

Integrated Care Board

Date of meeting	19 March 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	8
Confidential	No

Executive summary				
<p>Public engagement and involvement are essential components 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 the insights captured from proactive engagement and involvement activity and describes how this has been used to develop the five-year commissioning strategy. The report sets out how the ICB will work with people and communities in the implementation of the plan.</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	10.03.2026			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 – 19 March 2026

Working with People and Communities - Insight report

1. Introduction

- 1.1 Public engagement and involvement are essential components 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 how community insights have been embedded into the five-year strategic commissioning plan and how engagement, involvement and coproduction will help enable delivery of the plan.

2 Using public and community insights to develop the five-year strategic commissioning plan

- 2.1 Lancashire and South Cumbria ICB has gathered a significant amount of insight in relation to people's experiences of services, perceptions and feedback. These have been captured in the following ways:
 - Community participation initiatives in neighbourhoods
 - Public engagement activities
 - Surveys
 - Specific service change engagement activities
 - Complaints, concerns and positive feedback
 - Patient experiences
 - Outreach through community partners
 - Partnership working with local Healthwatch
 - Working with public and community representative and voice groups
 - Working with partners in our places and neighbourhoods
- 2.2 The public and community insights have been collated and themed to demonstrate what is important to local people in relation to the services commissioned by the ICB. This has been used to support the process for determining commissioning intentions and has contributed to the development of the five-year strategic commissioning plan. These key themes of what matters to local people are summarised in the table below:

Table 1: summary of insights about what is important to our communities

Community services	Primary care	Acute services
<p>Community centred care: flexible, accessible care as close to home as possible</p> <p>Coordination and integration: There is a strong desire for care to be joined up and coordinated.</p> <p>Effective, clear and understandable information and communication</p> <p>Better use of technology: Many already using or willing to use technology. Some see technology as a barrier.</p> <p>Person-centred care: Care should be tailored to the individual needs of patients and involve them in decision-making processes.</p> <p>Waiting times and direct access: Timely care, reduced waiting times and direct to services.</p> <p>Accessible and equitable services: People want to be able to access services easily with the same opportunities for all.</p> <p>Support for carers ADHD and Autism: Both children and adults would like reduced waits for assessment and delays. Right to choose, shared care arrangements, referrals, prescribing, and post diagnosis support are important in this area.</p>	<p>Appointments: Being able to get an appointment with the majority still preferring for that to be face-to-face. Patients prefer to see a GP, rather than another clinician.</p> <p>Contact: People still prefer to be able to contact their surgery by telephone. Online services need to work well. Technology can be a barrier not an enabler.</p> <p>Accessibility: Availability of local services, close to home and suitable for people with disabilities.</p> <p>Local arrangements: Rural communities and local geography should be considered for services that communities come to depend on.</p> <p>Consistency: People value consistency. For example, seeing the same GP for each appointment or going to the same known location.</p> <p>Medicines management and prescribing access to weight loss services and medication, prescribing rules and availability of branded medication. Community pharmacy is described as working well and people feel this should be used more often.</p> <p>Dental access: people have said they want more availability and reduced cost.</p>	<p>Accessibility: Public transport needs to be robust, access for people in rural or remote areas, working people need 24-hour access.</p> <p>Parking at hospital: Availability of parking spaces, cost and proximity to entrances.</p> <p>Navigating complex services through better information, awareness and communication.</p> <p>Services in the community: Integrated local health and social care services with more urgent care.</p> <p>Reduced waiting times and capacity</p> <p>Appropriate staffing of services</p> <p>Integration of services: Improved coordination, smoother transitions, common data/information to avoid repetition. Avoiding multiple appointments at different locations.</p> <p>Digital barriers: Fear of scams and fraud. Incompatibility of IT systems between different healthcare providers. Tech seen by some as a barrier.</p> <p>Greater clarity, excellent communication and direct access to named healthcare</p>

<p>Continuing health care: Important to have timely assessments, consistency in eligibility and funding, responsiveness of care, provision of care and clear communication.</p>		<p>workers when transitioning from child to adult services. Designing buildings and services that cater for everyone's specific needs, including people with disabilities, frailty, specific sensory needs, and people with mental health conditions.</p> <p>Greater transparency and trust in decision-making for commissioning decisions.</p>
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- 2.3 Insights, along with the emerging commissioning intentions, have been tested with citizen advisors through workshop sessions as part of the commissioning intentions process. This allowed for the themes to be tested and iterated and to ensure the commissioning intentions broadly align with the public insights and expectations.
- 2.4 There is need for public education and greater public awareness to shift some expectations and describe changing ways of delivering services. Examples include the understanding of different roles in primary care and making changes to local services where there is a strong clinical evidence base. It is evident that this will be challenging at a point of low trust from communities.
- 2.5 The insights were used by commissioning teams and partners to ensure the foundations of our plans for Lancashire and South Cumbria and commissioning intentions are built upon understanding the experiences people face when using services and local perceptions. Using data and intelligence from our communities, along with further listening to communities through local neighbourhood initiatives, are key components of strategic commissioning.
- 2.6 Codesign, coproduction, engagement and involvement are important to delivering and implementing the shift to community and neighbourhood-based models of care and the development and delivery of commissioning intentions. Therefore, the insights above are a helpful starting point for understanding communities however, we need to work with communities to develop deeper listening, understanding and involve people in community-based solutions.
- 2.7 There are positive examples in Lancashire and South Cumbria where place, population health teams, commissioners and partners are delivering this work in partnership with our communities. Some of these examples have been shared in community experiences at the Board or as case studies from working in priority wards and with VCFSE partners.
- 3 Working with people and communities to deliver strategic commissioning priorities**

3.1 Our five-year strategic commissioning plan focuses on improving quality, outcomes, and financial sustainability to deliver the ambitions of the 10 Year Health Plan, which emphasises prevention, integration, and reducing health inequalities. By embedding the voices of people and communities into governance, commissioning decisions, service design and our neighbourhood health models, we can help ensure care delivery is patient centred, equitable, and responsive to local needs and that local people are at the heart of health and care decision-making.

3.2 The ICB has adopted the ambitions set out in the national [Working with People and Communities statutory guidance](#) which aim to build positive, trusted and enduring relationships with communities to improve services, support and improve outcomes for people. This means a health and care system that:

- Listens more and broadcasts less.
- Undertakes engagement which is ongoing and iterative, not only when proposing changes to services.
- Is focussed on and responds to what matters to communities and prioritises hearing from people who have been marginalised and those who experience the worst health inequalities.
- Works with and through existing networks, community groups and other places where people identify and feel comfortable.
- Develops plans and strategies that are fully informed and understood by people and communities.
- Learns from people and communities, using insight, data and a range of approaches to understand whether their needs are being met and what their priorities, ambitions and ideas are.
- Provides clear feedback about how people’s involvement leads to improvement.
- Invests in different approaches to working with people and communities, enabling them to contribute meaningfully in ways that are safe and accessible for them.
- Shares power with communities so they have a greater say in how health services are shaped and can take responsibility to improving their health.

3.3 The ICB intends to build on what works well and continue developing robust patient engagement infrastructure at a strategic and system level. This includes:

Strengthening mechanisms for involvement and engagement	<ul style="list-style-type: none"> • Continue to develop and support citizen advisors to come together to influence ICB strategies and system transformation and commissioning priorities. • Grow a virtual Citizens Panel to contribute public perspectives, insights and experience data. • Develop connections with Patient Participation Groups in GP practices and Trust patient experience networks to share good practice and embed public voice in commissioning priorities.
Community-centred approaches in our	<ul style="list-style-type: none"> • Work closely with partners and communities in neighbourhoods to ensure that effective mechanisms

places and neighbourhoods	<p>provide a supportive and welcoming environment for meaningful co-production.</p> <ul style="list-style-type: none"> • Community-centred approaches build on existing assets to support communities to take more control over their lives and their areas.
Strengthening partnerships with VCFSE and local Healthwatch	<ul style="list-style-type: none"> • Value relationships with partners who have an important role in hearing and representing local community voices and championing patients such as voluntary, community, faith and social enterprise sector and local Healthwatch. • Further developing our partnership with local Healthwatch to strengthen public voice contributions to commissioning, place and neighbourhoods.
Use existing information and insights where possible	<ul style="list-style-type: none"> • Make best use of existing information to be efficient and avoid asking people to repeat themselves. This helps to ensure involvement is focused, meaningful and avoids duplication. This helps to identify gaps for deeper listening and involvement.
Codesign, engage and involve in commissioning and service change	<ul style="list-style-type: none"> • Embed insight-driven strategic commissioning, coproduction of services, and building trust by using appropriate community engagement, involvement and coproduction.
Build capacity and capability in the workforce	<ul style="list-style-type: none"> • Involve, engage and coproduce with partners, stakeholders, staff and communities as part of organisational culture. • Build capacity and capability in the workforce to implement coproduction and engagement methodologies.

4 Citizen advisor and virtual Citizens Panel involvement

- 4.1 The Citizens Health Reference Group, made up of volunteer public advisors, continues to meet quarterly and provide support to specific commissioning intentions and programmes on a regular basis. The group met face to face and virtually in March where members reviewed engagement approaches and took part in workshops to recommend improvements to ways of working for the group and involvement approaches.
- 4.2 Members have been involved in testing a survey to help understand perceptions and views in relation to principles set out in the five-year strategic commissioning plan and developing ICB clinical strategy. This includes capturing insights relating to how the NHS invests in communities, perceptions on health equity and modern general practice.
- 4.3 More than 2,300 people have registered to be part of a virtual Citizens Panel and as such take part in research, surveys and engagement opportunities on a regular basis. Over the past month, the panel members have contributed their views on clinical policies, ADHD and ASD services and the commissioning plan survey.

5 Insight reporting, community experiences and case studies

- 5.1 Insight reports from ICB engagement activities are published on the ICB website at lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us-1/what-youve-told-us
- 5.2 Community and patient experiences are available on the ICB website at lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us-1/lived-experience
- 5.3 Case studies in our neighbourhoods and places highlight innovative, community-drive approaches to reduce health inequalities and improve outcomes for our most disadvantaged communities. These can be found here: lancashireandsouthcumbria.icb.nhs.uk/our-work/prevention-and-health-inequalities/population-health-academy/population-health-case-studies

6 Recommendations

- 6.1 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

9 March 2026