

ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND & WALESANNUAL REPORT 1985/1986Introduction

1. This Report is even more terse than previous ones because, while there is more to tell in terms of positive progress the pressures on the office have been correspondingly greater. It is intended as a framework for discussion among members and delegates at the AGM so that the experience of the last year can be applied to the planning and development of our work in the future.
2. There is no particular virtue in the reiteration of information which is regularly distributed to member CHCs through Community Health News, Standing Committee Minutes, Health Briefings and informal networking through Regional Associations, the Welsh Association, Secretaries and members involved in particular projects and the members of the Standing Committee.
3. This may still leave some delegates short on detail but the AGM is the occasion to ask questions and give guidance, formally or informally. Major areas of on-going work are discussed at other points on the AGM agenda or in the workshops.
4. Our preoccupations have been the implementation of decisions taken at last year's AGM and the improvement of services to member CHCs in the context of important developments within the NHS and a growing recognition of the national and regional dimensions of the CHC task. They have now had the opportunity to taste "general management" and a new relationship with the Family Practitioner Service.
5. Parliament has been busy on health and social services issues and national consultation documents have taxed the knowledge and endurance of all of us: this in contrast to growing dissatisfaction about consultation procedures at district and regional levels.
6. While we are running to catch up with the consultation opportunities of the last few months, the next round, possibly of even greater importance, on Primary Care is already on us. The resources made available to ACHCEW have been improved although more are needed, but are not likely to take effect until after the AGM. Equally, the resource problems of CHCs, trapped in administrative budgets, have not been recognised with obvious consequences for the quality and volume of work and staff conditions. We can only speculate as to whether the buck passing will stop before the next general election. Many CHCs will be grateful for the candid support they have received from NHS

managers while others have felt their independence threatened by new procedures or attitudes ranging from the apathetic to the hostile.

7. The problems of CHCs as part of the structure of the NHS are unlikely to excite much public attention although positive interest is growing throughout the health community and in academic circles.
8. We all get greater satisfaction when CHCs are seen to be contributing to the quality and quantity of care and representing the interests of patients and communities with vigour and objectivity.

#### STANDING COMMITTEE

9. Since the AGM in 1985 the Standing Committee has met on 5 occasions including one Special Meeting to agree the presentation of the Patient's Charter and the discussion paper on The Future Role and Structure of CHCs to this AGM. The Officers have met on 8 occasions but have all individually given a great deal more time to the work of ACHCEW. Their direction, support and advice has been much appreciated by the staff.
10. As John Butler's period of Chairmanship draws to a close, we pay tribute to his achievements in finding ways through the crises of the past and leading ACHCEW on to much firmer ground. The duties of the Treasurer have come to involve a considerable commitment of time and expertise and a very close working relationship with the office.
11. ACHCEW has been ably represented by the Officers, members of the Standing Committee and others at various meetings and negotiations, not least with those connected with the DHSS grant. The task of members of the Standing Committee includes not just meetings but acting as a channel of communication to the regions, members and secretaries and, where necessary, "trouble-shooting".
12. Purchases of equipment have enabled us to introduce new systems and improve efficiency immeasurably.

#### Staff and Office

13. The establishment has increased from two full-time posts to three and two part-time posts to three. Two further full-time posts and one part-time are projected within budget.
14. The post of Information Officer has been restored to the permanent establishment. Kenneth Howse has created an information and retrieval system within a remarkably short space of time and has made a major contribution to the presentation of information held for health briefings and consultations.
15. With so many changes, the volume of administrative work has continued to increase with much of the burden falling on the shoulders of Chye Choo, the Chief Administrative Officer. The logistics of running a national membership organisation with its own budget, a complicated subscription system and a major national conference every year will, we trust, be familiar to

most CHC members from voluntary organisations and local authorities. The new computers have required the expenditure of time for training and adapting them to our needs.

16. As was anticipated by the Standing Committee, the prospect of increasing the staff establishment necessitates the consideration of a change of office premises. This view was reinforced by the nature of the present licensing agreement which is renewed from year to year and therefore offers little security. This did not matter when the future of ACHCEW was of itself insecure. The situation has changed. However, it was not possible to commence a search for appropriate premises at reasonable cost and with access for disabled people.
17. In commissioning for work on the Patient's Charter and the study on the future role and structure of CHCs we were fortunate to acquire the services of Christine Hogg, a former CHC Secretary and locum, who has conducted her tasks with remarkable diligence and effectiveness. We are grateful to her and look forward to working with her on the next major project: CHCs - Good Practices Guide.

#### Membership

18. The membership of CHCs has remained more or less static. In 1985 there were 175 members. At the time of writing 148 members have paid for 1986. 4 have withdrawn membership and 12 have given notice of doing so at the end of March 1987. 5 CHCs have rejoined the Association. Others are considering re-joining and some of these have sent observers to the AGM.
19. Staff and Officers have been able to meet an increased number of CHCs and Regional Associations. We place great value on direct contact beyond the exchange of paper although this too is important.

#### Annual General Meeting 1985

20. A full report has been circulated. While the decision to consult on a patient's charter involved the most work, we adopted a more rigorous procedure for pressing home the rest of the resolutions, most of which were directed, as usual, to the DHSS. Responses, which, again, as usual, were no more encouraging than in previous years were fed back to movers and seconders and, on the basis of information received, followed through to two or sometimes three more rounds of correspondence, followed by occasional attempts to publicise issues and, in virtually all cases, reports in Community Health News. At the very least, the resolutions help ACHCEW to establish a matrix of national policy so that the Standing Committee and staff are not left without guidance from members as to how they should act. Taking the longer view it seems possible that the AGMs have identified important issues in advance of official thinking so that initial negative responses do not preclude a change of heart at a later stage.
21. Of the four motions which were referred back to the Standing Committee in 1985, it became clear that one on Complaints Procedure and another on Community Care for Mentally Ill people

were part of wider developments in these areas. Competitive tendering has become a practical issue for many individual CHC members but it was not thought feasible to persuade the Secretary of State to meet the Officers. We have been gathering information from those with bad experiences and would like to know more from those who have not had problems. Recent research and our new opportunities in the field of health promotion should help further the spirit of the motion which dealt with health education in schools.

### Publications

22. Nine numbers of Community Health News have been issued since the 1985 AGM. They are no longer sent on a subscription basis to non-member CHCs but a number of external subscribers have been accepted. They are also used for the press and public relations. We have not been able to achieve our objective of reducing the size or improving presentation. We still cannot afford to supply bulk orders as requested by some CHCs. CHCs which have reproduced copies for all their members, sometime selecting items of most interest, have helped us to achieve a much wider audience though not without cost to themselves. The selection of material is a major task but we do not feel that major activities undertaken by any of our member CHCs should be left out. We are fortunate in having Judith Cook to draw together and write up such an enormous amount of material. Written contributions from member CHCs have been most appreciated.
23. Health Briefings have dealt with the following topics:
- Survey of expert opinion on health policy;
  - ACHCEW's response to the DHSS proposals for a voucher system for spectacles;
  - Disabled Persons (Services, consultation and representation) Bill. Comments on the Government's proposed amendments;
  - Subject access to personal information. ACHCEW's response;
  - The registration of private homes and nursing homes. Report of the conference;
  - Consultation - the rights of Community Health Councils.
24. Evidence was submitted by ACHCEW in a number of other consultations:
- The Mental Health Act Commission's document - Consent to treatment;
  - The DHSS Community Nursing Review;
  - The McColl Report;
  - The draft Code of Practice for the Mental Health Act 1983;
  - The BMA proposals on Local and National Ethical Committees;
  - The DHSS draft circular on Joint Planning;
  - The RNID report on Hearing Impairment in the Elderly.
25. "Your Community Health Council in Action" continues to be a "best seller" but is now being overtaken by the Patients Rights leaflet which was jointly published with the National Consumer Council and is distributed from this office.

26. A major publication, again in co-operation with another organisation, the Institute of Health Service Management, on out-patients departments was published in June 1986.
27. The 1986 round of appointments and elections for CHCs have brought the question of training for CHC members, and also staff, to the forefront again. It is gratifying to know that the School for Advanced Urban Studies at Bristol University will be producing a new edition of its handbook for CHC members in association with ACHCEW during the summer of 1986. In addition, we have begun to centralise information on training possibilities with a view to a more in-depth consideration of gaps which are still left to be filled.

#### Conferences

28. Only one consultation on the Registration of Private Nursing Homes was organised jointly with the King's Fund Centre, to which we are most grateful. Its success should encourage the allocation of more time for the organisation for such meetings.

#### External Relations

29. Not quite external but a mutual concern felt by the Society of CHC Secretaries and ACHCEW for CHC staff conditions has produced even closer contact and collaboration in making joint representations to the DHSS.
30. The Health Education Council has been enormously supportive. For the last two years regular meetings have taken place between our Directors. Regular advertising by the HEC in Community Health News is financially helpful to ACHCEW and informative to members. The HEC grant for three years to enable us to develop a national health promotion programme for CHCs with a part-time worker and the secondment of Bill Fraser to work with us on good practices represents a great step forward.
31. Participation of ACHCEW, through Wyn Pockett and the Director, in the National Council for Voluntary Organisations' Working Party on Joint Planning was most valuable and produced a much-needed CHC input in the production of its report "A Stake in Planning". Both Organisations with the Society of CHCs Secretaries gave oral evidence to the DHSS Working Party on Joint Planning and Finance. Such contact facilitated an invitation to ACHCEW to provide an observer, Wyn Pockett, for the NAHA/NCVO Working Party on Collaboration in Health Services. ACHCEW is also represented on the NCVO Health and Handicaps Group.
32. The interests of CHCs and the Patients' Association coincide so that the exchange of information and the constant support and advice of the Chairman, Dame Elizabeth Ackroyd, have been greatly appreciated.
33. Contacts with the College of Health have been maintained and CHCs will recognise its important contribution to the development of consumerism in the NHS.
34. The National Consumer Council has been helpful, not merely in offering the chance of collaboration with the Patients' Rights

leaflet but in providing a point of reference between ACHCEW and the rest of the consumer movement. The NCC's new emphasis on service matters is to be welcomed.

35. Useful contacts at both the formal and informal levels between ACHCEW and the BMA represent a comparatively new departure and one to be welcomed. While differences of opinion concerning Complaints Procedures have been voiced publicly, so too have been our discussions concerning consultation with FPCs. It was a BMA initiative which drew ACHCEW into the STC Viewing Committee which vetted video material for hospital waiting areas. This provided both income and contact and we can only regret that this project has been abandoned for the time being.
36. ACHCEW and its members have been impressed by the efforts made by the Royal College of General Practitioners to improve standards in General Practice and to involve the voice of the consumer. The Director was the guest of the Trent Faculty and we note, with enthusiasm, the encouragement given to sub-faculties to involve CHCs. We look forward to more contact with the RCGP's Patients' Liaison Group.
37. ACHCEW is represented on a number of bodies in the health community. The emergence of Health Concern on whose committee ACHCEW is represented by Joy Gunter illustrates the areas of common interest shared by consumers and providers in the NHS.
38. Edgar Evans, Secretary of Weston CHC, continues to represent ACHCEW on the Mental Health Film Council. He reports:

"During the year seminars have been held on ethnic minorities and mental health and the stresses of employment and work.

A project on mental health and the media has progressed well and has been supported by a wide variety of organisations including ACHCEW. More funds are needed to carry this forward."
39. Joan McGlennon, Secretary of Croydon CHC, represents ACHCEW on the Committee of the Information Service of the Disabled Living Foundation. The Director represents ACHCEW on the Code of Conduct Committee of the Society of Health Education Officers.
40. ACHCEW joined the new organisation, PROGRESS, which is concerned with human fertility.
41. We have been represented at various important conferences such as one on the NHS convened by the TUC, the Social Services Conference, the NAHA/DHSS conference on the Care of the Dying, meetings convened by the RCN, the Association of County Councils, the Institute of Health Service Managers, the Society of Family Practitioner Committees, the National Association of Health Authorities and the policy committee of the British Association of Social Workers.
42. Useful discussions have taken place between ACHCEW and the Mental Health Act Commission and contact has been maintained with the individual commissioners in relation to certain problems which

had been drawn to our attention.

43. We would like to take this opportunity of thanking a number of individuals in addition to those already mentioned from CHCs, other organisations, the DHSS and Universities. They have responded to our requests for advice and consultation regarding the study on the Future Role and Structure of CHCs and other major initiatives, have drawn attention to the problem of the lack of resources for CHCs, have given us expert help on providing information for members on such matters as consultation and have helped to plan and take part in the consultation on the registration of private nursing homes.

#### DHSS

44. The conclusion of negotiations for this year's DHSS grant speaks for itself but the presence of a DHSS observer on the Standing Committee and the frequent contact between ACHCEW on virtually every aspect of CHC work has, without exception, been courteous and fruitful. We shall miss Margaret Edwards as the head of the policy unit which has been dealing with CHCs and we welcome Cyril Stone. CHCs are also grateful for the accessibility of Marcia Fry to ACHCEW and for her role on the Standing Committee.

#### MESSAGE FROM THE CHAIRMAN

45. Since this is the last Annual Report that I will have the honour of presenting as Chairman of the Association, it is I think appropriate to look back over the last two years. In 1984, after 3 traumatic General Meetings, the Association agreed on a "survival package". Attached to it was the earnest hope that we could do better than merely survive. Two years later we can, I believe, all be pleased at the progress of the Association.
46. By the 1986 AGM we hope to have appointed our new staff members which will bring the Association's establishment up to a point few of us would have believed possible two years ago, a point from which the Association can continue to build upon the most encouraging progress of the last two years.
47. Community Health Councils, through the Association, are having an increasing impact at national level; we are being increasingly consulted and listened to, albeit that our views are not always totally accepted. There is, particularly in these days of increased political sensitivity regarding the National Health Service, no shortage of work to be done, and it is probable that the Association will still not be able to do everything its members would wish it to do. Nonetheless, I am confident that in the ensuing year the Association will manage to service the needs of its members to a much greater extent than in the past, an extent that our members can justifiably expect of their bi-national Association.
48. My thanks for all their hard work must go to the staff, ably led by Tony Smythe, to my fellow officers and to the members of the Standing Committee. Without them none of what has been achieved over the last two years would have been possible. In addition, my most grateful thanks must also go to our member CHCs who had

faith and stood by the Association in its hour of trial.

49. Finally, if I may be permitted a personal note, I leave the Chairmanship with real regret. It has been a fascinating two years which, in between the bouts of "hair-pulling" frustration, have been enjoyable as well as highly instructive. I wish my successor every success, confident that our members will give him/her the same support that they have so generously given me.



## APPENDIX

### Association of Community Health Councils for England & Wales 1985/1986

Chairman: Mr. John Butler (Canterbury CHC; South East Thames Region)  
Vice-Chairman: Mrs. Eva Mullineaux (North East Yorkshire CHC; Yorkshire Region)  
Honorary Treasurer: Mr. Ross Thomson (Stockport CHC; North Western Region)

#### Members of the Standing Committee

Northern	Mr. E.T. Dixon/Mr. S. Kitching
Yorkshire (V-Chair)	Mrs. E. Mullineaux
Trent	Mr. A. Jones
East Anglia	Mr. H. Place
North West Thames	Mrs. Wyn Pockett
North East Thames	Mrs. Mavis Garner
South East Thames (Chair)	Mr. John Butler
	Mr. S.R.J. Terry
South West Thames	Mr. W.F. Toynbee
Wessex	Cllr. A. Rice
Oxford	Mrs. H. Butters
South West	Mrs. D.M. Richardson
West Midland	Mr. D.T. Hopkins
Mersey	Mr. H. Cunningham
North West (Treasurer)	Mr. W.R. Thomson
	Mr. H. Foden
Wales	Cllr. H.W. Jones
	Mrs. Joan Reynolds

#### Secretary Observers

Northern, Yorkshire, Mersey, North West Regions	Mr. G. Favager
Trent, East Anglia, Oxford, West Midlands Regions	Mr. Philip Marsh/ Mrs. Rachel Shadbolt
North West, North East, South East, South West Thames Regions	Ms. Maggie Mansell
Wessex, South West Regions	Mr. Tony Day
Wales	Mr. Danny Davies

#### DHSS Observer

Mrs. Marcia Fry.

Arrangements Committee

Mrs. Eva Mullineaux (Chair)  
Mr. John Butler  
Mrs. Mavis Garner  
Mrs. Wyn Pockett  
Mr. E.G. Owen  
Mrs. D.M. Richardson  
Mr. Philip Topham  
Mr. Tony Smythe  
Ms. Chye Choo

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Chief Administrative Officer : Chye Choo  
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P/T Secretary: Pippin Markandya  
P/T Clerical Assistant: ROSE walter  
P/T Press Officer: Judith Cook.