

## ICB Public Involvement and Engagement Advisory Committee

<b>Date of meeting</b>	12 <sup>th</sup> December 2023
<b>Title of paper</b>	Public and community insights report: October to November 2023
<b>Presented by</b>	David Rogers, Head of Communications and Engagement
<b>Author</b>	David Rogers, Head of Communications and Engagement David Brewin, Head of Patient Experience Louise Booker, Information Governance Hub Manager Communication Engagement Team Members
<b>Agenda item</b>	5b
<b>Confidential</b>	No

<b>Executive summary</b>		
<p>The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of public and community insights captured by the ICB between 1<sup>st</sup> October to 31<sup>st</sup> November 2023. The report collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives along with trends from ICB corporate channels such as complaints, social media and media handling. This is the seventh insight report and continues to be developed to improve the way information is presented and insight from partners included within the report based on feedback from committee members.</p> <p>An appendix has been included with the report which is an annual report of complaints which is intended for future discussion at the ICB Board.</p>		
<b>Advise, Assure or Alert</b>		
<p><b>Assure the committee:</b></p> <ul style="list-style-type: none"> <li>- The ICB has methods and approaches to capture public and patient insight.</li> </ul> <p><b>Advise the committee:</b></p> <ul style="list-style-type: none"> <li>- The feedback on the ICB strategy for working in partnership with people and communities has been approved taking into account feedback from the</li> </ul>		
<b>Recommendations</b>		
<p>The Public Involvement and Engagement Advisory Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Note the contents and summary of insights contained in the report</li> <li>• Recognise and endorse the engagement and involvement activity undertaken across the ICB and the resulting insights shared in the report</li> <li>• Note the forward view of upcoming engagement, involvement and co-production activities for the next period</li> </ul>		
<b>Which Strategic Objective/s does the report contribute to</b>		<b>Tick</b>
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?	✓			There is a risk proposed for this in another item on the committee agenda.
Financial Implications			✓	

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

Meeting	Date	Outcomes
Not applicable		

### Conflicts of interest associated with this report

Not applicable

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

### Report authorised by:

Neil Greaves, Director of Communications and Engagement

## Public and community insights report October – November 2023

### 1. Introduction

The report provides members of the ICB Public Involvement and Engagement Advisory Committee (PIEAC) a summary of public and community insights captured by the ICB between October and November 2023.

The report collates insights and trends from ICB communications and engagement activity, reports from completed engagement programmes and initiatives along with trends from ICB corporate channels such as complaints, Patient Advice and Liaison Service (PALS), Freedom of Information requests and MP enquiries.

The report format continues to be developed to improve the way information is presented. Community and public insight from partners.

The relationship with the ICB Quality Committee is also important as this committee 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. However, it has been agreed that between the two committees, the Public Involvement and Engagement Advisory Committee will take the lead in providing assurance on the insights report.

### 2. Executive summary: headline trends and key themes

- There are clear trends across a range of channels for topics of enquiries and requests that continue to be received by the ICB and continue to be focused on primary care, urgent and emergency care, continuing healthcare and dentistry continue to be a focus of interest and concern.
- Insight across engagement also tells us that members of the public want to see quality of services improve, good access to services, their voices to be heard and want to see programmes of improvement being delivered and demonstrated.
- There is a great deal of interest in the ICB's engagement activities and this means that there is a continuing focus on delivery of engagement activity and a pressure for communications and engagement team members to assure the public of the numbers of activities, opportunities to be heard and most importantly, evidence that people and communities have been heard and their views acted upon.
- An analysis of the data highlights that people and communities are understandably most interested in what matters to and what affects them. Where the focus of engagement has relevance and salience with people and communities, we see considerably more engagement. The Withnell engagement has shown this with the survey achieving a 45% response rate which is very high. Where there is disengagement and apathy, the onus is on the ICB to ensure that the rationale for engagement is clear, that people feel that their views are acted on and that the means by which they can share their views are accessible and easy.
- Proactive communication activities are driving increased traffic and conversations across ICB online channels (including the website and social media) in areas relating to children and young people's mental health and elective care services. The majority of the feedback is positive or neutral in sentiment.

### 3. Insight from ICB organisation channels

#### 3.1 Patient Experience

This report sets out the activity of the ICB Patient Experience service for October and November 2023. This is made up of complaints, PALS enquiries and MP correspondence.

The complaints included in this report are those handled in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 where the ICB is treated as the ‘Responsible Body’. They are a combination of complaints about the actions and omissions of the ICB itself and our commissioned providers.

Letters from MPs are made up of complaints from constituents, other queries raised by constituents but not handled as complaints and correspondence from MPs themselves typically about funding or strategy or other local health and care topics.

The PALS service is the ‘front door’ to the complaints team and resolves concerns quickly and informally where possible. Our PALS staff also provide information and advice to patients and their families.

The ICB Patient Experience team has been reporting to PIEAC from the outset. This section has been revised and can be further adapted depending on the views of the Committee. This report includes:

- The numbers of new contacts by type and comparisons to previous months.
- A summary of the type of complaints received and details of MP activity.
- Analysis of trends and themes emerging from the cases dealt with.
- Examples of learning.

The information for this report was extracted on 1 December 2023.

#### 3.2 Activity in 2022/23 and 2023/24

The table below records the number of contacts by type for each two-month period over the last year extracted from the ‘Ulysses’ case management system. Each PIEAC meeting will receive details of incoming volumes for a rolling 12-month period.

##### Total volumes received.

Type	December 2022– January 2023	February – March 2023	April – May 2023	June – July 2023	August – September 2023	October – November 2023	Change from last period
<b>Complaint</b>	77	81	73	142	284	275	-9
<b>MP Letter</b>	42	41	59	61	51	40	-11
<b>PALS Enquiry</b>	113	156	126	255	317	287	-30

We closed 360 cases during these two months comprised of 298 complaints and 62 MP letters. This is a substantial increase on the last period when we closed 236. We were able to

close more records than we opened, and the overall stock of cases has fallen. At the last PIEAC, we reported 416 open records. When the data for this report was extracted, this had reduced to 387 (298 Complaints, 61 MP cases and 28 PALS).

### 3.3 Analysis

#### 3.3.1 Complaints

We received 275 complaints in October and November 2023. This is a small reduction from the totals in August and September but still considerably higher than the numbers we received prior to 1 July 2023. This is date that Primary Care complaints were delegated from NHS England (NHSE). During the first year of the ICB, we handled 497 complaints from patients (41 per month). For the period July to November there were 661 (132 per month). The volumes increased from July to August and again to September where fully 171 were received. There has been some, small reduction for October and November.

The complaints we handle can be broken down into four categories as set out below. We first reported this to the June 2023 meeting of PIEAC and those numbers are included to allow comparison.

Reporting Period	ICB	All Continuing Care	Age Secondary Care Provider	Primary Care
April - May 2023	12	10	45	6
June – July 2023	17	16	50	59
August – September 2023	23	12	62	187
October – November 2023	14	19	90	152

Primary care complaints are mostly about Dentistry (71) and General Practice (69). Dentistry complaints are centred on access to NHS treatment whereas General Practice complaints are across the breadth of activity.

There was one new Parliamentary and Health Service Ombudsman (PHSO) contact during this period to make enquiries about a case we previously handled. We have not yet been notified of any further action. We have no PHSO cases open.

#### 3.3.2 MP Correspondence

During this period, we received a total of 40 letters. This is a small reduction from the last period. Letters were received from several MPs with no significant concentration in one constituency. The largest single total was Tim Farron with nine followed by Sara Britcliffe with seven. Again, the largest single topic was access to NHS dentistry and the second highest was vaccinations, especially COVID-19.

#### 3.3.3 PALS Enquiries

There was a small decrease in PALS volumes during October and November with the total dropping from 317 to 287.

#### 3.3.4 Learning from Complaints

When any element of a complaint is fully or partially upheld, we identify learning and include it in our response. This could be additional actions to resolve individual complaints or broader service improvements. These examples could be about LSC ICB or a commissioned provider. More work is planned to ensure learning is embedded and leads to tangible change. Examples of learning from this period are:

<b>You Said</b>	<b>We did</b>
<p>My GP was provided a note from Chorley Hospital advising that I repeatedly walked out. This is inflammatory, is not an accurate representation of my character and has deeply upset me.</p>	<p>We asked GTD Healthcare to investigate. They acknowledged that the use of standard phrases in discharge summaries doesn't always provide an accurate picture and can sometimes be misleading. GTD Healthcare have therefore agreed to see if any amendments can be made to the standard phrasing used within discharge summaries to ensure an accurate picture is provided.</p>
<p>I asked for an MRI scan as I felt that something was seriously wrong with my health, but these suggestions were continuously disregarded. The doctor at Kendal Hospital told me that 'they only treat life-threatening headaches, and this is not one of them'.</p>	<p>We asked UHMBT to review the patients concerns and confirm whether the appropriate advice had been offered. UHMBT confirmed that the Same Day Emergency Care Unit at the Royal Lancaster Infirmary has progressed and presentations similar to those described by the patient may have been suitable for assessment by this service to expedite care rather than referring back to the GP. As such, the consultant will encourage all staff to consider referring someone with a similar presentation to this service and will also arrange a teaching session for the KUTC staff on low pressure headaches.</p>
<p>I was not informed of the outcome of my father's CHC assessment despite holding Lasting Power of Attorney (LPAO). It is my legal right to be informed about any decisions regarding his care.</p>	<p>We undertook a thorough investigation of the concerns raised and identified that it is not standard practice to send a copy of an outcome letter to someone with LPOA. It is currently sent to the patient via the placement setting. An agreement has been made to review this process to ensure that LPOAs receive a copy of this letter and remain fully informed.</p>
<p>I have tried to call the urology department a number of occasions and have been left on hold for up to an hour despite telling me I was the first in the queue. Eventually I left a message however, no one has responded. Since then, I have tried numerous times but have been unable to make contact.</p>	<p>We asked ELHT to investigate the concerns raised and to explain why the patient had experienced such difficulties when trying to contact the department. The Trust confirmed that the Booking Centre was experiencing a significant number of calls however, measures had since been implemented to tackle the increase in demand. We were then able to assure the patient that the Trust has resolved the</p>

	technical fault and are currently in the process of recruiting a further six colleagues to join the team to improve the efficiency of the service.
--	--

#### 4. Freedom of information (Fol) requests

Freedom of Information (FOI) requests are a useful source of intelligence and therefore this report presents the number of FOIs received. This report does not present the key themes and topics which have been captured – this will be reviewed and included in the next report to the committee.

Month	No. Received
April 2023	35
May 2023	32
June 2023	28
July	30
August	49
September	33
October	33
November	44

During this period, the majority of cases have been received from members of the general public followed by the commercial sector.

ICB FOI	No Requests Open	Total Inc Place	Total cases closed
(Aug – Sept)	77	616	28

#### 5. Media interest and response

##### 5.1 Media interest and response

The ICB communications and engagement team manages media interest and enquiries along with coordinating partnership activity across NHS organisations. The team has a role to encourage the media to broadcast and print key messages in a way which influences the public.

Period	Press enquiries	System-wide media releases	Hyper-local media releases	Statements issued	Broadcast interviews
October	33	10	0	9	9
November	17	5	3	4	6

We were receiving on average more than 1 media enquiry a day in October; however, November has been a quieter month. This could be due to the news agenda being occupied by recent political announcements.

A lot of the enquiries we have been receiving are in response to the press releases we have been issuing, these include Dr Andy Knox receiving his MBE, the Muslim community being encouraged to take up the offer of their C19 vaccine, the weather health alert issued in relation to the drop in temperature and the breast pain clinic in Central Lancashire.

We try to accommodate all broadcast interview requests but due to spokesperson availability this isn't always possible. In October we received an enquiry from The Guardian about the health effects of people living in accommodation that has mould. Dr Andy Knox took part in this interview, and it led to further national press interest. We are also starting to see more enquiries about dentistry.

## 5.2 Online and social engagement

The ICB communications and engagement team manages social media accounts for the ICB.

### Monthly combined data summary:

Combined following (all accounts*): 42,304   Combined following of ICB accounts: 5,947		
<b>All accounts:</b> <ul style="list-style-type: none"> <li>Facebook: 33,557 ↓ 518</li> <li>X: 7,097 ↑ 91</li> <li>LinkedIn: 1,055 ↑ 112</li> <li>Instagram: 515 ↑ 14</li> <li>YouTube: 80 ↑ 7</li> </ul>	<b>ICB accounts:</b> <ul style="list-style-type: none"> <li>Facebook: 2,366 ↑ 105</li> <li>X: 1,931 ↑ 101</li> <li>LinkedIn: 1,055 ↑ 112</li> <li>Instagram: 515 ↑ 14</li> <li>YouTube: 80 ↑ 47</li> </ul>	82% female and 18% male followers 2,284 link clicks 220 posts with a combined organic post reach of 4,447 (this doesn't include Twitter as the data isn't available). 580 inbound engagements.

\*This figure won't be truly accurate as some followers may follow several of our accounts

### Most popular posts on social media

	Clicks	Likes	Shares	Reach
1	<a href="#">COVID-19 walk in clinics</a>	<a href="#">Andy Knox - MBE</a>	<a href="#">Andy Knox - MBE</a> (X ICB)	<a href="#">Nursing home staff deliver Covid vaccines</a>
2	<a href="#">Tactical commander vacancy</a> (LinkedIn ICB)	<a href="#">Andy Knox - MBE</a> (Facebook ICB)	<a href="#">Nursing home staff deliver Covid vaccines</a> (X ICB)	<a href="#">Little Harwood vaccine clinic</a> (Facebook ICB)
3	<a href="#">Tactical commander vacancy</a> (LinkedIn ICB)	Happy AHPs Day (X ICB)	<a href="#">World Mental Health Day</a> (X ICB)	<a href="#">LadsLikeUs 'Ask Why' award</a> (Facebook ICB)

### Facebook

Metric	August	Sept	October
Followers	2107	2,261	2,366
Total posts	60	85	88
Post impress.	14,919	40,154	26,667
Post reach	14,181	38,140	25,092
Link clicks	157	716	959
Post eng.	1.98%	2.64%	4.84%

### X (Twitter)

Metric	Jul	Aug	Sep
Followers	1,783	1,830	1,931
Total posts	58	86	73
Post impress.	25,641	33,974	71,284
Post reach	N/A	N/A	N/A
Link clicks	187	325	631
Post eng.	1.26%	1.92%	1.89%

### Instagram

Metric	Jul	Aug	Sep
Followers	483	501	515
Total posts	34	47	34
Post impress.	2,606	3,906	2,588
Post reach	2,533	4,018	2,453
Link clicks	N/A	N/A	N/A
Post eng.	1.23%	1.18%	2.28%

### LinkedIn

Metric	Jul	Aug	Sep
Followers	887	943	1,055
Total posts	5	9	24
Post impress.	1,020	3,568	7,959
Post reach	699	2,320	5,103
Link clicks	36	271	326
Post eng.	6.37%	8.91%	5.47%

### 5.3 ICB and Lancashire and South Cumbria Integrated Care Partnership website statistics

The ICB communications and engagement team manages the ICB website, as well as hosting and supporting the development of the Provider Collaborative, Integrated Care Partnership, and New Hospitals Programme websites.

	New users	Page views	Engaged sessions
August	24,536	72,525	37,436
Sept	39,616	93,652	57,762
Oct	36,620	95,054	56,421

### Most popular web pages

Top five viewed web pages (not including homepages). The pages in italics denote either a paid for campaign or areas of communications focus – particularly via social media.

September	October

<ul style="list-style-type: none"> <li>• ChatBot: Waiting lists</li> <li>• Fylde Coast winter vaccines bus</li> <li>• CYP: Information for children and young people</li> <li>• NHS Talking Therapies</li> <li>• Orange Button community scheme</li> </ul>	<ul style="list-style-type: none"> <li>• ChatBot: Waiting lists</li> <li>• Fylde Coast winter vaccines bus</li> <li>• CYP: Information for children and young people</li> <li>• NHS Talking Therapies</li> <li>• Orange Button community scheme</li> </ul>
--	--

## 6. Survey responses

The number of surveys responses received continue to fluctuate from month to month, depending on the subjects being surveyed and where we are in the engagement cycle on any subject. This is both an indication of the specialist nature of most of the surveys that we have been undertaking, and that the number of ‘big ticket’ surveys, such as COVID-19 vaccines, and the New Hospitals Programme are less prevalent. Other larger scale surveys have not taken place during November or were coming to an end.

Overall, we have received 8,669 responses to our surveys over this last 12 months, which equates to approximately 0.5% of the population of Lancashire and South Cumbria.

	Number of live public surveys	Total number of responses
April 2023	13	149
May 2023	18	1,176
June 2023	18	952
July 2023	17	323
August 2023	19	1,510
September 2023	20	2,537
October 2023	17	532
November 2023	16	204

The surveys with the equal highest number of responses in November were from two established on-going surveys, the Citizen’ Panel monthly check-in and the Place Virtual Ward patient experience survey, with 42 responses each. The survey with the highest number of responses in October was the Withnell Health Centre survey, which had a total of 255 responses, and 2,284 responses overall, with a response rate of over 40% of patients at the practice.

The main survey subject areas in October were:

- Adult ADHD service development survey
- Citizens’ Panel monthly check-in
- Neighbourhood review – next steps
- Withnell Health Centre
- Cancer clinical services review
- Place virtual ward experience survey

The main survey subject areas in November were:

- LSC Citizen Panel member registration

- Citizens' Panel Monthly check-in
- GP community pharmacy consultation service
- Pendle Leisure Trust – Nelson/Bradley resident survey
- Enhanced health checks patient survey
- Place virtual ward experience

## 7. Citizen's Panel

The Citizen's Panel 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 (mainly surveys and focus groups), research and provide feedback.

The total membership at the end of November was: 1,369. This is an increase from previous months. The readers group now numbers 187 members. While originally, there were a number of opportunities for the readers group to review documents such as our joint forward plan and strategies, currently there are fewer opportunities. We intend to include a series of messages to staff and partners to promote the support that the readers group can offer.

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. We share the statistics for September and October, as there is a slight time lag in the data as the newsletter for November has only recently been issued.

Popular (% of total clicks) stories in last newsletter (October):

- Monthly check in – 17%
- Small changes can reduce risk of stroke – 16%
- Dr receives MBE from King Charles – 11%
- Lung health checks rolled out further in LSC – 8%
- Don't bottle things up – 5%

Popular (% of total clicks) stories in last newsletter (September):

- Monthly check-in survey – 26%
- Moderate frailty survey – 24%
- Haverthwaite surgery update – 13%
- Lancs and South Cumbria New Hospital Programme roadshow – 9%
- July check in findings – 4%

Engagement with the monthly Citizen Panel bulletin:

	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23
<b>Total recipients of the bulletin</b>	1,304	1,303	1,290	1,292	1,291	1,289	1,369
<b>Email opens</b>	757	747	733	640	770	736	575
<b>Open rate (%)</b>	58%	57%	56%	49.5%	59%	57%	44%
<b>Total clicks</b>	109	123	121	186	172	163	198

## 8. Reports, insights and outcomes from engagement activity – including recommendations and action

This section of the report summarises outcomes and insights from completed engagement programmes and initiatives.

Report name	Description and key findings	Next steps/Actions
Fylde Coast Patient Participation Chairs network	<p>The Patient Participation Chairs network in the Fylde Coast aims to bring together the chair of every GP practice in Blackpool and parts of Lancashire Place such as Fylde and Wyre.</p> <p>Patient Participation groups are an important element of inclusion, bringing patient voice into operational conversations. The first in-person meeting of the FCPPG network took place on 16th October 2023 at Bickerstaffe House, with PPG chairs from Highfield, Ansdell, Thornton, Fernbank, Newton Drive, Parcliffe, and Glenroyd practices in attendance, as well as David Rogers (Head of Communication &amp; Engagement) and Chantelle Bennett (Place-based Engagement Coordinator-Blackpool) from Lancashire and South Cumbria ICB. After giving general PPG updates the chairs discussed their main collective concerns, which were:</p> <ul style="list-style-type: none"> <li>• Concerns about recruitment, especially recruitment of younger PPG members</li> <li>• Issues with prescribing when care is handed to Primary Care from secondary – several practices will not commence prescribing until the consultant's letter arrives; however, issues with delays in administration of consultant's letters impact on prescribing and treatment</li> <li>• The disconnect between administration and secondary care services means that patients are not receiving appointment letters with sufficient notice- an example</li> </ul>	<p>The ICB offered reassurance to the Chairs that concerns will be taken seriously, and clear lines of accountability will be communicated to the group. The next FCPPG chairs meeting will be held on 11th December at Bickerstaffe House.</p>

	<p>was given of a patient receiving a letter about their surgery several weeks after the date indicated</p> <ul style="list-style-type: none"> <li>• Issues with discharge processes, especially for patients with no one at home</li> <li>• Lack of accountability- chairs expressed dissatisfaction with their routes into Trust and ICB structures, and felt that NHS organisations are obstructive, hard to navigate and appear not to act when concerns arise</li> </ul>	
<p>Blackburn with Darwen family hub parent/carer panels</p>	<p>A programme of ongoing engagement between the ICB and Blackburn with Darwen Council to actively listen to parents and carers who seek to make changes to improve their experiences of local health and care services has commenced. Three sessions with the family hub parent/carer panels have been held so far with 25 parent/carers. A brief summary of some of the themes emerging from discussion include:</p> <ul style="list-style-type: none"> <li>• Lack of information/communication: -             <ul style="list-style-type: none"> <li>○ people don't know what they don't know (especially new parents); more information is needed but in a more personalised and not leaflet format; health professionals to take more time in asking more rounded questions and be more proactive in giving information; needs to be an emphasis on support available</li> </ul> </li> <li>• Lack of cohesive or inequitable services:             <ul style="list-style-type: none"> <li>○ services being held in different centres/towns, for example blood tests are only carried out at Darwen Health Centre or Barbara Castle Way Health Centre not in GP surgeries so patients have to travel between settings ie a diabetic patient will go for a diabetic review at a GP surgery but will have to go to a different building or town to have bloods taken</li> </ul> </li> </ul>	<p>This insight is being used by place-based multi-disciplinary teams to support the implementation of family hubs</p>

	<ul style="list-style-type: none"> <li>○ services within the borough are not equitable – varying cost of leisure facilities between venues and varying cost of school meals depending on school</li> <li>○ no specific services in place for dads – services and language geared around a mum being present. Some dads are single parents completely alone so have to be mum and dad rolled into one; services and languages need to be male friendly</li> <li>○ older people appear to be being left behind – no specific services such as there are for children and young people such as their own emergency department. They often need to rely on a family member to support them through pathways as they can be confusing</li> <li>○ patients being passed from pillar to post because services don't know where to refer</li> <li>○ access to some services not equitable across neighbouring towns ie SALT available in Hyndburn but not in Blackburn; communicate the reason for this</li> <li>● Support:-             <ul style="list-style-type: none"> <li>○ carers need their own support; some have special needs or disabilities too in addition to those they are caring for. There is not enough respite available</li> <li>○ wrap around services have been lost over the years</li> <li>○ autistic children with mental health issues are falling through the gap – CAMHS won't treat whilst the learning disability service say they are</li> </ul> </li> </ul>	
--	--	--

	<p>not disabled enough – they need a safe space and to be able to talk in confidence</p> <ul style="list-style-type: none"> <li>○ long waits for an autism diagnosis - parents with a child on the autistic spectrum (whether diagnosed or suspected) need support, information and a point of contact. Early onset support and interventions for parents will produce better outcomes. Equip parents with skill sets ie CBT</li> <li>○ what therapy for autism/mental health is available through social prescribing? Parents having to pay privately – one parent found that duck therapy on a farm helped her child</li> </ul>	
<p>Clinical services transformation</p>	<p>The NHS in Lancashire and South Cumbria has commenced an engagement programme to support clinical service transformation to better understand whether the case for change for clinical service developments makes sense, how to make sure any change works best for patients and staff and how people want to get involved.</p> <p>Building on the responses of the clinical services transformation surveys more targeted engagement has been carried out to support specific services:</p> <ul style="list-style-type: none"> <li>• Urology</li> <li>• Head and neck cancer</li> <li>• Vascular services.</li> </ul> <p>Focus groups and questionnaires have been used to gather feedback from patients of each of these services. The aim for each has been to seek opinion on proposed changes to a network model of operation. Patients have been asked about services in the community, in hospital and what should be</p>	<p>The insight will contribute to developing new models of service delivery in each specialism.</p>

considered if a model were to initiate a single centre for all complex surgeries in each specialty.

The Head and Neck cancer services engagement heard from 21 patients through a survey and focus groups including attendance to speak at the Swallows patient support group. The majority of the people involved were supportive of a network model but expressed some concerns about access to support services, such as dentistry, that are required as a result of surgery. Further recommendations for consideration included coordination so that those traveling greater distances to hospital could arrange for appointments with all specialties to be at the same time to avoid multiple journeys. [The report can be viewed here.](#)

When talking to vascular services patients we heard from 36 patients including visits to two patient groups with the Mobility Matters group at the specialist rehabilitation centre in Preston and the Heartbeat charity. Again, although the majority were in favour of the benefits that come with a networked model and a centre of excellence for complex surgery, there were some reservations shared. Patients highlighted the importance of consideration of their mental health was after surgery; particularly following amputation. They suggested services should be co-located to assist with joined up treatment and support. They were also very keen that services were not provided in very localised settings as this would reduce the amount of people visiting each service and therefore limit interaction with other patients. The need for peer support through such interactions was stressed. [The report can be found here.](#)

	<p>The urology engagement focussed on patients that had experience of the cancer services and heard from 30 patients. There was some debate over which services should be provided in a hospital or at local community settings particularly when discussing radiology as the frequency of treatments makes travel difficult over larger distances. We also heard that there was concern over the way in which urology teams linked with oncology teams and a recommendation that communications between all specialties involved should be improved; including with primary care. The report can be found here: <a href="https://www.healthierlsc.co.uk/download_file/9183/ODS">https://www.healthierlsc.co.uk/download_file/9183/ODS</a></p>	
--	--	--

### 9. Reports, insights and outcomes from national patient surveys

<b>Report name</b>	<b>Description and key findings</b>	<b>Next steps/Actions</b>
<p>Children and Young People's Survey 2024 (planned but baseline data from 2020 presented here)</p>	<p>One of the five experience surveys of the NHS Patient Survey Programme (NPSP.) Conducted every 2 years; results are crucial to improving the quality of care and experience of Children and Young people. The Care Quality Commission (CQC) uses the results to assess NHS performance and for regulatory activities. The most recent CYP Survey was conducted in 2020 and it is being conducted again in 2024.</p> <p>During 2020, the CQC asked 27,374 children, young people aged between 0 and 15 admitted to hospital and separately parents and carers about their experiences. The data paints a mixed picture with some key positive results and areas for improvement. For example:</p> <ul style="list-style-type: none"> <li>• 86% of children and young people said they are always given enough privacy when receiving care and treatment</li> </ul>	<p>We will review the detailed analysis of the national survey in readiness to benchmark progress against the findings.</p>

	<ul style="list-style-type: none"> <li>• 85% of children and young people said that staff always listened to what they had to say</li> <li>• 15% of children and young people didn't know who to speak to if they were worried about something when they got home after being discharged</li> <li>• Children and young people with mental health conditions, or from Asian or Asian British backgrounds reported poorer experiences overall</li> </ul>	
<p><a href="#">Mental Health of Children and Young People in England 2023 report,</a></p>	<p>The <a href="#">Mental Health of Children and Young People in England 2023 report</a>, published in November by NHS England, found that 20.3% of eight to 16-year-olds had a probable mental disorder in 2023. Among 17 to 19-year-olds, the proportion was 23.3%, while in 20 to 25-year-olds it was 21.7%. After a rise in rates of probable mental disorders between 2017 and 2020, prevalence continued at similar levels in all age groups between 2022 and 2023.</p> <p>Participants were also questioned about eating disorders for the first time since the 2017 survey. In 2023, 12.5% of 17 to 19-year-olds had an eating disorder, an increase from 0.8% in 2017. Between 2017 and 2023, rates rose both in young women (from 1.6% to 20.8%) and young men (from 0.0% to 5.1%) in this age group. This year's survey also found 5.9% of 20 to 25-year-olds had an eating disorder, while eating disorders were identified in 2.6% of 11 to 16-year-olds, compared with 0.5% in 2017 – with rates in 2023 four times higher in girls (4.3%) than boys (1.0%). Full report is here: <a href="https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up">https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up</a></p> <p>(Note: NHS England has rolled out 398 Mental Health Support Teams within schools and colleges to provide early support to</p>	<p>We have shared this with our children and young people's, and mental health commissioners</p>

	<p>young people with mild to moderate mental health issues – covering 35% of pupils and learners in further education. A further 200 teams are currently in training and due to become operational by Spring 2025, which would ultimately cover five million (over 50%) of the country’s pupils and learners).</p>	
--	--	--

<p>CQC State of Care report</p>	<p>The CQC report describes this last year as a turbulent one for health and social care. In addition to the ongoing problem of 'gridlocked' care highlighted in last year's State of Care, the cost-of-living crisis is biting harder for the public, staff, and providers – and workforce pressures have escalated. This combination risks leading to unfair care – where those who can afford to pay for treatment do so and those who can't face longer waits and reduced access. Adult social care providers are facing increased running costs, including food and electricity, with some struggling to pay their staff a wage in line with inflation, which affects recruitment and retention. This is likely to have an impact on people, both in the quality of care they receive and in providers' ability to re-invest in care homes – data from CQC's Market Oversight scheme shows that care home profitability remains at historically low levels.</p> <p>Local authority budgets have failed to keep pace with rising costs and the increase in the number of people needing care. As local authority funded adult social care places are often less profitable, there is the risk that people who live in more deprived areas, and are more likely to receive local authority funded care, may not be able to get the care they need.</p> <p>Some people who pay for their own care at home have had to cut back on visits to support their basic needs, with one homecare provider telling CQC: "Due to the cost of living crisis and increased fuel prices, we have had to increase the rates for service users... the outcome was that some people have reduced their care visits to a minimum... this has impacted on their quality of life."</p> <p>Workforce challenges have intensified, with unresolved industrial action by NHS staff unhappy with pay and conditions. The number of people on waiting lists for treatment has grown to record figures and in the face of longer waits, those who can afford it are increasingly turning to private healthcare. Research by YouGov</p>	<p>Although not strictly an engagement report, this important report has been included as it highlights many of the issues that the NHS and health and care systems are facing, and experiencing. These are clearly of importance to people and communities and we can use this report as a touchstone in our ongoing and planned engagement, particularly when considering the views of people and communities.</p>
---------------------------------	---	--

	<p>shows that 8 in 10 of those who used private health care last year would previously have used the NHS, with separate research showing that 56% of people had tried to use the NHS before using private healthcare.</p> <p>This situation is likely to exacerbate existing health inequalities and increase the risk of a two-tier system of health care, with people who cannot afford to pay waiting longer for care. CQC's adult inpatient survey, based on feedback from over 63,000 people, found that 41% felt their health deteriorated while they were on a waiting list to be admitted to hospital.</p> <p>People may also be forced to make difficult financial choices; CQC heard from someone in receipt of benefits who resorted to extracting their own tooth because they were unable to find an NHS dentist. They then had to pay £1,200 on a credit card for private treatment, doing without household essentials until the debt was paid.</p> <p>During 2022/23, CQC has continued to take a risk-based approach, focusing inspection activity on those core services that nationally are operating with an increased level of risk, and on individual providers where monitoring identifies safety concerns. Ratings data shows a mixed picture of quality, with a notable decline in maternity, mental health and ambulance services. CQC has continued its focused programme of maternity inspections, with the overarching picture of a service and staff under huge pressure emerging. Ten per cent of maternity services are rated as inadequate overall, while 39% are rated as requires improvement. Safety and leadership remain particular areas of concern, with 15% of services rated as inadequate for their safety and 12% rated as inadequate for being well-led.</p>	
--	---	--

While it has been encouraging that all units inspected so far have adjusted consultant cover to meet recommendations made in the Ockenden report, the cover model is often fragile, with rotas reliant on every consultant being available. We have seen examples of services taking action to manage staff shortages safely – but we have also seen issues with governance and lack of oversight from Boards, delays to care and lack of one-to-one care during labour, as well as poor communication with women and difficult working relationships between staff groups.

Additionally, women and babies from ethnic minority groups continue to experience higher risks around birth. Infant mortality rates for Black and Asian babies are still higher than for any other group and readmission rates of Black women during the 6-week postpartum period continue to rise and are significantly higher than for women of other ethnicities.

Alongside its programme of maternity inspections, CQC commissioned a series of interviews with midwives from ethnic minority groups to explore their experiences of working in maternity services and their insights into safety issues. A common theme from these interviews was that care for people using maternity services is affected by racial stereotypes and a lack of cultural awareness among staff. One midwife told the review: “The NHS is amazing, but it was built by white people for white people. We need to adapt, because now we have a diverse population and workforce.”

Access to and quality of mental health care also remain a key area of concern. Gaps in community care continue to put pressure on mental health inpatient services, with many inpatient services struggling to provide a bed, which in turn leads to people being cared for in inappropriate environments – often in A&E. One acute trust reported that there had been 42 mental health patients waiting

	<p>for over 36 hours in their emergency department in one month alone. When people do get a bed in a mental health hospital, the quality of care is often not good enough. Safety continues to be an area of concern, with 40% of providers rated as requires improvement or inadequate for safety.</p> <p>Recruitment and retention of staff remains one of the biggest challenges for the mental health sector, with the use of bank and agency staff remaining high and almost 1 in 5 mental health nursing posts vacant. CQC has raised concerns that staffing issues in mental health services are leading to the over-use of restrictive practices, including restraint, seclusion, and segregation, and called on providers to recognise and take steps to address this.</p>	
--	---	--

### 10. Published reports with patient and public insight from partner organisations

Report name	Description and key findings	Next steps/Actions
Blackpool: Sylvester Care Centre: Enter and View	Overall, the feedback gained from residents was positive and suggested that residents are happy at Sylvester, although it was clear that there are some areas requiring improvement, as acknowledged by Rebecca, who has identified this and has ongoing plans in place to make improvements. Healthwatch Blackpool engaged with 14 residents, with some people out in the community during our visit and others declining to engage. Residents appeared to be happy with the support they receive from the staff team, the home and outside area and with the food on the whole. However, there was some constructive feedback received around the availability of activities and some options which would be preferred on the menu. Rebecca's clear passion for improving the lives of the residents was apparent and her positive interaction and relationships with the residents	The report has been shared with Sylvester Care Centre and with the regulated care team.

	<p>clear. The future plans, if completed, would certainly give the Sylvester a more homely, welcoming touch, and provide a more engaging environment for residents who like to join in with entertainment and activities.</p>	
<p>Healthwatch Together:        Blackburn with Darwen,        Blackpool and Lancashire        (Blackburn with Darwen        report):        Adult Safeguarding Voices</p>	<p>Healthwatch Together delivered a robust engagement project to independently review the effectiveness of the section 42 Safeguarding case management for Blackburn with Darwen, Blackpool and Lancashire Safeguarding Adults Boards. A section 42 Safeguarding enquiry is part of the Care Act which gives Local Authorities the primary duty to respond to a concern of abuse or neglect of an individual.</p> <p>This executive summary offers a comprehensive overview of the key themes and findings from the responses of individuals and carers involved in safeguarding enquiries living in Blackburn with Darwen. It highlights the diverse experiences and emphasises the importance of clear communication, involvement, and support throughout the safeguarding process. These findings can serve as valuable insights for further refinement of the Making Safeguarding Personal agenda in Blackburn with Darwen, to better meet the needs of individuals and carers involved in safeguarding enquiries.</p> <p>Lack of explanation and understanding: More than half of the people we spoke with told us that they were not told what a safeguarding enquiry was and over half were not told that they were subject to a safeguarding enquiry.</p> <p>Support: The majority of people we spoke with felt that it was easy to contact the safeguarding team if they needed to speak with them. Over half of the individuals were asked what support they needed, with some not needing any further intervention from the team but some stated that they had not been asked.</p>	<p>“The Safeguarding Voices project has been a fantastic opportunity for our Safeguarding Adult Boards to evaluate the section 42 Safeguarding process and assess whether Making Safeguarding Personal principles are being applied to every person we support. By listening to recent experiences of individuals, family members and carers, at what may already be a challenging time in their lives, has been a unique opportunity to achieve an insightful evaluation of the process. Experiences shared within this report are powerful and we would like to take this opportunity to thank each individual who has contributed to this invaluable piece of work. We are committed to shaping the section 42 safeguarding process to reflect recommendations made within this report”</p> <p>Dr Henri Giller, Chair of Blackburn with Darwen Safeguarding Adult Board        Stephen Chapman, Chair of Blackpool Safeguarding Adult Board &amp; Lancashire Safeguarding Adult Board</p>

	<p>Planning for the future: Feedback about the support received was generally positive. Just under half of the individuals we spoke with who had been through the safeguarding process had been given support to plan for the future, however it was clear from talking with the others that this was not needed and was not perceived to be a gap in support. Similarly, not all of the carers we spoke with had been asked what support they needed as a carer.</p> <p>Involvement and feeling heard: The majority of individuals and carers felt that they were involved in decisions made through the process and felt listened to. However, a few people did not feel involved at all.</p> <p><a href="http://healthwatchblackburnwithdarwen.co.uk">Guidance (healthwatchblackburnwithdarwen.co.uk)</a></p>	
<p>Healthwatch Together: Blackburn with Darwen, Blackpool and Lancashire (Blackpool report): Adult Safeguarding Voices</p>	<p>This executive summary offers a comprehensive overview of the key themes and findings from the responses of individuals and carers involved in safeguarding enquiries living in Blackpool. It highlights the diverse experiences and emphasises the importance of clear communication, involvement, and support throughout the safeguarding process. These findings can serve as valuable insights for further refinement of the Making Safeguarding Personal agenda in Blackpool, to better meet the needs of individuals and carers involved in safeguarding enquiries.</p> <p>Varied explanation and understanding: The understanding of what a safeguarding enquiry entails varies among individuals and carers. Some reported clear explanations, particularly those with previous experience in the health and social care sector or through external agencies. However, an equal number did not receive any explanation, resulting in uncertainty and confusion.</p>	<p>“The Safeguarding Voices project has been a fantastic opportunity for our Safeguarding Adult Boards to evaluate the section 42 Safeguarding process and assess whether Making Safeguarding Personal principles are being applied to every person we support. By listening to recent experiences of individuals, family members and carers, at what may already be a challenging time in their lives, has been a unique opportunity to achieve an insightful evaluation of the process. Experiences shared within this report are powerful and we would like to take this opportunity to thank each individual who has contributed to this invaluable piece of work. We are committed to shaping the section 42 safeguarding process to reflect recommendations made within this report”</p>

	<p>Listening and involvement: A substantial proportion of individuals and carers expressed that they felt listened to and involved in the safeguarding process. They emphasised the importance of their opinions being considered and regular involvement in meetings. Conversely, some participants reported not feeling heard or being actively involved, citing poor communication, lack of empathy, and inconsistent approaches as barriers to effective participation.</p> <p>Support and future planning: Experiences with the support provided during the safeguarding process were mixed. Several participants praised the support received, describing it as "excellent," "brilliant," and "outstanding." They highlighted effective practice, clear explanations, and a caring approach. Others expressed negative experiences, noting that support was often hindered by stretched resources, inconsistency, and a lack of information. Some reported feeling unsupported and left to handle issues themselves.</p> <p>Receiving relevant information and clarity: Most participants reported that they received relevant information that was easy to understand. Effective communication and clarity were appreciated. However, a few individuals noted a lack of information following their interaction with adult social care, leading to frustration and confusion.</p> <p>Involvement in decision-making: A majority of participants felt involved in the decisions made during the safeguarding process, with their opinions considered and valued. They found this to be crucial for the success of the process. However, some individuals reported limited or no involvement, attributing this to inconsistent decision-making and poor communication.</p>	<p>Dr Henri Giller, Chair of Blackburn with Darwen Safeguarding Adult Board          Stephen Chapman, Chair of Blackpool Safeguarding Adult Board &amp; Lancashire Safeguarding Adult Board</p>
--	---	---

	<p>Planning for the future: Approximately half of the participants reported having a plan for the future, which was facilitated by social care, external agencies, or their own initiative. This planning was seen as essential for ensuring the wellbeing and safety of the individuals involved. On the other hand, some participants had not received any support for future planning, while a few did not believe it was necessary.</p> <p>Additional comments: Several participants provided additional comments related to their experiences with the safeguarding process. These comments covered both positive and negative aspects, emphasising the need for better communication, reassurance, and feedback.</p> <p>Recommendations were made to improve practice, including regular updates, spot checks in care homes, and providing additional reassurance to individuals and carers to ease the emotional impact of the process.</p>	
<p>Healthwatch Blackburn with Blackpool and Lancashire (Lancashire):        Together: Darwen, Lancashire        Adult Safeguarding Voices</p>	<p><a href="#">Safeguarding Voices: Making Safeguarding Personal - Healthwatch Lancashire</a></p> <p>The executive summary offers a comprehensive overview of the key themes and findings from the responses of individuals and carers involved in safeguarding enquiries. It highlights the diverse experiences and emphasises the importance of clear communication, involvement and support within the safeguarding enquiry process. These findings can serve as valuable insights for further refinement of the Making Safeguarding Personal agenda in Lancashire.</p> <p>Explanation and understanding: A higher proportion of carers compared to individuals shared that it was explained that they</p>	<p>“The Safeguarding Voices project has been a fantastic opportunity for our Safeguarding Adult Boards to evaluate the section 42 Safeguarding process and assess whether Making Safeguarding Personal principles are being applied to every person we support. By listening to recent experiences of individuals, family members and carers, at what may already be a challenging time in their lives, has been a unique opportunity to achieve an insightful evaluation of the process. Experiences shared within this report are powerful and we would like to take this opportunity to thank each individual who has contributed to this invaluable piece of work. We</p>

	<p>were involved in a safeguarding enquiry. For those it was not explained to, this left people feeling confused and unsure what was happening. There was mixed feedback from individuals and carers regarding whether staff introduced themselves, explained their role and why they were involved. Some respondents shared that they were not always contacted by the same professional which they would have preferred during a distressing time.</p> <p>Receiving relevant information and clarity: Only half of individuals shared that they were clear on actions being taken along with timeframes, with a slightly higher proportion of carers having this understanding.</p> <p>Communication: Feedback has revealed that there is an inconsistent approach regarding communication between professionals and individuals/carers involved in a safeguarding enquiry, with some being provided a direct contact number and others being provided a main office number.</p> <p>Support for individuals: 61% of individuals were asked what support they needed but only 40% of these said that they received this support. Four individuals shared that they were Autistic and/or had a learning disability and relied on their key workers for support. Satisfaction rates for support received by individuals was varied and there was mixed feedback from individuals about whether the support put in place improved their wellbeing. Less than half of individuals received support to plan for the future.</p> <p>Support for carers: Only 35% of carers were asked what support they needed and although most carers shared, they were focused on the support needed for the individual,</p>	<p>are committed to shaping the section 42 safeguarding process to reflect recommendations made within this report”</p> <p>Dr Henri Giller, Chair of Blackburn with Darwen Safeguarding Adult Board        Stephen Chapman, Chair of Blackpool Safeguarding Adult Board &amp; Lancashire Safeguarding Adult Board</p>
--	--	---

	<p>feedback suggests that some carers did not feel supported regarding their own wellbeing.</p> <p>Praise for social workers: Positive feedback was given about social workers, with comments made about their empathy, professionalism and offering of personalised care.</p> <p>Accessible information: Satisfaction rates were fairly high regarding the format in which information about the enquiry was presented to them, however, suggestions were made to make information accessible.</p> <p>Involvement and feeling heard: Feedback from individuals and carers was mixed regarding whether they felt listened to, with a lower proportion of individuals feeling involved in decisions.</p> <p>Feedback from individuals indicated that many felt they had to 'push' for what they wanted, or decisions had already been made by the time they were informed, which made individuals not feel involved in the process</p>	
--	---	--

## Glossary

A glossary of terms to support this paper is available here: <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/glossary>