Response ID ANON-A9Z6-1XG8-J

Submitted to **Invitation to provide ideas about the design of NHS Assembly**
Submitted on **2018-08-20 15:36:20**

What are your views

1 Are there specific aspects of existing, effective models of engagement through advisory bodies (national, regional or local) that we should draw on to develop the NHS Assembly?

re there specific aspects of existing, effective models of engagement through advisory bodies (national, regional or local) that we should draw on to develop the NHS Assembly?:
1. CQC has some good practice in stakeholder engagement.
2. A useful previous model was the NHS Future Forum, which advised government and arm's length bodies on what cross-sector stakeholders wanted improving in the Health and Social Care Bill (which became the 2012 Act) and then on how to take forwards some key themes such as integration.

What are your views

2 What should the purpose of the NHS Assembly be?

Please give your views::
First, we agree that clarity of purpose is the paramount consideration. All else -- form, function, governance, membership -- flows from this. The design period should continue to focus on getting the purpose right and we won't be able to provide answers here.

Second, we would argue that if clarity of purpose cannot be achieved in the design phase, the Assembly should not proceed. For all stakeholders, but in particular for the under-resourced voluntary sector and for lay/service user representatives, there is nothing worse than adding new layers of muddled engagement to the demands we are already trying to manage.

Third, we are not convinced the Assembly should take on any role with regard to the remaining period of implementation of the 5YFV. This is likely to be a distraction and divesion of energy from the new, future-facing opportunity to help get the long term plan and its delivery right. In practice the 5YFV momentum will end in April 2019 as organisations and teams move on to new business plans, in line with the long term plan, and based on new national planning guidance. There is no time for the Assembly to have real impact here.

However, there may be one useful function that a multistakeholder assembly could usefully perform here, which would be to reflect on the extent to which partnership working was achieved during the 5YFV implementation, and support NHSE/I to improve during the ten year plan.

Fourth, before the Assembly can be designed, the prior question must be openly cosidered as to whether it is a 'Health' Assembly or an 'NHS Assembly'. Many stakeholders want to see this cross-sector approach to health and wellbeing and will remain frustrated if the Assembly is limited to being an advisory board to NHSE/I. The distinction is that a Health Assembly would also address actions that are required on those priorities and collaborations that lie outside the NHS' own direct purview but will affect the achievement of health and wellbeing over the next decade, such as: the reform of social care; the role of public health; the development of place-based responses to prevention, secondary prevention and population health; the role of housing; and action on inequalities. It would attempt to advise government as well as the NHS and to generate 'common purpose' across sectors.

Fifth, if the Assembly is envisaged as running through the lifetime of the long term plan -- a decade -- its design must take that into account. It should be more than an advisory council that responds to what NHSE/I is doing; and in some way a 'keeper of the vision'. That is, it should develop and own a vision of future care, treatment and support that is more than the sum of a set of individual programmes or priorities, but helps to make sense of those as a coherent approach to tackling health and wellbeing challenges that not only threaten to overwhelm the NHS but to make other aspects of a successful and happy society unworkable. It should be able to feed a challenge back to NHSE/I where the vision is being lost or opportunities missed, especially with regard to working in partnership across sectors.

What are your views

3 What should the focus of the NHS Assembly’s work be?

Please give your views::
1. We question whether the Assembly should support 'embedding delivery'. In National Voices' policy briefing to NHS England on the plan, we emphasise that 'delivery' must be a matter not just of NHSE/I establshing 'programmes'; but of working in close and sustained partnership with others to achieve the goals of the plan. Much of the change which we envisage being required is not structural or programmatic, but developmental and relational, and will need to move 'at the speed of trust' -- that is, through building relationshisp at national, regional and local levels, for example in the emerging primary care networks -- not at the speed of 'targets' and 'forcible spread'. The Assembly as a forum in which all partners of the NHS are represented should be about fostering partnerships; and keeping oversight of how well these are working.

2. Coherence is important -- see our previous answer.

3. Whether the Assembly is the right place to develop the second five years of the plan will depend on whether it is working well as a model during the first three years in particular.

4. It seems unlikely the Assembly will be the right place to develop 'enablers', which sounds like a more technical matter; but it can help to create an enabling

environment.

What are your views

4 What should the Assembly’s governance arrangements be?

Please give your views::
There should be an arrangement equivalent to select committees vis a vis the government: that is, the Assembly should be able to publish its views independently, and the Board should be obliged to respond publicly within a time limit.

What are your views

5 What size should the Assembly’s membership be?

Should the core membership be relatively small e.g. no more than 50, or larger e.g. up to 100?:
Depends on purpose, and who needs to be included.

What challenges/issues do you see arising from a smaller or larger membership?:

Should the Assembly have wider participation in working groups in addition to the core membership?:
Depends on purpose and functions.

What are your views

6 Which constituencies need to be represented on the Assembly?

Do you agree that the constituencies listed above should be on the Assembly?:
Broadly, yes.

Lay members should include carers' representatives as well as service users.

'Clinicians' could be the wrong term: staff and professional groups and organisations would be better.

What lay membership should the Assembly have and how should those people be identified?:
Depends on purpose.

What front-line clinical membership should the Assembly have and how should those people be identified?:
'Clinicians' could be the wrong term: staff and professional groups and organisations would be better.

Are there other constituencies you would add (please list)?:

Are there any constituencies that should have larger representation on the Assembly (list up to 3)?:

About you

7 Your job title/position, or state if your primary interest is a patient, service user or carer:

Your job title/position, or state if your primary interest is a patient, service user or carer::
Director of Policy and Partnerships

8 Your organisation:

Your organisation::
National Voices

9 Which age group are you?

Which age group are you?:
50 - 59

10 Please indicate your gender.

Male

11 Please select what you consider your ethnic origin to be. Ethnicity is distinct from nationality.

White: Welsh/English/Scottish/Northern Irish/British