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Sent by email to: Jeremy.Taylor@nationalvoices.org.uk

5 May 2017

Dear Jeremy

People and Communities Board

On behalf of the NHS England Board, I am writing to thank you and members of the People and Communities Board (PCB) for your important work over the last two years. This work, including the six principles for engaging people and communities, has had a significant impact on how we have implemented the Five Year Forward View.

Your recent report 'A new relationship with patients and communities: actions for delivering chapter two of the Five Year Forward View' has helped to inform the development of the Next Steps on the Five Year Forward View which was published on 31 March (I have listed some examples in an appendix but recognise that the influence is more widely felt).

We recognise that there is more to do. An underlying theme of the *Next Steps* document is that we need to accelerate effective delivery of our key priorities. I am clear that this can only be achieved through working better with patients, carers and the public. Building on the PCB's advice, we want to strengthen our approach to partnership working, consolidate effort behind existing programmes most likely to deliver change and remove common barriers to engagement.

At your meeting with Lord Victor Adebawale, Michelle Mitchell and me on 30 March, we discussed how best to do this and agreed that a single partnership approach, bringing internal and external stakeholders together, was likely to achieve more than the separate internal and external arrangements that we set up at an earlier point in the Five Year Forward View – in particular by integrating external insight more fully into our decision making. As a consequence, NHS England has decided to stand the PCB down, as from Friday 5 May, and work towards creating a single taskforce, chaired by Lord Victor Adebawale, with membership drawn from within NHS England, leadership from the VCSE sector, patient and public voice partners, and a broader range of stakeholders. We will draw on the success of the PCB approach to ensure that we can raise the ambition, strengthen partnership working and make faster progress.

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I know I speak for the whole NHS England board in thanking you for your chairmanship of the PCB, and you and its members for your involvement and dedication in helping to keep us focused on the engagement of people and communities. We know there is more to do, and your work has provided an essential foundation.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jane Cummings', with a large, stylized flourish extending to the right.

Professor Jane Cummings
Chief Nursing Officer,
England

Appendix A: Summary of High Impact Actions in *the Next Steps on the Five Year Forward View*

Recommendation	Link to <i>Next Steps on the Five Year Forward View</i>
<p>1. Make person centred, community-focused approaches part of normal business.</p>	<p>In the section on ‘Integrating care locally,’ we describe the aim of the Sustainability and Transformation Partnerships over the next few years and the fundamental need to engage communities and patients in new ways as part of our normal business at both a national level on our key priorities and locally, including an outline of five steps to ensure local people have their say (please refer to pages 31 to 35).</p> <p>We also set out a number of key initiatives to support people with long-term conditions, disabled people, carers and those with dementia by embedding person-centred and community-focused approaches. These will be developed in partnership with the voluntary sector (please refer to pages 44 and 45).</p> <p>When thinking about how local health and care systems are developed, we have outlined that Sustainability and Transformation Partnerships will want to take account of wider social, economic and environmental benefits of the sort referenced in the Social Value Act (please refer to page 32).</p>

<p>2. Make a clear commitment to develop new, simplified, cross-sector outcome measures</p>	<p>The way we will determine the success of Sustainability and Transformation Partnerships and their constituent organisations is by the results they are able to achieve. As a result, we have set out plans to publish metrics at Sustainability and Transformation partnership level that will align with NHS Improvement’s Single Oversight Framework for NHS provider trusts and NHS England’s annual CCG Improvement and Assessment Framework. This will enable us to align national bodies around a common outcomes framework (please refer to page 34).</p>
<p>3. Support a small number of super demonstrator sites willing to develop person and community centred approaches at scale</p>	<p>We have set out plans to support eight Sustainability and Transformation Partnership areas to take part in our new one year <i>Building Health Partnerships</i> programme to facilitate strong engagement with the voluntary sector and local communities on actions that improve wellbeing and self care.</p> <p>Additionally, we will establish a programme to promote healthy communities and support disabled people and those with long-term conditions to manage their own health, care and wellbeing. Through an extension of the Integrated Personal Commissioning Model, we will reach over 300,000 people by the end of 2018/19, including in the best Accountable Care Systems and Sustainability and Transformation Partnership geographies, and then if successful, scale it substantially thereafter.</p> <p>Please refer to pages 44-45.</p>

<p>4. Clarify the key success factors for social prescribing.</p>	<p>We will work collaboratively with the voluntary sector and primary care to design a common approach to self-care and social prescribing, including how to make it systematic and equitable (please refer to page 45).</p>
<p>5. Revive and champion the health inclusion agenda.</p>	<p>Whilst the <i>Next Steps on the Five Year Forward View</i> is not comprehensive description of all of the good things the NHS has and will be doing, including on tackling inequalities (such as the work led by the Equality and Diversity Council), we have set out that local areas will prioritise the needs of those who experience the poorest health outcomes. This will allow us to better be able to improve access to services, reduce health inequalities in our communities and make better use of resources (please refer to pages 34 and 35).</p>
<p>6. Commission under a framework agreement a pool of preferred VCSE partners able to support person centred, community focused interventions in defined geographical areas.</p>	<p>The <i>Next Steps on the Five Year Forward View</i> sets out our commitment to continue to work with the voluntary sector on our key priorities nationally and for local areas to work effectively with patients and the public to identify innovative, effective and efficient ways of designing, delivering and joining up services (please refer to pages 34 and 35).</p> <p>We have recently refreshed statutory guidance on involving people in health and care and are exploring the feasibility of establishing a framework for patient and public participation.</p>