

Approved at the meeting held on 22 February 2023

**Minutes of the meeting of the
Public Involvement and Engagement Advisory Committee
held on Thursday 26 January 2023 at 10.30am
in Boardroom 2 at Chorley House, Centurion Way, Leyland, Preston**

	Name	Job Title
Members	Debbie Corcoran	Non-Executive Chair
	Roy Fisher	Non-Executive Member of the ICB
	Dr Lindsey Dickinson	Associate Medical Director (representing Primary Care)
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement
	Tricia Whiteside	Non-Executive Director (Lancashire Teaching Hospitals NHS Foundation Trust) – representing NHS provider Non-Executive with a role for patient experience or public engagement
	Professor Sarah O'Brien	Chief Nurse
	Karen Kyle	Place Development lead (Place Based Partnership representative - South Cumbria)
Participants	Lindsay Graham	Advocacy and Engagement Director (Healthwatch)
	Joe Hannett	Partnerships Manager at Community Futures (representing Voluntary, Community, Faith and Social Enterprise (VCFSE))
In attendance	Jeremy Scholey	Communications and Engagement Specialist
	Pam Bowling	Corporate Office Team Leader
	Deepsi Khatiwada	Nurse Inclusion Lead (Nursing and Allied Health Professional Workforce, NHS England - North West) – attended as an observer
Apologies for Absence	Sam Plum	Chief Executive, Westmorland and Furness Shadow Authority (Partner Member representing Local Authorities)
	Sarah James	Integration Place Lead (Place Based Partnership representative - Central Lancashire)
	Pauline Wigglesworth	Place representative (Placed Based Partnership representative – Blackpool)
	David Brewin	Assistant Director for Customer Care (due to commence in post at beginning of February)
	David Blacklock	Chief Executive (Healthwatch)

Item	Note
Section 1 – Introduction	
1.	Welcome and Introductions

	Debbie Corcoran (Chair) welcomed everyone to the meeting and introductions were made. A warm welcome was shared in particular with Tricia Whiteside, Karen Kyle and Joe Hannett, who were all attending their first PIEAC meeting.
1.1	Apologies for Absence Apologies for absence were noted as above.
1.2	Declarations of Interest There were no declarations of interest relating to items on the agenda.
1.3	Minutes from the previous PIEAC meeting held on 20 October 2022 <i>Unapproved minutes shared in the pack</i> The notes of the previous PIEAC meeting held on 20 October 2022 were approved as a correct record. The Chair noted that as the December PIEAC meeting had needed to be postponed to respond to system pressures, along with other ICB meetings, the reports had been rolled forward, and there would be an unusual data lag between the information having been produced and then considered by the Committee today.
1.4	Actions and Matters Arising from the minutes <i>Matters Arising Log shared in the pack</i> 1) Update on Actions Following the previous PIEAC meeting further discussion and development has taken place on the ICB's model and framework for engagement and integration at place. The summary slide on the ICB's engagement model in the Lancashire and South Cumbria Integrated Care Board (LSC ICB) 'Working with People and Communities Strategy' had been updated to reflect this and was shared with members for comments. Action: to revisit the summary slide/framework of the engagement model in the 'Working with People and Communities Strategy' at the next PIEAC meeting, to allow fuller consideration by members. All other actions were noted to be complete. 2) Matters Arising The Chair referred to and acknowledged that there has been a high volume of patient feedback received by the ICB relating to the procurement of GP services at Withnell Health Centre. The Chair shared that she had been updated that the ICB is considering the matter further, listening to patient and public feedback, directly engaging with patients and would be publishing a further statement. It had been confirmed that as a long-term contract had not yet been entered into, and the matter is ongoing, no further discussion on the matter was appropriate at this point, however, members were assured that the matter would be returned to when appropriate. Following discussion, members agreed that the PIEAC can offer valuable input to the ICB Board from an assurance perspective.
2.	
Section 2 - Assurance/Committee input	
2.1	Engagement and Involvement Assurance Report <i>Report shared in the pack</i> David Rogers (Head of Communication and Engagement at the ICB) presented the latest Engagement and Involvement Assurance Report – which summarises the activities and initiatives to embed engagement, involvement and coproduction into ICB work programmes undertaken between 1 October to 30 November 2022. The report was noted to offer key assurance on

delivery against the ICB's 'Working with People and Communities Strategy', and work to embed the principles of engagement and involvement adopted by the ICB.

The update included that the first place-based 'Listening Event' had been held by the ICB in Blackpool on 25th January, in partnership with the Director of Health Care Integration for the local area. The virtual event had brought together communities in the place and provided lots of insight. It was confirmed that a programme of place-based 'Listening Events' is being developed, and **it was agreed** that in future members of the PIEAC would be directly invited to these and any other involvement or engagements events led by the ICB. David shared that the event in Blackpool included lots of valuable interaction and insight and a report from the event setting out 'You Said We Did' will be co-produced with the Patient Participation Groups (PPGs) in the area and presented to the PIEAC and ICB.

David updated that membership on the ICB's Citizen's Panel is growing and in response to demand from ICB colleagues and interest from members of the Citizen's Panel, a Readers Group has been created to share and 'test out' ICB and provider communications. Work on the development and support of PPGs is ongoing and includes a recognition of the need for more engagement with people from Black and Minority Ethnic (BAME) communities and the younger population. 'Population Health' was noted to be a key focus of today's PIEAC agenda in the Deep Dive item, and an 'Art of Hosting' event is being piloted in West Lancashire today. It was noted that the New Hospitals Programme already has a strong focus on engagement with inclusion groups, however, more work is now planned to deepen and broaden a focus on seldom heard and key inclusion groups as a result of an engagement gap analysis exercise.

In the review of the report, the Committee recognised the wide range of involvement and engagement activity delivered by the ICB and with partners. Sections in the report outlining public and patient engagement and involvement in place and neighbourhoods were noted to be in development, and the input of the new representatives on PIEAC from place based partnerships will have a key contribution to make in these sections and to shape their content.

RESOLVED:

That the Public Involvement and Engagement Advisory Committee:

- **Note the contents and summary of insights contained in the Engagement and Involvement Assurance Report**
- **Recognise and endorse the engagement and involvement activity undertaken across the ICB and the resulting insights shared in the report**
- **Note the forward view of upcoming engagement, involvement and co-production activities for the next period**

2.2

Public and Community Insights Report

Report shared in the pack

David Rogers presented the Public and Community Insights Report for the period 1 October and 30 November 2022. The report is a summary of public and community insights from sources such as activity delivered by the ICB itself or in partnership, plus trends from ICB corporate channels such as complaints, MP letters and freedom of information (FOI) requests, social media and media handling.

The Committee recognised that the format of the report continues to be developed based on feedback from members. The programme of patient stories which is being shared effectively at Quality Committee and ICB Board meetings to listen to and learn from lived experience, was highlighted.

The Chair asked that this and the previous report should be 'stand-alone' so that they can be read by the public and partners and make sense without any prior knowledge - capturing not only ICB

work but work led and delivered in place and by partners. The reports must avoid the use of abbreviations, include a glossary and be specific when referring to VCFSE.

Sarah O'Brien (Chief Nurse at the ICB) commented on the reference in the report to the development of a Children and Young People's PPG and the need to link with the established Children and Young People's Board and other young persons' forums across the LSC area. In response, David Rogers confirmed that this was in hand.

Tricia Whiteside (Trust representative) added the following comments: consideration of 'so what' to be clear in the report, and the need to provide assurance of what actions are being taken as a consequence of this insight; the report demonstrated engagement on current services being provided, but is less clear about engaging with the ICB's transformation work; whether this insight is feeding into principles going forward; great ideas on different levels and types of engagement, with a need to be clear on statistics included (be clear if they are representative and the target population for ICB work)..

Roy Fisher (ICB Board) suggested seeking insight on the 'primary care extended access' approach, which aimed to increase access to GP services, and had delivered valuable insight in Blackpool in the past.

Neil Greaves (Director of Communications and Engagement at the ICB) welcomed the feedback and confirmed that the report would evolve and improve. With regard to patient engagement on the ICB's transformation work, Neil advised that the ICB was setting up a Programme Management Office (PMO) with clear priorities and clarity on where to focus involvement and engagement. Work is underway with the PMO, ICB's Quality Committee and the Transformation Teams, to ensure a clear approach to engaging with people and communities in all work. Neil advised that there is a lot of detail behind the report and the focus in the report that comes to PIEAC is to reach out and be inclusive, while also recognizing the committee needs a succinct report.

Joe Hannett (VCFSE representative) explained that his role was to communicate from this committee to VCFSE members and it would be helpful if the information was tailored to support that cascade. Joe also agreed with the comments made about use of acronyms and self-evolution of PPGs.

Neil referred to the refreshed engagement model/framework spoken about earlier in the meeting, explaining the green boxes which set out the model of engagement and involvement at place – advising that the ICB Communications and Engagement team would help to facilitate this activity. The Chair highlighted the need for strong links to be maintained and considered with patient groups who had been supported by Clinical Commissioning Groups (CCGs) previously, saying these are knowledgeable groups of people keen to continue engage with and contribute to the ICB's involvement and engagement work.

Lindsay Graham (Healthwatch) highlighted the need to consider digital poverty as a priority moving forward and a possible barrier to effective engagement if it is online - and to recognise the 'big ask' that is placed on those representing the voluntary sector as more place-based 'Listening Events' are rolled out.

The Chair summarised that the Committee were assured that the ICB's Engagement Model was being delivered and further developed, with reports showing the huge breadth of activity being delivered. A focus on the 'so what' was important, and the recognition of and contribution from key partners like the VCFS. PIEAC members thanked ICB colleagues for their work, and all agreed that more refinement and development of the 2 key standing assurance reports is needed. Given this, and that there is a number of new PIEAC members recently joined who had not been with us at the time of development workshops, it may be valuable for the next PIEAC meeting to have

	<p>more of a workshop/developmental approach focused on the key reports and sources of assurance needed by the Committee.</p> <p>RESOLVED: That the Public Involvement and Engagement Advisory Committee:</p> <ul style="list-style-type: none"> • Note the contents and summary of insights contained in the Public and Community Insights Report • Recognise and endorse the engagement and involvement activity undertaken across the ICB and the resulting insights shared in the report • Note the forward view of upcoming engagement, involvement and co-production activities for the next period
2.3	<p>Integrated Care Strategy (ICS) – Engagement Process and Insights <i>Report shared in the pack, and additional summary slides shared ahead</i></p> <p>Neil Greaves (Director of Communications and Engagement at the ICB) introduced the paper and report on the engagement process and resulting insights gathered to support development of the Integrated Care Partnership (ICP) Integrated Care Strategy. The report included the results of engagement with people and communities across Lancashire and South Cumbria and articulated the insights gained which will feed into the development of the new Integrated Care Strategy. It was noted that in addition to the detailed findings set out in the slide-set included in the agenda pack, an additional summary slide set had also been circulated ahead of the meeting.</p> <p>The engagement process, which began on 3 October 2022 for a period of 4 weeks, focused on the six draft priorities proposed by the LSC Integrated Care Partnership (ICP). In addition, Healthwatch undertook a series of focus group sessions over the same period. Due to the tight timescales required, an online survey was used to capture feedback from staff and communities. A total of 734 responses were received and Healthwatch engaged with a further 345 people. The Committee considered the feedback, and noted that there was consistency between the findings of the online survey and the Healthwatch engagement</p> <p>The high-level findings of the online survey and the focus groups were used to inform the content and priorities of the draft Integrated Care Strategy, which will be presented to the ICB Board on 1st February 2023. The original intention was to welcome assurance from the PIEAC on the engagement and involvement approach taken prior to the Strategy being formally considered by the ICB Board. Due to the need to re-schedule the December PIEAC meeting, timings had not been aligned, however the Chair confirmed that comments from PIEAC would be fed back verbally at the ICB Board meeting and there is significant cross-over in ICB and ICP membership.</p> <p>Sarah O'Brien welcomed the report and commented that the ICS Strategy should drive priorities across the whole patch and influence planning and that this needs to be an ongoing conversation with the population. Furthermore, she commented that while there was a strong and direct read-across from public feedback and views into priorities, not all main themes were as easy to read across e.g. maternity.</p> <p>Lindsay Graham added that at the ICP meeting leading development of the Strategy, when the engagement feedback was discussed, the comments about priorities and evidence of how they link to the feedback received was recognised and further work is to be done on how the feedback is embedded.</p> <p>Joe Hannett added that in terms of the structure of the survey there wasn't an option for those individuals from VCFSE organisations to indicate this, and he would welcome this being considered moving forward.</p>

	<p>Tricia Whiteside added that in terms of the process of engagement, this was robust, and recommended that future approaches to ongoing engagement and involvement directly consider the narrative feedback, as comments had been made that the engagement was a closed process in the sense that draft priorities were shared for comment and not developed ‘bottom-up’ with the public. Future reports for assurance on engagement and involvement should include consideration of socio-economics also.</p> <p>In summary, the Chair reflected back to the Committee their comments to ensure they would be shared accurately at the ICB Board meeting. The consensus was that the report gave broad assurance on the process and its impact, while recognising the tight timescales in place – welcoming that engagement and involvement is recognized as an iterative process and there will be an ongoing conversation. There was a need to ensure communication around the Strategy and its priorities is clear and its presentation is in a variety of ways that are suitable for a variety of audiences. A cross-check against key themes from feedback against the resulting Strategy and priorities would be valuable e.g. maternity. Future reports should draw on and share feedback by socio-economic characteristics where possible.</p> <p>RESOLVED:</p> <ul style="list-style-type: none"> • That the PIEAC receive the report and presentation, and is assured on the approach to engagement and involvement taken in developing the Integrated Care Strategy
2.4.	<p>Update from Healthwatch <i>Verbal update</i></p> <p>Lyndsay Graham from Healthwatch provided a short update and was thanked for agreeing to offer a fuller report at the next PIEAC meeting. Work was reported to be ongoing between the ICB and Healthwatch regarding development of the Ambassador programme and discussions were ongoing in terms of support for the programme. The Chair welcomed this and highlighted that this is a priority in order that there is a direct public voice on this committee.</p> <p>Reference was made to the role of Healthwatch in terms of visits to GP Surgeries and Hospitals, and valuable intelligence it gathers. It was confirmed that the Insight Report produced for the PIEAC will include a summary of Healthwatch reports and visits, however, the full reports can be accessed direct on the Healthwatch website: Enter & View Reports - Healthwatch Lancashire</p> <p>RESOLVED: That the committee note the update from Healthwatch.</p>
2.5.	<p>ICB Insight, Co-production and Engagement Guide and Patient and Public Engagement Toolkit <i>Report shared in the pack</i></p> <p>With members’ agreement, the Chair asked that this item be deferred until the next PIEAC meeting. In the meantime, members were invited to comment on the engagement guide and toolkit. It was noted that the Engagement Toolkit developed to support the Provider Collaborative had been approved by the Provider Collaborative Board.</p> <p>Action: Members to forward any comments on the engagement guide and toolkit to the Secretary to the Committee.</p>
2.6.	<p>Insight reports – capturing lived experience to support Population Health Improvement: <i>Report shared in the pack, and additional summary slides shared ahead</i></p> <p>David Rogers introduced the item and welcomed colleagues to the meeting via videoconference,</p>

to provide updates on three initiatives which captured insight as part of collaborative population health improvement for the ICB. Each of the presentations included the following: an overview of the project/initiative; the engagement and involvement approach taken; the feedback, learning and insights; and the next steps.

a) Community Connectors – Hypertension Project in Blackpool

Paul Hegarty (Programme Director – Population Health) and Conal Lund (Generalist Adviser and Research and Campaigns Officer - Citizens Advice Blackpool) presented 'Community Connectors (Hypertension Project in Blackpool)' an initiative using the Core20 plus 5 approach which is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement. Blackpool residents experience significant health inequalities, the prevalence of hypertension is high and the lived experience of those who suffer from hypertension is seldom heard. Community connectors held conversations with people, enabling services and support networks to hear the voices and lived experience of those who matter and created a model of community connection. This work was led by Blackpool Citizens Advice Bureau, other local community and VCFSE partners and Lancaster University.

b) Community Journalists – Demanding Health Equity initiative

Dr Michelle Collins (Lancaster University) presented an overview of the Community Journalist Network, a model of community journalism developed for people with lived experience of social inequalities around the world to tell their stories. In Lancashire and South Cumbria (LSC), Professor Jennie Popay has developed the Demanding Health Equity initiative which is recruiting community journalists from communities of interest and place across LSC who are supported by co-journalists to tell their stories of their lived experience of social inequalities, if or how they cope, their perspectives on the impact of current and future action by public agencies and others and how things can be improved. Community journalists are being supported to tell their stories in a variety of formats - written, audio recordings, video or images such as paintings, pictures or photography with captions to aid interpretation. A website is being developed through which the stories will be shared more widely and work is ongoing to explore how these lived experience stories might influence policy and action.

c) 1000 Voices

Chris Davies (PMO Lead/Strategy Director NW and Associate Director – Project and Programme Management, Healthcare Solutions CSU) explained that, led by Dr Linda Charles-Ozuzu, Regional Director of Commissioning, NHS England (NW), the regional team commissioned voluntary, community, faith and social enterprise organisations to collect 1000 (519 from across Lancashire and South Cumbria) unique first-hand accounts of their pandemic experiences from people who, because of their age, ethnicity, economic circumstances or other factors, are affected by health inequalities. The voices gathered are both an invaluable resource and a call for organisations to take action now.

On behalf of the Committee, the Chair expressed thanks to all the presenters for the rich insight provided and for using the prescribed framework for their presentations and welcomed comments and questions.

Joe Hannett referred to the Community Connectors project which served as a reminder of the value of initiatives not just focused on admission avoidance but about causation and there is learning for the system on this. Joe asked if this could be tested out. Paul responded that this process has provided the opportunity to look at core wider determinants impact on health and wellbeing, and this could be strengthened within the narrative. It was also suggested that the 'community journalists' be invited in to provide patient stories and it was confirmed that this was being taken forward.

Tricia Whiteside commented on the take-away message being the way services are constructed and configured around the patient model, linking mental and physical health together, and the

	<p>need for patient experience and insight to directly feed into the service model.</p> <p>It was commented that as the ‘community journalists’ is about story-telling and narration, whether the word ‘journalist’ completely encapsulates this. Discussion also took place about the benefit of lived experience being part of the healing process and about the complexities of operating models and services being difficult to navigate, something which the VCFSE could support with.</p> <p>Sarah O’Brien commented on the need for the ICB to consider how this learning is being shared across communities and how this rich detail is being fed back within and across the ICB to influence services and transformation.</p> <p>Neil Greaves responded that these presentations demonstrate that insight is being captured in different ways and is being used to connect into the ICB’s developing 5-year strategy and the internal involvement and engagement toolkit being produced will support in rolling out these approaches.</p> <p>Discussion took place about the role of PIEAC in providing assurance, the level of detail to get into and sharing this across the organisation and to the Board and consideration of how this affects practice. The operating model needs to be clear on flow, service design, harnessing of insight and strategic decision-making criteria.</p> <p>The Chair thanked everyone for their contribution which had raised awareness and understanding and looked forward to taking a strategic view as to how things are taken forward.</p>
<p>Section 3 - Governance</p>	
<p>3.1</p>	<p>Committee Workplan 2022/23 <i>Report shared in the pack</i></p> <p>The content on the workplan was noted and comments were welcomed.</p>
<p>3.2</p>	<p>Terms of Reference <i>Report shared in the pack, and additional summary slides shared ahead</i></p> <p>The Committee received and supported the Terms of Reference which had been updated in accordance with the discussion at the last meeting.</p> <p>Resolved: That the committee support the PIEAC Terms of Reference for approval by the Board.</p>
<p>3.3.</p>	<p>Committee Highlights Report to the Board – Advise/Assure/Alert <i>Verbal item</i></p> <p>Assure/Advise:</p> <ul style="list-style-type: none"> • Engagement event in Blackpool on 25th January – first step in the approach to engagement with communities in place – gained valuable feedback and insight • The ICS strategy – received results of the engagement process and insights from people and communities across LSC which will feed into the ongoing development of the Strategy. The report provided broad assurance, recognising the constraints, and raised some points for consideration • Received insight and feedback from the 3 projects (Community Connectors – Hypertension Project in Blackpool / Community Journalists – Demanding Health Equity Initiative / 1000 voices)

	<p>Alert:</p> <ul style="list-style-type: none"> • Review of the operating framework for involvement and engagement by the Committee, and recommendation on refinements • Rich evidence of involvement and engagement – challenge is to focus on ‘so what’ and ensure connectivity and learning from activities flows across the system and into the ICB’s priorities and decision-making • Value of stronger links with Population Health and changes to PIEAC attendance to support this • Pace and progress needed in the Ambassador programme and to secure a representative at PIEAC through the programme <p>As discussion on the above led the Committee to consider the need to enhance the wider representation on the PIEAC from other functions not currently represented, it was agreed for the Chair and Neil Greaves to progress that there should be population health management representation on the committee.</p>
3.4.	<p>Reflections from the meeting <i>Verbal item</i></p> <p>Rich insight into initiatives and enjoyed the external inputs from partners on key projects, common format works well. Consider a workshop format for the next meeting. Ensure timely circulation of any materials for consideration by the Committee.</p>
3.5.	<p>Any Other Business There was no further business.</p>
3.6.	<p>Date and Time of Next Meeting</p> <ul style="list-style-type: none"> • Wednesday, 22 February 2023 • 3pm to 5pm • Chorley House, Centurion Way, Leyland, Preston, PR26 6TT <p>Post-meeting Note: venue changed to Fusion House, Blackburn</p> <p>Future meeting dates: Tuesday 25 April 2022 – 10am to 12noon</p>