

ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

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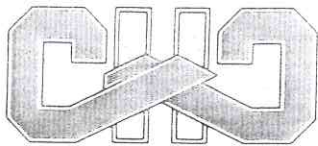
**The 132nd meeting of ACHCEW Officers will be held on
Wednesday, November 12th 2003 at 11.30 am
at the London Voluntary Sector Resource Centre
356 Holloway Road, London N7 6PA.**

*Eileen Exeter will join the meeting to discuss the outcome of the
discussions with the auditors and accountants*

AGENDA

- 1. Apologies**
- 2. To receive Draft Minutes of the meeting held on
September 11th 2003
(copy attached)**
- 3. Matter Arising from the Minutes**
- 4. The Exit Strategy**
- 5. Report on work programme**
- 6. Staff and Service Issues**
- 7. Treasurer's Report**
- 8. DoH Response to the Health Select Committee Report
on Patient Involvement – July 16th 2003**
- 9. Meetings with Rosie Winterton and David Mowat**

- 10. Report on the CPPIH and Abolition of CHCs and ACHCEW**
- 11. Patients' Forum Regulations – Parliamentary Debates**
- 12. Meetings attended by Honorary Officers on behalf of ACHCEW**
- 13. Wales**
- 14. Any Other Business**
- 15. Private Session**



Draft

OM/03/20

**ASSOCIATION OF COMMUNITY HEALTH COUNCILS
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Minutes of the meeting of the Honorary Officers held on 11th
September 2003 at the LVSC, London.

1) Attended: Alan Hartley (Chair)
Graham Girvan (Honorary Treasurer)

2) Apologies: Donald Roy (Vice-Chair)
Sally Brearley (Vice-Chair)

In attendance: Malcolm Alexander

**3) Minutes of the Honorary Officers Meeting held July 24th
2003**

The Minutes were agreed a correct record.

4) Standing Committee

Agreed to hold no further ordinary meetings of the Standing Committee and to write to members of the Standing Committee informing them of the decision and enclosing a copy of the Honorary Officers meeting.

5) Budget and Premises

Noted that the DH had agreed the budget proposal and work

programme presented by ACHCEW and would meet ACHCEW's full costs for the period.

Noted that a letter had been received from Islington Council regarding redevelopment of Earlsmead House. Agreed to forward this to Ingleton Wood and to Graham Girvan. (Action MA).

Noted that an invoice for the rent on Earlsmead House had been received. Agreed to forward a copy to Graham.

6) Meeting with Rosie Winterton, Health Minister

Agreed to check report on meeting with Meredith Vivian and to send a copy to Sharon Grant. (Action: MA).

7) DH Response to the Select Committee Report on PPI

Noted this was still awaited from the DH. David Mowat had informed ACHCEW that 6 weeks was the usual turn around time. Agreed to press the DH on this issue and to liaise with David Hinchliffe. (Action: MA)

8) Prayers Against the Patients' Forum Regulations

Noted that the Liberal Democrats (House of Commons) and Tories (House of Lords) had prayed against the Regulations. Agreed to prepare briefings for them if requested to do so.

9) Directory of Local Network Providers (LNP)

Malcolm reported that he had prepared a list of LNPs and would distribute it together with other relevant information about the new system.

10) Staffing Situation

Malcolm reported staff were working extremely well and that the legal service provided through Mike Bird (Freeth Cartwright) was also working very well. Agreed that if legal advice were sought on issues where a difference of opinion with the DH was likely to arise that early discussions would take place with the David Mowat.

11) ACHCEW Archive

- Noted that discussions were underway with the Open University, Wellcome Foundation, National Archives and the DH about the future of ACHCEWs archive. Agreed that a decision about their future location must be reached within two weeks.
- Agreed that Malcolm would meet with Eileen Exeter to discuss the transfer of financial and personnel documents to the DH.

12) Document Scanning

Noted that most of ACHCEWs published document had been scanned commercially and would be transferred to CD Roms for distribution to the CPPIH, Libraries and the DH. Agreed to produce details of costing of this process for Honorary Officers.

13) Exit Strategy

An updated version of the Exit Strategy was presented to Honorary Officers. The following issues arose from the discussion on the Strategy.

- ◆ Equipment would be sent to Wales in two stages. Computers and other equipment currently in use would be sent at the end of November.
- ◆ The OSC document had not yet been published by the DH but was expected to be available at the end of October. It was clear that much of the original material in the document on the experiences of CHCs in PPI would not be included in the DH document.
- ◆ Casualty Watch. A response was awaited from the Consumer's Association and if they decided to run the project, a reference group of key organisations would be set up to support and monitor the project.
- ◆ IT. Noted that discussions were taking place with the DH on the decommissioning of computers.
- ◆ Removal of Photocopier (Xerox). Agreed to ensure this was removed well in advance of December 1st.
- ◆ Non-IT equipment. Agreed to offer this to local civic organisations and the voluntary sector.
- ◆ Noted that Graham would remain in post at the Regional office

to deal with residual issues after December 1st

14) Finance Report

Noted that:

- A meeting would take place between the Treasurer, Director, Buzzacotts, Eileen Exeter and District Audit in November (November 11th at 11.30pm).
- The budget for the final period had been agreed by David Mowat on behalf of the DH and that our budget proposal would be met in full.
- The cheque for the last quarter had not yet been received from the DH.
- Buzzacotts would examine ACHCEWs accounts on November 13th and 14th.
- The DH would pick up any costs arising in respect of ACHCEWs liabilities after December 1st.
- Noted there had been considerable problems with the Royal Bank of Scotland concerning signatories to the account. Honorary Officers signed a new mandate form and passed the following motion:

'At a meeting of Honorary Officers of the ACHCEW held on 11/9/03, HOs agreed to amend the details of the bank mandate to enable only the following to sign cheques on behalf of ACHCEW: Alan Hartley, Graham Girvan and Malcolm Alexander'

15 Meetings Attended

Noted that Alan, Sally, Donald and Malcolm had attended a meeting with Rosie Winterton

16 Welsh Report

No report was available

17 Farewell Meal

Agreed to hold this on the evening of November 28th

18 Last Meeting of the Honorary Officers

- Agreed this would be held on November 12th at 11.30am
- Agreed to invite Donna, Toby, Peter and Chye to the last meeting for lunch

Attachments:

- ♦ **Response from DH to the Select Committee Report on PPI**
- ♦ **Report on meeting with Rosie Winterton**

OM/03/21



Government Response to House of Commons Health Committee Report on Patient and Public Involvement in The NHS – Seventh Report Session 2002–03

Presented to Parliament by
the Secretary of State for Health
by Command of Her Majesty
October 2003

In terms of developing and monitoring PALS the Department is currently working closely with SHAs and the PALS National Development Group (NDG) to further the ongoing national development of PALS and quality improvement agenda by:

- checking that PALS are live in all trusts according to the service specification
- gathering evidence that this is a sustained and sustainable service
- evaluating services against the national standards

We have worked with SHAs and the PALS NDG to strengthen the national PALS standards and develop a national evaluation tool against which individual PALS can assess the quality of their service and plan improvements. The revised national PALS standards and an evaluation tool were circulated to PALS and SHAs in August 2003. We will continue to work with SHAs, Modernisation Agency and the PALS NDG to monitor implementation, support development and improve service quality.

2. Conclusion and recommendation

While we appreciate that the machinations of local government are more properly an issue for the Office of the Deputy Prime Minister, we find it totally unacceptable that the Department apparently does not have access to basic information about an element of public involvement in the NHS it clearly views as so crucial, three months after it should have been introduced. This is particularly worrying given the vital statutory function of Overview and Scrutiny Committees with respect to proposed closures and reconfigurations of the NHS.

Response

On 1 January 2003 it became mandatory for county councils, unitary authorities and London Borough Councils to have in place arrangements to scrutinise health services – it is a legal requirement.

The scrutiny arrangements provide democratic accountability in the health service for the first time and it is therefore for locally elected representatives to decide how best to take up the new powers, and to account for those decisions to their local electorate.

The Government has provided the powers to enable local government to undertake health scrutiny activity in relation to their locally identified priorities. It is not the role of the Department of Health to monitor those decisions. The Department is working with stakeholders, including the Centre for Public Scrutiny, the Local Government Association and the NHS Confederation, to develop evaluation arrangements to assess effectiveness of the new scrutiny powers and to examine the outcomes of scrutiny activity.

The Department is aware through the reporting of partner organisations in health and local government that overview and scrutiny committees have taken on their new role as statutory consultees for major changes to health services with considerable enthusiasm and effort. This feedback is extremely encouraging.

3. Conclusion and recommendation

We urge the Government to ensure that the establishment of Patient and Public Involvement Forums is fully completed by 1 December 2003, to avoid further confusion and uncertainty for patients and NHS staff.

The Commission for Patient and Public Involvement in Health (CPPIH) has brought forward implementation of the forum programme and made a commitment to achieve full Patient and Public Involvement Forum coverage by 1 December. It is confident it will deliver to this timetable and a national awareness and recruitment campaign is underway. We are working closely with the CPPIH to support its work. Regulations have been made to establish Forums from 1 September which means that they may carry out their functions as soon as they have members appointed. As Forums are set up they will be able to develop their work plans based on local priorities. The CPPIH will ensure that appropriate training and induction arrangements are in place as soon as possible to enable Forums to carry out their work effectively from 1 December.

4. Conclusion and recommendation

We urge the Government, in line with commitments made in Parliament, to extend CHCs period of operation until July 2004, by which time Patient and Public Involvement Forums will have had sufficient time to develop their own systems and will be operating at full capacity.

Response

By the time CHCs are abolished we will have operated the old and most of the new system of patient and public involvement in tandem for nearly a year. The CPPIH is on track to have all Patient and Public Involvement Forums working effectively by 1 December 2003. The CPPIH is working with CHCs to consider the best ways to transfer the valuable local knowledge from CHCs to Forums to help them build local capacity. CHCs have for some time now been working with PALS and overview and scrutiny committees, sharing experiences and local knowledge to enable those organisations to pick up their new powers and responsibilities. Each CHC is working to an agreed exit strategy, based on agreed principles and supported by central guidance.

Most of what will replace CHCs is already in place. PALS exist in almost all trusts. Overview and Scrutiny Committees have had the power to scrutinise health services since January 2003. There has been a new duty placed on the NHS to involve and consult the public since January 2003. The CPPIH has been operating since January 2003. It has in place information systems to assist patients and the public get in touch with their local PPI arrangements. Local network providers (administrative support for forums) are now in place across the country. Independent Complaints Advocacy Services have been up and running since 1st September 2003, having been piloted since September 2002.

We do not support the recommendation of a further delay to the abolition of CHCs – they will be abolished on 1 December. We believe such a move would compound the problems covered in paragraph 27 of the Health Committee's report – it would place remaining staff under great strain, give rise to widespread logistical problems, and cause confusion amongst patients and the public.

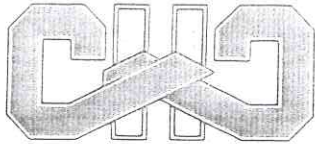
5. Conclusion and recommendation

We were told by the then Secretary of State that the new arrangements proposed for Foundation Trusts represented a far better form of public involvement than Patient and Public Involvement Forums, a conclusion we were not able to accept in our report on Foundation Trusts. While we explored this issue at great length in our inquiry on Foundation Trusts, we feel it is necessary again to register our amazement that throughout the arduous and comprehensive discussions that preceded the introduction of the new system for patient and public involvement, the Government's plans for a second, more radical overhaul of patient involvement, through the establishment of foundation Trusts with elected Boards of Governors, were never brought to light. Had the connections between these two divergent and conflicting policies on patient and public involvement been drawn out before the new system began to be implemented, the issue of how the Board of Governors and Patient and Public Involvement Forums might relate to each other and work together could have been very profitably explored, and perhaps a coherent policy involving the best elements of both could have been developed. As it is we are left with the impression that some policy within the Department of Health is formulated in total isolation from other policy, leading to the ridiculous situation the NHS and its patients are now faced with introduction of two parallel but entirely different systems of patient and public involvement within the NHS within one year.

Response

Government policy on patient and public involvement is absolutely consistent. We are quite clear that there must be greater opportunities for patients and the public to have more and more influence over their health services. There is not a "one size fits all" approach to patient and public involvement. There should be choice and flexibility. NHS Foundation Trusts will adopt a specific approach to patient and public involvement, one which allows whole communities to own and influence services, enabling real accountability to service users and their families and carers.

Patient and Public Involvement Forums are another example of how patients and the public can exert real influence over their health services. There are other mechanisms too. The NHS will be reviewed and scrutinised by locally elected councillors representing the interests of local people and through the new duty on the NHS to involve and consult, far more members of the public will have a real say in how their local services are developed.



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Meeting with Ms Rosie Winterton, MP –Minister of Health
September 10th at 3pm 2003

DH: Meredith Vivian, Anna McDevitt, Alastair Finney (Private Secretary to Rosie Winterton)

ACHCEW: Alan Hartley - Chair of ACHCEW - Sally Brearley - Vice Chair,
Donald Roy - Vice Chair, Malcolm Alexander- Director
Apologies: Graham Girvan - Treasurer

Introduction

We congratulated the Department on the Patients' Forum regulations and acknowledged how pleased we were that many of our comments were taken on board. We began the meeting with Rosie Winterton by acknowledging that the gap between closure of CHCs and the establishment of Patients' Forums had been formally closed. We then drew attention to the very serious problems that existed for patients and the public during the long period when CHCs were no longer fully operational and Patients' Forums were not yet functional. We expressed our concern that during this period patients and the public would be badly served so far as monitoring of the NHS and complaints services were concerned. We expressed our desire for the new system to be as robust as possible in the shortest possible time and for there to be:

- ◆ Effective PALS services in every Trust in England
- ◆ Accurate information about the development and progress of the OSCs
- ◆ Assurances that the ICAS services are fully functional across England

That PPI arrangements are developed in Foundation Trusts to ensure that Patients' Forums have a key role in the PPI system.

1) DH Response to the Select Committee Report on Patient and Public Involvement (HC697)

We expressed our support for the findings in the Report and the hope that the recommendations would be implemented. We acknowledged that there was neither the capacity nor will amongst CHCs to continue to July 2004 as recommended by the Report. We urged the Minister to publish the DH response the Select Committed report as soon as possible. She replied that the response was being finalised and would be available shortly. The Minister was able to confirm that the abolition date would not be changed.

2) Development and monitoring process for PALS following publication of ACHCEW document 'A Friend in Deed' and the Health Select Committee on PPI.

We expressed our concern that the ACHCEW report 'A Friend in Deed' had shown considerable variation in the quality of PALS services across the country. We asked the

Minister to ensure that there were consistent standards across the country and for the performance management process to be taken over by CHAI.

The Minister responded that there would be national core standards (set by the National Development Group) for the performance management of PALS services and that it is one of the functions of the Patients' Forums to monitor PALS services (as they would monitor any other service within their purview). She said that Patients' Forum would be encouraged to use the national standards set by the DH. The Minister rejected our proposals for CHAI to have a role in the performance management of PALS.

3) The transition between CHCs, Patients' Forums and ICAS, including the process and monitoring of the ICAS system and monitoring the gap between CHCs and the new system.

We asked the Minister to clarify the role of the CPPIH in the monitoring and management of the ICAS service and secondly to describe how the service would be advertised. We presented the Minister with our own preliminary findings from an ICAS survey carried out on September 8th, which showed that out of eleven services called, only three were able to offer an independent advocate for a complaints meeting with a doctor without requesting further information. Seven of the eleven calls got an eight or nine confidence rating out of ten. We offered to continue monitoring the development of the ICAS service. We presented the Minister with a letter (*attached*) which outlined many of our concerns about the ICAS service and the transitional arrangements.

The Minister replied that the contract would be managed and monitored by the CPPIH until Patients' Forums assume responsibility for the establishment of local ICAS. She said that PALS should have a major role in letting the public know about the new ICAS services and added that the PALS services should advertise more effectively their link with complaints services. The Minister said that there would be a publicity campaign with information about where people should go to for support to make complaints and about PALS and Patients' Forums in November 2003. She said that in addition information about ICAS would be cascaded through GP surgeries and a range of other bodies, which the public interfaces with. She agreed that the bottom line should be the ability of ICAS to provide advocates, effective monitoring and good advertising of the service.

We informed the Minister that we are in the process of compiling a register of complaints workers and advocates to help ensure that the skills of this group of CHC workers would remain available to the new ICAS system as it developed.

4) Public involvement in Foundation Trusts

We advised the Minister of our great concern about the fate of Patients' Forums should the Government's current policy of not requiring PFs to be established for Foundation Trusts be continued. We said that the public would be confused about the role of Patients' Forums if they ran alongside the membership arrangements for Foundation Trusts. We added that the community development role of PFs would be lost leaving Foundation Trusts disconnected from their communities. We proposed that Foundation Trusts should have PFs in the same way as all other Trusts.

The Minister said that Patients' Forums would be set up for NHS trusts applying for Foundation status, but when the Foundation Trusts were established the statutory PF would cease to exist. She said they could remain but they would not be statutory Patients' Forums and therefore would not have any legal powers. The Patients' Forum Regulations will be revised to include for example inspection powers in relation to NHS Foundation Trusts and in relation to requiring these Trusts to respond to issues raised by the PCT PF. The Minister said that requiring Forums to be established for PFs in Foundation Trusts would add an extra unnecessary layer to the public involvement arrangements. The Minister said that one of the responsibilities of PCT Patients' Forums was to encourage and support community involvement and that was another of the reasons why it made sense for them to work with NHS Foundations Trusts.

5) Foundation Hospitals: Consultation with CHCs in the transition from NHS Trusts into Foundation Trusts and the transfer of assets (NHS and Community Care Act (1990) and NHS Trust Regulations (1996)).

We copied a letter sent to John Reid (on 22/8/03) to the Minister in which ACHCEW had argued that in line with the NHS and Community Care Act 1990 and the NHS Trust Regulations 1996, that formal consultation with the relevant CHC and staff was required prior to the transfer of property, rights and liabilities from NHS Trust to a Foundation Trust. We said that the consultations currently being initiated by the NHS Trusts that were planning to become first wave Foundation Trusts, were mostly about governance arrangements and appeared to exclude formal consultation with CHCs about the transfer of property, rights and liabilities.

The Minister said that a response to our letter of 22/8/03 (to Mr Reid) would be sent shortly and we were given a copy of the advice to NHS trusts on the Consultation arrangements. She added that the intention of the current Consultation was to consult with stakeholders and get public support for the transition to Foundation Trust status.

6) Public involvement in LIFT and PFI

We expressed concern about the uneven picture of PI in LIFT and PFI schemes. We drew attention to the importance of the duty on the NHS to involve and consult the public as a way of stimulating public involvement in capital projects and the importance of OSCs being involved in these developments. We gave examples of good practice in the area of PPI in LIFT and asked the Minister for guidance to be published by the DH about good practice for those involved in consultations around PFI and LIFT schemes

The Minister made it clear that she fully supported PFI funding for capital projects and agreed that the requirement of S11 would place a duty on those developing PFI and LIFT projects to consult locally. The Minister agreed that guidance on PFI in LIFT and PFI would be useful and acknowledged the problems faced by the public when they got involved in PFI and LIFT and were expected to be bound by commercial confidentiality. She expressed herself in favour of the public being involved in decision making over new regeneration schemes.

End

AH-OK
SB- OK
DR- OK

MV
AMCD
GG