

ICB Public Involvement and Engagement Advisory Committee

Date of meeting	25 October 2023
Title of paper	Public engagement and involvement assurance report: August to September 2023
Presented by	David Rogers, Head of Communications and Engagement (Insight)
Author	David Rogers, Head of Communications and Engagement (Insight) Communications and engagement team members
Agenda item	5a
Confidential	No

Executive summary

The report provides members of the Public Involvement and Engagement Advisory Committee a summary of activities related to engagement, involvement and coproduction undertaken by the ICB and with partners between 1 August 2023 and 30 September 2023.

This report seeks to provide assurance to the committee and the ICB Board for the delivery against the strategy for working in partnership with people and communities across the ICB and embedding the principles of public involvement and engagement.

The report also summarises engagement, involvement and co-production activity supporting priority system transformation programmes and other ICB programmes of work and a summary of activity to support partnership working in place.

Advise, Assure or Alert

Assure the committee:

- The ICB is delivering activity across a range of programmes and initiatives to involve and engage members of public, patients, communities, staff, carers and wider partners.

Recommendations

The Public Involvement and Engagement Advisory Committee is asked to:

- Note the contents and summary of engagement and involvement activity contained in the report
- Note the forward view of upcoming engagement, involvement and co-production activities for the next period

Which Strategic Objective/s does the report contribute to		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓

4	Meet financial targets and deliver improved productivity	✓
5	Meet national and locally determined performance standards and targets	✓
6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?	✓			
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes

Conflicts of interest associated with this report
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Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	EHIRA assessments are completed for individual programmes of work.
Data privacy impact assessment completed			✓	

Report authorised by:	Neil Greaves, Director of Communications and Engagement
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Public engagement and involvement assurance report: August to September 2023

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.

This report provides assurance to the committee and the Integrated Care Board (ICB) for the delivery against the [ICB strategy for working in partnership with people and communities](#) (as revised in July 2023) and embedding the principles of public involvement and engagement. This includes the establishment and development of an engagement and involvement infrastructure across the integrated care system, and at place, which is able to demonstrate how public voice is at the heart of decision-making and service delivery and improvement, in the ICB.

As well as evidencing good practice, this report importantly provides the ICB with assurance of engagement, co-production and involvement in its work and the compliance of the ICB in its duty to involve.

Significant work has been undertaken to ensure the work of the Public Involvement and Engagement Advisory Committee and the Quality Committee are integrated and to avoid unnecessary duplication of effort and to ensure that there is strengthened oversight and connectivity between the committees.

2. Executive summary of engagement activities and key themes

- The ICB engagement team has supported engagement programmes for a number of primary care settings including Withnell and surrounding villages in support of the procurement process for Withnell Health Centre and premises issue at Haverthwaite Surgery. The latest update reports have been referred to in our insights report.
- As part of the communications and engagement structure, engagement coordinators are in place for Lancashire, Blackburn, and Blackpool. Already the engagement coordinators are working with colleagues to support the delivery of local priorities and developing local engagement plans. Subject to HR checks, we are delighted to have appointed an engagement coordinator for South Cumbria.
- A transformation communications and engagement team is actively supporting the recovery and transformation priorities of the ICB. Over the last two months as well as planning and development, the team have begun to undertake engagement to support clinical services transformation priorities including urology, head and neck and vascular services.
- Expressions of interest have been received from members of the public for joining a Citizen Health Reference Group which can embed lived experience and public perspective into engagement and involvement planning of the ICB. Following two rounds of recruitment we now have 17 individuals who have expressed an interest in being involved and are now planning their induction establishing the group through coproduction. A second wave of recruitment will focus on the New Hospital Programme.

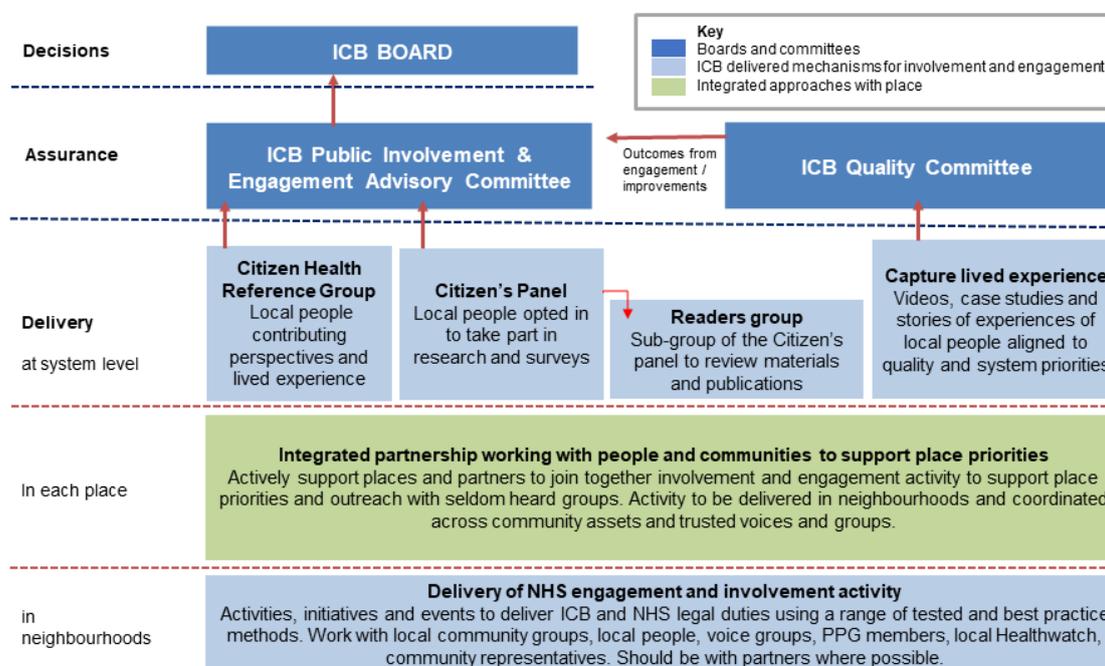
- With the conclusion of our listening events, of which 7 have been held, we are now consolidating the findings to summarise the insight from these and working with place-based leaders to follow up actions and insights.

3. Progress on engagement infrastructure, delivery and mobilisation

3.1 Working in partnership with people and communities strategy and plan

In July 2023, the ICB executive endorsed a revision to the [ICB strategy for working in partnership with people and communities](#). This took into consideration learning from 2022/23, feedback from PIEAC members in the June meeting and reflects the publications of the [Integrated Care Strategy for Lancashire and South Cumbria](#) and the [NHS Joint Forward Plan for Lancashire and South Cumbria](#).

The engagement and involvement model below depicts the context and levels of assurance for the ICB and is included within the revised strategy.



3.3 Engagement and involvement toolkit and guidance for ICB staff

A toolkit and guidance for use by ICB teams has been developed to support the implementation of the strategy for working with people and communities and to support engagement across the NHS with public, communities and partners. The toolkit aims to support teams to embed the ten principles for engagement and involvement in all areas of the organisation and partnership.

The toolkit includes:

- An Engagement, involvement and coproduction framework for the NHS in Lancashire and South Cumbria
- An Engagement, involvement and coproduction quick-start guide for staff
- A demographic insight report – with key insights on the population and health inequalities in Lancashire and South Cumbria
- A diversity and inclusion glossary of terms

The toolkit was included on the PIEAC agenda for September and supported by members. These documents are iterative and will be reviewed at regular intervals to keep them up-to-date and ensure they are useful for our staff and teams across the ICB and wider partners. The toolkit is available for ICB staff on the intranet and teams are actively being encouraged to use the materials.

3.3 Internal audit of patient, carers and resident engagement

The ICB Audit Committee requested Mersey Internal Audit Agency (MIAA) to undertake an internal audit of patient, carer and resident engagement. To support this, the ICB undertook an internal self-assessment against a checklist set out in best practice guidance shared by MIAA. This assessment was presented at PIEAC as an agenda item in September, and the final report is shared with members for the October meeting. We view this audit as a positive opportunity to develop how we work and to embed learning to improve engagement and involvement approaches.

3.4 Citizen’s Panel

The Citizen’s Panel is a core element of the ICB’s system engagement and involvement approach. It is a cohort of members of the public from across Lancashire and South Cumbria who have agreed to receive regular emails and take part in NHS engagement (ostensibly surveys and focus groups), research and provide feedback.

The total membership: 1,360. This is a slight increase from the previous report and reflects the promotional work we have undertaken across all engagement events. The items in the citizen panel newsletters include surveys or opportunities to feedback which contribute to engagement initiatives as described in the survey responses section of the report above. A recruitment drive linked to the winter communication and engagement plan is planned.

The ICB manages a readers’ group which is a subset of the citizen panel and consists of 184 residents who have expressed an interest in reviewing documents and materials produced by the ICB.

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>.

3.5 Capturing lived experience

Our programme of capturing lived experience is a growing and important aspect of our work. These are captured either in video or narrative format. A growing number of people are keen to share their experiences and insights through patient stories. The communications and engagement team work with the quality team to follow up the actions arising from these stories, while recognising that action, change and improvements do take time to agree and embed.

The following stories have been captured in August and September:

Date	Topic of story	Committee
September 2023	Menopause and Hormone Replacement Therapy (HRT)	ICB Board
October 2023	BME Mental Health	Quality Committee

November 2023	Dentistry BME Mental Health	Quality Committee
		ICB Board

A review of the lived experience programme has been initiated, and following feedback from the Voluntary, Community, Faith and Social Enterprise sector representative at the Quality Committee, we are now looking at building a schedule of stories identified by voluntary, community, faith and social enterprise sector partners.

3.6 Citizens Health Reference Group

Expressions of interest have been received from members of the public for joining a Citizen Health Reference Group which can embed lived experience and public perspective into engagement and involvement planning of the ICB. Following two rounds of recruitment we now have 17 individuals who have expressed an interest in being involved and are now planning their induction, establishing the group, and identifying support needs. A second wave of recruitment will focus on the New Hospital Programme.

4. Integrated partnership working with people and communities to support place priorities

4.1 Blackburn with Darwen

Community CVS Network

A member of the ICB's engagement team aligned to Blackburn with Darwen attends the Community Council for Voluntary Service (CVS) Network meeting once a month. These meetings are an opportunity to give and receive updates about developments in the borough as well as forging connections and relationships with those organisations who work within our communities.

At the last meeting at the end of September, the ICB was given a 'spotlight' on the agenda to talk about the Targeted Lung Health Check Programme which has returned to Blackburn with Darwen for further two-year follow-up checks. The meetings are perfect for giving any other health updates such as the importance of the winter vaccination programme. The briefing was sent to all network members with the meeting minutes.

Integrated care inductions

To support the continued integration of social, health and community care across the East, North and Darwen Primary Care Neighbourhoods, members of the integrated neighbourhood workforce development group have worked collaboratively to plan, design, deliver and evaluate a brand new 2-hour integrated care induction for the Blackburn with Darwen neighbourhood workforce. So far two, 2.5-hour integrated care 'test' inductions have been delivered to over 35 health, care and voluntary, community, faith, social enterprise (VCFSE) neighbourhood staff members.

Attendees on the day included adult social care mental health workers, Red Rose Recovery navigators, social prescribing link workers, NHS community physical health clinicians, NHS associate psychological practitioners, Age UK Blackburn with Darwen officers, Spark Recovery collaborative practitioners, and early help children's service team managers. One of the key themes for the induction included '*How we engage and know the communities we serve*'. Plans are now underway to roll out the induction throughout the year.

Palliative and end of life care self-assessment

Since 2015, the ambitions for Palliative and End of Life Care: a national framework for local action has provided guidance for care within England and beyond. Relunched in 2021, the framework sets out six ambitions which, collectively, provide a vision to improve how death, dying and bereavement are experienced and managed.

As part of a Lancashire and South Cumbria wide self-assessment process, place has been asked to establish their baseline position against the six national ambitions. Whilst service leads from across the Integrated Care Board have used existing knowledge to complete as much of this as possible, Blackburn with Darwen place is also asking for the support of partners, including those working for the hospice, primary care and the hospital trust, in helping them understand what it feels like to be delivering palliative and end of life care in Blackburn with Darwen. This includes what works and does not work from their perspective. Healthwatch Blackburn with Darwen has also been undertaking some insight work with residents to understand their perspectives and experiences as well.

A questionnaire has been developed and will form one part of their partnership approach to improvement planning for palliative and end of life care. Colleagues working in the relevant services have been invited to attend a series of focus groups in October. The aim is that this approach will allow the broadest contribution from colleagues to ensure they are actively shaping and leading future action plans for Blackburn with Darwen.

Family hub parent/carer panels

Four of the eight children's centres in Blackburn with Darwen (managed by Blackburn with Darwen Council) have been transformed into family hubs. The hubs offer support from conception through to age 19, or up to 25 for children with special education needs and disabilities. Parents can also access a range of support through the hubs from midwifery to mental health support, health visiting to infant feeding advice. Work has been ongoing by Blackburn with Darwen Council to establish several parent/carer panels and parent champions.

Parents/carers are often unaware of or struggle to access health services commissioned for children and families in Blackburn with Darwen. They have little awareness of the ICB and what its role. Planning is currently ongoing for health colleagues to attend a range of parent/carer sessions in November to explain what the ICB is, what it does and what health services are available and how and when to access them.

Following these and depending on feedback/discussions and the interest from those present, further sessions will be arranged with support from the ICB engagement team where a guest speaker will attend. Suggestions could include practitioners from the mental health in schools' team, hospital paediatricians, pharmacists, public health registrar/consultants.

Carer's Strategy

Blackburn Carer's Service has been approached to lead the development of an all-age Carer's Strategy for Blackburn with Darwen Place Based Partnership. The aim is to have this complete by January 2024. The strategy will be co-produced with carers and those with lived experience.

4.2 Blackpool

The local authority coproduction team runs regular learning circles and workshops bringing together local authority, VCFSE and health colleagues, in addition to a Community of Practice for anyone working in community development and engagement.

Community development and engagement log

Following an initial meeting at Bickerstaffe House in July, several actions have been taken; a multi-agency engagement activity log, to be hosted by the ICB via Future NHS, is under development. This will be accessible for all partners to update and review, creating an accurate picture of engagement in Blackpool.

Population Health are exploring the possibility of rolling out 'The Art of Hosting' training to Blackpool place partners to facilitate community development and engagement, with a discovery/ planning session due mid-October.

Active into Autumn

Active into Autumn took place on the 18 September at the Winter Gardens, showcasing around 50 local, statutory and VCFSE organisations and ways people can get involved. The event went well, with entertainment from Park Academy's brass band, this was very well-received by attendees who felt the music added an extra dimension to the event. Organisations who took part fed back that it had been worth their time attending. Door polls and a questionnaire showed that people were aware of the event before attending, and that they had learnt about an organisation or activity they had been unaware of. Feedback was positive, with a request for an even bigger event next spring, and a focus on activities for young people.

Priority wards

A multi-agency steering group has been established based on the findings from community engagement by Healthwatch Blackpool and Revolution. Two of the five priority wards have been identified as the focus of upcoming work on respiratory health: Bloomfield and Claremont. These are the areas receiving Levelling Up funding due to adverse health outcomes.

4.3 South Cumbria

We are delighted to announce that following the recruitment process for the South Cumbria engagement coordinator, we have appointed subject to HR checks. The candidate has an enormous bank of local knowledge and experience in engagement and we are looking forward to them starting. We are meeting with place-based leaders in the coming weeks to map out the workplan and support existing requirements. The ICB met with representatives from Westmoreland and Furness Council to discuss areas of mutual interest, support and joint working, in addition to arranging for the prospective engagement coordinator to be co-located with the Council community engagement team in Barrow and Kendal. An induction programme is being developed.

4.4 Lancashire

Deaf community engagement

Following the Burnley listening event, it was clear that the ICB needed to conduct a more detailed and focused engagement with the deaf community. Louise Taylor, Director of Health and Care Integration, with colleagues, including the engagement team has commissioned Healthwatch Lancashire to lead this work. Engagement will consist of facilitated focus groups, case studies, mystery shopping and an online survey. Face-to-face engagement will be the

primary method of gathering experiences for this project. Focus groups will be facilitated by Healthwatch Lancashire engagement officers. Focus groups will cover the following areas:

- Central Lancashire
- East Lancashire
- North & Coastal Lancashire

Focus groups will be held in community venues and venues where local deaf groups already meet, they will be accessible with hearing loops and a BSL interpreter provided. Questions will be pre-determined to guide the conversation and encourage in depth conversations about access to health and social care services. Healthwatch will advertise dates for focus groups in advance using connections made with local deaf and/or BSL community groups and our online presence. If appropriate, Healthwatch will seize the opportunity to facilitate 'drop-in' sessions at established deaf and/or community groups if anyone wishes to share their story with Healthwatch Lancashire

Lancashire Partnership Board

Following the Lancashire Partnership Board in September, it was agreed to engage with partners of the partnership to ascertain their views concerning the governance arrangements for partnership. This work is now taking place and will be reported in due course.

5. Formal consultations and service change

There are currently no formal consultations taking place in Lancashire and South Cumbria. There are a number of engagement projects which may relate to potential future formal consultations or service changes, such as New Hospitals Programme and clinical services transformation, which are detailed in the section below.

6. Engagement and involvement by the ICB August to September 2023

The following projects and activity have been delivered and the insights have been captured in the insight report for the PIEAC.

6.1 New Hospitals Programme:

On 25 May 2023, the Government announced a record investment of more than £20 billion, ring-fenced for the next phase of the national New Hospital Programme, which brings proposals for new cutting-edge hospital facilities for Lancashire and South Cumbria a step closer. Following the statement to the House of Commons from the Secretary of State for Health and Social Care, the local NHS welcomed the [announcement of two new hospitals to replace Royal Preston Hospital and Royal Lancaster Infirmary as part of a rolling programme of national investment in capital infrastructure beyond 2030](#). This will also include investment in improvements to Furness General Hospital.

On 16 August 2023, the Lancashire and South Cumbria NHS hosted a [national New Hospital Programme roadshow event](#) at Royal Preston Hospital, welcoming Lord Nick Markham CBE and representatives from the Department of Health and Social Care (DHSC) and the national New Hospital Programme team. The roadshow event was an opportunity for Lord Markham to hear first-hand from staff and patients of Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust, as well as local NHS leaders, members of parliament and local councils, health and social care colleagues. Lord Markham saw first-hand the challenges of working in and being cared for in some of the current buildings. Conversations also explored what the rebuilds of Royal Preston Hospital and Royal Lancaster Infirmary could mean for those who access these facilities, including improving the working lives of staff and enabling patients to access outstanding care in new state-of-the-art

hospital facilities. 94 people attended across the various sessions. [Read more about the NHP roadshow event and the themes of discussions.](#)

Planning for pre-consultation engagement and consultations which may occur in the future as part of this programme is underway collaboratively across organisations. The latest information on this programme is available on the [Lancashire and South Cumbria New Hospitals Programme website.](#)

6.2 Clinical services transformation for Lancashire and South Cumbria

The ICB is working with Trust patient experience teams to undertake further engagement work with patient groups and community groups as part of targeted engagement work to support specific engagement relating to the following services:

- Urology
- Head and neck services
- Vascular services

The approach for each programme is looking to contribute to an NHS England stage one assurance process for service change which looks at the case for change. The assurance relies on good engagement being included at this stage to support and inform the case for change and any subsequent models of care.

Vascular: The ICB has identified twelve patient support groups operated by third sector charities or individuals offering peer support and have made contact with all of them. Initially this was to invite them and their members to one of two virtual focus groups facilitated by the ICB. These were scheduled to take place on 12 and 20 September. Due to low uptake of the events, we reached out to the groups to see if we would be able to attend their meetings. Four replied to say they do not meet but correspond via online chat groups such as Whatsapp. Two groups responded with invites to their meetings.

The ICB attended Mobility Matters, a group meeting in the specialist rehabilitation centre in Preston, on 12 September where 14 patients and four members of staff attended. Of the public attendees we gathered that three were carers. The ICB Associate Medical Director for Transformation attended this group and presented the background to this work.

On 28 September, the ICB attended a Heartbeat charity exercise class for people with peripheral artery disease. Over two group sessions we met with another 15 people. Discussions were free flowing with patients encouraged to talk about their experiences of vascular services, what would concern them about a central networked model and what the NHS would need to consider when changing services. Both groups have invited us back for more conversations as and when they are needed.

Head and Neck: Learning from Vascular we initially reached out to groups requesting an invite to attend their meetings in addition to inviting group members to attend a virtual meeting on 13 September. The Swallows group in Blackpool invited the NHS to their meeting on 13 September and we attended with the clinical lead for the programme. There were nine attendees at the group, of which three were carers.

Urology: Identifying patient groups has been challenging due to the numbers of patients who access urology services. We worked with the Cancer Alliance and identified some kidney, bladder and general urology patient groups, however these are mostly national groups or generic cancer groups making it difficult or inappropriate to attend these groups at this early

stage in the process. To reach more relevant individuals, a questionnaire will be sent to all the groups asking them to forward on to all their members. We intend to conclude this early phase of engagement at the end of October to ensure opportunity for people to take part in the survey.

Reports for each of the programmes will be prepared at the end of the survey period and submitted to the boards for each programme.

6.3 Withnell Surgery Health Centre, Central Lancashire

To support a future procurement exercise for Withnell Health Centre, patients and the public, including a Withnell patient group, have been involved in developing and strengthening the ICB's approach to engaging and involving local people in primary care commissioning.

In April 2023, the Communications and Engagement Team worked with the GP practice Patient Participation Group and Practice Manager to support the community to establish a patient steering group to oversee engagement of patients registered with the Withnell Health Centre along with a set of principles for working collaboratively. The purpose of the engagement exercise delivered from 1 September and running to 8 October is to capture feedback from patients and the community to support the development of the service specification and any potential scoring criteria which will be needed as part of a procurement process. The engagement events were very popular with registered patients. Six events were held. Over the six engagement events a total of 451 people registered with the Withnell Health Centre were interviewed and engaged with. Engagement staff who conducted detailed interviews at the events experienced a significant level of mistrust and cynicism about the survey and the procurement process. The majority were concerned about the loss of the GP practice and concerned about any potential reduction in the quality of care and continuity of care. At the time of writing this report, more than 2,240 people have already responded to the survey regarding Withnell Health Centre. In the context of national surveys, this is an exceptionally high response rate. [Item 7a - Withnell Engagement approach.pdf \(healthierlsc.co.uk\)](#)

The coproduction of this engagement and the delivery is anticipated to inform future primary care procurements. Updates on this are available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/have-your-say-current-opportunities/withnell-health-centre>

6.4 Haverthwaite Surgery

Haverthwaite Surgery in Backbarrow is a GP practice which serves a small rural community and dispenses medicines. An engagement programme to capture views of practice patients was quickly put in place as the primary care team at the ICB, supported by the estates team, to explore the use of new premises a short distance from the current practice.

The ICB engaged with the practice patient participation group and arranged to meet with them to listen to any concerns and provide an update on the situation. Feedback was also sought via an online survey which asked a number of questions aimed at providing insight into how patients would be affected by the changes at the GP practice and how they felt about the state of the current building. Respondents were also given a list of potential priorities and asked to rank them in order of importance in terms of their GP practice.

Details of how to get involved were also included in a letter distributed by the practice to all patients, and information was also posted on social media. Paper copies of the survey were

also made available within the practice to support those without access to a computer or smartphone.

The survey ran for a month, from 21 August 2023 to 21 September 2023, and received a total of 1,323 completed responses. Haverthwaite Surgery has a list size of around 2,800, so the survey had a response rate of more than 47%. In the context of national surveys, this is an exceptionally high response rate.

Outcomes of the engagement are included in the Community Insights paper for August to September.

6.5 Adult ADHD

The demand for Adult ADHD services has increased by more than four times from April 2021/22 to March 2022/23. The rise in demand for referrals is likely to be underpinned by multiple factors, but includes media influence, awareness of the condition, and patient behaviour. It is felt by the project team that to fully ensure the commissioned service meets the demands of this population it is important to engage with both patients and referring clinicians to understand the reasons for this increase in referral and how we can structure services to meet this demand. An extensive engagement programme commenced in July and continues. The engagement including focus groups, interviews, listening events and meetings with general practice and clinicians. Insights from this work is expected at a future insights report.

6.6 Enhanced health checks

Considerable progress has been made to date with an ongoing commitment in rolling out and embedding enhanced health checks across our communities in Lancashire and South Cumbria. The team have acknowledged that public and patient involvement is a key factor to consider improvements, and to reflect on what is working well and measure the outcomes. Working with local teams, approaches are in place to capture patient experience and feedback that most of the teams would be collecting routinely after an appointment and it will form an important part in the data and intelligence we need to evaluate the EHC and shape the future of the project.

6.7 Frailty

An engagement programme is being developed to support the assessment and implementation of a coproduced model of frailty to support those with moderate frailty. This aims to reduce the number of people who have moderate frailty attending urgent and emergency care and being admitted to hospital during episodes of frailty unnecessarily. With the right assessment, self-care, support and interventions, those with moderate frailty should be able to be supported to live independently at home without needing hospital care which for this group of people may have negative unintended consequences. This work aims to commence in August with a phasing of the engagement and involvement approaches into November, providing the team with interim feedback to inform the development of the project and model. We have presented some initial findings of the first survey on this matter in the insights report for the October PIEAC. Alongside this, we will be involved in the Engineering Better Care programme to ensure that the insight informs developments for frailty. Plans are being worked up for focus groups, discovery interviews and wider public engagement.

7. Planned engagement and involvement by the ICB for October and November

The following projects are planned and or will be developed over the next two months:

7.1 Winter Communication and Engagement – targeted engagement

A 'Lancashire and South Cumbria Winter communications plan 2023/24' is being presented at the October PIEAC. This paper describes the system wide approach, across Lancashire and South Cumbria, to communicate messages that support the management of seasonal pressures across the NHS during winter. The "Think!" campaign has been developed and delivered by communications and engagement teams across the NHS in Lancashire and South Cumbria. Trusts, the ICB corporate communications team and Place Communications and Engagement colleagues will continue to work together to deliver the plan. The next phase of the plan will be engagement and outreach working in place with targeted audiences and networks as described in the supporting paper.

7.2 Special allocations scheme

Special allocation schemes were created to ensure patients who have been removed from a practice patient list can continue to access healthcare services. The NHS has a responsibility to ensure all patients can access good-quality GP services and that patients are not refused healthcare. In Lancashire and South Cumbria, the special allocation scheme is currently provided by Compass Medical Practice, which currently supports 259 patients across the region.

The contract currently held by Compass Medical Practice is now due for review. This means NHS Lancashire and South Cumbria Integrated Care Board (ICB) will look at the service from a number of perspectives to determine whether a full procurement exercise is required to identify the long-term provider of the service. An online survey has been developed which will allow patients to provide feedback on their experiences of the service and contribute to any potential procurement process.

7.3 Lundy Model of engagement with children and young people

Professor Sarah O'Brien, senior leaders from the nursing and quality directorate, and communications and engagement team, along with other colleagues, received training in the Lundy Model of engagement for children and young people. It was a superb event and was very relevant to the work of both functions. The Lundy Model is a very complementary model to the Working in Partnership with People and Communities Strategy and the principles are very relevant and meaningful for engagement with children and young people. Lancashire County Council already adopts this model of engagement. The next step is a full audit of engagement opportunities for children and young people using the Lundy model and we anticipate that this will return in full to the Public Involvement and Engagement Advisory Committee through the insight and assurance reports. As part of this process, the communications and engagement team has helped to produce a "7-minute briefing" summary about the Lundy model and its applicability for staff across the ICB.

7.4 Children in care leavers' health review

Across Lancashire and South Cumbria children in care leaving care receive a health check and health documentation as part of their transition to independent adult life. The process is markedly different across the three local authorities and the ICB is working with local authority children in care, and safeguarding leads to develop an engagement approach to eliciting the views of children and young people to inform a single, consistent and agreed approach to care leavers' health reviews and documentation. The engagement will be led by the ICB but undertaken by our partners. This engagement work continues as notably the safeguarding teams have found it challenging to reach care leavers.

7.5 SEND engagement and communications

The communications and engagement team are now actively working with the SEND team (NHS and Local Authority) to support engagement around SEND in anticipation of an imminent inspection for Lancashire. We are currently scoping the work involved and building relationships with the POWAR group (children and young people network) to contribute to the work we are doing to support the implementation of the Lundy model.

7.6 Maternity and Neonatal engagement

Several projects are ongoing, including Smoking in Pregnancy, Close Relative Marriage & Genetic Risk, Increasing Placental Growth Factor screening to improve outcomes of pre-eclamptic and eclamptic women, Birth Afterthoughts (Reproductive Trauma Service) and maternal nutrition. The Birth Afterthoughts project incorporates the CORALS project provided by Prof. Gill Thomson, UCLan, where evidence shows that there is massive variation in the practice of having afterbirth conversations with women who have experience birth trauma. Healthwatch Together are now supporting the Maternity Voices Partnerships in Lancashire and South Cumbria and working with the ICB to ensure that these become an active part of our engagement strategy. Discussions are ongoing about creating a maternity and neonatal engagement network to bring together service users, and volunteers to ensure that there is consistency and coherence across the system.

7.7 Integrated Care Experience survey

NHS England and Ipsos UK are working with eight Integrated Care Boards ICBs, including Lancashire and South Cumbria ICB to collect and use the data of up to approximately 40,000 patients (approximately 5,000 per ICB) to carry out Phase One of the Integrated Care Experience Survey (ICES). Phase One fieldwork is expected to go live in Quarter 4 (of the 23/24 financial year), offering participating ICBs support and flexibility around winter pressures and other operational priorities. The ICES is a new nationally coordinated data collection which will allow ICBs to understand how well integrated care is working for people with multiple and complex needs and their informal carers. The survey will initially target service users with clinically complex needs identified through GP records based on their electronic Frailty Index score as this is seen as a cohort with complex clinical health and care needs and likely to require joined up support from multiple health and care providers.

The survey is intended to be run on an annual basis with the expectation that future samples will also include the previous participants who respond positively in the questionnaire to being recontacted to complete further survey questions or take part in research. This will allow net improvements in care delivery to be tracked.

Glossary

A glossary of terms to support this paper is available here:

<https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>

For information or contacts for any of the engagement initiatives described in this report, please contact David Rogers: david.rogers10@nhs.net