NHS England
NHS Improvement

Meetings of the NHS England and NHS Improvement Boards, held in public

Meeting Date: **28 March 2019**

Agenda item: **9**

Report by: Final progress report from the Empowering People and Communities Taskforce

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Decision Making Responsibility:

NHS England	☒
NHS Improvement	☐
NHS England and NHS Improvement	☐
N/A - joint discussion	☐

Patient and Public Involvement:

- 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.

Purpose of Paper:

- This is the final progress report on the work of the Empowering People and Communities Taskforce.
- It includes:
    - An update on the Taskforce workshop on Digital Health and Care and recommendations for these;
    - Reflections and recommendations for taking forwards the legacy of the Taskforce; and
    - A summary of the achievements of the Taskforce.

The Board is invited to:

- Note the recommendations for digital;
- Note the achievements of the Taskforce; and
- Approve the recommendation to close the Taskforce and embed its principles and ways of working within the new NHS Assembly and implementation of the NHS Long Term Plan.

Final progress report from the Empowering People and Communities Taskforce

Purpose

1. This paper provides the fourth and final update on the work of the Empowering People and Communities Taskforce. The Taskforce was established for one year to develop improvement objectives and, subsequently, to influence the development of the NHS Long Term Plan. Its final meeting was held in December 2018.

2. The Board is invited to:
   - Note the recommendations for digital;
   - Note the achievements of the Taskforce; and
   - Approve the recommendation to close the Taskforce and embed its principles and ways of working within the new NHS Assembly and implementation of the Long Term Plan.

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 consider emerging priorities around the new NHS Long Term Plan.

4. The Taskforce aimed to work collaboratively with different programme areas to identify improvement objectives aligned to the existing priorities of our national programmes. It has also supported the adoption of good practice and contributed to good governance on public participation.

5. Since its last paper to the Board in November, the Taskforce has focused on developing improvement objectives for digital and fully embedding the recommendations and achievements over the past year into business as usual and within the new NHS Assembly. This paper provides the final update on this progress and makes recommendations to implement the legacy from the work of the Taskforce.

Status update : developing improvement objectives

6. Throughout the 12 months that the Taskforce has been operational it has been systematically taking a detailed look at a number of 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. Our final report considers the Digital Programme which was the focus of our December workshop and aligned with the wider engagement conducted by the Digital Programme as part of the Long Term Plan development. As a workstream which traverses all aspects of the Long Term Plan, digital was of particular interest to the Empowering People and Communities Taskforce in relation to its potential to impact on health inequality.

7. As with previous workshops, a letter was sent following the workshop to the Chief Digital Officer (see Appendix 1), which has subsequently been responded to setting out the actions taken against each recommendation (Appendix 2). The table below summarises the key recommendations for further consideration and the actions proposed / underway:

Summary recommendation	Action proposed / underway
Co-production – The work to date to include people in digital programmes and to co-produce was evident across all the programmes discussed as part of the workshop. Co-production with people and communities should be an underpinning principle for the development and rollout of all digital interventions, with particular emphasis given to reaching beyond our digital networks to reach those who may not be IT literate, for example, using the support of VCSE partners to reach people and communities.	The NHS Digital Services Manual establishes user-centred best practice design as a first principle for anyone designing digital services for use in the NHS. The team is also reviewing and updating its patient and public involvement strategy following the recommendations of the Taskforce, including developing a Digital Citizen Champion Network to enable more people to be involved at different stages of our work more easily and directly. The team will also be holding a follow-up VCSE roundtable in early 2019 with a wider range of VCSE organisations.
Widening digital inclusion – The Taskforce welcomed the work already underway to widen digital participation but was keen to see commensurate levels of ambition on digital inclusion as the programme scales up over the next period and to ensure that digital tools are fully accessible and that there is training for healthcare workers to champion digital tools. There is evidence that having access to smart phones can improve participation and use of digital health information and services by marginalised groups such as homeless people. It is recommended that the next phase of the work to address health inequalities explores these possibilities.	All pathfinder projects have been designed with scalability and sustainability in mind from the beginning, with some projects already beginning to be shared e.g. a model developed in West Yorkshire which enables people with sensory impairments to communicate better with their healthcare professional using apps has already been spread to a further 7 projects. The NHS Digital Services Manual also includes standards on accessibility. A digital nurse network will shortly be launched which will upskill nurses to enable them to access trusted information detailing upcoming digital initiatives and national transformation programmes and how these might benefit their patients.
Partnerships with the VCSE sector – The programme needs to ensure that the wider VCSE sector is involved, in addition to larger charities, particularly to ensure reach to different communities, with the VCSE Health and Wellbeing Alliance cited as a valuable asset to support this.	Following the recommendations from the Taskforce, the digital programme plans to further develop its partnership working with the VCSE sector including: • considering a 'framework' for more formal partnerships, particularly around condition content and tools, but also looking at how this could work across the NHS digital services ecosystem; • developing and promoting a digital health 'community of interest' for VCSE organisations; • further roundtables as referenced above; and

	• exploring with the Health and Wellbeing Alliance how it might support us to ensure maximum impact and mutual benefit.
Artificial intelligence and use of data – Participants at the workshop were generally less familiar with the potential uses of artificial intelligence within healthcare. Further public engagement is therefore required. The Taskforce also heard of potential concerns about the potential for artificial intelligence data to increase bias through algorithms and was therefore keen to understand more about the plans for effective governance for this agenda.	The Code of Conduct for Data Driven Technologies in Health and Care was published following consultation, including with the VCSE sector, to ensure points were addressed.

Recommendations / reflections

8. The Taskforce has influenced both the membership and the design of the new NHS Assembly, which will now build on the Taskforce's work to support delivery of the Long Term Plan and include the voices of different communities.

9. As the Taskforce draws to a close, it is recommended that the following insights from its work are built into plans to implement the Long Term Plan:

    a. We think that bringing workstream leads together into cross-cutting engagement, both with the VCSE sector and with patients and carers, in the development of the Long Term Plan helped join up some pieces of work that might otherwise have been taken forward in more piecemeal fashion. In addition, it enabled a number of external partners to identify priorities they shared in common. The VCSE Health and Wellbeing Alliance provides a valuable mechanism to reach a wide range of communities and we should continue this more proactive engagement with VCSE networks as we deliver our ambitions over the next phase of work.

    b. The Taskforce has consistently highlighted the importance of health inequalities and is very pleased by the strong focus on health inequalities within the Long Term Plan. The ambition, combined with specific targets for change, is welcomed. As implementation of the plan progresses, it is important that we really understand the experiences of marginalised communities and how they are benefitting from the commitments we have made. This will require a deeper level of engagement with these communities to be sustained. NHS England and NHS Improvement nationally, as well as NHS systems locally, should build on the work achieved during the development of the plan and increase their level of engagement with these communities. This is particularly important during the development of local plans between April and Autumn 2019.

    c. Chapter 2 of the 2014 Five Year Forward View was clear in its vision for empowered people and communities. However, in some parts of the country this vision did not always translate into community-level

action, in part because implementation was sometimes compartmentalised into clinical conditions. The 2019 Long Term Plan is different in that it brings an additional population and life stage perspective to the transformation of health and care. As we move towards implementation of the plan, this greater focus on population health needs to be sustained as we develop the financial, performance and programme architecture to support delivery.

d. The Long Term Plan demonstrates clear commitments to working in partnership with the VCSE sector. For example, the inclusion of representation from the voluntary and community sector on ICS partnership boards is warmly welcomed by the Taskforce. The principles for engagement developed by the Taskforce provide a framework for good practice in engagement with the sector, however, we also recommend a new phase of work by the Voluntary Partnerships Team, together with representatives of the VCSE Sector, to deepen and extend the partnerships the NHS has at local, regional and national level and optimise the impact these can achieve for patients, carers and public. A number of good practice examples are highlighted in the Long Term Plan but these will remain case studies rather than more extensive interventions unless we can address some of the barriers to partnership working and facilitate the replication of proven schemes. This will require the growth of this capability at all levels.

e. Finally, in the development of future plans, the Taskforce would be keen to see an additional step included in the engagement process, whereby plans are published initially in draft form, with stakeholders given an opportunity to comment on the plan as a whole before it is finalised. The new NHS Assembly could provide a structure to facilitate this.

Legacy of the Taskforce / next steps

10. The Taskforce has now concluded its operation and will pass over responsibility for oversight of the empowering people and communities agenda within the Long Term Plan to the new NHS Assembly at this point.

11. The Taskforce welcomes the inclusion of both patient partners and VCSE partners on the NHS Assembly and has made the following additional recommendations to the Assembly as it develops:

    a. One lesson from the Taskforce has been the efficacy of bringing in views of a wider range of stakeholders involved in different priority areas to inform Taskforce members. We would therefore recommend a similar approach, with a core Assembly membership supplemented by a networked approach to bring in the views of people working in different areas for specific topics, led by one of the Assembly Co-Chairs.

b. The Taskforce has also recognised the importance of broader engagement beyond those 'in the room' and has drawn on social media to enhance its reach, test ideas, and enable greater involvement before formal meetings consider issues. We would advocate a similar approach, where suitable, that involves more staff, patients and carers in discussions.

c. The Assembly needs to be able to comment on the effectiveness with which different sectors are working together to achieve shared aims in health and care and to provide a reality check on how planning, strategy and commissioning are experienced on the ground.

Achievements of the Empowering People and Communities Taskforce

12. This section of our report summarises the key achievements of the Empowering People and Communities Taskforce over the past year. During this time, the Taskforce has worked collaboratively with people, patients and the VCSE sector through social media (more than 1000 people engaged in Twitter conversations) and six issue-based workshops with more than 200 people to add insight and value to NHS England's national programmes.

13. We would like to thank the Chair of the Taskforce, Lord Victor Adebowale, Co-Chair, Michelle Mitchell, and all the members of the Taskforce for contributing their time over the past year and making the achievements noted below possible. The Taskforce would also particularly like to thank all the participants who contributed as subject experts and provided valuable insights, experiences and advice. Their ideas have helped shape the future delivery of NHS England's national programmes and many conversations have influenced the approach taken in NHS Long Term Plan.

14. The process enabled patients to influence the strategic centre of the NHS. Their contribution inspired national change across a number of programmes including cancer, mental health, personalised care, co-production, frailty and digital. These have been reported on in previous Board reports (February 2018, July 2018 and November 2018) but a few examples include:

- Providing advice on how to progress co-production in the commissioning of mental health services
- Inspiring the development of a dedicated section on health inequalities in the Universal Model of Personalised Care
- Establishing a principle amongst the many partners informing the Long Term Plan that our work on frailty should not only apply only to older people. There are many people who are frail who are not elderly.

15. The Taskforce has consistently highlighted the importance of reducing health inequalities across all its areas of focus. It 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.

16. In addition to specific recommendations for each programme area (which have previously been reported on) the workshops highlighted that, while seeking to improve outcomes for all, the improvement in all programmes should be fastest for those who are marginalised and disadvantaged, either by virtue of their protected characteristic or where they live. The Taskforce consistently raised the profile of health inequalities with the Board, which directly led to a stronger focus on health inequalities in the Long Term Plan and highlighted a need for deeper engagement with these communities on an ongoing basis.

17. In our last update in November, the principles for engagement with the VCSE sector were presented and approved by the Board. Since then, work has been underway to embed these across NHS England, enabling the organisation to work towards a more inclusive approach to partnerships with the VCSE sector. Over the next period, work will also be undertaken to establish how these principles may apply to programmes of work that have been led by NHS Improvement and to consider their relevance to emerging ICS partnership boards.

18. In July 2018, the Taskforce published the first annual public participation dashboard, an innovative approach to ensuring that the Board of NHS England has oversight of the work being done to embed public participation. It serves to increase transparency and presents a useful picture on whether legal duties are being met and 'quality standards' achieved to support improvement. The next annual publication of this dashboard is due in July 2019 and will also include a review of NHS England's consultations.

19. The infographic in Appendix 3 summarises the key achievements of the Taskforce.

Recommendations

20. The Board is invited to:

- Note the recommendations for digital;
- Note the achievements of the Taskforce; and
- Approve the recommendation to close the Taskforce and embed its principles and ways of working within the new NHS Assembly and implementation of the Long Term Plan.

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

Appendix 1

NHS England
Quarry House
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Leeds
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Chief Digital Officer

21st December 2018

Thank you to you and your team for coming to the workshop on digital 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 over a 12-month period, looking at each of the NHS England priority areas in turn and inviting internal and external stakeholders to join us in these discussions. Our final topic on digital was of particular interest to us as a priority area for the new NHS Long Term Plan which traverses all areas of the plan and has such potential to impact on health inequality.

Our fellow Taskforce members are grateful for the time and effort invested in helping us understand the ambitions for digital within the Long Term Plan both ahead of the Taskforce meeting and on the day itself. We were delighted to see the passion you and the team displayed and the clear demonstration of the quality of conversations that have already taken place with people and communities on this topic.

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

1. Co-production

The work to date to include people in digital programmes and co-produce was evident across all the programmes discussed as part of the workshop. As digital work progresses it is essential that we continue to ask the question about what people want / need from digital as a greater driver for development than focusing on what's possible. A key recommendation from the Taskforce therefore is that co-production with people and communities should be an underpinning principle for the development and rollout of all digital interventions.

When seeking to engage the public in any of our programmes our primary route to reach people is through digital networks, meaning there will always be a bias towards those who are already IT literate. Within all our programmes, but especially in digital, there is a need to continue to reach beyond these 'usual' networks, for example using the support of VCSE partners to reach people and communities.

2. Widening Digital Inclusion

Attendees at the workshop were overwhelmingly supportive of the work underway to widen digital participation, especially the work of the 20 pathfinder areas and development of the digital inclusion guide. Nonetheless, many participants noted the particular challenges of digital participation for many groups and there is clearly much more to be done to ensure that our digital programmes do not inadvertently widen health inequalities. It is essential that digital health services, information and tools can be accessed and used by everyone, particularly the most excluded. As the programme scales up over the next period, the Taskforce are keen to see commensurate levels of ambition on digital inclusion. In addition to building on the existing pilots, innovation between clinicians and excluded groups could also be further encouraged where there is significant potential for digital tools to reduce exclusion and meet particular needs.

All digital tools should be fully accessible, both in terms of physical accessibility for disabled people, and also in relation to their usability and use of language. There should also be a consistency of approach so that people experience digital NHS services in a consistent and therefore familiar way over time, e.g. use of NHS branding etc.

Relying solely on digital inclusion programmes will not, however, achieve the large-scale change needed to facilitate all patients and service users to access digital services effectively. It is therefore essential that healthcare workers are trained in digital tools and service users to enable them to provide support to their patients / service users and that digital champions are identified locally amongst health and care professionals.

3. Partnerships with the VCSE sector

We were pleased to hear strong examples of the role that the VCSE sector have in promoting and developing digital services, especially in relation to digital inclusion. There is a strong role for the VCSE sector both in supporting the use of digital tools, ensuring their own tools are accessible, and developing innovative digital approaches.

During the workshop we heard about the excellent work being done to establish ongoing partnerships with the VCSE sector, particularly with larger charities. However, the programme also needs to ensure that the wider VCSE sector is involved, particularly to ensure reach to different communities. The VCSE Health and Wellbeing Alliance could be a valuable asset to support this and we would encourage an early conversation with its members.

4. Artificial Intelligence and Use of Data

Participants at the workshop were overall less familiar with artificial intelligence, both in terms of what might be possible, and what this might mean for healthcare. Further public engagement in this area is clearly required which needs to include specific focus on engaging across different communities, potentially through mechanisms

such as a new taskforce. There are areas where better access to data could improve wider public policy and support research. However, we also heard in the workshop about the potential for artificial intelligence data to increase bias through algorithms and therefore the Taskforce would be keen to understand more about the plans for effective governance around artificial intelligence.

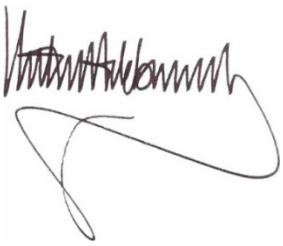
Next Steps

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.

Many of the points raised will have resonance for the new NHS Assembly, particularly in relation to transparency and governance around digital developments, and co-production with people, communities and NHS staff. I will therefore share your response with the new Chair of the NHS Assembly once announced so that he/she can ensure these points are taken forwards.

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.

Best wishes for the future development of this work. I would be happy to meet with you personally, if I can be of assistance in taking forward any of our suggestions.



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

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

Appendix 2

NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

Lord Victor Adebowale, Michelle Mitchell
National Non-Executive Director, NHS

7th February 2019

Dear Lord Victor Adebowale and Ms Michelle Mitchell,

Thank you for inviting the Empower the Person (EtP) team to the Empowering Communities (EPC) Taskforce in November, to discuss patient and communities' participation in developing digital health services. I am pleased that you regard digital health as such a priority area for stakeholders, and that the taskforce wished to address the opportunity digital can provide in making a difference to people's health and wellbeing, if approached in the right way.
I also appreciate your detailed feedback. While on one level it is reassuring that we are already either doing or planning to do many of the points raised in your letter, it provides us with good challenge on how we could go further in public and community participation.
You'll be aware that Juliet Bauer recently stepped down as NHS England's Chief Digital Officer, so instead I wanted to provide a response and address the points in your letter. I note that Victor we also have a date in the diary to catch up in person.

1. Co-production

I am pleased that you saw good evidence of co-production across our programmes. Working with end-users at every stage of work is an overriding principle for the EtP portfolio. The EtP Board signed a PPI Strategy last year, which recognises that co-production and patient, public involvement must be central to all our work – from strategy development, to how services and products are designed, through to how we drive adoption and engagement, to how we communicate, and make ongoing improvements.
The Code of Conduct for data-driven technologies, published last year by DHSC and developed with NHSE has as its first principle, the need to specify who a product is for, what problem it's aiming to solve for them, define the benefits it will bring them, and conduct user research including on issues which could affect uptake and use. Moreover, the NHS digital service design manual (beta version released in Autumn 2018) establishes user-centred design best practice as a first principle for anyone designing digital services for use in the NHS. And with regards to health apps submitted to the NHS Apps Library, developers as part of completing the Digital Assessment Questionnaire (DAQ) must demonstrate user need and engagement, and evidence how their product meets accepted standards for user-centred design, before they receive NHS 'assurance' and are accepted onto the apps library.
Your letter mentions that we engage the public primarily through digital routes; but to assure you that while we do engage digitally, we are equally mindful of engaging through other, non-digital channels. For example, in 2018 we worked both

strategically and at programme level with the VCSE Health and Wellbeing Alliance, Age UK's NHS Older People's Forum, the NHS Youth Forum, the NHS Learning Disability and Autism Advisory Group, and others.
But I recognise that we could do more, and we are reviewing and updating our PPI strategy. For example we are planning a 'Digital Citizen Champion Network' so that we can involve more people at different stages of our work more easily and directly.
We are planning to hold a follow-up VCSE roundtable in early spring 2019, with a wider range of VCSE organisations.
NHS Digital is also strengthening its product development process in this area, building on the examples of programmes such as Widening Digital Participation. We will make sure that all NHS Digital product development teams have clear guidance and practical support to embed patient engagement in their work, including how they can access VCSE support.

2. Widening digital participation

All of our WDP pathfinder projects are designed and delivered with scalability and sustainability in mind from the very beginning. We want to ensure that all the digital inclusion models we have developed can be replicated easily and without a heavy burden on finance and resources. Our scaling and adoptions strategies include:

- publication and promotion of our digital inclusion models and toolkits – www.digital-health-lab.org;
- partnerships with national organisations who can promote and adopt the models we are testing nationally such as Age UK, Crisis, Diabetes UK, Macmillan, social housing organisations and the LGA;
- building digital inclusion knowledge and capability locally through training projects and the development of guides & toolkits.

In all of our pathfinder models we try to find ways to connect excluded groups to their local health care practitioners and services. In West Yorkshire we developed a model to help people with sensory impairments to communicate better with their healthcare providers using apps and digital tools. The model proved so successful that we are now adopting it in seven further projects this year and hope to develop a guide for GPs to engage with patients with hearing and/or visual impairments that we can roll out nationally.
From design to delivery, we want to make sure that the digital tools and services we are developing can be accessed by everyone. We work in partnership with NHS Digital teams responsible for design and accessibility to make sure we are meeting standards to the highest level. We also regularly design and test our products and services with excluded communities including people with disabilities, homeless people and older people.
To establish a consistent approach both nationally and locally, aforementioned NHS Digital Service Manual sets out best practice approaches to design and accessibility along with a set of standards that we should all be working from. Our ambition is to have all local teams accessing and using these toolkits and that commissioners will use the standards when working with external suppliers.
Our flagship national products - the NHS website, NHS App and NHS login - have already been positively assessed against accessibility standards, or are in the process of being so.
We agree that it is essential that healthcare workers are trained in using digital tools. We will launch soon, a digital nurse network in order to upskill and train staff from all

care settings, including nurses in primary care, HCAs, midwives and those in secondary or community care. We aim to offer nurses a standardised approach to training, learning and sharing. We want nurses across the country to be able to access trusted information detailing upcoming digital initiatives and national transformation programmes and how these might benefit their patients.

In partnership with Health Education England, we are also developing a pilot to improve the digital skills of nurses in Cumbria. We hope to develop a model that is cost effective and sustainable and can be adopted by all CCGs nationally. We also work closely with the Building a Digital Ready Workforce team at NHS Digital which is delivering projects to improve digital skills for NHS staff.

3. Partnerships with the VCSE

We are pleased you recognise as valuable, the work we have undertaken with the VCSE to date, through roundtables and one-to-one engagement. Our plans to develop this further include:

- considering a 'framework' for more formal EtP / VCSE partnerships, particularly around condition content and tools, but also looking at how this could work across the NHS digital services ecosystem;
- developing and promoting a digital health 'community of interest' for VCSE organisations;
- further roundtables as referenced above;
- and exploring with the Health and Wellbeing Alliance how they might support us to ensure maximum impact and mutual benefit.

4. Artificial intelligence

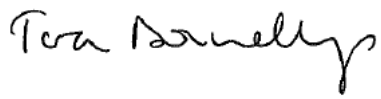
It is our duty as the NHS and central government to capitalise on the opportunities presented by AI responsibly. We recognise that workshop participants were less familiar with AI and its implications for healthcare. As referenced under point 1, we published the Code of Conduct for Data Driven technologies in health and care, and during the open consultation we actively engaged with the VCSE sector to ensure we had covered points that were of concern. We understand that this is an iterative process and are collaborating with organisations such as the AMRC and Office of AI to understand how we can ensure that use of AI technology in public sector is developed in an ethical and safe way.
We involved patients and users of data driven technologies in the development of the Code of Conduct, but we will continue to work in a collaborative and open manner. We are committed to further testing of the principles and ideas outlined in the Code as part of planned efforts to engage the public around secondary uses of their health and care data more broadly over 2019.

5. Next steps

I hope you find this response useful and can share it with the workshop participants, those who engaged via social media, and the new chair of the NHS Assembly.
We would be pleased to have more information about the NHS Assembly, its focus of activity and discuss how we might also work with it going forward.

Thank you again for giving us the opportunity to attend the EPC Taskforce workshop, for your feedback, and for offering ongoing assistance.
I look forward to our meeting in early March and would be very pleased to discuss this further and indeed any points from this letter, with you then.

Yours sincerely,



Tara Donnelly
Interim Chief Digital Officer

Appendix 3


Empowering People and Communities Taskforce
The process enabled patients to influence the centre of influence within the NHS. Their contribution led to national change and is the true embodiment of #patientpower
COPRODUCTION
CANCER
MENTAL HEALTH
PERSONALISED CARE
FRAILTY
6 WORKSHOPS 160 PEOPLE
PEOPLE INVOLVED IN TWITTER CHATS
132 FRAILTY
151 MENTAL HEALTH
CANCER 646
153 COPRODUCTION
Many themes in common
an equal place at the decision-making table;
genuine and authentic coproduction;
investment in staff training to help enable it;
and diverse representation.
Reports to the board of
NHS England
Our Impact
Developed principles for partnership working with the voluntary sector
Creation of a public participation dashboard
Provided advice on how to progress co-production in mental health commissioning
Provided comment for the NHS Long Term Plan
Recognised as an example of good practice on which to base the new NHS Assembly
Whole dedicated section on health inequalities in the vision paper, Universal Personalised Care
Increased focus on health inequalities across priority programmes