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Submitted to **Invitation to provide ideas about the design of NHS Assembly**
Submitted on **2018-08-21 17:13:54**

What are your views

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

re there specific aspects of existing, effective models of engagement through advisory bodies (national, regional or local) that we should draw on to develop the NHS Assembly?:
Engagement to shape and co-design the NHS long term plan should adopt meaningful partnership principles, such as the NSUN 4PI involvement standards. These were developed for mental health service and policy partnership work. However, the principles are applicable to wider co-production with non statutory organisations, and with clinicians. This promotes an approach in which principles, purpose, presence, process and impact are clear with regards to the role of non statutory organisations and community groups: https://www.nsun.org.uk/faqs/4pi-national-involvement-standards
Steps need to be taken to ensure it does not duplicate the Social Partnership Forum.
The makeup of the Assembly should be equally split between professional/staff and patient/community interests. It should not replicate the purpose or workings of the Social Partnership Forum.
Other more appropriate methods should also be used to seek wider views from frontline staff and patients. The Assembly must be an addition rather than a replacement for public consultations.

What are your views

2 What should the purpose of the NHS Assembly be?

Please give your views::
If the remit of this body is to be advisory, rather than decision-making, steps should be taken to ensure that there are meaningful opportunities for advice to be given ahead of decisions being taken. We have a number of suggestions for how this can be delivered:
o Ensure that opportunities for advice are meaningful, rather than tokenistic. This means that advice should be sought from the NHS Assembly when there is still time to make changes, or change direction. This also means that their voice should have enough weight to be able to be heard in regard to any steer to change direction.
o Members of the assembly should be involved throughout the decision making process, and kept informed about key discussions, rather than being brought together to view a completed plan.
o Information, including data and financial projections, and parameters and limitations, should be shared with members of the assembly to ensure that they are able to make informed decisions on any plans which are presented to them. This includes workforce data, vacancies rates and supply, so that members of the Assembly can make informed recommendations on how a plan for delivery can be operationalised, and that any proposals are in line with evidence.
o Steps should be taken to support lay members (in particular) of the assembly to engage meaningfully, rather than a tokenistic representation. This should involve information is accessible for those involved, and may require specific staff resource to provide an ongoing contact for members to seek clarifications.
o The membership should be balanced to ensure that there are varying levels of seniority, a mixture of staff, leaders and patients, and coverage across all health settings.
o Finally, alongside ongoing engagement in the decision-making process, meetings should be designed to ensure all are equipped and supported to participate equally, and that all are heard from.

The NHS Assembly should not be seen as a box-ticking exercise for engagement. Every decision which both NHS England and NHS Improvement make should be grounded in evidence, and should be tested and further refined in partnership with relevant stakeholder groups. The introduction of this Assembly does not negate their existing duty to continue to work in this way, and also to encourage others to co-produce.

What are your views

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

Please give your views::
The remit of the NHS Assembly should be broad enough that it can cover all of these elements, but that it can also be reactive where there are new or emerging issues which require the expertise of this group. If, as is suggested above, the group is given meaningful, ongoing opportunities to shape decisions, there should be no reason that it cannot cover all of these priorities. However, the Assembly could decide that in order to work most effectively it needs to divide into specific issue-based groups at times, to enable deep-dive methods.

What are your views

4 What should the Assembly's governance arrangements be?

Please give your views::
We agree with the above proposal. However, we believe that in order to evaluate the effectiveness of this new body, both NHS England and NHS Improvement should be required to publish regular reports, demonstrating which areas they have offered for NHS Assembly engagement, and to what extent input through this approach has had an impact on the decision or direction taken. These reports should be published publically to allow for proper scrutiny.

What are your views

5 What size should the Assembly's membership be?

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

Our priority is that the Assembly is representative, and that it is given meaningful opportunities to influence the decision-making processed. As such, these two elements should take priority over being fixed to a specific number. It could be that the Assembly and its Chair, has flexibility and authority to decide how it operates (for example the formation of sub-groups) if the size of the membership is seen to be a barrier to effective consensus building. This may reflect any themes of the NHS planning being developed.

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

Should the Assembly have wider participation in working groups in addition to the core membership?:

What are your views

6 Which constituencies need to be represented on the Assembly?

Do you agree that the constituencies listed above should be on the Assembly?:

What lay membership should the Assembly have and how should those people be identified?:

What front-line clinical membership should the Assembly have and how should those people be identified?:

Nursing staff have been historically under-represented in national and local planning and decision making. We therefore urge the NHS leadership to embed a number of nursing professionals within the membership of the Assembly.

The RCN would be able to support this specific recruitment aligned with particular expertise, including system transformation and leadership. Alongside this, there should be mechanisms available for the Assembly to pursue further engagement work directly with specific constituencies who's views the Assembly feel are particular important to an issue, and cannot be covered within existing membership, through Task and Finish approaches.

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

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