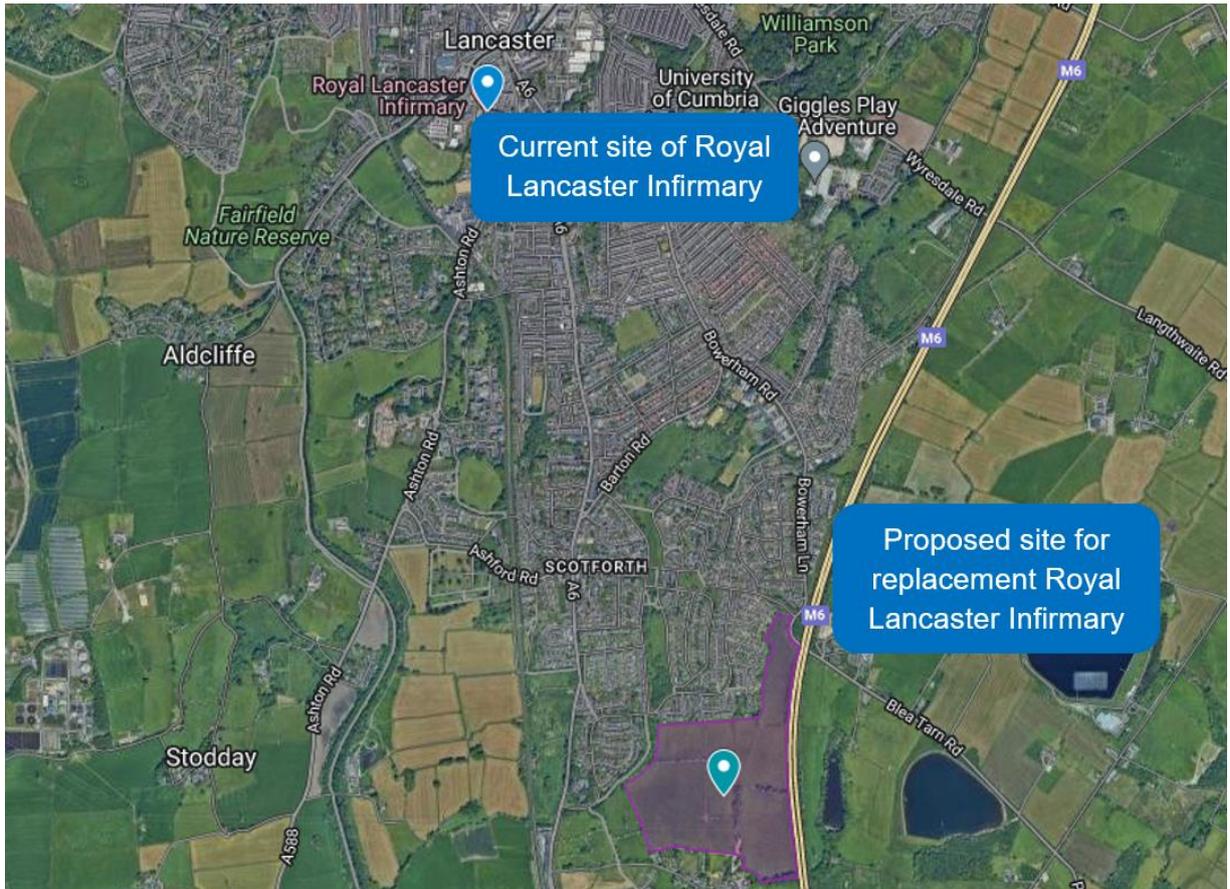
Above: Map showing proposed site for replacement Royal Preston Hospital in relation to the existing Royal Preston Hospital site. (Image credit: Google, 2024).

**Proposed site for the replacement Royal Lancaster Infirmary**

- The proposed site for the replacement Royal Lancaster Infirmary is Bailrigg East, Lancaster. Bailrigg East is land situated north of and in close proximity to Lancaster University.
  - o The nearest residential area is adjacent to the north of the site.
  - o The nearest motorway is the M6, with the A6 being the nearest major road for access.
  - o Lancaster railway station is 3.2 miles from site.
  - o Bus routes are found along the A6 and within the university campus.



Above: Map showing proposed site for replacement Royal Lancaster Infirmary. (Image credit: Google, 2024).



Above: Map showing proposed site for replacement Royal Lancaster Infirmary in relation to the existing Royal Lancaster Infirmary site. (Image credit: Google, 2024).

## ICB Consultation Working Group

<b>Date of meeting</b>	9 December 2024
<b>Title of paper</b>	Shaping Care Together – engagement update
<b>Presented by</b>	Neil Greaves – director of communications and engagement, NHS Lancashire and South Cumbria ICB
<b>Author</b>	Lyndsey Shorrock – senior communications and engagement manager, NHS Lancashire and South Cumbria ICB
<b>Agenda item</b>	7e
<b>Confidential</b>	No

### Executive summary

Shaping Care Together (SCT) is a health and care transformation programme operating across Southport, Formby and West Lancashire. This partnership programme is supported by Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB. Its aim is to improve the quality of care for local residents by exploring new ways of delivering services and utilising staff, money and buildings to maximum effect. Phase one of the programme focusses on urgent and emergency care.

On 26 July a pre-consultation engagement period began and people were asked to share their views on urgent and emergency care across Southport, Formby and West Lancashire. That period concluded on 4 October with nearly 3,000 people completing a questionnaire and more than 200 people attending a series of public meetings.

The insights from this engagement were used to inform the options appraisal process which concluded in November. A draft pre-consultation business case is now being developed.

### Advise, Assure or Alert

**Assure** the committee:

- Of the approaches to involve and engage residents of West Lancashire in the Shaping Care Together programme.

### Recommendations

The ICB public involvement and engagement advisory committee is asked to:

- Note the contents of the report and the findings of the pre-consultation engagement.

### Which Strategic Objective/s does the report contribute to

		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓

2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
4	Meet financial targets and deliver improved productivity	✓
5	Meet national and locally determined performance standards and targets	✓
6	To develop and implement ambitious, deliverable strategies	✓

### Implications

	Yes	No	N/A	Comments
Associated risks	✓			Risks of judicial review and reputational impact if poor levels of engagement and involvement
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications			✓	

### Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes

### Conflicts of interest associated with this report

N/A

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed	✓			Pre-consultation equality analysis report completed.
Data privacy impact assessment completed			✓	

### Report authorised by:

Neil Greaves, director of communications and engagement

# Shaping Care Together – engagement update

## 1 Introduction

- 1.1 Shaping Care Together (SCT) is a health and care transformation programme operating across Southport, Formby and West Lancashire. This partnership programme is supported by Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), NHS Cheshire and Merseyside Integrated Care Board (ICB) and NHS Lancashire and South Cumbria ICB. Its aim is to improve the quality of care for local residents by exploring new ways of delivering services and utilising staff, money and buildings to maximum effect. Phase one of the programme focusses on urgent and emergency care.
- 1.2 The programme is diligently following the NHSE 'Planning, assuring and delivering service change for patients' guidance. This guidance is designed to be used when substantial service change is being considered/implemented and will support us in taking new proposals forward, including effective public involvement, enabling us to reach robust decisions on change in the best interests of our patients.
- 1.3 A case for change detailing the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system was approved by all three organisations in summer 2024.

## 2 Pre-consultation engagement

- 2.1 On 26 July a pre-consultation engagement period began which asked people to share their views on urgent and emergency care across Southport, Formby and West Lancashire. The engagement concluded on 4 October with some notable highlights:
  - 2,900+ surveys completed (1,460 from West Lancashire)
  - More than 600 members of the public and staff engaged with at roadshow events
  - More than 200 people attended a total of five public meetings
  - Five focus group sessions with patients, staff and VCFSE groups
  - 11,000 website visits and a reach of over 101,000 on social media
  - 800,000 reach through radio advertising
  - Advertising via 54,000 pharmacy bags
  - Adverts in the Liverpool Echo and Ormskirk Advertiser newspapers

See appendix A for a more detailed summary of the findings.

- 2.2 A final report is currently being developed which will include more detailed quantitative analysis of the engagement. This will include by geography, protected characteristics and other demographics. The final report will also include thematic reports per location, details of all public meetings and focus groups, and a 'you said, we did' account of all input received.

### **3. Options appraisal process and pre-consultation business case**

- 3.1 The views expressed by stakeholders as part of the pre-consultation engagement were used to develop a long list of options for emergency care services. Each option was subjected to a rigorous appraisal process throughout the course of two workshops in November.
- 3.2 Four patient representatives attended the hurdle criteria workshop: one from Ormskirk, one from Skelmersdale, one from Southport and one from Formby. This included two men and two women, with one representative being from an ethnic minority.
- 3.3 The evaluation workshop had five patient representatives one from Ormskirk, one from Skelmersdale, one from the rural areas, one from Southport, and one from Formby. The additionality of a patient representative from the rural areas was to ensure there was balanced representation compared to NHS staff. Healthwatch representatives were also participants in the workshop.
- 3.4 A pre-consultation business case is currently in development and is expected to be finalised in January. It will then go through a rigorous approval process involving local authorities, NHS England and the ICB Boards.

### **4. Recommendations**

The ICB public involvement and engagement advisory committee is asked to:

- Note the contents of the report and the findings of the pre-consultation engagement.

**Lyndsey Shorrocks**  
**Senior communications and engagement manager**  
**29 November 2024**



NHS Cheshire and Merseyside  
NHS Lancashire and South Cumbria  
Mersey and West Lancashire Teaching Hospitals NHS Trust



# SCT communications & engagement update

29 October 2024

A round-up of SCT communications and engagement activity, including:

- Engagement metrics
- Survey responses (quant)
- Overview of events
- Options appraisal
- Reporting

# Engagement metrics

## Digital

Survey  
2,930 responses

Website  
11K+ visitors

Social media ads  
101.6K+ reach  
3,413 clicks

Digital documents  
1200+ downloads

## Offline

Radio ads Smooth NW  
800K reach

Printed case for change  
1000 distributed

Pharmacy bag ads  
54K bags

Newspaper ads  
Liverpool Echo,  
Ormskirk Advertiser

## In person

Staff & public roadshows  
600+ live  
conversations

Public meetings  
5 meetings  
200+ attending

Focus groups  
5 session with  
patients, staff and  
VCFSE groups

300+ direct stakeholder contributions logged (in addition to the survey)

Note: Marketing was suspended between 2-26 August following the July 29 attacks in Southport.

# Survey demographics (selected)



A selection of demographic data is presented in the tables. Data is also available for all protected characteristics, however, the sample size of some data sets is too small to be statistically relevant.

Area *	Total	% surveys	% pop	+/- pp
Southport	1273	44.0	40.3	+3.7
Formby	160	5.5	9.9	-4.4
Ormskirk	441	15.2	11.6	+3.6
Skelmersdale	516	17.8	15.0	+2.8
Rural / other	503	17.4	23.0	-5.6

\* Geographic data is based on short postcode only and so contains a margin of error.

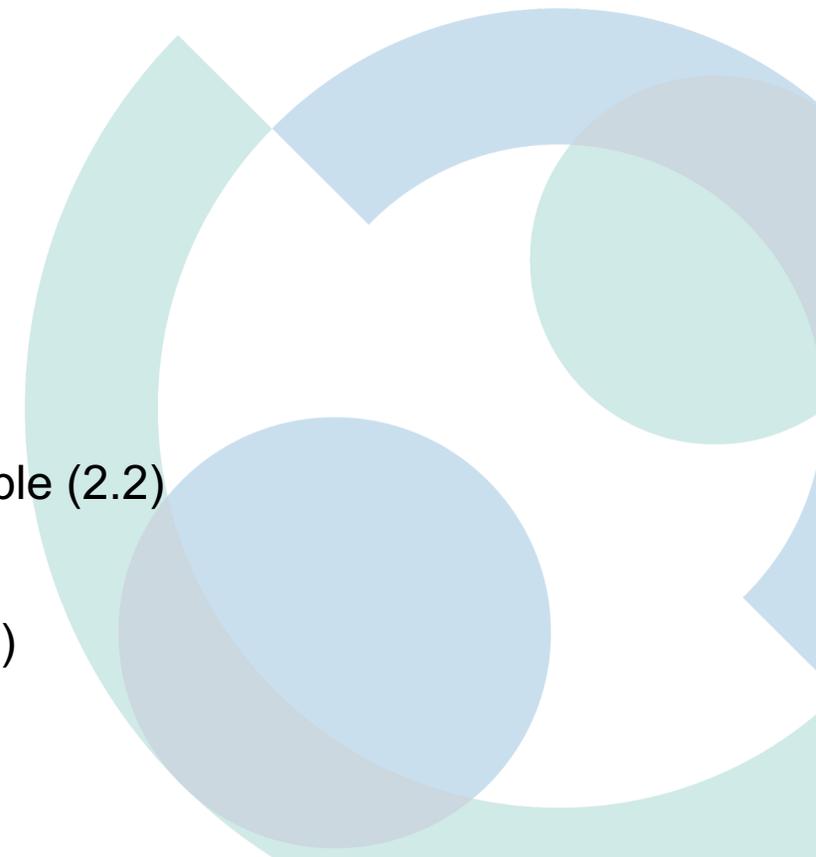
Demographic	Total	% surveys	% pop	+/- pp
Female	2319	81.3	-	+30+/-
Male	533	18.7	-	-30+/-
Under 45	635	21.0	-	
Over 45	2216	84	-	
Minority ethnic	49	1.7	3-4	-1.5+/-
White	2663	90.9	96-7	-5.5+/-
LTHC **	1356	46.3	-	-
NHS staff	517	17.6	-	-

\*\* Long term health condition

# Survey responses (quantitative)

**Q2: Thinking about NHS urgent and emergency care services, which of the following are most important to you? Ranked in order of importance.**

1. **That I receive the best possible quality of care** (3.0)
2. **That medical safety always comes first** (2.3)
3. That I am treated in a healthcare setting as close to home as possible (2.2)
4. That the specialists I need are there to help me (2.08)
5. That I can access the healthcare setting where I will be treated (1.9)



# Survey responses (quantitative)

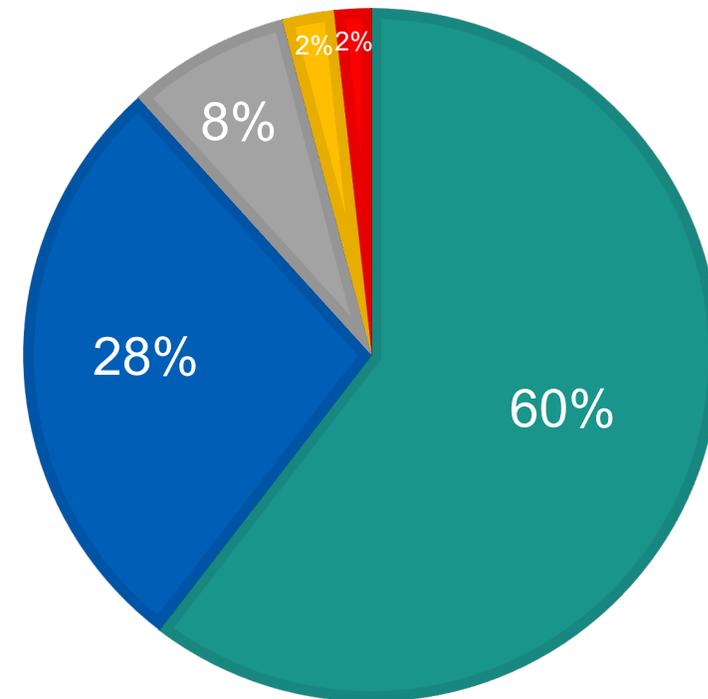


**Q3:** Our priorities for redesigning urgent and emergency care services are that we **provide everyone with safe and excellent care, today, and in the future**. Do you feel these are the right priorities?

88.3% either strongly or generally agree

4.1% generally or strongly disagree

■ Strongly agree ■ Generally agree ■ Not sure  
■ Generally disagree ■ Strongly disagree



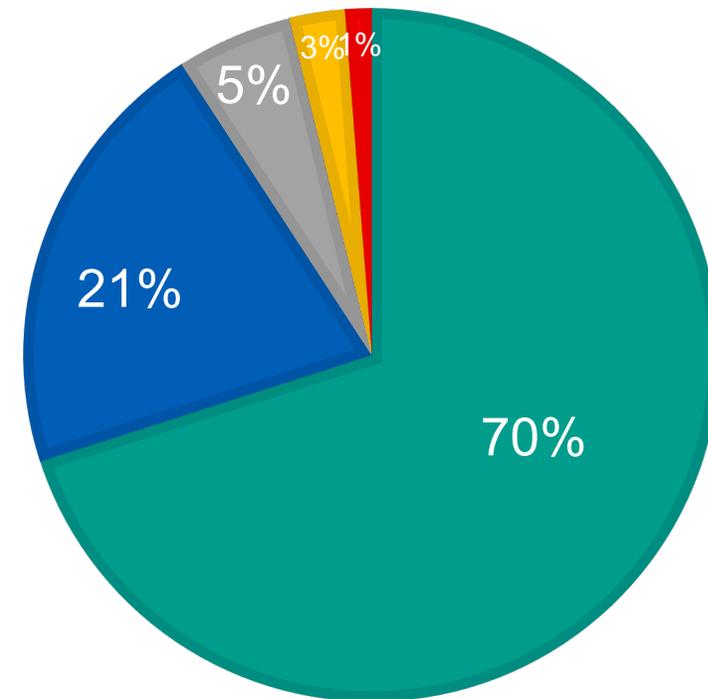
# Survey responses (quantitative)

**Q4: In your opinion, how important is it that we set up urgent and emergency care services in a way that can help reduce waiting lists across our local NHS?**

90.8% find this very or quite important

3.7% find this not very or not at all important

Very important   Quite important   Not sure  
Not very important   Not at all important



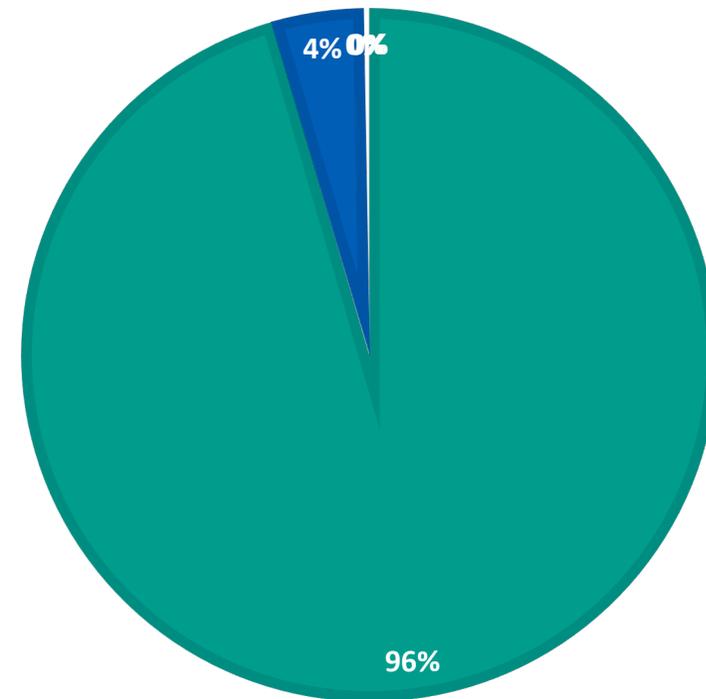
# Survey responses (quantitative)

**Q5:** In your opinion, how important is it that urgent and emergency care is **available for everyone, all day, every day?**

99.7% find this very or quite important

0.1% find this not very or not at all important

Very important    Quite important    Not sure  
Not very important    Not at all important



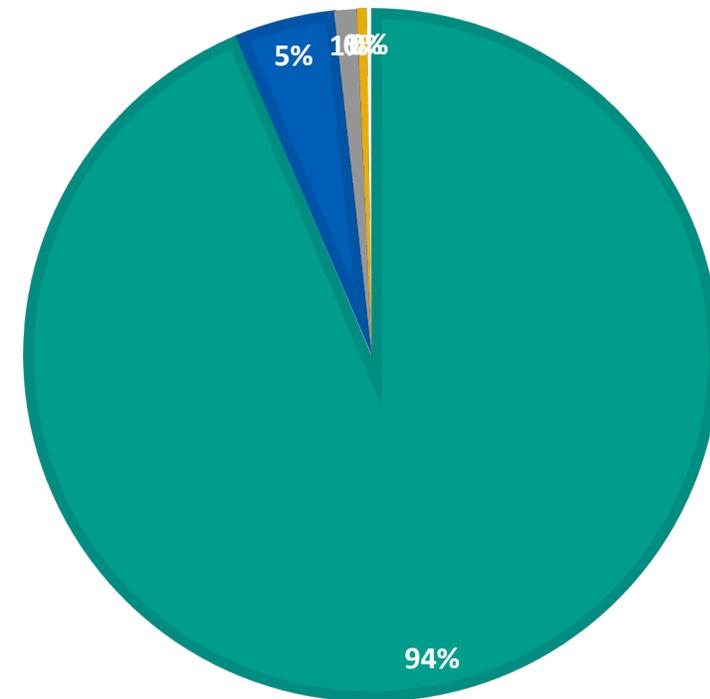
# Survey responses (quantitative)

**Q6:** In your opinion, how important is it that children and young people have the same access to emergency care as adults?

98.4% find this very or quite important

0.6% find this not very or not at all important

Very important    Quite important    Not sure  
Not very important



# Public events and focus groups



Public roadshows  
400+ engaged  
conversations

Public meetings  
242 attending

Focus groups  
48 participants  
over 5 sessions

## Emerging themes

- Transport links
- Population change / new housing developments.
- Challenges with primary care.
- Need for better community services
- Better urgent care services close to where people live
- Better systems integration / joined up records
- Inclusive programme communications

## Ormskirk

**Public meeting**, Tues 10 Sept  
The Ministry Centre, Aughton

## Southport

**Public meeting**, Weds 18 Sept  
Community Church Family Life Centre

**Public roadshow**, Sat 14 Sept  
Marble Place Shopping Centre

## Skelmersdale

**Public roadshow**, Sat 07 Sept  
Concourse Shopping Centre

## Banks\*

**Public meeting**, Tues 24 Sept  
The Hub, Banks

## Formby

**Public meeting**, Mon 30 Sept  
Holy Trinity Church

## Online (2 webinars)

**Public meetings**, Tues 01 Oct  
Morning / evening sessions via Zoom

*\*Part of the NHS Lancashire & South Cumbria  
'Your health. Your future. Your say.' programme.*

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	18 <sup>th</sup> December 2024
<b>Title of paper</b>	We Heard, We Did
<b>Presented by</b>	Lindsay Graham, Healthwatch Director
<b>Author</b>	Lindsay Graham, Healthwatch Director
<b>Agenda item</b>	7f
<b>Confidential</b>	No

### Executive summary

Healthwatch Together is the collaboration of five local Healthwatch working across Lancashire and South Cumbria ICS:

Healthwatch Blackburn with Darwen  
Healthwatch Blackpool  
Healthwatch Cumberland  
Healthwatch Lancashire  
Healthwatch Westmorland and Furness

Our primary purpose is to listen to the views and experiences of local people who use health and social care services and work with the system to support the involvement of people, improvements in service delivery and promote and enable coproduction.

This report provides a brief over view of our engagement work from July to September 2024. The report also includes key themes and issues from each local area, information and signposting provided, as well as reports we have published.

This quarter reports we have published include Enter and View\* report and project reports.

\*An Enter and View is a statutory power afforded to local Healthwatch by the Health and Social Care Act 2012. Approved Healthwatch representatives have the power to enter any health and social care service funded through public monies to view the care and treatment being provided and speak with the people receiving that care and treatment to gather their experiences and views.

### Advise, Assure or Alert

**Assure the committee:**

- That regular robust independent engagement is taking place across Lancashire and South Cumbria and the intelligence is being shared to promote positive outcomes for local residents.

**Advise** the committee:

- Primary Care continues to be the most common area where we receive feedback including GPs and Dentists.

**Recommendations**

Healthwatch Together recommend this report is read and shared across your networks.

Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	<b>x</b>
2	To equalise opportunities and clinical outcomes across the area	
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	
5	Meet national and locally determined performance standards and targets	
6	To develop and implement ambitious, deliverable strategies	

**Implications**

	Yes	No	N/A	Comments
Associated risks		x		<i>Highlight any risks and where they are included in the report</i>
Are associated risks detailed on the ICB Risk Register?		x		
Financial Implications			x	

**Where paper has been discussed** (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
N/A	N/A	N/A

**Conflicts of interest associated with this report**

N/A

**Impact assessments**

	Yes	No	N/A	Comments
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Data privacy impact assessment completed			x	

**Report authorised by:**



# Healthwatch Together

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Healthwatch Together (HWT) is the collaboration of five local Healthwatch based in the Lancashire and South Cumbria Integrated Care System (ICS). HWT works in partnership to effectively operate over the whole footprint and consists of:

- **Healthwatch Blackburn with Darwen**
- **Healthwatch Blackpool**
- **Healthwatch Cumberland**
- **Healthwatch Lancashire**
- **Healthwatch Westmorland and Furness**

Local Healthwatch's role, defined by the Health and Social Care Act 2012, is to:

- Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
- Make reports and make recommendations about how those services could or should be improved to decision-makers on how to improve the services they are delivering, enacting positive change.
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
- Provide information and advice to the public about accessing health and social care services and the options available to them.

Each Healthwatch organisation is independently commissioned by their own local authority area and is their own unique entity, providing a local approach to community engagement. We analyse the feedback we receive to get an overview of the most common themes within health and social care and work collaboratively as Healthwatch Together to support our local residents to be heard on a ICS level.

The intelligence we gather informs our future focus of engagement as well as highlighting any issues that we may need to escalate directly to service providers. We encourage people to share their experiences, and we offer information and signposting people if people need further support or wish to make a complaint.

As a collaborative:



**We engaged with 6,598 people**



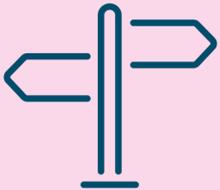
We heard the most about:

**GP Practices**



Other frequent services we received feedback about:

- **Dentists**
- **Hospitals**



**2,126**

People were supported and signposted to the right place to get further assistance and help.

# Healthwatch Blackburn with Darwen

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What have we heard in July – September 2024?



**We engaged with 829 people**



We heard the most about:

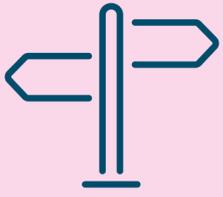
**Hospitals**  
**GP Practices**

## Themes

- Concerns about treatment
- Access to GP Practices

# Our actions were:

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# 127

People were signposted to the right place to get further assistance and help.

## Action 1:

Gained consent from son of a patient who had poor experience on ward and of hospital discharge for this to be shared with the Place Based Partnership Board as a case study at the December 2024 meeting.

## Action 2:

Followed up with maternity team to ensure that a young man gained access to the pathology report of his stillborn son which his ex-partner's family was blocking him from seeing.



# Healthwatch Blackpool

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What have we heard in July- September 2024 ?



**We engaged with 697 people**



We heard the most about:

**GP Services**

Other services we received feedback about:

- **Lack of Mental Health Support**
- **Dentistry**
- **Inconsistencies in Hospital Communication**

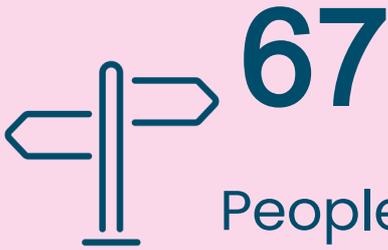
## Themes

- Lack of NHS dentistry locally
- GP communication issues
- Lack of access to timely mental health support
- Inconsistencies in communication from hospital services
- Lengthy wait times for secondary care appointments.



# Our actions were:

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People were signposted to the right place to get further assistance and help.

## Action 1:

Attending INT meetings to influence the agenda based on patient feedback and current themes.

## Action 2:

Regular engagements at BTH to listen to resident voice and feed directly back to the trust.

## Action 3:

Attending monthly catch ups with ICB colleagues to share feedback, voice concerns and share individual case studies regarding the lack of NHS dentistry locally.

## Action 4:

Advocating for dentistry to be discussed at the Place Based Partnership.

## Action 5:

Driving forward recommendations based on feedback from residents, alongside Public Health Blackpool, with regards to experience of perimenopause/menopause and the impact of this on wellbeing.

## Action 6:

Sharing voices from enter and views with the CQC to showcase the positive care being delivered, alongside areas for development.

## Action 7:

Presented our menopause work at the Lancashire and South Cumbria ICB Women's Health Event. We now have a regular seat on the women's health

# Healthwatch Lancashire

What have we heard in July- September 2024?



**We engaged with 1940 people through project work. We also engaged with 807 people through things like meetings and conferences.**



We heard the most about:

**GP Surgeries**  
**Dentists**  
**Hospital Services**

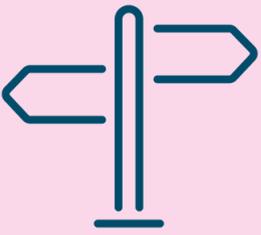
Other services we received feedback about:

- **Long waiting times.**
- **Difficulties parking at hospitals, including for disabled people.**
- **Difficulties obtaining an NHS dentist.**



# Our actions were:

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# 192

People were signposted to the right place to get further assistance and help

## Action 1:

We regularly conduct Enter and View visits to gather patient feedback and share the insights with service providers to drive improvements, and we recently introduced blood clinic Enter and Views based on feedback.

## Action 2:

We've launched second phase for women's health, based on feedback from over 300 women who participated in phase one of the project.

## Action 3:

In August, Healthwatch Lancashire hosted a Health and Wellbeing event in partnership with a local community space in Preesall, Wyre. The event followed feedback we received from residents and community stakeholders at our engagements in the Wyre Borough, who told us that they feel a lack of presence from some health organizations due to Wyre's rural location. With this, we decided to invite local organisations to engage with the community about their health and wellbeing. The organisations which attended included: British Liver Trust Smoke Free Lancashire Mental Health Motorbikes Lancashire Fire and Rescue Service Healthwatch Lancashire Contract Report 4 Healthwatch Lancashire Contract Report 2024. One attendee said: ***"I have to say I really enjoyed the event, it's the second one I've attended and they are extremely well put together and we certainly get well looked after by the patrons too."***

## Action 4:

We regularly meet with the ICB and other NHS stakeholders to report on patient feedback and drive change.

# Healthwatch Westmorland & Furness

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What have we heard in July–September?



**We engaged with 874 people**

We heard the most about:

**GP Services**

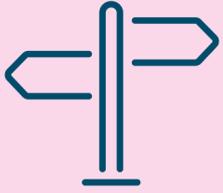
Other services we received feedback about:

- **Dentist**
- **Hospital Services**



# Our actions were:

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# 252

People were signposted to the right place to get further assistance and help

## Action 1:

Held pop-up at Furness General Hospital.

## Action 2:

Presented at Women's Health Quality Board on our UHMBT MNVP Enter and Views and roadshow.

## Action 3:

Attended events and groups including: UHMBT Patient Experience Group; Furness Third Sector Forum; L&SC Carers Partnership Forum; Priority Wards Working Group; Health Equity Committee.

## Action 4:

Attended LSC FT PLACE training.

## Action 5:

Signposted to CQC and Westmorland and Furness Council; National Autistic Society and South Lakes ADHD support; Mind in Furness and Growing Well; NHS 'Find a dentist' web page; Independent NHS complaints advocacy and PALS; Adult Social Care; Cumbria Deaf.

# Healthwatch Cumberland

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What have we heard in July–September?



**We engaged with 2,258 people**

We heard the most about:

**GP Services**

**Wait Times**

**Access to Services**

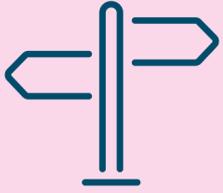
Other frequent services we received feedback about:

- **Care Services**
- **Access to Support**
- **Misdiagnosis**



# Our actions were:

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# 1,488

People were signposted to the right place to get further assistance and help.

## Action 1:

Hosted a Try Dry July event in Carlisle to remove the stigma around addiction.

## Action 2:

Went on BBC Radio Cumbria to speak to an audience of 40,000 about Healthwatch and signpost to critical services.

## Action 3:

Attended events and groups including: Social Prescribing Wellbeing Event, Barrow; Furness, Third Sector Forum; Kendal Self-Advocacy Group; Vision Support Barrow & District; South Lakes Menopause Event; Happy Mums Inclusion Panel.

## Action 4:

Met with an Advanced Adult Social Care Lead to discuss the co-production work we completed last year in July.

## Action 5:

Launched our Workington Listening Café which allows us to organizations regularly receive feedback and provide signposting to the applicable services for those in the Workington area.

## Action 6:

Presented Healthwatch Cumberland current projects "Ageing Well" and "Mental Health In Menopause" to Siloth Community group.

# Healthwatch Reports:

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Healthwatch regularly write reports based on our engagement findings. These can be project based reports, Enter and View Reports with recommendations and frequent engagement summary reports. All our reports are published on our individual websites and shared via social media and our newsletters.

Healthwatch Blackpool [Enter and View Reports](#)

Healthwatch Lancashire [Enter and View Reports](#)

Healthwatch Lancashire [Carers Report](#)

Healthwatch Lancashire [Happier and Healthier Lives Roadshow](#)

Healthwatch Cumberland [Behind the Addiction](#)

Healthwatch Cumberland [Disability Voices](#)

Healthwatch Westmorland and Furness [Enter and View Reports](#)

Healthwatch Blackburn With Darwen [Enter and View Reports](#)

Healthwatch Blackburn With Darwen [Enter and View Reports \(Care Homes\)](#)



Healthwatch  
**Together**

Blackburn with Darwen, Blackpool,  
Cumberland, Lancashire and Westmorland  
and Furness working in partnership