



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

**London Health Link Meeting
June 19th 2003 - Confidential**

Draft

Points made by representatives at a meeting held to discuss issues arising from the delayed abolition date.

In the initial discussion representatives expressed concern that no budget had been set for this financial year and no indication of what the budget would be for the period up to December 1st 2003. It was noted that it was the responsibility of the DH to fund the additional three months not the CPPIH and that any underspends on CHC budget would be transferred to the CPPIH whereas any overspends would be covered by the DH. It was felt that the capacity of many CHCs to provide a service during the final quarter of the year was likely to be much reduced.

Concern was expressed that it was unrealistic to expect the CPPIH to establish the Patients' Forums by November 1st 2003 and for them to be functional by December 1st 2003. There was also concern about the capacity of the voluntary sector networks to cover the country and it was noted that some agencies are proposing to establish Patients' Forums across large swathes of the country even though ~~they~~ they had no local knowledge in some of those areas.

The following points were made: *by CHC representatives*

Members:

- ◆ Many Members and staff feel angry, frustrated and disillusioned by the behaviour of the DH and feel that the DH has decided to extend the life of CHCs for the benefit of Ministers not patients.
- ◆ Some CHCs/members are happy to continue to the end and to stay active so that they can continue some area of work e.g. LIFT projects,
- ◆ Many members feel very dissatisfied and are remaining only to support staff.
- ◆ Some CHCs are considering motions for resignation of September 1st

Capacity:

- ◆ Many CHCs have a reduced number of Members and are having severe problems in carrying out even basic monitoring. Recruiting new members would be very difficult.
- ◆ Attending meetings of Trust Boards may be the most that is possible after September 1st.
- ◆ The DH will have to ensure that resources and special help are available for monitoring to continue and Trust ^{shall} continue to provide documents and consult CHCs.
- ◆ Many Members don't wish to continue their membership of the CHC because of low morale ^{and} poor motivation.
- ◆ There ^{are} insufficient staff to provide support for Members who carry on with service monitoring, as staff are obliged to seek other jobs. Some of the staff who remain ^{will be} are covering more than one CHC.
- ◆ Because of the interdependence of staff/members there needs to be harmony in the principles adopted to guide CHC work in the period up to December 2003

Staff:

- ◆ The DH has treated staff in a disgraceful way and the stress on them has been appalling.
- ◆ The DH must be sensitive to the needs of staff.
- ◆ Supporting the public, carers and families is very important but Members cannot function without staff. It is therefore important to reward staff properly for carrying out their duties up to December 1st e.g. by offering loyalty bonuses, gratia-payments, upgradings and guaranteed redundancy for those who stay on. Assurances ^{on these issues} are essential.
- ◆ West Sussex Shared Services has not operated in the best interests of staff e.g. the Clearing House has failed to provide reasonable opportunities for staff and has placed very few staff.
- ◆ The DH should offer staff work on a consultancy basis to support members until abolition.
- ◆ The DH should acknowledge the severe stress that they have put staff under and compensate them.
- ◆ CHC staff should be given equal consideration with other applicants when they apply for CPPIH jobs.

Infrastructure:

- ◆ Contracts for equipment have been cancelled and many CHCs are already running on skeleton staffing.

Transition:

- ◆ The failure to plan the transition from CHCs to Patient's Forums demonstrates that the Government doesn't care about PPI. The DH is damaging the reputation of PPI in the minds of the public.
- ◆ It is far too late for the DH and CPPIH to plug the gap between CHC and Patients' Forums by extending the life of CHCs.
- ◆ Transition plans for members and staff must be clear and coherent and agreed urgently between all parties. Detailed plans and a timetable must be produced urgently.
- ◆ It is in the best interests of the public for there to be an effective transition from CHCs to PFs
- ◆ A joint statement is needed from the DH and CPPIH on the detailed transition plans.
- ◆ The CPPIH should be obliged to enter into local discussions about the development of the new PPI system.
- ◆ The CPPIH should be obliged to ensure that the new local network ^{work} *collaborate* with CHCs in the development of the new system.
- ◆ Steps should be taken to ensure that it is easier for CHC members to move into Patients' Forums.
- ◆ Local Patients' Forums Pilots should be encouraged to continue.

ACHCEW Should:

- ◆ Should monitor the establishment of ICAS and PFs.
- ◆ Support Casualty Watch
- ◆ Monitor the Development of Section 11 duties.
- ◆ Monitor and meet regularly with the CPPIH
- ◆ Monitor inconsistencies between government policy and the new developments in the PPI system.
- ◆ Work closely with the Regional Associations to ensure that there is national view about how the new system is developing.
- ◆ Review how it can operate more effectively and exercise more influence on Ministers.
- ◆ Carry out rapid surveys on public consultation issues including health scrutiny.