

NHS ENGLAND – BOARD PAPER**Title:**

Third progress report from the Empowering People and Communities Taskforce

Lead Director:

Professor Jane Cummings, Chief Nursing Officer
Dr Neil Churchill OBE, Director for Experience, Participation and Equalities

Purpose of Paper:

- This is the third progress report on the work of the Empowering People and Communities Taskforce.
- It includes:
 - Recommendations on the development of the new NHS Assembly and implementation of the Long-Term Plan;
 - An update on the Taskforce workshops on Personalised Care and Frailty and recommendations for these;
 - Draft new principles for working in partnership with the Voluntary, Community and Social Enterprise (VCSE) Sector.

Patient and Public Involvement:

How have you involved patients and the public in this work?

- Patient and public involvement has been integral to all aspects of the Taskforce's work programme;
- Each meeting is preceded by a workshop focusing on one of NHS England's priority programmes, which includes the voices of patients, carers, the voluntary, community and social enterprise sector;
- In addition to the face-to-face engagement, the Taskforce has also been active on Twitter, hosting at least two social media conversations around each meeting, and ensuring that all information is available online

The Board invited to:

- Note the work to date of the Taskforce and the recommendations for personalised care and frailty;
- Approve the priorities identified for improvement; and
- Approve the principles for partnership working with the VCSE sector

Third progress report from the Empowering People and Communities Taskforce

Purpose

1. This paper provides an update on the work of the Empowering People and Communities Taskforce. The Taskforce is due to continue until December 2018 and one final update will be provided at its conclusion, along with recommendations for the future.
2. The Board is invited to:
 - Note the work to date of the Taskforce and the recommendations for personalised care and frailty;
 - Approve the priorities identified for improvement; and
 - Approve the principles for partnership working with the VCSE sector

Background

3. The Empowering People and Communities Taskforce was established for one year to strengthen the contribution of people, patients and the voluntary, community and social enterprise (VCSE) sector in delivery of the Next Steps on the Forward View. Since the summer, the Taskforce has adapted to take into account emerging priorities around the new NHS Long-Term Plan.
4. The Taskforce's approach has been demonstrated to add insight and value to the priorities and national programmes set out in our Next Steps plan, working collaboratively with different priority areas. It has also supported the adoption of good practice and contributed to good governance on public participation.
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. Its previous [paper](#) to the Board, in July, included publication of the new 'public participation dashboard' and developing improvement objectives with a focus on the mental health programme.
6. Since its last update paper, the Taskforce has focused on developing improvement objectives for personalised care and frailty and developing principles for more effective partnership working with the VCSE sector. It has also supported engagement with key stakeholders on the development of the Long-Term Plan. This paper provides an update on this progress.

Status Update

7. There are three areas where progress has been made since the previous Board report:

A: Supporting engagement in the Long-Term Plan and development of the NHS Assembly

8. The Taskforce has taken a keen interest in ensuring that patients, service users, carers and VCSE organisations have been effectively involved and have influenced the development of the forthcoming Long-Term Plan. We have welcomed the engagement to date, which has been extensive in its nature and we were pleased to hear about the steps taken to ensure those who experience the greatest health inequalities have been listened to. The impact that this has made on the submissions being considered for inclusion in the plan is clear.
9. Bringing workstream leads together into cross-cutting engagement opportunities with both the VCSE sector and patients and carers has provided a unique opportunity to hear from a wider audience and consider proposals across workstreams. Following publication of the plan, as we progress with the next phase of engagement, we need to continue to support our VCSE networks to ensure these routes of engagement remain available.
10. The Taskforce will conclude in December 2018, following delivery of its remit. However, it is important that NHS England continues to set itself high standards in these areas of work and we hope that the NHS Assembly will be able to learn from the work of the Taskforce and ensure that the improvement objectives developed are embedded.
11. The NHS England and NHS Improvement Boards meetings in common held in May 2018 agreed that the new NHS Assembly should build on the recommendations of the Taskforce and we are pleased to have been involved in helping to shape proposals for its design, composition and manner of working. Proposals for the NHS Assembly are now being formally considered but we think it is critical that the new NHS Assembly has effective representation from VCSE organisations, patients and carers, as well as including broader engagement beyond 'those in the room.'

B: Long-Term Plan for the NHS

12. Over the last year, the Taskforce has consistently highlighted the importance of health inequalities. The contributions from patients, service users, carers and VCSE organisations at all our workshops leads us to a recommendation that whilst the NHS Plan must seek to improve outcomes for all, the improvement should be fastest for those who are marginalised and disadvantaged by their protected characteristic or by where they live.
13. To truly make an impact on health inequalities and promote behaviour change with excluded groups, each programme needs to really understand their experiences and why existing generic services are not meeting their needs. This will require deeper engagement with these communities on an ongoing basis before and while the plan is being implemented, to gain real insight into how to best empower people to exercise responsibility and take more control over their own health and wellbeing. There is an opportunity to build on the work achieved

during the development of the plan and increase its level of engagement with these communities.

14. The work of the Taskforce has focused on the population groups most in need of support for each of our clinical programmes: those experiencing multi-morbidity or those with protected characteristics, often the same groups across different programmes. The drivers for change that underpin most of our clinical objectives are also the same e.g. smoking, alcohol or diet. As the Long-Term Plan is implemented, a cross-cutting approach to our programme structures, which moves beyond the compartmentalised nature of clinical programmes, would help to deliver many of the improvement objectives noted by this Taskforce.

C: Developing improvement objectives

15. In addition to embedding a focus on empowering people and communities within business-as-usual activity, the Taskforce has also been taking a detailed look at NHS England priority programmes, considering how people, communities and the VCSE sector can better help deliver existing commitments from the Forward View and other ongoing strategies for the benefit of all. In our first update in February, we reported on the detailed look the Taskforce had taken at the implementation of the Cancer Strategy and in July we reported on Mental Health and co-production. The advice from the Taskforce has subsequently been embedded into each programme's submissions on the long-term plan and the following specific areas of work:

- **Improving services and outcomes for Black and Minority Ethnic (BME) cancer patients** - The Cancer Programme has promoted BME participation in the Cancer Patient Experience Survey (CPES), is supporting the production of short videos that address some of the health inequalities experienced by BME communities and has produced advice to Cancer Alliances and CCGs via the Kahootz website on accessing appropriate practical support services, including prosthetic and hair loss support services for their patients.
- **Improving services for children and young people with cancer** – the Patient Experience team has commissioned work to learn how best to hear from children and young people under the age of 16 years about their cancer care; this included interviews with professionals and children and young people with cancer and their parents/carers across England to explore and evaluate a range of approaches for capturing the experiences of children and young people with cancer. NHS England are currently working through the possible options for the main recommendation from this work, developing a standardised survey.
- **Involving patients and voluntary, community and social enterprise (VCSE) organisations in delivery of the cancer strategy and working with cancer alliances** - The Cancer Programme has appointed a Patient and Public Engagement Manager, who provides strategic leadership for this important area of work, and is supporting Cancer Alliances in ensuring that the patient's voice is heard in decision making about cancer services.

- **Building an evidence base for co-production in mental health commissioning** – Following the Taskforce workshop, and with the support of VCSE partners and public and patient voice representatives, the Mental Health Programme commenced a project which will build the evidence base for co-production in the commissioning of mental health services. The first phase of the project (documenting unpublished case studies) is due for completion in April 2019.

16. More recently the Taskforce has taken a similar look at the comprehensive model for personalised care and frailty.

17. The Taskforce meeting in June 2018 took a detailed look at the comprehensive model for personalised care. The Taskforce are very supportive of the vision for personalised care and the moves to embed this approach as a way of working rather than a specific intervention. Following the workshop, a letter was sent to the SRO for the comprehensive model, James Sanderson (see appendix 1 for a copy of the letter). The areas for further consideration in that letter and the work done since then is set out below:

- a. **‘Weaving’ personalised care throughout the Long-Term Plan** – the Personalised Care Group has worked closely with a range of workstreams. Alongside its own submission, personalised care was reflected in several proposals submitted to the Long-Term Plan, including primary care; prevention, personal responsibility and health inequalities; learning disabilities and/or autism; cancer; CVD and respiratory; and digital.
- b. **Increased focus on health inequalities** – although there was already a strong focus on health inequalities within the comprehensive model, it is important that we ensure that the programme is indeed reducing demand and reducing inequality, especially when being implemented at scale. Following this recommendation, a dedicated work strand was started to update the comprehensive model to include a specific section on health inequalities, with a set of focused actions that the Personalised Care Group will take, including: a focus on measurement of diversity within the programme, strengthened guidance on reducing inequality, and providing additional support to access personalised care for people who face the greatest inequalities. This approach is being further developed through a dedicated challenge session with the Health Inequalities team, that will lead to a personalised care health inequalities action plan in 2019/20 activity.
- c. **Working in partnership with the VCSE sector** – the comprehensive model contained a clear ambition to work more closely with the VCSE sector which was warmly welcomed by the Taskforce. However, the Taskforce was concerned about the lack of resource locally for the sector in many areas which could undermine this ambition and urged a more pro-active approach to stimulating local investment. Following this recommendation, the team and colleagues in the Personalised Care

Group have been exploring options for strategic partnerships with major grant giving bodies, including the Big Lottery, and have begun exploring options to develop Shared Investment Fund models.

18. In September, the Taskforce 2018 focused on frailty in its workshop, aligning with the engagement being conducted by the Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia workstream as part of the overall Long-Term Plan developments. As an area of the forthcoming plan which traverses condition group, particularly including a group of people whom we know are seldom heard, frailty was of interest to the Taskforce. Starting with a frame of population health is essential if we are to describe meaningful services which consider the needs of people who are more vulnerable. As with previous workshops, a letter was sent following the workshop to Caroline Abrahams, the SRO for the Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia workstream (see Appendix 2 for a copy of the letter) which suggested that further consideration be given to the following:

1. **Terminology** – We heard a strong message that the term “frailty” is misunderstood and not widely recognised, with strong cultural assumptions that frailty is part of ageing. As part of the Long-Term Plan it is essential that we challenge assumptions around frailty, recognise the need to need to target specific groups, for example, BME men, and use a broader range of language.
2. **Scope** – The Taskforce were pleased to hear about the plans to embed frailty and address inequalities. However, many participants at the workshop noted the challenges facing younger people who are frail. We heard stories of those who are homeless and frail, people with complex medical and social needs, and others whose needs are not being effectively met by a focus solely on older people with frailty.
3. **Cultural assumptions** - There are differences in where frail older people live, with proportionately more people from BME communities being cared for by family compared than their white counterparts. There is often an assumption that BME people “take care of our own” and therefore inequalities may not have been addressed as fully in this area as others. However, the Taskforce heard about a range of reasons why this is the case, such as services not meeting people’s needs, a lack of trust in services, or concern over quality.
4. **The role of communities and the VCSE Sector** – Communities and the VCSE Sector play a significant role in preventing frailty, reversing its effects, supporting people who are frail, and ensuring people are not socially isolated. They are often the first to recognise signs of deterioration amongst people they work or socialise with and can help to identify people at risk of or living with frailty. During the workshop we heard about the excellent work being done to identify frailty within GP lists which is encouraging. However, the programme also needs to ensure that people who do not access the GP are not left behind. The VCSE sector

could form part of the solution to greater identification and support for people at risk of, or experiencing frailty. It therefore needs to be recognised and resourced as a critical partner, especially in helping to reach those not on GP patient lists or in regular contact with primary care, and clear referral routes developed and encouraged.

19. The Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia workstream will be responding to the recommendations made by the Taskforce by November and a verbal update provided at the Board meeting.

D: Developing partnerships with the VCSE Sector

20. The role of the VCSE sector is well understood by NHS England. Chapter Two of the Forward View clearly outlined a vision for new partnerships but, although there are pockets of good practice, this has not widely translated into delivery mechanisms. The [VCSE action plan](#) published in May 2018 has subsequently made strong recommendations to ensure that the VCSE can work alongside the NHS to co-design and co-deliver health and care services. The Taskforce supports these and would like to see these adopted in the Long-Term Plan, but also believe that NHS England could go further in addressing the barriers to partnership working both nationally and with grassroots organisations in neighbourhoods.
21. The VCSE sector has always provided a range of different support to the NHS including in its role in helping community voices to be heard, in delivering services, in being partners in strategy development etc. As we move towards the ambitions of the new Long-Term Plan, we should engage further with the sector in all these guises and ensure that we embed quality partnership working and co-production with a wide range of VCSE organisations, including both condition specific organisations and those who work with different communities / inequality groups.
22. In our July update we noted the results of an analysis of the way in which NHS England itself engages with the VCSE sector, which found variability in our approach to partnership working. The Taskforce has subsequently co-produced draft principles to support us to meet this ambition, as detailed in Appendix 3.
23. These draft principles are underpinned by a robust work plan (Appendix 4) to embed within NHS England and we recommend that they are adopted across the organisation.

Implications

Resources Required

24. The Improvement Objectives suggested by the Taskforce are being integrated into development of the Long-Term Plan. As such, it will not require any re-prioritisation or additional resources but will ensure that corporate priority areas are including a focus on patient experience, involving patients and the public in

their work, and building effective partnerships with voluntary sector organisations within the development of their plans. This will be worked through with each corporate priority area to ensure that it does not preclude delivery of other priorities.

Next steps

25. The Taskforce will conclude in December 2018 and expects to pass over responsibility for oversight of Empowering People and Communities within the Long-Term Plan to the new NHS Assembly at this point. A final report concluding the Taskforce's work and reporting on the objectives outlined below, will be submitted for the Board's consideration in early 2019.

26. Over the remaining period, the Taskforce will focus on the following improvement objectives:

A: Improvement actions to support improvement in public participation

27. As detailed in our July Board report, we will continue to work to increase the quality of patient and public participation, both within NHS England and by CCGs and STPs / ICS'.

B. Developing closer partnerships with the VCSE sector

28. Following approval of the draft principles for engagement with the VCSE sector, we will take steps to embed these principles throughout NHS England. A detailed work plan is included for reference in Appendix 4.

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

29. The final priority programme area being considered by the Taskforce is around our digital programmes. This workshop took place in mid-October but the Taskforce has not yet held a follow-up meeting to discuss the outcomes. A report on this will therefore be included in our final update in early 2019.

Recommendations

30. The Board is invited to:

- Note the work to date of the Taskforce and the recommendations for personalised care and frailty;
- Approve the priorities identified for improvement; and
- Approve the principles for partnership working with the VCSE sector.

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

APPENDIX 1

James Sanderson
Director, Personalised Care
Group

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

14th August 2018

Dear James,

Thank you for asking Nicola Kay to present at the workshop on personalised care organised for the Empowering People and Communities Taskforce and to both of you for attending the meeting that followed. Thank you also to members of your team who took part in the twitter chats that took place both before and after the workshop to ensure wider participation.

Our remit, 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. We have been taking a new approach, looking at each of the NHS England priority areas in turn and inviting internal and external stakeholders to join us in these discussions. The plans to develop a comprehensive model for personalised care was, therefore, of great interest to us. My fellow Taskforce members and I are grateful for the time and effort invested in helping us understand what has been achieved and the ambitions for the long-term plan to embed the comprehensive model. We were delighted to see the passion you and your team displayed as well as the deep commitment to co-production shown by your team.

The Taskforce are very supportive of your programme and the moves to embed this approach as a way of working rather than a specific intervention. Both the twitter chats and the workshop heard an overwhelming commitment to the principles of personalised care and noted that we want to see adoption of this at a large scale within the health system. Taskforce members offered to provide ongoing support to the Personalised Care Group to ensure that this agenda is seen as a priority and resourced effectively. We are therefore keen to remain involved in supporting you during the development of the long-term plan.

There was a clear steer from the workshop attendees, twitter participants and the Taskforce about some areas of the comprehensive model that we are particularly keen to ensure are built into the programme going forwards:

Long-term plan

Through the workshop and through the twitter chat it was clear that there are 'green shoots' within both the NHS England programme and several local areas. However,

it was also evident that there is a significant challenge in implementing the model fully at local level and ensuring that CCGs recognise its importance. We noted the intention to 'weave' aspects of the comprehensive model into the long-term plan to ensure that it is fully embedded with references to a standalone paper on personalisation with further detail. The Taskforce is supportive of this approach, noting that, if it were a standalone chapter that it may not be fully integrated in the face of what can be strong cultural resistance.

Health inequalities

We were pleased to hear strong examples of addressing health inequalities by the national team. The programme has highlighted that people in lower socio economic groups can benefit the most from personalised care, and we know that increasing choice and control can better ensure that services are tailored to people's needs including cultural diversity. It is, however, important that we ensure that the programme is indeed reducing demand and reducing inequality, especially when being implemented at scale. We would ask that you consider an increasing focus on measurement of diversity within the programme, not just on total numbers, and that all guidance to local areas includes a strong message around target populations and reducing inequality. Taskforce members offered to provide examples of good practice from different areas where there has been a real impact on health inequalities through implementation of a personalised care approach. The Taskforce were also keen to further consider how we can ensure a full line of sight from delivery in local areas to the NHS England Board.

Working in partnership with the VCSE sector

There is a clear ambition within the comprehensive model to work more closely with the VCSE sector which was warmly welcomed by the Taskforce. In order to realise the potential of creating a nationwide infrastructure of link workers to support social prescribing and the targets for personal health budgets there needs to be a vibrant local VCSE market to refer to. The sector often offers other kinds of support that are more holistic in nature. In addition, one of the challenges in reducing health inequalities is in reaching those people who do not access the NHS and the VCSE sector can be an essential component of reaching wider communities.

We are concerned that the lack of resource locally for the VCSE sector in many areas could undermine this ambition. It is therefore important that the programme identifies mechanisms not only to ensure that the NHS is adequately resourced for personalised care, but that the local VCSE sector is stimulated and vibrant. We noted the desire to work closely with local government to shift the way the sector is funded and to pump prime some of that activity but would urge a more pro-active approach to stimulating local investment, potentially using levers offered by mechanisms such as the Social Value Act. The Taskforce recognise the need for there to be appropriate funding for the VCSE sector to deliver these ambitions nationally and encourage you to explore strategic partnerships with major grant giving bodies including the Big Lottery.

Next Steps

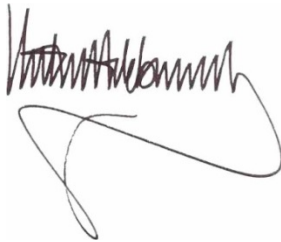
We are required to report on the progress of the Taskforce to the Board at a future meeting and I would also like to ensure that we give feedback to those who attended either the workshop or engaged with us on social media. I would, therefore, be grateful if you could send me your thoughts on the areas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

I have also asked Emma Easton to provide the full notes from the workshop to Nicola 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 both the workshop and twitter chats. I will be very interested to hear feedback from your team on the overall process for this so we can learn for next time. I have asked Emma to speak to Nicola for her feedback and suggestions.

Best wishes for the continued success of the programme.

Best wishes,



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



Michelle Mitchell
Task Force Co –Chair
Non-Executive Director, NHS England

APPENDIX 2

NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

Caroline Abrahams
Long-term plan SRO, Integrated and
Personalised Care for People with
Long Term Conditions and Older
People with Frailty, including
Dementia

23rd October 2018

Dear Caroline,

Thank you for coming to the workshop on frailty organised for the Empowering People and Communities Taskforce. Our remit, 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. We have been taking a new approach, looking at each of the NHS England priority areas in turn and inviting internal and external stakeholders to join us in these discussions. Frailty was of particular interest to us as a priority area for the new NHS Long-Term Plan which traverses condition groups, looking at a segment of the population which particularly includes groups of people whom we know are seldom heard. Starting with a frame of population health is essential if we are to describe meaningful services which take into account the needs of people who are more vulnerable.

Our fellow Taskforce members are grateful for the time and effort invested in helping us understand the ambitions for frailty within the long-term plan. We were delighted to see the passion you and the team displayed as well as the deep commitment to co-production shown by your team. We are particularly grateful for the additional support that Age UK provided in planning the workshop and hosting the day.

I wanted to share some of the reflections from the workshop:

1. Terminology

We heard a strong message throughout the workshop that frailty is a term that is misunderstood and not widely recognised. In particular there are strong cultural assumptions that frailty is part of ageing. One participant noted that the language of frailty can often be a self-fulfilling prophesy. As part of the long-term plan it is essential that we challenge assumptions around frailty, recognise the need to target specific groups, for example, BME men, and that we ensure a broader range of language is used.

2. Scope

We were pleased to hear about some of the plans to embed frailty as a priority within the forthcoming long-term plan and in particular the work to address inequalities. You clearly recognise the scale of the inequalities experienced by some groups and we noted that you have a number of initiatives in place to address this. Nonetheless, many participants noted the particular challenges that face younger people who are frail. We heard stories of those who are homeless and frail, people with complex medical and social needs, and others whose needs are not being effectively met by a focus solely on older people with frailty. The Taskforce would therefore like to see a clear commitment to ensuring the needs of younger frail people are also addressed through the long-term plan.

3. Cultural assumptions on frailty

It is widely recognised that there are differences in where frail older people live, with more people from BME communities being cared for by family compared with their white counterparts. There is often an assumption that this is due to a sense that BME people “take care of our own” and therefore inequalities may not have been addressed as fully in this area as others. However, there can be a wide range of reasons why this is the case, such as services not meeting people’s needs, a lack of trust in services, or concern over quality. The Taskforce would therefore welcome further work to consider the diversity governing the choices people make and address areas of inequality.

4. The role of communities and the VCSE sector

We were pleased to hear strong examples of the role that communities and the VCSE sector have in preventing frailty, reversing its effects, and supporting people who are frail. There is a strong role for communities and the VCSE sector in ensuring that people are not socially isolated and encouraging healthy ageing. VCSE organisations and communities are often the first to recognise signs of deterioration amongst people they work or socialise with and can help to identify people at risk or living with frailty.

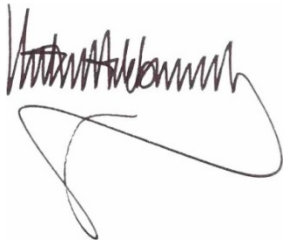
During the workshop we heard about the excellent work being done to identify frailty within GP lists which is encouraging. However, the programme also needs to ensure that people who do not access the GP are not left behind. The VCSE sector could form part of the solution to greater identification and support for people at risk of, or experiencing frailty. It therefore needs to be recognised and resourced as a critical partner, especially in helping to reach those not on GP patient lists or in regular contact with primary care, and clear referral routes developed and encouraged.

Next Steps

We are required to report on the progress of the Taskforce to the Board 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. Once again, I am grateful to you and your colleagues for helping us plan and deliver our workshop. I will be very interested to hear how you and your team felt the workshop went, so we can learn for next time.

Best wishes for the development of this workstream within the long-term plan. I would be happy to meet with you personally, if I can be of assistance in taking forward any of our suggestions.

A handwritten signature in black ink, appearing to read 'Victor Adebawale', with a large, stylized flourish at the end.

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

A handwritten signature in blue ink, appearing to read 'M. Mitchell', written in a cursive style.

Michelle Mitchell
Taskforce Co-Chair
Non-Executive Director, NHS

APPENDIX 3

Draft Principles for VCSE Engagement and Partnership Working

These draft principles are intended to enable us work towards a more inclusive approach to partnerships with the VCSE sector. They outline the way in which NHS England intends to work with the sector and our expectations from organisations that engage with us.

Principle	NHS England will....	We ask VCSE organisations we work with to....
Be inclusive and reach into communities	Ensure that its engagement with the VCSE sector is inclusive, engaging with organisations interested in the life course and whole person as effectively as those working to improve the treatment of individual conditions. We will also avoid being too focused on our main national locations of London and Leeds.	Work inclusively with others committed to achieving the same goal. Identify and work with other organisations, including members of the VCSE Health and Wellbeing Alliance, to address the different ways that health conditions affect people's lives and identities.
Challenge inequalities	Work with VCSE organisations to prioritise the voices of those who are otherwise seldom heard	Build a diverse user base and in engagement with NHS England prioritise those whose voices are otherwise seldom heard
Demonstrate impact and build the evidence base	Advise and support the VCSE sector to demonstrate how their involvement achieves greater impact and value and use the evidence presented by the VCSE sector.	Evaluate and measure the impact of interventions, beyond user satisfaction; extend our collective knowledge base by sharing, presenting and publishing data.
Adopt co-production	Work with the VCSE sector from the outset of programmes as equal partners, following the agreed approach to co-production*	Work collaboratively with NHS England as equal partners in helping the health and care system make decisions.
Be transparent	Be open about our ambitions, aspirations and any constraints in how and why we are engaging with the VCSE sector	Be transparent about how they can support user involvement, the diversity of those they represent, and the scope of their involvement

Challenge and be a critical friend	Provide the opportunity to engage throughout strategy development and delivery of programmes and be receptive and open to supportive challenge	Challenge our thinking, identify ways in which our programmes could inadvertently disadvantage communities, highlight good practice, and help to identify solutions together
Working for the same goal	Recognise that the VSE sector are essential partners in helping us to meet our obligations its obligations through the Equality Act, address health inequalities and ensuring that our programmes meet the needs of the most disadvantaged at the sharp end of the inverse care law.	Recognise that NHS England are working for similar goals – better health and care for all communities. We can achieve much more in partnership.

* It is proposed that NHS England further develop its approach to co-production as previously considered by the EPC Taskforce. All VCSE engagement will follow this approach.

APPENDIX 4

Draft plan for embedding the draft principles for VCSE engagement

Introduction

- This annex outlines the plan to support more inclusive partnership working between NHS England (and increasingly NHS Improvement) and the Voluntary Community and Social Enterprise (VCSE) sector and embed the core principles for engagement. It also outlines our approach to providing support to sustainably and transformation plans (STPs).
- It recognises that, although there are pockets of good engagement, at present NHS England does not have systematic routes to ensure that a wide range of VCSE organisations are involved in strategy development or delivery or within STPs. It therefore sets out some aspects of current practice and makes recommendations on how we could better work with the VCSE sector in future.

Figure 1 provides an overview of the current situation and future ambition in NHS England which will be adapted over the forthcoming year to include NHS Improvement. Further detail on how each of these elements will be delivered are then expanded below, including our approach to STPs.

Figure 1 What this means in practice – an overview of the strategy for change for NHS England

Areas of focus	Current practice	Future ambition	Example of way in which this will be achieved* (further detail in section below)
Governance	NHS England governance processes do not consider the extent to which co-production has taken place	Able to identify whether programmes/policies were co-produced & the impact on the most disadvantaged communities	Identified governance route to embed VCSE engagement following Taskforce completion
Leadership	Variable leadership on VCSE engagement across NHS England	VCSE engagement seen throughout the organisation as an essential part of how we do business	VCSE engagement embedded within long-term plan
Capability	Many staff unaware of why/when to engage or existing engagement channels, engagement is ad hoc and reliant on personal contacts	Teams understand when to engage with the VCSE sector and which engagement channels to use for the intended outcome	OD programme developed which links public participation, co-production and working with the VCSE sector

<p>Initiation of work and strategy development</p>	<p>Initiation of work is exclusive and executive decision-making often happens in isolation of other teams and input Consultation with the VCSE sector is common practice; co-production occurs in strategy development within some programmes but others developed in isolation without wider sector involvement.</p>	<p>Co-production plan initiated as soon as new work identified and built into our programmes both in development and delivery of strategy</p> <p>Strategies are developed in a transparent and integrated way, taking a life course approach</p> <p>When engaging with an organisation we are clear about the role that they are expecting to play and the voices they are expecting to represent</p>	<p>Support to develop a co-production plan at programme initiation stage</p>
<p>Process</p>	<p>Where we do engage, we tend to operate in siloes / around individual conditions which means we may lack involvement with those who work with different communities, and miss co-morbidities.</p> <p>We also rely on charities to be diverse and representative and consultation often happens late in the process.</p>	<p>Systems designed to take a whole person approach and develop more diverse and inclusive engagement to reach both communities and those with long-term conditions</p> <p>When engaging with an organisation we will be clear about the role that they are expecting to play and the voices they are expecting to represent</p>	<p>Develop a full process map which sets out how we expect the organisation to work in different scenarios</p> <p>Develop communications & engagement strategy including clarity on the terms on which engagement is taking place</p>
<p>Measurement</p>	<p>We have little data on how and when VCSE organisations are being engaged or the impact of this</p>	<p>We are able to demonstrate the impact of our engagement with the VCSE sector and evaluate and further enhance our strategy.</p>	<p>Develop clear measures for VCSE engagement and the impact of this</p>

How the Strategy will be delivered

1. Governance

Aim: To provide us with the ability to identify whether programmes/ policies were co-produced & impact on the most disadvantaged communities

<p>Supporting NHS England / NHSI</p>	<ul style="list-style-type: none"> - Consider the role of the VCSE Oversight Group (with DHSC and PHE) in relation to the new NHS Assembly and to ensure there is oversight of how each of the ‘system partners’ are co-producing their programmes (the Oversight Group will also continue to oversee progress on the VCSE Review and joint VCSE Health and Wellbeing Programme) - Further develop senior programme governance for the VCSE Health and Wellbeing Programme - Support each priority programme to identify how the VCSE can support delivery of the new long-term plan, including requesting an agenda item on VCSE engagement each year for their programme boards - Revise the Board cover paper on 13Q to include co-production with patients, public and the VCSE sector
<p>Supporting STPs / ICSs</p>	<ul style="list-style-type: none"> - Catalyse and support VCSE and citizen partnership working through the rollout of Building Health Partnerships programme - Develop module on VCSE engagement ICS Maturity Framework and Aspirant Programme - Guidance and support

2. Leadership

Aim: VCSE engagement seen throughout NHS England and STPs as an essential part of how we do business

<p>Supporting NHS England / NHS Improvement</p>	<ul style="list-style-type: none"> - Increase senior leadership involvement in VCSE Health and Wellbeing Alliance (see section 5.2) - Annual discussion on VCSE partnerships by the Leadership Forum - Identification of a VCSE Champion within each priority programme - Input into the new Civil Society strategy being led by DCMS to help ensure that the needs of the VCSE sector within health and care are incorporated including developing new commissioning mechanisms, contractual models and policy levers
<p>Supporting STPs / ICSs</p>	<ul style="list-style-type: none"> - Develop support to embed social value in health and care - Complete research in VCSE engagement and support needs of STPs - Test models of joint VCSE/STP working such as local alliances. Support scale and spread of successful programmes. - Launch BHP Programme STP leadership training (led by the Kings Fund)

3. Capability

Aim: Teams understand when to engage with the VCSE sector and which engagement channels to use for the intended outcome

Supporting NHS England / NHS Improvement	<ul style="list-style-type: none"> - Develop OD training (linked to public participation and co-production) for staff - Showcase exemplars internally - Develop short guidance for internal use on working with the VCSE sector
Supporting STPs / ICSs	<ul style="list-style-type: none"> - Produce short guidance and showcase exemplars on 'what good looks like' - Launch BHP Champions network and VCSE capacity building workshops - Share learning from single point of contact in hospital discharge study - Develop area of Involvement Hub to highlight and share tools and good practice - Work with other organisations (such as Health Education England and Leadership Academy) to identify opportunities for other training programmes that might be of benefit e.g. Coproduction etc.

4. Initiation of work and strategy development

Aim: Co-production plan initiated as soon as new work is identified

Supporting NHS England / NHS Improvement	<ul style="list-style-type: none"> - Identify how the VCSE will be involved in the new NHS Assembly - Support development of a bespoke co-production plan linked to the Project Initiation Document template used across NHS E/I for all new strategies being developed as part of the approvals process
Supporting STPs / ICSs	<ul style="list-style-type: none"> - ICS Maturity Framework to include co-production at all stages as a requirement. - Guidance on VCSE engagement including key contacts to connect with VCSE

5. Process

Aim: Systems designed to take a whole person approach and develop more diverse and inclusive engagement to reach both communities and those with long-term conditions

<p>Supporting NHS England / NHS Improvement</p>	<ul style="list-style-type: none"> - Process map set out below (5.1) and communications and engagement (5.2) - Integration into standard NHS England project management procedures. - Support VCSE Health and Wellbeing Alliance to develop effective partnerships across NHS England - Raise awareness of HW Alliance to the VCSE sector, to galvanise feedback and insights from smaller VCSE organisations. - Co-produce new Health and Wellbeing Fund from 2019/20 with VCSE Oversight Group to ensure that the future programme meets needs (and oversee application process) - Work with the HW Alliance to deliver a series of activities to raise awareness of the value of the VCSE sector, builds the evidence base and good practice example.
<p>Supporting STPs / ICSs</p>	<ul style="list-style-type: none"> - Manage (with DHSC and PHE) the VCSE Health and Wellbeing Alliance and Fund, supporting development of new themes to ensure it meets our priorities - Support VCSE involvement in development of social prescribing, Integrated Personal Commissioning and Personal Health Budgets (as outlined in the Personalised Care Group plans) - BHP areas delivering joint action around priorities. - Facilitate regular regional or STP update webinars for VCSE and other partners. - Support regional engagement in STPs, including some focused support - Work with NHS England STP Delivery Unit to provide support to STPs as required.

5.1 Process Map

Acknowledging that full and inclusive engagement with the VCSE sector, and communities, takes time, and that this is not always possible due to competing priorities outside of our control, it is proposed to develop a standard process map for NHS England in its engagement which would be set out in the NHS England project management tools and which covers three scenarios:

- a) Rapid engagement: Setting out how we'd expect to work with the sector if a fast turnaround was needed
- b) Light: Setting out what engagement would look like if a piece of work had 1-3 months for engagement
- c) Full: Setting out the best practice for engagement which we would aspire to work to, including involving the VCSE sector in delivery

5.2 Communications and Engagement

A key element of success in achieving the aims set out in the strategy above will be in the development of an inclusive VCSE Communications and Engagement Strategy. This will have two clear aims:

1. Clear messaging to the VCSE sector to ensure they understand what the 'ask'/ expectation is of the VCSE sector – informing them we're focusing much more on diversity and asking them to engage with us on that basis.
2. Clear messaging to our colleagues in NHS England / STPs to ensure they understand the different engagement mechanisms available and benefits of working with the VCSE sector in different ways

Our communications and engagement is currently reliant upon unilateral relationships with organisations and a small number of networks. A key component of the new communications and engagement strategy will therefore be to move to a more systematic model where networks are connected and a wider variety of organisations are able to engage in an inclusive way.

The table below sets out the different engagement mechanisms that we have already started implanting as part of engagement on the long-term plan and the scenarios where these will be utilised in future:

Engagement Mechanism	New / Existing engagement mechanism	Types of organisation reached	Purpose of this mechanism
VCSE Health and Wellbeing Alliance	Existing – however, working in partnership with DHSC and PHE to consider a new Chief Executives Forum for Alliance members to provide a sounding board for new policies	21 partnerships / consortia representing different communities, specialising in equality and health inequalities	<ul style="list-style-type: none"> • Breadth of reach into the sector (collective reach of over 500,000 organisations / individuals) • Collectively can provide a variety of perspectives • Bring in voice of the wider VCSE sector and a route to engaging with individuals who are seldom heard • Group of organisations who interface with a wide range of work across health and care therefore have collective intelligence about a wide range of subjects
VCSE breakfast / lunchbox briefings	New	Will vary dependent on the subject	<ul style="list-style-type: none"> • Arranged specifically for different policy teams to engage with the VCSE sector prior to the development / announcement of new strategies
Supporting engagement between the VCSE sector and ICS	New	Wide range of organisations that operate either nationally but are too small to have a regional footprint (e.g. small condition specific charities) or geographically based organisations	<ul style="list-style-type: none"> • Lead in STG team • VCSE place on strategic planning approach • Culture – understanding centrally – raise the profile and commitment • Integral to maturity framework • Integral to support offer from delivery unit/capacity support

6. Measurement

Aim: We are able to clearly demonstrate the impact of our engagement with the VCSE sector

<p>Supporting NHS England / NHS Improvement And supporting STPs / ICSs</p>	<ul style="list-style-type: none"> - Review what already exists around measuring partnership working with the VCSE such as CCG assurance work, STP Delivery Unit's dashboard, and programme reporting. - Roundtable to consider how to measure NHS England's and STPs VCSE partnership working to guide future action and development work. Discussion to include: What should be measured (level, type, impact), development of metrics, implementation of measurement methods etc. - Explore opportunities for joint working and actions on implementation of measuring partnership working within the VCSE sector.
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