

Review of Locality Sensitive Purchasing (LSP)

Community Fora



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1. BACKGROUND & CONTEXT

RATIONALE FOR THE REVIEW

In 1995 the Southern Health and Social Services Board (the Board) introduced the Locality Sensitive Purchasing (LSP) process which aimed to involve local communities and service users in the Southern area in influencing decisions about health and social care matters. To facilitate the LSP process five Community Fora were established. These Fora were independent but the Board undertook to make available up to £5,000 per year to meet the running cost of each Forum. The five Fora established were: -

- ✍ Armagh City and District Health and Social Services Community Forum (Armagh Forum)
- ✍ Banbridge Health and Social Services Community Forum (Banbridge Forum)
- ✍ Craigavon Health and Social Services Community Forum (Craigavon Forum)
- ✍ Dungannon & District Health and Social Services Community Forum (Dungannon Forum)
- ✍ Newry and Mourne Health and Social Services Community Forum (Newry Forum)

In terms of membership of the Fora it was agreed that there should be a balance between elected representatives, representatives of voluntary or community groups, and members of the public with a particular interest in health and social care.

Between 1995-2002 the Fora were involved in various ways in assisting the Board to ensure that health and social care services provided were sensitive to local needs.

In October 2002 the Board requested the assistance of the Southern Health and Social Services Council (the Council) in undertaking an independent review of the LSP Community Fora. The Review was prompted by the recent introduction of Local Health and Social Care Groups (LHSCGs) which were charged with the responsibility of ensuring effective user and community involvement in decisions on health and social care. This had implications for the Fora.

The purpose of the Review was to establish how the Fora currently operate, and whether they might have a role to play in the context of the LHSCGs responsibility to engage and involve service users, carers and

local communities. The remit for the review specified by the Board was to: -

- 1. Examine the current status of the five Fora, including the constitution, membership, operating arrangements and work programme/areas of interest.**
- 2. Provide an analysis of whether the Community Fora, as a Board-wide initiative, could support community/user involvement in the work of LHSCGs.**

USER AND COMMUNITY INVOLVEMENT WITHIN HEALTH AND SOCIAL SERVICES

There has been increasing pressure, from policy makers, from patients, users and community groups, and from professionals within the health service, to ensure that the opinions of those who use the services are taken into account and acted upon when making decisions regarding the planning, delivery and monitoring of services (Kelson, 1997¹).

The benefits of user involvement have been outlined as: -

- ✍ Better understanding of user needs, priorities and concerns and of the effects of services on patients.
- ✍ Better targeted and more effective services based on needs and standards identified by patients.
- ✍ Better relationships between healthcare organisations and their users.
- ✍ Improved staff morale when they know their efforts are fulfilling user needs.
- ✍ The potential to engage users and local community views to secure change and improve the quality of services and care.
- ✍ Improved collaboration between individuals and organisations (Kelson, 1997).

¹ Kelson M (1997). User Involvement – A guide to developing effective user involvement strategies in the NHS. College of Health; London.

There are a number of different levels of user involvement ranging from:

Information giving	Users are given information about initiatives carried out by and decisions taken by health and social service professionals.
?	
Consultation	User views are taken into account but final decisions are made by professionals.
?	
Partnerships	The views of users and professionals contribute equally to an initiative and users contribute to decision-making, to making recommendations for change and evaluating the effects of implementation.

Various strategic policy documents within Health and Personal Social Services have highlighted the need for user and community involvement. At a UK level, the NHS Management Executive in **Local Voices**² advised health authorities to consult and involve local people at every stage of the purchasing process, particularly through involving user and voluntary groups in determining priorities and drawing up contracts for health and social care. *“The aim should be to involve local people at appropriate stages throughout the purchasing cycle: a combination of information-giving, dialogue, consultation and participation in decision-making and feedback, rather than a one-off consultation exercise.”*

Within Northern Ireland, **Health and Wellbeing: Into the Next Millennium**³ outlined the Regional Strategy for health and social wellbeing for 1997-2002. This document emphasised the importance of user and community involvement to ensure that needs are met by the delivery of appropriate services. *“A community has the right to be involved in making choices about how health and social care is delivered to respond to its needs. It is crucial that health and social services staff work with service users and potential users to ensure that services are planned and delivered in a co-ordinated way which people find acceptable.”*

² NHS Management Executive (1992). Local Voices

³ DHSS (1997). Health and Wellbeing into the next Millennium – Regional Strategy for health and social wellbeing.

In 1999 the Department of Health Social Services and Public Safety (DHSSPS) produced **Mainstreaming Community Development in the Health and Personal Social Services**⁴. This report outlined proposals how Boards and Trusts could address a range of Government policies and strategies related to health and wellbeing through the promotion of better community participation. It was envisaged that this approach would engage local populations in addressing their own health and social needs, developing a range of local solutions and improving co-operation with Boards and Trusts leading to better health and social outcomes

The **Priorities for Action**⁵ document for 2002-03 which sets out the spending priorities states that in working to deliver the key goals the Health and Personal Social Services (HPSS) will be expected to focus on giving local communities a greater say in shaping and planning services.

These policy directives have led to a number of initiatives within the Southern Board area which have developed partnership approaches to user and community involvement.

The **Armagh and Dungannon Health Action Zone (HAZ)** was established in 1999. The aim of HAZ is to take a multi-sector partnership approach in working with the community to identify issues which affect their health and well being and finding local solutions to address those needs. The Strategic Board of HAZ is made up of the main statutory, voluntary and community groups within Armagh and Dungannon.

The Board's **Community Development Strategy**⁶ was published in 2000. The implementation of this strategy included the establishment or adding to the community development teams in each Trust area, the provision of training in community development for Trust staff and the setting up of capacity building for community groups in addressing health and social care issues.

An **Investing for Health Partnership** has been established in 2002 to implement the Investing for Health strategy⁷. The purpose of the Partnership is to identify opportunities for improving the health of the people in the Southern Board area by addressing the social, cultural,

⁴ DHSSPS (1999). Mainstreaming Community Development in the Health and Personal Social Services.

⁵ DHSSPS (2002). Priorities for Action 2002-03.

⁶ SHSSB (2000). Working in Partnership: Community Development and Health and Social Services – A Strategy for Public Participation, Equality and Inclusion

⁷ DHSSPS (2002). Investing for Health

economic and environmental determinants of health. The Partnership comprises key voluntary, community and statutory organisations and provides a substantial input to developing the Health and Wellbeing Investment Plan. This Plan outlines the actions to be taken by partner organisations to improve the health and well being of the local population and to make progress towards meeting the objectives and targets set out in the Investing for Health strategy.

USER AND COMMUNITY INVOLVEMENT IN LHSCGs

Community and user involvement is a central feature of the new primary care arrangements. ***Building the Way Forward in Primary Care – A Consultation Paper***⁸ proposed that the vision for the new primary care arrangements should: -

- ✍ Focus on improving services for service users.
- ✍ Promote equity of access and service quality.
- ✍ Be based on partnership within and beyond health and social services.
- ✍ Adopt a locality-based approach to needs assessment and service delivery.
- ✍ Have a strong input from local communities and service users.
- ✍ Minimise bureaucracy and reduce administrative costs.
- ✍ Have clear simple lines of accountability.

In October 2001, the then Minister for Health, Social Services and Public Safety, Ms Bairbre de Brun, announced the establishment of LHSCGs. The intention was that these Groups would work closely with Boards, Trusts and local communities in assessing need at a local level. The DHSSPS circular⁹ established public involvement as one of the guiding principles of the new arrangements and emphasised the role LHSCGs should play in encouraging input from local communities to the process of planning and commissioning services. LHSCGs were expected to establish arrangements to facilitate input from communities and service user representatives.

In February 2002 a second guidance circular¹⁰ was issued by the DHSSPS. This stipulated that all LHSCG Management Boards must

⁸ DHSSPS (2000). Building the Way Forward in Primary Care – A consultation paper.

⁹ HSS Circular 15/2001 Guidance Circular No. 1: Establishing Local Health and Social Care Groups. (November 2001).

¹⁰ HSS Guidance Circular 1/2002. Guidance Circular no. 2: Local Health and Social Care Groups – Constitution, Governance and Accountability Arrangements (February 2002).

include two members appointed to represent the interests of local communities and service users. The role of these Board members was to bring a user/community focus to the management process rather than represent the views of all users and communities in the area. The LHSCGs were expected to institute a range of additional measures to secure the involvement of service users and communities in their planning processes. The Departmental guidance suggested that the Groups were likely to be more effective if they established structures below Management Board level to facilitate the effective involvement of all stakeholders. It was envisaged that these structures would offer an effective mechanism for promoting partnership and ownership by engaging a wider range of stakeholders and for drawing on relevant experience and expertise. The guidance also stipulated that there was a need to establish mechanisms to ensure regular communication with stakeholders to inform and disseminate Management Board decisions.

This guidance was followed in July 2002 with a letter from the Primary Care Directorate in the DHSSPS stating their intention to produce an information pack on community and user involvement. It was outlined that this will be a non-prescriptive short guidance circular to provide a broad understanding of the concept and methods for involving community/service users including: -

- ✍ An examination of existing arrangements for community and user involvement.
- ✍ Overview of methods of involvement adopted by Commissioning Pilots and English Primary Care Groups (PCGs).
- ✍ Suggestions from the consultation process.

At this time this Review was conducted the information pack had not yet been made available by the Department¹¹.

Earlier the Board had convened a working group representing a range of interests in the community and statutory sectors in the Southern Board area. The working group produced a paper¹² aimed at assisting the LHSCGs in involving communities and service users.

¹¹ The Information pack was later circulated during the summer of 2003. It does not contain instructions or guidance on how LHSCGs should involve communities and service users but rather is a source of information containing examples of the approaches adopted by some Primary Care Groups/Trusts in England.

¹² Working group convened by SHSSB (March 2002). Engaging Local Communities / Public Involvement with Local Health and Social Care Groups.

This paper recommended that community and public involvement should take place at four levels: -

- ? Large scale locality or District Council area.
- ? Natural communities.
- ? Specific issue focus.
- ? GP Practice list.

One of the principles identified by the working group was that recognition should be given to existing community organisations, user and interest groups. It was envisaged that the Community Fora and umbrella organisations could play a key role in disseminating information, communication, consultation and advocacy and that they could provide a channel between the LHSCG and community and interest groups. The working group report stated that recognising and engaging existing groups reduces the need to establish new, single purpose organisations.

2. METHODOLOGY

The Review of the Community Fora involved a number of strands: -

1. WORKSHOP

The review was launched with a workshop in Armagh City Hotel on the 19 November 2002. The aim of the workshop was to: -

- ✍ Outline the Review process.
- ✍ Provide an introduction to the newly established LHSCGs.
- ✍ Facilitate an opportunity for preliminary discussion on the potential of the Community Fora to support community/user involvement in the work of LHSCGs.

In total there were 13 participants in the workshop. All the Fora with the exception of Newry were represented at the workshop (See Appendix 1).

2. INTERVIEWS WITH CHAIRPERSONS OF COMMUNITY HEALTH FORA

Individual interviews with the Chairpersons of each Community Health Fora were conducted to establish the current status, constitution, membership and operating arrangements. The interview also included discussion on the interests of the Fora and their ability to support the community/user involvement aspect of the work of the LHSCGs. Information collected included an examination of the links and contact between the Community Fora and the wider community and in particular how interests of the Section 75 specified nine equality groups were represented. (See Appendix 2 for interview schedule)

Different approaches were taken to the interviews with the Chairpersons depending upon the wishes of the particular Forum. Some took place with the Chairperson only, one interview involved the whole Forum and one involved two officer holders. Follow-up procedures appropriate to the initial interview and the wishes of the Forum were implemented to validate the information provided.

Interview arrangements		
	Primary Interview	Follow -up
Armagh Forum	Interview with Acting Chairperson - Mr Mervyn Walker and Acting Secretary - Mr Robert Cummings.	The written report of the interview was shared and discussed with the full meeting of the Forum for agreement and validation purposes.
Banbridge Forum	Interview with Chairperson – Mr Gerry Ferran.	The written report of the interview was shared with the Chairperson for validation purposes. Also two telephone interviews were conducted with two members of the Forum to discuss views expressed by the Chairperson – Mrs Margaret Campbell (Banbridge Carers) and Mr Ken Forbes (Banbridge District Council).
Craigavon Forum	Interview and discussion with full meeting of the Forum.	The written report was shared with all members of the Forum for validation purposes and a follow-up meeting was held to discuss the report with whole Forum.
Dungannon Forum	Interview with Chairperson – Mrs Isobel Holmes.	The written report was shared with the Chairperson for validation purposes.
Newry Forum	Telephone interview with Chairperson - Mrs Sue Cunningham and meeting with Mrs Kathleen Murphy (Newry Carers and former member).	The written report was shared with the Chairperson for validation purposes.

3. ATTENDANCE AT COMMUNITY FORA MEETINGS

Meetings of the Armagh, Dungannon and the Craigavon Fora were attended to observe the workings of the group and areas of interest. At the Armagh and Craigavon meetings - most of the time was allocated to discussing the issues relevant to the Review. In addition to these

meetings the Annual General Meeting of the Craigavon Forum was also attended. The Banbridge and Newry Fora did not hold any meetings during the course of the Review.

4. EXAMINATION OF MINUTES

Minutes of the previous meetings were examined to establish the work programme/areas of interest of the Fora. Where possible all minutes of meetings which took place during 2002 were examined. However this was not possible for either the Newry Forum or the Banbridge Forum so the most recent available minutes were selected. In addition the minutes of the Dungannon Forum meetings which took place during 2001 were also examined because the Dungannon Forum only meets quarterly and the minutes of the September and November 2002 meetings were not available.

Examination of minutes¹³		
	Period examined	No.
Armagh Forum	January 2002 – November 2002	8
Banbridge Forum	March 2000 – May 2001	4
Craigavon Forum	January 2002 – November 2002	5
Dungannon Forum	February 2001 – May 2002	5
Newry Forum	April 1996, June 1996 & Jan 1997	3

5. INTERVIEWS WITH OTHER STAKEHOLDERS

A number of interviews with other stakeholders were included to detail their perceptions of the potential for the Community Fora to support community/user involvement in the work of LHSCGs. To some extent the contact with other stakeholders was limited by the time constraints of completing the Review before Christmas 2002. As such some involved meetings or telephone interviews while others requested the provision of information. Interviews/discussions took place with: -

- ✍ Dr Keith McCollum – Chairperson, Armagh Primary Care Commissioning Pilot.
- ✍ Mrs Nora Winder – Policy Officer, Armagh City and District Council.

Information was also sought from: -

- ✍ Mr Martin O' Neill – Community Development Manager, Craigavon & Banbridge Community Health and Social Services Trust

¹³ Excludes minutes of AGMs.

- ✍ Councillor Jim Cavanagh – Mayor, Dungannon and South Tyrone Borough Council.
- ✍ Colette McAteer – Committee Administrator, Newry and Mourne District Council
- ✍ Mr Ken Forbes – Director of Environmental Services, Banbridge District Council

3. ARMAGH FORUM

CURRENT STATUS

The Armagh Forum is currently active. It has recently experienced some changes which has impacted upon its membership and support services available to it. Since its establishment the Forum has been supported by Armagh City and District Council which provided secretarial and administrative support as well as advice and guidance. However at the Forum's AGM in October the District Council informed the Forum of its decision to withdraw support.

MEMBERSHIP

Armagh Forum currently has a membership of 10. Prior to the Forum's AGM in October membership also included five District Councillors and a representative of the Citizen's Advice Bureau (CAB). In addition District Council staff attended the Forum in a support capacity. The Forum perceived that the CAB representative resigned from the Forum because it receives its funding from the District Council.

All current Forum members are regular attenders at meetings. Within the Forum's constitution it states that "*any member who fails to attend 3 consecutive Forum/Committee meetings without reasonable excuse shall lose her/his place on the Forum which may be filled by co-option*". Eight members attended the Forum meeting in October and six in December. Office bearers of the Armagh Forum change annually. The current Acting Chairperson is Mr Mervyn Walker.

Forum members come from the wider Armagh City and District Council area and most have been involved with the Forum since its inception. Some current members were involved with the *Hospital Action Group* which was established around 1989/90 to fight against the closure of Armagh City Hospital. Membership of this group was subsumed within the Forum when it was set up in 1995/96. The most recent member to join the Forum did so three years ago. On two occasions the Forum sent correspondence to 180 voluntary groups in the Armagh area inviting nominations for new membership. This produced 3-4 new members. Of the 10 current members, 6 represent other groups including; Farmers' Union, Armagh Carers, a local Community Association, Homestart, St Vincent de Paul and UNISON. Two of these individuals are currently

also employed in health and social care positions and four members of the Forum are retired health and social services professionals.

In terms of its reflection of the nine equality groups specified under the Section 75 Equality legislation, membership of the Forum includes men and women, people of different religious beliefs and political opinions, people with a disability and people without, people with dependants and people without and people of different marital status. In terms of age, members range from 43 years to 70 years. There is no representation from ethnic minorities and reflection of sexual orientation is unknown.

Extending its membership was an issue of debate within the Forum. While it was considered that the current membership has a broad base some members, although not all, expressed the opinion that membership could be improved to make the Forum more representative – particularly in relation to the groups specified under the Section 75 Equality legislation. The Forum decided at its December meeting to postpone discussion on this issue until after the review has been completed and the future direction of the Forum is clearer.

MEETINGS

The Forum meets once a month¹⁴. The constitution states that “*meetings...will normally take place on a bi-monthly basis...*” but this was found to be not sufficient to meet the demands placed upon the Forum. An examination of the minutes of Forum meetings from January 2002 indicate that subcommittee meetings took place to facilitate the drafting of responses to consultation documents prior to the withdrawal of the District Council. However at the December meeting it was agreed that the Forum in its current format would not hold subcommittees.

Agenda items for the Forum meetings usually include: -

- ✍ Issues identified by individual members which have an impact on service users at either a regional or a local level.
- ✍ Consultation documents.
- ✍ Invited speakers from the Board or one of the Trusts to discuss a specific issue.
- ✍ Minutes of meetings of the Southern Health and Social Services Board.

¹⁴ Excluding July and August

- ✍ Minutes of meetings of the Southern Health and Social Services Council.
- ✍ Minutes of Trust Board meetings of; Armagh and Dungannon Health and Social Services Trust, Newry and Mourne Health and Social Services Trust¹⁵ and Craigavon Area Hospitals Group Trust.
- ✍ Feedback on any meeting or events such as workshops or seminars attended by members.

An examination of minutes of the Forum meetings since January 2002 illustrate a wide variety of issues considered by the Forum at their meetings. Some of these issues were recurring agenda items – typically highlighting and discussing issues followed by seeking further information in respect of it and then considering the response. Within the past year some of the issues highlighted, considered, discussed or responded to by the Forum has included: -

- ✍ Withdrawal of Crossroads Carers Ltd service.
- ✍ Non-attendance at outpatient appointments raised with the Board and a Press release to raise public awareness was issued.
- ✍ Trolley waits at Craigavon Area Hospital.
- ✍ Shortage of speech and language therapists.
- ✍ Information requested on the measures taken by the Board to address winter pressures.
- ✍ The provision of community care services.
- ✍ Arrangements for Coroners' autopsies at holiday and week-end periods.
- ✍ The reduction in Consultant Cardiologists at Craigavon Area Hospital.
- ✍ The provision of out of hours mental health services.
- ✍ Developing Better Services: Modernising Hospitals and Reforming Structures.
- ✍ Implementation of the Strategic Review of the Ambulance Service.
- ✍ New Targeting Social Need (TSN) Draft Action Plan.
- ✍ Location of acute mental health services.

The minutes indicate a high level of input from the District Council in terms of providing administrative and secretarial support and in terms of providing advice and information.

Meetings are open to members of the public to attend but this has rarely happened. On some previous occasions some District Councillors who

¹⁵ The Forum has recently started to receive minutes of Newry and Mourne Trust Board meetings following a request by one Forum member whose local community receives services provided by the Trust.

were not members of the Forum attended if there was a particular topic of interest to be discussed.

The Forum acknowledged that as its meetings are held in the morning, this might not facilitate attendance by members of the public. However the availability of premises has necessitated meeting during working hours.

RESOURCES AND SUPPORT

Like the other Fora £5,000 per annum has been made available by the Board to support and resource it. From the beginning the Forum entered into an agreement with Armagh District Council to provide administration and secretarial support for the Forum at a cost of £5,000 per annum. This sum was claimed by the District Council in the early years but in latter times the Council provided the support without payment.

REPRESENTATION AND LINKS WITH THE PUBLIC

The Forum uses its membership of other groups in the Armagh area to link with the wider community. In addition members stated that they used their daily contact to keep informed of the issues of concern to local people. When District Councillors were members of the Forum their role as elected representatives was regarded as particularly useful in identifying issues of concern among the local communities. The Forum seeks the views of users outside its direct membership by seeking the views of the groups they represent.

The Forum has also links with other health and social care groups in the Armagh area. One member of the Forum is the user and community representative on the Management Board of the Armagh and Dungannon LHSCG. In a similar view the Forum has links with; Armagh and Dungannon HAZ, the Investing for Health Partnership, the Southern Board's Pharmacy Committee and Armagh Rural Transport project.

The Forum on occasions has also issued Press Releases to raise awareness about particular health and social care matters.

The Forum has on occasions had contact with groups whom they would not be in touch with on a regular basis. On one occasion a group of children from a local school attended a Forum meeting to find out more

about its work. Through the Forum's involvement with the Armagh Primary Care Commissioning Pilot members had the opportunity to have contact with a diverse range of groups.

CONTACT WITH THE BOARD AND OTHER ORGANISATIONS

Up until October 2002 the Forum had very strong links with Armagh District Council. The Council provided administration and secretarial support as well as advice and guidance and five District Councillors were members. The Forum and the Council had been engaged in discussions on how the Forum could be developed since February 2002. However the announcement at the AGM that the Council were withdrawing their support and establishing their own Committee came as a surprise to members.

The Armagh Forum also had strong links with the Armagh Primary Care Commissioning Pilot. The Forum acted as a Pilot-wide user and community consultative group. The Forum co-operated with the Pilot in exploring ways of responding to and working with the communities' agenda for primary care services. Three members of the Forum¹⁶ sat on the Management Board of the Commissioning Pilot.

The Forum has a direct link with the Armagh and Dungannon LHSCG as one member sits on the Management Board as the user and community representative.

The Forum has had close contact with the Southern Health & Social Services Board over the years. Representatives of the Board attended meetings of the Forum when requested. The Board has consulted with the Forum in an informal way as well as formally. The Forum has engaged in various consultation exercises and formally responded to consultation documents issued by the Board. It also receives copies of the minutes of Board meetings.

The Forum also has close contacts with both the Armagh and Dungannon Health and Social Services Trust and the Craigavon Area Hospital Group Trust and is interested in developing closer links with Newry and Mourne Health and Social Services Trust. Trust representatives on occasion are invited to attend meetings of the Forum

¹⁶ One Forum members, the Chief Executive of the District Council and the Chief Officer of the Council which has observer status were involved but they were not nominated by the Forum and did not represent the Forum.

to discuss particular issues. The Forum receives copies of the minutes from Armagh and Dungannon Health and Social Services Trust, Craigavon Area Hospital Group Trust, Newry and Mourne Health and Social Services Trust

The Southern Health and Social Services Council has observer status on the Forum but has not attended meetings for a number of years. The Forum receives copies of the minutes of Council meetings.

Contact with the other Fora has been limited. Although there were some joint meetings held initially these were not continued. On occasions the Forum met with the Armagh and Dungannon Fora. The reasons why meetings didn't re-occur was perceived to be the different local priorities and issues of concern within the Fora – such as Dungannon's concern with the withdrawal of services from South Tyrone Hospital and the different working arrangements – e.g. frequency of meetings. The Armagh Forum sees the benefit in joint meetings with the other Fora on an annual basis. It particularly sees the benefit in closer links with the Dungannon Forum since they will both have role within the same LHSCG.

ROLE AND EFFECTIVENESS

The Forum identified a role for itself in the Armagh area as it is the only overarching group with interests related to all health and social care issues in the area. Concern was expressed over the perceived effectiveness of the committee to be established by the District Council. While the involvement of elected representatives was regarded as a strength, and a gap in the Armagh Forum now that the Council has withdrawn, it was considered that if the District Council Committee was limited to elected representatives this would have a negative impact upon effectiveness because it would exclude the expertise of Forum members whose expertise has been built up over the years.

The Forum perceived the withdrawal of the District Council as a potential barrier to its effectiveness because it now has no democratically elected representatives as members. It was considered that this could impact upon the perceived status and standing of the Forum. It was perceived that the Forum has to some extent been weakened because they don't have the same political influence they had. In addition, the Forum has also been weakened to some degree by not having the supporting structure of the District Council.

On the other hand the Forum pointed to the wealth of experience of local health and social services issues which members have to offer and which makes the Forum effective. It was considered that the provision of health and social services in the Armagh area would suffer if the Forum didn't exist. A number of examples were outlined where the Forum contributed to consultation processes and in its view influenced the outcome.

1. Consultation on the location of acute mental health services. The original favoured option was for one site at Craigavon Area Hospital. The outcome of the consultation was that services were continued on two sites including St Luke's Hospital in Armagh.
2. Similarly the Forum highlighted issues of lack of awareness of the minor injuries service at the Community Hospital and Mullinure and also the lack of awareness of the location of the GP out of hours centre at Moy. The result of this was a higher profile given to these issues in terms of information leaflets being produced and disseminated.
3. The Forum lobbied against the proposed closure of Annvale and Lisanally residential homes and believes they influenced the decision in which day-care services were secured.

However it was accepted that it was difficult to assess the effectiveness of the Forum in relation to influencing decisions because of the number of parties involved in the lobbying and consultation processes.

In terms of increasing its effectiveness the Forum believed that better representation would facilitate this as would improved links with the community. It was also suggested that links between the different Fora would increase overall effectiveness.

STRENGTHS

The strengths of the Forum were identified as: -

- ✍ Its independence and being able to speak out freely on issues.
- ✍ Having local knowledge and local expertise which can be used to act as a local watchdog on health and social care issues.
- ✍ It has wide membership but has acknowledged that this is not as representative as it could be.
- ✍ Dedicated and committed members.
- ✍ Being able to feed issues of concern among the community directly into the planning and provision of services.

- ✍ Seeing their contribution taken into account and services being implemented to meet local needs identified – e.g. additional ambulance sub-stations provided in local areas.

DIFFICULTIES AND CHALLENGES

The Forum identified a number of difficulties and challenges it faced including: -

- ✍ Withdrawal of support by the District Council which has left gaps in membership by not having elected representatives and also because of the lack of administration and secretarial assistance.
- ✍ Obtaining representative membership – e.g. young people and ethnic minorities.
- ✍ Ensuring that local services are retained in Armagh.
- ✍ Meeting during the day – this limits public participation but administrative arrangements requires it.
- ✍ Getting publicity.
- ✍ Getting people to devote time to actively participate.
- ✍ Consultation that isn't meaningful. On occasions the Forum has participated in consultation exercises but has wondered whether their views have taken been taken into account. To overcome this it was suggested that meetings and discussion could be more meaningful.

POTENTIAL TO ASSIST LHSCGs

The Forum sees a role for it in assisting the user/community aspect of the work of the Armagh and Dungannon LHSCG. The type of role envisaged is somewhat similar to that which it played with the Armagh Primary Care Commissioning Pilot. This involved; contributing to the decisions on priority areas, identifying need at a local level, involving members in subcommittees and acting as a starting point for user and community involvement. The Forum envisaged its role as somewhat different from other voluntary and community groups in the area because the Forum has an overarching remit of all matters related to health and social care.

4. OTHER STAKEHOLDER VIEWS

This section sets out the views of two stakeholders who had been involved with the Armagh Forum

ARMAGH PRIMARY CARE COMMISSIONING GROUP

Role and effectiveness of Armagh Forum

Part of the brief of the Armagh Primary Care Commissioning Pilot was to engage with the local community therefore it was considered fortunate to have a functioning group in the Armagh area in the form of the Forum. It was recognised that the group was not representative of all people within the Armagh area but that its members were informed about issues relating to health and social care and the group was up and running. In terms of the community and user involvement aspect of the Pilot's work, it was considered best to start with the groups which were already in existence. Originally there was reluctance to some degree to actively embrace the user and community involvement aspect of the Pilot's role but this view changed as involvement progressed when user and community involvement was no longer viewed as a threat.

The Pilot didn't specify a role for the Forum at the start – it was accepted that it - as the community group in the Armagh area with an overarching interest in all matters related to health and social care - had one and its role was allowed to develop. The role it took on board was helped shaped by the three community representatives on the Pilot's Management Board which had links to the Forum.

The Forum facilitated the community and user aspect of the Pilot's work by acting as a link into the wider community. The Forum fulfilled the role of a two-way conduit for the transfer of information – feeding back information about the Pilot to the constituent communities individual members represented and in identifying issues at a local level to be addressed by the Pilot.

However it was acknowledged that this in itself was not sufficient to ensure a good level of community and user involvement. The Pilot in partnership with the Forum took additional measures. For the purpose of the Forum acting as a Pilot wide consultative group, additional members were recruited to broaden the groups and constituencies represented. In addition a number of focus groups with other community groups and with

patients not affiliated with any particular groups were held to identify primary care needs at a local level.

The Forum was considered to have influenced the work of the Armagh Primary Care Commissioning Pilot. In the initial stages the Forum contributed to setting the agenda for the work of the Pilot by identifying the priority areas to be addressed. The priorities identified were similar to those identified by the health professionals. Involvement at this stage, from the outset, was considered important, as the Pilot needed to know that it would be addressing the appropriate issues as identified by the community. In addition the Forum contributed to the work of the Pilot by highlighting areas which may have been regarded as uncomfortable to some of those involved. This was regarded as an important contribution because these issues would not necessarily have been considered by the Pilot if they had not been identified by the Forum. .

✍ Potential role for the Forum in the new arrangements

Based on the experiences with the Pilot, it was considered that involvement with the Armagh Forum would be a good starting point for user and community involvement in the new primary care arrangements. A potential role envisaged for the Forum was as acting as a conduit for the transfer of information to and from the LHSCG. The potential for the Forum finding it problematic to fulfil this role was highlighted if members don't have a link back to a group to which they can feedback issues and consult on a wider basis.

In addition it was envisaged that the Forum could facilitate the process of wider community involvement such as identifying other community contacts and facilitating their involvement. This idea was favoured because it was not considered possible for Forum members to represent the interests of everybody in the Armagh area on all primary care issues. In addition it was perceived that more structured methodologies¹⁷ would be required to gain user views on specific issues.

It was considered important to have involvement from the beginning when the programme of work is being identified to ensure that the agenda is appropriate to the needs of the community.

The need for good support for the Forum was identified in order to facilitate its effectiveness. When the Forum worked with the Pilot it was supported by Armagh City and District Council which provided

¹⁷ Such as focus groups with specific interest groups or individuals and/or questionnaires etc...

administrative and secretarial services as well as advice and guidance. However now that the District Council has withdrawn from the Forum this was identified as a gap. The types of support identified as potentially beneficial to the Forum included; secretarial and administrative support as well as advice, guidance and development. In terms of where this support could be best sourced, it was considered important that the Forum's independence be retained so that impartiality would not be compromised. One suggestion was that the Health and Social Services Council might have a role to play in overseeing the work of the groups and providing the support necessary for effective functioning.

To some extent it was considered that the successful working of a partnership between the Forum and the LHSCG may depend upon the views of individual members. If all are not supportive of the working arrangements between the partners then working relationships may be difficult. Therefore it was considered essential that the role the Forum would wish to play should be agreed within the group at the outset.

Similarly the potential for the Forum to be influenced by one individual personality was highlighted as a potential difficulty. If a member has a strong opinion on a particular issue then this has the potential to influence the approach the Forum make take therefore it was considered important for the group to establish expectations of members and an agreed approach at the outset.

ARMAGH CITY AND DISTRICT COUNCIL

Armagh City and District Council provided support to the Forum since it was established – this encompassed servicing the administration needs of the Forum as well as providing professional, policy, legal and financial advice. The District Council delegated the vast majority of its input into health and social care matters to the Forum for its consideration. In February 2002 the District Council conducted a review of the Armagh Forum in order to assess where it fitted in light of the changing structures of local government.

Armagh City and District Local Strategy Partnership was established in 2001 and includes representation from local community groups, business interests, rural interests, trade unions, government agencies and the District Council. One theme which the Partnership's Community Plan includes is that of Wellbeing which encompasses the broader issues of health and social care. The aim of the Partnership is to contribute to the planning and development of services.

To complement this strategy the District Council wished to establish a scrutiny committee similar to the model adopted for the District Policing Partnership Boards. The Committee was to act as a forum for consultation between the community and service providers on objectives, priorities and concerns at a local level. In its review, the District Council made 3 recommendations in relation to the composition of the Forum: -

1. That the Forum recognises the establishment of new partnership structures for commissioning and delivery of local health and social care services.
2. That the Forum affirms its commitment to the effective scrutiny and monitoring of local health and social care services.
3. That the Forum is reconstituted as a partnership board using a model similar to that proposed for the scrutiny and monitoring of local police services.

Discussions took place between the District Council and the Forum in terms of implementing these recommendations. However the District Council considered the Forum unwilling to be reconstituted as a partnership board. In October 2002 the Council withdrew its support. The main concerns which the District Council had about the Forum in its current format were: -

- ✍ Insufficient democratic mandate. The District Council considered a membership of 5 District Councillors out of a potential of 25 members as inadequate.
- ✍ Lack of accountability and representation of all the people in the Armagh district. The District Council considered it important that all members of the Forum would have a constituency group or groups to feedback to or seek information from. These groups should either be geographical or interest based. The District Council acknowledged that this was the situation for some members of the Forum but felt that it was not sufficient.
- ✍ The need for evidence based information was identified as important.

As a result the District Council are in the process of establishing a subcommittee of Environmental Health and Recreation Committee to fulfil this scrutiny function. At first it will consist only of District Council representatives but eventually this will be broadened out to include community representatives etc.

In summary the District Council withdrew its support from the Forum because it didn't meet the requirements of the Council in line with the new structures for local government. However the Council accepts that

that the Forum may have a role to play in supporting the user and community involvement aspect of the LHSCG.

5. BANBRIDGE FORUM

CURRENT STATUS

Banbridge Forum is currently inactive. It ceased meeting during 2001 because less than 4 people which is the number required for a quorum, attended these meetings. The last quorumed meeting of the Forum took place in November 2000.

MEMBERSHIP

Banbridge Forum started off with a membership of 22. This included 3 District Councillors, interested individuals and representatives of a range of voluntary and community groups in the area including the Citizen's Advice Bureau, St Vincent de Paul, Mencap, Banbridge Carers, Banbridge Coronary Group and Arthritis and Rheumatic Care.

Difficulties with the membership of the Forum from the beginning were highlighted. Members had different expectations of the role of the Forum. The closure of Banbridge Hospital was an issue at the forefront among the community and as such there was a considerable degree of resentment towards the Board. Some members of the Forum saw the merit in working with the Board in the manner envisaged, some didn't and wanted to continue the work of the *Save Banbridge Hospital Action Group* through the Forum. Other members were put off by the existence of these two divergent viewpoints within the Forum. The impact of this was that membership of the Forum declined quickly.

To compensate for this the Forum made numerous attempts during its existence to get new members by making personal approaches to voluntary and community groups within the area. However these approaches were not successful. This was attributed to the aftermath of the differences of opinion which existed within the Forum at the beginning. Another factor considered to have played a role in the difficulty in getting new members was that the community groups in the area were building their own relationships with Craigavon & Banbridge Community Health and Social Services Trust.

MEETINGS

When the Forum was first established it met every month however during 2000 the frequency of meetings reduced to quarterly. The reason for the reduction was because it was considered that monthly meetings were not required and this placed unnecessary additional pressure upon members' time.

The agenda items of the meetings of the Forum tended to consist of:-

- ✍ Issues identified in the agenda and minutes of the Board meetings.
- ✍ Issues identified in the agenda and minutes of the Southern Health and Social Services Council meetings.
- ✍ Ongoing consultations/reviews and proposed changes in services.

An examination of the minutes of the Forum meetings from September 2000 to May 2001 illustrate a variety of issues considered by the Forum. Some of the issues considered or responded to by the Forum included: -

- ✍ Discussion on the Armagh Primary Care Commissioning Pilot's Cardiac Rehabilitation Project.
- ✍ Management of wheelchair equipment.
- ✍ Provision of accommodation for people with learning disability in the Banbridge area.
- ✍ Strategic Review of the Northern Ireland Ambulance Service.
- ✍ Review of Acute Hospital Services.
- ✍ Fracture services at Craigavon Area Hospital.
- ✍ Winter pressures plan.
- ✍ Waiting lists.

On one occasion the Forum facilitated a public meeting to discuss the issue of cancer services. The meeting was publicly advertised and involved representatives of the Board attending and giving a presentation. Three members of the public not connected with the Forum attended.

RESOURCES

Like the other Fora, the Banbridge Forum had a total of £5,000 available per annum to draw upon. It was estimated that no more than £1,000 per annum was required to support the work of the Forum. In the latter days expenses per quarter were estimated to have been approximately £50 - £100 per meeting. This included expenses for room-hire, telephone, postage and administrative services. Banbridge Forum took the step in

the early days of directly advertising for secretarial support. The Southern Board met these expenses. The services provided included attendance at Forum meetings and minute taking, typing of correspondence and reports and general administrative support.

In terms of the perceived impact of the level of resources available to the Forum – the provision of administrative support and the meeting of costs facilitated the work of the Forum while it operated. However the level of resources did not have any role to play in why the Forum ceased operating.

REPRESENTATION AND LINKS WITH THE PUBLIC

The Forum relied upon the membership of the group as its main mechanism for interacting with the wider community/members of the public in Banbridge. As mentioned above on one occasion the Forum facilitated a public meeting on the issue of cancer services. Other mechanisms relied upon to canvass wider public opinion on particular issues included members' informal contacts.

CONTACT WITH THE BOARD AND OTHER ORGANISATIONS

Membership of the Forum included three District Councillors. These members were also involved with Banbridge District Council's Health Committee. It was considered that there was probably some overlap in the issues discussed by the Forum and those discussed by the Health Committee however the District Council continued to be involved with the Forum and supported it.

Copies of the minutes of the Forum meetings were sent to the Council for information and copies of the minutes of Board and Council meetings were sent to the Forum.

While the Forum was in operation it received strong support from the Board. The Board provided the Forum with copies of its agendas plus any information on specific topics when requested. Representatives of the Board frequently attended meetings of the Forum at the Forum's request to discuss various issues identified by the Forum.

Members of the Banbridge Forum attended a joint meeting in Armagh with other Fora members to discuss the consultation document **Fit for**

the Future. In addition the Chairman of the Banbridge Forum recollected that a number of years ago there was some suggestion that the Banbridge and Craigavon Fora should amalgamate. This was rejected by the Craigavon Forum. The pros and cons of amalgamation were acknowledged - by not doing so the Fora maintained a more local identity but if it had proceeded then the amalgamated Forum would have had a stronger voice. The importance of mirroring health and social services boundaries such as that of the Craigavon & Banbridge Community Trust and the Craigavon and Banbridge LHSCG was highlighted.

ROLE AND EFFECTIVENESS

The need for a Community Forum to provide a bottom-up approach in identifying health and social care issues at a local level was stressed as very important. However it was not considered necessary to rejuvenate the Banbridge Forum to fulfil this function. The reason being that Craigavon & Banbridge Community Health and Social Services Trust has recently established a Community Forum within its geographical area. The maximum number of members of the Forum is 40 and in September 2002, 33 nominations had been agreed. The aims of the Forum are to: -

- ✍ Promote a community development approach to meeting health and social need.
- ✍ To advise on clinical and social governance issues.
- ✍ Information sharing and feedback.
- ✍ To promote participation and involve local people in the planning and delivery of service development needs.
- ✍ To consult with local people about service development needs.
- ✍ To enable local communities to influence future business plans.
- ✍ To commission research and develop focus teams to study a range of health issues and how they effect the Craigavon & Banbridge Community Trust users.

It was considered unnecessary and inefficient to duplicate the work of this Forum and that it could be a group which could facilitate the user and community involvement work of the LHSCG.

In terms of the effectiveness of the Banbridge Forum, the Chairman perceived that the Forum had been effective in influencing the provision of health and social care services. This was judged by witnessing the Board taking forward and addressing the issues raised by the Forum. However like the other Fora it was acknowledged that it was difficult to

disentangle the influence of the Forum with the influence of other groups who may also have had the same concerns.

As mentioned above there was some degree of overlap in membership and issues raised by the District Council's Health Committee. However the District Council Health Committee was to some extent perceived to have had the potential to be more effective than the Forum because it had the weight and status of the District Council behind it. The question arose whether the effectiveness and influence of the Forum could have been increased by having been managed by or affiliated to either the District Council or the Southern Health and Social Services Council.

STRENGTHS

The strengths of the Forum were identified as: -

- ✍ It provided a channel for the community to identify to the Board the needs of the local community as well as providing an outlet for the transfer of information from the Board to the community.
- ✍ The Forum had strong support from the Board, District Council and the Council.
- ✍ It improved and developed relationships between the Board and local community groups in the area.
- ✍ It was perceived that valuable lessons were learnt by the Board in relation to the closure of facilities. It was considered that the withdrawal of services from South Tyrone Hospital was handled more sensitively than the closure of Banbridge Hospital.

DIFFICULTIES AND CHALLENGES

A number of weaknesses within the Forum were identified which were perceived to have played a role in its demise.

- ✍ The Forum began its life as an adjunct to the *Save Banbridge Hospital Action Group*. Within the Forum there was resentment towards the Board and opposition to working with it in a productive manner.
- ✍ These difficulties within the Forum acted as a disincentive for other groups to get involved – which hampered the achievement of representative membership.
- ✍ There was an overlap between the work and role of the Forum and that of the District Council Health Committee. While the District Council supported the Forum, the Health Committee was perceived to

have been more effective because it had the weight of the District Council behind it.

- ✍ Once membership dropped off there were feelings of ineffectiveness as the Forum had relied upon its membership to a large degree to interact with the wider community. Therefore the Forum was less representative and was unable to encourage new groups to nominate representatives.

POTENTIAL TO ASSIST LHSCGs

The Chairman of the Banbridge Community Forum did not envisage a role for it or a need for it to be rejuvenated to assist the Craigavon and Banbridge LHSCG. This view was reinforced with interviews with two members of the Forum¹⁸. While it was acknowledged that there is a need for a Community Forum it was considered that the Craigavon & Banbridge Community Forum could fulfil this role more effectively. The main reason for this was because of the wider and more representative membership of the Forum established by the Trust.

¹⁸ Mrs Margaret Campbell- Banbridge Carers and Mr Ken Forbes – Banbridge District Council.

6. CRAIGAVON FORUM

CURRENT STATUS

Craigavon Health Forum is currently active and is chaired by Mrs Annie Burrell who was elected to this position at the Forum's AGM in November 2002. Prior to this Mrs Colette Jones had been Chairperson since the Forum was established.

MEMBERSHIP

At the time of the Review, Craigavon Health Forum had a membership of nine people with the possibility of two new members joining. Three members of the Forum are District Councillors¹⁹. The other six members either represent or are members of other groups in the Craigavon area including: - Talking Newspaper, Cats Eyes, Leonard Cheshire, Mencap, Praxis, Sane, Young at Heart, Ageing Well, Nightingale project, Carers support group, Alzheimer's Society and a Vietnamese group. Forum members come from Portadown, Lurgan, Craigavon, Warringstown and Moira.

Three current members have been involved with the Forum since its inception. Two members have joined within the previous year, one as recently as November 2002. New members are identified either by word of mouth or at the Forum's AGM. Approximately 6 - 7 members are regular attenders at Forum meetings.

In terms of its reflection of the nine groups specified under the Section 75 Equality legislation, membership of the Forum includes men and women, people of different religious beliefs and political opinions, people with a disability and people without, people with dependants and people without and people of different marital status. One member of the Forum represents a Vietnamese group although is not a member of the Vietnamese community. In terms of the age range members are 50+ years. Reflection of sexual orientation is not known.

The Forum identified gaps in its current membership. They indicated that they would like to have representation in relation to issues relating to children and young people and cancer and palliative care services.

¹⁹ One member recently deceased and decision on replacement not yet made.

MEETINGS

A full meeting of the Forum takes place most months²⁰. Sub-group meetings take place in addition to these as and when required - the purpose of which tends to be the drafting of responses to consultation documents.

Agenda items for the Forum meetings usually include: -

- ✍ Correspondence from the Board and other organisations.
- ✍ Consultation documents.
- ✍ Invitations to events such as workshops and seminars.
- ✍ Feedback from Forum members on meetings attended.
- ✍ Issues brought to the attention of the Forum by members of the wider community.

An examination of minutes of the Forum meetings since January 2002 illustrate a variety of issues considered by the Forum at their meetings. Some of those discussed, or to which the Forum has responded include:

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- ✍ Information requested regarding withdrawal of Crossroads Carers Ltd service.
- ✍ Review of acute mental health services.
- ✍ Building the Way Forward in Primary Care.
- ✍ New Targeting Social Need Draft Action Plan produced by Craigavon & Banbridge Community Health and Social Services Trust.
- ✍ Strategic Vision for Health and Social Care for Older People.
- ✍ Developing Better Services: Modernising Hospitals and Reforming Structures.
- ✍ Southern Area Children's Services Plan.

RESOURCES

The Forum currently receives financial support from the Board to meet the costs of room hire for their meetings. This costs approximately £800²¹ per year. Prior to the last year the Forum received secretarial support from Lurgan Council for Voluntary Action (LCVA) which cost approximately £1,500-£2,000 per annum. However due to changes in staffing at LCVA this arrangement ceased in 2001 and the Forum have

²⁰ Meetings are scheduled for the last Wednesday of every month. No full meetings occur in July, August or December. If meeting is scheduled to occur close to a holiday period e.g.. Easter then it may be cancelled.

²¹ Approximately £500 = room hire for meetings and £300 = room hire and buffet for the AGM.

been unable to find a replacement service. Due to this gap Forum members have been less organised in monitoring miscellaneous expenses and have individually met the costs of postage, photocopying and telephone calls.

Members felt that the current gap in administrative support impacted upon the activities of the Forum – if it had administrative support for minute taking, photocopying, circulation of information etc, members felt they could spend their time more effectively.

REPRESENTATION AND LINKS WITH THE PUBLIC

The Forum uses its membership of other groups in the Craigavon area to link with the wider community. In addition the Forum issues invitations to community and voluntary groups to its AGM. At the AGM in 2002, those present were invited to join the Forum.

Members of the Forum also represent the Forum on a number of groups including: - DART, Craigavon Council for Voluntary Service and the Pharmaceutical Committee of SHSSB. One member of the Forum is also a member of the Craigavon and Banbridge Community Trust Forum.

The Forum seeks the views of users outside its direct membership by seeking the views of the groups they represent or of which they are members. They have also on occasion sought additional views on an informal basis. If they know of some one with an interest in or experience of a particular area they would approach this person and/or group and seek their views. On one occasion a member of the public who was not a member of the Forum attended a Forum meeting to discuss a particular issue.

CONTACT WITH THE BOARD AND OTHER ORGANISATIONS

In the past the Forum sent copies of their minutes to the Board, Council and the District Council however this does not currently happen due to the absence of administrative support. Members of the Forum said that they do not receive regular copies of the minutes from any organisations including the Board or Council.

The Forum's level of contact with the Board consists of being invited to respond to consultation documents, having speakers at their meetings

and being asked on an ad hoc basis by various departments within the Board for their view on a particular issue. The Forum was satisfied with the nature and level of contact with the Board. Requests to the Board for information and attendance at meetings were always obliged. However while the Forum received general feedback from the Board in terms of their contributions being valuable they did not receive feedback on the impact or effectiveness of specific contributions made.

ROLE AND EFFECTIVENESS

The Craigavon Forum is of the opinion that there is a need for its continued existence. The view was expressed that the need has increased now because of the changing structures of health and social services. With the introduction of LHSCGs – the aim of which is greater user and community involvement – the Forum believes that its practice of gathering information at ground level means it has a lot to contribute to this new way of delivering primary care services.

The way in which the Forum contributes to the decision making processes within health and social services is mainly by responding to consultation documents – a view informed from the lay perspective and from the experience of services on the ground. While members stated that their contribution is difficult to evaluate objectively they hoped that they have made a difference otherwise they believed they have wasted their time. As mentioned above the Forum has in the past received feedback of a general nature from the Board that its contributions have been valuable.

The Forum feels that its effectiveness could be increased if administrative assistance could be obtained and if better use of the funding available was made e.g. postage, photocopying and travel expenses. It was also considered that having more time to respond to consultations would allow them to do so more effectively. It was suggested that yearly meetings with the officer bearers of the other Fora would be useful.

DIFFICULTIES AND CHALLENGES

The Forum identified a number of difficulties and challenges they faced including: -

- ✍ The length of time available to respond to consultation documents. This was a problem because the Forum meets once per month and depending upon when the consultation period starts it may be sometime before the Forum has a chance to consider it. A minimum of 2 months for consultation was considered necessary.
- ✍ The lack of administrative support impacted upon the Forum's level of activity.
- ✍ The use of jargon within consultation documents was frustrating.
- ✍ The lack of feedback on the effectiveness of the Forum and its influence over the provision of health and social services meant members were not sure what difference they had made.
- ✍ Gaps in membership of the Forum were identified – expertise or those with an interest in children and young people and palliative care services were identified as missing.
- ✍ Retaining members.
- ✍ Keeping up to date and understanding the complexity of changes in health and social care.

STRENGTHS

The strengths of the Forum were identified as: -

- ✍ The expertise of its membership as users of health and social services.
- ✍ Being able to feed issues of concern among the community directly into the planning and provision of services.
- ✍ Getting an insight into the planning of services and being able to pass on this information to the wider community.

POTENTIAL TO ASSIST LHSCGs

Craigavon Forum sees a role for it in working with the Craigavon and Banbridge LHSCG. The Forum is willing to support the LHSCG and to work in partnership with it to ensure services best meet the needs of the people in the Craigavon area. However the precise nature of the role it might play has yet to be clarified. The Forum felt that their view of their

potential role would develop as they find out more about the LHSCG and have discussions with the Management Committee and the manager. A meeting with the manager of the LHSCG has been scheduled and at this the Forum hope to explore how they can work in partnership. However, given that the exact nature of the way in which the Forum can assist the LHSCG in their public and user involvement aspect of their work is not yet fully developed the Forum has a number of general expectations: -

- ✍ It anticipates that it may have more contact with the LHSCG than it has had with the Board.
- ✍ It expects that the LHSCG will share information and consult with the Forum on service developments in health and social services. Within this the Forum would welcome contact with the various health professionals such as GPs, nurses, allied health professionals etc.
- ✍ It is anticipated that the way the Forum will work with the LHSCG will be similar to the way in which it has worked with the Board.

7. DUNGANNON FORUM

CURRENT STATUS

Dungannon Forum is currently active and has been chaired by Mrs Isobel Holmes since its establishment.

MEMBERSHIP

At the time of the Review there were 11 members of the Dungannon Forum – 5 of which were regular attenders at meetings. Members come from Dungannon (and West Dungannon), Killyman, Bovain, Newmills, Castlecaulfield, Coalisland and Moy.

Three of the current members have been involved with the Forum since its establishment but others have become involved later - one as recently as November 2002. In the past the Forum has advertised to recruit new members and sent invitations to voluntary and community groups but has not found this method productive. Currently new members are identified by word of mouth and a personal approach is made to individuals whom Forum members nominate and think may be interested in becoming involved.

Some of the Forum members are involved with other groups in the Dungannon area but they do not necessarily represent these groups on the Forum. They are individual members but have contacts with other groups including; - Talking Newspaper, Home Accident Prevention, Surestart, Homestart, Deaf Club, South Tyrone Free Funds as well as groups not directly connected to health and social care such as church groups, scouts, Boards of Governors of Schools and the Governing Body of the local Further and Higher Education College and the Soroptomists. Three members of the Forum are District Councillors.

In terms of its reflection of the nine groups specified under the Section 75 Equality legislation, membership of the Forum includes men and women, people of different religious beliefs and political opinions, people with a disability and people without, people with dependants and people without and people of different marital status. Members range in age from late 30s to 70+ years. The Forum does not have any representation from different racial groups and sexual orientation is not known. The Forum identified representation from minority ethnic groups as a gap – in

particular the need to represent the interests of growing Portuguese population in the Dungannon area was highlighted.

MEETINGS

The Forum meets on a quarterly basis. Agenda items for meetings usually consist of: -

- ✍ Current consultations.
- ✍ Correspondence received.
- ✍ Minutes of Board, Council and Trust meetings.
- ✍ Feedback from members on meetings and events attended such as seminars and workshops.

An examination of minutes of the Forum meetings since February 2001 illustrates a variety of issues considered by the Forum. Some of the issues discussed or responded to by the Forum included: -

- ✍ Visual impairment services at South Tyrone Hospital.
- ✍ Withdrawal of services from South Tyrone Hospital.
- ✍ Proposed development of a Children's Home in Armagh.
- ✍ Provision of community care services.
- ✍ Southern Area Children's Services Plan .
- ✍ New Targeting Social Need – Draft Action plans of Craigavon Area Hospital Group Trust, the Board and the Council.
- ✍ Consultation on Equality schemes.
- ✍ Mental Health Acute Treatment Services Option Appraisal.

RESOURCES

The Dungannon Forum receives financial support from the Board to meet the costs of the administration of the Forum including room hire, postage, photocopying and travel expenses. This costs approximately £100 per year. The Forum does not receive any administrative or secretarial support. It was explained that assistance of this nature had been requested from the District Council but had not been provided. Members felt that the availability of financial resources did not impact upon the activities of the Forum but that the gap in administrative support did.

REPRESENTATION AND LINKS WITH THE PUBLIC

Members of the Forum use their membership of other groups (outlined above), personal networks and ad hoc contact with people to interact with the wider community. One member represents the Forum on Armagh and Dungannon Trust's Cancer Care Group and the Forum has been invited to nominate a representative to the South Tyrone Community Hospital Forum established by the District Council.

The Forum seeks the views of users outside its membership if they know of some one with an interest or experience in a particular area. They would then approach this person and/or group and seek their views to feed into their deliberations.

CONTACT WITH THE BOARD AND OTHER ORGANISATIONS

The Forum receives copies of the minutes from Armagh and Dungannon Health and Social Services Trust, the Council and South Tyrone Hospital Community Forum. Copies of the minutes of Forum meetings are not sent to any organisations or groups.

The Forum's level of contact with the Board consists of being invited to respond to consultation documents and if desired having speakers at its meetings. The current level of contact is different to that which occurred when the Forum was first established. In the early days of the Forum, Board representatives frequently attended meetings which enabled the Forum to become informed about the different issues. At present the Forum occasionally invites a Board representative along to its meeting to discuss a specific topic.

The Dungannon Forum has links with the Dungannon and South Tyrone Borough Council in that three members of the Forum are District Councillors. However in 1999 the District Council in response to a request from the then Minister for Health, Social Services and Public Safety, Ms Bairbre de Brun, set up a community forum with the remit to *"work with the Board and the relevant Trusts to promote the development of a wide range of health and social services on the South Tyrone Hospital site in response to the needs of the local population."* This forum includes cross party representation of Councillors, South Tyrone Action Group, Scanner Appeal Committee, the Board, Craigavon Area Hospital Group Trust and Armagh and Dungannon Health and Social

Services Trust. There is some overlap between these two groups and Dungannon Forum was invited to nominate a representative to this group

The Forum does not have any contact with the other Fora in the Southern Board area. When the Fora were first established there was some joint meetings but this didn't continue. The Dungannon Forum considered there might be some merit in having a joint meeting with other Fora on a yearly basis to exchange information and ideas and to discuss issues relating to the whole Board area.

ROLE AND EFFECTIVENESS

Dungannon Forum considers there is a need for the Community Health Forum in its area. The Forum provides an opportunity for the provision of information and exchange of views at a community level on matters relating to health and social services.

The main way in which the Forum currently contributes to the provision of health and social services is by responding to consultation documents and raising issues of concern with the Board and Trust. A number of examples were identified of issues the Forum had raised which were acted upon. These include: -

- ✍ The shortage of rehabilitation officers for visual impairment. Following correspondence from the Forum a bursary for this purpose was advertised and staff successfully put in post.
- ✍ Extension of hours to the minor injuries unit at South Tyrone Hospital.
- ✍ Provision of a bus service from Dungannon to Craigavon which was requested as a result of the travelling difficulties highlighted in the Women's Voices²² report.
- ✍ The August minutes of Armagh and Dungannon Trust Board meeting refer to comments from the Forum in relation to the consultation on the new Children's Home in Armagh.

However it was considered difficult to objectively measure the effectiveness of the Forum because some of the concerns identified and lobbied for by the Forum may also have been identified by other groups. The Chairperson expressed her hope that the Forum influenced the provision of health and social care otherwise there was no point to their existence.

²² SHSSC (2000). Women's Voices – Women's Experiences of Maternity Services at Craigavon Area Hospital Following Transfer from South Tyrone Hospital.

The Chairperson of the Forum felt the effectiveness and efficiency of the Forum could be improved if they received administrative support to assist with the typing of minutes, reports etc and the circulation of information.

STRENGTHS

The strengths of the Dungannon Forum were identified as: -

- ✍ It identifies user views and experiences at the ground level which can be directly fed into the planning and provision of health and social care services.
- ✍ It is already established and working well.
- ✍ Forum members have a range of contacts within the community and therefore have 'an ear to the ground'.
- ✍ Commitment of members.

DIFFICULTIES AND CHALLENGES

The Chairperson identified a number of difficulties and challenges that the Forum faced including: -

- ✍ Getting people involved with the work of the Forum - who are willing to assist and devote time to respond to consultation documents.
- ✍ Lack of administrative support.
- ✍ Lack of acknowledgement/feedback on issues raised and whether the Forum has had any influence.
- ✍ The timeframe for responding to consultations. The Forum meets on a quarterly basis and often this doesn't allow for the preparation of a response within the timeframe.
- ✍ The amount of correspondence received and their ability to respond. It was suggested that for some issues it might be more useful to have a meeting rather than seek a written response.
- ✍ The use of jargon within documents.

POTENTIAL TO ASSIST LHSCGs

Dungannon Forum envisages a role for it in assisting the Armagh and Dungannon LHSCG in relation to facilitating user and community involvement. While the nature of this role was not obvious to the Forum at this stage it was felt that it should be a two way process – both giving and receiving information. The Forum felt that the nature of this role

would develop over time. One stipulation which was made was allowing adequate time for the process which would require planning in advance. The South Tyrone Hospital Community Forum also consider it has a role to play in the user and community involvement aspect of the work of the A&D LHSCG.

The Forum also raised the issue of payment – it was noted that the user/community representatives on the Management Board of the LHSCGs receive payment for their input and if a similar approach was not adopted with user and community groups which may be asked to assist the work of the LHSCG then this may cause problems.

8. NEWRY FORUM

CURRENT STATUS

Newry Forum is currently inactive. It met approximately six times between 1996 and 1997 and has not met since.

MEMBERSHIP

Members of the Forum were identified through a number of road-shows held in; Kilkeel, Crossmaglen, Mullaghbawn and in Newry. Approximately 20 people were members of the Forum. These individuals came from a variety of backgrounds - some represented groups, others were interested individuals with no involvement with health and social services, some had health and social services occupations²³ and others were District Councillors.

Membership represented the areas of mental health, physical disability and sensory impairment, learning disability and older people. However during the course of the meetings the Forum found it difficult to facilitate a member with a hearing impairment due to the unavailability of interpreters. The age profile of members ranged from 30+ years but the majority was aged over 50 years.

MEETINGS

Approximately six meetings of the Forum were held in total. The Forum began meeting every month but the numbers attending meetings reduced and meetings were then held less frequently.

A number of factors were identified as to the reasons why the Newry Forum did not meet beyond 1997: -

1. Some members of the Forum were sceptical about how effective the Forum would be and what influence it would have. One factor which contributed to this scepticism among the community sector in Newry and Mourne was the issue of public appointments to the Southern Health and Social Services Board. The community sector in Newry viewed the non re-appointment of a community representative to the

²³ One was a social worker in the mental health field

Southern Board as an indication that the Board was not genuine in real engagement with the community and therefore were sceptical about the motives for establishing the Forum. In addition to this there was dissatisfaction among District Councillors about not being allowed to sit on Trust Boards.

2. The Review of Acute Hospitals focused attention on the preservation of services at Daisy Hill Hospital and away from the broader remit of health and social care. Again the threat of withdrawing acute services from Daisy Hill Hospital created feelings of mistrust towards the Board. In response to this threat the District Council established a specific group to lobby for the retention of services - the Health Service Working Group. This channelled interest away from the Forum to the District Council supported group.
3. The group facilitated by the District Council included broad representation from elected Councillors, the community and business sectors and the Trade Unions. It was viewed as having good representation and as administrative support was provided by the District Council it was regarded as efficient and effective. Once the issue in relation to the retention of services at Daisy Hill Hospital was resolved this group developed a broader remit thus fulfilling the role originally envisaged for the Forum.
4. The Newry Forum had been keen that it would develop along the lines of the Armagh Forum – that is facilitated and administrated by the District Council. Therefore there was no opposition when Newry and Mourne District Council set up its own group. This in fact was the preferred option as it was considered more effective and organised.

RESOURCES

Like the other Fora, the Newry Forum had a total of £5,000 available per annum to draw upon. During its existence the Forum did not make any great demands upon this fund. The requirement for the group to meet the costs and claim back from the Board or submit an invoice was considered cumbersome and not conducive to facilitating the Group. Newry and Mourne Carers' Group provided administrative support and subsumed these costs.

REPRESENTATION AND LINKS WITH THE PUBLIC

While the Forum was being established it linked with the wider community by writing to the community sector groups in the Newry and

Mourne area informing them about the aims of the Forum and inviting representatives to attend one of the road-shows. It also ran advertisements for the public meetings. While it was operational it relied upon the membership of the groups as its main mechanism for interacting with the wider community/ members of the public. Forum members were expected to feedback to their wider constituencies and also to bring issues to the Forum as identified in their local area.

LINKS WITH THE BOARD AND OTHER ORGANISATIONS

Membership of the Forum originally included District Councillors. This was viewed as important because of their democratic mandate as elected representatives. However attendance by District Councillors demised once the District Council established the Health Service Working Group.

While some members of the Forum were sceptical about the motives of the Board it was considered that the Board was very accommodating to the Forum while it was operational. It was recognised that the Board invested effort into establishing the Forum and in attempting to allay the concerns of those who were sceptical.

The links which the Forum had with Newry and Mourne Health and Social Services Trust primarily consisted of some Trust employees being members of the Forum – although in their individual capacity and not as Trust representatives.

ROLE AND EFFECTIVENESS

The need for a community type forum to assist in identifying health and social care issues at a local level was considered important however it was not considered necessary to re-establish the Newry Forum as this role was being fulfilled by the District Council group. This group was viewed as having representative membership and being efficient and effective. The inclusion of District Councillors was viewed as a strength and as all District Councillors are members it provides for good geographical representation. The process of involving elected representatives in the planning of services was considered essential given they have a democratic mandate to represent the interests of their local community. It was considered that the groups facilitated by the District Council better met the needs of the Newry and Mourne

community. Since its development the Health Service Working Group has developed the type of role originally envisaged for the Forum.

An examination of minutes of the meetings of the Health Service Working Group from February to October 2002²⁴ illustrates a wide variety of issues considered. Agenda items are similar to those of the other Fora and there is overlap in the issues discussed. Some of the issues discussed or responded to by the Group included: -

- ✍ Withdrawal of Crossroads Carer Service in the Newry and Mourne area.
- ✍ Provision of neurology services within the Southern Board area.
- ✍ Strategic Review of the Northern Ireland Ambulance Service.
- ✍ New Targeting Social Need Draft Action Plan – Newry and Mourne Health and Social Services Trust.
- ✍ GP Out of Hours Service in the Mourne area.
- ✍ Quality of facilities of the Adult Education Centres.
- ✍ Developing Better Services – Modernising Hospitals And Reforming Structures.
- ✍ Withdrawal of Pathology/Post Mortem service from Daisy Hill Hospital.

It was considered that this group would be the appropriate avenue for supporting the user and community aspect of the work of the LHSCG.

²⁴ four meetings

9. SUMMARY AND WAY FORWARD

Three of the five Community Fora established by the Board in 1995/96 are currently active. The other two Fora – Banbridge Forum and Newry Forum do not see a need for rejuvenation in their areas because there are other mechanisms for user and community involvement that are regarded as functioning effectively in representing the interests of their respective communities. It was suggested that the Craigavon & Banbridge Community Health and Social Services Trust Forum and the Newry and Mourne District Council Health Services Working Group may have roles to play in supporting the LHSCGs in relation to community and user involvement.

The Community Fora as a Board-wide initiative cannot support community/user involvement in the work of LHSCGs. However the active Fora – Armagh Forum, Craigavon Forum and Dungannon Forum expressed a willingness to work with the Local Health and Social Care Groups. As such there is a role for these Fora in facilitating the user and community aspect of the work of the LHSCGs.

In their current format the three Fora may not be functioning to their full potential because of the different difficulties and challenges they have experienced. However one of the principles set out by the Board's paper to assist LHSCGs states that recognition should be given to existing community organisations, user and interest groups as this reduces the need to establish new groups.

The Fora have a number of strengths. These strengths will assist the groups in working with the LHSCGs. These include: -

- ✍ The groups are already in existence.
- ✍ Members are committed and dedicated to improving the provision of health and social care services in their local areas. It must be remembered that Fora members are voluntary and since the establishment of the Fora they have invested considerable time and effort in trying to influence the provision of health and social services to better meet the needs of their local communities.
- ✍ Their experience over the years has assisted them in becoming informed and familiar with the complex structures of health and social care services.
- ✍ The groups have links into the wider community by the inclusion of District Councillors and through members' individual involvement with other groups. The Fora have also links with other groups. The Armagh Forum has a strong link with the Armagh and Dungannon

LHSCG in that one of its members is a user and community representative on the Management Board.

- ✍ There has already been some experience of partnership working. The Armagh Forum facilitated the user and community involvement aspect of the work of the Armagh Primary Care Commissioning Pilot.

Discussions with the Fora and with the other key stakeholders have identified a number of areas for improvement in relation to the functioning of the groups. It was considered that if these issues could be addressed the overall effectiveness of the Fora would be increased.

MEMBERSHIP AND REPRESENTATION

Membership is one of the key factors to the successful working of the Fora because they mainly rely upon individual members' contacts with groups and local people to link with the wider community. There are two challenges for the effective working of the Fora. These are: -

- ✍ Sufficient and active membership.
- ✍ Representative membership.

Membership of all the active Fora has reduced since they were first established. Armagh has decreased from 14 to 10 members, Craigavon from 18 to 9 members and Dungannon from 16 to 11 members. The recruitment and retention of members has been identified as a difficulty the Fora have faced and anticipate they will continue to do so. The Fora are aware of the importance of their membership base and have tried to address the issue. However they have not had significant success in recruiting new members through seeking nominations from community and voluntary groups. Therefore they have tended to rely on informal mechanisms to identify new members such as approaching people with whom they are acquainted. This creates a potential problem for the Fora being perceived as a self-appointed, closed group which may further inhibit new membership.

In order to ensure that the Fora effectively represent the views of their local communities it is beneficial to have transparency as to how this is conducted. A common way in which the Fora indicated they linked with the wider community was on an informal, ad hoc basis through daily contact with individuals. This is a valid and useful mechanism but should be supplemented with more transparent means. Membership of other groups outside of the Fora to which members can link back both to share information and to consult was seen as a way in which this could be

fulfilled. All Fora had members who were involved with other groups but not all members were involved with other community-based groups. The perceived effectiveness of the Fora may be influenced by their ability to link with the wider community, and for this reason developing and strengthening the Fora's links with other groups in the area may increase effectiveness. This could be achieved by utilising the links individual members have with the local community or by developing the links of the Fora as a whole. When the Armagh Forum assisted the work of the Armagh Primary Care Commissioning Pilot, it was facilitated through the wider user and community involvement strategy to develop closer links with groups and/or individuals with which it would not normally have had contact.

The inclusion of elected representatives on the Fora is regarded as strength. District Councillors are members of two of the active Fora – Craigavon and Dungannon. Two District Councillors attended the Dungannon Forum meeting which took place while the review was being conducted but none attended the Craigavon Forum meetings²⁵. Armagh City and District Council wished to increase the number and proportion of District Councillors involved with health and social care issues and for this reason decided to withdraw from the Forum and establish their own Health Scrutiny Committee. This leaves the Armagh Forum without any elected representatives, thus weakening the Forum's links with the community.

Generally most of the active Fora include representation from most of the nine equality groups set out under Section 75. However there are some significant gaps. In relation to age the youngest members of the Fora are aged 30-40 years but the vast majority is aged 50+ years. Representation is also lacking in relation to minority ethnic groups. Craigavon Forum has a representative from the Craigavon Vietnamese group but the other two active Fora do not have any links to minority ethnic groups. The Portuguese population in the Dungannon district was acknowledged as a growing community where barriers were perceived to exist in relation to communication and integration into the wider community. The Fora were unable to identify any representation in terms of sexual orientation. This is not necessarily extraordinary, as it is the type of information that is generally kept private. None of the Fora have any links with other groups which represent the interests of gay, bi-sexual or trans-sexual individuals.

²⁵ The Craigavon Forum meetings were regularly attended by one District Councillor who recently died and her position on the Forum has not yet been replaced.

RESOURCES AND SUPPORT

The availability of financial resources has in general facilitated the working of the Fora in their current format. The amounts required by both the Craigavon and the Dungannon Fora have been insubstantial. The Armagh Forum benefited from receiving support from the District Council which subsumed the costs in latter years.

However a resource which the Fora require which none of them are currently receiving is administration support. Each of the Fora identified the need for this support. The Armagh Forum and the Craigavon Forum have received this support in the past and the Dungannon Forum has sought it. Administrative support was identified for the purposes of attendance at meetings and typing of minutes and reports, circulation of information and other general administrative tasks. The benefit of this type of support was evident in comparing the minutes of the Armagh Forum when it received support from the District Council with the minutes of the other Fora. The former included a more detailed record of the discussions at the meetings and also suggested that a broader range of topics may have been discussed. The record of the minutes indicates that the Armagh Forum, when facilitated by the District Council, included more agenda items that were not directly related to consultation documents. Therefore they were more likely to have the opportunity to identify other issues of concern to the local community – making the Forum more pro-active rather re-active.

In addition to administrative assistance, the Armagh Primary Care Commissioning Pilot identified the need for support in the form of advice, guidance and development. The support provided by the District Council to the Armagh Forum included professional, policy, legal and financial advice.

In terms of where this support could be best sourced, it was considered important that the Forum's independence be retained so support from a provider of health and social care services may not be the most appropriate. The District Council formally provided support to the Armagh Forum and the Dungannon Forum previously sought administrative assistance from the Dungannon and South Tyrone Borough Council to no avail. In addition the Dungannon District Council has established its own Forum, the South Tyrone Hospital Community Forum, which it facilitates. Therefore support from this avenue does not appear likely. The suggestion was made that the Southern Health and Social Services Council might have a role to play in supporting the Fora.

The Council has not examined this option in any detail. While such a partnership would significantly strengthen the Council's relationship with local communities, this issue of the appropriateness of such a role, and the resource implications need careful consideration. The options for providing support to the Fora requires wider debate and discussion and should include consideration of the potential role of the Trusts' Community Development teams, and the availability of sources of support outside the HPSS. While good administrative support was considered to be a basic essential for the Fora there was reference to other types of support required to enable the groups to achieve their full potential. The provision of such developmental support is likely to have significant resource implications.

EFFECTIVENESS AND CONTACT WITH ORGANISATIONS

One of the main ways in which the Fora have contributed to influencing the provision of health and social care is through responding formally to consultation documents. The Fora felt that this type of engagement was not necessarily the most appropriate nor effective. It was difficult for the Fora to evaluate the impact they had had in a general consultation process, and feedback on the value of their contribution was not normally provided. Submitting written responses to consultation documents is a particularly difficult task to undertake in the absence of administrative support. It was suggested that meetings and engaging in discussions would be more suitable as a method of responding to consultations.

The Fora identified a number of issues where they perceived they effected a change in services for the benefit of the users within their local communities. These examples included the decision to provide acute mental health services on two sites - including St Luke's Hospital in Armagh and the provision of additional rehabilitation officers for visual impairment.

The experiences of the Armagh Forum when it worked alongside the Armagh Primary Care Commissioning Pilot indicates that the Forum successfully influenced the work of the Pilot. In the initial stages, the Forum identified the priority primary care issues to be addressed in the Armagh area and it also raised issues with the primary care service providers which otherwise may not have been addressed.

WAY FORWARD

While the Community Fora as a Board-wide initiative cannot support the user and community involvement aspect of the LHSCGs the three active Community Fora can and have expressed a willingness to do so. The Dungannon and Craigavon Fora do not have a definite vision on the type of role they should play whereas the Armagh Forum, because of the experience of its involvement with the Primary Care Commissioning Pilot, have more definite ideas based on how it previously fulfilled this role.

There are a number of considerations for the development of the role of the Fora: -

- ✍ The three active Fora have some limitations in their membership due to; the limited number of active members, the lack of formal links with other community and voluntary groups and the difficulty experienced in attracting new members. This challenge must be faced if the Fora are to be developed and strengthened.
- ✍ Primarily the role of the Fora should be developed in partnership with the LHSCGs. This could include examining the potential of the Fora to act as a two-way information system, feeding information back to the wider community on the work of the LHSCG and identifying community and user concerns to inform the agenda of the LHSCG. The Fora might play a role in facilitating wider involvement of the local community – possibly identifying and involving other groups.
- ✍ There are other groups within the LHSCG areas which have a similar role and function as the Fora. Some of these groups such as the Craigavon & Banbridge Community Health and Social Services Trust Forum have been identified in this Review. The existence of these groups and the potential for overlap must be acknowledged.
- ✍ In common with other groups formed to represent the views of service users, the Fora will require administrative and developmental support to enable them to participate effectively, in a way which allows the Fora to be seen as an independent community organisation.
- ✍ It must be recognised that Fora members are unpaid volunteers who contribute significant amounts of their own time to facilitating the Fora. This limits the contribution which members can make. If the role

developed for the Fora includes members participating in working groups or attending meetings then individuals should be eligible for an allowance in line with the criteria set for such payments and the Board's policy on payment of expenses for service users and community representatives. This would demonstrate that involvement is integral rather than token.