

Minutes approved on 06 September 2023

Minutes of the meeting of the Public Involvement and Engagement Advisory Committee held on Wednesday 28 June 2023 at 10.00am in Boardroom 1 at Chorley House, Centurion Way, Leyland, Preston

	Name	Job Title
Members	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair, and Chair for this meeting)
	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
	Pauline Wigglesworth	Place representative (Placed Based Partnership representative – Blackpool)
	Sarah James	Integration Place Lead (Place Based Partnership representative - Central Lancashire)
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	Sarah Mattocks	Head of Governance
	David Brewin	Head of Patient Experience
	Jonathan Bridge	Population Health Lead (Central and West)
	Adele Taylor	Adult Nursing Student, University of Cumbria
Apologies for Absence	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
Absence	Heather Crozier	Integrated Place Leader - North Lancashire
	Andy Knox	Chief Pharmacist
	Sam Plum	Chief Executive, Westmorland and Furness Shadow Authority
	Karen Kyle	Place Development Lead – South Cumbria
	Phillipa Cross	Head of Partnership Development – Blackburn with Darwen

Item Note

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Section 1 – Introduction

Welcome and Introductions

	Roy Fisher welcomed everyone to the meeting, and confirmed he would be chairing today's meeting in Debbie Corcoran's absence. Introductions were made.
1.1	Apologies for Absence Apologies for absence were noted as above.
	The Chair noted that the committee was quorate as there were two place-based representatives in attendance. It was agreed that the definition of place-based representatives should be reviewed and clarified in the Committee's terms of reference, and named members confirmed, if needed. Action: Neil Greaves (liaising with Debra Atkinson)
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 25 April 2023 Unapproved minutes shared in the pack
	The notes of the previous meeting held on 25 April 2023 were approved as a correct record.
1.4	Actions and Matters Arising from the minutes Matters Arising Log shared in the pack
	 Update on Actions 1.4 – This was covered under agenda item 2.1, to remain on action log until agreed and brought back to August meeting for approval.
	2.1 – Agreed to close as this is covered under agenda item 2.5
	2.3 – Agreed to close as this is covered under agenda item 2.2
	2.4 – Carl Ashworth Director of Planning had agreed that once the plan was agreed by the Board it would be submitted to the Health and Wellbeing Boards for endorsement. To remain open until this was completed.
	2.5 – Update to be provided at the next meeting.
	2.5 – A form was being developed to request voluntary input. These volunteers were focused at Place but themes were emerging for specialisms such as mental health and children and young people's services. Action to remain open until complete.
	3.2 – Agreed to close as this was covered under agenda item 3.1
	Advocacy services - Lindsay Graham (Healthwatch) had provided a detailed piece re advocacy services. David Brewin commented that the ICB's customer care team encouraged the use of advocates, particularly for those who struggled to articulate the outcomes they were seeking from treatment. However, it was noted that the use of advocates was wider than customer care, for example, advocates work in hospitals supporting safeguarding services. This topic had also been discussed at the ICB's Quality Committee following the presentation of a patient story at Board. Members agreed it would be useful to complete a mapping exercise outlining the services aligned to advocacy, and that it was positive that this was still on the Committee's radar. It was also noted that this mapping needed to consider not duplicating the oversight of advocacy services already in place. The mapping was to be reported back to a future PIEAC meeting.

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	Item 5 (Virtual Wards) – The communications team were working closely with Catherine Wright the Virtual Wards Programme Lead across the ICB and some early intelligence was expected to be available to share at the PIEAC meeting in August. Tricia Whiteside also agreed to take this back to Trust colleagues. Pauline Wigglesworth also noted that Blackpool place-based partnership group were doing a co-production project on the virtual wards at Blackpool Teaching Hospitals and would share this wider patient experience feedback.
	Sarah O Brien noted that there were several items from the action log coming back to the August meeting and therefore need to ensure there would be rich attendance considering the summer holiday season. Attendance would be reviewed and consideration given to moving the meeting into September.
	Item 8 (Thematic Review of Dying Well) – This item would come to a later meeting as it was not ready for circulation. Action to remain open.
	The Chair noted that all actions should be assigned an end-date, and a coding system needed to be added to the action log.
Sectior	n 2 - Assurance/Committee input
2.1	Draft Working in Partnership with People and Communities Strategy 2023-2026 <i>Report shared in the pack</i>
	Neil Greaves introduced the strategy, noting that members would have seen this before in a different format as the design work remained ongoing. The ICB must have this strategy in line with NHS England (NHSE) requirements, and the ICB would be asked to submit assurances regarding this later in the year. The key changes made were that the commitment to how the ICB would work at Place had been strengthened, and some references had been added regarding the strategic priorities of the ICB, as described in the NHS Forward Plan. The roadmap within the strategy described some of the actions the ICB aimed to put in place and how to assure ourselves on effectiveness. The strategy referenced some of the co-production work across the system, for example, with Place and with Children and Young People services. The intention was to ask the ICB Executive to approve this.
	Joe Hannett urged caution with the terminology around the voluntary sector, noting that there were a number of different references, some to the voluntary sector alliance, some to voluntary sector organisations, and sometimes references were specific to voluntary and community sectors; if some specific sectors were referenced then all should be, such as the faith sector which was not currently referenced.
	Jonathan Bridge asked that the principles reflect the findings from the 'Next steps for integrating primary care: Fuller stocktake report' on working with people and communities. Other members added that whilst doing this the strategy be broader than primary care and this must not be lost.
	Pauline Wigglesworth commended the engagement work for this that had taken place in Blackpool, and highlighted the importance of ensuring that the findings from this engagement were brought back to those involved in order that those who had engaged could see how they have had an impact and hold the ICB to account on performance against engagement. David Rogers agreed and advised that a programme of work was being devised whereby the ICB follow up all engagement activity in this way, and outcomes and agreements from the local Listening Events in Place.

	Sarah James commended the connections to Place. Sarah added caution on the terminology used, noting that agenda item 2.3 stated that we have spoken to people about their priorities. It should be reflected that we have listened to what the community had said and not use jargonistic language. The Chair noted that this was an internal facing document, agreeing that this was important but would be done to a greater detail in other public facing documents.
	 The committee agreed with the strategy. Members provided the following feedback, as well as points above for consideration: The table of 'short/medium/long term' actions should be reviewed as there was reference to a 'short term' action in the 'long term' column. The structure infographic should be reviewed to ensure that this fully encapsulated all of the services that the ICB was responsible for and to hold to account.
	 RESOLVED: That the Public Involvement and Engagement Advisory Committee: Note the progress made with the Working in Partnership with People and Communities Strategy 2023-2026
2.2	Lancashire and South Cumbria NHS Joint Forward Plan public engagement summary Report shared in the pack
	David Rogers introduced the summary, noting thanks to the ICB's wider communications team who had produced this. David reminded members that at previous meetings the importance of including seldom heard groups had been a high priority and this was the focus of this engagement around the NHS Joint Forward Plan. Those engaged with broadly thought the vision was appropriate, but it was the delivery of the vision and pledges where public confidence was low.
	Neil Greaves noted that this engagement quickly followed that from the Integrated Care Strategy which had caused confusion with members of the public asking if this was the same document, and this would be a factor in the low response rate.
	Sarah O'Brien asked for clarity where the paper referenced changes being made by 29 June, if these have been made. Neil Greaves confirmed that they had, for example the pledges had changed and how the strategic objectives were described has changed.
	Sarah O'Brien raised the stark response that the engagement showed that the public wanted community centered services, however, some services would need to be centralised due to workforce and financial challenges, and the ICB would need to consider how to engage with the public to balance these two requirements. Members echoed this concern and to consider how the Board were appraised of this information when receiving the strategy. The Chair reminded members that in the Integrated Care Strategy we considered decisions being made at the right place at the right level and it was important was not lost. Neil Greaves added that the engagement has given us a better idea of how to describe why we need to do the work on transformation, and to be mindful that much of the detail of the Forward Plan had already been engaged upon locally and nationally as part of the NHS Long Term Plan. As such, we did not give communities the plan and ask them to support it due to the length and complexity, instead the scope of the engagement was agreed in the PIEAC meeting in April and focused on the understanding of priorities, pledges to the population and values.
	Lindsay Graham raised a concern that a number of respondents 'strongly disagree' that they live in a healthy community and that this should be reported to the People Board.
	Members provided the following feedback:Typo of 'patient' rather than 'public'

	• The survey should have an option for 'disagree' as well as 'strongly disagree'.
	It was noted that this feedback would be captured and shared with the ICB Board through the 'Alert Advise Assure (AAA)' process.
	RESOLVED: That the Public Involvement and Engagement Advisory Committee agree to accept the report, noting that the findings will be alerted to the Board via the 'Alert Advise Assure (AAA)' committee reporting item
2.3	Public engagement and involvement assurance report: April to May 2023 Report shared in the pack
	David Rogers presented this item, explaining that over the last two months the team had been continuing to build infrastructure processes with listening events having taken place and more planned. It was noted that there would be a full report brought back to the committee at a later date to bring together a system wide analysis of the Listening Events.
	Neil Greaves drew members attention to section 6 of the report which detailed engagement and involvement activity to support service transformation in GP practices.
	Sarah O'Brien noted the disproportionate number of letters from one MP compared to the patch regarding dentistry services in West Morland. Lindsay Graham advised that Healthwatch could support some of this with the public by signposting them and providing responses to address issues, in order to prevent escalation to a complaint. Sarah assured the committee that this issue was being taken seriously, a report came regarding dentistry to the Quality Committee and the Primary Care Commissioning Committee would also consider improvements required. Dr Lindsey Dickinson echoed this sharing that lots of work at a very local level was being undertaken, however, some of the constraints were the limitations in the national contract for dentistry.
	Tricia Whiteside shared that there is a way to synthesize what we are hearing from people and present this. It was agreed that Tricia and Neil would work outside of the meeting to develop this.
	 RESOLVED: That the Public Involvement and Engagement Advisory Committee: Endorse the findings from the public engagement and involvement assurance report: April to May 2023
2.4.	Public and Community Insights Report: April – May 2023 Report shared in the pack
	David Rogers updated the committee that the team had listened to communities and had involved those who had been feeding information in with the co-production of this report. The team were continuing the dialogue with those that engage by feeding back the information in the recommendations.
	David Brewin advised that in terms of numbers reported, there were no concerns to flag to the committee aside from the MP activity in West Morland as previously discussed.
	 Members provided the following feedback: Some of the recommendations and actions be reviewed as these were not always responding to what people were saying Need to ensure that learning was shared across, for example the dentistry issue in West

	Morland may well be an issue in other areas, so learning must be shared across
	 The feedback in this report should be tiered and compared with more data in order for the ICB to prioritise action
	 It was important to close the loop by feeding back outcomes to those who engage.
	 RESOLVED: That the Public Involvement and Engagement Advisory Committee: Endorse the findings from the Public and Community Insights report: April – May 2023
2.5.	Community Ambassadors Proposal Report shared in the pack
	Neil Greaves presented the proposal and sought feedback from the committee.
	Members provided the following feedback, which would be considered by David Rogers in progressing the approach:
	 It was important to ensure this opportunity was open to all, such as carers for example, as a range of 'lived' experiences was key to this being a success
	 Reference to compliance with the Nolan Principles may be too formal Ambassadors must be supported to ensure attendance at the meetings was meaningful
	and not a burden nor overwhelming
	 Terminology regarding expenses needs to be clear, whilst not limiting to those whom a time credit would be a better incentive
	 Line management needs to be carefully considered for suitability and independence Blackpool had a model in place having worked with Citizens Advice so this learning should be incorporated. As should learning from Healthwatch and the voluntary sector
	RESOLVED: That the Public Involvement and Engagement Advisory Committee endorse the Community Ambassadors proposal, sharing valuable feedback to support its successful implementation.
2.6.	Integrated Care Strategy Report shared in the pack
	Neil Greaves introduced the finalised strategy to the committee, noting that previous public engagement activity had been reviewed by the committee in both January and April.
	Members had no further comments on this item.
	RESOLVED: That the Public Involvement and Engagement Advisory Committee: • Note the final version of the Integrated Care Strategy.
Section 3 - Governance	
3.1	Committee Workplan 2023/24 Workplan <i>shared in the pack</i>
	The Chair introduced the workplan to the committee as per the action from the last meeting.

	 Members provided the following feedback: The workplan should include children and young people's services The workplan should include a check point whereby the committee reflected upon the controls and infrastructure to assure itself on the strength of these The workplan needed a section for 'cross committee' work The workplan needed to include receipt of assurance regarding those areas of
	engagement which were done in other areas, such as at Place, to ensure it was fully sighted.
	 Resolved: That the Public Involvement and Engagement Advisory Committee: Note the workplan and the changes to be made.
3.2.	Any Other Business There was no further business.
3.3.	Reflections from the meeting Verbal item
	Members noted that the meeting had been productive and well chaired.
3.4	Committee Highlights Report to the Board Advise / Alert / Assure Verbal item
	The committee agreed that the Chair in liaison with Sarah O'Brien would agree the content for reporting to Board outside of the meeting but would note all points made by members.
3.6.	 Date and Time of Next Meeting Wednesday, 23 August 2023 10am to 12pm County Hall, Fishergate, Preston, PR1 8XJ, room to be confirmed