

Association of Community Health Councils for England and Wales

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TH/PM

8th October 1987

To: Secretaries of Member CHCs.

Dear Secretary

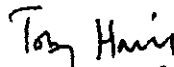
TOWARDS A STATEMENT OF OBJECTIVES FOR CHCs & FOR ACHCEW

The last meeting of the Standing Committee considered the attached paper entitled "Towards a Statement of Objectives for Community Health Councils and for the Association of Community Health Councils for England and Wales". They agreed that it should be circulated to Member CHCs for comment with a view to putting a revised version to the 1988 ACHCEW AGM.

The purpose of the exercise is, firstly, to reach a consensus on a framework which CHCs may use (if they choose) to set their own objectives and determine their priorities and, secondly, to agree a set of objectives for the Association, so that specific goals can be established and a rolling work programme established. So that the paper may be revised and approved by the Standing Committee as a proposal for the 1988 AGM, comments are requested by 22 January 1988.

Included in the paper, as Appendix Three, is the current Work Programme for the Association as agreed by the Standing Committee. This is being circulated to Member CHCs primarily for information, but comments will, of course, be very welcome.

Yours sincerely



Toby Harris
Director.



TOWARDS A STATEMENT OF OBJECTIVES FOR COMMUNITY HEALTH COUNCILS
AND FOR THE
ASSOCIATION OF COMMUNITY HEALTH COUNCILS FOR ENGLAND AND WALES

INTRODUCTION

1. All organisations need to review their objectives from time to time and within the context of agreed objectives identify more specific activities from which they may set their priorities for the period ahead. This principle underlies the NHS planning process and the same principle should also apply to consumer organisations.
2. For CHCs and for ACHCEW there are certain statutory obligations laid down. These obligations are fairly vague and consequently there is quite properly a great diversity in the activities of CHCs. However there is some value in formulating a full list of objectives for CHCs and ACHCEW, so that within such a framework priorities can be set for the work of ACHCEW and CHCs may be assisted in determining their own priorities.
3. As far as ACHCEW is concerned, the purpose of this will be to identify specific goals and to establish a rolling work programme. This will need to be revised each year in the light of the decisions of the Annual General Meeting.
4. Before ACHCEW can determine its own objectives, however, it is necessary for there to be some consensus about the general objectives and activities of member CHCs. This does not imply that ACHCEW can prescribe what CHCs should be doing, but rather that ACHCEW needs to be aware of the range of activities of CHCs, so that appropriate support services etc. can be offered.
5. An outline framework of objectives for CHCs has therefore been prepared. This is being circulated to Member CHCs for comments. Once replies have been received, a revised version will be put for adoption to the 1988 ACHCEW AGM. Even when agreed the framework of objectives could not be prescriptive and would only constitute a tool that CHCs might or might not choose to use in formulating their own priorities.
6. An initial scheme of objectives for ACHCEW can be developed on the basis of the draft framework of objectives for CHCs, but will need to be refined when the framework is finally adopted. Again the intention would be for the objectives for ACHCEW to be adopted at the 1988 AGM. This will then be used in formulating each year's work programme for ACHCEW, in conjunction with the decisions of the AGM.

OBJECTIVES FOR CHCs

7. The statutory duties of CHCs are defined in very broad terms. The National Health Service Reorganisation Act 1972 says:-

"It shall be the duty of a Council:-

(a) to represent the interest in the health service of the public in its district; and

(b) to perform such other functions as may be conferred on it..."

8. In addition the Statutory Instrument defined the work of CHCs in the following way:-

"It is the duty of each CHC to keep under review the operation of the health service in its district and make recommendations for the improvement of that service."

9. These statutory duties can be translated into a general objective for CHCs, such as:

"To seek to influence the NHS locally, through making it aware of consumer views on the provision of services, so that it provides the services needed by local people and does so in a way which maximises their accessibility to all of the community and promotes consumer participation in the NHS."

10. This general objective can then be broken down into a series of more specific objectives. A possible model for these is attached as Appendix One, although it should be noted that this is very much an outline to promote discussion. Clearly, individual CHCs can then use this framework to identify specific tasks and possibly targets against each of the objectives. This would then provide a secure basis for the assessment of priorities within an individual CHC.

OBJECTIVES FOR ACHCEW

11. The statutory duties of ACHCEW are set out in the National Health Service (Association of Community Health Councils) Regulations 1977 which lists the functions as:

"(a) advising Councils with respect to the performance of their functions;

(b) assisting Councils in the performance of their functions; and

(c) representing as respects England and Wales the interests in the health service which it is the duty of Councils to represent..."

Clause 2 of ACHCEW's Constitution translates these into objects as follows:-

"The objects of the Association shall be:

(a) To provide a forum for the exchange of views and for the discussion of matters of common concern to member Councils, and when appropriate to express views on National Health Service matters to Ministers,

Government Departments or other bodies, and to publicise such views.

- (b) To provide information and advisory services reasonably required by Community Health Councils to assist them in the performance of their functions.
- (c) To perform such other functions as may be necessary or desirable in the interest of Community Health Councils.

This Constitution should in no way reduce the independence of individual CHCs or in any way undermine their right to make direct representations on Health Service matters to any persons or organisations."

13. The objects in the Constitution together with the statutory duties can be reduced to two general objectives which may be paraphrased as follows:-

- "(1) To provide information and advisory services reasonably required by Community Health Councils, to assist them in the performance of their functions and to promote good practices in Community Health Council work; and
- (2) To represent the consumer of health services at national level and, when appropriate, to express views on National Health Service matters to Ministers, Government Departments or other bodies, and to publicise such views."

14. Again a series of specific objectives needs to be developed, along with a series of subsidiary objectives and specific tasks, and a possible outline list is provided in Appendix Two. For internal purposes within ACHCEW such a scheme of objectives and tasks would provide a framework, together with AGM decisions, for the work programme for ACHCEW staff. The agreed work programme for the current year is included in Appendix Three for information.

APPENDIX ONE: Possible outline of objectives for CHCs

STATUTORY AIM: To represent the interests in the health service of the public in District.

GENERAL OBJECTIVE: To seek to influence the NHS locally, through making it aware of consumer views on the provision of services, so that it provides the services needed by local people, and does so in a way which maximises their accessibility to all of the community and promotes consumer participation in the NHS.

SPECIAL OBJECTIVES:

- (1) To monitor the quality and take-up of and consumer satisfaction with local health and health-related services, to identify the extent of unmet need for such services, and to recommend improvements in services.
- (2) To communicate the local community's views to the NHS planning system, by accepting representation, where possible and appropriate, on DHA Planning Teams and Working Parties and on Joint Planning bodies established between the health authority and local authorities, or by whatever other means are available.
- (3) To respond, where appropriate, to consultation and planning documents issued by the District Health Authority, the Family Practitioner Committee, the Regional Health Authority or other health service bodies.
- (4) To provide information and advice to the public to enable members of the public to obtain the health care they need, to act, where appropriate, as advocate for individuals who find it difficult to communicate their needs and to obtain access to the services they need, and also on occasion to inform the community at large on what they can expect from the health service locally.
- (5) To promote better access to health and health-related services for black and minority ethnic groups, and other groups who may be disadvantaged in the delivery of services, and to ensure that services are provided in a manner appropriate to their needs.
- (6) To assist people who have complaints against medical practitioners or against the health service, to pursue the issues raised by the complaints, and to monitor the operation of the complaints system locally.

- (7) To establish a network of contacts with statutory bodies, voluntary organisations and other agencies involved in health or health-related matters.
- (8) To assist in promoting good health in the locality and to encourage the Health Authority and other bodies to give priority to their health education and health promotion roles.
- (9) To participate in ACHCEW and in the Regional Association of CHCs, so as to participate in debate and discussion on national and regional policies which affect the health of the local community.

N.B. For each of these specific objectives a series of specific tasks or subsidiary objectives appropriate to the individual CHC would need to be developed and revised on a regular basis. These might relate to a particular project (e.g. "To campaign for the introduction of cervical cancer screening services at Clinic.") or to a particular group (e.g. "To ensure that CHC information is available in ethnic minority languages.").

APPENDIX TWO: Possible Outline Scheme of Objectives for ACHCEW

- GENERAL OBJECTIVES: (1) To provide information and advisory services reasonably required by Community Health Councils to assist them in the performance of their functions, and to promote good practice in Community Health Council work.
- (2) To represent the consumer of health services at national level and, where appropriate, to express views on National Health Service matter Minister, Government Department or other bodies and to publicise such views.

SPECIFIC OBJECTIVES

SUBSIDIARY OBJECTIVES & SPECIFIC TASKS

- | | |
|--|---|
| 1. To provide an information service for member CHCs. | 1.1 To maintain a database of information on reports produced and of surveys conducted by CHCs. |
| | 1.2 To maintain a database of other information that may be relevant to the work of CHCs, including Government publications, reports issued by other organisations, and material published in Hansard and in the Press. |
| | 1.3 To maintain links with other organisations that have libraries/information systems, so that these can be used as required. |
| 2. To offer information & advice to member CHCs on particular topics on request. | 2.1 To respond to all such requests, whether written or telephoned, as quickly as possible. |
| | 2.2. To log the number and nature of information/advice requests. |
| 3. To circulate material to member CHCs on matters of current interest. | 3.1 To publish "Community Health News" on a regular basis. |
| | 3.2 To publish "Health News Briefings" on specific topics. |
| 4. To provide information to external agencies on the work and views of CHCs & ACHCEW. | 4.1 To respond to requests from other agencies and from individuals for information about the work and views of CHCs and ACHCEW. |

5. To provide a forum for the exchange of views & the discussion of matters common concern to member CHCs.
 - 5.1 To organise each year an AGM.
 - 5.2 To organise occasional seminars or consultation meetings on matters of common concern to CHCs.
 - 5.3 To organise meetings of the Standing Committee.
6. To promote the role and work of CHCs and to publicise their activities.
 - 6.1 To organise occasional public events on issues of concern to CHCs.
 - 6.2 To publish reports on the work of CHCs and their activities.
 - 6.3 To publish a leaflet/information sheet on the work of CHCs and ACHCEW
 - 6.4 To assist CHCs in producing publicity material.
7. To offer occasional training seminars to member CHCs.
8. To respond, where appropriate, to consultation documents issued by the Government and by other bodies on health or health-related matters.
9. To make representations to the Government and to other bodies on health and health-related matters.
10. To produce policy papers and occasional research reports on health and health-related matters.
11. To establish a network of contacts with statutory bodies, national voluntary organisations and other agencies involved in health or health-related agencies and to engage in joint working, where appropriate.

12. To promote the consumer interest by publicising ACHCEW and CHC views on health and health-related matters.

12.1 To maintain contact and good relations with journalists writing and broadcasting on health and health-related matters.

12.2 To press release ACHCEW reports and policy papers, as appropriate.

12.3 To put forward the views of ACHCEW or of CHCs in general at conferences seminars or other meetings, dealing with health or health-related matters

APPENDIX THREE: OUTLINE DRAFT OF ACHCEW WORK-PROGRAMME

<u>Objective number</u>	<u>Work Task</u>
General/miscellaneous	GM1 To obtain adequate permanent offices for ACHCEW.
	GM2 To achieve a full staff complement and resolve outstanding grading issues.
	GM3 To review the existing arrangements for the establishment and resourcing of CHCs.
	GM4 To draw up proposals for CHCs to consider to assist them in ensuring that the needs of black and minority ethnic people are being addressed.
	GM5 To present a draft statement of objectives for CHCs and for ACHCEW to the 1988 AGM.
1.1	1.1(a) To encourage all CHCs to forward reports/surveys to ACHCEW and to chase up references to CHCs reports/surveys not received.
	1.1(b) to produce and distribute an annual listing of CHC reports/surveys published.
1.2	1.2(a) To review the periodicals received and arrange to receive publications from other organisations.
	1.2(b) To ensure that all relevant Government publications are being received.
	1.2(c) To establish a more extensive database of information material on health promotion.
1.3	1.3(a) To establish the various library/information services available and assess their value to ACHCEW and CHCs.
	1.3(b) To establish, if appropriate, direct computer links with other information systems.

- 1.3(c) To produce a directory of library/information service that may be of interest to CHCs and to circulate it to member CHCs.
- 2.1
 - 2.1(a) To improve office procedures for handling information requests and to set target timescales for response.
 - 2.1(b) To consider how best to ensure that independent legal advice is available to CHCs.
- 2.2
 - 2.2(a) To refine the logging system.
- 3.1
 - 3.1(a) To make improvements in the format of 'Community Health News' within the overall resource constraints.
 - 3.1(b) To review office systems to ensure that 'Community Health News' offers a systematic coverage of matters of interest to CHCs.
 - 3.1(c) To produce an index of items appearing in the "Community Health News" for circulation to member CHCs.
- 3.2
 - 3.2(a) To increase the frequency of 'Health News Briefings' to at least six per annum.
 - 3.2(b) To produce a series of 'Health News Briefings' on good practices in community care.
- 4.1
 - 4.1(a) To produce a standard package of material on the work of ACHCEW and CHCs for sending to enquirers.
 - 4.1(b) To review the format and circulation of the ACHCEW annual report.
 - 4.1(c) To produce an up-dated directory of CHCs and their addresses.
- 4.2
 - 4.2(a) To review the leaflet 'Your CHC in Action' and consider any replacement/alternative.

- 4.2(b) To ensure that 'Patients' Rights' is available in minority languages.
- 5.1
 - 5.1(a) To canvass views on the 1987 AGM.
 - 5.1(b) To pursue and follow up the decisions of the 1987 AGM.
 - 5.1(c) To review arrangements for and organise the 1988 AGM.
 - 5.1(d) To produce an up-dated list of resolutions passed at ACHCEW AGMs.
- 5.2
 - 5.2(a) To consider organising one or two seminars on suitable topics, possibly in collaboration with other organisations, over the next year (e.g. on chiropody services).
- 5.3
 - 5.3(a) To organise at least four meetings of the Standing Committee, as required by the business to be transacted.
- 6.1
 - 6.1(a) See 5.2(a), but also to consider events particularly aimed at publicising CHC/ACHCEW concerns in the media.
- 6.2
 - 6.2(a) To publish 'Good Practices in CHCs'.
 - 6.2(b) To produce reviews of CHC surveys on particular issues. (e.g. ante-natal care).
 - 6.2(c) To obtain information from CHCs on the issues of current concern to them and on the numbers and types of complaints received, and to incorporate this information in the ACHCEW Annual Report.
- 6.3
 - 6.3(a) See 4.2(a)
- 6.4
 - 6.4(a) To consider ways of assisting CHCs in producing publicity material - perhaps by producing a 'publicity resource pack'.

- 7.
 - 7(a) To review the requirements for training of CHCs and to consider ways of meeting these.
 - 7(b) To maintain a register of CHCs who have access to computers, so that networks of users may be established.
- 8.
 - 8(a) To ensure that ACHCEW responds to all major consultation exercises on health and health-related topics.
 - 8(b) To ensure that AGM and Standing Committee decisions are properly indexed.
- 9.
 - 9(a) To make representations to the Government and to other bodies on the resolutions passed at the 1987 AGM.
 - 9(b) To make other representations on issues raised by member CHCs or arising from discussions at the Standing Committee.
 - 9(c) To follow up the publication of 'Patients' Charter' and seek to get the principles in the 'Charter' more widely accepted.
- 10.
 - 10(a) To complete and publish the joint ACHCEW/NCC study on care in the community.
 - 10(b) To complete and publish the work on the Patients' Compensation Scheme and to consider further work on complaints procedures.
 - 10(c) To conduct work on the health needs of people from the black and minority ethnic communities and how CHCs should respond.
 - 10(d) To conduct work on the role of general management in the NHS.
 - 10(e) To conduct work on consumer involvement in health care.
 - 10(f) To conduct work on well-women's clinics.
 - 10(g) To conduct further work on AIDS/HIV infection.

- 10(h) To monitor the development of breast cancer screening services.
- 10(i) To consider doing work on quality assurance and on performance indicators.
- 11.
 - 11(a) To ensure that information on ACHCEW and on its work is circulated to other organisations on a systematic basis.
 - 11(b) To revise and update arrangements for reciprocal exchange of newsletters and publications with other organisations.
 - 11(c) To attend, where possible and appropriate, meetings and events arranged by other organisations, where an ACHCEW or CHC viewpoint might usefully be put.
 - 11(d) To strength links with those organisations with which ACHCEW is in regular contact and to build up links with other organisations, as appropriate.
- 12.1
 - 12.1(a) To review the press release list and the press contacts used, targeting particular publications.
 - 12.1(b) To ensure that ACHCEW issues press releases on a reasonably regular basis.
- 12.2
 - 12.2(a) To ensure that press releases are issued focussing on the major ACHCEW concerns (including those highlighted in AGM motions, such as that on homelessness).
- 12.3
 - 12.3(a) To ensure that priority is given to ACHCEW presence at major conferences, seminars and meetings on health and health-related matters.