

# NHS CITIZENS' ASSEMBLY

Exploring a new model for participation  
in NHS England

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*There is an ongoing conversation, instigated by NHS England but actually much wider than that, about increasing the accountability and participation/democracy in NHS decision-making. There are many groups, structures and organisations who are already gathering and communicating 'patient voice' and participation really well but the overall impression that the participants in this process have is that the overall system may not be working as well as it could – we need to connect these conversations together and make the voice of the citizen (or patient or even service user) un-ignorable in terms of strategy, commissioning or structural reform of the NHS. This document reflects the current nature of this discussion and asks some of the questions that would need to be asked if we are to make progress. It has been created based on a number of events including a two day in-depth workshop that involved a large number of people in different ways – it is not the end of this process but is a point of reflection to capture the current state of the discussion. The immediate next step after completing this draft will be to address the plain english challenge and remove the jargon – we are aware that this version could be inaccessible as a result of this.*

*Going forward we expect the next steps to involve testing these ideas with some of the groups and structures which already exist (for example the Call to Action day of perhaps simply identifying a few big issues and using this system to present them to NHS board, for fixing, quickly), piloting the more innovative elements of what is being proposed (for example some of the 'digital by default work) and constantly reviewing progress against the success tests which we outline in this document.*

## **Purpose: What is it for and how will we know it's working?**

The Citizen's Assembly has three main purposes:

- To give citizens and organisations a direct transparent route for their voices to reach the heart of the NHS England decision making process, in a way that cannot be ignored.
- To give the NHS England board and others a new source of evidence and opinion on the NHS now and future.
- To give the public an open and robust accountability mechanism for the work of NHS England, and opportunities to participate in every aspect of the organisation's work.
- Leads to action, quickly

This can be better captured with a wider statement that it, within a wider system, exists to promote the best possible health and wellbeing for citizens now and in the longer term. This will be done by:

- Informing and influencing the big strategic issues and priorities;
- Informing and influencing the system conditions;
- Holding the system and board to account;
- Aggregating systemic issues, failures and successes;
- Informing and synthesising systemic monitoring and evaluation;
- Overseeing interconnectedness of system;
- Scaling-up what's going right

Why is it different to groups and structures which either already exist or have recently been formed:

- It's responsive and agile; ideas lead to action quickly
- It listens to everybody who chooses to participate – not the usual suspects



- It creates demands on the NHS Board and holds the board to account
- It galvanises and better connects already active people
- It's about health, not illness.

It *doesn't*:

- Replicate activities other orgs are doing: 'Let HealthWatch Be HealthWatch'
- Get bogged down in process

It will be much more than simply a consultation or reporting mechanism and it will play a central role in the way in which NHS England operates. It is intended to describe the new kind of relationship between stakeholders and NHS England that was discussed in the July workshop.

Working with the broadest definition of expertise and accepting a wide range of evidence the Assembly will be built around the collaborative setting of agendas by stakeholder groups and citizens.

The Assembly will have the opportunity to be able to put robustly evidenced citizen-generated proposals to the NHS England Board for consideration and response and expect regular and open feedback on the progress of these proposals.

This will be achieved through open evidence gathering, good sharing of public information, and transparent and inclusive deliberation of stakeholders and citizens.

## What are its boundaries?

The intention is that any topic which is brought through the Assembly system can be discussed but there are some boundaries around what the NHS England will be able to operationally respond to.

These are:

- The Assembly can only make operational recommendations relating to issues that are the direct or indirect responsibility of the board.
- The Assembly can ask the Board to signpost and direct issues to the relevant part of the NHS system where necessary

## Tests for success

Without knowing what the Assembly will look like in detail the workshop group were clear about some of the 'tests' it would need to meet to be considered and to 'feel' successful. There was a lot of enthusiasm for these, alongside recognition that they are fluid and will be shaped and refined as the Assembly model develops. Some these tests are more measureable than others but we wanted to reflect the full range here. The tests are:

### 1. Influence on policy:

- 1.1. The Assembly informs the Health Select Committee agenda
- 1.2. Secretary of State for Health [Question: NHS England Board?] uses the Assembly to set the agenda

### 2. A trusted process:

- 2.1. The way in which the Assembly holds NHS England to account is transparent and seen to be fair



- 2.2. Decisions should be respected even if not agreed with because we have established trust in the system
3. **No issue is left behind:**
  - 3.1. No question/issue raised through the Discovery/discuss process will get lost
  - 3.2. Even if it's not a question for NHS England the Assembly process should signpost to the right organisation, whether that's the trust next door, social care or another organisation
  - 3.3. There needs to be enough connection with others in the health sector, and health sector should mean everything that effects health and wellbeing including social care, housing, DWP
4. **The difference can be seen:**
  - 4.1. Participants will be in the constant loop of feedback
  - 4.2. The conversations will be public
  - 4.3. There will be clear successes to celebrate and failures to genuinely be learned from
5. **Cultural change is part of success:**
  - 5.1. It must galvanise people by reaching hearts and minds of staff, patients and the wider public
6. **No single point of failure:**
  - 6.1. There will be no single point of failure: one bad experience doesn't bring down the whole process
7. **Issues are looked at from many perspectives:**
  - 7.1. The issues that are brought to the surface will be widened out by looking at them from different perspectives,
  - 7.2. Discussions will involve a wider range of people and topics than is currently seen – un-usual suspects
  - 7.3. The Assembly should be listening to the widest possible range of conversations about health: right down to a group of people talking about their experiences while playing dominos
8. **What is the timetable for this success?**
  - 8.1. Tim Kelsey highlighted that NHS England doesn't see this happening in years, but much sooner
  - 8.2. Success will need to be against a timetable, with a recognition that some things will take longer to embed
  - 8.3. We can identify early priorities that will have impact
  - 8.4. Piloting, evaluating and learning should be part of this
  - 8.5. Testing this process might start with the NHS Call to Action day, as an opportunity to get feedback on the model and principles from a wider audience

## How will it be designed?

The creation of the Assembly will represent the best principles of openness, transparency and participation with which the Assembly itself will work.

The Citizen's Assembly will be designed through a collaborative process, and will be piloted before final decisions are taken about its form and language. It will develop and change as it works, and have regular opportunities to redesign itself. At each stage of the process opportunities for reflection and learning will be built in to ensure that the Citizen's Assembly meets its central vision to create a new opportunity for engagement rather than simply reproducing existing structures.

***Everything in it should be taken as a suggestion, not a definitive policy.***



## Guiding Principles

This section reflects a discussion about the principles that should underpin any structure – this was expressed as the ‘how’ rather than the ‘it’. We have incorporated content from this, the previous draft and some of the comments on culture change:

The principles are:

1. We value and take the most of the experience and expertise that every person brings, recognising that everyone can make a difference
2. We enable every single person to take part fully
3. We create the conditions in which people can work together
4. We recognise the importance of relationships and take the time to know each other and build those connections
5. We create a flexible environment which is adaptable to needs, purpose and circumstances
6. We own what we create
7. We are all equal
8. We believe that experience and learning should be shared
9. We work on the subjects that are important to US

These are the principles by which the Citizen’s Assembly will be designed and will operate.

## Design principles

In designing the NHS England Citizen’s Assembly, we must create a democratic environment that can:

[New text of guiding principles follows – we need to work out which elements of the other principles need to be incorporated, if any]

These are the principles by which the Citizens’ Assembly will be designed and will operate.

- see everyone as equal. Value and make the most of the different and diverse experience and expertise that every person brings; will gather those experiences and continue working together on the evidence that is presented to NHS England
- will be open to everyone who wants to have their say and will enable every single person to take part fully
- recognise and value the importance of relationships and build on those
- be open and transparent and believe that experience and learning should be shared
- focus on the subjects that are important to citizens and help NHS England to listen to what people are saying
- regularly review about how it is working, whether it is doing what it wants to do and will always look for ways to do things better.
- make sure no question goes unanswered and that all contributor receive feedback on their contribution
- will be open about everything it does such as how it works; how it influences decisions; how it spends money



It will not handle individual complaints or discuss specific cases. These are the responsibility of other parts of the system including Healthwatch England.

[new principles end]

- be inherently inclusive and open;
- build a common purpose and sense of shared ownership between all participants;
- help NHS England to understand the wider societal context and debate about its performance;
- bring robust evidence and authentic voices from outside the institution into the internal decision making processes;
- include, as part of its structure, proposals with which the NHS England's board is able to engage productively; and
- have regular opportunities to reflect on its way of working, the role of individual actors within the assembly and the impact of its work.

## Operating principles

The NHS England Citizen's Assembly will:

- identify key questions, issues or evidence about the performance of NHS England in order to inform policy;
- operate in a fully transparent and open way at all levels;
- ensure adequate time is allowed for stakeholders and citizens to engage in discussions;
- ensure balance in discussions by identifying and magnifying the stakeholder and citizen voices that are less well heard;
- ensure that discussions are fully informed by robust evidence including that of citizen and stakeholder voice;
- be adequately resourced to ensure that discussions are informed and inclusive; and
- be supported by the NHS England by prompt responses to all reports and requests for information.

It will

- regularly and openly review, against these principles, its way of working, the role of individual actors within the assembly and the impact of its work;
- act as a positive and productive node within the wide network of citizens and stakeholders engaging in formal and informal discussions about the purpose, role and performance of NHS England.

It will not:

- Make or be responsible for policy decisions other than those relating to its internal processes;
- Misuse private or personal health information;
- Handle individual complaints or discuss specific cases of malpractice or poor practice, which are the responsibility of other parts of the system, for example Healthwatch England.



# Overview of proposed model

This proposal views the role of the Assembly in three “spaces”:

## Discovery space:

In this space, information and opinions are gathered through social media, public comment, online and offline tools. This gives a picture of the “state of the conversation” on health, allowing issues of public concern to bubble up.

## Gather space

This space will give people opportunities to gather around particular issues, either those that NHS bodies want public opinion on, or those that arise from issues in the Discovery space. These might be issues concerning experiences of patients, users or carers, or those that highlight more general challenges (e.g. how services are commissioned). In this space, a participant “raises a flag” seeking others who are interested in taking action on that issue. Support and facilitation is available for gatherings to enable them to have, and model, better conversations. It is important that the process for tackling issues models the guiding principles – e.g. dialogue between equal partners, etc)

## Assembly space:

Considering the most important issues in an open and deliberative format, using both regular offline Assembly meetings and citizen Panels to contribute considered citizen and stakeholder voices to the heart of the NHS decision making process.

The diagram below shows the whole system. The rest of the document takes each of the spaces in turn, before ending with some overarching questions.

These different spaces can be seen in the whole system model shown below [\[this model to be revised end of day 2\]](#)



## Evidence

In discussing this model the question of evidence is returned to continually and one of the biggest challenges to NHS decision making is the different types of evidence available ranging from clinical to experiential and the need to balance these. The Assembly will manage this tension by:

- Using the Gather space to ensure that all ideas have the full range of types of evidence associated with them; and
- Using the Assembly panels, with expert support, to expressly to balance and blend these different evidence types.

To make this work we need to be released from the traditional model of NHS 'evidence' (double-blind trials, controls, quantitative....) in order to incorporate other forms of evidence and expertise in a fundamental way. If we are to be responsive – if 'Two years is too long' (Kelsey) – we need to 'act on "what we know"'. This means that we have to address the question; "What do we think we know?"

As a first step in this direction we therefore identify some issues where we have enough confidence to rely on non-traditional evidence bases. This could refer to the kind of issues that people are concerned about, for example:

- What will it be like next year?
- 7-day working/out-of-hours
- Joined-up pathways (communication, access, local services)
- Centralisation/local services.

## How will it work

[Examples of how it will work to be included here later after we have revised the model diagram]

## How will this work with other 'things' – Pre Existing Structures

The NHS England Citizen's Assembly is not intended to compete with or duplicate activity that already exists or is being developed. It does seek to establish an open, transparent and equitable filter to view, share and (where it sees fit) amplify issues as they arise.

There are many emergent and pre-existing groups, organisations and structures that seek to and engage with citizen's to bring voice, experience and perspective into health and care policy, commissioning and services. There is an urgent need to map, understand and communicate these so that the development of an Assembly is able to support, connect and create communication channels that build on the strength of these and only establish new connections/process where this adds value and fills gaps in reach.

There are consumer, citizen and community groups and organisations that the Assembly needs to embrace and work with as active participants in all three spaces the Assembly seeks to operate. The Assembly can also act as a connector and





enabler to route issues and voice to other spaces and structures in the health and care system.

One immediate action identified in the first day of the workshop was the needs to ensure that there is a single map of as many of these 'things' as possible.

## Discovery Space

Discovery gathers information and opinions through social media, public comment, online and offline tools – we see this as a 'new' function that takes advantage of new opportunities that exist to 'listen' to public voice. Discovery also connects to existing structures, groups and networks and brings them into the process – the intent to create additional value through these connections rather than duplicating effort. The ambition is to create a constantly changing picture of the "state of the conversation" on health, allowing issues of public concern to be heard by the NHS.

More distinctly the purpose of the Discovery space is:

1. To be actively (and persistently) listening to public conversations (usually on digital channels) that relate to the sphere of influence of NHS England and to ensure that these are visible across the Discovery space;
2. To connect to existing groups, structures and networks
3. To analyse and curate these conversations and content in order to identify issues which are of concern to the Citizens Assembly;
4. To reach out to the participants in these conversations to make sure that they are aware of the Assembly and feel able to participate if they choose; and
5. To inform the interested public of the existence of these public conversations and to connect the different conversations that are going on about the NHS in England.

The overarching ambition of the Discovery space is to ensure that the agenda for the Assembly and the Gather space is as open and accessible as possible and draws in voices beyond those heard most loudly at present.

It is designed to reflect the increased use of online channels for all forms of communication and to ensure that there is not constraint based on participation in 'formal' participation groups (though these will naturally be part of the Discovery space).

Discovery will be responsible for making sure that local concerns and conversations are given a place and point of entry into this process.

## Structure and membership

The Discovery space gives an overview of the active and 'persistent' conversation on the NHS in England. It is always-on, not just used at times when Assembly meetings are due.

We imagine that people would experience Discovery primarily digitally, using digital space to measure and understand who is not represented so that more complete participation can be encouraged. People could "raise a flag" on an issue – moving it into the "gather" space – at any time.



Online/offline bridges (or local connectors), enabling the content and conversations from the Discovery space to include and be included in offline events, will need to be developed.

This is a digital by default approach, underpinned by work to ensure that this approach does not exclude those who are not able to participate online. The intent is to provide a blended model which uses the most appropriate aspects of online/offline tools and techniques and does not simply graft social media on as another communication channel.

Participation will be open to all, but will particularly target:

- Consultation and engagement groups such as Healthwatch;
- Expert groups such as patient support networks
- Active citizens or informal groups who are concerned about relevant issues;
- NHS practitioners who wish to engage directly with the public on an idea; and
- Traditionally 'hard to reach' groups, in particular groups which might be disenfranchised by the digital by default approach.

It will be supported by the Assembly Secretariat (see below) who will be funded by, but independent from, NHS England. The Secretariat will be accountable to the NHS Board and the Assembly itself for ensuring a good standard of information, and the representation of all voices and issues.

## Key Questions

1. How do we ensure that being digital by default does not exclude people, groups and communities?
2. How do we ensure that the governance of the curation process is such that we do not hand undue influence of the space to the curation team?
3. What skills are needed to curate such a space and where can we find them?
4. What technology infrastructure do we need to put in place to develop this space?
5. What criteria might we put in place to ensure that the team can find the right participants and issues to move onto the Gather space?

## Gather space

### Purpose

The Gather space is intended to bring people together around specific ideas, issues and concerns. Those might have emerged in the Discovery space, or they may be issues on which NHS organisations or patient groups want to draw together public conversation. The first day of the event highlighted the need to avoid a linear top-down process by which the Assembly 'hoovers' up issues to present at national level to be solved by the 'powers that be', but rather becomes a 'crucible' for local conversations for change to take place.

The issues covered by the Gather space are driven by the participants. Participants can "raise a flag" asking for people who are interested in an issue to come together. Gatherings (the people who come together) could take place online or offline, and could work in multiple different ways. Participants could work on solving a local problem, or on discussing a national issue. They could work towards a goal on



participation or on action, or could seek to raise profile of a national issue with the NHS board by making a representation in the Assembly space.

As an example, it might be that a small group identify issues concerning patient experience that require further exploration and discussion. (Question – how might this align with other local orgs – role of Assembly to be connecting?)

Alternatively, the issue may throw up deeper discussions to be had, for example around changing the way services are delivered or commissioned.

The principles guiding this process are to be clarified, but include, working openly, do not exclude those who want to participate, and that they act according to the principles (nb need to cross check these with guiding principles). Acting openly means, to a great extent, recording the inputs and outputs of the process, so that people who were not involved have a clear record of what was discussed.

One of the functions of the Gather space is to explore thoroughly issues which are taken before the Assembly, showing the public interest in the issue by running a gathering that involves a full range of relevant participants, and creating an evidence base on public opinion.

## Structure and membership

The Gather space is always-on, like the Discovery space. People can sign up online to be notified when flags are raised on an area of interest.

Any participant (or participating organisation) can raise flags at any time, and the person who raises the flag takes responsibility for running and reporting on the discussion. The criteria needs to be worked on. [Suggestions: Thresholds / Examples of 'what is an issue' or 'when to raise the flag' to be defined in later drafts?]

Central support will be available to gatherings that meet these criteria and other organisations can choose to support the gatherings as well.

One of the conditions of receiving support for a gathering is that all the information in it – including analysis – will be available to all participants in all spaces.

The Citizen's Assembly Secretariat (see below) will be responsible for ensuring that the gatherings are not being conducted in an inappropriate [define] way, and ensuring that [as far as possible] they have access to the tools and skills needed to work well.

When Assembly meetings are due the Secretariat will identify gatherings that may want to have their ideas discussed at the [Assembly space]

[cross-reference to behaviour of panels]

## Key Questions

1. How do we select gatherings that might be
2. How do we ensure that gatherings (and the signed-up participants list) remain representative of the public at large?
3. How do we ensure that the best resourced (or organised) stakeholders don't dominate the space and agenda?
4. Why / when should I raise a flag?
5. What are the criteria by which support will be provided?

6. 'what is an issue' or 'when to raise the flag'

## Assembly Space

The Assembly is the chance for the people participating to present their ideas and issues to the NHS Board face-to-face. Participation in the Assembly meeting will be open to individuals, either those who are responsible for gatherings and a balanced selection of other participants. The meetings will be live streamed and online so that those unable to participate physically can still engage. The Assembly can commission citizen panels, short term investigations undertaken by a random selection of citizens, to consider particular issues in more depth.

The Assembly can:

- Make statements about a current urgent issue before it, or an issue that is on its agenda;
- Ask for a report back from the Board on an issue, or further information;
- Commission Panels (see below) to deliberate on a specific issue before reporting back with recommendations at the following meeting.

## Purpose

The [assembly meeting] contributes to the overall purpose of the Assembly by discussing with NHS Board a range of issues, both those that have been discussed through gatherings and those that have been put before it by the NHS Board. Ideally, all issues on the agenda will have been discussed by a gathering, but this may not be possible for urgent issues.

## Structure and membership

- Meets once every six months over the course of two days each time;
- The meeting is open to all, and web-streamed online, but attendance in the room is limited to those who are presenting an issue from a gathering and those who are chosen [at random?] from signed up participants to fill the other spaces.
- [All participants in the room are citizens – there are no spaces for affiliated third sector or other organisations unless they have been involved in one of the gatherings]?
- Gatherings that want to have their issues raised at the Assembly meeting put themselves forward to the secretariat who assess them for depth and quality. Those that receive a green light against [a set of criteria to be written] are put before an agenda-setting vote. The agenda is set by a ranking exercise undertaken by participants. The NHS Board has some “wild cards” to allow them to put issues they think are important onto the agenda – generally those that have already been discussed by gatherings, although there is some space for urgent and immediate issues.
- Participants from the gatherings present the issue and report their discussions and recommendations. Workshops on each issue they consider the issue and agree, alter or reject the recommendations to the Board. All recommendations are advisory – the NHS Board will need to respond to them all.



- The NHS Board or the assembly meeting can pass particularly difficult issues on to panels – groups of citizens who work through a deliberative process around the issue. Panels report to the following Assembly meeting.

#### Key Questions

- How to ensure that the participants at the Assembly meeting include enough different actors and voices?
- How do we ensure that the Assembly does not stray into policy making territory?
- How do we ensure that the agenda is the right balance of urgent vs important issues?
- How can the assembly meeting handle urgent and important issues? How can citizens raise them?
- How much resource can the Assembly Space call on?
- Will training be available for participants who need it to allow them to get involved effectively?

## Panels

### Purpose

Panels are the places in this structure where the most difficult or complex issues can be considered and deliberations take place. These deliberations give a citizens eye view of the trade-offs and strategic decisions the Board is making. They are a way for the Board to hear considered, deliberative views of citizens based on the best available evidence.

The Panels work to a commission or request that is made by the Assembly. This will ask them to explore and then express their opinions and recommendations on a particular defined topic. That output is then reported back to the Assembly at its following session, and considered there.

Panels may not consider or make recommendations on individual cases of care, malpractice or failure. Their role is to consider strategic and systemic issues based on the evidence developed by the Discussion space.



## Structure and membership

A finite number of Panels can be run at any one time, though NHS organisations or stakeholders can commission additional Panels at cost. Each Panel process is archived online, with all the evidence and other material seen by the Panel.

Panels are overseen by the Citizen Assembly secretariat (see below) which is responsible for providing them with relevant information and brokering their requests with NHS England. Information that is provided to any Panel must also be published online in that Panel's online archive except in particular defined circumstances.

Members of each Panel are selected at random from citizens and stakeholders who have previously volunteered to serve on a Panel. Any person served by NHS England is eligible to volunteer and the Secretariat will work to make the pool broadly representative. People with greater expertise in the Panel topic than a well-informed citizen are barred from serving on that Panel, but may give evidence.

## Process

Panels meet in person at least twice, and consider materials online in between meetings. They are able to request evidence from any part of the NHS or external stakeholders. A Panel speaker is nominated from among their number to present their conclusions to the Assembly. Majority and minority reports are acceptable if no true consensus can be reached.

## Key Questions

1. How can the makeup of the volunteer pool be made as wide as possible without risking high levels of non-participation?
2. How can the Panels operate in an inclusive way that prevents takeover by strong-willed individuals?
3. Should the Panels be professionally facilitated, or self-managed as in the judicial system?
4. What are the limits on what Panels should be able to recommend?
5. How many Panels should exist at any one time?

## Infrastructure and support

### Support for the Assembly - Secretariat

The secretariat of the Assembly is an independent team appointed jointly by representatives of the Citizen's Assembly (or, in the first appointment, civil society representatives) and the NHS England Board. This team could either be seen as an independent organisation or function within NHS England (linked to the Public Voice team) with very clear terms of reference and independence from the NHS England Board. Their role is to manage the process and governance of the Assembly. Any institution responsible for providing the secretariat function of the Assembly may not serve on the Assembly or any Panel, and may not give evidence to any Panel.

### Discussion and Panel support

There is a need to provide data and other expertise to citizens wishing to bring ideas to the Assembly but lacking the skills to create the full range of evidence required. In



addition some expert support may be needed for panels in order to interpret and work with the evidence presented

## **Curation of the Discovery space**

The Discovery space has an important role in terms of both finding and amplifying ideas and individuals that might progress to the Assembly. The curation and analysis of this space is also a vital part of the support structure for the Assembly.

## **Constant feedback**

One of the reasons for approaching this as a 'digital by default' model is to ensure that both openness in terms of data and conversation and a feedback loop are designed in to operate automatically.

## **Support to participants**

There is an aspiration for this process to go beyond NHS England and the Assembly supporting citizens, to citizens supporting each other directly.

One of the key perceived successes of the Assembly is to ensure that the widest range of people can get involved, with a recognition that there are many barriers to participation. The Assembly has a role in supporting people to get involved, this could take many forms, the following is not a prescriptive or exhaustive list, this is a starting emerging from discussions. This should include people who aren't currently engaged in health and the NHS Citizen's Assembly should gather the views of people who aren't already involved, hearing health in other conversations. The Assembly should be participating in those conversations outside of the health space.

It is strongly felt that we can't talk about a digital by default approach without addressing the serious issues of digital exclusion:

- Physical access to the online:
  - Providing access in health and social care settings where it is appropriate (e.g. care homes don't typically provide internet access)
  - Working with partners to ensure that everyone has the access that they need
- Skills and knowledge:
  - NHS England is already collaborating on a project to get 100,000 people up to online health literacy
  - The Assembly should identify opportunities to link to other digital literacy programmes
- People who aren't going to get online:
  - The Assembly should working with other organisations who are engaging face-to-face, to feed those citizens views into the Assembly process
  - This connection should work both ways, with organisations taking conversations from the digital space of the Assembly into face to face engagement



## Questions

- How do we identify what support is currently available?
- What support do participants want to access?

## Governance

It is clear that the right governance will be crucial to making this system work however the day discussion, while making progress, was left with some issues still be addressed.

The main points of agreement were:

- Governance should be reflected in a memorandum of understanding between the NHS Board and the Assembly (the whole system) which should set out expectations on each side
- The Assembly should be an approach and system of support rather than a new discrete entity in the NHS landscape
- The Assembly's influence and 'power' should come as much from its reach, influence and track record as from any formal codification of power
- The Assembly has to be made essential to the NHS Board, Citizens as well as practitioners and deliverers of service in order to be successful – it is intended to hold a central strategic position rather than being overseeing or all powerful
- It needs to bring a democratic culture to life without mimicking parliament

There were many questions still open after this session but the main one was the need to create something which is described as representative – while acknowledging that there are many different ways to interpret and deliver that statement.

At the centre of the discussion was the fact that for this to be the 'Citizen's' Assembly it must be mainly comprised of 'real' citizens and not simply a reconfiguration of the current structures or voices.

## Technical infrastructure

The technical infrastructure of the Assembly needs to reflect the design and operating principles outlined at the start of this document. The Assembly itself will have a single website, which will be the public face of each of the spaces, and will include broad participation opportunities. This will develop as the Assembly develops to become not only an immediate source of discussion and information, but also a repository of previous discussions and evidence.

The Gather and Discovery spaces will have a more fluid infrastructure which will enable them to have a presence out on the wider social web. These spaces will make use of widgets or apps which can be embedded or downloaded to smart phones in order to reach participants at the place of their choosing. The Assembly needs to use it's combined influence with the NHS England board to address issues wuch as the need for wifi access to be available in care homes and other health and social care settings where appropriate in order that they are not excluded by design.





These spaces will be developed iteratively as the Assembly develops but will require some kind of oversight or development of common standards to ensure that they operate seamlessly together.

