

Malcolm

ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

OM/03/18

The 131st meeting of ACHCEW Honorary Officers will be held on

Thursday, 11th September 2003 at 11.30 am
at the London Voluntary Sector Resource Centre
356 Holloway Road, London N7 6PA.

AGENDA

- ✓ 1. Apologies
- ✓ 2. To receive Draft Minutes of the meeting on July 24th 2003
(copy attached)
- ✓ 3. Matters Arising from the Minutes
 - Further Meeting of the Standing Committee
- ✓ 4. Budget and Premises for the period from September 2nd to December 1st 2003
- ✓ 5. Meeting with Rosie Winterton
- ✓ 6. Health Select Committee Report on Patient Involvement - July 16th 2003 - DH Response
- ✓ 7. Patient and Public Involvement
 - Patients' Forum Regulations
 - CPPIH Progress - Report on July Meeting - attached
 - Local Network Providers and Patients' Forums

8. Staff and Service Issues:

- ✓ • Legal
- ✓ • Press
- ✓ • Finance
- ✓ • Archives

- (9. Update of Work Programme
- Attachment

10. ACHCEW'S exit strategy update (copy to follow)

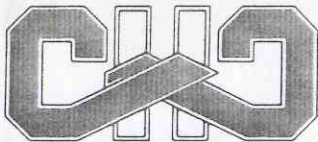
11. Treasurer's report

12. Meetings attended by Honorary Officers on behalf of
ACHCEW

11. The Welsh Report

12. Any Other Business

14. Date of Next Meeting



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

OM/03/19

ASSOCIATION OF COMMUNITY HEALTH COUNCILS
FOR ENGLAND AND WALES

Minutes of the meeting of the Honorary Officers held on 11th July
2003 at the LVSC, London.

Present: Alan Hartley (Chair)
Donald Roy (Vice-Chair)
Sally Brearley (Vice-Chair)
Graham Girvan (Honorary Treasurer)

In attendance: Malcolm Alexander

1. Apologies

None.

2. Minutes of the Honorary Officers Meeting held June 25th
2003

The Minutes were agreed a correct record and there were no
matter arising that were not on the agenda.

3. Minutes of the Standing Committee held June 2nd 2003

♦ Honorary Treasurer's Report

Agreed to amend this item as follows:

'The Honorary Treasurer introduced his paper. The Standing
Committee received the accounts for the third quarter.'

4. ACHCEW Budget

X a) Honorary Officer discussed the approach adopted in negotiations
with the DH and agreed to seek a settlement for the period

September - 1st December 2003 based on the provision of legal, administrative, financial executive and press functions. It was agreed that the budget should enable ACHCEW to complete its work programme, maintain its profile, process the archives and close down the organisation.

- b) Agreed to support the funding of training for the Director and for Sheila Dollery.
- c) Agreed to arrange for the accountants to examine the books in November (13,14) in readiness for Audit at the end of November. Graham agreed to liaise with the Auditors.
- d) Agreed to allow a sum of £500 in the budget for a skip and any removal expenses.
- e) Noted that discussions were continuing on the cost of dilapidations and agreed to carry over £20,000 to cover these costs.

5. Location of ACHCEW - September to December 1st 2003


- a) Noted that Chye Choo had written to the landlords to agree an extension at Earlsmead House, Drayton Park until September 30th 2003.
- b) Agreed to examine two possibilities for the period October to December 1st 2003: either to move to a CHC office (either Islington or Hackney) or to extend the lease. Graham and Malcolm agreed to explore these options.
- c) Noted that the CHC capital exit strategy for London now included the ACHCEW premises and that Ingleton Wood will get in touch to agree procedures.

6. Report of the Health Select Committee and Meeting with David Mowat (attached)

Alan Hartley and Malcolm Alexander reported on their meeting with David Mowat to discuss the Health Committee report on patient and public involvement (attached). The three key points raised at the meeting were:

- a) The DH normally respond to Health Committee Reports within 6 weeks of publication and must present their report to parliament (this is a matter of custom and practice rather than statute).
- b) The DH are not intending to extend the abolition date of CHCs to July 2004 as recommended by the Health Committee.
- c) David Mowat is very anxious that ACHCEW and the CPPIH should work together very closely to work toward a managed transition.

Having discussed the HSC Report in detail the Honorary Officers agreed the following:

- i) To examine the CPPIH risk assessment for the development of Patients' Forums.
-  ii) Support regional meetings being held around the country with ~~CHC staff~~ (Brighton, North East, Eastern).
- iii) Work with Pauline Dye/CPPIH re knowledge transfer from CHCs to CPPIH
- iv) Contact David Hinchliffe and arrange to work with him re monitoring of the new system post November 2003 and to pass him information collected by ACHCEW prior to abolition.
- v) Emphasise to the DH and the CPPIH the importance of a managed transition and that the new system must be up and running when CHCs close.
- vi) Distribute agreed notes on meeting with David Mowat to CHCs
- vii) Issue a statement to CHCs in response to the Health Select Committees report.
- viii) To write to Rosie Winterton regarding the closure date for CHCs (reply of 19/8/03 attached)
- ix) Write to Patrick Hall to brief him on ACHCEW's response to the HSC Report

- x) Inform Rosie Winterton that the Honorary Officers and the Director will attend the meeting with her on September 10th (apologies -Graham)
- xi) That in view of the falling capacity in CHCs, loss of premises and lack of tangible support from the DH that the Honorary Officers would not support and a delay in the abolition date until July 2004.

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7. Foundation Trusts

support for the extension to
July 2004

Noted that the Health and Social Care Bill would go to the House of Lords on September 8th 2003 for the second reading.

8. Staff and Service Issues

Malcolm Reported that:

- X
- Legal: The legal service was working well and that the contract with Freethcartwright was yielding good results. He said that Rob Hill who was manning the legal services desk was running a very efficient service.
 - Press: Following the departure of Murray Benham, the well known health journalist Mark Gould would be commissioned on a daily basis to provide press and publicity as required.
 - Finances: The finances were being dealt with by Vera and Malcolm. He reported that he was happy with the current arrangements.

9. Exit Strategy

Malcolm reported that he was happy with the progress of the Exit Strategy and that the section on the archive work was going particularly well. Information was awaited from the Welsh Association of CHCs on their requirements for ACHCEW property post abolition.

10. Stakeholder Meeting

Honorary Officers agreed this had been a useful event but that the outcomes needed to be carefully examined and followed up. The absence of the Chair or Chief Executive of the CPPIH was the subject of particular concern. It was noted that the DH had agreed

to hold a second Stakeholder Meeting in September (15). In view of this progress and the DHs steer that they would not extend the life of CHCs to July, the Honorary Officers agreed not to hold special regional meetings to discuss the recommendations of the Health Select Committee.

11. Patients' Forum Regulations

Noted that consultation on the Regulations would finish on July 16th and that the Regulations would be laid before Parliament on August 11th (during the recess). Sally reported that Evan Harris would pray against the Regulations but as the Regulations were a 'negative order' the debate would be 'reflective', rather than an attempt to have them rejected by the House.

The response prepared by the Director was agreed with two minor corrections.

12. Patients' Forums - Local Network Providers

It was noted that the tendering process for LNPs was leading to the clustering of Patients' Forums over large geographical areas and that many organisations were pulling out because they were dissatisfied with the process and with the amount of money available to set up each PF (i.e. about £25,000). Agreed to continue to raise questions with the CPPIH about the process and potential outcomes and to relate the questions specifically to the reports published by the CPPIH.

13. CPPIH - Governance Arrangements

Noted that there problems regarding the distribution of CPPIH Board papers prior to Board Meetings. The CPPIH were not currently willing to send out the papers either to sister organisations or members of the public, who had therefore to read them during the meeting. Agreed to write to the CPPIH to clarify their duties and responsibilities as a public body.

14. ICAS Services

Agreed to contact Michael Young at the DH to clarify the process for ensuring that the new ICAS service was fully functional by September 1st 2003.

15. SGM July 8th 2003

Honorary Officers agreed that the SGM had been a great success and complemented Chye Choo and ACHCEW staff on their very successful planning of the event.

Noted that the Café Royal had failed to make a tape recording of the event. Agreed to contact Kent Barker to check to see if he could copy his tapes of the SGM.

Alan agreed to write to Arnold Simanowitz regards comments made by him about the CPPIH.

16. Work Programme

- Casualty Watch - in progress. Planned for completion by end of August.
- OSC and Legacy - In the hands of the DH. Agreed to refer back to original agreement and to ensure that ACHCEW name would be on the face of the report.
Honorary Officers agreed that ACHCEW should ensure that the document was not substantially changed or information in the document censored.
- LIFT - Agreed to send the document to Honorary Officers before publication.
- Advocates and Complaints Workers - Noted that this work was going well.

17. Meeting attended by Honorary Officers

Donald Roy said he had attended a meeting of the All Party Group on Pharmacy on July 1st (attached) and a seminar on July 9th at the ICA on the funding of health care, which had been addressed by Derek Wanless (who carried out the Health Trends Review at the request of the Chancellor of the Exchequer and is a Commissioner with the Statistics Commission.)

18. Wales - There was no report available.

19. AOB :

- Donald Roy raised the issue of over-capacity of the new diagnostic and treatment centres (report attached).
- Graham Girvan raised the issue of the constitutional position of the Wales in the Association.
- Standing Committee - agreed to consider at the September meeting of the Honorary Officers whether an additional meeting of the Standing Committee would be necessary prior to December 1st.

20. Next Meeting - September 11th

End

NOTES OF MEETING OF COMMISSION FOR PATIENT AND PUBLIC
INVOLVEMENT IN HEALTH (CPPIH) HELD ON THURSDAY 31ST JULY 2003
IN THE WESTON SUITE, MANCHESTER CONFERENCE CENTRE,
UMIST, MANCHESTER

I attended this meeting as a member of the public. It lasted two hours.

1. Welcome
The Chair welcomed the public to the meeting.
2. Apologies
Apologies had been received from Ian Hayes and Elizabeth Henry.
3. Mnutes of the previous meeting
These were accepted as a correct record.
4. Matters Arising
It was reported that a set of values and a mission statement were being prepared.
5. Chair's Report
The Chair praised the staff which had been working under incredible pressure to meet deadlines "set for us". The Commission had not expected the target of 1 December 2003. By then the "first" forums would be established, training would be beginning and local network providers "getting into their stride".
6. Presentation on Work to Date
The Chief Executive said she expected to award contracts in the next two weeks. A recruitment campaign for members would start on 11 August. Regional centres would be established during September. Six out of nine regional managers had been appointed. Regional staff would be in place by 1 September. There would be one hundred and fifty to one hundred and eighty local network providers. There would be a new knowledge management website.
7. Chief Executive's Report
The Chief Executive reported that six regional offices would be ready for occupation in the middle two weeks of August; the other three would be occupied by September. There would be a "regional presence" on 1 September. Contracts would be let on time. Barrie Taylor remarked that he thought the deadlines were "very hard".
8. Declaration of Private Interests
There were none declared.
9. Finance Report
The report was noted. This included an extra £ 2.2M on community health councils in England.
10. Project Plan Update
The programme manager was absent. One problem was the prospect of developing recruitment policy before regulations were laid before parliament; Patients' Forums might not be confirmed before the middle of October. The majority of posts would have

been advertised within the next two weeks. Advertising would start on 25 August. Selection and recruitment packs would be assembled. Applications for membership should be made by the middle of September. The Chief Executive admitted to a high level of risk. Barrie Taylor referred to the "mess" inherited by the Commission as a result of imposed timetables. Jenny Popay expressed disquiet at the prospect of the Commission having to operate against good practice. Jan Smithies asked about recruitment problems to local network providers. It was reported also that there were uncertainties about the handling of income generation by the Commission.

11. Response to TAB report

It was stated that the Commission was committed to work with community health councils and would need to build on the work of shadow Patients' Forums. There would be national engagement with neighbourhood renewal networks. There would be a lead commissioner for every region. There would be a fuller response in the early New Year. Arnold Simanowitz expressed concerns about ICAS. It was reported that interim contracts would last until 1 April 2005; ICAS and Patients' Forums would have compatible information systems.

12. Report on Patient and Public Involvement Forum Regulations

These were yet to be signed off by Ministers. There was an issue about the eligibility of local authority members.

13. Report on Relocation of Headquarters Office

This was agreed.

14. Remuneration Committee

This was agreed.

15. Audit Committee

A point about the chairing of this would need to be checked out.

15. Open Forum

A number of questions were asked. It emerged that there would be rigorous performance management of local network providers. The Department of Health had wanted staff support at strategic health authority level. There were no gaps in coverage "at present"; local network providers would be expected to do a baseline mapping exercise. Patients' Forums would set up for trusts applying for foundation status.

16. Any Other Business

There was no other business.

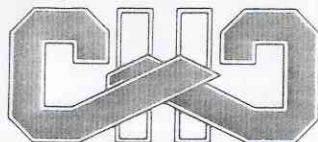
17. Date of the Next Meeting

This would be on 24 May somewhere in Leeds.

18. Exclusion of Press and Public

This was then agreed.

Donald ROY
14 August 2003



Notes on Meeting with David Mowat – July 23rd 2003

**Alan Hartley, Chair of ACHCEW, Malcolm Alexander,
Director of ACHCEW**

Budget

- 1) The paper on ACHCEW functions for the period September – December 2003 was agreed subject to the following amendments:
 - ◆ Under objectives add: 'To work with CHCs to help ensure continuation of business and services up to abolition date.'
- 2) The budget was agreed subject to the following amendments and provisions:
 - ◆ Add a sum of £3000 for training of staff (tie up with Clearing House provisions)
 - ◆ Revises staff costs in line with actual costs to be finalised with the Health Authority.
 - ◆ Estimate costs of removal/disposal.
 - ◆ If CHCs continue up to July 2004 to agree a sum to support meetings of Regional Associations and ACHCEW.
 - ◆ Agree with Graham Girvan, Accountants and District Audit arrangements for the closure of finances i.e. should the accountants examine the books in December, followed immediately by examination by District Audit. The budget would have to be amended to reflect this later option.
 - ◆ Add sum of £500 to cover skip/removals

Response to the Report of the Health Select Committee (May 15th 2003)

- ◆ The department would be issuing a full response to the report in due course. DM gave us his early reaction.
- ◆ We discussed the very varied responses to the recommendation that CHCs should continue until July 2004. DM said that no extension to abolition date was planned.

- ◆ Agreed to fix a further meeting.

Malcolm Alexander
Director
July 25th 2003

AH√ 24/7/03
DM√ 25/7/03

Alan Hartley
Earlsmead House,
30 Drayton Park
N5 1PB

Our ref: TO1035469
Your ref:

Tuesday 19 August 2003

Dear Alan Hartley

Thank you for your letter of Friday 18 July 2003 to Rosie Winterton MP regarding uncertainty over whether the abolition date will move again. I have been asked to reply on her behalf.

I understand that since you wrote you have met with the Department and that the position has been made clear that the abolition date of Community Health Councils (CHC) will not be moved from 1 December 2003. I hope this commitment ends the uncertainty that some CHC staff and members may be facing.

I hope that this addresses your concerns.



Rob Oldham
Improving the Patient's Experience Programme

copy to HB

NOTES ON THE ANNUAL GENERAL MEETING
OF THE ALL PARTY PHARMACY GROUP
HELD IN THE CHOLMONDELY ROOM,
HOUSE OF LORDS 1 JULY 2003

1. I attended this meeting on behalf of ACHCEW.
2. All the officers of the group were re-elected unopposed.
3. The guest of honour was the Minister of State, Rosie Winterton, M.P. She spoke briefly about the process of modernising pharmacy. She recognised that a new pharmacy contract needed to be negotiated, that there needed to be a proper process of consultation before any changes to legislation and this would all take time. She hoped to complete it all by the spring of 2004. There was no opportunity to ask any questions because she had to leave for a division almost immediately afterwards and did not return.
4. Others present appeared pleased that Community Health Councils (and ACHCEW) were likely to be around a bit longer; it is possible I may be asked to talk about the relationship between community pharmacy, patient and public involvement and the Local Improvement Finance Trust process in the autumn.

Donald ROY
21 July 2003

NOTES OF STAKEHOLDER HEALTHCARE BREAKFAST SEMINAR
"WANLESS RESPONDS" SPONSORED BY THE NEW STATESMAN
AND THE NORWICH UNION AND HELD AT THE INSTITUTE
FOR CONTEMPORARY ARTS ON WEDNESDAY 9 JULY 2003

1. I attended this on behalf of ACHCEW. A list of others attending is attached as is the programme.
2. The meeting was chaired and moderated by Niall Dickson, Social Affairs Editor of the BBC. He said that an edited version of the proceedings would appear in the "New Statesman".
3. Edward Bramley-Harker presented the case for a version of the social insurance model for funding health care with a corresponding reduction in direct taxes. The NHS would be an insurer but other providers would compete with it.
4. Derek Wanless was not convinced by this. He felt that the tax-funded system was superior. He recognised that if sustained increases in funding from taxes failed to improve services then other arrangements might need to be considered. However, he did not see this happening for several years. In the mean time he was looking at measures which could reinforce the best and cheapest of his three longer term scenarios (fully engaged). He was looking at the rationale for prescription charges; also how the elderly persons' national service framework was being implemented. He was not reviewing his past work on overall funding.
5. Chris Powell, chair of the Institute for Public Policy Research (IPPR), emphasised the need to keep taxes down. He favoured moving towards social insurance. He claimed that nowhere spent more public money on health as a proportion of the economy than the United Kingdom at present.
6. Anna Dixon from the London School of Economics (currently on secondment to the Department of Health) responded. First she pointed out that Sweden had spent more public money on health as a proportion of the economy than the United Kingdom; in Sweden less than 5% of health expenditure came through the private sector. The Bramley-Harker proposal had been estimated to increase funding by £ 2.6 Billion p.a.; however this could well be offset by increased costs of administration. There was recent experience of competition between sickness funds in Belgium, Israel and the Netherlands in the 1990s; very few people had moved as a result, almost all of them had been low risk. There would be very poor incentives for handling chronic diseases.
7. There was then a general discussion. Most contributors, including myself, were critical.
8. In conversation I heard from Nick Bosanquet that the cost of PALS had been estimated at £ 65M p.a.; also that there was a risk of overcapacity developing with the new Diagnostic and Treatment Centres (presumably this only applied to ones treating low risk patients!).

Donald ROY
21 July 2003

NOTE ON DIAGNOSTIC AND TREATMENT CENTRES
(DTCS)

These featured first in the NHS Plan. The basic idea was to have specific "stand alone" units which would take the pressure off waiting lists for elective procedures and could involve private sector providers.

There are two specific problems with them; clinical safety and the role of the private sector.

The clinical safety issue arises because of the "stand alone" concept. Elective procedures may in themselves be straightforward yet the patients complicated. The proportion of "low risk" patients may not be great even when the procedure in itself is low risk in principle.

That is why experiments in concentration of elective work on one site and emergency work on other have not worked (for instance, the attempted division of labour between Kingston Hospital and Queen Mary's, Roehampton in 1997 - when it was found that the proportion of acute elective work that could be undertaken in a hospital without a full accident and emergency unit was much less than anticipated).

This has shown up more recently in the contrasting prospects of the elective orthopaedic centres in North West and South West London. The former, at Ravenscourt Park, is a "stand alone" facility. In consequence, one acute trust found it could divert only a quarter of its hip and knee waiting list there because the remainder was too high risk. The latter, at Epsom, will be sited within a district general hospital and should be able to deal with all levels of risk.

The use of the private sector to provide additional capacity for the NHS has been accepted since before the NHS Plan. The essential issues are those of cost and quality (including equivalent, if not necessarily identical, protection for patients). ACHCEW supported the Care Standards Act 2000 precisely to assure the latter. On cost, anecdotal data suggest that private sector provision of comparable quality may be around 60% more expensive than in the NHS. It is certainly the case that some private sector providers have objected in principle to the idea of a common tariff for procedures - this would be unlikely to be the case if they felt that they were competitive on price. There is also considerable pressure to expand capacity at acute trust level in order to repatriate work and reduce costs thereby.

Nonetheless, it appears that Downing Street may be poised to talk up a programme of stand alone DTCS to be provided by the private sector. There are a number of problems with this:-

- (a) demand for low risk elective work is a fraction of the total (especially in orthopaedics)
- (b) it is not clear what complaints, redress and regulatory regime would apply (since the 2000 Act and the Milburn speech on 15 January 2002 it has been assumed that it would not vary materially between

providers - however the proposals for foundation trusts contradict this)

The demand problem has led to suggestions that excess capacity could develop in stand alone DTCs (e.g. by Nick Bosanquet to me on 9 July). If so will the private sector still put up the money? If it does not, will guarantees be offered (as with "first wave" foundation trusts) to encourage it and would these involve directing medium and high risk patients to it (in which case what about clinical safety?).

Ed Mayo, the new Director of the National Consumer Council, has already drawn attention to (b).

Donald ROY
30 July 2003

From the Minister of State
Rosie Winterton MP

Fax to ACHCEW



Department
of Health

PO1030728

The Rt Hon Eric Forth MP

Richmond House
79 Whitehall

London
SW1A 2NS

Tel: 020 7210 3000

BW GNC,

17th August 2003

Thank you for your letter of 11 June enclosing correspondence from your constituent Mrs Rose Covell of 74 Bromley Common, Bromley, Kent, regarding the abolition of Community Health Councils (CHCs). I apologise for the delay in replying.

We have, as you may be aware, already made excellent progress in transforming patient and public involvement in health. Patient Advice and Liaison Services (PALS) now exist in the vast majority of Trusts, Overview and Scrutiny Committees are already scrutinising health across England and the Commission for Patient and Public Involvement in Health (CPPIH) is doing an excellent job making arrangements for Patients' Forums to be in place by 1st December - a month earlier than previously expected.

We are confident that the system that will be in place at 1st September will provide effective support and representation for patients, especially with the new national system of independent complaints advocacy services (ICAS) coming on stream at that date. But to make the position absolutely unassailable and to guarantee continuous independent monitoring of the NHS at all times CHCs will now be retained until 1st December. This, I believe, addresses the concerns about the management of the transition and independent monitoring of the NHS.

Obviously retaining CHCs for an additional 3 months affects staff. Since joining the Department of Health as the Minister responsible for CHCs, I have met with the trade unions to discuss staffing issues. Having also received feedback from a meeting held recently with key CHC stakeholders including CHC staff, members, ACHCEW, CPPIH and the trade unions I have been keen to provide some certainty to staff and members. My officials have worked with the trade unions to revise the HR Framework and this has now been re-issued to CHC staff. This framework will, I hope, allay many of the concerns and anxieties expressed by staff who are affected by the change in abolition date. The support already in place to help CHC staff find alternative employment including clearing houses and training will remain in place up to abolition.

We have also made progress on ICAS. ICAS pilots have been extended until the end of July and we have now awarded contracts to provide for a full ICAS service to be available across the whole of England from the 1st September. I made a written



statement to Parliament announcing this development on the 17th July. During August members of the public will still be able to approach their local CHC for advice and assistance on making a complaint, pending the new arrangements coming on stream. In many cases PALS will also support patients during this period.

Some people have questioned the approach the CPPIH has adopted to supporting Patients' Forums. The CPPIH has a statutory duty to set standards for Patients' Forums and monitor how successfully these standards are met. Through the contracts it will let to local network providers the CPPIH will monitor performance against these standards, managing work through its regional offices to ensure that all Patients' Forums are properly set up and supported. This process will guarantee the consistency of services that it has not been possible to achieve previously.

Turning to funding, this year we are investing over £35m in this important area of work. This is a 50% increase on what was available last year and represents a record level of investment in patient and public involvement. This figure does not include what is being invested by Trusts in PALS, the resources that are supporting Overview and Scrutiny Committees in their new role and the many staff across the whole of the NHS dedicated to improving patient and public involvement.

Concern has been expressed regarding the commitment made during the passage of the NHS Reform and Health Care Professions Act that one-stop shops would be put in place to provide advice and support to patients. Once established, the local network providers will act as one-stop shops. In addition, PALS already operate as one-stop-shops, joining up services with other players in the community such as local authorities. They are able to provide information and on-the-spot help to patients, their families and carers by working with the local community and forging links within this to work across organisational boundaries. They already collect valuable information from the people who pay for and use the NHS and feed this back to inform service development and improvement. In the future PALS will also be able to direct people to their local Patients' Forums and providers of ICAS once they are in place.

And finally, as I have said, because of the progress the CPPIH is making it has been able to bring forward its implementation timetable. I hope that it will not be too long before the membership recruitment campaign gets underway. In the mean time, people who are interested in applying for membership should register their interest with the CPPIH by visiting the CPPIH's website www.cppih.org or by writing to the CPPIH at 9th Floor, Ladywood House, 45-56 Stephenson Street, Birmingham, B2 4DY.

*Yours sincerely,
Rosie*

ROSIE WINTERTON