ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

COMMUNITY HEALTH COUNCIL CORE ACTIVITIES

INTRODUCTION

Community Health Councils were established in October 1974, as a result of the National Health Service Reorganisation Act 1973. The nature of CHC work has changed significantly in the intervening 16 years. New responsibilities have been added, notably in respect of Family Practitioner Committees (now Family Health Services Authorities), and, as CHCs have become better known, they have taken on an increased workload in respect of individual members of the public who have problems with the NHS.

The National Health Service itself is now going through a period of rapid change. The National Health Service and Community Care Act received Royal Assent last July and most of its provisions take effect on 1 April 1991. It is now widely recognised that these changes will lead to the activities of CHCs becoming more complex and to their workload increasing even further. The emphasis of the Government's proposals is that services should be made more sensitive to the needs of patients and for this to be done effectively the experience of and input from CHCs will be vital. CHCs do after all have a unique role to play by virtue of their independent statutory status in representing service users. CHCs are also able to act as a pivotal point between the NHS and a broad alliance of community and voluntary interests.

As the Oxford Regional Health Authority points out in their paper "The Future Role of Community Health Councils within Oxford Region" :-

> "The principal of making the NHS more responsive to the needs of its consumers is central to the reforms embodied in "Promoting Better Health" and "Working for Patients". Consultation with potential users of the service should be integral to the management process. In its report "Developing Districts", the Department of Health points to the need for Districts to adopt a new role as "champion of the people", which will involve building reliable links with local people and community groups. In particular, Health Authorities are urged to learn more about how current services are used. It is in these areas that CHCs are well placed to make a valuable contribution to a Health Authority's understanding of its population's health care needs."

The purpose of this note is to re-examine CHC core activities, in the light of the changes in the National Health Service. It updates the work done by ACHCEW in 1988 which led to the preparation of an "Outline Scheme of Objectives for CHCs." It also draws on the work done by a number of Regional Health Authorities and Regional Associations of CHCs and that done within the Society of CHC staff. It is not intended to be prescriptive, but to provide a framework in which individual CHCs can assess their own objectives and determine their work programme, and which may be of use to Regional Associations of CHCs in their discussions on resources with Regional Health Authorities.

STATUTORY AIM AND GENERAL OBJECTIVES

The National Health Service Reorganisation Act 1973 defines the duty of Community Health Councils as being :

> **"To represent the interests in the health service of the public in its district."**

This is translated by the NHS Management Executive booklet "Consultation and Involving the Consumer" (December 1990) as :-

> **"CHCs are there to help the public and to advise their local NHS authorities."**

Wessex RHA and Yorkshire RHA have agreed with their CHCs a "Mission Statement/Overall Aims for CHCs". The statement below is derived from this :-

"1. The CHC is a Statutory Authority which represents the interest of the local public in the health services; and is the patients' voice in relation to those services.

2. The main purpose of the CHC is to influence the nature of health care provision and monitor its quality on behalf of the local population.

3. The CHC works by empowering users of health services and it acts as an advocate for those unable to represent themselves."

Individual CHCs may wish to consider this statement and decide whether it can be adopted as their CHC's general objectives statement.

CORE ACTIVITIES AND SPECIFIC OBJECTIVES

Once individual CHCs have agreed a mission statement or a statement of general objectives, this statement needs to be translated into a list of core activities and specific objectives for each CHC. This in turn then provides a framework for the CHC to develop its own work programme, prioritise its work and activities, and review its own progress.

A possible scheme of specific objectives and the core activities linked to them is set out below. This is intended to offer a framework which CHCs may wish to adapt to meet their particular needs and circumstances. Inevitably, many of the core activities will be applicable to a number of the objectives listed.

SPECIFIC OBJECTIVES	CORE ACTIVITIES
1. **To monitor the quality and take-up of and the level of satisfaction of service users and the public with local health and health-related services, and to report on this to the relevant authorities and service providers.**	- Visiting hospitals, clinics etc and following up reports from such visits with the relevant authorities. - Maintaining formal and informal contacts with DHA/FHSA staff, service providers, contractors etc.

- Conducting and commissioning research and surveys.
- Enabling and facilitating meetings of service users, and enabling and facilitating service users to put forward their views.
- Collaborating with voluntary organisations and other bodies.
- Considering and commenting on reports and information from service providers (eg performance indicators, reports on medical audit etc).
- Validating the work done by authorities and service providers on quality assurance.
- Commenting on the health authority's proposals on contracts in respect of the quality standards being set for the services purchased.
- Establishing liaison arrangements with GPs (including GP Fund-Holders).
- Considering issues raised by complaints/representations received from members of the public.

2. To recommend improvements in services, to comment on the assessments made by the relevant authorities of local needs, and to seek to influence the range, type and quality of service purchased by authorities for their resident populations.

- Conducting and commission research and surveys.
- Enabling and facilitating meetings of service users, and enabling and facilitating service users to put forward their views.
- Collaborating with voluntary organisations and other bodies.
- Considering issues raised by complaints/representations received from members of the public.
- Considering and commenting on the annual report from the Director of Public Health and on the health authority's assessment of local needs, with particular reference to areas of unmet need.
- Considering the health authority's general plans for and reviews of contract placement and specific contract proposals to meet particular areas of need.

	- Considering and commenting on the annual reports produced by DHA, FHSA, self-governing trusts etc.
3. To respond, where appropriate, to consultation and planning documents on health or health-related matters, in particular in respect of proposals for substantial development or variation in service, or closure/ change of use of a health service building.	- Being involved in planning process, including Joint Planning. - Organising public meetings and other forms of public consultation, where appropriate, on specific proposals. - Liaising with MPs and other public representatives. - Collaborating with voluntary organisations and other bodies.
4. To provide information and advice to the public on health and health-related issues, so as to enable members of the public to obtain the health care they need, and to act (where appropriate) as advocate for individuals who find it difficult to obtain access to the services they need.	- Maintaining a set of comprehensive information on local health and health-related services and on support groups, so that information and advice may be provided to individuals. - Making sure that the office is open and accessible to members of the public for a reasonable period each week, and that arrangements are made, where appropriate, to visit or facilitate contact with those who cannot come to the CHC office, but need information or advice. - Facilitating self-help and advocacy groups. - Providing support (where appropriate) to individuals.
5. To ensure, by consulting and reporting widely and maintaining good community links, that the public is notified of issues of local concern and is advised of the work of the CHC and its actions on the public's behalf.	- Publishing a CHC annual report and other reports from time to time and circulating these, as appropriate,to relevant service providers and the community at large. - Publishing booklets/leaflets on local services and the CHC. - Maintaining regular contacts with the press and media. - Giving talks to local organisations on local services and the CHC, and participating in organising local meetings and events.

- Maintaining regular contacts with a network of local organisations and groups.

6. **To promote better access to health and health-related services for black and minority ethnic groups, and other groups or individuals who may be disadvantaged in the delivery of services, and to seek to ensure that services are provided in a manner appropriate to their needs.**
   their needs.

- Collaborating with voluntary organisations and other bodies.
- Conducting and commissioning research and surveys.
- Enabling and facilitating meetings of service users.
- Considering and commenting on reports and information from service providers.
- Maintaining formal and informal contacts with DHA/FHSA staff, service providers, contractors etc.
- Commenting on the health authority's proposals on contracts in respect of access to, availability of and appropriateness of services.

7. **To assist people who have complaints about the health service or against health service practitioners or contractors, to pursue the issues raised by complaints and to monitor the operations of the complaints system locally.**

- Providing support (where appropriate) to individuals and acting as "Patients Friend".
- Providing information and advice on the operation of the various NHS complaints systems.
- Offering representation at hearings and assisting (where necessary) in the preparation by complainants of complaints.

8. **To assist in promoting good health in the locality, by encouraging the relevant authorities to give priority to their health education and health promotion roles.**

- Giving talks to local organisations on the promotion of good health and participating in/organising local meetings and events.
- Maintaining regular contacts with the press and media.
- Collaborating with voluntary organisations and other bodies.
- Commenting on the work of relevant authorities inside and outside the NHS, service providers and contractors in promoting good health with particular reference to primary care services.

9. **To take an informed part in debate and discussion on national and regional policies which affect the health of the local community.**

- Supporting regional cooperation between CHCs by participating in the meetings and activities of the Regional Association of CHCs.
- Supporting national cooperation between CHCs by participating in the ACHCEW Annual General Meeting and other ACHCEW activities.
- Making use of ACHCEW publications and information services.

WORK PROGRAMME AND WORK REVIEW

Once a year CHCs should consider their work programme. This should be related to the specific objectives they have agreed and the core activities they have identified. Thus, for example, the CHC might agree to make six visits over the next year to a particular facility to monitor its development and to talk to service users there. Similarly, a CHC might agree to campaign for evening child health sessions at a particular clinic or to produce material on its services in minority ethnic languages. Ideally, the work programme should be agreed by the whole CHC and it should take account of the resources available to the CHC. In particular, CHCs decide which work is to be undertaken by members and which by staff, recognising the constraints on both. As far as staff are concerned, work programmes need to be realistic and will guide any system of individual performance review that may be in force.

Any work programme should not be strait-jacket: sometimes events will occur that have not been predicted and will require CHC work to be done. However, a work programme does enable a CHC to set itself realistic targets and provide a framework for a CHC to assess its own performance.

CHCs should also review their work at least once a year to assess how well they are meeting the objectives they have set themselves and their progress against their work programme. Again the whole CHC should be involved in the process. It may also be appropriate to bring someone from another CHC into this process to help make sure that the CHC is being rigorous in its own assessment of its work and so that an "external" viewpoint can be brought to bear on the CHC's activities. Regional Associations of CHCs might organise a small panel of suitable "assessors" for this purpose.

Whilst Regional Health Authorities remain the establishing authority for CHCs in England, RHAs should be informed of the work programme agreed by a CHC and of the outcome of the review process. This may be important in explaining any case for additional resources. However, care will need to be taken to avoid a situation in which the RHA becomes involved in setting the CHC's objectives, as this is likely to interfere with the independence of CHCs.

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