NHS
Lancashire and South Cumbria
Integrated Care Board

Your health. Your future. Your say

Listening to communities report
November 2024

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Contents

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.

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Version 1
Prepared by: Nathan Skelton, Communications and engagement manager

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 heath 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?

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) [1] with the ICB board and any programme groups they are relevant to.

[1] 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.

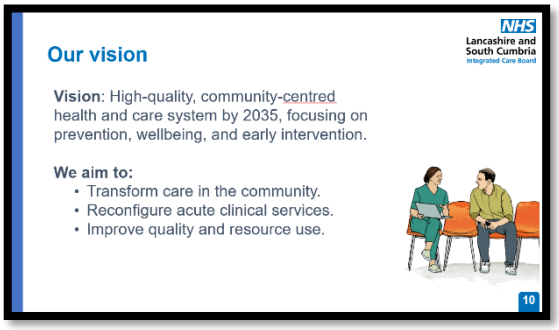
This resulted in key areas being identified as:

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.

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:

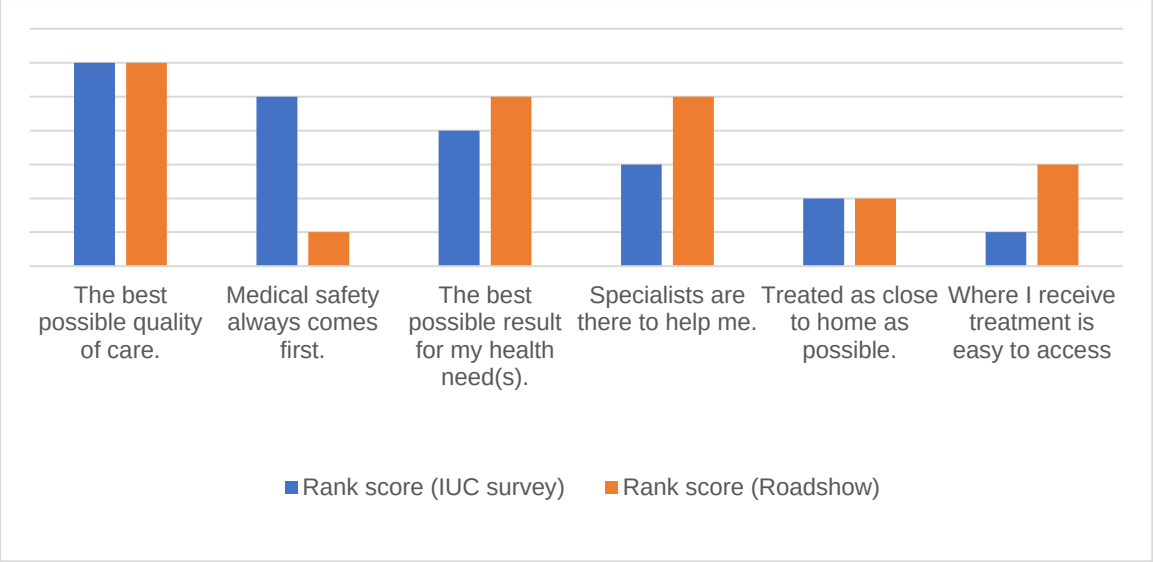
- **Accessibility of services:** Issues regarding poor public transport options to hospitals and the impact this has on people’s ability to access healthcare, especially in rural areas.
    - Another issue around the number of services that could be accessed was raised. When discussing emergency care,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

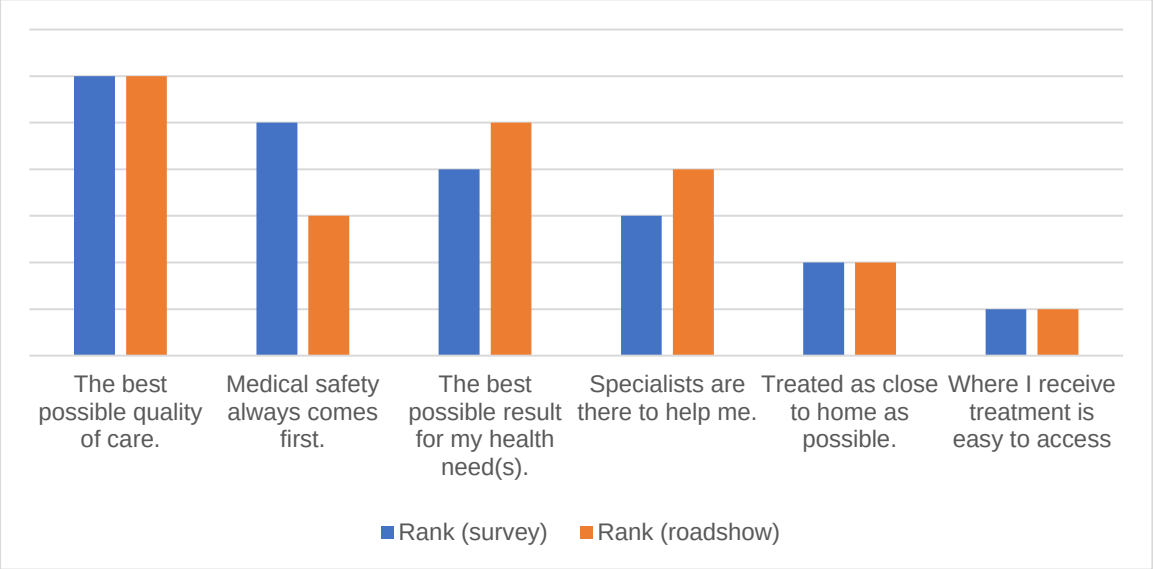
- **GP access and caregiver involvement:** There was a strong sentiment that caregivers feel undervalued in the current GP appointment system, particularly with remote consultations. Face-to-face appointments were preferred.
- **Financial barriers in healthcare access**: Concerns were expressed about 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:

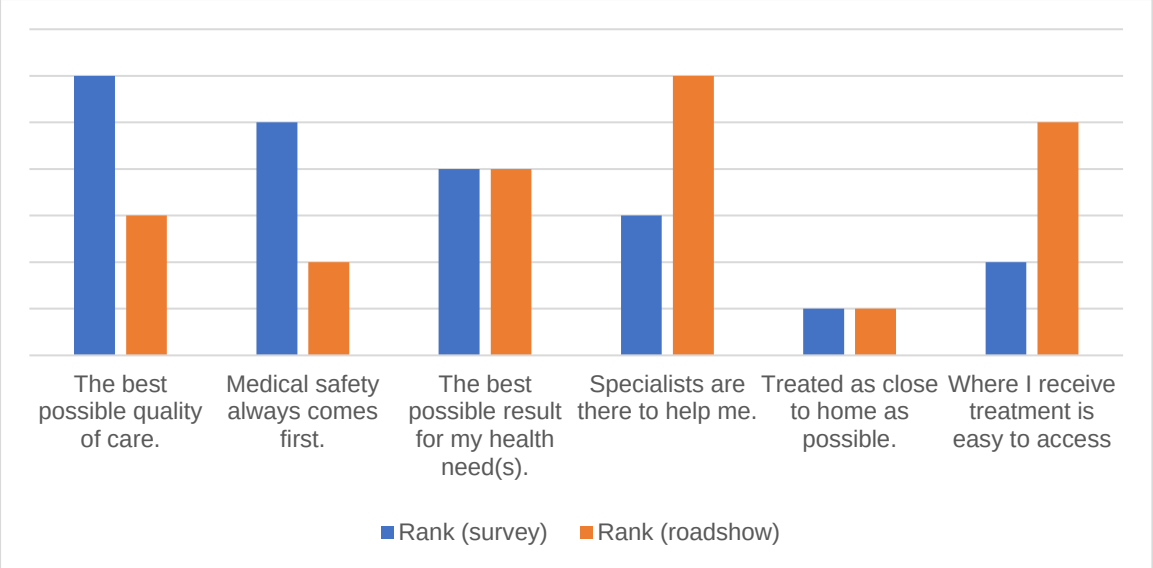
- **Inequitable NHS services**: Participants agreed Burnley is overlooked, receiving a worse deal from the NHS and ICB compared to other areas in Lancashire and South Cumbria, leading to significant inequalities.

- **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.

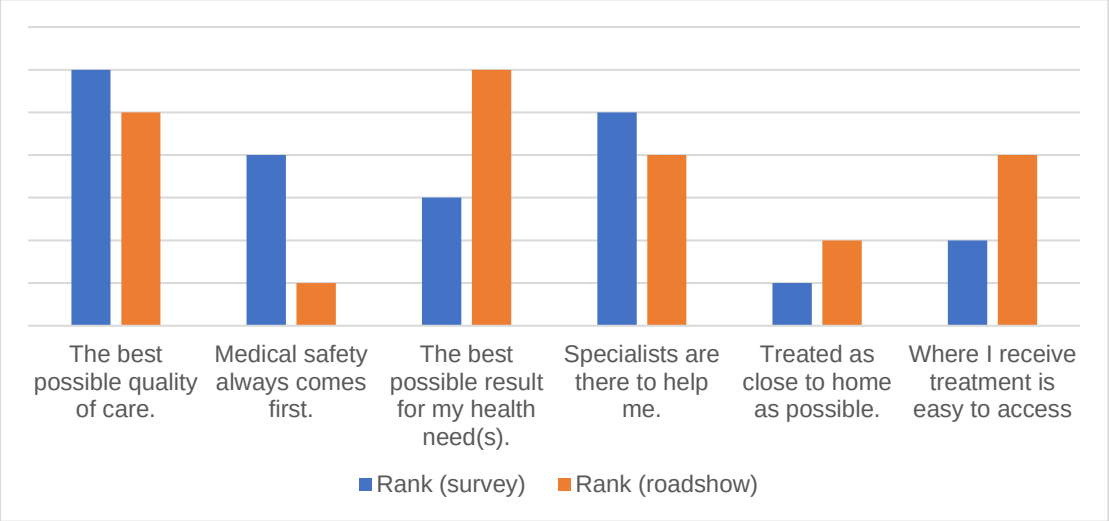
The themes that came up during the discussion on design principles for IUC as being the most important were:

- **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.

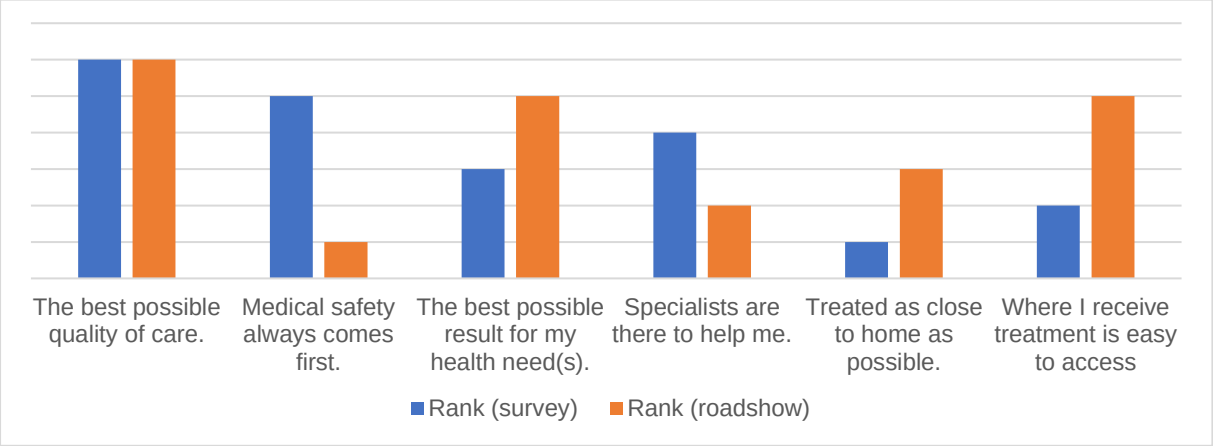
The comments about challenges and work of the ICB in the area included:

- **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.

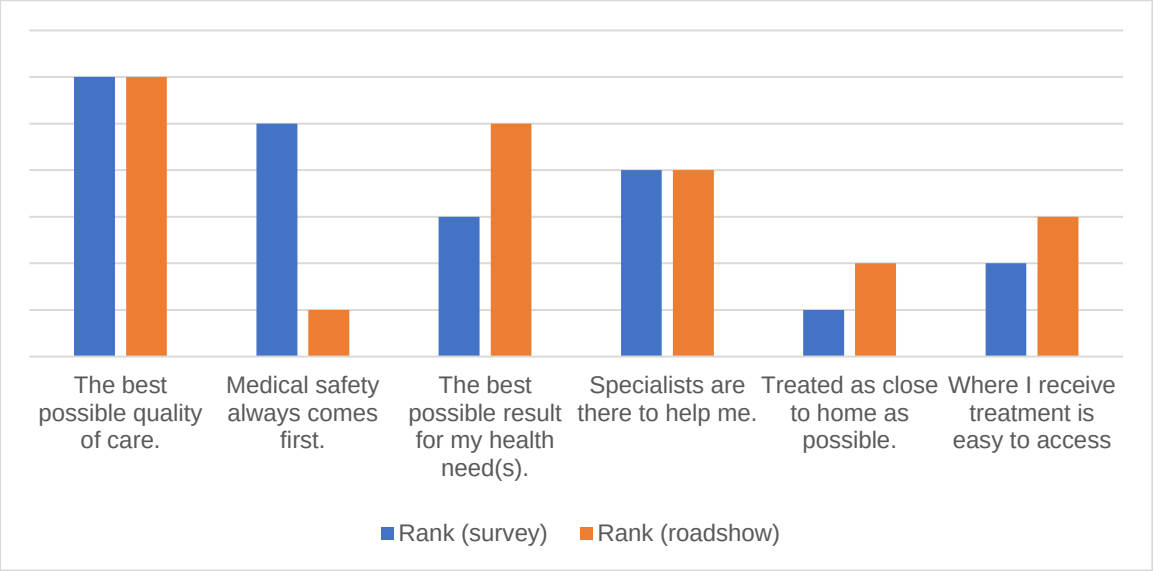
Conversations at the Active into Autumn event can be summarised as:

- **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:

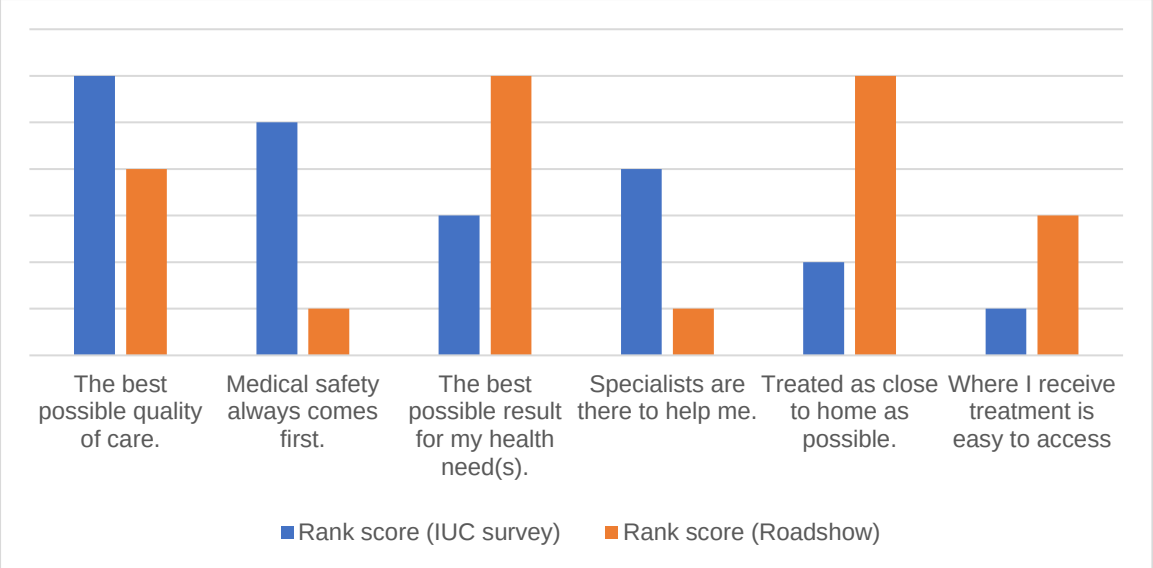
- **Support for the VCFSE:** The link with the VCFSE sector was applauded and the value of this work was very much emphasised. People said there should be more investment in this type of work.
    - Some said there was more to be done with some of the faith groups but acknowledged it was taking place.
- **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	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Sarah James, Integrated place leader** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Kate Clark, Director of strategy** Mersey and West Lancashire Teaching Hospitals NHS Trust • **Dr Lizzy MacPhie, Place clinical and care professional lead (Central and West Lancashire)** NHS Lancashire and South Cumbria Integrated Care Board • **Lyndsey Shorrock, Senior communications and engagement manager** NHS Lancashire and South Cumbria Integrated Care Board
Barrow in Furness	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Jane Scattergood, Director of health and care integration – South Cumbria** • **Dr Jim Hacking, Clinical lead,** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Lauren Dixon, Clinical director – South Cumbria**
Preston	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Sam Proffitt, Chief finance officer,** NHS Lancashire and South Cumbria Integrated Care Board • **Andrew Bennett, Director of population health,** NHS Lancashire and South Cumbria Integrated Care Board • **Louise Taylor, Director of health and care integration,** NHS Lancashire and South Cumbria Integrated Care Board • **Sarah James, Integrated place leader,** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Lizzy MacPhie, Place clinical and care professional lead (Central and West Lancashire)** NHS Lancashire and South Cumbria Integrated Care Board • **Lyndsey Shorrock, Senior communications and engagement manager** NHS Lancashire and South Cumbria Integrated Care Board
Morecambe	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Debbie Eyitayo, Chief people officer,** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Jim Hacking, Clinical lead,** NHS Lancashire and South Cumbria Integrated Care Board • **Heather Woodhouse, Integrated place leader – North Lancashire,** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Tony Naughton, Clinical care and professional lead – North Lancashire,** Lancashire Placed based partnership

	• **Laura Harvie, Senior communications and engagement manager** NHS Lancashire and South Cumbria Integrated Care Board
Blackpool	• **Prof Craig Harris, Chief operating officer** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Neil Hartley-Smith, Clinical Director – Place (Blackpool)** NHS Lancashire and South Cumbria Integrated Care Board
Burnley	• **David Rogers, Head of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Kevin Lavery, Chief executive** NHS Lancashire and South Cumbria Integrated Care Board • **Jackie Moran, Integration place leader – East Lancashire** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Santhosh Davis, Clinical and care professional lead - East Lancashire** NHS Lancashire and South Cumbria Integrated Care Board • **Carrie Cobb, Clinical and care professional lead (IUC and virtual wards),** NHS Lancashire and South Cumbria Integrated Care Board
Blackburn	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Claire Richardson, Director of health and care integration – Blackburn with Darwen** NHS Lancashire and South Cumbria Integrated Care Board • **Sam Proffitt, Chief finance officer,** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Mohammed Umer, Clinical and care professional lead – Blackburn with Darwen** NHS Lancashire and South Cumbria Integrated Care Board • **Philippa Cross, Head of partnership development** NHS Lancashire and South Cumbria Integrated Care Board
Online 1	• **Neil Greaves, Director of communications and engagement** NHS Lancashire and South Cumbria Integrated Care Board • **Prof Craig Harris, Chief operating officer** NHS Lancashire and South Cumbria Integrated Care Board
Online 2	• **Lyndsey Shorrock, Senior communications and engagement manager** NHS Lancashire and South Cumbria Integrated Care Board • **Dr Andy Knox, Associate medical director** NHS Lancashire and South Cumbria Integrated Care Board • **Carrie Cobb, Clinical and care professional lead (IUC and virtual wards),** NHS Lancashire and South Cumbria Integrated Care Board

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