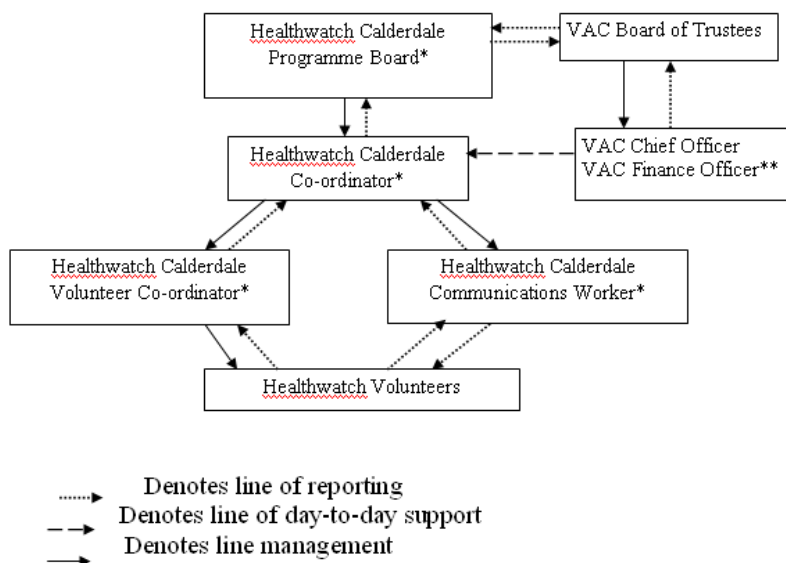


Comments on the current crisis in Calderdale Healthwatch - Dr Chris Day

The Calderdale Healthwatch Programme Board (CHWPB) line management structure, authorised by the Health and Wellbeing Board, requires Soo Nevison and the VAC Office to take direction from the CHWPB.

This paper aims to initiate a discussion that will lead the Calderdale HWPB to successfully establish its proper line management role in relation to Soo Nevison and the VAC Office, and make sure that it operates in a transparent and properly accountable manner, in conformity with the Nolan principles of standards in public life.



The paper is prompted by many instances when Soo Nevison and the VAC office have overridden HPB decisions and directives. This is directly contrary to the requirement that:

“Local authorities are required to ensure that their local Healthwatch is run in an open and transparent manner and also that it is representative of its area. It must also be accountable in a number of ways and to different constituencies.”

And:

“An overarching consideration for all forms of governance is that the local authority must include in their contract requirements to ensure that LHW acts in an open and transparent manner and is representative of its area.”

(Local Government Association, Establishing Local Healthwatch - Governance)

The paper proposes that the root of the problem lies in VAC's inappropriate methods of recruiting Calderdale Healthwatch Programme Board members. These methods are described below.

The paper identifies that VAC's inappropriate recruitment of HPB members has led to the situation where many CHPB members experience conflicts of interest that are not dealt with in line with the requirement that the Board should operate in line with the Nolan principles of standards in public life. The paper provides evidence that illustrates all these claims.

Soo Nevison has unilaterally decided that the next Health Watch board business meeting will be held in private. This is an emergency decision that would need to have been made by the board itself and is in clear opposition to our policy that all meetings will be held in public.

The health watch board was set up to be a democratic and independent body looking after the interests of, and accountable to the council and to the Calderdale public. The line management structure for health watch has been summarised by the Health and Wellbeing Board in this diagram. HWPB are supposed to be responsible for line management of the office coordinator (Sue Nevison) who then should ensure the office workers follow the instructions of the board.

We have arrived at a position where the vac office have effectively taken over our functions and are making statements and recommendations that we are not even being informed about, let alone being in any position to manage and control them.

In practice the decisions of the board are routinely ignored and Soo has imposed her office as a substitute for us.

For example she has written to the HWB saying that: 'We are currently conducting Research with the help of a volunteer, looking at complaints in social care.'

A research worker on social care (not specifically on complaints) was originally to be working with a board member who has resigned. We have not been given any information about this worker or the work now being undertaken, unsupervised by us, in our name.

This is not what health watch is intended to be.

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The diagram above shows how the health and wellbeing board envisaged that Calderdale Healthwatch would be structured. It shows the lines of management that have simply been taken over in a completely illegitimate way by the VAC board :

I have conducted some research to clearly describe how I believe this has happened and to outline a way forward in which members of the public together with the few Health Watch Board members who are not part of the VAC network, and have not left or opted out could attempt to regain control of our legitimate functions.

VAC office's Selective recruitment of Healthwatch Programme Board members leads to conflicts of interest

The major problem is a conflict of interest that has been built into the structure of the board during the initial recruitment by the vac office. This has resulted in a permanent majority of professional charity and private healthcare workers from their own tightly knit network.

This is what has been happening so far: While many local people like myself attended the many engagement events that were to precede a fair and democratic election to the HWPB, some seem to have found a different route.

First example of conflict of interest

For example, Alan Sherwood runs a Social Care company, is a Board Member of the Forum 50+ and a Board member of Parkinson's UK . He has long standing personal and professional links with the vac office. He tells me he was recruited directly by vac without attending any of these preliminaries. His company interests are clearly affected by the health care management network that both he and Soo are centrally involved in.

Alan has vociferously criticized the first task and finish group we set up – on the Francis report. His determined opposition meant we had to drop this group.

Second conflict of interest example

A second example of a Board member with a conflict of interest will provide more detail:

Sharon Brooks who works for Healthy Minds, a charity that operates from of the VAC offices, has also declared these conflicting interests. Her professional life is heavily influenced by the powerful VAC network.

The HPB delegated Sharon and I to find information for our second task and finish group on mental health problems. Sharon told me she had family responsibilities that meant she could do little and could only contribute by email.

For three weeks I went ahead alone and contacted a number of local groups. 'Mind' told me that they had no organisation in the area and referred me to local part time workers who in turn referred me to chair of 'Healthy Minds' as the only mental health group operating in this area. She was very helpful and gave me a comprehensive briefing based upon a bid to the CCG to provide a 'pilot' project that would establish a need for professional mental health services. I produced a detailed report drawing heavily on the research and circulated it to the board members.

Suddenly, emailing me about a meeting with Mrs Akhtar of VAC, Sharon wrote to say they did not wish us to proceed with this report as the information it contained did not arise directly from public contacts made by the VAC office. They would begin from scratch on a separate survey.

I have since discovered that the bid, which was later successful, was not in fact intended to make a case for properly funded services to be provided. <http://www.calderdaleccg.nhs.uk/news/nhs-calderdale-ccg-invests-2m-in-local-schemes-to-help-improve-health/>

It seems in fact intended as a stand-alone scheme to use an unpaid staff of volunteers rather than properly qualified workers. The idea that the bid could lead to a case being made to establish a need for these services could clearly be seen as unhelpful for the bid.

Sharon then used our private email contact network to advertise some posts arising from this contract. She sent myself and other board members emails: 'Healthy Minds is recruitingHealthy Minds Service Manager (Job Reference HMSM1) Salary:£29528 per annum Healthy Minds Project Worker (Job Reference HMPW1) Salary: £22443 pro rata'

When genuine members of the public raised the issue of the looming A&E crisis, and the board had agreed that I would begin a new task and finish exercise and write a report, Sharon was less enthusiastic.

She dismissed the question claiming it only arose from one person and wrote to members of the board the board: '....If I recall correctly is was agreed that

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Chris would send out a report which he wanted to write up so we could all read it if we so desired.’

When I completed the report on A&E I made it clear that the question had come from the chair of a substantial patient group and hoped all board members would read it carefully.

All mention of my report was deleted from the vac report to the health and wellbeing board.

VAC office ignores key CHWPB directives

The VAC office now ignores basic directives given by the Healthwatch Programme Board program board to work for a culture of commitment rather than a culture of compliance in the NHS.

For example, I circulated our first major report for the Health and Wellbeing Board, based on a draft from the VAC office. It was given general support but the VAC office secretly sent in a replacement report.

The report that VAC substituted for the Health Watch Programme Board report is also irresponsible in its unqualified recommendations that criticise the NHS, again in our name and without any consultation with us. It asks that there be a major overhaul of the process and management of NHS complaints, stating that ‘Clients wait for many months (often years if we include applying to the PHSO) before complaints are dealt with. This causes untold stress and anxiety for clients and irreparable damage to the reputation of the NHS.’

It talks of a significant number of complaints about the communication between medical staff and clients. ‘Clients emphasise the lack of information provided and the manner or tone in which any explanation is delivered. It is important that the NHS recognise the traumatic psychological effects that invasive medical procedures can produce. There appears to be a need for some NHS staff to update their skills in this area.....’

There are no positive comments and the attack on the NHS is then used to press for another bidding opportunity:

‘....Currently there is no advocacy support for Social Care complaints in Calderdale. Healthwatch Calderdale would recommend that provision is made available to offer help and support to service users when making complaints about Social Care.’

CHWPB set up a number of task and finish groups and provided specific directions for detailed reports that were to be prepared by the VAC workers, under the supervision of individual board members.

The surveys we asked for seem to have been moved on to the health watch Facebook page. One post asked:

19/12 'How many of you have problems getting GP appointments in Calderdale? Help us change that.'

The only comment from 'the public' asked: Why do you assume people have problems getting a GP appointment in Calderdale before you've got the survey results? If you already know there is a problem and you think you can solve it, why carry out a survey?

My own lack of conflicts of interest

My own experience of joining health watch has been quite different. I have no interests that conflict with the aims of the HPB, but after attending engagement events and applying to join the Board I was personally telephoned by Shamim Akhtar, the communications worker who was to be directly managed by the board, and told that I did not fit in with an age profile they were using to ensure the election of a representative health watch board and was not eligible to stand. I had to insist very strongly that this was illegal, and that I wished to stand for open election in order to get on the nomination list.

I don't know how many others received this treatment, but it seems unlikely many would have been so insistent. When I have passed on Soo Nevison's email address to a prospective volunteer after being directly contacted there has been no positive outcome.

I was eventually elected chair of the board by a strong majority with over half of the votes but have been constantly undermined. Emails are routinely not answered, one of them, for example, requested information for a meeting of the general medical council I was to attend in Manchester. I was consequently unable to attend. HPB clearly needs to sort out a communications protocol with the Board Officers. ie that they acknowledge receipt of our emails and tell us they are doing whatever it was we emailed about.



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[6 March 2014: UCV Plain Speaker has redacted the previous sentence at Dr Chris Day's request, because Dr Day realised that it lacked a basis in fact.]

Special meeting

Many of those who made it onto the board have dropped out before other board members were even able to meet them. We have ended up with a regular attendance of around six members, mostly linked heavily into the vac network.

The HPB agreed at its last meeting to convene a special private session to discuss how we could fulfil our role as independent and democratic representatives of the Calderdale public.

The board had also agreed to advertise for new members. Although there had been no answers for a considerable time, Mrs Akhtar suddenly wrote to me to ask for permission to include three prospective candidates into our special meeting. In view of my own experience of the vac method of recruiting the original board I was concerned that the board needed an opportunity to discuss how to ensure that new board members should be retained. In view of the position taken by the VAC office, I wrote to all board members:

‘The current board has convened this special meeting as an informal opportunity for the current board to meet and discuss sensitive issues that have arisen from our public meetings so far in a relaxed way. This is a specially convened private board meeting with a special and definite purpose. ... I am also aware that members of the board who work for charities and are in regular professional contact with vac workers may have worries about possible conflicts of interest that may arise when discussing the role of vac in supporting the Health watch program board.

In my opinion the suggestion from the VAC office is a matter board members would need to be given time to consider and to vote upon if necessary. I personally believe it would be completely inappropriate to invite other people to these private and possibly sensitive discussions that have arisen in our meetings.’

The vac office then informed me that they had now made the volunteers into 'nominees' (it did not say who nominated them and for what) who had now been put through a nomination process.

The board had simply agreed to advertise for new board members and was not notified of any proposals for a nomination or any other process that members may have needed to object to.

I wrote to the other board officers and to the agenda committee to suggest a way forward. I wrote:

'Shamim has emailed me to say that she has just found three potential members for the Programme Board.

I have suggested that they be invited to our next public meeting in January so that they could sit in as members of the public and get some idea of what the role involves. If there are no objections I will also put this item on the next agenda so that we can consider how the process of advertising for new members is going.

We would need to consider issues such as initial training, induction etc. and also if we wish to put a finish date on the whole recruitment process so that we could have an election dates (if that proves to be necessary).

I have had no objections to this and will proceed to include the agenda item.

While it is quite appropriate for vac to appoint their own board members in any way they see fit, I believe the Health watch program board has a responsibility to take the time it needs to make and achieve consensus, or if necessary vote upon decisions about the way we do so. There is no urgency for this..

.....We do not have a consensus on this and it is not possible to take a vote on this until our next formal meeting. I will ensure that there is an opportunity for other board members to express opinions in a vote at the next formal meeting.

.....I have assumed that now the board is fully established we would interview and make recommendations to the full board for further co options during this current term, but that will be for the full board to decide at a properly constituted meeting - and after sufficient time has been allowed for us to study the terms of reference.

(This process should have been sorted out when Calderdale Council was working out the governance arrangements for Calderdale Healthwatch. We would probably need to go back to Calderdale Council and ask them about the Calderdale Healthwatch governance arrangements).

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Prospective candidates for co-option will of course be briefed fully on all of the decisions that have been taken so far and will have an opportunity to observe a properly functioning and united board in only a month's time. ‘

I wrote specifically to the agenda setting group and to the officers of the board on this and since there were no questions or comments, assumed I had their support on this.

In the event the when I arrived at the meeting and asked why the prospective recruits were present without the authority of the HWP Alan Sherwood simply looked towards the VAC officers who were present and stated ‘we are the Health Watch Board’.

The opportunity to tackle the issues I have outlined above was thus successfully blocked.

This is a national as well as a local problem, where local charities are widely seen to be undermining existing services. For further reading on this problem I suggest an article by ANDY BENSON OF OUR NHS 20 December 2013 has asked (summarised below)

[HTTP://WWW.OPENDEMOCRACY.NET/OURNHS/ANDY-BENSON/
WHAT-ARE-CHARITIES-FOR](http://www.opendemocracy.net/ournhs/andy-benson/what-are-charities-for)

What are charities for?

‘....Faced with a real threat to their viability, many voluntary sector groups are now scrambling to be included as sub-contractors in private sector supply chains. Charitable activities become designed to maximise private company profits

The so-called ‘leadership’ bodies within the sector have been muted, compliant, or positively enthusiastic about the cuts Principal amongst these have been the National Council for Voluntary Sector Organisations, the Association of Chief Executives in Voluntary Organisations, the National Association for Voluntary and Community Action, and Locality.

The misery and disempowerment brought by the cuts is seen as regrettable or misguided but too often it is the voluntary sector's organisational interests, rather than that of their clients, whose needs are forefronted.‘

Dr Chris Day