

INTERIM REPORT OF THE TRANSITION ADVISORY BOARD

This is the response from Rob Thompson, Head of Patient and Public Involvement, Department of Health to Paul Streets, Chair of the Transition Advisory Board, 2 October 2002

1. Thank you for the interim report of the Transition Advisory Board (TAB), which outlines preliminary conclusions and contains your advice on implementing the new structures.
2. In the majority of cases, we are either already taking forward or planning to implement what is in the report – with the exception when it is a matter for the CPPIH to decide whether it takes up the TAB's advice.
3. There are one or two points where things have moved on. For example, in the future work section, we have already consulted with you on the Commissioner and CE job/person specification and the change management group concept.
4. I understand that Sarah Mullally (Chief Nursing Officer) has replied and that David Lammy (Under Secretary of State for Health) was, on the whole, content with the report. However, I thought it useful to provide some concise feedback, which is provided below.

Key recommendations

5. The report focuses on four key areas:
 - The Commission for Patient and Public Involvement in Health;
 - Patients' Forums;
 - Independent Complaints Advocacy;
 - The transition.

Commission for Patient and Public Involvement in Health

Preliminary recommendations for the TAB

- 1) The Commission should be an example to the NHS in the transparent and inclusive way it works, in particular with people involved at local level and from disadvantaged groups.
- 2) As a national body, mainly working at local level there will need to be arrangements to enable members of patients' forums, voluntary organisations, and others to communicate with the Commissioners at national level. There may need to be arrangements, based on the nine regional government offices or the four NHS Directorates of Health and Social Care, to bring forum members together regularly in order to:
 - i) Share experiences and good practice, and possibly training
 - ii) Advise CPPIH on how it is performing its own functions and report on patients' experiences of services
 - iii) Contribute to decision-making in public health strategies, managed clinical networks, specialised commissioning and regional scrutiny.
- 3) Selection and appointment of members and performance management of patients' forums as well as some human resource functions will need to be carried out by staff who are accountable to CPPIH centrally. There may need to be an intermediate level, linking staff working centrally and those with PCT forums.

- 4) The Commission will be a significant national player and at an early stage should consult stakeholders on how it will liaise with them. One option would be an advisory council, reference group or college for consultation.
- 5) Commissioners need to have the skills to contribute to the strategy of the Commission but also be credible with people working at local level. Innovative ways of selecting Commissioners should be considered for the second term, including the election of a proportion of Commissioners. Individuals could be screened before election to ensure that they had the necessary skills and experience to contribute to the Commission.
- 6) It will be important that people who would not normally be appointed to national bodies have the opportunity to develop the skills to become Commissioners in the future. Training programmes may need to be developed to assist applicants to gain the relevant skills.

The Department of Health's response

6. Generally we agree with the advice given – with the exception when it is a matter for the CPPIH to decide whether it takes up the TAB's advice. In addition, we would want to discuss decisions regarding the CPPIH and Patients' Forums with Sharon Grant before taking TAB's advice.

7. Specific comments are as follows:

Point 1 – we agree with the TAB's advice.

Point 2, 4, 5, 6 – although it is for the CPPIH to decide what it wants to do in this instance, I am sure that it will take due consideration of the TAB's advice.

Point 3 – we are recommending to the CPPIH that it should consider having area co-ordinators and performance managers in each StHA area to ensure the inter-StHA link-up, feed Patients' Forums views upwards to the CPPIH, undertake/oversee local recruitment and performance manage local work. We are working with Sharon Grant on the implementation of these proposals.

In addition for Point 5 – we will put any reasonable proposals for amendments to the CPPIH regulations out to public consultation. Should the response be supportive, we will amend the regulations accordingly to facilitate the effective working of the CPPIH.

In addition for Point 6 – this tallies with the Government view that active citizenship should be developed and encouraged to ensure a broader and more wide-ranging voice for the public.

Recommendations set out in pages 7-14 are either largely for the CPPIH to decide what to do or we broadly agree to the issue in question.

Patients' Forums

Preliminary Recommendations of the TAB

- 1) The name, PCT patients' forum, does not reflect the role it will have or its independence. A different national 'branding' should be considered.
- 2) Patients' forums need to be involved with advising trusts on their arrangements for providing information and advice rather than providing this themselves.
- 3) The number of members for patients' forums might be determined locally based on national guidelines and in agreement with CPPIH, but may be expected to be between 9 and 15. Patients' forums will need to have a majority of users and carers of that service as members.

- 4) PCT patients' forums may need additional members as membership will include people nominated by forums in NHS trusts in each locality.
- 5) PCT forums have an additional and separate remit to monitor primary care and PCT commissioning. They will need to consider separating arrangements for:
 - a) Strategic decisions about the work programme and the deployment of CPPIH staff between trust forums that must involve all PCT forum members
 - b) Monitoring primary care and the PCT that involves members who are not nominated by trust forums.
- 6) There are some concerns about the election of a non-executive Director to the trust Board from the patients' forums. In the first instance. Regulations should require that each forum can elect a member to have observer status with speaking rights on the Board. Once patients' forums are established locally, the Commission should consider the best ways of enabling patients' forum members to take part in decisions of the trust.
- 7) Forums need to develop new ways of working to enable people who find committees and formal structures off-putting, though they will need to work in a transparent way, record actions and decisions and provide access to the public to reports and papers.
- 8) Forums should work with other community development agencies responsible for area-based or other initiatives who are working with different communities to raise their awareness and interest in health, rather than setting up their own arrangements.
- 9) The CPPIH should consider inclusive ways of selecting forum members in future, including elections.
- 10) Regulations will need to recommend what expenses can be claimed by patients' forum members (and others co-opted or working with members on forum business). These should include:
 - Payment of travelling expenses
 - Dependant care allowances (including child care)
- 11) Recognition for volunteer work is important and incentives will be needed in order to involve people from disadvantaged communities.
 - It is essential that voluntary work does not affect benefits that people receive
 - Granting members statutory time off from employment to carry out voluntary work should be considered.
 - Training for members to help develop skills that may be transferable.
- 12) It will be essential that PCT forums work closely together, where appropriate sharing facilities and exercising functions jointly. PCT forums need to decide the best ways of working together within an OSC or strategic health authority area, to deliver their functions in consultation with all local stakeholders
- 13) Staff may need to work with a number of PCT forums to enable specialisation and co-ordination across forums. The level at which the office is based will depend on local circumstances.
- 14) PCT patients' forums will need, in conjunction with CPPIH nationally and regionally, to develop explicit working arrangements with staff. These should be monitored by the Commission centrally to ensure accountability to each forum is delivered.

The Department of Health's response

8. We will continue to work with the TAB at how Patients' Forums will operate, in particular encouraging people who are not part of traditional networks or from hard to reach groups to become involved.
9. Specific comments on preliminary recommendations:

Point 1 - research is currently underway to collect views on possible renaming of Patients' Forums. There will be a national title easily recognisable across the country.

Point 2 - provision of information to patients and public will be a joint responsibility of Trusts/PCTs and Patients' Forums. The Patients' Forum role being to reinforce NHS information not to be the soul source.

Point 3 - Membership will be between 12 – 20, but it will be for the CPPIH to decide.

Point 4 - PCT Forums will include members of local Trust Forums. We would also expect all Patients' Forums to work with existing local patient and user groups.

Point 5 (b) - not necessarily, particularly if it is to monitor a jointly provided service.

Point 6 - the NED role is being thoroughly worked through in conjunction with CPPIH Chair.

Point 7, 8, 9, 11, 12, 13 – Agreed.

Point 9 - CPPIH to decide – taking advice from the NHS Appointments Commission.

Point 10 - we are considering how to recognise the work of Patients' Forum members and we are exploring the suggestions made by the TAB.

Point 14 - CPPIH to decide

Independent complaints advocacy

Preliminary recommendations of the TAB

- 1) Consideration might be given to changing the name to reflect that the service will provide independent support for NHS complaints rather than an advocacy service.
- 2) ICAS needs to be clearly seen as separate from the other activities of the PCT patients' forums and resources should be protected
- 3) ICAS needs to be accessible and widely publicised nationally and locally, using a national logo. A website providing interactive information and a national phone number might be provided as a first point of contact for complainants and phone calls routed to the local ICAS.
- 4) The standards provided by the Community Legal Service should be used as the framework for ICAS.
- 5) The decision about how ICAS is organised in each area should be made by PCT forums in consultation with other local stakeholders to meet the needs of that locality. The decision at which level to provide the service will need to take account of the following:
 - The needs of the local area and its communities
 - The volume of complaints is sufficient to enable staff to develop the necessary expertise, provide relevant cover for sickness and develop specialist representation
 - The service is sufficiently distanced from NHS and Primary Care Trusts that clients will see it as independent.
 - Any likely future reconfiguration of PCT boundaries or mergers
- 6) ICAS needs to support the development of specialist independent advocacy services and, where appropriate, commission services to supplement the generic ICAS.
- 7) Where PCT forums decide to commission ICAS, a business case should be submitted to the CPPIH to enable it to allocate the resources and hold the contract.
- 8) There needs to be a robust and independent evaluation of ICAS pathfinders funded 2002-2003.
- 9) An audit of the skills and competencies required from staff to deliver different levels of advice and representation should be undertaken by the Department of Health and training should be developed to assist the development of ICAS.

The Department of Health's response

10. The TAB sub-group on Independent Complaints Advocacy (ICAS) has been highly

constructive. The outline framework, which the current pilots are working on, is based on the TAB recommendations.

11. It is our intention to continue to work with the TAB sub-group on ICAS, either as TAB or as representatives of key organisations, for example, ACHCEW, NACAB and AVMA. They will inform our development of a national performance management framework and recommendations to CPPIH on occupational audit and training for ICAS.

12. Specific comments are as follows:

Point 59 – we cannot prevent PALS from obtaining the CLS quality mark – the distinction for patients will be in the branding of NHS and CPPIH services.

Point 67 – it is unlikely that any PCT Patients' Forum will have more than one ICAS worker each. It seems sensible for them to network across a StHA area to provide holiday/sick leave cover plus peer support. The idea of a central pot held by CPPIH for resources to assist more complex caseloads is very attractive. This would prevent over/underspend in local PCT Patients' Forums on ICAS casework, which may be difficult to predict.

Point 71 – the IT framework will be determined by that of CPPIH rather than developing something separate for ICAS which will then have to bolted on.

The transition

Preliminary recommendations of the TAB

- 1) Regulations governing patients' forums should be flexible to allow people to build on existing developments, local variations and learning within a national framework to ensure consistency.
- 2) In each area local stakeholders, including CHCs, trusts, strategic health authorities, local authorities, OSCs, local strategic partnerships and councils for voluntary service should meet to identify:
 - The functions that PCT patients' forums may wish to perform jointly and in which geographic areas
 - How forums can be co-ordinated,
 - The most appropriate local base for staff teams that will support all patients' forums
 - A lead agency to facilitate the transition
- 3) While all stakeholders need to be involved in preparation, there needs to be a lead agency to facilitate the transition. While it is not appropriate that the implementation is seen to be lead by the NHS, strategic health authorities may be in the best position to facilitate these discussions and report to the CPPIH.
- 4) The new arrangements might be phased by prioritising the most important parts of their role. Initially PCT forums might be set up, followed by forums in trusts. The PCT forum once established might then take over the duties of CHCs.
- 5) There are concerns about the continued uncertainty for CHC staff and members. A realistic date for the hand over from CHCs should be set to enable timetables for implementation to be drawn up.
- 6) Further work is urgently needed nationally to identify the skills needed at a local level and to develop, in advance, the training required:
 - to allow CHC staff who transfer or are recruited to these functions to fulfil them effectively
 - For CHC members and others who may wish to offer their services to the new system.
- 7) It will be important to use the skills and experience of ACHCEW and the regional associations in helping with the transition and ensure that the experience, skills and resources within ACHCEW and the regional associations are available to the Commission.

The Department of Health's response

13. Moving to the new arrangements is contingent on decisions made about CHC staff. We are working through the most effective solution to transition arrangements and will continue to work on this sensitive area in an inclusive way.