**PIEAC workshop meeting notes – 29 September 2022**

**Attendees**: Pam Bowling, Neil Greaves, Louise Barker, Lindsey Graham, David Rogers, David Blacklock, Debbie Corcoran, Sarah James, Tricia Whiteside, Jeremy Scholey, Joe Hannett, Chantelle Bennett.

Debbie Corcoran explained that the purpose of the workshop was for a practice run of the plan for a deep-dive into key areas of business at each meeting and to look ahead to the first formal meeting of the Committee.

1. **Practice public engagement and involvement deep dive: New Hospitals Programme - presented by Louise Barker**

NHP slide deck to be circulated

Engagement focused on core areas e.g. Lancaster and Preston

Focus on marginalised communities and health inclusion groups

Travel and accessibility biggest concerns- need to be future-proof and sustainable

'Your Hospitals, Your Say' outlines findings

What would be the role of PIEAC in NHP?

Reflections on the deep dive process:

**DB**- impressive presentation- sound framework for getting engagement right. How do we do this with less resource and tighter timeframes?

**JH**- Properly resourcing projects delivers powerful hard-to-deny outcomes. Need dedication of resource to process- takes a lot of time and resource to reach marginalised groups; going through VCFSE groups is a good way to embed partnership working. 'Clever Together' - great organisation to work with but costly and resource-intensive. NHSE have a similar tool.

**NG**- how do we put processes in place- gateway processes so engagement/ committee approval isn't a tick-box exercise? How do we keep oversight on system priority

**TW-** can we clearly demonstrate how principles are applied in practice? Sets the context relative to assurance agenda; how to action training for staff around inclusion? How do we apply learnings from NHP to other work programmes?

**SJ** - we won't always have time and resources- what principles can apply from NHP when we don't have resource?

**LB-** not clear how we turn recommendations into actions- not always clear how to find out who is the person who will turn info into actions (**TW-** this should be the SRO)

Areas of development.

Key areas of development for engagement and involvement: (i) Strategy for working with people and communities (ii) Development of the engagement model:

**TW-** where is Dental in ICB strategy?

**DC-** can we check partners are aware of strategy? How to embed into work- needs discussion with Provider Collaborative

**NG-** information will be available on ICB website - pg 75/ 76 of info pack - pg 77 breaks down definition and meanings of work with Healthwatch/ what will be set up in localities around engagement- Community Ambassadors- local work supporting PPGs/ PCNs

**JH-** rurality and rural communities are often missed out in practice- want to see inclusion of rural as well as urban

**TW-** haven't yet agreed what 'neighbourhood' means. Recovery College is real coproduction in the community as grass-roots level

**NG-** embedding coproduction into ways of working in partnership with Population Health programme. How do we empower staff/ workforce/ leaders to community mobilisation?

**DC-** need to build in reflection at the end of PIEAC meetings.

1. **Update on progress of Healthwatch Together projects to support engagement and involvement**

**DB-** mapping opportunities for engagement at a local level. Staff continue to go out and speak to communities- gain assurance that what we're told is happening in communities really is e.g. PPGs in GP surgeries; the reality is very different from what the surgeries report. Need to collaborate on improvement e.g. support and guidance. Need 6-12 events, at least 1 per area. South Cumbria likely to be first place to host engagement event; however, one event per place is exclusionary to other areas within that Place e.g. Barrow events will exclude those further into Cumbria. Need a local steering committee to tailor to place.

Community ambassadors- using survey model where participants are paid for their time- needs a bit more thinking. start with Community Ambassadors to test the model initially. How do we do great engagement with a tiny bit of time and resource?

**JH-** ARC Northwest has access to public ambassadors- will send DB a contact.

**TW-** need to frame structure of conversations both face to face and digital- combination is vital. Fuller report intelligence is based on a flawed model e.g. self-report by GP surgeries about PPGs.

**SJ**- happy to be contact for Central. Time Credits programme- can link Healthwatch into that. Want a much clearer process for engagement going forward e.g. calendar of engagement.

**DB**- re: PPGs- doesn't seem 'real'- quality isn't where it needs to be due to national pressures on organisations to meet compliance targets. Healthwatch can support.

1. **Look ahead to first committee meeting:**

(i) Terms of reference - have been shared and approved by ICB Board but welcomed feedback of how this fits with workplan.

(ii) Committee membership - don't have a public ambassador - are we confident there are other mechanisms in place to get real people's voices into PIEAC?

(iii) Agenda planner - happy with this? Welcome suggestions for areas for deep dive.

(iv) Draft assurance report/ Public and community insights report - **NG & DR** - Balance between qualitative and quantitative.

**TW-** assurance- how is this enacted and what is it telling me- what do I need to conclude? - so what?

**SJ-** ICB is *not* there to assure the work of partners, but it's very important to know what partners are doing. Place development is iterative.

**NG-** really iterative- huge challenge to bring whole-ICB insight together. Might be an issue calling it an 'assurance' report.

**DC** **summary** – more thought to be given to VCFS references, time and representation; further discussion on work with Quality Committee around Insight Report; intelligence on updates from partners will evolve.

1. **Any other business**

**JH-** Suffolk and NE Essex coproduction- how do we get insight and coproduction as the first action not last?

**NG**- engagement toolkit should support this- DR will take an action around this, cross reference it and look at how does that fit with what we have been developing around right ways to go about coproduction in certain programmes.

**NG-** membership- want representatives/ governors from Trusts. Need a process to identify and mobilise. NG to write to Company Secretaries at Trusts and invite expressions of interest. Also Healthwatch and relevant VCFSE membership of PIEAC not yet identified. DC agreed to having standing/equal membership. Neil and Joe to discuss VCFSE representation.

**TW**- assurance agenda- who is holding whom to account? Who is sitting at the table to be held to account? Noted recent appointment of senior ICB leader for planning and performance.