

# ICB Public Involvement and Engagement Advisory Committee – closure meeting

Wednesday 26 March 2025 at 10:00am – 11:00am

MS Teams

## AGENDA

\* Alert, Assure, Advise

No	Item	Lead	Purpose	Format	SO	*AAA
<b>Standing Items 10.00am – 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 18 December 2024 and Matters Arising	Chair	Approve	Attached		
	(b) Action log	Chair	Review	Attached		
<b>Updates on Engagement Programmes 10:15am – 10:55am</b>						
5.	Updates on new Governance arrangements	N Greaves	Note	Verbal		
6.	Insights reports - year end: (a) Public engagement and involvement insights report: Dec 2024 – Feb 2025	David Rogers	Note / Endorse	Attached	1-6	Assure Advise
	(b) Public engagement and involvement assurance report: Dec 2024-Feb 2025	David Rogers	Note / Endorse	Attached	1-6	Assure
<b>Standing Items 10.55am – 11.00am</b>						
7.	Items referred to other committees	Chair	Agree	Verbal		
8.	Any other business	Chair	Note	Verbal		
9.	Items for the Risk Register	Chair	Discuss	Verbal		
10.	Reflections from the meeting: - Was the committee challenged? - Have we made a difference?	Chair	Discuss	Verbal		

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 MARCH 2025											
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	Actions taken to mitigate risk	
Amanda Bate	Head of Communications and Engagement	Blackpool Hospitals Trust				Y	Daughter is registered nurse employed at Blackpool Hospitals Trust in the Community Team	01 July 2022	Ongoing	Agree process of declaration at meetings where applicable. Agree further steps as appropriate with line manager.	
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		Y			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. A committee member was previously Chief Executive at Pendleside Hospice this interest has now ceased (1 Jan 25).  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	Ongoing	Declare interest and do not take part in decision-making or procurement, or other activities relating to this interest in accordance with ICB Policy	
		Intersystems: commercial organisation which contracts with acute NHS Trusts for the provision of electronic patient record (EPR) systems.				Y	Husband is an employee	20 February 2017	Ongoing		
		Trusthouse Lancashire				Y	Daughter is a volunteer	28 August 2023	Ongoing		
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	Committee Member		Y			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	Ongoing	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	Y				GP Partner	2011	Ongoing	Not to be involved in decision making at Primary Care Contracting Group for decisions that impact General Practice finances.	

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		Chorley Central Primary Care Network limited	Y				Shareholder	November 2022.	Ongoing	Not to be involved in decision making at Primary Care Contracting Group for decisions that impact PCN finances.	
		LSCFT				Y	Sister-in-law is Team Manager for LSCFT	2018	Ongoing	Not to be involved in contractual decision making involving LCFT.	
		Positive Solutions				Y	Husband works for 'Positive Solutions', company provides software solutions to pharmacy industry	November 2022.	Ongoing	Not to be involved in any decisions regarding software for Community pharmacy at Primary Care Contracting Group.	
		LSCFT				Y	Sister is Team manager for Rapid intervention and treatment team in Blackpool, for LSCFT	01 February 2024	Ongoing	Not to be involved in decisions around mental health services for LSCFT in Blackpool.	
Katie Egan Member of VCFSE Alliance and Integrated Care System Lead; Change, Grow, Live	VCFSE representative at PIEAC Named deputy to N Zaman	Commissioned Drug and Alcohol Services		Y			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	Ongoing	Declare interest in meetings and manage in line with ICB Policy	
Vicki Ellarby	Director of Place Development and Integration South Cumbria	Nil									
Roy Fisher	Non-Executive Member  ICB Deputy Chair  Chair of Finance and Performance Committee  Chair of Remuneration Committee	Layton Primary School, Blackpool		Y			Chairman of the Governing Body	2008	Ongoing	Declare interest and manage in line with ICB Policy	
Lindsay Graham Lancashire and South Cumbria Director (Healthwatch Cumberland, Westmorland and Furness)	Committee Member	Healthwatch	Y				Healthwatch may be commissioned at times by the ICB to deliver engagement activities and services.	1.4.22	Ongoing	Should discussions take plane about commissioning HW, I would declare an interest and not be involved in these.	
		Carlisle Parkrun			Y		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	Y				Local VCFSE organisation providing a range of services to support people to lead the lives they choose.	27.4.2008	Ongoing	Should discussions take plane about commissioning HW, I would declare an interest and not be involved in these.	
Neil Greaves	Director of Communications and Engagement	Nil									
Dr Andy Knox	Associate Medical Director Population Health	Ash Trees Surgery	Y				Partner	2013	Ongoing	To declare in minutes when appropriate	
		Ash Trees Pharmacy	Y				Director	2018	Ongoing		

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		The Well CIC (unpaid)			Y		Director	2017	Ongoing	To declare when decisions made re social prescribing contracts and alcohol/drug services	
		King's Fund		Y			Associate Population Health	January 2022	Ongoing	To state in minutes when necessary	
		Lancaster University		Y			Senior Lecturer	September 2020	Ongoing		
		Trustees Westmorland Multi-Academy Trust				Y	Vice Chair	Sep-20	Ongoing		
		The Well CIC			Y		Chair of the Board	18.06.24	Ongoing	To declare when decisions made re social prescribing contracts and alcohol/drug services	
		Clinical Leaders Network		Y			Board Member	Jan-23	Ongoing	Declare in accordance with the ICB Policy as appropriate	
		IHI	Y				Faculty Member	Oct-24	Ongoing		
		Centre for Population Health		Y			Associate	Jan-24	Ongoing		
		Lancaster University Management School		Y			Honorary Professor	Jan-25	Ongoing		
Professor Sarah O'Brien	Chief Nursing Officer	Liverpool John Moore's University		Y			Visiting Professor of Nursing	2010	Ongoing	Declare in any meetings discussing work with LJMU and Chair to decide how to manage conflict of interest	
		Edge Hill University		Y			Honorary Professor	2020	Ongoing	Declare in any meetings discussing work with Edge Hill University and Chair to decide how to manage conflict of interest	
		Diabetes UK		Y			Previous role as Diabetes Nurse Consultant - ad hoc support	1999	Ongoing	Declare professional diabetes interest in any relevant meetings.	
		De La Salle School St Helens		Y			Foundation Governor	November 2022.	Ongoing	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			Y		Volunteer - (leader in training)	15.04.24	Ongoing	Declare in any meetings relevant to work with Girl guiding	
Jessica Partington	Head of Partnership Development and Delivery Lancashire Place	Nil									
David Rogers	Head of Communication and Engagement	NIL									
Tricia Whiteside, NED, Lancashire Teaching Hospitals NHS Foundation Trust	Non-Executive Member with a role for patient experience or public engagement from an NHS provider	LTH		Y			NED at LTHTR	September 2019.	Ongoing	Declare interest in meetings and manage in line with the ICB Policy	
		NWAS				Y	Daughter works for NWAS	June 2022.	Ongoing		
		Joint Ethics Advisory Committee				Y	Member	01 October 2023	Ongoing		

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Pauline Wigglesworth Representative from place-based partnership board, Blackpool Council	Committee Member	Nil									
Helen Williams	Interim Associate non executive member left the organisation 25.09.24 - remove from register 25.03.25	Great Arley Special School		Y			Chair of Governing Body at Great Arley Special School	01/01/2016	25.9.24	Declare interest and manage in line with ICB Policy	
Naz Zaman Chief Officer Lancashire BME Network	VCFSE representative at PIEAC (Member)	Lancashire BME Network	Y				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	Ongoing	To declare the interest and abstain from discussions/decision making as appropriate.	
		Burnley Pendle Rossendale CVS		Y			Trustee	Oct-18	Ongoing		
		Lancashire Associate of CVSs		Y			Trustee	Oct-19	Ongoing		
		Community Foundation for Lancashire and Merseyside		Y			Trustee	Nov-20	Ongoing		

**Minutes of the meeting of the  
ICB Public Involvement and Engagement Advisory Committee (PIEAC)  
held on Wednesday, 18 December 2024 at 10:00am to 12:30pm in the Lancashire and South Cumbria  
Integrated Care Board (LSCICB) Offices, Lune Meeting Room 1,  
County Hall, Preston**

Position on Committee	Name	Title/Role
<b>Members</b>	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Sarah O'Brian	Chief Nurse
	Roy Fisher	Non-Executive Member of the ICB
	Neil Greaves	Director of Communications and Engagement
	Tricia Whiteside	Non-Executive Director, Lancashire Teaching Hospitals NHS Foundation Trust
<b>Participants</b>	David Brewin	Head of Patient Experience
	Andrew Bennett	Director of Population Health
	David Rogers	Head of Communication and Engagement (Insight)
	Jonathan Bridge	Head of Population Health Central and West
	Lindsay Graham	Advocacy and Engagement Director Healthwatch
	Ann Christopher	Citizens Health Reference Group Representative
	Howard Ballard	Citizens Health Reference Group Representative
	Sarah Mattocks	Head of Governance
	Laura Harvie	Senior Communications and Engagement Manager
	Louise Barker	Communications Workstream Project Manager, New Hospitals Programme – Lancashire Teaching Hospitals Trust
	Naz Zaman	Chief Officer – Inclusive North
	Karen Tordoff (Deputy for Pauline Wigglesworth)	Place Development and Delivery Lead - Blackpool
<b>Attendees:</b>	Becki Stafford	All Age Continuing Care Experience and Complaints Lead
	Becky Seddon	Head of Quality LSCICB
	Lisa Ward	NWAS
	Louise Coulson (minutes)	Committee and Governance Officer

No	Item	Action
30 24/25	<p><b>Welcome, Introductions and Chairs Remarks</b></p> <p>The Chair opened the meeting and welcomed everybody, extending introductions to Becki Stafford and Becky Seddon from the All age continuing care team joining us today to observe PIEAC.</p> <p>Louise Barker from the New Hospitals programme to observe the meeting for the links with items 5 and 7e.</p>	
31 24/25	<p><b>Apologies for Absence/ Quoracy of the meeting</b></p> <p>Apologies had been received from Steph Cordon and Tracey Ingham (Westmorland and Furness Council), Victoria Ellarby, Heather Woodhouse, Lindsey Dickinson, Jessica Partington, Pauline Wigglesworth. Laura Harvie is attending as a deputy for Amanda Bate.</p> <p>The meeting was not quorate. There were last minute apologies from place representatives, only one in attendance.</p>	
32 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: Declarations were raised by Naz Zaman, Inclusive North, and Lindsay Graham, Healthwatch, in relation to commissioned work for New Hospitals Programme which is relevant to item 7e. There were no further 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>	
33 24/25	<p><b>(a) Minutes from the previous meeting held on 25 September 2024 and Matters Arising</b></p> <p><b>RESOLVED: The minutes of the meeting held on 25 September 2024 were approved as a correct record.</b></p> <p><b>(b) Action Log</b></p> <p>Ref/3 - <b>Metrics for the committee effectiveness review</b> - Agree and confirm plans for the PIEAC committee effectiveness review.</p> <p><b>Update:</b> – a review of ICB committee structure and delegation is underway which needs to be concluded prior to any committee review therefore this remains in progress.</p> <p><u>Actions for PIEAC from ICB Board or other committees</u></p> <p>Nil.</p>	
34 24/25	<p><b>Your health. Your future. Your say. engagement programme and insights.</b></p> <p>N Greaves introduced the report highlighting the basis 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.</p>	



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.

Laure Harvie summarised key messages from the report, including that 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: [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)

L Harvie added that the events both in person, virtually had been well attended by the public with around 250 people in attendance in total, including those attending additional engagement activities with community groups. Understanding 'what does a community centered approach?' mean to the public being a cornerstone of the debate and dialogue.

D Corcoran thanked N Greaves and L Harvie for the update and opened the floor to questions.

S O'Brien highlighted the discussion held at the previous ICB Board regarding access to digital services and suggested the ICB is connecting this to and with the public. - i.e. we need greater clarity on the strategy around patient access to services, particularly in relation to digital provision. A Bennett responded that there is a strategy for digital and data within the ICB but this is peripheral and suggested this requires greater involvement from and with the ICB digital team.

T Whiteside complimented the team on a comprehensive piece of work and asked how the combination of the 6 recommendations related to service proposition, how we engage and are the ICB's principles strong enough in how we make decisions and plan provision. D Corcoran added how this insight is also relevant for Provider Trusts and recommended this is shared with providers. N Greaves replied that the engagement work which was undertaken was joined up with place-based partnerships and activities in places which is underway on a regular basis however, it is important that we use this insight to demonstrate how it will influence the ICB commissioning intentions and what are we doing as an organisation to act on feedback to the public. N Greaves added that helpful views were shared by the public in relation to the position on finances and greater clarity on service change and reconfiguration and impact on services will help public perceptions be more realistically managed. Clear messaging across the system and organisation requires clarity which will prove difficult as planning for the next 4-5 years is not clearly joined-up at this stage as this is currently being worked on.

D Brewin added that navigation was difficult around currently complicated services and people do not know where to go and are waiting for alternatives. In some cases, feedback in relation to this issue is often reported through patient complaints. L Harvie

<p>noted the terminology caused confusion for patients specifically around emergency care and suggested a 'one stop shop' approach to address this.</p> <p>D Corcoran enquired as to how the strategic transformation will address this and requested this is stated in the next commissioning intentions update.</p> <p>D Corcoran noted the assurance for the ICB Board to be captured on the escalation report and suggested that the ICB Board need to be more sighted on the 'so what?' element in relation to engagement and requested that progress be demonstrated. L Graham added that the communications need to be addressed to the public in language they understand.</p> <p>N Greaves replied there is a consistent summary of themes over the past 18 months from the ICBs engagement, involvement and complaints channels however, consistent views can mean different things. We need to talk with people in a way that makes sense to them. For example, in relation to health inequalities there needs to be public education around this topic. A Bennett reiterated that people do not know where to go, there are not many provider colleagues sat around the table today so how can we do this. We could look to produce information to present in public forums but we do require a service point-of-view to make sure this represents activity and experiences from our residents and patients.</p> <p>H Ballard added that there has been an increase in DNA (did not attend) appointments and this needs to be addressed. The cancer pathways waiting times are increasing. A Christopher added how is the narrative being controlled in relation to patient groups, what does the ICB mean to a patient, to be candid, nothing. People at a grass roots level do not understand this. As a Place there needs to be more contact with GP practices.</p> <p>N Zaman added what people want is action; appointments are difficult to secure, registrations at new practices takes a long time to be acknowledged, there is a need to be able to pick this up as a plan.</p> <p>N Greaves highlighted the contents of the report have deliberately captured these honest reflections and questions and the overarching message is rather stark. An audit was conducted around the work we do as an organisation in relation to engagement and involvement in 2023 and reported to this committee that we need to be better at demonstrating the impact of the engagement. There is an opportunity to do this through the commissioning intentions.</p> <p><b>ACTION:</b> N Greaves and S O'Brien to review the commissioning intentions to ensure they are influenced by public voice.</p> <p>N Zaman asked if a deep dive could be provided by some provider organisations could we select a few GP practices as part of a pilot to capture this.</p> <p>D Corcoran thanked the committee for the comments and summed up stating the report was a rich and provided good detail but enquired how the 'so what?' element could be captured across the organisation. Data and digital areas require further assurance. Primary Care access to services were also an area where further assurance is required. How does the committee feed up to the ICB Board the required awareness for the topics and issues raised with a clear view of patients' experience. Place based teams are heavily involved but the provider organisations are missing and they need to respond as well. T Whiteside stated the networks are in place for providers but we do need to move away from siloed pillars of care. We need to support and facilitate a coordinated response.</p>	<p><b>NG/SOB</b></p>
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	<p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• advises the committee of the insights and public perceptions captured from the public engagement programme</li> <li>• assures the committee of the approach undertaken to listen, engage and capture views of local people across Lancashire and South Cumbria.</li> </ul>	
35 24/25	<p><b>Engagement in priority wards – population health improvement</b></p> <p>J Bridge introduced the report stating this 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>D Corcoran thanked J Bridge and A Bennett for the report and opened the floor to questions.</p> <p>J Bridge highlighted wider issues were considered from a community perspective. The local hubs provided support around issues such as housing, benefits etc. For example, the Ryelands area of Lancaster looked at transportation (how patients may attend appointments) how priority wards could take a different approach to serve their communities. Work with vulnerable residents at risk of self-harm and poor mental health are just a few examples of how engagement is addressing and supporting patients in these priority wards. The inclusion of our partners in the VCFSE (Voluntary Charity Faith and Social Enterprise) and local authorities ensuring cohesive partnership working is developing well.</p> <p>N Greaves praised the work which has taken place and reminded the committee of the link between the agreed principles of working in partnership with people and communities and the population health engagement activity which are fully aligned and also supported by members of the communications and engagement team.</p> <p>T Whiteside complemented J Bridge and A Bennett on a great piece of work. Highlighting what has made a difference and the engagement with people in these priority wards. Could this be cross referenced with what works well in exemplar wards.</p> <p>J Bridge responded that the difficulty here is that the places can be unique to these areas and exemplar wards may not be aware of or have the same issues and/or socio-economic standing. There is an integrated approach in these priority wards and Healthwatch also serve as a conduit to support and advance learning for partnership working.</p>	

	<p>D Corcoran asked if a more systematic approach could be applied i.e., Pharmacy First in South Cumbria and the work with local schools. N Greaves responded the work at place level and with population health teams is very much about building relationships locally and local engagement and sometimes the local issues mean systematic messaging is difficult so the aim is to have consistent principles supported by local engagement.</p> <p>R Fisher commented that this is a great piece of work and noted that such good work should not be contained by boundaries of the designated area. There is much to address where there is dysfunction in families, poor health, unemployment, housing and other socio-economic factors which affect health and wellbeing. In Blackpool there are high levels of transience and this does affect priority wards and we should not be constrained to these areas</p> <p>J Bridge highlighted that engagement with wider communities has taken place where there are clear health inequalities and not just in priority wards.</p> <p>S O'Brien highlighted the engagement work carried out in tandem with the ICB partners.</p> <p>D Corcoran requested the escalation report reflects the focus on the multiagency approach and place-based working on population health improvement to offer assurance to the ICB Board.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Ask the committee is asked to note the contents of this paper and supplementary presentation during the agenda of the meeting.</p>	
36 24/25	<p><b>Standing Assurance and Insight Reports:</b></p> <p><b>a) Public Engagement and Involvement Assurance Report: Sept 2024 to Nov 2024</b></p> <p>D Rodgers introduced the report noting this provides members with a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 September and 30 November 2024.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>D Corcoran opened the floor to comments and questions asking how the women's health hub sits with the women's health strategy (WHS).</p> <p>S O'Brien stated that the women's health strategy was behind on its agenda. The WHS was launched in 2022 and LSC (Lancashire and South Cumbria) were behind on the work required for the maternity plan. GP's have been very proactive. The</p>	

expectation being the national guidance for women's health hubs will be implemented by December 2024. There does need to be more access to pathways across the system. Despite the financial challenge lots of engagement work has been undertaken, in conjunction with population health, looking at a holistic offer for women however, we are behind as a system on this approach.

N Greaves added that communication and engagement colleagues were working with Sarah's team with the inclusion of Healthwatch working across women's health, with support from the voluntary sector. The detail is still be worked through but this is underway.

L Graham added that Healthwatch had received feedback from 4500 women and this was due to be published in 2025.

L Harvie added that the citizen's health reference group have expressed an interest to work with GP's in relation to women's health.

T Whiteside enquired as to how the ICB plan to build on the 1500 members of the citizens health panel and if more community members are anticipated to join. N Greaves responded that currently around 60 plus members join approximately each month and there is an end-year target of 2,000 by the end of March 2025. There is a need to communicate this further to encourage more residents to register. There will be a big push in February and March 2025 relating to the new hospitals program (NHP) engagement activity. However, there are more mechanisms of outreach to enhance involvement. S O'Brien added Lancaster University Health Hub were also supporting the engagement with women's health. A Christopher added that once the Trusts are embedded in this it will prove invaluable for insights.

**RESOLVED: 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.

**b) Public and Community Insights Report: Sept 2024 to Nov 2024**

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)

	<p>N Zaman noted that the engagement work is rich and insightful but what are we doing with this.</p> <p>D Corcoran added the consistent 'so what?' needs to be looked at via the business planner. Developing pathways would be a result of this development and would link to engagement. N Greaves stated the example of the work with GPs looking at access would prove invaluable to support the 'so what?' element.</p> <p><b>ACTION:</b> Business planner [for PIEAC] needs to capture and reflect the 'So what?' element – S Mattocks.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents and summary of insights contained in the report.</li> <li>• Accept the insights presented in the report and recommend any significant findings which require further exploration or analysis.</li> <li>• 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.</li> </ul> <p><b>c) Complaints report</b></p> <p>D Brewin introduced the report commenting that this sets out Patient Experience and Complaints activity for the period August 2024 – November 2024.</p> <p>D Corcoran thanks D Brewin for the report and added that where there is an outlier this needs to be included in the report and advised for the Escalation report that an advise and alert is sent to the ICB Board. Thanking D Brewin for the update in relation to GP practices.</p> <p>S Mattocks highlighted the ICB focus on complaints and the role this plays in relation to the assurance provided for the all age continuing care. This provides a rounded picture noting the triangulation between Quality Committee and Audit committee.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></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> <p><b>d) Update from the Citizen's Health Reference Group held on 5 December.</b></p> <p>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.</p> <p>D Corcoran thanks H Ballard and A Christoper for their insights and input to the report. L Barker thanked the reference group adding that this group has provided valuable assistance in the consultation for the New Hospitals Programme.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• Note the contents of the report.</li> <li>• Recognise and endorse the activity undertaken by the Citizens Health Reference Group.</li> </ul>	<p><b>SM/LC</b></p>
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**e) Report from ICB consultation working group:**

- i) New Hospitals Programme
- ii) Shaping Care Together

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 was supported by a verbal update.

N Greaves updated that 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 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 for Shaping Care Together delivered between September and November and involvement in the next phase. These are available here:

Report on Shaping Care Together engagement and involvement:

[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)

Shaping Care Together communications and engagement update:

[https://www.healthierlsc.co.uk/application/files/7117/3382/9194/20241129\\_Shaping\\_Care\\_Together\\_update\\_-\\_CWG\\_9\\_December\\_2024.pdf](https://www.healthierlsc.co.uk/application/files/7117/3382/9194/20241129_Shaping_Care_Together_update_-_CWG_9_December_2024.pdf)

- A detailed plan for pre-consultation engagement for New Hospitals Programme to be delivered between January and March 2025. A report is available here:

New Hospitals Programme pre-consultation engagement update:

[https://www.healthierlsc.co.uk/application/files/3117/3383/4540/20241209\\_Consultation\\_Working\\_Group\\_appendix\\_for\\_PIEAC.pdf](https://www.healthierlsc.co.uk/application/files/3117/3383/4540/20241209_Consultation_Working_Group_appendix_for_PIEAC.pdf)

N Greaves added that the Consultation Working Group had endorsed 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. This is being shared with the PIEAC for assurance on the approaches taking place.

The Consultation Working Group endorsed a detailed plan for pre-consultation engagement for the New Hospitals Programme as being robust and supported the approaches to engagement and involvement which are due to be implemented.

**New Hospitals Programme**

D Corcoran thanked A Bennett and opened the floor for questions and comments.





A Bennett reiterated the need for greater visibility at the ICB Board for this programme especially into how urgent care will evolve in the next 5 years. The challenge being to the levels of commitment, ICB Board support and levels of assurance. N Greaves added the importance of next steps for the programme and noted the plan being taken forward will be finalised over the next 2 months.

	<p>D Corcoran enquired after the governance aspect of the ICB statutory obligation in relation to the consultation and the necessity for the ICB Board to be fully sighted on this. As this is subject to a judicial review the ICB needs to be ready for this element.</p> <p>L Barker stated a strategic approach was being taken and informs the design of the programme taking into account a risk based approach to communications and engagement. D Corcoran replied a framework is needed, how we give assurance, how we monitor, assurance for hard to reach GP practices in line with the statutory guidance.</p> <p>N Greaves reassured the meeting that the framework for pre and post consultation was approved at the previous committee and has been used to influence the planning of the two pieces of work above. N Greaves asked the committee to consider what level of detail the committee would like to receive noting that the final pre consultation around engagement will be conducted in January and February 2025.</p> <p>H Ballard noted broader engagement with the public had been put in place by the ICB to reach out to the wider public.</p> <p>N Zaman declared a conflict of interest here in relation to the VCFSE funding received by Inclusive North from the ICB to conduct engagement with the public.</p> <p>N Greaves added a small number of VCFSE members had been involved in developing a scope for an engagement project which was shared for proposals with the Lancashire and South Cumbria VCFSE Assembly and that the procurement process had been open and transparent.</p> <p>D Corcoran felt assured by the report and asked those present to think about future reporting and for a summary to return to committee in March 2025.</p> <p><u>Shaping Care Together</u></p> <p>S O'Brien opened the comments noting that Cheshire and Merseyside (CM) have been taking a lead on the Shaping Care Together programme. This will be picked up soon in relation Ormskirk and West Lancashire. Lancashire County Council have a scrutiny committee and will look at all options that need to be taken to ensure more service provision. Provision for Sefton will come under this remit. The One LSC and ICB Board have agreed to delegate the final option and this will be a joint decision.</p> <p>D Corcoran noted this was a helpful summary and report. N Greaves noted a similar summary report will return to committee following a formal consultation and engagement phase later in 2025.</p> <p><b>RESOLVED: The Public Involvement and Engagement Advisory Committee is asked to:</b></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> <p><b>f) Healthwatch Report</b></p> <p>L Graham introduced the report for Healthwatch Together noting this is the collaboration of five local Healthwatch working across Lancashire and South Cumbria ICS:</p> <p>Healthwatch Blackburn with Darwen  Healthwatch Blackpool  Healthwatch Cumberland  Healthwatch Lancashire</p>	
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	<p>Healthwatch Westmorland and Furness</p> <p>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.</p> <p>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.</p> <p>This quarter reports we have published include Enter and View* report and project reports.</p> <p>*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.</p> <p>Healthwatch and LSCICB have launched the partnership agreement on social media this week which sets out collaborative and partnership working.</p> <p>D Corcoran thanked L Graham for the report and asked how will the Working Together be shared more widely opening the floor for questions and comments.</p> <p>N Greaves stated that the insights from this collaboration will be shared with different teams with specific focus on coproduction which will include alignments.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Recommend this report is read and shared across LSCICB networks.</p>	
37 24/25	<p><b>Committee Escalation and Assurance Report to the Board (AAA Report) – Chair</b></p> <p>D Corcoran and N Greaves will work together to produce the Escalation report.</p> <p><b>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</b> Will provide the AAA Escalation for the next ICB Board meeting on 15 January 2025.</p>	
38 24/25	<p><b>Items referred to other committees – Chair.</b></p> <p>Nil.</p>	
39 24/25	<p><b>Any Other Business</b></p> <p>No items raised under AOB.</p>	
40 24/25	<p><b>Items for the Risk Register</b></p> <p>Nil.</p>	
41 24/25	<p><b>Reflections from the meeting</b></p> <p>General comments were that the committee was working well and cross committee working was good.</p>	
42 24/25	<p><b>Date, Time and Venue of Next Meeting</b></p> <p>Wednesday 26 March 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
1	5 24/25	28 February 2024	<b>Metrics for the committee effectiveness review</b> Agree and confirm plans for the PIEAC committee effectiveness review.	Sarah Mattocks	26 March 2025		19.03.2025 - Committee review concluded; an update is provided to the committee at agenda item 5.
2	34 24/25	18 Dec 2024	<b>Your health. Your future. Your say. engagement programme and insights.</b>	Neil Greaves / Sarah O'Brien	26 March 2025		18.12.2024 - to review the commissioning intentions to ensure they are influenced by public voice. 12.03.2025 The ICB's 2025/26 commissioning intentions (and also 2030 Roadmap) have been informed and influenced by patient and public insights gained during the 'Your health. Your future. Your say.' public engagement exercise.
3	36 24/25	18 Dec 2024	<b>Standing Assurance and Insight Reports Business Planner for 2025/26</b>	Sarah Mattocks	26 March 2025		19.03.2025 – Arrangements for ICB assurance against public involvement and engagement is provided to the committee at agenda item 5.

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



**Lancashire and  
South Cumbria**  
Integrated Care Board

# ICB Public Involvement and Engagement Advisory Committee

Date of meeting	Wednesday 26 March 2025
Title of paper	Public engagement and involvement insights report: Dec 2024 – Feb 2025
Presented by	David Rogers, head of communications and engagement
Author	David Rogers, head of communications and engagement and communications and engagement team members
Agenda item	6a
Confidential	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 December 2024 and February 2025.

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

- Quarterly public perceptions survey
- Shaping Care Together – pre-consultation engagement
- Male suicide prevention campaign – engagement report

The report also includes the key findings from The Patients Association new report on improving health equity for patients living with cancer and/or blood disorders.

## 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?	✓			
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

Not applicable

#### Impact assessments

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

<b>Report authorised by:</b>	Neil Greaves, Director of Communications and Engagement
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## **Public and community insights report: December 2024 to February 2025**

### **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 December 2024 and February 2025, or relevant engagement insights published by partner organisations.

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

#### **2.1 Public perceptions**

In February 2025, the second 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 3 February to 19 February 2025 and 934 virtual citizen panel members responded of the 1,682 members at that time, resulting in a response rate of 56 per cent. This is the same response rate as the first survey in October 2024.

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.

Respondents were asked to rate from 1 to 5 if the NHS provides a good service at a local and national level. The response on a local level is 3.4 out of 5 (consistent with the last survey), while when responding about the NHS at a national level is 2.5 out of 5 (a 0.1 reduction on last survey). This indicates a more positive local perception compared to the national service, where people are less likely to have an opinion.

More than 70 per cent of respondents felt the NHS requires a fair amount or a lot of improvement. This is five per cent more than previous. More than 45 per cent per cent of respondents indicated that they didn't know if the NHS listens and acts on feedback. (a five per cent increase)

The full report can be accessed here: [ICB quarterly perceptions survey](#).

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

The NHS Shaping Care Together programme has been looking at changing urgent and emergency care services across Southport, Formby, and West Lancashire.

Between July and October 2024, pre-consultation engagement was carried out during which people were asked to share their views on urgent and emergency care. And in-depth analysis of the views put forward during that period has now been published and can be viewed here: [You said, we did | Your Say Shaping Care Together](#).

The programme is now going through a series of checks with NHS England to make sure everything in the pre-consultation phase was done as it should be. All being well, the programme hopes to start public consultation later this year. That will be the chance for everyone to share views on the option(s) put forward, but also to introduce new insights and perspectives so that the conversation around future services is based on all available facts.

### **2.3 Male suicide prevention campaign – engagement report**

To help develop and shape phase 2 of the 'Let's Keep Talking' to prevent suicide campaign, the ICB's suicide prevention team held several engagement events across Lancashire and South Cumbria.

The engagement ran from 22 January to 11 February, during which the survey received 343 responses. 10 individuals attended the online engagement sessions and there were 31 participants in total attended a face-to-face session. The feedback received indicated the campaign needed to be positive, shows greater understanding about how men communicate, and challenge the language used by health services. Respondents were particularly concerned about the help-seeking for males and their support networks and wanted the campaign materials to help address this.

The feedback received helped to shape the messaging and imagery for the campaign and the new campaign was launched in March 2025.

The full report can be found here: [Male suicide prevention engagement report – March 2025](#).

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

### **3.1 New report on Improving Health Equity for Patients Living with Cancer and/or Blood Disorders**

The Patients Association has published a report on patients with blood disorders and/or cancers who experience health inequalities, and therefore have worse outcomes and experiences of care than patients who don't and what can be done to improve health equity.

The key findings are:

- Patients experience significant barriers to care including delays in diagnosis, unequal access to services, and systemic discrimination
- Patients reported challenges navigating healthcare, a lack of communication, and economic burdens such as high transportation and medication costs
- Social determinants of health like inadequate housing and living in deprived areas further worsened outcomes
- Participants emphasised mistrust in healthcare, particularly among racially minoritised and LGBTQ+ communities, and highlighted the need for better coordination, cultural sensitivity training, and localised services.

The project, funded by Bristol Myers Squibb, involved a literature review on health disparities and social determinants affecting patients with cancer and blood disorders. Discussions were held with local and condition-specific charities, plus focus groups and a case study interview with patients and carers, to gather diverse perspectives and first-hand accounts of lived experiences.

The report can be accessed here: [Improving health equity for patients living with cancer and/or blood disorders](#). For further information regarding this report, please contact [mailbox@patients-association.org.uk](mailto:mailbox@patients-association.org.uk)

#### **4. 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 26 March 2025
<b>Title of paper</b>	Public engagement and involvement assurance report: Dec 2024-Feb 2025
<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>	6b
<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 December 2024 and 28 February 2025.

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 Women's Health Hubs and the New Hospitals Programme.

### 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	✓
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?		✓		
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	
Not applicable	

Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	EHIRA assessments are completed for individual programmes of work.
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Neil Greaves, Director of Communications and Engagement
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## Public engagement and involvement assurance report: December 2024-February 2025

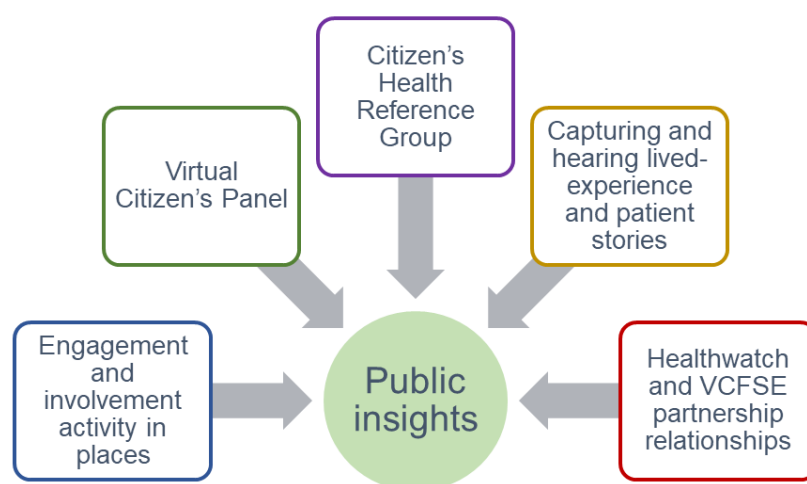
### 1. Introduction

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 **2,005** individuals from across Lancashire and South Cumbria, as of 12 March 2025. This is an increase of 503 people from the previous report and achieves the communication and engagement team's target of 2,000 people signed up by the end of March 2025.

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 February public perception and New Hospital Programme survey.

The ICB also manages a readers' group which is a subset of the citizen panel and consists of 181 residents. 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 'Have your say - Mental health crisis services' document shared in February 2025.

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

Membership of the Citizens Health Reference Group now stands at 59 people. Quarterly meetings have taken place in December and March, with lively and fruitful debates and discussions taking place at each.

The workstreams currently being supported are:

- Dental access
- Vascular Network
- Head and neck cancer
- Urology
- Cardiac
- Virtual wards
- Mental health redesign
- Women's health programme
- Transforming community care

Workstreams that have had support and concluded are:

- New Hospitals Programme

Workstreams planned for the near future:

- Clinical policies
- Non-emergency patient transport services
- Reducing opioid prescribing
- GP access

### **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
January 25	Board meeting	Care of the elderly, end of life care, and digital inclusion <a href="https://youtu.be/JEq2L2Na78w">https://youtu.be/JEq2L2Na78w</a>
	Quality committee	Living with heart failure, recovery from stroke and heart transplant experiences

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

The ICB's place-based engagement team has continued to check the blood pressure and heart health of members of the public while engaging in the community. 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.

Between December 2024 and February 2025, a total of 35 blood pressure checks and 32 atrial fibrillation readings have been taken by our engagement team, at events such as Pendle food for all, Pendle Community Mosque ladies chai and chat session, Brindle coffee morning and Pendle Community Health Champions event. As well as being an opportunity to gain insight into the public's health and experience of health services, the team has referred seven 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

A webinar series for our health and care system has been established to showcase good practice and share the learning and insights from engagement across the system and in our places.

The second webinar in the series took place on Friday 31 January. The webinar focused on engagement with women about the menopause. There were two presentations; how engagement with women has led to the development of menopause clinics and support in primary care in South Cumbria; and a recent project in Blackpool to understand the experiences of women going through the menopause.

A total of 25 people registered to join the webinar, and 16 people attended. Both presentations were well received and generated a good discussion. A recording of the webinar is available on our website: [LSC Integrated Care Board: Good engagement webinars](#).

The next webinar is planned for May.

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

### **7.1 Blackburn with Darwen**

#### **We Are Undefeatable**

The campaign which launched last summer in Blackburn with Darwen features residents of the borough who tell their stories of how physical activity has helped with their long-term health conditions. Its mission to inspire and support people living with long-term health conditions to move more in a way that works for them will continue under the umbrella of Blackburn with Darwen health and wellbeing team.

#### **Place standard tool**

There is a strong link between the places that we live and work, and our health and wellbeing with the place standard tool helping to identify the strengths and weaknesses of a place. The first workshop which focused on the Galligreaves estate in the centre of Blackburn brought together representatives from across the system including local authority, ICB, education, VCFSE and the local community. Improvement plans to address some of the priorities agreed within the workshop are now in development. Further workshops will be held in due course.

#### **Different communities**

Initiated by Blackburn with Darwen CVS, a small group involving the ICB, VCFSE and local authority has been established to discuss the different communities in the borough and the issues they are facing.

#### **Population Health**

The team continues to work with partners and residents to improve health and wellbeing in the most deprived and poorly communities.

#### **Know Your Numbers**

Plans are in place for this year's campaign in September to once again deliver community-based blood pressure checks and awareness. There will also be an additional six days of activity in May.

#### **Neighbourhood Networks**

Neighbourhood Networks are being established in areas of deprivation and isolation. Galligreaves, Wensley Fold and Darwen East will be the starting point.

#### **Blackburn with Darwen Positive Ageing Framework**

Identifying six key areas where there are opportunities to create an age-friendly place, the framework has been developed to improve and support positive, healthy ageing for the population of the borough.

## **7.2 Blackpool**

### **Priority ward change team**

A change team has been developed to focus specifically on Claremont ward. Led by Population Health, it includes local VCFSE organisations, Healthwatch, local PCNs, public health, the council coproduction team and ICB engagement. The team will develop and deliver changes to care for people diagnosed with COPD and other long-term respiratory conditions.

### **Hand in Hand LGBTQ+ festival**

This is a festival planned for 2027, when more than 50 LGBTQ+ choirs will be performing at the Winter Gardens. Main themes are the arts and mental health, and breaking isolation. Organisers want to bring hope and aspirations to LGBTQ+ people living in Blackpool who suffer from mental health issues. They plan a series of additional pop-up events to run alongside the festival.

### **Blackpool communications network**

The communications network was developed by Chantelle Bennett, ICB engagement senior officer, and Abby Waylett, Blackpool Teaching Hospitals communications specialist. The network is developing gradually, and has representatives from Blackpool council, VCFSE, fire and rescue, Lancashire Constabulary, BFCCT and FCMS. Regular network meetings will continue to deepen the relationship between communications practitioners in the area.

### **Spring into Spring 2025**

In January 2025 the Blackpool place-based partnership accepted the proposal developed by Chantelle Bennett, ICB engagement senior officer, to coproduce the annual Spring into Spring community events with local stakeholders. As of March 2025, the multi-agency planning and delivery group has secured no-cost community venues across Blackpool, agreed a communications approach for all partners, and has held regular weekly planning workshops. Delivery of events will be 12-17 May, with a variety of venues and times to accommodate the greatest number of visitors.

## **7.3 South Cumbria**

### **Future of Coniston Village Surgery**

Dr Katharina Frey will retire from her role as a GP partner on 1 August 2025. Dr Ahmed Abbas who runs the surgery alongside Dr Frey is unable to maintain the surgery as a single-handed GP. This means the partners are handing back their contract to provide general medical services at Coniston Village Surgery to the ICB.

The options for the ICB will be to procure a new provider to take over the contract or to close the practice and disperse the patient list. The building itself would not be considered Disability Discrimination Act compliant, however the current partners offer home visits to patients with difficulties accessing the building which has satisfied the CQC.

The patient list size of Coniston Village Surgery is 1,102. Around 60 per cent of the practice list size is of working age and 16 per cent are children. Around 80 per cent of registered patients live in the village, while some patients live a considerable distance away, in areas such as Barrow, Millom and Grange-Over-Sands, who have alternative practices closer to their home.



The views of patients have been sought to support this process and there have been more than 250 responses to a survey, available both online and on paper at the surgery. In addition, more than 100 people attended two face-to-face drop-in engagement sessions and a further 10 spoke to members of the team during a virtual evening drop-in, set up for those unable to attend the drop-ins due to being unable during the day.

A full report of feedback from the engagement will be published shortly.

## **7.4 Lancashire**

Several engagement initiatives continue to develop across Lancashire. These include:

- Engagement networks
- Community conversations
- Pendle partnership priorities
- Ryelands estate residents' engagement in Lancaster
- The befriending scheme in Fylde and Wyre
- Health and Wellbeing partnerships

The bespoke 'Help is Close' suicide prevention campaign developed in North Lancashire has been successfully launched in January.

### **Long-term contractual solution at Dill Hall Surgery**

Dill Hall Surgery is a GP Practice based in Accrington. The registered patient population, often referred to as list size, is 2,767.

General medical services at Dill Hall Surgery have been successfully managed on a temporary basis by the East Lancashire Alliance since December 2023. The temporary contract for the practice in the Acorn Primary Health Care Centre in Blackburn Road will come to an end in December 2025 and planning is now under way to determine the best way forward.

As the organisation responsible for planning and managing primary healthcare services across the region, the ICB must now decide on which course of action to take in order to ensure services can be provided for the long-term future.

In order to support the ICB's primary care commissioning committee in its decision-making, an engagement exercise was undertaken to understand how any potential changes to services would affect registered patients and learn about their experience of the service as it currently is.

A total of 150 people (around 5.3 per cent of the total number of patients registered at the practice) provided feedback. Engagement included an online survey, which ran from Monday 17 February to Monday 3 March 2025, and two face-to-face drop-in sessions which took place on 25 and 28 February.

A full report on the findings of the engagement will be published shortly.

## **8. ICB engagement and involvement projects from December 2024 - February 2025**

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



### **8.1 Male suicide prevention campaign**

Suicide is the biggest killer of men below the age of 49, and to help develop and shape phase 2 of the 'Let's Keep Talking' to prevent suicide campaign, the ICB's suicide prevention team held several engagement events across Lancashire and South Cumbria between 22 January – 11 February.

The engagement sought the input of men, especially those aged 40-54, including men who were part of the Orange Button Holder scheme, used the Staying Alive App or were part of support groups for males.

The engagement took several forms, including online focus group workshops, face-to-face sessions and an online survey. The engagement also shared draft campaign materials and asked for comments, suggestions and ideas to make the campaign as impactful as possible. The aim of the campaign was to raise awareness and reduce the stigma around men's mental health and increase awareness of the Staying Alive App. The campaign would also signpost people to support services via the ICB's male suicide prevention webpages.

The report of findings has been published here: [Male suicide prevention engagement report – March 2025](#)

### **8.2 Women's health hubs**

In December 2024, Lancashire Women (LW) were commissioned by the ICB women's health programme team to engage with women across Lancashire and South Cumbria to understand their health needs, specifically to gather women's views on support for women's health issues, where women's health hubs should be located, how they could be accessed, and any barriers.

Launching in January 2025, LW ran a survey online and also undertook face-to-face engagement with groups whose health views are often underrepresented. The survey closed on 28 February and the face-to-face work continued into March 2025. The results are currently being analysed by LW ahead of an overarching report being ready to present to the ICB on 28 March 2025 with individual reports for each place prepared for mid-end April 2025.

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.

### **8.3 Feedback Fortnight – children's services**

The ICB's children and young people team, together with the communications and engagement team, are undertaking a pilot engagement project aimed at gathering feedback from parents, carers and children about the full range of children's services commissioned by the ICB. Face-to-face engagement sessions and online surveys will be undertaken at Family Hubs, paediatric wards, schools and other venues where children's services are delivered.

The pilot seeks to engage with parents and children where they receive these services and get feedback in real time. It is hoped that the pilot project will identify what service users think about these services and any areas for improvement or change. The pilot ran for the first two weeks of March, hence the title feedback fortnight.

#### **8.4 New Hospitals Programme**

The proposed sites for a replacement Royal Preston Hospital (RPH) and a replacement Royal Lancaster Infirmary (RLI) were announced on 2 December 2024.

A website survey was launched on 14 January 2025, inviting the public to share their views on the proposed sites for two new hospitals, delivered through the government's New Hospital Programme.

Following a government review of the national New Hospital Programme and a significant delay in the expected construction timeline, the local NHS made the difficult decision to suspend public engagement on the proposed sites. As a result, the planned programme of public events and independent market research was cancelled until further notice. The survey closed earlier than planned on 27 January 2025.

Planned engagement that was cancelled until further notice:

- Nine public engagement events being held across Lancashire and South Cumbria, with a focus on venues in the main areas affected by the two proposed new hospital sites, as well as online.
- Roadshows and workshops/focus group sessions, delivered by Healthwatch Together.
- Listening events and focus groups capturing views from specific and targeted health inclusion groups, delivered by Inclusive North.
- Market research using a survey to reach the population through face-to-face, telephone and online, delivered by Influential.
- Internal communications and engagement, 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).

Despite these challenges, the survey successfully engaged 2,055 people, including a diverse range of patients, staff, and carers, who provided valuable feedback.

The open-access nature of the survey methodology, combined with the fact that the full planned engagement programme was not completed - only the online survey - likely limited the ability to reach a truly representative sample. Therefore, data weighting is a crucial step in ensuring the results accurately reflect the demographic profile of Lancashire and South Cumbria.

The final reports summarising the feedback and key insights from this engagement are currently going through internal governance processes for sign off prior to publication.

### **9. 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**

- [Get ready to prevent falls and avoid injuries this winter](#)
- [Time to order your repeat prescription ahead of Christmas](#)
- [Don't spend your Christmas holidays in bed with the flu](#)
- [NHS encourages use of 'Hospital at Home' service over Christmas](#)
- [NHS urges public to help get their family home for Christmas](#)
- [Cancer Alliance aiming to raise awareness and increase cervical screening uptake](#)
- [Avoid A&E this half-term with health advice for parents and carers](#)

### **Signposting**

- [New campaign aims to reduce deaths by suicide by letting locals know 'Help Is Close'](#)
- [Is the festive period making you feel overwhelmed or anxious?](#)
- [Prioritise your mental health this January](#)
- [Pop-up winter vaccines service visiting Lancashire locations](#)
- [Patients in the North West using popular NHS 111 service for winter virus advice](#)

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>