

Working with people and communities strategy

NHS Gloucestershire's
system-wide approach

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Contents

1. Involving you in developing this strategy
2. What will be different about how we work with you in future?
3. Our principles for working with people and communities
4. 'We will' statements
5. How we will work in partnership
6. How to be involved
7. Monitoring and governance
8. How we will measure the impact of what we do, reflect and learn from experience
9. Our mechanisms – tools and techniques
10. Glossary

Appendices – available online at XXX [insert new ICB website address]

There are several closely aligned areas to this strategy providing detail on how we will work:

- with people or 'colleagues' who make up the workforce of the One Gloucestershire Integrated Care System and its partner members
- with 'people and communities' associated with the voluntary and community sector in this county.
- to improve service quality.
- to promote 'personalised care'; working to build new relationships between individuals, professionals and the system based on 'what matters' to people and their individual strengths and needs.

Thank you to the Working with people and communities advisory group, Healthwatch Gloucestershire, The Consultation Institute, NHS England and to everyone who told us how they **want to be involved**. Your comments have helped to codesign this Strategy.

“We are placing a huge emphasis on involving people and communities”

Dame Gill Morgan, Chair
NHS Gloucestershire

“We want to build the relationships needed to deliver better health and care across Gloucestershire so we can support people and communities to improve their lives alongside them.”

Mary Hutton, Chief Executive, NHS
Gloucestershire

We believe that health and care is better when we involve people who use our services, carers, families and the communities we serve - people of all ages, diverse-abilities, ethnic backgrounds, faiths, sexuality, and gender.

Gloucestershire Health and
Care NHS Foundation Trust,
Working Together Strategy

We want our colleagues, patients, carers, partners and our communities to experience meaningful participation in decision-making, in shaping health services and delivering person-centred care. By actively engaging local people and our colleagues we can improve the quality of care we deliver and enhance patient experience.

Gloucestershire Hospitals NHS
Foundation Trust, Engagement and
Involvement Strategy

Foreword

Working alongside community organisations and communities, the One Gloucestershire ICS brings together health and social care organisations, including the voluntary community social enterprise sector (VCSE) and other care providers across the area to give people the best start in life with support to stay healthy and live longer. Our shared ambition is to improve the health and wellbeing of people and communities and the colleagues we work alongside.

We know that the people we listen to and involve need to reflect the communities we serve. We know that many people are often not heard in our system and to ensure our services / commissioning meet the needs of all people we must work creatively and accessibly to reach those whose voices / views / opinions which are frequently ignored or not sought. Thinking and saying that someone or some group is ‘Hard to reach’ is not an acceptable reason for not doing all we can to ensure anyone and everyone who wants to be heard has the opportunity.

1. Involving you in developing this strategy

This strategy has been developed by colleagues working across Gloucestershire following engagement with local people and communities, including key partners, Healthwatch Gloucestershire and Inclusion Gloucestershire. We received over 400 individual responses to our ICS engagement survey at the beginning of 2022; and have been gathering ideas and examples of best practice from across our county and beyond since last year.

The ICS engagement survey asked people: **how do you want to be involved?**
The Top three most frequently occurring suggestions were:

- Participating in events e.g. Focus Groups
- Completing surveys
- Asking us to promote opportunities to get involved in a variety of ways

Your feedback has informed this strategy and we will continue to ask this question and use new ideas to develop our approach over the coming years. **Thank you**

ICS Engagement: How do you want to be involved?



Our conversations with Inclusion Gloucestershire highlighted the following:

- Discussions with existing groups;
- Consider the time of the meeting – be flexible;
- Consider payment and recognition for involvement;
- Visit the community – community cafes are great venues to talk informally about support and aspirations; and
- Provide information in Easy Read.

2. What will be different about how we work with you in future?

This strategy sets out our principles, how we will work, and the mechanisms in place to ensure we are putting the people and communities of Gloucestershire at the heart of everything we do. This strategy outlines how we will ensure we meet NHS Gloucestershire's duty to involve people and communities in our work.

This strategy sets out the approach we will take towards:

1. **Involving people and communities (governance)**
2. **Involving you**
3. **Working with people and communities to tackle inequalities**
4. **Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups**
5. **Communicating with you**

We want to ensure that we involve you in a variety of different ways and will be open and transparent in our work. We want your involvement to be meaningful. This is our commitment to you.

We will involve you; we will listen to you; we will act on what you tell us we need to know, and we will tell you what we have done.



There are some exciting new developments planned for in our first year of the **ICS**. Here are a few highlights to look out for over the next 12 months.

Insight HUB

It will be an online space, a 'library', where all Insight (reported feedback from local people and communities) can be kept together in one place. Its purpose is to assist decision-makers to access current Insight in the system, with the aim of avoiding duplication and involvement fatigue. In the HUB will be items such as: Research papers, Output of Engagement and Consultation Reports, Reports from Healthwatch Gloucestershire and other Voluntary and Community Sector organisations, records of patient stories and summaries of survey responses. Insight will be added to the 'library' on a regular basis.

Creating this resource will mean that we can check what we have heard before we come to talk to you again; that means we can also check what we have done with what you have told us before and feedback to you our actions. Over the next year we will start to build up this 'library' of local information about what matters to local people and communities and what you want us to hear. All staff and partners will be able to register to view the information and use it to assist them in developing and evaluating local services.

Twice a year, in partnership with Healthwatch Gloucestershire, we plan to bring together examples of Insight collected to discuss at meetings in public of the NHS Gloucestershire Board. The discussions informed by these Insights will tell us how well we are doing against achieving our ambitions and help to identify new priorities and actions.

Citizens Panel

We are planning to recruit a group of 1000 local residents to join a Citizens Panel. People recruited will be representative of the Gloucestershire population of approximately 650,000 people. The Panel will include individuals who live in priority areas of the county; where people experience greater health inequalities than elsewhere in Gloucestershire or the England. The Panel will be made up of a group of individuals, whose anonymous feedback will be used at a county and a more local level to shape health and care services and support.

We know we can rely upon very active 'self-selecting' people who are prepared, willing and able to take up the many opportunities we currently offer to have their say. What we have identified is that we can do more to ensure that we hear the voices of individuals who do not, or cannot, easily tell us what matters to them. Panel members will be recruited and supported by independent specialists, who will ensure a fair cross-section of Gloucestershire's diverse communities join the Panel.

Storytelling

We want to encourage people to tell us their stories so that we can learn from their real experiences about what went well, what could have been improved and get new ideas. Stories will usually take the form of narrative interviews or audio-visual productions and it is our intention to begin each ICB Board meeting with a Story.

Listening to stories told by people who have experience of using services is very powerful. Stories can be used to emphasize why quality improvement initiatives are important, help us to discuss the difficult decisions, personal circumstances, and values that people's experiences bring to health and care.

3. Our principles for working with people and communities

NHS England set out 10 national principles of partnership involvement:

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight, and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local neighbourhoods.

We have taken the 10 NHS England principles and grouped them into **five** areas of focus:

- 1. Involving people and communities (governance)**
- 2. Involving you**
- 3. Working with people and communities to tackle inequalities**
- 4. Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups**
- 5. Communicating with you**

Responding to these principles and taking in to account the feedback from the ICS engagement, we have created local '**we will**' statements.

4. 'We will' statements

Where items are **highlighted** further detail is provided in this strategy.

1. Involving people and communities (governance)

Our local principles - Our 'we will' statements	How 'we will' deliver
<p>We will:</p> <ul style="list-style-type: none"> • Start with People and Communities. • Offer more opportunities and ways for local people and communities to share what they feel we need to know about their experiences and what to make a difference to their health and the care they receive. • Listen to what people feel they need us to hear (their agendas not ours). • Always explain how people's views are used in influencing decision-making • Say 'we listened, we did', rather than saying: 'you said, we did'. • Give ourselves the tools to learn from what people tell us. 	<p>We will:</p> <p>Establish a Citizens Panel to gather 'Insight' from the Gloucestershire population.</p> <p>Develop our Insight reporting so we can tell the story behind the numbers.</p> <p>Adopt and deliver 10 Steps to even better engagement as our preferred approach consistently across the ICS.</p> <p>Establish an Insight Hub – an online 'library' for feedback.</p> <p>Establish a Working with people and communities Advisory Group with broad representation.</p> <p>Coordinate a 6 monthly Insight Spotlight.</p> <p>Take advice and guidance from The Consultation Institute. Membership gives access to training to improve our skills and knowledge.</p> <p>Develop professional standards for communication, engagement and involvement activity to help us share best practice</p> <p>Develop assessment tools that measure how people and communities have been involved and where improvements can be made (in relation to involvement).</p>

2. Involving you

Our local principles - Our 'we will' statements	How 'we will' deliver
<p>We will:</p> <ul style="list-style-type: none"> • Be open, honest and timely in how we communicate and work with you. • Create opportunities for people of all ages, diverse-abilities and especially those who are currently under-represented, to be listened to and involved. • Identify and engage with people and communities who may be interested (or impacted) by our health and care programmes. • Promote personalised care and involve unpaid carers and families. • Support and acknowledge the contribution of individuals through our ICS Reward and Recognition Policy. • Give regular feedback on how working with people and communities is making a difference, reinforcing the importance of the 'we listened, we did – and this is what happened' approach. 	<p>We will:</p> <p>Make <i>Get Involved in Gloucestershire</i> the 'go to' place.</p> <p>Develop bespoke surveys using our in-house survey tools.</p> <p>Design activities to meet the needs and preferences of participants.</p> <p>Explore the use of 'story-telling' and community of inquiry.</p> <p>Use the Information Bus as a mobile outreach vehicle, bringing us into communities.</p> <p>Develop comprehensive Communications and Engagement/Consultation Plans, which pay due regard to statutory duties, the Gunning Principles (see online Appendix), national guidance and best practice.</p> <p>Produce and publish comprehensive output reports.</p> <p>Work with Community Champions / Builders.</p> <p>Work with our Lay Champions.</p> <p>Work with 70 individual GP Practice Patient Participation Groups (PPG) and host the Countywide PPG Network.</p> <p>Agree a consistent approach to recognition for involvement for the 6 Integrated Locality Partnerships (ILP)</p>

3. Working with people and communities to tackle inequalities

Our local principles - Our 'we will' statements	How 'we will' deliver
<p>We will:</p> <ul style="list-style-type: none"> • Ensure our work with people and communities will make a difference in reducing health inequalities and access to services. • Develop better community relationships to help us improve how we can meet the health needs of people who don't or can't access the services we provide. • Welcome, respect and champion diversity and the opportunities it brings to continually learn and change. • Be compassionate and inclusive in everything we do. • We will not use words that blame other people or communities. • Be anti-discrimination of any kind and work with our communities to... • ... Be Allies. 	<p>We will:</p> <p>Support Core20PLUS5 priorities, ensuring insight informs action (see online Appendix).</p> <p>Work with Integrated Locality Partnerships (ILP) x 6 to develop bespoke involvement to support projects to tackle health inequalities.</p> <p>Work towards 'continuous engagement' to build relationships of trust.</p> <p>Accept that, with good intent, we will sometimes fail when we work with communities; we will be open and transparent when this happens, discuss together how we can address issues. We will avoid blame.</p> <p>As Allies we will:</p> <p>RECOGNISE there is a problem. Ask the right questions; be curious, read, learn and educate ourselves. Immerse ourselves in the complex and emotive. Learn from the mistakes we have made in the past.</p> <p>ACKNOWLEDGE: Openly acknowledge that the problem needs to be dealt with. Engage with people's views and understand individual experiences. Connect and sympathize with the people it affects.</p> <p>ACT: Take demonstrable action. Be accountable.</p> <p>REFLECT: Build in a reflective process from the start, measuring the impact through the eyes and ears of communities.</p>

4. Working with Healthwatch Gloucestershire and with voluntary and community organisations and groups

Our local principles - Our 'we will' statements	How 'we will' deliver
<p>We will:</p> <p>Maintain our collaborative approach to working with Healthwatch Gloucestershire (HWG)</p> <p>Work in a joined-up way, alongside voluntary and community partners, to reach more people and improve the impact.</p>	<p>We will:</p> <p>Provide 2-year (2022/2024) additional funding for a new Healthwatch Gloucestershire ICS Project Worker.</p> <p>Involve HWG Board and Members in the codesign and review of this strategy.</p> <p>Use the HWG Readers Panel to review public-facing documents.</p> <p>Commission Inclusion Gloucestershire to create Easy Read documents and surveys.</p> <p>Gloucestershire Voluntary Community Services Alliance will determine one or two third sector organisations to act as representatives for their sector on each ILP.</p> <p>A memorandum of understanding has been developed with the local VCSE – it includes a VCSE 'we will' commitment:</p> <p><i>We will raise awareness of opportunities for people and communities to be involved in sharing what matters to them about health and wellbeing and undertake commissioned work where appropriate to support the ICS to involve local communities and communities of interest in the planning and design of services.</i></p>

5. Communicating with you

Our local principles - Our 'we will' statements	How 'we will' deliver
<p>We will:</p> <p>Be proactive and listen to how people and communities wish to receive information taking in to account their preferences.</p> <p>Produce high quality communication materials that are clear, accessible with easy to understand language.</p> <p>Follow best practice principles in the (graphic) design of communication materials and offer an innovative and various formats e.g. large print, easy read, braille, video description, preferred languages.</p> <p>Adopt innovative practices and use a wide range of communication approaches, using appropriate language and approaches that build relationships and mutual trust.</p>	<p>We will:</p> <p>Use insight from the Citizens Panel to inform communication plans, priorities and campaigns and gather insight to determine which communication channels use.</p> <p>Consider the preferred methods and channels of communication for those people we are planning to reach to inform specific communication plans. This includes exploring the use of 'social listening' resources to better understand our audiences and gain behavioural insight, pick up on emerging trends and measure the effectiveness of our communication.</p> <p>Use 'in-house', system wide communications expertise and access partner or external specialist advice and support when needed to develop communication assets.</p> <p>Involve target audiences and Healthwatch Gloucestershire Reader's Panel in the review of communication materials.</p> <p>We will use the following communications channels:</p> <ul style="list-style-type: none"> • On-line channels - including video guides • Social media and digital advertising e.g. Facebook, Instagram and Twitter, Google, Spotify and YouTube ads • Door to door marketing (where appropriate) • Face to face - through health and care professionals Stakeholder networks e.g. through partner organisations and elected members.

5. How we will work in partnership

Colleagues working together as ICS partners

Communications, Engagement and Experience colleagues bring together expertise in communication, engagement, experience and inclusion from all ICS partner organisations.

Our Gloucestershire communications, engagement and experience approach and is built on collaboration as one whole rather than many parts. We believe that for communications and engagement to be effective there needs to be mutual accountability and responsibility.

ICS colleagues work individually on projects which focus on their own organizational priorities as well as collectively on strategic programmes such as *Fit for the Future* and A new Community Hospital for the Forest of Dean.

Collaborative working enables colleagues to work together across the six Gloucestershire Localities to support the priorities identified by Primary Care Networks and Integrated Locality Partnerships; often working in partnership with voluntary and community sector (VCSE) and Healthwatch Gloucestershire colleagues.

Specific tools used together provide a framework to capture relevant feedback, these include:

- Clear engagement and consultation plans, with mid-point reviews to check that objectives are being met and modified as needed.
- An integrated Equality and Engagement Impact Assessment (EEIA) of all engagement and consultation plans.
- A variety of methods used to communicate and get involved, as appropriate
- A report of outputs for each stage – fed back to participants and available on the Get Involved in Gloucestershire online participation platform

Case Study: A new Community Hospital for the Forest of Dean.

In January 2018, the decision was taken to provide a new Forest of Dean hospital, and later that year a Citizen's Jury recommended Cinderford as the location.



To find out more visit:
<https://getinvolved.glos.nhs.uk/fit-for-the-future11>

Case Study: Fit for the Future: Developing specialist health services in Gloucestershire



To find out more about Fit for the Future visit:
<https://getinvolved.glos.nhs.uk/fit-for-the-future>

Equality and diversity, tackling health inequalities

In Gloucestershire we honor and respect the diversity of our communities. It is important to us that we listen, respond, and make every effort to involve individuals from all protected characteristic groups for example young people, old people, people from black and other ethnic minorities and lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) groups.

Involving people and communities often referred to as 'seldom-heard' so we can understand and reduce barriers and identify opportunities to enhance access, experience and outcomes, is one of our '**we will**' statements. This aligns with the ICS priority to reduce health inequalities.

We will design and target involvement at a locality level via local community leaders and influencers; making the most of our collective community channels, especially the valuable skills and networks of the voluntary, community and social enterprise sector and Healthwatch Gloucestershire.

It is important that we listen to all marginalized groups such as homeless people, refugees and asylum seekers to make sure we reach a diverse range of people to give them the opportunity to share their views. We have created an Equality and Engagement Impact Analysis (EEIA) proforma which helps us to determine the requirements for engagement and / or consultation (see online Appendix). The completion of an EEIA at the initial stages of a project ensures we can also factor in our legal duties (see online Appendix) and ensure they are met.

EEIAs inform, and are informed by, involvement. Completing them help us understand who uses a service and what views we have already heard (see Insight HUB), and which voices may be missing and how to hear from them. Once completed, involvement feedback is used to update the EEIA, incorporating the views of different groups and the ways they may experience differential negative impacts; identifying what could be done to mitigate or address these in future.

We are also informed by public/population health data, needs assessments and other evidence about health inequalities. We will use the Inform Gloucestershire data to support our involvement and engagement planning:

<https://www.gloucestershire.gov.uk/inform/>

We work on a local level and tailor our messages and methods according to each individual group to ensure we maximize all opportunities for connecting with them by listening to, informing, and engaging with our target audiences at a community level. Examples include choosing accessible meeting spaces with hearing loops, providing good quality accessible information that meets the needs of all people, such as producing 'Easy Read' versions of engagement materials and surveys as well as providing information in other languages including British Sign Language.

Feedback – impact and influence

It is important to us that we tell people and communities how their views have helped to influence service change or development. Closing the feedback loop is crucial in demonstrating their value and encourages people to get involved again, and hopefully, to take part in ongoing conversations about shaping health and care services in their local areas and wider. We do this in several different ways, including:

- Wherever possible we feedback directly to those involved in writing or attending their meetings
- We send out community partner briefings to subscribers (approx. 1000) colleagues across the area, so they have the opportunity to share views and have advanced awareness of communications and how to get involved in projects taking place
- We share output reports of findings to those who were directly involved, our Get Involved in Gloucestershire members, Trusts' members, our database of interested people / organisations upload to our Get Involved pages on the ICB website and the Get Involved in Gloucestershire platform.
- We develop 'you said, we listened, we did.. (and so what?)' feedback reports to demonstrate how the views of people and communities have influenced change and improvement.

6. How to be involved

Our approach recognises that some people's involvement may not extend beyond their interest in the treatment, care and support they receive, but for others it will be an important element of their lives and communities.

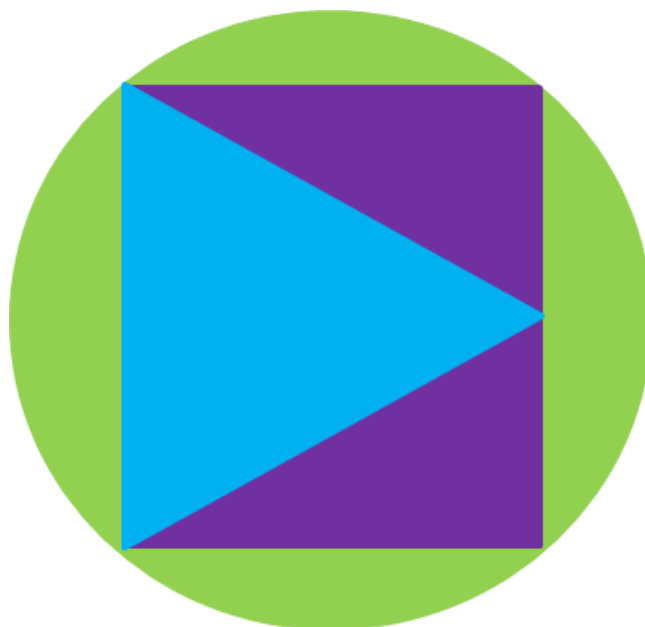
We acknowledge people have different characteristics and that all individuals have more than one characteristic – known as 'intersectionality'. We recognize that not all groups or 'communities of interest' share common characteristics.

We respect the fact that each person's wish to be involved will depend on their own circumstances, which may change at any time. We will have a range of opportunities for people to get involved, which are responsive to individuals' changing circumstances.

We will tailor our approach accordingly and, where appropriate, we will support people to be involved through our training, payment, expenses and grant giving arrangements.

You can Get Involved ...

- ...as an individual
- ...as part of a group,
- ...as part of the wider community



1 2 3



1. Working with individuals (person-centred)

As an individual you can get involved in planning and decisions about your own personalized care and support.

Individuals can also be members of groups and communities...



2. Working with small groups (focused groups / communities of interest)

As part of a group of people with a shared lived experience or a common interest you can focus on targeted change or improvement projects which affect you as a group. This form of involvement is not exclusive to what matters to people who have experience of current services, the needs of potential future users of services should also be considered.

Groups are made up of individuals...



3. Working with communities (system-wide)

As someone living in one of the many communities that makes up the Gloucestershire population, or someone who lives outside of the county who may access services in the county, you may be interested in joining conversations about more significant changes to services potentially affecting greater numbers of people.

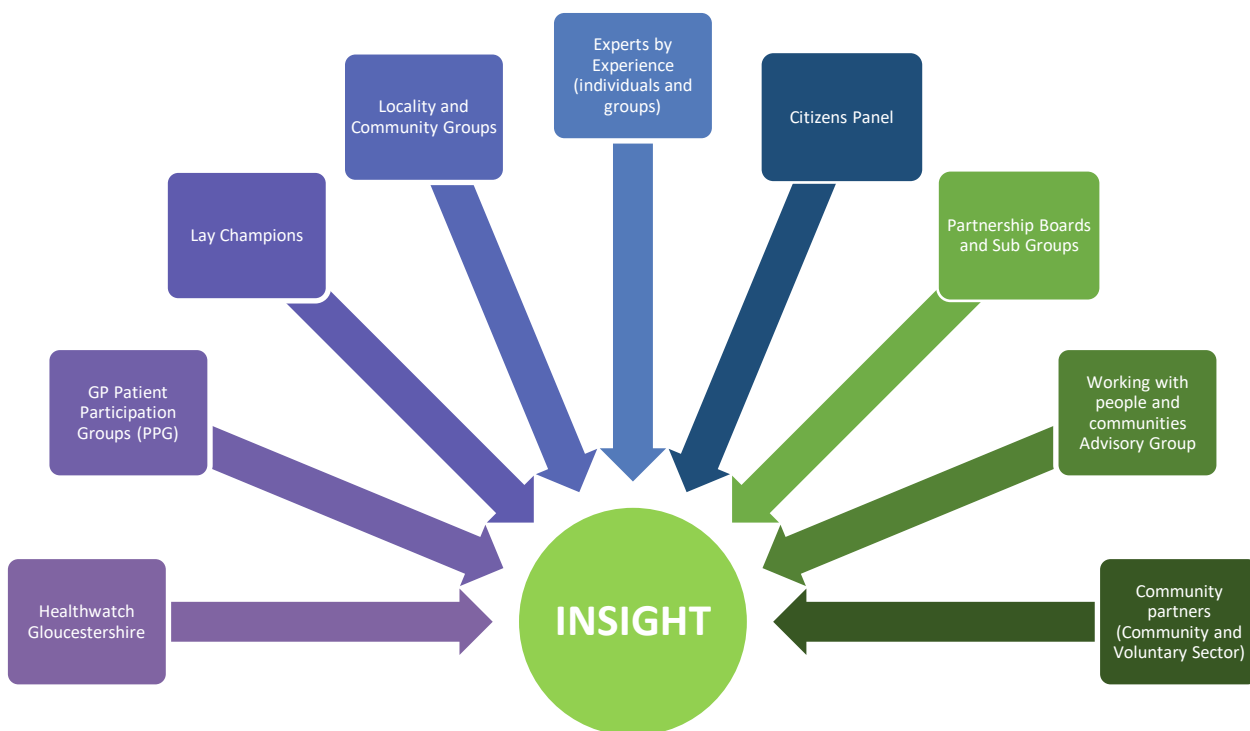
Communities are formed of individuals and groups...

7. Monitoring and governance

In Gloucestershire we believe that working with people and communities is everyone's business not just a handful of people with "involvement, engagement, experience or communications" in their job title. This ethos supports people across the ICS whose role it is to ensure local people can get involved and that we learn from Insight.

Local people's voices will be heard across the ICS from Boards to Integrated Locality Partnerships to focused working groups. Your voices will be heard alongside those of clinicians and managers, when we are planning, developing, procuring, evaluating and monitoring services. We aim to be clear about what you can and cannot influence, explain where there is scope for local decision making, or where we must follow actions mandated by others.

We bring our knowledge of your care to look at how services are planned and how your journey through care can be improved. Combining this clinical knowledge with your first-hand insights, and those of communities in Gloucestershire, provides a unique collaboration. We believe that the combination of this local clinical knowledge, together with the knowledge you have regarding your own experiences, and communities have about their particular circumstances, will lead to evidence and experience-based commissioning and design of services. The following diagram illustrates examples of the network which enables insight from local people's and communities' to be heard within the ICS in order to inform planning, commissioning and decision making.



Meetings held in public

We are committed to working in an open and transparent way and want to make sure that people can learn about all the work of the ICS. During the COVID 19 pandemic this has involved holding ICS Partner Board/Governing Body meetings in public with live streaming.

We will hold the NHS Gloucestershire Integrated Care Board Meeting (and other ICS Partner Board Meetings) in public. Meetings dates and Meetings agendas, minutes and papers will be published in advance on the ICB website.

Information about how to submit public questions to the Integrated Care Board Meeting will be provided on the ICB website. All Integrated Care Board Meetings will commence with a patient insights and discussion.

Insight Spotlight

The NHS Gloucestershire Integrated Commissioning Board will receive and review insight across the system and identify priorities and actions for following 6 months. Healthwatch Gloucestershire will attend the ICB twice a year to present the insight gathered through their activities. To complement this, ICS engagement leads will collate insight data and narrative collected for example: Citizens Panel feedback, output reports from engagement supporting quality improvement projects, Friends and Family Test responses and service development programmes. Insight will be stored and shared on the new ICS Insight HUB. We will bring together community representatives every six months to discuss what we are hearing and learning from what local people and communities feel we need to know.

Our intention by focusing on insight twice a year in this integrated way, is to ensure the impact of insight is maximized. We recognize that *ad hoc* consideration of insight will be required to meet operational and quality matters outside of the planned six-month reporting schedule.

Board members who champion this work

Integrated Care Board members are all committed to ensuring we hear the voice of people and communities in Gloucestershire. Their accountability can be seen in how meetings are conducted, and decisions are made.

Integrated Care Partnership (ICP – known as the ‘One Gloucestershire Health and Wellbeing Partnership’)

We will work with the Integrated Care Partnership (ICP – known as the ‘One Gloucestershire Health and Wellbeing Partnership’) which brings together health, social care, public health and other public, voluntary and community sector partners. Healthwatch Gloucestershire will be members of this partnership, ensuring the views of people and communities are heard, listened to and acted upon.

The ICP will be responsible for agreeing a wider plan (an integrated care strategy) for improving health and joining up care for people in Gloucestershire now and into the future.

Integrated Locality Partnerships

District level partnerships (known as Integrated Locality Partnerships – ILPs) and Primary Care Networks (groups of GP surgeries working with community services and organisations in a local area) will continue to have a vital role in meeting local health priorities. We will support the work of the ILPs with involvement and communications advice and facilitate engagement with local communities across the six ILP areas. A member of the Engagement Team sits on each ILP to share their expertise in community engagement and to support ILP members to learn these skills where appropriate.

We plan to establish a network of 6 locality ‘people and communities’ reference groups. The reference groups will both draw together community insight to inform the work of the ILPs and act as grass roots sounding boards at early stages of ILP developments – a two-way approach.

ICB Senior responsible officers

The Associate Director for Engagement and Experience, who is part of the People, Culture and Engagement Directorate and the Associate Director for Communications, who is part of the Executive Office, both work directly with all ICS Executives, not only championing the approach but working with people and communities too. These roles discuss how to communicate with, inform and involve people and communities at bi-weekly ICS communications and engagement Sub-Group with other ICS communications, engagement and experience colleagues and at regular Programme and Place meetings.

Working with people and communities Advisory Group

The Working with people and communities Advisory Group will be part of the ICB engagement governance arrangements it will play a crucial role in the assurance of involvement activities. The role of the group will be to advise, challenge and influence decisions and activity. This assurance group will help to shape and develop the strategic approach for involving people by reviewing and evaluating (post activity) communications, engagement and consultation plans and mechanisms and methods used, providing assurance that plans are informed by public and communities’ views and learning from the evaluation of previous engagement and consultation activities.

The WWPAC Advisory Group assures the ICB that the voice of people and communities is represented and heard, and that their insight inform decisions of the planning, development, design, redesign, implementation, and evaluation of commissioned services.

The Advisory group does this by helping to shape, develop and evaluate the strategic and practical approach to involving local people. It will review communication and involvement methods and provide assurance that programme areas of work are informed by insight from people and communities as set out in communications and involvement plans.

The membership of the WWPAC Advisory Group includes:

- Healthwatch Gloucestershire Board Member and Manager
- Experts by Experience
- Foundation Trust Governors
- VCSE representatives
- Lay Champions
- Gloucester Race Equality Council

NHS Reference Group

The ICS Reference Group provides a forum for informal and confidential discussions between NHS Gloucestershire Integrated Care Board (GICB), NHS provider organisations (Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust), Primary care service providers (GP services only) and representatives from the Health Overview and Scrutiny Committee (HOSC) and Healthwatch Gloucestershire, about potential service developments or changes. The Group helps to build on the existing productive working relationship between Gloucestershire health and care community and stakeholders and support our shared goal of ‘no surprises’.

Specifically, the Reference Group:

- Acts as an informal confidential forum for discussing possible service developments at an early stage prior to the normal impact assessment process.
- Provides a ‘sense check’ on possible service developments from an Elected Member/Community perspective.
- Discusses plans for communication and engagement prior to publication of service development or change proposals.
- Provides feedback to help influence the focus of impact assessments to support the process for determining whether a proposed change constitutes a ‘substantial variation’.
- Ensures that there are ‘no surprises’.

This group is not intended to replace any functions undertaken by the full HOSC or Healthwatch Gloucestershire in relation to service developments. Instead the group augments the existing process for determining the significance of proposed changes by providing a forum for discussing issues at an exploratory stage.

Healthwatch Gloucestershire

Healthwatch Gloucestershire has been an effective partner in contributing to the development of our communication and involvement approach. Healthwatch Gloucestershire are represented on decision-making groups, including the Primary Care Commissioning Committee and Health and Wellbeing Board. Their role is to challenge us on areas of concern and to hold us to account if we don’t follow the principles of involvement. This strategy was developed in this way, with an early draft shared with the HWG Board and volunteers for discussion.

The ICB has increased its contribution to the Healthwatch Gloucestershire annual contract to fund the recruitment of a full time ICS Officer to help place the public, patient and service user voice at the heart of Gloucestershire's ICS. This includes seeking the views and experiences of the public, patients and community groups. The HWG ICS Officer will also liaise with key partners and representatives across the ICS to support the key priorities of Gloucestershire's health and care system. The post will play a key independent role in the delivery of this strategy.

Gloucestershire VCSE Alliance

Gloucestershire VCS Alliance provides an independent voice that informs, strengthens and develops the voluntary and community sector in Gloucestershire and promotes public, private and VCS equal partnerships 'Better Together'. We have worked closely with the VCS Alliance to codesign a Memorandum of Understanding to guide how the ICS will work with the voluntary and community sector going forward (see online Appendix). We have also collaborated with the Alliance on a coordinated approach to support Volunteering in Gloucestershire (see online Appendix).

Lay Champions

We will maintain the established role of Lay Champion. Lay Champions use their skills and personal experience to support the work of the local NHS by providing senior level experience in public, private, voluntary, academic or community sector. Their role may include lay representatives on Clinical Programme Groups, independent chairing of committees such as Continuing Health Care funding appeals and standing groups such as the Cancer Patient Reference Group.

Partnership Boards

<https://www.gloucestershire.gov.uk/health-and-social-care/disabilities/partnership-boards/>

There are five Partnership Boards in Gloucestershire hosted by Gloucestershire County Council. Their members are key public voice partners whose insights will set the agenda and inform the ways support and services are developed and evaluated. The Partnership Boards have sub-groups and task and finish groups to support targeted projects:

The **Autism Spectrum Condition Partnership Board** is a group that works together to make sure that people of all ages with autism in Gloucestershire, their families and carers have the best life they can.

The **Carers Partnership Board** ensures people work together to improve support, advice and services available to unpaid carers in Gloucestershire and that they have their voice heard and can ask questions.

The **Learning Disabilities Partnership Board** makes sure that people work together to make things better for people with a learning disability in Gloucestershire. It gives people a chance to have a voice and ask questions.

The **Mental Health & Wellbeing Partnership Board** aims to provide a place of guidance for Mental Health and Wellbeing services and be a group for sharing projects that have been undertaken across a wide variety of different organisations and groups.

The **Physical Disability and Sensory Impairment Partnership Board** is a place of guidance for services and a group for sharing projects that have been undertaken across a wide variety of organisations and groups.

Integrated Locality Partnership – People and communities reference groups

A member of the Engagement Team sits on each ILP to share their expertise in community engagement and to support ILP members to learn these skills where appropriate.

We will work together to establish a countywide network of locality ‘people and communities’ reference groups. The reference groups will both draw together community insight to inform the work of the ILPs and act as grass roots sounding boards at early stages of ILP developments. Members will include PPG members and voluntary and community sector representatives.

Staff engagement

We are committed to staff/colleague engagement. There is a system-wide dedicated approach to this.

Groups and organisations

Across Gloucestershire there is a significant number of groups and organisations, whose membership includes individuals with lived experience (and unpaid carers) of local health and care services. Members also include representatives from local VCSE organisations. Many groups are long-standing, others are short-life working groups. Below are some examples of groups we are working with currently:

- Countywide Patient Participation Network
- Experts by Experience
- Peer Leaders
- GP Practice Patient Participation Groups x 70
- Maternity Voices Panel
- Partnership Boards x 6

We want to ensure a fair, impartial, and transparent process and bring expert by experience (people who use or who have recently used services and unpaid carer) knowledge and experience to each of our priority programme areas of work. We plan to develop a public voice role description along with an expression of interest form for people to complete.

Elected representatives

We are committed to making sure that we inform, involve, engage and consult

the county council's Health and Wellbeing Board, Health Overview and Scrutiny Committee, Adult Social Care Overview and Scrutiny Committee, and Children's Overview and Scrutiny Committee. We hold regular briefings with Members of Parliament.

The aim of overview and scrutiny) is to make decision-making processes more transparent, accountable, and inclusive and to improve services for people by being responsive to their needs. All their work is underpinned by the following values and behaviors:

- To provide a constructive 'critical friend' challenge
- To amplify the voices and concerns of the public
- To be led by independent people who take responsibility for their role
- To drive improvement in public services.

Overall, overview and scrutiny are about making a difference and improving the lives of the people who live and work in Gloucestershire. We have good working relationships with local and joint OSCs and provide regular updates both in written format and by attending meetings. We take their role of critical friend very seriously. They are an important part of the way we work.

When proposed service changes might affect constituents outside of Gloucestershire contact is made representatives from other areas, information provided and appropriate opportunities to get involved discussed.

NHS Oversight Framework Patient and Community Engagement Indicator

The 'Patient and Community Engagement Indicator' in the NHS Oversight Framework will evidence the ICB's implementation of the revised statutory guidance on patient and public participation in commissioning health and care and therefore our compliance with our statutory duty to involve the public. The assessment for 2021/22 will be based upon a review of CCG final annual reports by NHSE/I. Further detail about future assessment requirements will be made available later in 2022/23.

Annual Report

As part of our assurance process going forward, we will produce an annual review of Involvement for the ICB Annual Report. This will present all work undertaken, catalogue our activities and present any changes as a result of our work.

8. How we will measure the impact of what we do, reflect and learn from experience

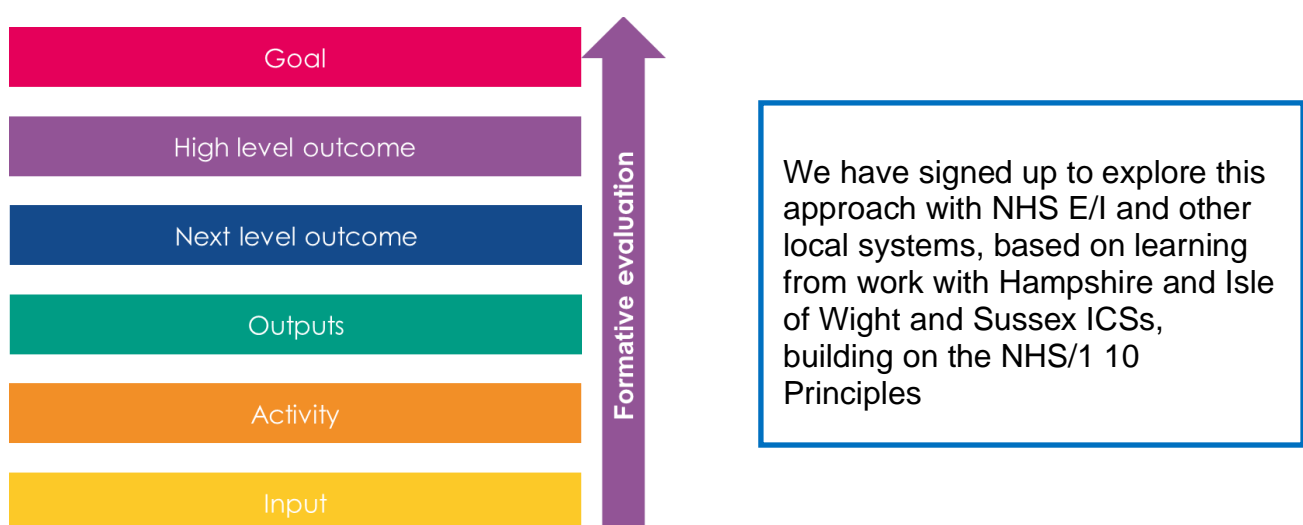
We will continue to use traditional Plan, Do, Study, Act (PDSA) cycles to evaluate the effectiveness of Communications and Engagement/Consultation Plans. We will build in mid-point reviews to our planned activities and identify learning for future working. We will know we have made a difference if:

- We hear from people that they feel involved, valued and ‘what matters’ to them is acknowledged, respected and acted upon. As stated above we will **REFLECT**: Build in a reflective process from the start, measuring the impact through the eyes and ears of communities.
- We see behaviours in all ICS colleagues (staff) that mean working together is part of our culture.

With the new ICS arrangements, it is a perfect time to codesign an approach to evaluation for people and community engagement – one that can match local ICS priorities with the need for quality assurance nationally. We will explore the ‘Theory of Change’ model. An effective formative approach to evaluation will enable us to:

- Demonstrate the impact of working with people and communities
- Learn as we develop
- Be held accountable to people, communities, NHSEI and the Integrated Care Board and partners.

Using a ‘Theory of Change’ approach will help us to agree what we are trying to achieve and how.



9. Our mechanisms – tools and techniques

Training

Training is essential for all colleagues; those individuals involved with our work and our communities. For consistency, we have agreed to offer local training sessions in NHS England's *10 steps to even better engagement* to support our approach to working with people and communities. Through learning together, colleagues will gain a shared understanding of the value of insight from people and communities (and have the same tools to gather, conscientiously consider, and act upon Insight).

A local NHS colleague and a Foundation Trust Public Governor are accredited 10 steps trainers and communications, engagement and experience colleagues have already undertaken training together. The training will be adapted for ICS partners and colleagues and for interested community and voluntary sector groups. So that we keep our approach mixed and innovative other training will be accessed e.g. co-production training, graphic facilitation, community of inquiry.

Survey software

Engagement teams across the Gloucestershire ICS use survey software to design online and print surveys and to manage quantitative reporting and support qualitative analysis.

Websites

Our websites provide information to the public and are updated regularly; these are an important tool to ensure our work is open and transparent.

We have and will continue to involve people in the development of our NHS Gloucestershire and One Gloucestershire Health and Wellbeing Partnership on-line presence.

For example, we have already involved people in the development of the site maps for the new organisations/structures, with a high survey response and through focus groups.

There will be clear 'Get Involved' information, including links to the [Get Involved in Gloucestershire](#) online platform which hosts much of the detail described below:

We use our online presence to raise awareness of:

- Our plans to engage and / or consult
- Intelligence of all involvement / consultation activity across Gloucestershire ICS
- Findings from all involvement / consultation activity
- 'You said, we listened, we acted' opportunities for people to be involved
- Access to Board papers and decisions made.

We will keep our websites up to date and we will link to, and publish, all our current and previous engagement and consultation activity on the Get

Involved in Gloucestershire online platform. Here is an example of how we report findings from engagement: Fit for the Future consultation 2020: <https://www.onegloucestershire.net/wp-content/uploads/2021/01/FFTF-IOOC-Report.pdf> and appendices: <https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/#collapseinterimoutcome>

An accessibility statement is included on our website which describes how we try to ensure as many people as possible can use it. Our website complies with the World Wide Web Consortium's (W3C's) Level AA guidelines for accessibility and we are committed to maintaining and improving the accessibility of our site.

Digital (online tools)

We will explore the use of social media and other digital platforms to find out what people are interested in (social listening) and provide relevant opportunities for genuine, open, honest, and transparent involvement with all stakeholders, giving them a chance to participate and influence the work we do.

Information can now be presented in short videos, infographics, blogs, podcasts, case studies, and pictures which can be shared easily and quickly and make even more people informed by supporting a wider reach. A digital communications strategy is being developed to help create online relationships and encourage people to get involved.

It is recognised that digital exclusion is very real and affects many of our communities; we will ensure that this is not the only route to get involved and arrangements are made to reach out to groups and communities to hear their views using non-digital methods and mechanisms.

Get Involved in Gloucestershire – online participation space



Get Involved in Gloucestershire (GIG) <https://getinvolved.glos.nhs.uk/> is our online participation space where people can share their views, experiences and ideas about local health and care services. All ICS partners have agreed to use GIG to host system-wide involvement programmes and projects. The platform is used for sharing information (communications materials and short films), hosting discussion for and online surveys.

Two examples of project pages hosted on GIG are:

- **An Integrated Care System (ICS) for Gloucestershire: Working better together for you and your family** – the 2022 engagement to support the co-design of this strategy and priorities for the ICS for next year <https://getinvolved.glos.nhs.uk/ics-gloucestershire>
- **Community Diagnostic Centres** – 2021/22 engagement to support the review of access to a wide range of diagnostic services, such as scans and x-rays, in Gloucestershire. We wanted to understand people’s experience of using these services and their views on priorities and new ways of working in the future <https://getinvolved.glos.nhs.uk/community-diagnostic-hubs>

Input received through GIG will help inform and influence the decisions local NHS organisations make. The pages will continue to develop as new projects come along. By registering with GIG, members will be among the first to hear about these.

Registering on GIG is easy, only taking a few moments. People don't have to register to participate, but if they do it will help us to keep them informed about our latest projects. The registration form asks people to express their preferences for how we communicate with them and identify any particular areas and topics of interest they have. It also asks for some optional demographic information so that we can identify which groups are more likely to use GIG now and those we need to attract to it. We want to ask people and communities what would encourage them to consider using GIG to get involved.

Information Bus

The Information Bus is a well-used resource by partners across Gloucestershire. We will continue to use it for mobile outreach to go to places where people and communities gather. We will continue to make the Information Bus freely available for the use of local community groups.

Learning from our Covid-19 experience, during the next 12 months the Information Bus will be undergoing a revamp to make it a viable clinical setting, with running water and wipeable surfaces.

Case studies and Patient Stories

We have developed methods for recording people’s experiences – one of the ways we do this is through working with projects to develop case studies. Our case study guide suggests the following heading:

- Background to project
- Engagement (how were people involved, what did they tell us)
- Learning and Outcomes
- Next steps

You will find examples of case studies on the Get Involved page of the new ICB website. (add link once launched on 1 July 2022)

Patient Stories are another way we record people's experience. Stories usually take the form of narrative interviews or audio-visual productions. We always take into account the preference of the person sharing their story when designing the format. It is our intention to begin all ICB Board meetings with a Patient Story.

NEW Mechanisms in development now

Citizens Panel

We know from experience of recent activities that we can rely upon very active 'self-selecting' cohorts of patients, carers, residents, partners and staff who are prepared, willing and able to take up the many opportunities we currently offer to have their say. What we have identified is that we can do more to ensure that we hear the voices of individuals who do not, or cannot, easily tell us what matters to them, e.g. people and communities experiencing greater health inequalities in the more urban parts of the county, and those experiencing rural isolation, which limits access to services and opportunities to get involved.

To address this inequity, we want to design and use targeted market research and insight methodologies to enable individuals to share their perceptions of local health and care services, and to tell us what matters to them. Part of this new approach is to develop a Citizens' Panel, providing a mechanism for gathering insight and feedback on health and care issues from a representative sample of the circa 640,000 population of Gloucestershire. The Panel will be made up of a core group of individuals, whose feedback can be analysed by locality. A second enhanced panel membership group will be made up of individuals living in priority areas of the county or Core20PLUS5 (see online Appendix).

Anonymised feedback will be shared with project managers and senior leaders to help shape and influence One Gloucestershire partnership initiatives and programmes of work. Anonymised feedback will also be made publicly available so Panel members and the wider public will have the opportunity to review the results.

Our approach will focus on engaging those who may not normally choose to provide their views on health and care issues (going beyond the 'usual voices'). The Panel will be used to complement existing methods of engagement and involvement to support our continued efforts to hear from a representative mix of the local population. We intend to appoint an independent organisation to recruit, develop and manage the relationship with our Citizens' Panel. The ICS has been successful in securing funding from NHS England to support the development of a local Citizens Panel.

Social Listening

We will explore using Social Listening to track social media platforms for mentions and conversations related to people's experience of local health and care services and support and find out what they are interested in talking about and how they like to find information. Social Listening will complement the other insights gathered, for instance from the Citizens Panel, surveys and community discussions.

It is a two-step process:

Step 1: Monitor social media channels for mentions of the ICS, ICB, partner organisations and keywords related to ICS priorities.

Step 2: Analyze the information for ways to put what we learn into action. That can be something as small as responding to a patient's comments or something as big as changing our approach to a health campaign.

Supporting people's involvement

Currently we have individual organizational policies to support the active involvement of '**public voices**'. We are developing a system-wide approach to deliver fairness and consistency to recognition and reward for involvement across the ICS. The intention is to boost involvement from sections of our community who might find current ways of working prohibitive i.e. those who cannot afford to volunteer / have a participation role part-time or have other barriers to getting involved. We are mindful of the potential impact on other personal benefits and will refer to the NHS England guidance.

Gloucestershire Insight HUB

Insight is all the data gathered about people and communities experience and what matters to them about their wellbeing and local health and care services and support. We are developing an online Gloucestershire Insight Hub as a repository for all insight data gathered locally by ICS partners and community and VCSE colleagues. All output of engagement and consultation reports would be stored here as well as local and national patient survey reports. Here are two examples of insight data collected by VCSE partners which would be included in the Insight Hub:

- Healthwatch Gloucestershire: COVID syndrome patients in Gloucestershire need more information about the care and support that's available
<https://www.healthwatchgloucestershire.co.uk/news/post-covid-syndrome-patients-in-gloucestershire-need-more-information-about-the-care-and-support-thats-available/>
- Inclusion Gloucestershire: NEW HEALTH REPORT – What concerns do people have about healthcare
<https://www.inclusiongloucestershire.co.uk/dec-2021-health-report/>

It is essential that we record and remember previous recent involvement activities to avoid duplication and involvement fatigue across Gloucestershire. We will ensure that all engagement and consultation plans have a baseline of insight to support their work.

The insight we collect will ensure we meet legal requirements and ensure we consider the views of people and communities in the development of any future options to change the way a current service is provided or delivered.

We will explore ways to promote the information collated in the Insight Hub to make it accessible and relevant to as many people as possible.

Storytelling / Community of Enquiry

The use of storytelling to gather insight from individuals and groups is something we want to expand locally. Several colleagues have recently been introduced to a new involvement methodology: A Community of Enquiry (CoE). This is a workshop-style session that offers space for a group of people to explore ideas together and ask rich and meaningful questions of each other. The session starts with participants being presented with a prompt to get them thinking — this is often a piece of evidence that can be related to an area of work, or a theme that can be explored. It may be in the form of something that seems more obviously like evidence, such as a research paper or a video talk/presentation by a clinician. But it could also be something more abstract, like an animation, an object or a short personal story.

The CoE allows participants to share what they think and do and why, while listening to others coming from different contexts or positions. Crucially, it is different to other facilitation methods in that it doesn't start with a set of questions or a problem, but instead lets a group define what they want to discuss.

The CoE approach is based around principles of trust and exploration. It helps people to come together to share knowledge and experiences. It helps build understanding by encouraging people to acknowledge other viewpoints, but also asks them to share their own.

Other new developments...

During our first year, we will continue to seek out innovation. Our methods will be evaluated on a regular basis, making room for new ways of working whilst preserving tried and tested methods.

10. Glossary (A-Z)

The following are key terms and phrases used when we describe our approach to working with people and communities in this strategy.

Accountability, Scrutiny and Decision Making

Being accountable means that we are responsible for our decisions or actions and will explain them when we are asked. We (NHS Gloucestershire Integrated Care Board) will demonstrate our accountability, or answerability in a number of ways. Five Independent Non-executive members have been appointed to the Board including the Board Chair. They sit alongside Executive members, including the Chief Executive, and will undertake conscious consideration of feedback and insight received from people and communities when making decisions about publicly funded local health and care services.

Several of the principles in the ICB Constitution are of particular relevance to this strategy for working with people and communities:

- We will act with honesty and integrity and solely in terms of patients and public interests.
- We will make collective decisions in an open and transparent manner that best serve the interests of our local population in Gloucestershire.

We will demonstrate this by:

- Holding decision making meetings of the Board in public
- Board meeting dates, times, venues, and papers will be published on the ICB's website

Communicate and Inform

Sharing accessible information enables people to have their say about changes and providing feedback. The ICB and ICS partners have communications professionals whose roles are to coordinate communication activities across the county. As well as communications to support involvement activity, communications support campaigns, reporting and reputation management.

Consultation

Consultation asks people's opinions on a range of ideas or options. Consultation is followed by a period of conscious consideration before any decision to approve any change is made by. [The Consultation Institute](#) defines consultation as: *"The dynamic process of dialogue between individuals or groups, based upon a genuine exchange of views, with the clear objective of influencing decisions, policies or programmes of action."*

Consultation is one of the ways that the duty to involve people and communities is achieved. It is important to remember it is possible to involve without consulting, but not possible to consult without involving people and communities during a period of Engagement (see below).

Engagement

Engagement is the overarching name given to the periods of a project or programme during which people and communities are involved prior to Consultation.

The output of Engagement (feedback), which may have been made up of many involvement activities, is used to inform the development of potential solutions/changes, which may then be subject to solutions appraisal and Consultation.

Experience and Insight

Understanding your experience through gaining insight is vital for us to gain a deeper understanding of how you think and feel about your experience of local health and care services and support. Analysing what you tell us helps us to understand what you want and need, and most importantly, why you feel this way. Collecting good insights can be challenging, we will need:

- Good data quality
- Good data collection – getting insight from a representative cross-section of communities (also known as segmenting – in Gloucestershire, as well as seeking to gain insight from across the county, we want to target our ‘listening’ to areas of greatest needs and inequality.
- Skills to analyse the data
- Continuous and regular gathering of insight data

Involvement

We use the words involve and involvement to describe the action of involving people. This can be used interchangeably with other words such as participation. NHS England defines involvement as: *“enabling people to voice their views, needs and wishes, and to contribute to plans, proposals and decisions about services...Different approaches will be appropriate, depending on the nature of the ...activity and the needs of different groups of people.”*

Different methods can be used to involve individuals, groups and communities at different times and in combination. When we **involve** we will:

- **Co-produce:** Work together in an equal partnership with people with lived and learned experience from start to finish.
- **Co-design:** Create with people, incorporating their ideas into final designs.
- **Engage/Consult:** Talk with people to understand issues and discuss ideas for change.

Appendices

A series of Appendices to support this Strategy can be found on the NHS Gloucestershire website at XXX (add ICB website address after 1 July 2022).

For copies of this document please call 0800 0151 548.

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