

# **The Transition Advisory Board**

## **Themes arising from the first meeting of the reference group 24 July 2002**

A meeting of about 70 people met in London on 24 July to discuss the new arrangements for patient and public involvement. The TAB presented its preliminary conclusions and asked for feedback on these and other areas.

David Lammy, Parliamentary Under Secretary for Health spoke of this commitment to making the new arrangements work inclusively. The challenge was to ensure that people particularly from hard to reach groups and disadvantaged communities who are not normally involved become engaged.

### **The Commission for Patient and Public Involvement in Health**

1. There was agreement that the Commission should:
  - Be an example to the NHS on transparent and inclusive ways of working, including in the selection of Commissioners.
  - Have Commissioners appointed for their skills,
  - Ensure that there is a balance of skills and experience covering regions and interests among Commissioners
  - Include Commissioners who have come from and have contact with hard to reach groups.

#### *Links between national and local level*

2. There was agreement that there needed to be robust arrangements linking the Commission at national level with those working in patient and public involvement locally. This meant that there would need to be some regional arrangements for staff and members of patients' forums. However, there were concerns that any regional arrangements should not become too bureaucratic and be a barrier between CPPIH at national level and patients' forums at local level.
3. Some people felt that the intermediate arrangements should be based on strategic health authorities, while others supported the regional government areas. There was no support for the structures to be based on NHS Health & Social Care boundaries.
4. It would make sense if CPPIH staff and management arrangements were based at the same level as the arrangements for lay involvement. This would ensure that CPPIH staff were accountable to lay members. .
5. Proposed arrangements would need to be further considered when the resources and staffing arrangements for patients' forums were clearer.

#### *Links with 'stakeholders*



6. There was agreement that ways needed to be found to consult and involve other stakeholders. Some people supported the suggestion that CPPIH might consider setting up an open regular consultation arrangement or College for Consultation, involving all stakeholders, including patients and carers.

#### *Selection of Commissioners*

7. Some people supported the suggestions that a proportion of the Commissioners might be elected, but there were concerns that this might not lead to people with the right skills and experiences and elections might be 'captured' by political parties. Ways of ensuring that people with the right balance of skills and experience were appointed as commissioners would be important, whether or not a proportion of members were elected, or the NHS Appointments Commission appointed all of them.
8. Many people supported the suggestion that anyone meeting the criteria might be eligible to become a Commissioner. However, the balance was important so that they did not swamp the 'lay' commissioners. The commitment of the person was more important than a judgment or assessment that they were 'lay' or 'professional'.
9. Whatever methods are used there was agreement that there needed to be geographical representation across England and that Commissioners need to include people who are not part of traditional networks. Skills and potential, rather than only track record and experience, should also be considered as criteria. There was support for assessment centres for pre screening so that people involved at local level might develop the skills to become Commissioners in future.

#### **Patients forums**

##### *How forums can work*

10. There was agreement that there needed to be a balance between ensuring forums were consistent and met core standards while also encouraging innovation and flexibility, in particular in response to local needs. Patients' forum should link to a set of core standards, but guidelines should not be too prescriptive.
11. We need to embed community development approaches into the whole way of working of Patient Forums and the rest of the new structures. Forums need to be outward looking, working with local patient and carer groups. This will require administrative support and capacity building with member to prepare them for their role and help them to assess how the forum is achieving its objectives and identify new approaches to try.
12. Many structures currently exist – we need to tap into these. We must be careful not to duplicate or replicate existing structures. There is a wealth of experience and expertise on the ground that the forums can bring together.
13. To connect with the most disadvantaged groups it is essential to address the benefits barriers. It is essential that time as a volunteer does not



jeopardize benefits that people receive and that any payments in cash or kind are organized so as not to penalize those people who receive state benefits. This is being taken up by the Department of Health with the Department of Work and Pensions, and needs to be resolved urgently.

14. It is important to value people's time and it will be important to offer a range of things to get people involved – skills development and non-material recognition for their contribution (eg. Via GNVQs). Technical support was also suggested – giving forum members access to computers or a lap top to take home. Many people feel that financial allowances will be vital to encourage socially disadvantaged people.

#### *Staffing*

15. Much of what forums will be able to achieve will depend on resources. Staffing levels must be sufficient to enable forums to work inclusively
16. There needs to be clear lines of accountability for staff that are satisfactory both to patients' forums and CPPIH. There is a need to avoid returning to unaccountable local VOICE in earlier proposals.

#### *Election of non-executive directors*

17. Many questioned whether the election of a non-executive director (NED) by patients' forums was the best way to bring about change. Some existing NEDS also argued that they were already promoting patient interests. There was concern about how this would work in practice. Forums were not decision-making bodies and many felt that an observer from the Forum with full speaking rights would provide the same benefits without the divided loyalty involved in being an NED and a patients forum member.
18. Many areas would need to be clarified before the policy was implemented included:
  - Maintaining accountability to the forum, should the forum be able to deselect 'their' NED
  - Should the elected NED resign from the forum on election to avoid conflicts and would such an arrangement break the link between the forum and the NED, thereby undermining the whole purpose of patient representation on the Trust Board.
  - Could forums have an observer with speaking rights as well as the opportunity to elect a NED
  - The issue of loss of benefits and remuneration
  - How conflicts of interest would be avoided
  - Status of forum members on PCT Executive Committees

### **New Name for PCT patients' forums**

Participants were asked to 'vote' for the new name for that they preferred.

(Place) Health Watch (27)

(Place) Health Action (10)

Citizens Health Forum (6)

NHS Partnership (6)

Community Health Fourm (5)

Health Voice (2)

(Place) Patients (2)

### **Independent complaints advocacy**

19. Some concerns were expressed that

- ICAS might be seen as a substitute for commissioning advocacy for people with mental health problems and other specialist advocacy. It is essential to make it clear that ICAS was not replacing but complementing specialist advocacy.
- Messages from complaints need to be fed into clinical quality and clinical governance.

### **New Name for ICAS**

Suggestions included:

Independent NHS Advice

Hope – Health Options for Patient Empowerment

NHS Complaints Service

Independent Complaints Advocacy and Support for Patients

Independent complaints support service

Independent Health Complaints Support for Patients

Health Services Complaints Bureau

Independent Complaints Support Service

RESOLVE Independent Complaints Service

### **Transition to the new arrangements**

20. There was a strong feeling about the need to move forward. Uncertainty about the new arrangements for CHC staff and members was leading to problems in maintaining CHC services in many areas.



21. A national launch and publicity would be helpful to raise the profile of forums, but if this is too early it could raise expectation where arrangements are not in place or unable to cope with the demand.
22. The advantages and disadvantages of a single start and end date were explored. It is important to achieve consistency and give credibility to the new system.
- An abolition date for CHCs that is realistic needs to be set as soon as possible. It may need to take into account whether the local overview and scrutiny committee is monitoring local health services.
  - The situation for staff need to be addressed urgently to avoid staff leaving and valuable expertise being lost and areas left without any services.
  - There should be a national not regional approach to implementation.
  - There should be a single start date with phasing, starting with setting up PCT patients forums and then moving on to setting up other forums.