

COMMUNITY AND HEALTH CARE FORUM

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CHCF

Engagement, Involvement and Communication for Commissioning Health and Social Care in North Tyneside.

Background

The Community and Health Care Forum (CHCF), established during 1994 to involve residents in the planning and delivery of health and social care service throughout North Tyneside, is a voluntary sector organisation and is based in Wallsend.

The CHCF has a Service Level Agreement (SLA) with both North Tyneside Council and North Tyneside Primary Care Trust. The CHCF governance arrangements are within a Management Committee style structure.

Method and approach

As part of its SLA, CHCF will work with the Partnership Boards and commissioners to collate, publish and deliver a coordinated work programme of engagement and communication activity.

The CHCF will disseminate Partnership Board information, organise events, focus groups, public meetings or devise questionnaires to ensure diverse public engagement as appropriate. The CHCF will make best use of existing, established groups, events and mechanisms around the borough to avoid duplicating areas of work and to ensure comprehensive feedback.

The CHCF has embarked on a mapping exercise to ensure as wide a range as possible of public engagement. This borough mapping will be by locality, interest groups and service areas. In addition the CHCF will continue to develop its database and include previously untapped involvement from the smaller community groups and those from BME communities.

Health and Well Being Board

The CHCF will establish an overview of their role in relation to the Boards as well as ensuring outcomes of engagement associated with the Boards is fed directly to members of the Health and Well Being Board.

Health Improvement and Prevention Board

The CHCF has a meeting planned with Anne Graney to discuss and understand Terms of Reference for this Board.

Long Term Conditions Partnership Board

The CHCF is yet to meet with the lead GP.

Alternatives to Hospital

The CHCF has established a working relationship with the lead GP John Matthews and is part of the multi agency Community Based Urgent Care steering group.

For both the Long Term Conditions and Alternatives to Hospitals Boards the CHCF has met with Sheila Watson to discuss Terms of Reference.

Learning Disability Partnership Board

The CHCF will attend both User and Carer Forums currently coordinated by Skills for People and Learning Disabilities Federation respectively, to establish membership, issues raised and future engagement opportunities. In addition the CHCF has met with others not members of either of these groups but who have an interest in Learning Disabilities such as All Together Better Parent Carer Forum. The CHCF has established a working relationship with the lead GP Claire Scarlett

Mental Health Partnership Board

The CHCF supported the recent listening event held at the YMCA, designed publicity material, coordinated venue hire, scribed on the day as well as reproducing notes taken by facilitators into themed issues for consideration by the Board. The CHCF has established a working relationship with the lead GP Ruth Evans.

For both the Learning Disability and Mental Health Boards the CHCF has received information from Scott Woodhouse about Terms of Reference.

GP Consortia

In recent weeks the CHCF has planned, facilitated and fed back on three pieces of work.

NHS Board Game*

To discuss with residents of all ages, teenagers to older people their views on commissioning priorities.

The 'game' uncovered many controversial questions and dilemmas

- Are there enough resources to cover all health care required to all people?
- Should decisions be made on a moral or medical basis?
- Should young people be chosen for treatment before the elderly?
- Should all patients be offered standard treatment or should some be offered cutting edge treatment?

End of Life Care Pathway*

This focus group discussed later stages of life to inform the pathway especially where a terminal illness has been diagnosed. To explore how patients would like to be informed of the diagnosis and the likely prognosis. Confidentiality around areas such as shared information between professionals and how relatives could or should be informed.

Community Based Urgent Care*

The CHCF organised and facilitated this focus group work for Care First (with findings to be shared with Engage Health). The purpose was to elicit residents' views on the viability of this proposed service for North Tyneside. The service would offer 24/7 care and would have the capacity to assess all requests for urgent care on a triage basis. In addition the service would have the ability to commission social care more effectively and this would include domiciliary and residential services.

*CHCF reports are available on request for all pieces of work.

LINK representatives

The CHCF has met with two of the eight members and another six are planned for June/July. These are being carried out individually as this was the preferred method for some members.

The purpose of meeting LINK members is to ensure they were reassured about their future involvement in Partnership Board engagement also to listen to concerns they have about the new structure.

Older People's Forum

The CHCF has met with the Chairman of the OPF to discuss ways their membership can be informed and involved in future engagement.

User Led Organisations

The CHCF is the voluntary sector lead for this in partnership with North Tyneside Council. Further development work over the next year will see more ULOs joining the existing eight groups. A recent meeting with a Service User Staff Support Training and Development (SUSSTD) representative is likely to result in the group joining the ULO collaboration.

The function of this collaboration in the first instance is to explore ways of providing advice and sharing information with their peer group and they will have a role in the Partnership Board engagement arrangements.

Conclusion

The CHCF, despite listening to some community concerns about their future involvement and the disbanding of previous Boards and membership, does feel this is an opportunity to develop a more coherent approach to engagement and involvement in North Tyneside.

The CHCF will use different methods of engagement depending on the subject and this will be appropriate for attendees as well as informative for each of the Boards.

Michele Spencer
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