NHS England

Paper: PB.08.02.2018/05

NHS ENGLAND – BOARD PAPER

Title:

Progress report from the Empowering People and Communities Taskforce

Lead Director:

Jane Cummings, Chief Nursing Officer

Purpose of Paper:

Status update on the work to date of the Empowering People and Communities Taskforce and an outline of the next steps to develop improvement objectives

For Decision

The Board invited to:

- Note the work to date of the Taskforce;
- Agree to publish and review the Public Participation Dashboard on an annual basis in July, alongside our Annual Report;
- Endorse the recommendations on the future work plan, including the improvement objectives;
- Agree that all relevant NHS England Board papers should be accompanied by a cover sheet demonstrating how public participation/the 13Q 'duty to involve' has been considered.

Progress report from the Empowering People and Communities Taskforce

Purpose

1. This paper provides an interim update on the work to date of the Empowering People and Communities Taskforce. A further report will be provided to the July Board meeting.

2. The Board is invited to:
    - Note the work to date of the Taskforce;
    - Agree to publish and review the Public Participation Dashboard on an annual basis in July;
    - Endorse the recommendations on the future work plan, including the improvement objectives; and
    - Agree that all relevant NHS England Board papers should be accompanied by a cover sheet demonstrating how public participation/the 13Q ‘duty to involve’ has been considered.

Background

3. The Empowering People and Communities Taskforce was established for one year from its first meeting in December 2017 to strengthen the contribution to delivery of the Next Steps on the Forward View across three areas of focus. These comprise:
    - People – Population engagement, participation and co-production in supporting the future delivery of services and policy;
    - Patients - The role of insight and learning from the experience of patients, families and carers in improving the quality and outcomes of services; and
    - Voluntary Sector - Our partnerships with voluntary, community and social enterprise (VCSE) sector organisations to both add value to our work and deliver a wider range of services that are holistic in nature and focus on wellbeing.

4. It will demonstrate progress to the Board on how NHS England meets its legal duty, Section 13Q of the Health and Care Act 2006 (as amended), and oversees delivery on the ambitions for empowering people and communities set out in the Next Steps on the Forward View. The terms of reference for the Taskforce can be found in Appendix 1.

5. The Taskforce engages patients, clinicians and managers through social media and an issue-based workshop focused on one of NHS England’s priorities prior to each meeting.

6. This new approach will improve how NHS England works. It is designed to add insight and value to the priorities and national programmes set out in our Next Steps plan, working collaboratively with each priority area. It will enable the adoption of good practice, demonstrate system leadership around this agenda, and contribute to good governance evidencing how we meet our legal duties. This is also designed to support the system transformation required as we move in to integrated and accountable systems of care, ensuring people are at the heart of that transformation. Work of the Taskforce will become embedded as business as usual.

Status Update

There are two areas in which progress has been made:

A. Developing an overview of public participation practice

7. The Forward View noted that ‘making progress on our priorities cannot be done without genuine involvement of patients and communities.’ To provide oversight and assurance on this, the taskforce has developed an innovative ‘public participation dashboard’ which will provide a high-level overview or ‘snapshot’ of public participation practice on a quarterly and annual basis, enabling activity to be tracked over time in both quantitative and qualitative ways and improvement plans to be developed including support to emergent Accountable Care Systems and Sustainability and Transformation Partnerships.

8. The dashboard is made up of six indicators, covering public participation in both NHS England and CCGs. It includes measures on compliance with the legal duty, and perceptions of stakeholders, including Healthwatch. It uses data from a range of sources which, taken together, should demonstrate, at an indicative level, whether public participation is happening at an appropriate scale, whether legal duties are being met and whether the ‘quality standards’ NHS England developed with CCGs are being achieved. The dashboard applies the same standards to both CCGs and NHS England.

9. The first iteration is still in draft form and it is not yet possible to monitor trends over time and conclusions should be treated with caution. However, the following section is based on initial findings.

10. For NHS England there is significant variation between activity across the regions and across areas of commissioning. Responses from NHS England’s Patient and Public Voice (PPV) Partners for 2016/17 show positive views around NHS England’s valuing of Patient and Public Involvement, and about the impact of the PPV Partner role. Further data about the ‘quality’ of NHS England consultations is to follow in the first half of next year.

11. For CCGs, key positive themes from the (annual) CCG Improvement and Assessment Framework (IAF) regarding public participation are that:
    - 91% of CCGs have good or outstanding governance of their patient and community engagement;
    - 77% of CCGs have good or outstanding day-to-day engagement practices; and
    - 91% of CCGs meet annual reporting requirements and 59% have good or outstanding reporting arrangements.

12. There are also significant areas for improvement for CCGs that have been identified, which focus around four key areas:
    - Demonstrating evidence of the impact that public participation has made to the development of services, strategic plans and policies, and to people’s health and wellbeing;
    - Reporting on the variety of engagement activity that has taken place;
    - Having public participation connected into the governance and strategic focus for the CCG; and

- Limited information about how CCGs have considered equalities/health inequalities with regards to planning, targeting and undertaking public involvement.

13. Responses to the annual CCG 360^{o} survey show that approximately half of local stakeholders (excluding the CQC) state that they are satisfied with steps taken by their local CCG to engage with patients/the public, agree that their local CCG acts on the views of the public when making commissioning decisions, and communicates how those views have been acted upon. This suggests a significant need for improvement amongst approximately half of CCGs.

14. In conclusion, there are many positives to be drawn from this first set of data. In some local areas and commissioning practice, public participation appears well organised and stakeholders report strong relationships and positive experiences of engagement. However, the pattern is variable, both within NHS England and across CCGs, and there are areas where improvement is needed. In particular, there is a need for additional focus on ensuring that ‘seldom heard’ groups and those who experience health inequalities are included. Participation needs to reach beyond those who are currently engaged in communities who may not yet have a voice or be engaged in the work of their local NHS.

B. Developing improvement objectives

15. The work of the Taskforce will develop clear recommendations about how people, communities and the VCSE sector can better help to deliver existing commitments from the Forward View and other strategies for the benefit of all patients. In its first meeting in December, the Taskforce took a detailed look at the Cancer Strategy, as the first such national programme developed in partnership with NHS England, with the substantial participation of patients, carers, public and VCSE organisations.

16. The Taskforce was impressed by the ambition and impact of the cancer strategy on patient experience, for example the pioneering development of a Quality of Life metric for life with and beyond cancer and that quality of patient experience continues to improve in most NHS Trusts against the majority of measures, an excellent example of year-on-year improvements to the benefit of patients.

17. Whilst care quality and outcomes are improving for the majority of patients, the Taskforce spent time in the workshop understanding if anyone was being left behind and were concerned to hear that both the quality of experience and clinical outcomes remain significantly poorer for some groups. The Taskforce has written to the Cancer Programme to ask the following (see Appendix 2 for copy of the letter):
    a. How the national programme and Cancer Alliances are responding to the health inequalities identified in the Cancer Strategy, narrowing the persistent inequalities in experience and outcome and in particular delivering tangible improvements for BME patients and children and young people as well as delivering earlier diagnosis for poorer patients; and
    b. How they might be clearer about our expectations of Cancer Alliances, demonstrating that patient involvement is an important criteria of success and asking questions about the diversity of patient engagement and the impact it is achieving on increasing equality and reducing health inequalities.

18. The Cancer Programme will be responding to the recommendations made by the Taskforce by early February and a verbal update will be provided at the Board

meeting but steps have already been taken to recruit a national patient and public engagement lead who will provide clarity on expectations to alliances and draw the public involvement work together. Health inequalities are being explicitly addressed by some Cancer Alliances already and the Cancer Alliance Data, Evidence and Analysis Service is now providing data to enable us to pinpoint where further work is needed.

19. Participants at the workshop were keen to continue the conversation, with strong commitments made by attendees to act in their own areas as well as providing advice to the cancer programme about how people, communities and the VCSE sector can help to deliver the existing commitments of its work programme and a follow-up virtual meeting social media conversation have been arranged for January.

Implications

Risks

20. Genuine patient and public participation is critical to delivering care that provides genuine value for patients, reduces waste and achieves improvements in care and outcomes. Participation is especially important in ensuring that services meet the needs of all, including those who experience the greatest health inequalities.

21. There is also a risk that the programme could perpetuate the inverse care law and fail to deliver value for money. This is being mitigated by a focus on health inequalities throughout all of the work of the Taskforce.

Legal/Regulatory

22. There is a risk of challenge to Commissioners' decision-making should their arrangements be considered inadequate, or if they have not been followed where appropriate The 13Q assurance processes, reported in to relevant Oversight Groups in each area of direct commissioning assist here. We are undertaking further work in this area.

Resources Required

23. The Taskforce will make recommendations over the course of the next year for different NHS England corporate priority areas which may require some re-prioritisation of attention or resources within existing strategies to ensure that there is a sharper focus on patient experience, involving patients and the public in their work, and building effective partnerships with voluntary sector organisations. However, this will be worked through with each corporate priority area to ensure that it does not preclude delivery of other priorities.

24. Over the next period, there will be additional resource requirements around developing closer partnership working with the VCSE sector. This has been factored into our plans.

Next steps or timeline

25. A further update of the work of the Taskforce will be provided at the July Board meeting. Over the next period, the Taskforce will focus on the following improvement objectives:

A. Measures and governance processes for public participation

26. Further work is in hand to build the approach to measuring public participation, strengthening the data provided to enable the dashboard to provide a fuller picture of activity.

27. Within NHS England, additional work is underway as part of corporate governance and assurance processes. The Taskforce recommends that all relevant papers coming to the NHS England Board should contain assurance in the cover sheet demonstrating how the Section 13Q “duty to involve” has been considered.

28. All CCGs have received the feedback referenced in section 12 above, relevant to their assessment. The focus for the central NHS England team is now towards support for improvement, with the learning and development offer for NHS England colleagues and CCGs currently being reviewed and developed collaboratively with system partners including NHS Improvement. This will continue to include online and face-to-face training, guidance, tools and resources, and peer support.

B. Supporting better empowerment of people and communities within NHS England priority programmes

29. The Taskforce will next work with other NHS England priority programme areas in a similar manner to the focused look at the cancer programme.

30. This will enable NHS England to demonstrate how it is learning from patient experience, engaging people across the strategic priorities, and working closely with the VCSE sector, and the difference that this makes.

31. The work of the Taskforce to date has shown the benefits of strong emphasis on involving those who experience the greatest health inequalities, which will also support the Board in its duty to reduce health inequalities.

C. Developing closer partnerships with the VCSE sector

32. During the Spring, the Taskforce will co-produce an action plan and terms of engagement with the VCSE sector.

33. This will build on the recommendations from the VCSE Review in 2016 and the strategic direction set by the Commissioning Committee in 2017, and will include a focus on developing commissioning strategies and techniques which support the sector such as social prescribing and social value.

34. The terms of engagement will enable a more consistent and inclusive way of working with the VCSE sector across NHS England.

Recommendations

35. The Board is invited to:

    - Note the work to date of the Taskforce;
    - Agree to publish and review the Public Participation Dashboard on an annual basis in July, alongside our Annual Report;

- Endorse the recommendations on the future work plan, including how the improvement objectives will be met; and
- Agree that all relevant NHS England Board papers should be accompanied by a cover sheet demonstrating how public participation/the 13Q ‘duty to involve’ has been considered.

Author **Emma Easton, Head of Voluntary Partnerships and Neil Churchill, Director, Experience, Participation & Equalities**

APPENDIX 1

Empowering People and Communities Taskforce Terms of Reference

1. Introduction

These draft terms of reference set out the parameters within which authority is delegated to the Empowering People and Communities Taskforce.

They specify the responsibilities, remit, membership, frequency of meeting and reporting for the group. These terms of reference will be refreshed on an annual basis, or more frequently, as appropriate.

2. Background

Embedding participation task and finish group

To identify how NHS England may best meet its legal duty to engage, (outlined in section 13Q of the Health and Care Act 2013) in 2015 a task and finish group was established to provide board-level oversight over the organisation's work to drive and embed participation. Following the successful completion of the task and the closure of this group, the NHS England Board agreed that there was an ongoing requirement for a Board-level group, to build upon this work and oversee the delivery of the empowering people and communities agenda, set out within the Five Year Forward View.

Empowering People and Communities and the Five Year Forward View

The Five Year Forward View sets out a vision of a better NHS and the steps that need to be taken within the health and care system and by external partners to achieve that vision. This looks to a future of a health system which holds a new relationship with its stakeholders and sets out a series of commitments in relation to engaging and empowering patients; supporting carers; promoting volunteering and engaging the voluntary sector and communities.

In March 2017, the Next Steps on the Five Year Forward View were published, which set out a clear plan for delivery against the vision over the next two years.

The Empowering People and Communities Taskforce will be the vehicle through which the NHS England Board will have oversight of the organisation's role, through its role as a system leader, in the delivery of the empowering people and communities ambition outlined in the Next Steps.

3. Purpose

The purpose of the Empowering People and Communities Taskforce is to oversee delivery, across the health and care system on the progress being made towards achieving the ambitions for empowering people and communities as set out in the delivery plan for Next Steps Five Year Forward View.

Through engaging differently, understanding the needs of people (especially from those who currently experience the greatest health inequalities), we, together can improve patient experience, improve outcomes, and reduce inequalities.

In particular, the taskforce will focus upon three interrelated ambitions, each of which will be individually strengthened by the work of the Task Force whilst collectively also enabling them to be more closely aligned to create and help drive a more powerful and impactful movement for change:

(i) **People** – Population engagement, participation and co-production in supporting the future delivery of services and policy;
(ii) **Patients** - The role of insight and learning, from the experience of patients, families and carers, in improving the quality and outcomes of services;
(iii) **Voluntary Sector** - Our partnerships with voluntary, community and social enterprise (VCSE) sector organisations to both add value to our work and deliver a wider range of services that are holistic in nature and focus on wellbeing (with a focus on developing a new “rules of engagement” with the sector that is truly transparent and visible)

4. Responsibilities

- To champion the empowerment of people and communities as an intrinsic driver of transformational whole system change
- To champion patient and public participation throughout the organisation / health and care system and work towards co-production with citizens, patients/service users and other key partners.
- To develop effective partnership working between NHS England and the VCSE sector, identifying the barriers to meaningful engagement and the levers for driving creative challenge, new ways of working and outcomes focussed collaboration
- To develop a strategy to embed the empowering people and communities agenda across all programmes and to ensure that the delivery of these programmes are reflective of this engagement to achieve better outcomes
- To ensure that empowering people and communities is a demonstrable ambition in each of the priorities outlined in the Next Steps and in priority delivery programmes, including through STPs and accountable care systems, strengthening cross cutting themes such as equalities and health inequalities that the work being done to progress each area outlined above is aligned to the priorities outlined in the Next Steps on the FYFV
- To raise the collective level of ambition by replicating the most effective vanguard approaches across the system; supporting the dissemination of emergent best practice and learning from the exemplars / initiatives that we are delivering , including through the use of our formal levers and measures
- To champion how emergent technology and other non- conventional channels can support engagement; involvement and empowerment of people and communities
- To identify how progress in engagement and participation may most effectively be monitored and measured to support organisational learning and the mobilisation of change agents and to provide assurance to the NHS England Board

5. Accountability

The Empowering People and Communities Taskforce is a committee that reports to the Board of NHS England through the Chair of the Taskforce, Lord Victor Adebowale and advises the Board on progress against the legal obligations 13H and 13Q of the Health and Care Act 2006 (as amended).

A 12 month programme of work for the Task Force will be agreed by the Board and progress will be reviewed initially at the February 2018 meeting, with a further update in June 2018 at which time the Task Force remit will also be reviewed.

6. Membership

The Empowering People and Communities Taskforce is Chaired by NHS England Non-Executive Director, Lord Victor Adebowale. The Vice Chair is Michelle Mitchell.

Members of the taskforce are invited based on the roles they occupy as listed below:

- Non-Executive Director – Michelle Mitchell
- National Director, NHS England – Jane Cummings
- Programme lead, NHS England – Neil Churchill
- STP lead, NHS England – Michael Macdonnell
- Patient representation – open application process to be conducted amongst lay members of STPs
- VCSE Health and Wellbeing Alliance and national patient organisation representation – Jeremy Taylor
- VCSE Health and Wellbeing Alliance and equalities focus – Jabeer Butt
- Charity leadership with a focus on the national priority programmes – Chris Askew
- VCSE Oversight Group – Alex Fox
- LGA / Local government – Martin Farron, York

Other attendees will be invited to attend individual meetings for discussions around topics of specialism. The Chair will invite these attendees based on the relevant discussion topic dictated by the work plan and actions from the discussion allocated accordingly. Full members of the taskforce will remain accountable for ensuring delivery of these actions.

7. Standing agenda items

A review of minutes and actions from the previous meeting will also be a standing agenda item at each meeting.

8. Secretariat

Notes will be taken of items discussed and decisions made at each meeting, specifically recording actions arising along with their agreed owners and target completion dates. Meeting notes will be distributed to members as soon as reasonably practicable following each meeting, following agreement with the Chair.

Where necessary and for the efficient conduct of business, items may be dealt with via correspondence, at the discretion of the Chair.

The Patient and Public Participation and Insight division within NHS England will provide the secretariat service to support the Empowering People and Communities Taskforce.

9. Review of terms of reference

The NHS England Board will review the relevance and value of its work and these terms of reference in July 2018

Date agreed: 12th December 2017

APPENDIX 2

Letter from the Empowering People and Communities Taskforce to the Cancer Programme

OFFICIAL

Nursing Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

December 29th 2017

Cally Palmer
SRO
Cancer Programme

Dear Cally

Thank you for asking Chris Harrison and Jo Cottam to present your team's work at our new Empowering People and Communities Task Force on 12 December 2017.

The Task Force is taking a new approach, in taking a detailed look at each of the NHS England priority areas and inviting internal and external stakeholders to join us in these discussions. My fellow Task Force members and I are grateful for the time and effort invested in helping us understand what has been achieved and what ambitions remain to be delivered and in particular for working with us as we tested and refined this new format.

The remit of my Task Force, as you know, covers the participation of patients and communities in decision-making, the quality of patient experience and partnership working with the Voluntary Community and Social Enterprise (VCSE) sector. The Cancer Strategy was, therefore, of great interest to us, as the first such plan developed outside NHS England, with the substantial participation of patients, carers, public and VCSE organisations. We were impressed by the ambition of the plan and its impact on patient experience, for example the prospect of the new Faster Diagnosis Standard, which will reduce the period of greatest anxiety for patients and the pioneering development of a Quality of Life metric for life with and beyond cancer. We were also pleased to see that the quality of patient experience continues to improve in most NHS Trusts against the majority of measures, an excellent example of the bar being raised year-on-year to the benefit of patients.

Whilst care quality and outcomes are improving for the majority of patients, we spent some time in the workshop understanding if anyone was being left behind. We welcome the efforts which have been made to improve the measurement of experience for Black and Minority Ethnic patients as well as children and young people, but were concerned to hear that both the quality of experience and clinical outcomes remain poorer for these groups. Some of the discriminatory practice reported by patients, such as the increased cost for some black and minority ethnic patients wanting appropriate wigs or on the provision of appropriate prosthetics are now quite longstanding. We would like to understand what the national programme can do to ensure that these, and similar inequalities, are addressed.

We were also appalled to hear directly from a young person with kidney cancer how she was laughed at when she raised her cancer fears with her GP. In addition, we noted that poverty still delays cancer diagnosis, with poorer patients more likely to be diagnosed in A&E. The poorer experiences of these groups of patients were highlighted in the Cancer Strategy and for cancer care to be genuinely world class, we need to improve experience and outcomes for all our patients with none left behind. We are therefore keen to hear how the national programme and Cancer Alliances are responding to the health inequalities you have identified, narrowing the persistent inequalities in experience and outcome and in particular delivering tangible improvements for BME patients and children and young people as well as delivering earlier diagnosis for poorer patients.

Patients and VCSE organisations were strongly involved in the development of the Cancer Strategy and we heard that there is an equal appetite to be involved in the delivery of the programme. It was helpful for us to hear the experience of patients involved as lay members on the national programme as well as in Cancer Alliances and Sustainability and Transformation Partnerships. We were pleased to hear evidence of good practice, in which priorities and decisions had clearly been influenced by patients and communities. We were also encouraged that the cancer team are promoting good practice in patient and public involvement in Cancer Alliances. Yet we also heard of continued difficulties in hearing the voices of BME patients, as well as other groups who were less likely to be in the room when priorities are discussed, such as children and young people and people with Learning Disabilities.

We heard of many good examples of working in partnership with cancer charities, but fewer where this engagement stretched into the wider VCSE sector. We understand that the Cancer Alliances are still building their approach and capability, which was reflected in the varied experiences of patient representatives. The cancer team has an important part to play in ensuring the excellent standards of participation set during the development of the strategy are continued in this delivery phase. We would encourage the team to be clear about your expectations of Cancer Alliances, demonstrating that patient involvement is an important criterion of success and asking questions about the diversity of patient engagement and the impact it is achieving on increasing equality and reducing health inequalities.

We are required to report on the progress of the Task Force to the Board at its February meeting and I would also like to ensure that we give feedback to those who attended either the workshop or engaged with us on social media. I would, therefore, be grateful if you could send me your thoughts on the areas I have raised above.

Attendees at the workshop were keen to continue to engage beyond the day itself and have asked us to set up a ‘virtual meeting’ to continue the conversation and help them connect directly with the Cancer Alliances. I have asked Emma Easton to liaise with Jo Cottam regarding this. Emma will also provide the full notes from the workshop to Jo so that the team can fully utilise the information gathered.

Once again, I am grateful to you and your colleagues for helping us plan and deliver our first workshop and I was especially pleased that you helped us engage Cancer Alliances. I will be very interested to hear how you and your team felt the workshop went, so we can learn for next time. I have asked Emma to speak to Jo for her feedback and suggestions.

Best wishes for the continued success of the programme.

Lord Victor Adebowale
Taskforce Chair
Non-Executive Director, NHS England