

Integrated Care Board

Date of meeting	22 January 2026
Title of paper	Working with People and Communities - Insight Report
Presented by	Neil Greaves, Director of Communications and Engagement
Author	Neil Greaves, Director of Communications and Engagement
Agenda item	10
Confidential	No

Executive summary				
<p>Public engagement and involvement is an essential component of making sure that effective and efficient health and care services are provided to people and communities. The ICB hears views from members of the public from a range of different sources including proactive engagement and outreach, general enquiries, complaints, subject access requests and population health approaches to community mobilisation with communities and partners.</p> <p>This report describes proactive engagement and involvement activity which supports listening to public voices as part of commissioning, transformation and local population health programmes across the organisation and local Healthwatch.</p> <p>The report describes insights and key themes from public outreach and engagement activities since the previous Board meeting and from partner organisations and national initiatives and how these are being considered by the ICB.</p>				
Public and Stakeholder Engagement				
Evidence of public and stakeholder engagement is described throughout the report.				
Recommendations				
<p>The Board is requested to:</p> <ul style="list-style-type: none"> Note the contents of the report and the insight captured from engagement and involvement activities. 				
Which Strategic Objective/s does the report relate to:			Tick	
SO1	Improve quality, including safety, clinical outcomes, and patient experience		✓	
SO2	To equalise opportunities and clinical outcomes across the area		✓	
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			
SO4	Meet financial targets and deliver improved productivity		✓	
SO5	Meet national and locally determined performance standards and targets		✓	
SO6	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	
ICB Executive Committee	13.01.2026		Discussion on insights captured.	
Conflicts of interest associated with this report				
Not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed				Equality and Health Inequality Impact Assessments are carried out as part of the process for engagement and involvement programmes
Data privacy impact assessment completed			✓	

Report authorised by:	Aaron Cummins, Chief Executive
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Integrated Care Board – 22 January 2026

Working with People and Communities - Insight report

1. Introduction

- 1.1 Public engagement and involvement is an essential component of making sure effective and efficient health and care services are provided to people and communities. By reaching, listening to, involving and empowering our residents, patients and communities, we can ensure that there is greater understanding of the needs and impact of decision making. The NHS in Lancashire and South Cumbria is committed to putting the needs, experiences and insights of our population at the heart of all we do. This is a key principle of population health improvement and how we work with communities to meaningfully involve them in the design of solutions.
- 1.2 This report provides an update on public engagement, involvement and patient experience activities from the ICB and the insights from patients and communities in Lancashire and South Cumbria since the previous Board meeting in November. In addition to work of the ICB, the report captures engagement from partners, including local Healthwatch who share insights through regular partnership meetings.

2 Public involvement in the ICB clinical strategy and five-year commissioning strategy

- 2.1 Listening to our communities, considering feedback from our population and responding to what we have heard as an organisation are important considerations in the development of the ICB's clinical strategy and the local response to the 10-Year Health Plan, including the five-year strategic commissioning plan.
- 2.2 Throughout November, insights which have been captured over the past two years from ICB engagement, partnership working in neighbourhoods, Healthwatch and VCFSE partners were thematically reviewed. This is being used to ensure the foundations of our plans for Lancashire and South Cumbria are built upon our understanding of the experiences people face when using services and local perceptions and insight. It is clear that using data and intelligence from our communities, along with further listening to communities through local neighbourhood initiatives and interventions and capturing experiences of using health and care services are key components of strategic commissioning.
- 2.3 An engagement session with members of the public, patient group and community organisation representatives took place in November which was attended, both virtually and in person, by more than 40 members of the public and their representatives. The workshop event helped to identify some of the key

issues that matter to people when accessing health services with lively debates happening both in the room and online.

- 2.4 The outcome of the workshop was that a number of core principles were identified during the session, such as the importance of person-centred care and holistic health approaches, as well as equity and inclusion, specifically around access to services for people from differing and/or socially and economically disadvantaged backgrounds.
- 2.5 Additionally, participants felt that the ICB should engage with the public and specific community groups to gauge perceptions about how the ICB invests in communities, how we commission for health equity and how we can challenge and change expectations in how care may be provided in different ways in the future. The next step from January is a programme of targeted outreach engagement to further listen to communities about these issues, including outreach with diverse groups and communities.
- 2.6 A clinical engagement event is planned to take place in the coming weeks which will provide an opportunity to ensure we acknowledge and respond to the public insights by bringing together clinicians from a range of specialties to gain vital input and insight in the development of the strategy and helping to demonstrate how we have listened to our population and local communities.
- 2.7 In addition, the ICB has been engaging with, and involving partners from health and wellbeing boards, local authorities, the voluntary, community, faith and social enterprise sector and elected members on the underpinning five-year strategic commissioning plan. This engagement is complementary to the engagement undertaken on the clinical strategy and provides partners the opportunity to ensure the plans are developed with partners able to contribute to how the system works together to improve outcomes for communities.

3 Supporting public involvement through patient participation groups

- 3.1 Patient Participation Groups (PPGs) are groups of volunteer patients who work with and support GP practices to support service improvement and provide a voice for patients. PPGs are a part of the GP contractual requirement. There is a clear benefit for involvement and engagement of communities across Lancashire and South Cumbria for the ICB by supporting practices to have well developed and actively engaged patients and local voices which is evidenced by primary care commissioning activity over the past three years.
- 3.2 In order to gain an understanding of the PPG landscape across Lancashire and South Cumbria, the ICB captured responses from 178 of the 195 practices in the system between July and November. Practice managers (or an alternative staff member) shared insights about their PPGs, how they operate and examples of good practice and positive impact from working with their patient groups.
- 3.3 The purpose of the review was to identify which practices need support and the type of support required, and to understand how the ICB as a function is able to support the development of and ongoing engagement with PPGs and listening

to local voices. This has provided some excellent insight into current experiences of GP practices in terms of their patient participation groups and their attitudes with regards the ongoing development and utilisation of patient voices.

- 3.4 Ensuring PPGs are in place in a meaningful way is important to supporting broader listening and service improvement across the health and care system and in neighbourhoods.
- 3.5 Key insights include:
 - Of those who responded, 24 stated they did not currently have a PPG. Of those with a group, there are varying degrees of engagement and/or activity.
 - A number of practices stated they are reestablishing patient participation groups in addition to exploring more collaborative PCN-wide models of engaging with patients and local communities.
 - Many report difficulties in recruiting people to join their groups, particularly from the younger demographic, and a number have continued to find it difficult to resume PPG activity since the COVID-19 pandemic.
 - The majority of groups have memberships of 10 people or fewer. Thirty-one per cent have between one and five members, 39 per cent between six and 10. Only seven per cent of practices report a membership of more than 25.
 - More than half of groups meet quarterly, and 75 per cent meet face-to-face, which is a significant increase from the findings of a similar exercise carried out three years ago when attitudes to face-to-face meetings was still cautious due to the recent pandemic.
 - PPGs are described as an excellent tool for practices where they are utilised effectively. Achievements include supporting patient engagement through newsletters and surveys, supporting health promotion events, offering support at vaccination clinics, charity fundraising and campaigning on behalf of practices to support service improvements.
- 3.6 Through this exercise, GP practices have been able to outline some support requirements for the ICB, including in recruiting new members, establishing or reintroducing groups, support with guidance and leadership, resources and sharing best practice.
- 3.7 In response to the review, the following key actions will be progressed by the ICB to support GP practices and PPGs across Lancashire and South Cumbria:
 - Support the 26 practices stating they do not have a PPG to establish a group.
 - Establish a network of PPGs at a system and place level to support sharing best practice.
 - Establish an annual conference event to bring together PPGs, practice staff and ICB staff in an effort to share best practice and provide valuable support, training and information.
 - Arrange peer support opportunities for interested groups to help them learn from successful groups in other parts of Lancashire and South Cumbria.

- Develop support on recruitment and managing groups including template social media assets, messaging, terms of reference, confidentiality policies and agenda templates to support practices.

4 Listening to women and families to improve maternity and neonatal services

- 4.1 Listening and responding to women and families is an essential part of providing safe and high-quality maternity and neonatal care. Listening to women and families with compassion improves the safety and experience of those using maternity and neonatal services and helps address health inequalities. Maternity and neonatal voices partnerships (MNVPs) aim to ensure that service user voices are at the heart of decision-making in maternity and neonatal services.
- 4.2 In November, the ICB worked with maternity and neonatal teams from Trusts and the partnership of local Healthwatch (Healthwatch Together) to consider how redesigning the model for MNVPs in Lancashire and South Cumbria may strengthen listening and acting on local voices. This included listening to the views, experiences and ideas of the maternity and neonatal voice partnership leads, who are hosted by Healthwatch Together, who undertake valuable listening and representing local voices within Trusts and across the system. Feedback included
- 4.3 Using this feedback, and learning from other health systems across the country, the ICB aim to work with the Trusts, MNVP leads and local Healthwatch to develop and implement a new model of providing maternity voice partnerships and improved listening to women and families.

5 ‘Check it, don’t chance it’ - empowering communities to recognise common symptoms of cancer

- 5.1 ‘Check it, don’t chance it’ is an awareness campaign set to help improve early diagnosis of cancer and improve outcomes, launched on Monday 12 January in Lancashire and South Cumbria. The Act on Cancer website is available at - actoncancer.co.uk/checkit



- 5.2 The key messages have been developed using insight and engagement work by the Lancashire and South Cumbria Cancer Alliance including surveys and workshops with local people and partners. We listened to 791 survey responses and three group workshops with South Asian ladies in Preston, New Era ladies in Burnley and a men’s group in Blackpool.
- 5.3 Insight from engagement shaping the campaign included:
- Key barriers: Difficulty accessing GPs, lack of confidence in identifying symptoms, and fear of not being taken seriously
 - Preferred messaging: Positive, action-oriented language (“Let’s Beat Cancer”, “Talk. Check. Act.”) and simple, direct communication.

- Engagement tips: Use real people in visuals, place messages in community settings, and provide translated materials for diverse groups.
- Overall: Campaigns should be clear, relatable, and encourage early action on cancer symptoms.

5.4 The ambition of the campaign is to make cancer conversations part of everyday life by empowering communities to recognise common symptoms, take up screening, challenge myths, and overcome fear and stigma. This approach will be amplified through work with the voluntary, community, faith and social enterprise sector and two major Cancer Alliance programmes which continue in 2026, these being the VCFSE Small Grants Programme and Cancer Community Champions – volunteers sparking conversations and sharing vital information in their local areas.

6 Volunteer citizen advisor involvement

6.1 The Citizens Health Reference Group of volunteer public advisors continues to meet quarterly and provide support to specific workstreams on a regular basis. The group met face to face in December where members were introduced to chief executive, Aaron Cummins, and discussed the development of the ICB’s commissioning intentions for 2026/27.

6.2 Members asked questions and provided valuable feedback on what they had heard, with comments on the commissioning intentions highlighting the need to improve the NHS estate in some areas and the importance of this work being managed collaboratively with social care partners.

6.3 Members have recently become involved in work to transform frailty services and have attended meetings with programme teams in the ICB. There are also plans to involve the members in a visit to the National Frailty Collaborative in London. The group were also invited to take part in the clinical strategy workshop for patients and stakeholders in December.

6.4 Members of the group have been trained to take part in procurement evaluations and individuals will support an evaluation for a new provider of general medical services at Coniston Medical Practice.

7 Engagement activity between November 2025 and January 2026

7.1 The table below highlights additional engagement and involvement activities by the ICB in addition to those mentioned above:

Table 1:

Additional ICB engagement and involvement activity	
Engagement with elected members (MPs, Councillors, Health and	The ICB regularly engages and works with elected members as important representatives of local communities and providing a way of hearing and responding to constituent voices. This includes proactive engagement with MPs and

<p>Wellbeing Boards and health scrutiny committees)</p>	<p>local Councillors through Health and Wellbeing Boards and health scrutiny committees.</p> <p>Key themes from November to December include:</p> <ul style="list-style-type: none"> • Presentations to Health and Wellbeing Boards in Blackburn, Blackpool on the 5-year commissioning plan with sessions planned in January and February with Lancashire and Westmorland and Furness. • Discussing examples of service change and transformation programmes with health scrutiny committees in four of our local authorities. Topics included Shaping Care Together, orthodontics, vascular, population health improvement, urgent care and the 10-Year Health Plan. • Managing 23 MP queries and holding meetings involving more than half of MPs in our area, including an MP engagement session discussing neighbourhood health improvement, Continuing Healthcare and weight management services. Other topics of discussion and queries included service changes, dental services, neighbourhood health centres, prevention health, pharmacies, breast cancer screening, GP practice commissioning, Shaping Care Together and referrals to elective care.
<p>Reviewing 17 clinical policies</p>	<p>NHS Lancashire and South Cumbria ICB regularly reviews its clinical policies to ensure they reflect the latest evidence-based guidance and best practice. This is a rolling programme and sometimes results in changes being made to the policies. In September 2025 the decision was made to review a tranche of 17 policies.</p> <p>Policies were changing based on updated national guidance, clarifications on specific points, remove ambiguity or formal local adoptions of agreed national policy. For many there are no changes to the policy in terms of provision of treatments and therefore no impact on patients and some of the policies are changing to allow for increased provision. A small number are proposed to change in a way that would reduce provision of treatment for some people.</p> <p>In November and December, opportunities for the public to review the proposed changes to each policy were shared to hear views on whether they agreed with the changes or if</p>

	<p>they would negatively impact people in a way that was unfair or harmful.</p> <p>Initial findings are that a total of 53 people responded which will contribute to the policy reviews and adoption of the final policies.</p>
Engagement to support specialist paediatric oral health needs assessment	<p>The ICB has commissioned Spring North to support with on-the-ground engagement, with staff visiting clinics to speak with families attending appointments to understand their experiences of services and the pathway.</p> <p>Almost 100 patients/parents have been spoken to as part of this exercise. Responses so far show that overall feedback is highly positive. Families appreciate the tailored approach, clear communication, and the way staff accommodate special needs, making children feel comfortable and even enjoy appointments. Respondents value reasonable adjustments and detailed explanations provided to both parents and children.</p> <p>However, there are notable areas for improvement. Access to NHS dentists is difficult, and families experience long waiting times and challenges booking appointments. Referral processes are described as overwhelming and frustrating. Appointment scheduling is restrictive, inconvenient for working parents and cancellations at short notice due to staff sickness add to the difficulty. Parents also suggest more specialist children’s dental services should be available. The feedback will be used to support further involvement in service improvement.</p>

Table 2:

Public insight reports	
Listening to people in Barrow on Level 3 Critical Care services	<p>Public engagement events were held throughout October and November regarding the future of Level 3 critical care services at Furness General Hospital (FGH). In addition to 13,000 signatures on a petition and 2,000 letters of objection, we received over 250 other written responses (emails, letters, social media comments) and views of more than 400 people were captured from public meetings and drop-in sessions. The aims were to gather feedback, suggested alternatives to consider and help reduce misinformation on the subject.</p>

	<p>The majority of participants expressed strong opposition to the permanent removal of ongoing Level 3 ICU care from FGH. The public suggested a range of alternative solutions, including innovative recruitment, rotational posts, collaboration with local industry, establishing a tele-ICU model and improved risk assessment and contingency planning. There was also a clear call for all options to be robustly examined and transparently communicated.</p> <p>The ICB is following a rigorous and regulated legal process, which includes producing a Case for Change and Pre-Consultation Business Case that need approval from the ICB Board and assurance on the robustness of the process and proposals from NHS England as part of the national service change process. This will include a further appraisal of clinically viable options that meet the public consultation criteria and could then be consulted upon.</p>
<p>Conversations about Cancer – Healthwatch Blackpool</p>	<p>Healthwatch Blackpool were commissioned by the ICB to explore cancer awareness and barriers to early diagnosis in Blackpool to contribute to the cancer early diagnosis campaign. Blackpool has a significantly higher cancer prevalence and mortality rates, compared to national averages. 1906 local people contributed their insights. Key themes include:</p> <ul style="list-style-type: none"> • the majority of people feel somewhat confident in their ability to identify cancer signs and symptoms • many people have limited knowledge of cancer symptoms. This is worsened by a general lack of education and a distrust of healthcare professionals, who are perceived as being “dismissive” at times • the main reason residents would delay seeking support from their doctor is due to difficulties accessing GP appointments, fear and feeling a “burden” on the NHS • awareness and participation in cancer screening were relatively high in Blackpool with barriers shared around understanding eligibility for certain screening programmes • individuals would like more emotional and practical support such as counselling, group support or family-focused care for both patients and loved ones.

8 Recommendations

8.1 The ICB Board is requested to:

- Note the contents of the report and the insight captured from engagement and involvement activities

Neil Greaves, Director of Communications and Engagement

8 January 2026