

## NHS Providers' response to NHS England's invitation to provide ideas about the design of the NHS Assembly

NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff. Our response to this consultation focuses on the important role that providers can play in shaping the NHS ten year plan, and the need for in-depth and productive engagement about what providers can realistically achieve and how they can achieve it, so that the plan will be deliverable in the long term.

### 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?

We welcome the proposal to establish a new NHS Assembly. This is an opportunity to re-establish stakeholder engagement and consultation at a national level as a fundamental pillar of robust policy development.

The development of the NHS 10 year plan offers a reset moment for the NHS and a chance to develop a credible, long term plan for improving care for patients and the public that is owned by the sector. When announcing the development of the 10 year plan, the Prime Minister highlighted the importance of the service itself drawing up the plan, given that the plan has more chance of succeeding with meaningful involvement and input from the frontline. While the Assembly will be established after the 10 year plan has been developed it will act as a helpful way of facilitating the engagement and collaboration needed to deliver the plan. It could also support the national bodies in communicating their messages and the future direction of the NHS to the public and wider health and care sector.

The NHS Assembly should also play an important role beyond the scope of the 10 year plan, as a forum for meaningful engagement on an ongoing basis. There are a number of ways the NHS Assembly could be used, ranging from supporting communications and awareness-raising, to consultation with a broad range of bodies, through to co-production with a smaller group of experts likely to be largely responsible for the implementation of national policy. It seems likely, given the wide range of interests likely to be represented in the Assembly, that its focus will naturally, and rightly, fall in the middle of this spectrum

with a focus on consulting a wide group of interested parties across health and care about key national policy developments.

There are a number of previous engagement models which have proved effective and had a clear stated purpose and structure. One example is the CQC's engagement process on developing its initial inspection model and then updating its 2016-2021 strategy. Lord Darzi's review underpinning 'High Quality Care for All' was structured around an engagement strategy that included local, regional and national working groups aligned to clinical pathways, and this model has been cited as working effectively. The implementation of the Five Year Forward View was overseen by an overarching reference group, supported by a number of groups/boards focussing on specific aspects such as prevention and workforce. While some of these groups are no longer meeting, the Prevention Board is a good example of how this model can work effectively.

The NHS Improvement provider chief executives' forum, chaired by Ian Dalton, is a positive example of how providers can be effectively engaged in developing policies which affect them, and which they will be asked to implement. Our involvement in this group alongside trusts from the frontline has been extremely valuable.

## What should the purpose of the NHS Assembly be?

*We believe that it is important for the Assembly to have a very clear and succinct stated purpose. The Assembly will be an advisory body and will not have decision making powers. We think that the Assembly's purpose should encompass:*

- *Discussion of progress on the later stages of implementation of the NHS Five Year Forward View to 2019*
- *Discussion and advice on implementation of the new NHS 10 Year Plan*

The importance of forums for engagement, such as the Assembly, to enable meaningful and productive conversations about policy development, with the input of all those responsible for delivering change at the frontline, is clear. Therefore, in order for NHS England to make best use of this opportunity, we agree that the Assembly should have a clear and succinct stated purpose, and that the work of the role and remit of the Assembly should be well-defined at the outset.

We would have liked to see the Assembly set up to shape the development of the ten year plan, rather than just the delivery of the plan. There is a danger that given the Assembly is only involved in the latter that the necessary cohesion between the two processes will not be achieved. To mitigate this risk it is crucial that the Assembly be brought up to speed on the specific intentions and background to proposals set out in the 10 year plan, so that these priorities can be carried through in the work of the Assembly. We would also hope that the work of the Assembly is not limited to the NHS five year delivery plan and/or 10 year plan. We would like to see it continue beyond this and act as a consultation and engagement forum for future policy development.

However there will continue to be a need for a separate forum through which trusts can work with the arms-length bodies to co-produce a realistic plan for how the NHS will deliver the 10 year plan, and operational plans that will follow. NHS Providers has long argued for a means of co-production between the provider sector and the national bodies which would develop a greater sense of shared ownership of national policy initiatives, and ensure smoother roll out and testing before implementation. This could be facilitated through the creation of working groups either reporting in to a wider NHS Assembly or a separate overarching policy group.

While the Assembly will not have decision making powers, it will still be essential it is afforded sufficient influence so that it can provide the insight and debate that is needed. Our hope is that the Assembly will constitute an environment for influence and change.

## What should the focus of the NHS Assembly's work be?

*What should the priorities and balance be between advising on?*

- *Support embedding initial delivery of the Plan*
- *Helping to ensure coherence across the different strands of work*
- *Shaping the detail of the second 5 years of the Plan*
- *Working to progress enablers to underpin delivery*

It is important that this function of the Assembly is supported at the outset by a realistic and achievable 10 year plan, without which any engagement to embed delivery of the plan cannot be effective in building a sense of ownership among providers. This relies on the membership and focus of the stakeholder working groups involved in the development of the 10 year plan being aligned to the membership of the NHS Assembly when it is formed in November. This is particularly important if it is to successfully shape the implementation of the plan and development of operational plans that will follow.

We are supportive of the four key focuses suggested above, and agree that the Assembly should be at the centre of agreeing how the NHS should deliver on the priorities of the 10 year plan. The Assembly should be used to enable participants to seek assurance that the 'ask' of local health and care organisations has been agreed with the available capacity and resource in mind.

However, as mentioned above, providers also need a forum to co-produce immediate priorities, to feed into the planning guidance for the next two to three years and to identify what support will be needed to implement the plan, aligning to the working groups involved in the ten year plan development. We would be keen to discuss with the national bodies how groups within the NHS Assembly, or another forum, could be created to support this.

## What should the Assembly's governance arrangements be?

*We propose that the NHS Assembly should report to the NHS England and NHS Improvement Boards meeting in common*

Form should follow function, and without clarity on the purpose and terms of reference of the Assembly it is too soon to suggest what the appropriate governance arrangements might be. That said, we can see the logic of the NHS Assembly reporting in to the joint NHS England/NHS Improvement board if it is allowed an appropriate degree of autonomy to genuinely debate and add value to the development of national policy propositions.

## What size should the Assembly's membership be?

*We think that the Assembly should be large enough to encompass a broad membership but not so big as to inhibit meaningful discussion and consensus.*

- *Should the core membership be relatively small e.g. no more than 50, or larger e.g. up to 100?*
- *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?*

We agree that the Assembly should encompass a broad membership, but would emphasise that it should not be so big as to inhibit meaningful discussion.

NHS Providers has concerns that the suggested size of the group could hinder the Assembly's effectiveness given the diversity of priorities and operational realities facing the range of organisations likely to be involved in a group of this magnitude. The core membership of the group should be less than 50 members in order to facilitate more meaningful engagement without the hindrance of the significant challenges to collaboration posed by having too many voices at the table.

An alternative structure wherein a small core membership is complemented by a wider constellation of smaller working groups formed to focus on specific aspects of the plan would also be a workable solution. This is a similar model to that set up for delivering the Five Year Forward View.

## Which constituencies need to be represented on the Assembly?

*We think that the Assembly should have a broad membership that covers as many key constituencies as possible, whilst recognising that it will not be possible to have every interested party to be members. We believe that the Assembly should include a mix of national and local system leaders from different sectors, including the VCSE sector, front-line clinical leaders and younger clinicians, and lay members from people who use services. The balance is likely to vary between constituencies.*

- *Do you agree that the constituencies listed above should be on the Assembly?*
- *What lay membership should the assembly have and how should those people be identified?*
- *What front-line clinical membership should the Assembly have and how should those people be identified?*
- *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)*

Key to ensuring broad representation while keeping the Assembly a manageable size will be the engagement of representative bodies – organisations which are close to those they represent and have the opportunity and resource to gather the collective views of their members. This can be an effective means of incorporating the interests of large and diverse sectors in the development and delivery of the 10 year plan and its underpinning operational delivery plans.

It is important to ensure that the organisations involved in the NHS Assembly have the authority to speak for those they represent. As an organisation with 100% sector membership and an elected board which is also representative of providers across the acute, mental health, community, ambulance and specialist trusts, NHS Providers is confident that it holds the authority among the provider sector to engage with the NHS Assembly on its behalf. As you would expect, we would be keen to contribute to the work of the NHS Assembly.

To ensure a strong voice for patients, service users and carers in the work of the Assembly, it is likely that patient representative bodies, as with other sectors, will be most effective at representing the patient voice at scale. Those selected should be operating with sufficient levels of influence to speak with authority on behalf of patient groups. However although there are benefits to bringing the patient voice into a room with other stakeholders to contribute to the shaping of proposals for services which affect them, the Assembly should not be seen as a replacement for the extensive patient and public engagement necessary to underpin the development and implementation of the plan.

In summary, we are enthusiastic about engaging with the new NHS Assembly and see its introduction as a positive move to reinstate the core principle of engagement within the national policy making process. However, we wish to make the point that the NHS Assembly cannot be a replacement for formal consultation, or for a genuine commitment to wide-ranging, informed engagement at depth with all of the sectors mentioned above at different levels of policy development. Although there is a need for a forum which brings together voices from across the sector, it cannot substitute the insight gained from more in depth discussions with expert reference groups or indeed for wider public engagement.

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We recommend that efforts are made to engage with leaders in the provider sector to build ownership and consensus over a realistic and deliverable 'ask' which is achievable within the financial framework and supports high quality care, investment to recover existing performance standards and investment in new models of care for the future. The NHS Assembly will provide one important new vehicle for some of these discussions.