

Approved via email due to Committee closure

**ICB Public Involvement and Engagement Advisory Committee – closure meeting
Wednesday 26 March 2025 at 10:00am – 11:00am**

MS Teams

	Name	Job Title
Members	Debbie Corcoran	Non-Executive Member of the ICB (Chair)
	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair)
	Dr Lindsey Dickinson	Associate Medical Director (representing Primary Care)
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement
	Professor Sarah O'Brien	Chief Nurse
	Phillipa Cross	Place representative (Placed Based Partnership representative – Blackburn with Darwen)
	Michaela Goodridge	Co-production Delivery Lead, Blackpool Council. Place based partnership representative.
Participants	Lindsay Graham	Advocacy and Engagement Director (Healthwatch)
	Naz Zaman	Chief Officer – Inclusive North
	Howard Ballard	Citizens Health Reference Group Representative
	Ann Christopher	Citizens Health Reference Group Representative
	Russell Hodgkinson	Citizens Health Reference Group Representative
In attendance	Sarah Mattocks	Head of Governance
	Louise Coulson (Minutes)	Committee and Governance Officer

Item	Note	Action
Standing Items		
43 24/25	<p>Welcome and Introductions</p> <p>D Corcoran welcomed everyone to the meeting and explained that a review of committee arrangements had been completed as part of a wider governance and committee review led by the ICB Chair. New arrangements for the ICB's oversight of engagement and involvement had been approved by the Board, and the Patient Involvement Engagement and Advisory Committee (PIEAC) would no longer meet from April 2025 onwards.</p> <p>The Chair emphasised the importance of bringing everyone together in a final meeting to review and receive assurance on engagement and involvement reports and update on the forward approach. N Greaves had updated the committee on the new governance arrangements and how this would work moving forward by</p>	

	<p>email.</p> <p>The focus of the new arrangements was to ensure greater public transparency and direct visibility of engagement and involvement at the board level.</p>	
<p>44 24/25</p>	<p>Apologies for Absence/Quoracy of meeting</p> <p>Apologies for absence were received from Debra Atkinson, Director of Governance and Company Secretary, Victoria Ellarby, Integrated Place Leader – South Cumbria, Amanda Bate, Head of Communications and Engagement (Fylde Coast), Andrew Bennett, Director of Population Health and Jonathan Bridge, Head of Population Health - Central and West.</p> <p>The meeting was quorate.</p>	
<p>45 24/25</p>	<p>Declarations of Interest (a) Committee Register of Interests</p> <p>There were no declarations of interest relating to items on the agenda.</p> <p>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
<p>46 24/25</p>	<p>(a) Minutes from the previous PIEAC meeting held on 18 December 2024 and matters arising Minutes from the 18 December 2024 meeting were accepted and approved as an accurate record.</p> <p>RESOLVED: The minutes of the meeting held on 18 December 2024 were approved as a correct record.</p> <p>(b) Action log It was agreed the three items on the action log would be closed. There was no update to be added to the action plan at the close of the meeting.</p> <p>RESOLVED: The actions included on the action log were agreed to close.</p>	
Updates on Engagement Programmes		
<p>47 24/25</p>	<p>Update on new arrangements for Public Engagement and Involvement</p> <p>N Greaves discussed the new arrangements being introduced from April onwards, highlighting the ICB's development of engagement mechanisms since PIEAC was established and the maturity of the committee. The ICB Board would directly consider engagement and involvement, with PIEAC therefore being disestablished, and the Board receiving a quarterly update on engagement, involvement, and communications. The new approach would support the Board to more directly oversee engagement and involvement, with any recommendations direct to the board as needed.</p> <p>N Greaves and other attendees recognised the importance of transparency and visibility of engagement work at board level and to the public. The importance of maintaining open discussions and ensuring that the voice of the community was heard was emphasised. The quarterly reports received by the board would include feedback from the Citizens Panel and updates on insights from engagement and involvement activities drawing out the 'so what' for consideration and any actions.</p>	

	<p>N Greaves shared a set of summary slides of the committee's work since its establishment in October 2022, and members reviewed and reflected on the achievements of the committee and their advice and assurance on key strategies and pieces of work. These included the committee supporting and contributing to:</p> <ul style="list-style-type: none"> • oversight and assurance of the development of the ICB's Strategy for Working in Partnership with People and Communities and supporting framework • creation of policies and staff guidance • successful introduction of various engagement mechanisms such as a virtual citizens panel • establishment of a panel of public advisors • the introduction of a programme of patient stories in both committees and at board • delivery of place-based engagement activities and events and webinars sharing best practice <p>The committee's quarterly reports demonstrating engagement activity since July 2022 had influenced ICB decisions, and the committee had also contributed to the ICB's Framework for pre-consultation engagement and formal consultation to support service change. The partnership agreement with local Healthwatch had also been a positive development with a key system partner.</p> <p>Overall, the committee had aimed to advise on actions to embed engagement and involvement in all aspects of the ICB's work, ensuring that the voices of communities were heard and considered in the ICB's decision-making process. In terms of numbers, the committee's input and advice had assured on implementation of the ICBs responsibilities for engagement and involvement, demonstrated through a programme of activity which included:</p> <ul style="list-style-type: none"> • 30 insight reports being considered from engagement programmes • 3,600 people being listened to at face-to-face events • 12,800 + responding to surveys • 2,000 people being listened to as part of 'Your health. Your future. Your say.' engagement programme about priorities and vision of ICB • 50 citizen advisors being recruited as part of Citizens Health Reference Group, and 2,017 local people signing up to Virtual Citizen's Panel – providing valuable insight and input to support ICB decision-making <p>The impact of the engagement and involvement activity and committee considerations had included influencing the priorities for ICP strategy in 2023 and informing development of the ICB's commissioning intentions – as well as the in-year commissioning for children and young person's mental health services and decisions for 6 GP surgeries. The committee had also advised and assured on the pre-consultation engagement process for at least 6 system transformation service change programmes.</p> <p>In discussions, H Ballard raised concerns about the possible perception of the public regarding the disestablishment of the committee and the need for effective communication to ensure the public understands the reasons behind the changes and that the structural change does not mean engagement and involvement was seen by the ICB as being less important. L Graham and N Zaman echoed these concerns, emphasising the importance of maintaining the voice of communities and ensuring that challenges and advice from community representatives continue to be heard.</p>	
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	<p>L Graham shared her view that the committee had supported the ICB to make progress in impact and joint working in the past 12 months in engagement and involvement. Responding to H Ballard she highlighted that Healthwatch was also currently under review as part of the national review being led by Penny Dash alongside some patient safety organisations. The resulting report was currently awaiting publication and would include feedback to Healthwatch England with any proposed changes, from a government perspective. Prior to Healthwatch there was an organisation called Link and prior to Link, Patient Involvement. Therefore, it was anticipated that this approach would be likely to continue.</p> <p>A Christopher suggested that the reports presented to the Board in future should be more thematic and action-oriented rather than focused on activity. R Fisher and P Cross expressed their appreciation for the work done by the committee and recognised the importance and value of continuing to advocate for public and patient engagement at Board level.</p> <p>N Zaman and A Christopher emphasised the need for continued advocacy for communities and the importance of feedback and reporting. It was recognised that PIEAC had been the only ICB Committee where place, provider and voluntary community and faith sector representatives had come together. N Greaves shared the ICB and team's commitment that close working with all individual partners would continue and he would discuss this directly with N Zaman.</p> <p>D Corcoran shared her belief that the check and challenge given by PIEAC was effective and there had been significant value in bringing system partners together to support advice and assurance to the Board. She reflected on and gave examples of when place based colleagues had updated the committee on priorities and insight through place, along with valuable insight from N Zaman from work delivered by the voluntary faith and community sectors, and L Graham from a Healthwatch perspective. The committee had served the purpose to enable greater communication and understanding and supported removing duplication at system level.</p> <p>S O'Brien discussed the role of the ICB's refocused Quality and Outcomes Committee in ensuring that patient experience was embedded in all aspects of quality assessment and decision-making. She emphasised the need for engagement to be a norm running through everything the ICB undertook and the importance of triangulating insights from engagement work with complaints and patient stories. Members were clear on the importance of engagement and involvement insights and activity being core to the commissioning decisions and processes of the ICB, to affect change and commission effective and 'people centered' services.</p> <p>R Fisher and P Cross highlighted the significance of engagement and the key role of the Board in ensuring effective communication and involvement. S O'Brien discussed the integration of patient experience into the remit of the ICBs new Quality and Outcomes Committee. N Greaves added that although there had been significant improvements from the work of the committee, there were areas which required improvement, and the review of the committees addressed these and provided an opportunity to build on the work of the committee and take positive steps forward in how engagement and involvement of communities was embedded in improving outcomes.</p> <p>D Corcoran outlined the next steps, including the preparation of the first quarterly reports to the Board. The agenda item concluded with restating of the ICB's</p>	<p>NG/NZ</p>
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	<p>commitment to continue working on improving engagement and involvement mechanisms.</p> <p>The Chair shared her thanks with all members for their contributions to the committee's work to-date, and with N Greaves and the engagement team for their support and leadership and looked forward to the focus on engagement and involvement direct to the board in the new arrangements.</p> <p>RESOLVED: The Public Involvement Engagement Advisory Committee accepted the verbal update.</p>	
48 24/25	<p>Public engagement and involvement insights report: Dec 2024 – Feb 2025</p> <p>D Rogers spoke to the report. The report provided members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of insights which had been captured through proactive public and community engagement activities between December 2024 and February 2025.</p> <p>The insight report, contained the summary findings from:</p> <p>Quarterly public perceptions survey D Rogers took the report as read and highlighted the key points. A survey conducted with the virtual Citizens Panel revealed that 70% of the public believed the NHS requires improvement. The survey also indicated that 46% of respondents did not know if the NHS acts on feedback, highlighting the need for better communication and demonstration of impact. The survey results would be used as performance indicators to measure the effectiveness of engagement and involvement efforts.</p> <p>Shaping Care Together – pre-consultation engagement D Rogers introduced the Shaping Care Together initiative and highlighted to those present the significant service change consultation piece of work expected in the coming months.</p> <p>N Greaves mentioned the framework for pre-consultation engagement and formal consultation had been instrumental in projects like the New Hospitals Programme and Shaping Care Together. The initiative involved extensive engagement with communities to gather insights and feedback, which was then used to shape the future of care services and demonstrated the ICB's commitment to involving communities in decision-making processes. N Greaves emphasised the importance of maintaining partnerships with Healthwatch and the voluntary sector to continue to strengthen engagement and involvement work.</p> <p>Male suicide prevention campaign – engagement report D Rogers spoke to the report highlighting that focus groups had been conducted with men to understand their concerns about the current narrative around male suicide and how it could be improved to increase resilience, buy-in, and uptake of the messages. A focus group in Blackburn with Southeast Asian Heritage Men highlighted the high taboo around the subject and the difficulty in communicating and discussing the issues. The feedback from these focus groups had been translated into a campaign, which was currently running and being evaluated for its impact. The campaign had successfully incorporated suggestions from the focus groups, allowing participants to see their input reflected in the final designs and messaging.</p> <p>The report also included the key findings from The Patients Association new report</p>	

	<p>on improving health equity for patients living with cancer and/or blood disorders.</p> <p>D Corcoran thanked D Rogers for an excellent report and his development and delivery of the previous standing reports to all committee meetings. The format had developed and evolved to share rich insight and assurance on resulting actions, and David had played a key role in this, working with the ICBs teams, place and partners.</p> <p>R Fisher praised the report for its quality and the important message it conveys about men's mental health and suicide, particularly among men under the age of 49. He highlighted the stigma men face regarding mental health, viewing it as a weakness, and noted the increasing media coverage on this issue, especially social media. He emphasised the importance of continuing this work and mentioned his past involvement with notable individuals who had spoken out on the subject. He encouraged engagement with young people and applauded the efforts made in the report.</p> <p>S O'Brien agreed with R Fisher's points and added that an update would be provided to the Quality and Outcomes Committee regarding the general suicide prevention program in the ICB. She mentioned that the Director of Public Health in Blackpool, had previously raised some joint work, and there was formal report to the committee. She went on to emphasise the importance of continuous efforts in suicide prevention. She mentioned that it was crucial to keep going with prevention strategies and not to treat it as a temporary program. If efforts are reduced, the rates of suicide can unfortunately start to increase again. She also shared her experience from a different role and place that had the second highest suicide rates in the country.</p> <p>D Corcoran added that the report discussed the importance of balancing opportunities with risks and emphasised the need for clear communication and feedback in quarterly reports to the board, highlighting the statutory responsibility of the board to on engagement and involvement. The report stressed the importance of embedding such principles in board reports and ensuring that the ICB's focus on commissioning includes communities and partners. The report also mentioned the need for the Board to be both challenged and assured that engagement and involvement were embedded in all activities. The report concluded by emphasising the importance of visibility and assurance to the public, partners, and stakeholders.</p> <p>N Greaves commented on the results of the perception survey and emphasised the importance of demonstrating the impact of engagement activities to these participants, as they were directly connected with the work of the ICB. He suggested focusing on shifting the perception over time to ensure that people understand the impact of their feedback.</p> <p>D Corcoran summed up the comments and emphasised the importance of demonstrating the impact of any actions and ensuring that feedback was maintained. She highlighted the continued need for clear indicators and feedback mechanisms to show that efforts are making a difference, not just in terms of statutory indicators but also in terms of overall ICB performance and outcomes. She also mentioned the importance of having these indicators and feedback mechanisms directly reported to the board for better oversight. She expressed hope that the reports, which had been a significant effort by D Rogers and his team, would not be lost and acknowledged the progress made so far.</p>	
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	<p>RESOLVED: The Public Involvement Engagement Advisory Committee was assured that:</p> <ul style="list-style-type: none"> • The ICB has methods and approaches to capture public and patient insight. • The committee was advised of insights acquired through engagement. 	
49 24/25	<p>Public engagement and involvement assurance report: Dec 2024-Feb 2025</p> <p>D Rogers presented this report. The report provided members of the Public Involvement and Engagement Advisory Committee (PIEAC) with a summary of activities related to engagement, involvement and coproduction undertaken by the ICB between 1 December 2024 and 28 February 2025.</p> <p>The report sought to provide assurance to the committee and the ICB Board for the delivery against the 'Strategy for Working in Partnership with People and Communities' across the ICB and embedding the principles of public involvement and engagement, demonstrating how the voice of our communities was central to decision-making and service delivery.</p> <p>The report also summarised 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 included updates on our key mechanisms for engaging with communities, a summary of how we had engaged within each of our places during the last quarter and an overview of the system-wide engagement activities we had undertaken, including Women's Health Hubs and the New Hospitals Programme.</p> <p>S O'Brien discussed the importance of embedding engagement and patient involvement in everything the organisation does and ensuring that the Board was assured of this approach.</p> <p>R Fisher acknowledged the contributions of Debbie Corcoran as an advocate for public and patient engagement and emphasised the importance of continuing to engage with communities.</p> <p>D Corcoran and N Greaves thanked all present for all their time, work and commitment to the committee – and the impact it had achieved.</p> <p>RESOLVED: The Public Involvement and Engagement Advisory Committee:</p> <ul style="list-style-type: none"> • 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. 	
Standing Items		
50 24/25	<p>Items referred to other committees</p> <p>No items to refer to other committees.</p>	
51 24/25	<p>Any Other Business</p> <p>There was no further business.</p>	
52 24/25	<p>Items for the Risk Register</p> <p>No items for the risk register.</p>	
53 24/25	<p>Committee Highlights Report to the Board Advise / Alert / Assure</p> <p>Agreed to be produced by the Chair.</p>	DC

54 24/25	No further meetings of the PIEAC would be held.	

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