

## Public Involvement and Engagement Advisory Committee

Title of Paper	Public engagement and involvement assurance report – October to November 2022		
Date of Meeting	26 January 2023	Agenda Item	2.1

Lead Author	David Rogers, Head of Communications and Engagement	
Contributors	Neil Greaves, Director of Communications and Engagement, Marco Giannini, Communication and Engagement Manager, Jeremy Scholey, Engagement Manager, Chantelle Bennett, Engagement Manager, Shelley Whittle, Engagement Manager,	
Purpose of the Report	Please tick as appropriate	
	For Information	✓
	For Discussion	✓
	For Decision	✓

### Executive Summary

The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary on activities and insights related to engagement, involvement and coproduction undertaken by the ICB between 1 October and 30 November 2022.

This report seeks to provide assurance to the committee and the ICB Board for the delivery against the strategy for working with people and communities across the ICB and embedding the principles of public involvement and engagement. This includes establishing an engagement and involvement infrastructure which is able to demonstrate how public voice is at the heart of decision making and service delivery in the ICB.

The report also summarises engagement, involvement and co-production activity supporting priority system transformation programmes and other ICB programmes of work.

In addition, the report also provides a summary of public and patient insight received by partner organisations across the integrated care system for consideration by the committee.

This report is the second report, and while the format was broadly approved at the first meeting of the PIEAC, the report is still very much in development with an opportunity to improve the way information is presented and insight from across the system, including system partners is included within the report based on feedback from committee members.

### 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 and involvement activity undertaken across the ICB and the resulting insights shared in the report

<ul style="list-style-type: none"> <li>Note the forward view of upcoming engagement, involvement and co-production activities for the next period</li> </ul>			
Equality Impact & Risk Assessment Completed	Yes	No	✓ Not Applicable
Patient and Public Engagement Completed	✓ Yes	No	Not Applicable
Financial Implications	Yes	No	✓ Not Applicable
Risk Identified	✓ Yes	No	
If Yes : Risk	Lack of effective involvement and engagement across the ICB RISKS an inability for the ICB to make sure effective and efficient health and care services are delivered, decision making which does not take public insight into consideration and lack of empowerment within our communities.		
Report Authorised by:			

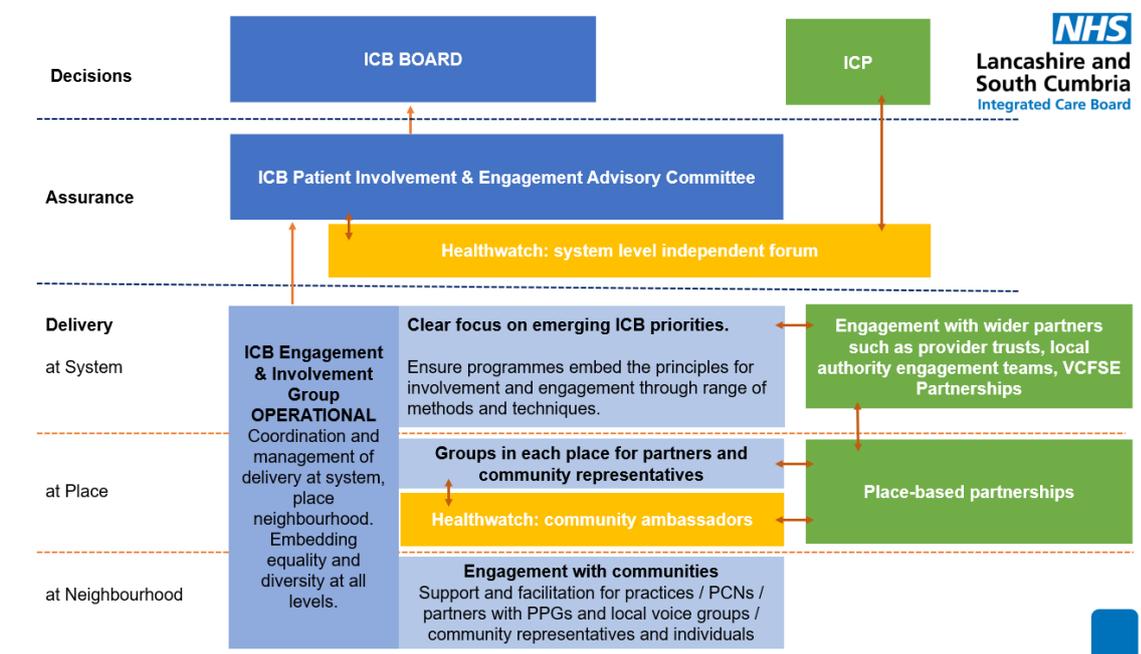
# Public engagement and involvement assurance report – October to November 2022

## 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, we can ensure that they 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.

The ICB has endorsed a strategy for working with people and communities which describes an ambition to develop robust and trusted relationships which empower our citizens and communities and enable a change in culture and behaviours. The strategy is based on ten principles for public involvement and engagement. More information on the strategy is available [here](#).

The engagement and involvement model below depicts the context and levels of assurance for the ICB. This has been developed through a series of workshops and discussions with partner organisations and teams across the ICB.



The report provides a summary of activities and initiatives to embed engagement, involvement and coproduction into ICB work programmes between 1 October to the 30 November 2022.

The report will provide assurance to the committee and the ICB Board for the delivery against the strategy for working with people and communities across the ICB and embedding the principles of public involvement and engagement. This includes establishing an engagement and involvement infrastructure which is able to demonstrate how public voice is at the heart of decision making and service delivery in the ICB.

It is recognised that this report is at an iterative stage of development with opportunity to improve the way information is presented. It also recognises that the ICB and the system as a whole is in development and as such recognises the importance of insight from across the system including system partners is included within the report based on feedback from committee members. We expect the report will develop throughout 2023, particularly as the engagement work undertaken in 2022 begins to conclude with reports and evidence of impact and influence is more readily available.

The relationship with the ICB Quality Committee is also important as this has an important role in demonstrating, assuring and making decisions in relation to any quality improvements which the insight and engagement activity may lead to.

## **2. Headlines for engagement activity and key themes**

- Over the last two months and since the last report, the ICB engagement team has continued to build on the engagement infrastructure and processes. In the last report, we described the work of the team in producing a range of products to support this, and in this month's PIEAC we share the engagement toolkit which is now finalised along with a provider version.
- The ICB has identified its priorities and support for engagement on these areas continues with a focus on primary and community care, New Hospitals Programme and population health as well as focused work on cancer, capturing lived-experience through patient stories, and integrated care partnership priorities.
- Work has begun to develop the approach to engagement with communities in places. Our first indicative date for a series of public involvement networks will be the 25<sup>th</sup> January 2023 in Blackpool.
- The ICB has taken the lead in developing an engagement programme to capture views from members of the public on the priorities of the Integrated Care Partnership, on behalf of partners across the system. The results of this activity are presented in this report and will be an item on the PIEAC agenda. This is being used to contribute to the development of the Integrated Care Strategy for Lancashire and South Cumbria.

## **3. Progress on engagement infrastructure, delivery and mobilisation**

### **3.1 Working with people and communities strategy and plan**

We previously reported that, following a national review, our working with people and communities strategy received positive feedback and cited the positive ambitions of the strategy. Members received a draft of the final version in October 2022 and endorsed it subject to some minor amendments which have been actioned. The strategy has now been published on the website and is available [here](#).

### **3.2 Developing and implementing an engagement and involvement model**

Our model of engagement and involvement has been developed for the ICB building on existing connections and groups from CCGs and taking into consideration changes to the place boundaries of the system. Work has commenced with the newly appointed directors of health and care integration to establish an approach for place-based engagement. In essence the ICB approach is a three-pronged model:

- at system level, the citizen's panel operates ensuring a regular sense check with representatives across Lancashire and South Cumbria. The citizen panel is in place and the membership is growing.

- in places, a responsive, proactive approach to engagement with communities focusing on the place priorities and delivered in collaboration with all partners. It is anticipated that the focus on carers in Cumbria led by Jane Scattergood, director of health and care integration, which will test our approach to priority led engagement.
- in neighbourhoods, a rolling programme of listening forums and networks every two months in each place involving PPGs and community representatives. The first of these events will take place in January in Blackpool and we will report on this in the next committee report.

### 3.3 Engagement and involvement toolkit and guidance for ICB staff

As part of our development of the communications and engagement team, along with a robust and resilient engagement infrastructure and process, the team have developed an engagement toolkit and guidance for use by ICB teams and to support wider partnership working across the ICS, including the Provider Collaboration Board.

The toolkit aims to support teams to embed the ten principles for engagement and involvement in all areas of the organisation and partnership. Alongside this, the engagement team are planning to pilot a training programme that complements the toolkit and guidance in early 2023. If the pilot evaluates well, we will roll the training out to the wider system throughout 2023 and are considering an online option for the workforce and system partners.

### 3.4 Citizen’s Panel – database of public connected to ICB

The ICB has developed a citizen’s panel of members of the public who have agreed to participate in surveys, engagement and give their insights concerning health, wellbeing and health services in Lancashire and South Cumbria. The majority of these have been through a process of opting-in to be part of the panel from previous CCG databases. This model has been presented as good practice nationally and has been adopted by a number of ICBs.

Number of citizen panel members as of 30 November	1,246
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In the previous report we reported on 1,522 members in the panel. The panel was in the process of being established, and throughout November, the team conducted quality assurance audits of the panel data. Following this they have removed duplicates and erroneous entries. This figure is now the definitive number of members as of 30 November.

In this period, we launched our new bulletin for citizen panel members, complete with specific branding. The first bulletin reached 1,221 individuals, and was opened by 685 individuals – a 56% response rate. The most popular articles were our new responsive survey (24%), the readers group (16%), followed by an article on this committee and links to the website (6%). The Lancashire and South Cumbria ‘Healthwise’ winter campaign, a request for patient stories and an article on MensNet focus groups were other articles in the bulletin.

In response to demand from ICB colleagues, and interest from members of the citizen’s panel, we have established a Readers Group. The group will regularly review documents, information, letters and leaflets and offer suggestions on how these can be more patient friendly. As a result of promotion in the first bulletin, we have 62 members who have joined the group. One example of how the Readers Group can coproduce meaningful documents is the End of Life ‘Advanced Care Planning Guide’ which was coproduced with those who have lived-experience of end of life and palliative care. This guide is now in its third print run, having recently been reviewed and published again.

To support the panel, we have created pages on the ICB website, along with our strategy, and plans, and it also provides a link to join the citizen’s panel which will be used as part of our proposed recruitment drive: <https://www.healthierlsc.co.uk/get-involved/citizen-panel>.

A page for the committee has been produced with existing papers and information which is available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/public-involvement-and-engagement-advisory-committee>

A campaign has been developed to launch a recruitment drive to increase the membership of the panel. This has been actively promoted on social media and increased activity is planned for media and through the local engagement events.

We have collaborated with the ICB quality team to ensure that there are regular “quick” surveys included in the citizen panel bulletin to give the ICB quality team regular insights from local people. If this approach produces useful insights, we will work with other teams across the ICB and system partners to use this approach going forwards.

### 3.5 Healthwatch support

The table below provides an update on Healthwatch Together activities to support the ICB engagement infrastructure in the period October – November 2022:

<b>Project</b>	<b>Progress update</b>	<b>Activities delivered</b>	<b>Activities planned</b>
Facilitating Community Forums	Brief developed and agreed. These engagement events will take place in a different place area with the first to take place in South Cumbria.  Initial meeting held with Jane Scattergood and south Cumbria project brief is in development.	Plan for events developed by Healthwatch.	Establish working group to manage the project.  Establish local Healthwatch links with each place-based director and ICB coms link.  The engagement will be used to support the development of the Integrated Care Strategy and place based priorities. For South Cumbria the focus will be on carers and carer support.
Community Ambassadors Programme	Healthwatch have explored how community ambassador schemes have worked in different ICB areas	Agreement on the scope and funding for the project	Healthwatch is now progressing with recruitment of these roles across Lancashire and South Cumbria.
Covid Vaccination Insight	Full report drafted and is being awaited for review by the vaccination steering group.	Survey and insight capturing a range of views and experiences from a variety of	Healthwatch Together have made their recommendations which were described in the last PIEAC report. The full report will be considered at the

		demographics across Lancashire and South Cumbria	vaccination steering group in December.
Integrated Care Partnerships	Integrated Care Partnership Strategy Development	<p>Healthwatch provided ICP priority roadshow including pop-up events and attending established groups to consult with communities on the ICP draft priorities.</p> <p>Talking Heads video created with the voice of local residents sharing views on ICP priorities at inaugural ICP meeting.</p>	<p>Future work programme to be developed to ensure the voice of local residents is included.</p> <p>Further Talking Heads videos in development.</p>

## 4. Priority transformation programmes

### 4.1 Primary and community care development

THEME:	PRIMARY CARE						
Engagement/involvement priority	Activity/ies delivered	Activities planned	Partner/s	Current position /timeline	Fit 10 principles	<ul style="list-style-type: none"> <li>Reach</li> <li>Health Inequalities</li> <li>Seldom Heard</li> </ul>	Insight and evidence of impact on ICB decision-making/approach
Develop and support PPGs	Toolkit created Recruitment pack Audit of PPGs with <b>184 responses</b> to PPG audit	Promotion Promotion Audit	GPs	Action plan to be agreed at primary care SLT on 15 December. First network meeting(s) scheduled for January 2023	All	Need for more engagement with BAME and younger population	PPGs need to involve more BAME and younger patients 97% have said they would like hybrid meetings Practice staff are involved Practices need support There is a need to develop local networks
Primary Care Networks	Engagement with PCNs to understand C&E support needs A total of <b>26 of the PCNs responded.</b>	Continued engagement Shared digital space Support toolkits	GPs	Future actions verbally agreed at PCN development oversight group	All	Potentially all.	GP practices need support to share good practice, learning and development Capacity and capability is an early identified need

				Action plan to be shared with DoCE			
Strategic response to Fuller Report	Review the linkage between the Working with People and Communities strategy and Fuller stocktake	Workshops undertaken	Primary Care VCFSE – specifically CVS organisations across the region	Extension to framework implementation and engagement reporting L&SC ICB contributing to national framework	All	All	Follow up workshop completed, with proposed approach to engagement designed at the last workshop. Engagement on the proposed approach is still in progress
Primary Care Extended Access Report	GP patients views sought on GP extended access: <b>14,469 survey responses from Pennine patients and 10,253 from Fylde Coast patients</b>	Data and reports shared	GPs PCNs	Reviewing findings	All	Potentially all in Pennine and Fylde Coast	Primary care commissioners, GPs, and PCNs now considering the findings.
Pennine Lancashire VCFSE (Burnley, Pendle and Rossendale CVS and Blackburn CVS) insight into GP access for people from high priority wards and conditions (vulnerabilities) (Commissioned by ICB)	Fieldwork Analysis Phase 1 report published Phase 2 report published at time of submission of this report but initial analysis is over <b>1000 people have been</b>	Phase 1 and 2 Reports now produced and discussions held with VCFSE	VCFSE	Findings reviewed and report now being considered by East Lancs primary care commissioners	All	All	Reports have highlighted the challenge of access for the vulnerable and disadvantaged communities – primary care commissioners are considering the full report. We anticipate that commissioners will wish to share the report

	<b>engaged.</b> Data will be validated for the next report.						more widely with an action plan once the report has been considered and recommendations made.
Central Lakes Medical (GP practice procurement)	Preparation, including scoping and coproduction for engagement re: procurement	Engagement	PPG Patients	Preparation for engagement	All	Central Lakes Medical registered population	No insight as yet, as engagement hasn't begun.
Slaidburn Country Practice (Ribble Valley) (GP practice procurement)	Preparation, including scoping and coproduction for engagement re: procurement	Engagement	PPG Patients	Preparation for engagement	All	Slaidburn registered population	<b>179 (around 17% of registered patients)</b> survey responses to date. Face to face engagement ongoing. Data not yet scrutinised.

#### 4.2 Population health improvement

THEME:	POPULATION HEALTH IMPROVEMENT						
Engagement/involvement priority	Activity/ies delivered	Activities planned	Partner/s	Current position /timeline	Fit 10 principles	<ul style="list-style-type: none"> <li>Reach</li> <li>Health Inequalities</li> <li>Seldom Heard</li> </ul>	Insight and evidence of impact on ICB decision-making/approach
Population Health engagement	Review of needs Art of Hosting training	Proposal is in draft pending final version of structures for	VCFSE – specifically CVS organisations	Report in progress – awaiting final	All	All	This proposal will build on the Population Health model and cross references with the Working with People and

		Population health and C&E	across the region.	structures.			Communities strategy. Alongside this, we have established a model of investment for the VCFSE to fund community development workers. These roles are gradually being appointed to across Lancashire and South Cumbria.
Community Connectors – core 20 + 5 focus on hypertension	Piloted in Blackpool – 3 workshops held along with 1-2-1s being undertaken for insight. The lived experience of 4 people with hypertension has been instrumental in helping generate insight for improvements.	Final workshop was held in October. Analysis of findings and report being drafted.	VCFSE Academic GPs	Report anticipated by January 23, PIEAC receiving update on the 21/12	All	All	Insights from this work will feed into the development of service proposals. This project is being presented to PIEAC on the 21/12.
Community Journalists (Demanding Health Equity)	Established in partnership with VCFSE Training undertaken Support set up	Ongoing work and continued focus on creation of stories	VCFSE Universities – led by Lancaster University	Ongoing through to March 2023	All	All	This work will be updated at the PIEAC on the 21/12. It is anticipated that insights into the cost of living crisis and impact on health and wellbeing will

	Citizen stories are being created. A total of <b>20 community journalists</b> are involved in this phase of the project.	<a href="https://otherfronline.org/">https://otherfronline.org/</a>					be used to inform developments in population health, as well as transformation programmes of the ICB and system partners.
Health Equity Commission	Launched in Autumn 2021 Place based evidence collation – patient stories and case studies Report and recommendations	Engagement Promotion of report Focus on recommendations	VCFSE Acutes Local Authorities Universities Business	Report published System leader review and action plan – October 2022	All	All	Full insights in report on ICB website Range of recommendations for all partners (Complete)
Mapping of engagement for health equity	Review and mapping of health equity community engagement. The brief is being finalised and engagement has not started.	Currently at the mapping stage.	Lancaster University led in partnership with VCFSE Acutes Local Authorities Universities Business	Phase 1 complete October 2022, Phase 2, report anticipated february 2023	All	All	Awaiting draft report, anticipated in February 2023.
Enhanced health checks	Preparation for engagement on	Scoping and preparation	VCFSE PCNs	The enhance	All	All	Currently at the scoping and preparation stage.

	the population health programme led work in each Place on enhanced health checks for core 20+5 populations		Public	d health checks programme is in the delivery stage and engagement will take place using market research methodologies as part of the evaluation from January 2023.		Core 20+5 groups Socially disadvantaged	
Front door (pilot in West Lancashire)	Development of method using Art of Hosting which will lead to a community workshop to explore how we can reach people who are socially	Scoping and preparation – invitations have been issued for the 26 <sup>th</sup> January 2023 using an Art of	NHSE Art of Hosting team Population health ICE Public VCFSE	Art of Hosting event in January 2023 with report thereafter	All	All	Preparation for delivery of art of hosting event.

	vulnerable, experiencing complex wider determinant issues and are failing to thrive. The aim is to be better able to nurture protective behaviours so that people can get the right support they need at the right level.	Hosting approach					
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### 4.3 New Hospital Programme

NEW HOSPITALS PROGRAMME							
THEME	Activity/ies delivered	Activities planned	Partner/s	Current position / timeline	Fit 10 principles	<ul style="list-style-type: none"> <li>Reach</li> <li>Health Inequalities</li> <li>Seldom Heard</li> </ul>	Insight and evidence of impact on ICB decision-making/approach
Six areas of focus in options development period engagement to date:	The <a href="#">latest NHP update was published on 26.09.22</a> , announcing recommendations for new hospitals on new sites for	Iterative updating of the engagement gap analysis report and action plan, taking into account actions resulting from the	Stakeholders include: patients, specialist patient groups,	Current phase of active engagement is prioritising the involvement of health inclusion	All (detailed analysis evidencing this).	There has already been a strong focus on engagement with inclusion groups, including: members of	<b>Areas of consensus</b> , including: Widespread support in favour of funding for new hospital facilities. Travel and accessibility considerations are the

<p>1. Benchmarking public perceptions of hospitals in Lancashire and South Cumbria.</p> <p>2. Hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria.</p> <p>3. Identifying possible solutions to the Case for Change.</p> <p>4. Developing Critical Success Factors for evaluating proposals.</p> <p>5. Responses to a longlist of viable solutions.</p> <p>6. Responses to a shortlist of</p>	<p>Royal Lancaster Infirmary and Royal Preston Hospital and alternative options. A survey was launched to encourage people to share their views on the proposals and what is most important to people in new hospital facilities (open from 26.09.22 to 31.10.22). Results have been analysed and reported to the NHP Communications and Engagement Oversight Group and programme team to inform the decision-making process.</p> <p>The <a href="#">Your Hospitals, Your Say report</a></p>	<p>Equality, Health Inequality Impact and Risk Assessment, and implementing learnings and recommendations from the Lancaster University research project. Preparations for public consultation, if required subject to the options taken forward / next phase of engagement and involvement. Ongoing public, patient, staff, and stakeholder engagement and communications throughout the process. Legacy and collaboration: sharing learnings with NHS colleagues locally</p>	<p>Patient Participation Groups, local residents, NHS staff, Governors, NHS Foundation Trust Members, local NHS organisations, VCFSE, universities, MPs, Local Authorities, HOSCs, NHSE, DHSC.</p>	<p>groups, and addressing any gaps identified. A demographic insight report has been produced by MLCSU on behalf of the NHP, with application across the system. See also activities planned.</p>		<p>ethnic minority groups; people with disabilities; lesbian, gay, bisexual, transgender and queer people; carers; senior citizens; younger people; users of pregnancy and maternity services; sign language users; military veterans; people with mental health conditions; people who misuse substances; people experiencing homelessness; members of the Gypsy, Roma and Traveller community; unemployed people or</p>	<p>biggest NHP talking point. Hospital sites must be 'future-proofed' to meet the region's long-term needs. People are open to the use of digital tools to enable care closer to home. New hospital facilities should be designed with sustainability in mind. A single hospital on a new central site is not acceptable to key audiences.</p> <p><b>Nuances between audience groups:</b> Acceptability of new hospital sites being within a 10-mile radius of the existing sites was broadly acceptable, but a minority were keen to note that the direction of the 10 miles was important. Unlike previous website surveys the</p>
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<p>viable solutions.</p>	<p>(published September 2022) provides an update on engagement to date and the process followed during the options development period.</p> <p><b>6,477</b> people have completed website surveys.</p> <p><b>2,999</b> people joined The Big Chat online discussion across three different conversations.</p> <p><b>1,075</b> staff attended four New Hospitals Programme Colleague Summits.</p> <p><b>4,018</b> people took part in in-depth interviews (over the phone, in-person and online) across</p>	<p>(Trust and system), regionally and nationally.</p>				<p>people on low incomes; and people who represent refugees and asylum seekers. More work is now planned to deepen and broaden our focus on seldom heard and key inclusion groups, as a result of an engagement gap analysis exercise. The ICB Engagement team are supporting with additional engagement with the following priority groups: ethnic minority groups (particularly</p>	<p>views of staff and the public were more closely aligned on the acceptability of the recommended proposals, however those with caring responsibility of another due to health / disability / age were significantly less likely to accept two new hospital sites when compared to the average. Inclusion groups place greater importance on patient-centered care.</p> <p><b>Feedback on wider issues</b> e.g., it's not just about buildings but also joined up planning with a focus on prevention and mental health, integrated services and remote care, staff training on needs of inclusion groups, and broader issues such as staff shortages, pay</p>
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	three waves of market research.				Asian / Asian British); faith groups – particularly people of Muslim faith; people with disabilities (segmentation by type of disability); refugees / asylum seekers; people who are homeless; younger people; older people; people on low incomes; Gypsy, Roma Traveller (transitory communities); pregnancy and maternity service users; people with mental health problems (particularly	and conditions and leadership.
	Social media content reached <b>1.917 million</b> people, across Facebook and Twitter.					
	<b>27,837</b> people visited the Lancashire and South Cumbria New Hospitals Programme website, <b>1,873</b> people have subscribed to the New Hospitals Programme email newsletter.					
	235 people from 30 different inclusion groups in under-represented communities participated in workshops held by Healthwatch Together.					
	<b>6,041,344</b> opportunities to					

	<p>see or hear were generated through local advertising.</p>					<p>younger people); rural / farming communities; LGBTQ+ groups; and sex workers (new group to engage with, so will require time and trust to develop connections). First waves of engagement to begin w/c 5 December, beginning with Black, Asian and Minority Ethnic people and people with disabilities, to be followed with low-income groups, inter-faith networks, and LGBTQ+.</p>	
	<p><b>25</b> local MPs and <b>20</b> local authorities have been kept up to date on the latest developments and proposals.</p>						
	<p><b>796</b> local people had face-to-face conversations through Healthwatch roadshow events. <b>16</b> locations across Barrow-in-Furness, Chorley, Kendal, Lancaster, Leyland, Preston and Ulverston were visited.</p>						

## 5. ICB led involvement and engagement activity and projects

THEME:	ICB led involvement and engagement activity and projects:						
Engagement/involvement priority	Activity/ies delivered	Activities planned	Partner/s	Current position /timeline	Fit 10 principles	<ul style="list-style-type: none"> <li>• Reach</li> <li>• Health Inequalities</li> <li>• Seldom Heard</li> </ul>	Insight and evidence of impact on ICB decision-making/approach
ICP Priorities engagement	Survey closed at the end of October (was extended for 1 week). Detailed analysis of text comments (over <b>800, consisting of over 24,000 words</b> ) now undertaken and made available to the ICP.	Engagement and survey findings now being reviewed by 'working groups' on each priority area, as they develop their plans/the integrated care strategy.	Place based partners NHS Local Authorities CVCFSE	Analysis of engagement findings now being used in the next stage of the process – to inform the final integrated care strategy, which will be launched in early 2023.	All	All groups targetted through our stakeholder list, citizens panels and other networks and groups in each place.	The findings will be discussed at the PIEAC in December. Respondents felt family (maternity, children or family related services) were the highest priority, with the need for greater communication and collaborative working across organisations and with communities a close second. A significant proportion felt the priorities were pre-determined and did not allow people to raise their own priorities. Workforce was another area that respondents felt was not sufficiently highlighted with the priorities. It is too soon to identify any impact on decision-

							making or strategy development.
IAPT engagement and post campaign evaluation	<p>An engagement programme rolled out during the summer to gather the thoughts and feedback of IAPT users with regards to their thoughts of the service.</p> <p>In addition the engagement looked to speak to people living with a common mental health condition who have not used the service, and also referrers such as GPs.</p>	<p>The initial engagement took the form of an online survey (paper surveys were provided as an option) – the feedback from this will feed into a IAPT promotional campaign that is to launch towards the end of the year. To close the loop, an evaluation will be undertaken following the campaign.</p>	<p>Patients, Service users, LSCFT</p>	<p>A promotion campaign has been running since November and will run through winter.</p>		All	<p>A report has been produced which summaries the findings of the engagement survey and how we will use this feedback in shaping the promotional campaign.</p> <p>To note, it was last week revealed that the whole IAPT system nationally is to be re-branded in the new year and we are looking at how this affects the campaign.</p> <p>A user led, engagement, market research and insight evaluation will take place in the 2023 when the campaign has concluded.</p>
Public engagement on enhanced acute stroke centres	<p>Several months of engagement : survey with web-based supporting</p>	<p>Responses to all 23 issues raised during the</p>	<p>Stroke Association Acute Trusts ISNDN Board</p>	<p>Year 1 of 3 year implementation</p>	All	All	<p>This work is ongoing, however, the issues raised by those who responded to the</p>

	<p>information and visits to Stroke Association survivor groups, both face-to-face and virtual.</p> <p>We met with 107 people during the Stroke Association sessions (<b>46 face-to-face, 61 virtually</b>). This included <b>92 stroke survivors and their carers and 15 Stroke Association staff/volunteers</b>, some of whom are also stroke survivors or carers. A further 56 people completed the survey.</p>	<p>engagement process have now been formulated. These are now being shared with the ISNDN Board for final comment before wider circulation. The survey in development relating to psychological input following a stroke is not a public survey – it is for an evaluation panel to score the shortlisting options for delivery of psychological input.</p>	<p>Operational Implementation Board</p>	<p>programme for implementing the enhanced acute stroke centres business case; consideration of issues arising</p>			<p>engagement process offered some challenges to the implementation of the proposals. The full benefits of the proposals could never be realised until after the implementation was completed (after three years), but the issues raised may have already brought about a step-change in the language used and a greater exploration and/or clarification of what may or may not be achieved within the three-year process.</p> <p>If approved by the ISNDN, the direct divert pathway to RPH is now expected to go through a phased introduction at the end of year three, with the first step being triage, treat and transfer and a move to direct divert when we know this will provide the service needed. Further exploration around the</p>
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							<p>safest way to manage this are in progress. This also applies to NWAS capacity to deliver the level of service required. Additional modelling and exploration around how best to manage bed occupancy when stroke wards are full; front door (E&amp;D) stroke assessments; fitness to transfer; and solutions for keeping patients and their families in contact and informed are also underway.</p>
Lung Health Check Programme	Drop in events have taken place <sup>3</sup> The team has also captured a number of patient stories and videos in promotion of the programme.	Use of lung health checks story for the ICB's Quality Board is being considered within our schedule of patient stories as well as	Primary Care Supermarkets Patient reps Media	Ongoing engagement	All	All	This work is ongoing, and continues to be fed into the lung health check programme. It is anticipated that more engagement will be undertaken in January 2023.

		ongoing engagement					
Fylde Coast - Palliative care and end of life strategy engagement	Questionnaire for stakeholders now complete with 108 responses. Questionnaire with patients and public undertaken by BTH.	Palliative Care workshop and Steering Group sign off	Public Professionals	Summary slides shared with FC Palliative SG Workshop scheduled for 7 December with ICB engagement team facilitation	All	All	Report embargoed until review at workshop and sign off by Fylde Coast Palliative Care Steering Group.
Vaccination programme insight - views and attitudes towards getting the COVID-19 vaccine. We want to know what the hesitancy is for receiving the vaccine - if any, and what we can do to offer reassurance and encouragement about the vaccine going forward	Questionnaire survey - online. This is work in progress and we anticipate more responses as we progress with the project.	Survey on-going	Community networks, VCFSE	Ongoing	All	All	Ongoing - at the time of this report the responses we have received have helped define key themes as below:  <ul style="list-style-type: none"> <li>•Majority of people know the covid vaccine is still available (90%)</li> <li>•Majority of people know the booster are now available (96%)</li> <li>•Most people have had the covid vaccine (94%)</li> <li>•Nearly half of the people who completed</li> </ul>

							the survey had concern about the vaccines: 1. Feeling poorly after having the booster 2. The vaccine has not been tested properly 3. Suffering from heart attack after having vaccine 4. Women having onset of premature pre-menopausal symptoms.
Children and Young people – Mental Health campaign coproduction	Four workshops held at Rock FM in Preston. A total of <b>35 high school pupils</b> participated, with support from their school pastoral team and primary mental health workers	First phase complete, ongoing engagement anticipated thereafter	Rock FM and four secondary schools: Haslingden High School (Haslingden), Our Lady's Catholic Academy (Lancaster) St Marys Catholic Academy (Blackpool) Coal Clough Academy (Burnley)	Complete	All	Children and young people	An engagement report is currently being finalised. This work is led by the suicide prevention team with support from engagement. The insight and recommendations will be used to inform the development of a mental health campaign aimed at young people, and also potentially parents. The news article about this initiative is here: <a href="#">Lancashire and South Cumbria Integrated Care Board :: Teens and Rock FM help with new NHS</a>

							<a href="http://healthierlsc.co.uk">mental health campaign (healthierlsc.co.uk)</a>
End of life /Palliative care	Scoping work to enhance coproduction, engagement and involvement in end of life (EOL) and palliative care including EOL and palliative care reps, lived experience, and insight work	Scoping work	Hospices Primary Care Secondary care VCFSE Patients Carers	Work in progress	All	All	Scoping work has begun.
Winter Campaign	Scoping work to plan and deliver engagement and market research to evaluation the ICB winter campaign. This will focus on memorisation of messages, recall and intention to change behaviour metrics	Scoping work	Public	Work in progress	All	All	Scoping work has begun
Clinical Policy Development	Ongoing support to the clinical policy development work	Ongoing engagement support including	Public	Ongoing	All	All	Ongoing work. This is done on a clinical policy, by clinical policy basis. Currently we are not

	for the ICB – involving harmonisation of clinical policies	promotion of surveys for new policies and seeking views					engaging on any new policies; however previous engagement work was reported in the review of engagement reported to PIEAC in October 22.
Provider Collaborative – Clinical Strategy	Scoping and planning around the engagement required for the provider collaborative clinical strategy	Scoping and preparation although the clinical strategy work is in development, based on the engagement toolkit.	Public and patients	Ongoing	All	All	Scoping work has begun.
Breathlessness pathway (respiratory care)	Initial scoping and development of proposal to support coproduction of breathlessness pathways – triangulated approach of online survey, focus groups, and coproduction at place.	Scoping and preparation for January 2023 to April 2023 engagement	Online survey, focus groups at Place and coproduction group	Ongoing	All	All	Preparation and development work has begun.

<p>Gypsy, Romany, Traveller (GRT) Engagement</p>	<p>Engagement with GRT communities across two LSC sites (Mellishaw, Whinney Hill)- focus on vaccinations and patient access to primary care services. Patient story video captured, undergoing editing process; extensive oversight report under development looking at GRT health locally and nationally due to transient nature of community - ongoing, due end December 2022</p>	<p>Activity planned- supporting members of GRT community to join various patient networks (Citizens Panel, Maternity Voices Partnerships) ; connect community members with services - ongoing due end March 2023</p>	<p>Partners- ICB Vaccination programme, Lancashire County Council</p>	<p>Ongoing</p>	<p>All</p>	<p>All – focused on GRT</p>	<p>Engagement and initial reports have informed clinical operations- delivery of Covid and flu vaccines- Programme expanded following work undertaken Winter 2021/ 22</p>
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## 6. Engagement and involvement with or led by key system partners

THEME:	ENGAGEMENT AND INVOLVEMENT WITH OR LED BY KEY SYSTEM PARTNERS						
Engagement/involvement priority	Activity/ies delivered	Activities planned	Partner/s	Current position /timeline	Fit 10 principles	<ul style="list-style-type: none"> <li>• Reach</li> <li>• Health Inequalities</li> <li>• Seldom Heard</li> </ul>	Insight and evidence of impact on ICB decision-making/approach
A&E & Urgent Care Coproduction (Blackpool)	A coproduction group is being proposed and led by Blackpool Council to undertake coproduction work around A&E and urgent care - the aim is to reduce the need for non-medical emergency presentations at A&E in Blackpool, building on the work that Health Watch Blackpool have been doing.	Coproduction group is being established and linked to the Urgent Care work stream.	Blackpool Council BTH Blackpool Healthwatch	Coproduction group being established	All	All	Work has begun and will feed into the communication and engagement work of the urgent care programme.

<p>NHSE&amp;I and VCFSE NW 1000 voices project</p>	<p>Fieldwork, data analysis and report complete. <b>419 voices were collected as part of this project</b> in Lancashire and Cumbria.</p>	<p>Promotion and feedback to communities and decision makers</p>	<p>VCFSE</p>	<p>Report complete, findings shared with PIEAC 21/12 for further action.</p>	<p>All</p>	<p>People from BAME communities People aged under 25 People on the autistic spectrum or otherwise disabled. People living in rural areas. People living in deprived/disadvantaged areas</p>	<p>The report has been shared with PIEAC and the authors, and commissioner will be sharing their findings for PIEAC to consider on the 21/12.</p>
<p>Ethnicity and difference in health and care – engaging with people from minority ethnic groups with a learning disability (UCLAN)</p>	<p>Promotion of the engagement opportunity</p>	<p>Focus groups</p>	<p>UCLAN Race Equality Foundation Learning Disability England People with LD, carers, VCFSE</p>	<p>Focus groups planned in October</p>	<p>All</p>	<p>People with a learning disability and from a minority ethnic group over 18.</p>	<p>The focus group work is now complete.  The team are planning to submit the report to the Race Health Observatory at the end of January and when approved will be available for wider circulation following this once approved.</p>

## **7. Public involvement and engagement network events**

As referenced at 3.2 (page 4 of this report) our model of engagement and involvement has been developed for the ICB building on existing connections and groups from CCGs and taking into consideration changes to the place boundaries of the system. To maintain connections with CCG public involvement groups, listening groups and PPGs, we are planning to establish a continuous programme of open public involvement networks every two months in each place area which will bring together PPGs, community networks and patient and public representatives.

These forums will support the ICB to effectively deliver its duty to involve and will be a powerful means of listening to local voice on the planning and delivery of NHS services. The first of these events is proposed to take place on 25 January 2023 in Blackpool. This will be developed in partnership with ICB executives, teams across the ICB and the director of health and care integration.

### **7.1 Supporting place engagement in South Cumbria**

Chantelle Bennett, Engagement Manager, met with place leaders in South Cumbria and Healthwatch representatives to discuss the key focus for engagement and next steps. They have agreed to focus on the needs of informal carers in South Cumbria and Morecambe Bay. This is those carers providing unpaid care to relatives and friends. Informal carers are less likely to see themselves as 'carers', less likely to be in receipt of carer's benefits and less likely to prioritise their own health. Healthwatch, supported by the ICB engagement team, will start engaging with local community groups using a variety of methods to identify informal carers to find out more about the support needed to keep carers healthy from January 2023.

## **8. Formal consultations**

There are currently no formal consultations taking place in Lancashire and South Cumbria. However, following a review and scoping exercise, we have identified that the New Hospitals Programme, and the Clinical Strategy (led by the Provider Collaborative) could potentially lead to formal consultation. While these are subject to national and health overview and scrutiny committee agreement, we will continue to progress pre-consultation engagement and keep all stakeholders informed as these areas of work develop.

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)