

COMMUNITY HEALTH COUNCILS AND THE NEW NHS A JOINT BRIEFING PAPER

Since 1974 Community Health Councils (CHCs) have worked to represent the interests of the public in the NHS. With this broad remit individual CHCs have developed in widely varying ways in response to issues of local concern. Their achievements, contributions, and unique role have been valued by many within and outside the NHS. However the new NHS, with its massive cultural and organisational change, means that despite their achievements CHCs are in danger of becoming irrelevant. It is time for a fundamental reassessment of their role.

Following the publication of the NHS White Papers two pieces of work have addressed CHCs and the role they perform. These two studies have been conducted independently of each other. One is by Chris Dabbs, of the School for Social Entrepreneurs, the other by Mick Rolfe, Denise Holden and Howard Lawes, CHC Chief Officers from the South and West Region.

The methodologies of the two studies were quite different. Dabbs sought views from CHCs and others across England and Wales, sought information from outside the NHS and abroad, and conducted a literature review. Rolfe et al's work was based on issues arising from the successful implementation of the Performance Evaluation Framework for CHCs, developed in the South and West, the outcomes of which were then analysed in relation to the new NHS.

Despite the different approaches the starting points were the same. Neither assumed that CHCs should either continue or be abolished. Instead they focused on what roles were required in the new NHS in relation to the representation of the public interest and the involvement of lay perspectives. Underpinning this was the obvious need for effectiveness and accountability in addressing these issues.

Both pieces of work are about to be published and interestingly, despite the fact that they have been carried out separately and researched very differently, they have reached consistent and complementary conclusions. Both argue that minor adjustments or fine tuning to the existing CHC model is not an acceptable option. This would guarantee that CHCs would become more irrelevant, with inevitable consequence. More radical change is required to develop new dynamic organisations.

These organisations will have clear specific roles and different types of relationships with NHS organisations and other stakeholders. They can be developed from the existing CHC model, although major change is required to make them successful. This will involve a wholesale review of the most appropriate configuration, membership and staffing for the new organisations.

The authors of both studies believe that such change will result in the establishment of local statutory organisations that will

- be locally based but driven by national standards, within a national policy framework, and with a clear purpose and role.
- be able to develop partnerships and joint working with key organisations.
- exist within the NHS while having independence from local NHS organisations.
- have statutory powers and duties.
- be led by a lay board significantly smaller in size than current CHC membership.
- be professional and effective.

In laying out the detail of how these new organisations will function and be organised differences in approach between the pieces of work emerge. Dabbs offers four possible options:

- i) "health and social services councils"
- ii) "citizen involvement councils"
- iii) "public health councils"
- iv) "health improvement councils"

He highlights that it might be possible to integrate two of these options in one organisation but argues that trying to integrate more than two would produce inefficiency and ineffectiveness.

Role et al's approach has been to outline one model based on the current statutory functions of CHCs. This would incorporate a lay board responsible for representing the public interest, with a professional staff team strengthened by secondments from local organisations carrying out public involvement and local quality evaluation activities. They also propose clear and specific links with the new Commission for Health Improvement.

It is the authors hope that these two pieces of work will stimulate debate and discussion on the crucial issues of representing the interest of the public and involving a lay perspective. Both papers will be widely circulated and copies can be obtained on request from:

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