

ICB Public Involvement and Engagement Advisory Committee

Date of meeting	6 September 2023
Title of paper	Draft response and evidence for internal audit of patient, carer and resident engagement
Presented by	David Rogers, Head of Communication and Engagement
Author	David Rogers, Head of Communication and Engagement with input from colleagues in communication and engagement, population health, EDI and customer care.
Agenda item	 10. Committee Effectiveness c) MIAA 2022/23 Patient and Public Engagement Checklist – and associated review
Confidential	No

Executive summary

This paper provides a summary of the draft response and evidence for an internal audit of patient, carer and resident engagement which is being undertaken by MIAA.

MIAA has developed the checklist below to support ICBs in reviewing their patient and public engagement arrangements. The checklist is structured in line with the 10 principles for working with people and communities which are detailed in the ICB strategy for working in partnership with people and communities.

The internal responses captured in the report have been collated in partnership with teams across the ICB including communications and engagement, customer care, population health management and equality, diversity and inclusion.

The report is shared with committee members as a draft, ahead of submission to MIAA to give members the opportunity to review and consider our response. Members of PIEAC are invited to comment on the draft and make suggestions as to the response and draft.

The review highlights the need to strengthen our work around implementation of change and impact of engagement. This may well offer the committee a key workplan priority following the MIAA assessment. In addition the context of the ICB's development has been a factor in the progress of implementation of improvements and arrangements for public involvement and engagement in 2022/23.

A considerable amount of progress has been made by the ICB, supported through scrutiny, oversight and assurance from committee members.

Advise, Assure or Alert Assure the committee:

been completed, and add value through scru outcomes have been a - That good progress ha	that th utiny a achiev as bee assura	e com and ass red an mad ance o	mittee surance le, and f impac	onse to the MIAA assessment members have an opportunity e to the submission. drafted po that a potential area for ct and change as a result of	to
Members are asked to :					
Review the submissio	n and	note th	ne deta	ail	
				additional evidence or narrative	
Approve	amon				
Which Strategic Objective/	s doe	s the r	eport	contribute to	Tick
1 Improve quality, including					x
experience		,			
2 To equalise opportunities	s and o	clinical	outcor	nes across the area	x
3 Make working in Lancash	nire ar	nd Sou	th Cun	bria an attractive and	x
desirable option for existi	ing an	d pote	ntial er	nployees	
4 Meet financial targets and	d deliv	ver imp	oroved	productivity	x
5 Meet national and locally	deter	mined	perfori	mance standards and targets	x
6 To develop and impleme	nt aml	oitious	, delive	erable strategies	
Implications					
	Yes	No	N/A	Comments	
Associated risks	Associated risks x Highlight any risks and where they are included in the report			they	
Are associated risks	Х				
detailed on the ICB Risk					
Register?					
Financial Implications		Х			
Where paper has been disc	cusse	d (list o	other c	ommittees/forums that have	
discussed this paper)	Date			Outcomoo	
Meeting n/a	Dale			Outcomes	
11/a					
Conflicts of interest associated with this report					
Not applicable					
Impact assessments					
	Yes	No	N/A	Comments	
Quality impact assessment			Х		
completed					
Equality impact			Х		
assessment completed					
Data privacy impact			Х		
assessment completed					

Report authorised by: Professor Sarah O'Brien		
	Report authorised by:	Professor Sarah O'Brien

ICB Public Involvement and Engagement Advisory Committee- 6 September 2023

Draft response and evidence for internal audit of patient, carer and resident engagement

1. Introduction

NHS Lancashire and South Cumbria ICB is undertaking an audit of public, patient, carer engagement which is being undertaken by Mersey Internal Audit Agency (MIAA).

Functions across the ICB are being included in identifying evidence and opportunities for learning and continuous improvement of public, patient and carer engagement. This is seen as a positive opportunity to develop how we work and .

Key lines of enquiry (KLOE) are:

- 1. **Decision Making and Governance** Ensure people and communities have an active role in decision-making and governance
- 2. **Involvement and Feedback** Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
- 3. **Engagement and impact** Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- 4. **Building relationships** Build relationships based on trust, especially with marginalised groups and those affected by health inequalities
- 5. **Partnership working** Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- 6. **Clear and accessible information -** Provide clear and accessible public information
- 7. **Community centred approaches** Community centred approaches that empower people and communities, making connections to what works already
- 8. **Co-production** Have a range of ways for people and communities to take part in health and care services
- 9. **Partnership with people and communities -** Tackle System Priorities and Service Reconfiguration in Partnership with People and Communities (Covered within principles 2,3 and 4 above)
- 10. **Lessons learned -** 10. Learn from what works and build on assets of all health and care partners networks, relationships and activity in local places

MIAA has developed the checklist below to support ICBs in reviewing their patient and public engagement arrangements. The checklist is structured in line with the 10 principles for working with people and communities. An internal audit has been undertaken involving a range of teams across the ICB to gather and capture evidence.

Areas for ICBs to cons	ider	ICB's Response	Evidence
	decision-making and gover	nunities have an active role in nance	
Decision Making and Governance	 Does the ICB Patient and Public Engagement Strategy clearly describe the: principles and approaches to working with people, communities and partners in priority setting and decision- making forums across the ICS? arrangements for gathering intelligence about the experience and aspirations of people who use care and support, and its approach to using these insights to inform 	Yes, model describes how this works at different levels of the integrated care system, along with the decision making forums – this is depicted in the model at page 12: "Embedding public involvement and engagement in ICB governance" This is also described in the model as well as on pages 10 and 11, and the section : How the ICB will enhance public involvement and engagement pages 14-16.	Working in partnership with People & Communities Strategy

Areas for ICBs to cons	ider	ICB's Response	Evidence
	decision-making and quality governance?		
	Have the Public and Patient Engagement Strategy monitoring and review arrangements been defined including how these will be evidenced?	Yes, the strategy articulates how the public involvement and engagement advisory committee which is a sub- committee of the integrated care board, will monitor and review arrangements. Two reports are routinely considered as standing items at the PIEAC – the engagement assurance report and the insight report. A model for engagement is included in the Strategy which describes how engagement is delivered across the system, at place and at neighbourhood level. This includes governance (monitoring and review arrangements) as well as delivery of engagement.	Working with People & Communities Strategy
	Is the Patient and Public Engagement Strategy fully aligned to the ICB Constitutional requirements?	Terms of reference for the PIEAC which is the committee that ensures the patient and public engagement strategy is aligned to the ICB constitutional requirements as articulated in the ICB Corporate Governance Handbook.	PIEAC Terms of Reference within the ICB Corporate Governance Handbook

Areas for ICBs to cons	ider	ICB's Response	Evidence
	• Does the ICB Board and sub-committee terms of reference set out the responsibilities in relation to public and patient engagement dependent on the remit of the committee and are reporting lines clear?	Yes, the terms of reference set out the responsibilities of in relation to public and patient engagement within the remit of the public involvement and engagement advisory committee, reporting lines are articulated in the functions and decisions map of the ICB, which include the Quality Committee which	PIEAC Terms of Reference within the ICB Corporate Governance Handbook
	 If there is a dedicated public and patient engagement committee/group, how is the effectiveness of this group in decision making be measured/assurances provided? Are the roles, responsibilities and reporting arrangements defined? 	Yes. This is a sub-committee of the Integrated Care Board and is known as the Public Involvement and Engagement Advisory Committee. The Committee therefore is advisory in nature, and provides assurance and advice to the Board, via the Chair's reports.	PIEAC Terms of Reference Functions and decisions map of the ICB Reports to PIEAC – particularly the engagement assurance report, and the insight report (in papers from previous meetings) Functions and decisions map of the ICB
	 Is there a central oversight point to assess the engagement at system, place and neighbourhood for consistency of approach and to avoid duplication? 	Director of Communication and Engagement, Head of Communication and Engagement (Insight) and Insight, Coproduction and Engagement team work to do this and keep a central registry of engagement, which is reported in the PIEAC reports – particularly the assurance and insight reports. These describe engagement undertaken, including links to reports,	The website acts as the public and central repository for engagement: <u>https://www.lancashireandsouthcumbria.icb.nhs.uk/g</u> <u>et-involved</u> <u>Reports to PIEAC – particularly the engagement</u> <u>assurance report, and the insight report</u> (in papers from previous meetings, which have been shared separately with MIAA)

Areas for ICBs to cons	sider	ICB's Response	Evidence
		and planned engagement. The PIEAC acts as the oversight group, assuring good engagement takes place and advising the ICB.	https://www.lancashireandsouthcumbria.icb.nhs.uk/get-involved/what-youve-told-us
	 Is there adequate representation of Healthwatch and voluntary, community and social enterprise (VCSE) groups at relevant ICB groups/committees? 	Yes, see the Terms of Reference for our committees, and our website description of the membership of the PIEAC. The ICB agreed a new partnership with the VCFSE which ensures that there is adequate representation and involvement from the VCFSE at relevant ICB groups/committees	https://www.lancashireandsouthcumbria.icb.nhs.uk/g et-involved/public-involvement-and-engagement- advisory-committee Integrated Care Board PIEAC Terms of Reference Website – members of PIEAC Quality Committee https://www.lancashireandsouthcumbria.icb.nhs.uk/n ews-and-media/latest-news/new-partnership-deal- puts-nhs-decision-making-heart-communities
	How are assurances provided that the ICB identifies and engages its population, including those who are seldom heard and/or experience the worst health outcomes, to ensure their voices are heard?	The PIEAC receives a bi-monthly assurance report which features work we have undertaken to engage the population and the seldom heard. In turn the new hospital programme has commissioned Lancaster University to undertake research with seldom heard communities. We have undertaken engagement specifically with the deaf community whose feedback at our Burnley Listening event has informed further	ICB Committee escalation and assurance report (July example) : https://www.healthierlsc.co.uk/application/files/5816/8 796/9057/Item 7 - i - Committee Escalation and Assurance Report - 5 July 2023.pdf The June PIEAC report received the assurance report which describes the involvement of seldom heard groups in the joint forward plan: https://www.healthierlsc.co.uk/application/files/1816/8 794/3917/Item 2.3 -

Areas for ICBs to consider	ICB's Response	Evidence
	engagement with the wider disabled community.	Engagement and Involvement Assurance Report- April - May 2023.pdf
	The PIEAC has heard about the population health led engagement undertaken in Lancashire and South	A detailed investigation in the experiences of hard to reach groups and communities was provided for the New Hospital programme – the full report is <u>here</u>
	Cumbria targeting the seldom heard, marginalised and people with protected characteristics (1000 voices, Hypertension in Blackpool and	More information on the seldom heard group engagement is featured in these reports: <u>https://newhospitals.info/your-hospitals-your-say</u>
	Community Journalism)	https://newhospitals.info/Research
		Listening event reports: <u>https://www.lancashireandsouthcumbria.icb.nhs.uk/g</u> <u>et-involved/what-youve-told-us</u>
		https://www.healthierlsc.co.uk/application/files/8416/7 810/9375/Item 2.6 - i - Insight Reports - Population Health Improvement cover sheet.pdf

Areas for ICBs to cons	sider	ICB's Response	Evidence
			https://www.healthierlsc.co.uk/application/files/6816/7810/9375/Item 2.6 b - ii - Street Community Journalists PIEAC.pdfhttps://www.healthierlsc.co.uk/application/files/3016/7810/9376/Item 2.6 c - iii - 1000 voices LSC.pdfhttps://www.healthierlsc.co.uk/application/files/1416/7810/9377/Item 2.6 c - iv - Blackpool 100 voices.pdfHypertension presentation referred to in minutes of meeting (item 2.6) : https://www.healthierlsc.co.uk/application/files/1816/7810/9735/Item 1.3 - LSC ICB PIEAC Meeting - 26 January 2023 - Draft Minutes.pdfDemanding health equity (collaboration with Lancaster University) : https://demandinghealthequity.uk/about/
	• Are public parts of ICB meetings and relevant papers, including those relating to the ICB public and patient engagement groups easily accessible to the public?	Yes – see the Meetings and papers section of the ICB website. Meetings are publicised, the public are encouraged to attend, meetings are livestreamed and recording and papers are available on-line.	<u>Meetings and papers</u> section of the ICB website. <u>https://www.lancashireandsouthcumbria.icb.nhs.uk/a</u> <u>bout-us/board/guidance-attending-board-meetings</u>

Areas for ICBs to cons	ider	ICB's response	Evidence
Areas for ICBs to cons		The primary care commissioning committee has recently approved a decision-making matrix in relation to patient and public involvement. (Minutes of the August meeting). A procurement checklist was agreed	Evidence Minutes of the PCC meeting in August are not on the website but can be available on request. <u>https://www.healthierlsc.co.uk/application/</u> <u>files/3516/8209/0360/item_2.4_Appendi</u> <u>x_A. Procurement_and_engagement_ch</u>
	commissioning new services etc)? Have the approval processes been defined and can this be evidenced if requested?	and is available for specific procurements, based on our engagement in GP primary care procurements The staff intranet includes a communications and engagement planning template which acts as a prompt to support staff identify an adequate and proportionate comms and engagement approach. A detailed engagement guide was considered by the committee in January 2023 and a summary "quick read" is available for staff	ecklist draft Appendix A.pdf https://www.healthierlsc.co.uk/application/ files/3116/7810/9375/Item 2.5 - ii - Lancashire and South Cumbria ICB I nsight Co- production and Engagement Guide 1.0 200922.pdf Engagement and Involvement quick start v1 short form 3 pages for PIEAC September and Engagement_and_Involvement_Framewo rk 10 page version for September PIEAC

Areas for ICBs to consider	ICB's response	Evidence
Are controls in place to ensure public and patient engagement/consultation is undertaken as early as possible (e.g. built into business case development process)?	The Director of Communication and Engagement is a member of the executive team, attends the ICB, and along with the Chair of the Public Involvement and Engagement Advisory Committee are members of key committees and groups. The Chair of the Public Involvement and Engagement Advisory Committee provides assurance to the Board and ensures that public and patient involvement is undertaken as early as possible Members of the communication team attend key planning meetings in an advisory role. Communications and engagement membership at all ICB decision making committees.	As well as our internal framework for engagement, we created a provider collaborative guide to ensure that all of our commissioned providers undertake engagement/consultation as early as possible: https://www.healthierlsc.co.uk/application/ files/5516/7810/9375/Item 2.5 - iii - 20220928 Patient and public engage ment_to_support_clinical_redesign.pdf Examples of early involvement are in the following reports: Listening to people on our ICP priorities: https://www.healthierlsc.co.uk/application/ files/7016/7033/4282/ICP draft priorities summary of findings final 20221024.p df with the report that went to the PIEAC: https://www.healthierlsc.co.uk/application/ files/9416/8501/6741/item 2.2 PIEAC re port on ICP engagement process.pdf Our Joint Forward Plan – which we engaged early and reported to the PIEAC in April 2023: https://www.healthierlsc.co.uk/application/ files/6516/8209/0360/item_2.3_20230418 _JFP engagement plan report v3.pdf https://www.healthierlsc.co.uk/application/ files/5016/8794/3911/Item 2.2 - JFP_ENGAGEMENT_REPORT1.pdf

Areas for ICBs to consi	der	ICB's response	Evidence
	• Are the approaches/methods to involve patients and public captured including hard to reach and minority groups? How is it ensured that approaches are fair, proportionate and have regard to equality?	The PIEAC receives a bi-monthly assurance report which features work we have undertaken to engage the population and the seldom heard. In turn the new hospital programme has commissioned Lancaster University to undertake research with seldom heard communities. We have undertaken engagement specifically with the deaf community whose feedback at our Burnley Listening event has informed further engagement with the wider disabled community. The PIEAC has heard about the population health led engagement undertaken in Lancashire and South Cumbria targeting the seldom heard, marginalised and people with protected characteristics (1000 voices, Hypertension in Blackpool and Community Journalism)	The June PIEAC report received the assurance report which describes the involvement of seldom heard groups in the joint forward plan: https://www.healthierlsc.co.uk/application/ files/1816/8794/3917/Item 2.3 - Engagement and Involvement Assuran ce Report-April - May 2023.pdf A detailed investigation in the experiences of hard to reach groups and communities was provided for the New Hospital programme – the full report is here and here: https://eprints.lancs.ac.uk/id/eprint/18655 7/1/New Hospitals Programme Report Feb 23.pdf More information on the seldom heard group engagement is featured in these reports: https://newhospitals.info/your- hospitals-your-say https://newhospitals.info/Research Reports from our listening events which include reaching the hard to reach and seldom heard :

Areas for ICBs to consi	der	ICB's response	Evidence
			https://www.lancashireandsouthcumbria.ic b.nhs.uk/get-involved/what-youve-told-us
			https://www.healthierlsc.co.uk/application/ files/8416/7810/9375/Item 2.6 - i - Insight Reports - Population Health Improvement cover sheet.pdf https://www.healthierlsc.co.uk/application/ files/6816/7810/9375/Item 2.6 b - ii - Street Community Journalists PIEAC.p
			<u>df</u> <u>https://www.healthierlsc.co.uk/application/</u> <u>files/3016/7810/9376/Item_2.6_ciii</u> <u>1000_voices_LSC.pdf</u>
			https://www.healthierlsc.co.uk/application/ files/1416/7810/9377/Item 2.6 c - iv - Blackpool 100 voices.pdf
			Hypertension presentation referred to in minutes of meeting (item 2.6) : https://www.healthierlsc.co.uk/application/ files/1816/7810/9735/Item 1.3 - LSC ICB PIEAC Meeting - 26 January 2023 - Draft Minutes.pdf
	• Are equality impact assessments undertaken prior to starting any engagement activities including reference to	The current process in place is that EHIIRAs should be started at the formative stage of any decision making process and regularly reviewed/updated throughout that	https://www.lancashireandsouthcumbria.ic b.nhs.uk/about-us/equality-diversity-and- inclusion/equality-and-health-inequalities- impact-risk-assessments-ehiiras

Areas for ICBs to consider	ICB's response	Evidence
protected characteristics? Can the assessment review process be evidenced?	process to ensure that we can demonstrate due regard to the Public Sector Equality Duty. This would include undertaking EHIIRAs prior to forming any engagement plans.	
	 We have supported in the region of 100 EHIIRAs since the ICB was established. Examples available from this are: New Hospitals Programme C&E Strategy Working with people and communities: Strategic public involvement for LSC ICS Belonging Plan 	 <u>New Hospitals Programme – C&E</u> <u>Strategy</u> <u>Working with people and</u> <u>communities: Strategic public</u> <u>involvement for LSC</u> <u>ICS Belonging Plan</u>
 Has the ICB published at least the following information on its website: Involvement opportunities, including formal roles, consultation and public meetings Details of how to make complaints and comments 	 A 'top level' navigation area of the ICB website is 'Get involved' This lists ways for the public to have their say, details the principles or working with people and communities and describes ways of volunteering. See How do I complain and Enquiries, comments and compliments section of the website 	 '<u>Get involved'</u> <u>How do I complain</u> and <u>Enquiries</u>, <u>comments and compliments</u> Area needs and priorities are set out <u>in full</u> and <u>in summary</u>. See ICB website <u>Healthwatch</u> Links to other relevant local groups, including the examples given are in the <u>Get involved</u> area of the website

Areas for ICBs to consider	ICB's response	Evidence
A summary of key needs i the ICB area and how the are being addressed Links to local Healthwatch Links to other relevant loca organisations including voluntary, community and social enterprise groups/organisations?	e are set out <u>in full</u> and <u>in</u> <u>summary</u> . 4. See ICB website	
Are patient and public activities designed to t place at times and in ways that encourage participation? Is the ongoing dialogue with public and patient grou encouraged to identify what works best?	encourage participation- examples are listening events held online and in-person in Blackpool, Blackburn, Burnley, North Lancs typically in	https://www.lancashireandsouthcumbria.ic b.nhs.uk/get-involved/what-youve-told-us • Barrow • Blackburn with Darwen • Burnley • Central Lancashire • North Lancashire • Disability north west forum https://www.lancashireandsouthcumbria.ic b.nhs.uk/get-involved/have-your-say-current-opportunities/withnell-health-centre Withnell Patient Group : https://www.lancashireandsouthcumbria.ic b.nhs.uk/get-involved/have-your-say-current-opportunities/withnell-health-centre

Areas for ICBs to consider	ICB's response	Evidence
	new ICB GP procurement process, where regular engagement sessions with the Steering Group of patients take place in the evening, at their request. We visited a community centre close to Liverpool House Surgery, Barrow to run a series of face to face drop in sessions with the community and to engage with registered patients of the practice and to listen to their concerns	<u>centre</u> (all agendas and minutes of meetings available on request – one example of <u>agenda</u> , and <u>minutes</u> shared here:) <u>https://www.lancashireandsouthcumbria.ic</u> <u>b.nhs.uk/liverpoolhouse</u> including: <u>https://www.healthierlsc.co.uk/application/</u> <u>files/8416/8130/3393/Liverpool House S</u> <u>urgery engagement_report.pdf</u> <u>Disability north west forum</u>
	We met and conducting a listening event with the lancashire disability network also known as "Disability North West" at a time of their choosing (see report), and we have specifically chosen to go to where people and communities are based to listen to them – the new hospital programme engagement with the seldom heard	

Areas for ICBs to consider	ICB's response	Evidence
Are feedback processes in place to communicate engagement impact? How will the ICB demonstrate this on an ongoing basis (in addition to the annual report to demonstrate how the Public Involvement Duty has been discharged)?	All reports from listening events in each of our places and for specific areas of work have been circulated to attendees for comment; where possible. A monitoring log to track "You said, we did' actions has been produced in our PIEAC Insight report. Where lived experience patient stories have seen action, we have shared this with the individuals and with the public.	https://www.lancashireandsouthcumbria.ic b.nhs.uk/get-involved/what-youve-told-us • Barrow • Blackburn with Darwen • Burnley • Central Lancashire • North Lancashire • Disability north west forum Insight Report for PIEAC – latest version June showing log of suggestion recommendations and actions: https://www.healthierlsc.co.uk/application/ files/4916/8794/3920/Item 2.4 - PIEAC Insights Report April May June PIEAC 2023.pdf Also in the Insight Report -the list of patient stories and lived experience: https://www.healthierlsc.co.uk/application/ files/4916/8794/3920/Item 2.4 - PIEAC Insights Report -the list of patient stories and lived experience: https://www.healthierlsc.co.uk/application/ files/4916/8794/3920/Item 2.4 - PIEAC Insights Report April - May June PIEAC 2023.pdf ICB 29 March meeting item 21/23 Patient Story/Citizens Voice: https://www.healthierlsc.co.uk/application/ files/9716/8250/9589/Item 4 i - DRAFT Minutes -<

Areas for ICBs to cons	ider	ICB's response	Evidence
			Part 1 LSC ICB Board Meeting - 29 March 2023.pdf
			Diabetic Patient Story to the ICB: <u>https://youtu.be/JHbh1QpiaC8</u> <u>https://www.lancashireandsouthcumbria.ic</u> <u>b.nhs.uk/get-involved/what-youve-told- us/patient-story-living-diabetes-carers- perspective</u>
	 Has information about how the ICB supports members of the public who are involved in decision making and governance been published, for example through a training/reimbursement policy? 	Volunteer expenses policy Citizen Reference Group process with role description and reference to time banking	Volunteer expenses policy – have contacted Kirsty Hollis for latest copy Community Ambassador proposal (since changed to Citizens reference group members): https://www.healthierlsc.co.uk/application/ files/3716/8794/3926/Item 2.5 - Community ambassadors proposal.pdf Citizen's Panel article and advert for Reference Group role description and advert (time banking) = awaiting pdf version view here:

Areas for l	CBs to consider	ICB's Response (for checklist for auditors)	What can we provide
Engagement		unity's needs, experiences, ideas and care, using engagement to find out if	
Impact	 How is data about the experiences and aspirations of people who use (and do not use) health and care services, care and support collated and stored? 	Our PIEAC report on insight provides ongoing information on insight from engagement with people and communities, and our assurance report seeks to describe our approach to and record of engagement. The information we collate is stored in thematic reports (such as the listening events, patient stories, survey results and specific engagement findings). Reports are stored on the website or summarised in the PIEAC reports.	https://www.healthierlsc.co.uk/application/file s/1816/8794/3917/Item 2.3 - Engagement and Involvement Assurance Report-April - May 2023.pdf https://www.healthierlsc.co.uk/application/file s/4916/8794/3920/Item 2.4 - PIEAC Insights Report April - May June PIEAC 2023.pdf
		Data is retained on Smartsurvey our information governance accredited survey platform Paperbased survey questionnaires and information is stored securely.	
		Work is underway to establish an insight database to enable the automation of insights. Currently this is done "post-hoc" through desk top reviews of existing reports and data. A good example of post hoc analysis and reporting is the dental thematic report which is evidenced here. We	https://www.smartsurvey.co.uk/

Areas for	r ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
		are also bringing together the findings from all of our listening events.	Dental thematic post hoc review report
	• Are the trends and themes identified shared with communities as appropriate to seek their insight/ solutions to the problems the data identifies?	All listening event reports draw themes from discussions which are circulated to attendees for comment and correction/ clarification; listening event attendees are asked to share ideas for NHS improvement as part of the activity/ discussion. All PIEAC papers which include insights, and feedback are publicly available online for scrutiny.	https://www.lancashireandsouthcumbria.icb.n hs.uk/get-involved/what-youve-told-us•Barrow•Blackburn with Darwen•Blackburn with Darwen•Burnley•Central Lancashire•North Lancashire•Disability north west forum
	• Can the approaches to sharing and using this information/insight to inform decision making and quality governance be demonstrated?	Yes, although this is a work in progress. We have coproduced reports with people and communities	https://www.lancashireandsouthcumbria.icb.n hs.uk/get-involved/what-youve-told-us • Barrow • Blackburn with Darwen • Burnley • Central Lancashire • North Lancashire • Disability north west forum
		Following the involvement of the Withnell Patient Group, we have	

Areas for I	CBs to consider	ICB's Response (for checklist for auditors)	What can we provide
		coproduced a survey in the community with the group and analysed the data, sharing it with the group, and using their feedback to guide the development of a larger survey	The Withnell survey, coproduction and evolution of the survey will need to be shared during interview with members of the team as this is not publicly available. Recommend that Jeremy Scholey, Neil Greaves and David Rogers share and discuss this.
	 Are mechanisms in place to stay informed with work undertaken locally which may have an impact on ICB business/plans i.e. involvement in partner organisation patient/public activities to help avoid consultation fatigue? How is this intelligence shared to inform decision making? 	Yes mechanisms are in development with patient experience teams across all Trusts to ensure that patient engagement activity is not duplicated and that we make best use as a system of patient experience data. The communications and engagement team is establishing a mechanism to regularly receive Trust quality reports. The ICB works closely with system partners for example the NHP and the clinical services review) and endeavour to combine engagement activity into one where possible and viable to do so without impacting on the opportunity for people and communities to make meaningful contributions.	New Hospital programme – the full report is here and here https://newhospitals.info/your- hospitals-your-say as well as here: https://newhospitals.info/Research
	 Does the evaluation framework development process include involvement from the patients/carers/public that will be affected by 	Yes. Evaluation measures for specific communication and engagement plans are included at the planning stage and shared with patient groups as appropriate. Additional evaluation	

Areas for	ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	the decisions made to decide what 'good' looks like?	and success measures can be added at this stage.	
	 Is the impact of the data collated and engagement activities reported through the ICB governance structure? 	The specific governance pathway for 'system recovery and transformation' programmes comms and engagement has been recently developed and is yet to be formalised. It is anticipated that these structures are mostly in place for robust governance of transformation comms and engagement. Through the presentation of data and the findings of survey and other engagement work, the impact of the data collected is captured in PIEAC assurance and insight reports, as well as deep dive analyses at the committee. Assurance is escalated through the committee reporting process to the Integrated Care Board.	Previous evidence – PIEAC assurance and insight reports, as well as specific project reports on the PIEAC agenda, including deep dive presentations such as the presentations from population health : <u>Item 2.6 (b) - (ii) - Street Community</u> <u>Journalists PIEAC.pdf</u> <u>Item 2.6 (c) - (iii) - 1000 voices LSC.pdf</u> <u>Item 2.6 (c) - (iv) - Blackpool 100 voices.pdf</u> ICB Committee escalation and assurance report (July example) : <u>https://www.healthierlsc.co.uk/application/file</u> s/5816/8796/9057/Item 7 i <u>Committee_Escalation_and_Assurance_Report - 5_July_2023.pdf</u>

ICB's Response (fo	or checklist for auditors)	ICB's Response (for checklist for auditors)	What can we provide
\frown	4. Build relationships based marginalised groups and the	on trust, especially with se affected by health inequalities	
Building Relationships	• Are the approaches and methods of engagement used to meet the needs of the ICB area (including those protected by a characteristic under the Equalities Act 2010 and those affected by health and social inequalities) promoted through diverse community channels?	The engagement teams (ICE and transformation) use our stakeholder lists and contact database which has been curated to reach key groups including those protected by a characteristic under the Equalities Act 2010 and those affected by health and social inequalities. We also use our links with the VCFSE to reach key groups. In addition to this the ICB uses traditional methods of engagement and reach such as direct mail, phone and email contact as well as social media, traditional media and maximising our use of networks in the VCFSE and Healthwatch, as well as local government and academia.	Database and contact lists can be shared with auditors Social media and traditional media platforms can be shared with auditors. Specific examples are our reach and engagement for the New Hospital Programme (sex workers, low income groups, LGBT and BAME groups), and the five year forward plan (food banks)
	• Can demographic monitoring for public involvement be demonstrated and how this is used to inform improvement/decision making?	Demographic information collected from surveys and Citizen's Panel membership; unclear how this is used in decision making	Demographic Monitoring Report is being finalised. This was commissioned from the Midlands and Lancashire CSU and can be made available on request. Latest version is <u>here</u> and exec summary is <u>here</u> We use demographic monitoring including the seldom heard and protected

ICB's Response (for checklist for auditors)	ICB's Response (for checklist for auditors)	What can we provide
		characteristics in our survey questionnaires and demographic data is included in our reports (see previous reports already described)
		The New Hospital Programme focus on seldom heard groups – has been used to inform understanding of the needs of those groups:
		The June PIEAC report received the assurance report which describes the involvement of seldom heard groups in the joint forward plan: <u>https://www.healthierlsc.co.uk/application/fil</u> es/1816/8794/3917/Item 2.3 - <u>Engagement and Involvement Assuranc</u> e Report-April - May 2023.pdf
		A detailed investigation in the experiences of hard to reach groups and communities was provided for the New Hospital programme – the full report is <u>here</u>
		More information on the seldom heard group engagement is featured in these reports: <u>https://newhospitals.info/your- hospitals-your-say</u>
		https://newhospitals.info/Research

ICB's Response (for checklist for auc	itors) ICB's Response (for checklist for auditors)	r What can we provide
 Is the input from marginalised of those affected inequalities industry those already ICB priorities/prosught proactic can this be demonstrated prompts in key documentation ensure this octained to be also be also be already to b	roups and byCORE20PLUS5/ protected characteristic groups identified in engagement plans- input gathered for NHP from Gypsy, Roma and Irish Travellers, sex workers, people on low incomes, LGBTQ+ people, people from ethnic minorit communities Our engagement plans for transformation programmes are based on	https://www.healthierlsc.co.uk/application/f es/1816/8794/3917/Item 2.3 - Engagement and Involvement Assurance
 Do staff have skills to engag patients/ public encouraging patient/public 	e with based training documentation and toolkits and has piloted training for staff the wider workforce and	draft Appendix A.pdf

ICB's Response (for	checklist for auditors)	ICB's Response (for checklist for auditors)	What can we provide
	discussions as opposed to directed discussion?	this training. The skill base is variable variable, between teams and roles. For example the children and young peoples team are adopting the Lundy Model which puts coproduction at the heart of engagement, and the population health team use the art of hosting – which similarly uses this approach.	https://www.healthierlsc.co.uk/application/files/3116/7810/9375/Item 2.5 - ii - Lancashire and South Cumbria ICB Insight Co- production and Engagement Guide 1.0 200922.pdfEngagement and Involvement quick start v1 short form 3 pages for PIEAC September andEngagement and Involvement Framework 10 page version for September PIEACLundy Model : See Section 8, page 11 of : https://www.healthierlsc.co.uk/application/fil es/1816/8794/3917/Item 2.3 - Engagement and Involvement Assuranc e Report-April - May 2023.pdfPopulation Health examples evidence art of hosting skills in population health: see here and here
	Are engagement and feedback processes tailored to include people in accessible and inclusive ways?	Under development- people with hearing impairment and physical disabilities have been included in listening events - as well as invited attendees the ICB also paid for a BSL organisation to provide	 <u>Barrow</u> <u>Burnley</u> <u>North Lancashire</u> <u>Disability north west forum</u>

ICB's Response (for checklist for auditors)		ICB's Response (for checklist for auditors)	What can we provide
		interpretation for the deaf attendees at recent in-person listening groups – Burnley, Barrow and North Lancashire. We have also met with the disability network and tailored our engagement to meet their needs	
	• Does the ICB Equality, Diversity and Inclusion Strategy include reference to public and patient engagement/links to the public and patient engagement strategy and has this been published on the ICB website?	The EDI strategy refers to public and patient involvement and inclusion and links to the patient engagement strategy. It has been published on the ICB website	https://www.healthierlsc.co.uk/application/f es/1716/7171/1541/LSC_ICB_Interim_EDI Strategy_2022-23 - FINAL - FOR_PUBLICATION.pdf https://www.lancashireandsouthcumbria.icl nhs.uk/about-us/equality-diversity-and- inclusion/our-equality-diversity-and- inclusion-strategy
	 Is the link between the ICBs approach/strategy for patient/public involvement and Equality Delivery System (EDS2) made clear? 	No- EDS2 is linked to via the ICB website but no explicit link is made	 <u>https://www.lancashireandsouthcumbria.ic</u> <u>nhs.uk/about-us/equality-diversity-and-</u> <u>inclusion/equality-delivery-system-eds</u> Reference but not explicit link is made: "It anticipated that system partners will work together to: Identify relevant services for assessment and use relevant data identify strengths and weaknesses patient access and experience

ICB's Response (fo	or checklist for auditors)	ICB's Response (for checklist for auditors)	What can we provide
			 Collaborate to engage and involve relevant stakeholders from diverse backgrounds in EDS grading activities"
	Are reporting and feedback on engagement activity arrangements consistent and timely?	Yes. Reporting and feedback is timely in relation to programme demands and governance. There is variation in the timing of reporting and feedback on engagement which is largely dependent on a number of factors including the timings of committees and critical operational factors in project/programme progression. When planning communication and engagement activity, the function supports the timeframes requested by the programme team. Where feedback to people and communities is delayed due to programme operational factors the comms and engagement function endeavour to keep groups informed of progress.	See previously described reports for examples.

Areas for ICBs to consid	er	ICB's Response (for checklist for auditors)	What can we provide
	5. Work with Healthwatch an social enterprise sector as k	nd the voluntary, community and ey partners	
Partnership Working	 Has clear direction been provided in relation to the involvement of Healthwatch and VCSE as key partners in ICB activities around patient/public engagement? 	Yes – see above, in the terms of reference for committees (ie Quality and PIEAC Committees) VCFSE membership on committees, and in engagement, particularly with Healthwatch The ICB has a regular (monthly partnership meeting with Healthwatch) The ICB has agreed a partnership agreement with the VCFSE)	PIEAC Terms of Reference within the ICB Corporate Governance Handbook Website – members of PIEAC Quality Committee Functions and decisions map of the ICB For the September PIEAC – as with previous meetings, Healthwatch will be presenting a paper on their work – in this instance, they were commissioned to undertake engagement around the needs and experiences of unpaid carers : https://healthwatchwestfurn.co.uk/report/i- care/ Commissioning Healthwatch paper supplemented by discussion with Neil Greaves and David Rogers re: regular monthly meetings with Healthwatch Lancashire (David Blacklock and Lyndsey Graham) here https://www.lancashireandsouthcumbria.icb. nhs.uk/news-and-media/latest-news/new-

Areas for ICBs to consider		ICB's Response (for checklist for auditors)	What can we provide
			partnership-deal-puts-nhs-decision-making- heart-communities
	• Is there adequate partner representation in the ICB public and patient engagement forums/committees?	Yes – see above, in the terms of reference for committees (ie Quality and PIEAC Committees)	PIEAC Terms of Reference within the ICB Corporate Governance Handbook Website – members of PIEAC Quality Committee Functions and decisions map of the ICB
	 Local authorities, social care providers and the VCSE sector may already have well-established mechanisms in place for including people in decision-making, are partners consulted with prior to and during engagement activities to share intelligence? Are existing forums utilised? 	LA/ VCFSE partners are often consulted with prior to engagement e.g. listening events, focus groups. Plans are in hand for existing forums such as Youth Councils, service user groups etc. to be used Refer to PIEAC agenda items and substantive papers – so insight report section from HW and partners, as well as as September meeting item on carers engagement in South Cumbria. Also see above re patient experience teams in Trusts an NHP partnership	Refer to PIEAC agenda items and substantive papers – so insight report section from HW and partners, as well as as September meeting item on carers engagement in South Cumbria. <u>https://www.lancashireandsouthcumbria.icb.</u> <u>nhs.uk/news-and-media/latest-news/new- partnership-deal-puts-nhs-decision-making- heart-communities</u> <u>https://www.lancashireandsouthcumbria.icb.</u> <u>nhs.uk/news-and-media/latest-news/icb- signs-partnership-agreement-vcfse-sector</u> <u>https://www.healthierlsc.co.uk/application/fil</u> es/5916/8433/9665/VCFSE_partnership_ag reement_signed.pdf

Areas for ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
Are relationships with partners developed to promote the sharing of lessons learned?	PIEAC acts as an assurance and advisory committee which oversight of engagement across the system and as such is in a position to share and learn from successes Many organisational and operational 'boundary spanning' forums are in place, and many of these include and involve representatives from Healthwatch and the VCSE, but with agendas which facilitate the sharing of information and lessons learned. This include weekly meeting of system Heads of Communication, meetings of system Directors of Communications and meetings with Local Authority heads of communication. A similar forum exists with the Regional NHS E Communications function as well as the engagement and working with people and communities networks. In Lancashire and South Cumbria there is a strong network of engagement practitioners (NHS, led by the Innovation Agency and Local Authority, led by Lancashire County Council). We are active participants in these.	https://www.healthierlsc.co.uk/application/fil es/5916/8433/9665/VCFSE_partnership_ag reement_signed.pdf PIEAC Terms of Reference within the ICB Corporate Governance Handbook Website – members of PIEAC Quality Committee Functions and decisions map of the ICB

Areas for ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	Opportunities are taken to learn from specific issues which ive rise to bespoke opportunities to learn from experience. For example the Head of Communication and Engagement has shared the experience of setting up a programme of lived experience with the population health communication and engagement leads in the north west region and this has led to him being invited to talk to the national leads in September 2023.	
	The engagement team are establishing a series of training sessions and "lunch and learn" workshops. These have been piloted as previously highlighted.	

Areas for ICBs t	o consider	ICB's Response (for checklist for auditors)	What can we provide
in	6. Provide clear and ac nformation	ccessible public	
Clear and Accessible Information	Has the ICB published details about providing information in accessible formats and assistance available to those who require other support to enable them to engage?	The ICB website gives access to the Recite me toolbar, the assistive accessibility toolbar which makes the website more inclusive by allowing visitors to customise website content so that they can read and understand it in ways that work best for them.	https://www.lancashireandsouthcumbria.icb.nhs.uk/
		The toolbar is accessed from the homepage of the ICB website.	
		The accessibility statement also provides information on how to request information in an accessible format.	https://www.lancashireandsouthcumbria.icb.nhs.uk/contact- us/accessible-information
		All videos published on the website contain subtitles and if the video is aimed at a specific community – for example those speaking Urdu – the video will be	
		translated and provided in the native language as well as English.	An example (July ICB Board Meeting) https://www.lancashireandsouthcumbria.icb.nhs.uk/about-

Areas for	r ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
Areas for	Are public facing communications accessible to local communities, for example in accessible formats and using a range of methods?	checklist for auditors)Translations, easy read, audio and video communications are available when appropriate.Digital is the preferred method of communication however every effort is made to not exclude anyone. The use of partner and VCFSE channels helps with communication penetration within harder to reach communities.At our Listening events,	What can we provide Us/board/meetings-and-papers/previous-board-meetings/5- july-2023-board-meeting • Barrow • Burnley • North Lancashire • Disability north west forum Blackburn Mela Poster (Urdhu translation)
		 when we learned of interest from the deaf and hard of hearing communities we increased accessibility by commissioning BSL interpreters and this improved involved. We routinely check and use translated materials where this is appropriate and possible. The Blackburn 	

Areas for IC	Bs to consider	ICB's Response (for checklist for auditors)	What can we provide
		Mela is a recent example where we created a translated version of the event poster (in to Urdhu)	
	 Are processes in place to assess if the Accessible Information Standards are met and where is this reported? 	Equality, Diversity and Inclusion Annual Report NHS Lancashire and South Cumbria Integrated Care Board is required to publish equality information each year to show that we're complying with the Public Sector Equality Duty. This information takes the form of an equality, diversity and inclusion annual report. We expect to publish our first report in September 2023. In June 2022, the eight Clinical Commissioning	LSC CCGs E&I Annual Report 2021-2022 https://www.lancashireandsouthcumbria.icb.nhs.uk/about- us/equality-diversity-and-inclusion https://www.lancashireandsouthcumbria.icb.nhs.uk/about- us/glossary Accessibility options: https://www.healthierlsc.co.uk/index.php?cID=11132
		Groups in Lancashire and South Cumbria published a joint and final equality, diversity and inclusion annual report before their closedown in July 2022.	

Areas for ICE	3s to consider	ICB's Response (for checklist for auditors)	What can we provide
	 Is the ability to influence decisions clearly communicated providing examples of impact? 	This is limited. We have a page which communicates examples of impact and this is being developed.	https://www.lancashireandsouthcumbria.icb.nhs.uk/get- involved/what-youve-told-us

Areas for IC	Bs to consider	ICB's Response (for checklist for auditors)	What can we provide
Community	people and communities, works already	d approaches that empower making connections to what	
Centred Approaches	 Is the use of community centred approaches clearly communicated in ICB patient/public engagement publications? 	······································	Working with People & Communities Strategy https://www.healthierlsc.co.uk/application/files/8416/ 7810/9375/Item 2.6 - i - Insight Reports - Population Health Improvement cover sheet.pdf

Areas for IC	Bs to consider	ICB's Response (for checklist for auditors)	What can we provide
			https://www.healthierlsc.co.uk/application/files/6816/ 7810/9375/Item_2.6_bii Street Community Journalists PIEAC.pdf https://www.healthierlsc.co.uk/application/files/3016/ 7810/9376/Item 2.6 c - iii - 1000 voices LSC.pdf https://www.healthierlsc.co.uk/application/files/1416/ 7810/9377/Item 2.6 c - iv - Blackpool 100 voices.pdf Priority Wards and more information on priority wards here Blackpool Hypertension Project Fuller Stocktake West Lancashire Front Door Project & heat maps
	• Do staff have the required skills and experience to engage using different approaches and utilise existing community assets, activities, venues etc to full effect?	The engagement team have developed resources to support the workforce, including an engagement toolkit and documentation including an EDI glossary. A schedule of training for staff was piloted earlier in 2023 and we are refining this to offer staff training in engagement and coproduction etc.	Engagement Toolkits: https://www.healthierlsc.co.uk/application/files/3516/ 8209/0360/item 2.4 Appendix A. Procurement a nd_engagement_checklist_draft_Appendix_A.pdf https://www.healthierlsc.co.uk/application/files/3116/ 7810/9375/Item 2.5 - ii - Lancashire and South Cumbria ICB Insight Co- production and Engagement Guide 1.0 200922.p df Engagement and Involvement quick start v1 short form 3 pages for PIEAC September and

Areas for ICBs to cor	ICB's Response (for checklist for auditors	
		Engagement and Involvement Framework 10 page version for September PIEAC A demographic insight report – this is being finalised for printing but the latest version is <u>here</u> and executive summary <u>here</u> EDI Glossary

Areas for	r ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
Co-Production	 8. Have a range of ways for perpendicular part in health and care services Are co-production approaches with people, health and care 		https://www.healthierlsc.co.uk/application/files/3 116/7810/9375/Item 2.5 - ii - Lancashire and South Cumbria ICB Insight
	professionals (those with learnt experience) encouraged and is there are a wider range of approaches beyond those who already contribute to provide a more representative view of the whole population?	although this is variable. There is consideration being given to how we recruit outside the 'usual' demographics e.g. patient engagement work with Blackpool South PCN and Healthwatch is focused on	Co- production and Engagement Guide 1.0 2009 22.pdfEngagement and Involvement quick start v1 short form 3 pages for PIEAC September and Engagement and Involvement Framework 10 page version for September PIEAC

Areas for ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	 working people 18-30 years old. There is a commitment to undertake a minimum of EIRA part one on all communications and engagement plans supporting the system recovery and transformation programmes. This will support our ambition to achieve a more representative view. Senior managers in the SRT comms and engagement team have this as an talent review objective for 2023/24 The transformation programmes have used patient involvement and focus groups with support groups for patient effected are taking place in September. 	We are adopted coproduction approaches in many of the aforementioned projects – particularly the population health and engagement with children and young people (Lundy model). They are evidenced here as examples: https://www.healthierlsc.co.uk/application/files/6 816/7810/9375/Item 2.6 b - ii - Street Community Journalists PIEAC.pdf https://www.healthierlsc.co.uk/application/files/3 016/7810/9376/Item 2.6 c - iii - 1000 voices LSC.pdf https://www.healthierlsc.co.uk/application/files/1 416/7810/9377/Item 2.6 c - iv - Blackpool 100 voices.pdf Priority Wards and more information on priority wards here Blackpool Hypertension Project West Lancashire Front Door Project & heat maps Population Health examples evidence art of hosting skills in population health: see here and here Lundy Model : See Section 8, page 11 of : https://www.healthierlsc.co.uk/application/files/1 816/8794/3917/Item 2.3 - Engagement and Involvement Assurance Re port-April - May 2023.pdf

Areas fo	or ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	• How does the ICB assess that decisions are genuinely co-produced and issues and solutions are jointly agreed?	The ICB ensures this through scrutiny and oversight via the PIEAC committee, and where required, via the Health Overview and Scrutiny Committees. The Chair of the PIEAC provides assurance or escalates issues to the ICB. This includes coproduction.	Working with People & Communities Strategy <u>Reports to PIEAC – particularly the engagement</u> <u>assurance report, and the insight report</u> (in papers from previous meetings)

Areas for ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
9. Tackle System Priorities and Service Reconfiguration in Partnership with People and Communities		

Areas fo	or ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
Partnership with People and Communities	Covered within principles 2,3 and 4 above.	As this KLOE is covered within principles 2,3 and 4 above, please cross reference this KLOE with the principles at 2, 3 and 4.	See sections 2, 3 and 4 for evidence.

Areas for	ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	10. Learn from what works and be partners – networks, relationship	uild on assets of all health and care s and activity in local places	
Lessons Learned	 Are processes in place to identify and learn from successes elsewhere (across systems) in developing the approach to public and patient engagement? 	PIEAC acts as an assurance and advisory committee which oversight of engagement across the system and as such is in a position to share and learn from successes Many organisational and operational 'boundary spanning' forums are in place, and many of these include and involve representatives from Healthwatch and the VCSE, but with agendas which facilitate the sharing of information and lessons learned.	Previous evidence illustrating the work of the PIEAC is pertinent to this principle and KLOE. Examples of networking and shared learning can be provided through interviews.

Areas for ICBs to consider	ICB's Response (for checklist for auditors)	What can we provide
	This include weekly meeting of system Heads of Communication, meetings of system Directors of Communications and meetings with Local Authority heads of communication. A similar forum exists with the Regional NHS E Communications function as well as the engagement and working with people and communities networks. In Lancashire and South Cumbria there is a strong network of engagement practitioners (NHS, led by the Innovation Agency and Local Authority, led by Lancashire County Council). We are active participants in these. Opportunities are taken to learn from specific issues which ive rise to bespoke opportunities to learn from experience. For example the Head of Communication and Engagement has shared the experience of setting up a programme of lived experience with the population health communication and engagement leads in the north west region and this has led to him being invited to talk to the national leads in September 2023. The engagement team are establishing a series of training sessions and "lunch and learn"	

Areas for ICBs to consid	er ICB's Response (for checklist for auditors)	What can we provide
	workshops. These have been piloted as previously highlighted.	