

## **Proposals on the Future of Community Health Councils in Wales**

Thank you for your invitation to comment on the consultation document 'Proposals on the future of Community Health Councils in Wales.' Consumer Focus Wales is the consumer advocacy body for Wales. Our predecessor organisations (Welsh Consumer Council, Postwatch Wales and Energywatch Wales) had a history of being the authoritative voice of consumers in Wales, working with consumers and related organisations to present their interests and needs to industry and government in order to generate beneficial change.

The wide scale restructuring of the NHS provides an exciting opportunity to develop a Welsh health service that truly represents the views and needs of the citizen. More and more, the public sector is taking a professional approach to engaging with communities and citizens and realising the need for a continuous dialogue between providers and the public. In order to achieve its principles of community involvement, continuous engagement and being the voice of all citizens, the Community Health Councils (CHCs) in Wales must be leaders in developing the ways in which they collect, share and use information. This will mean providing support and training for the new members of CHCs to enable them to identify new and innovative approaches to engagement that really does reach as wide a range of consumers as possible.

We welcome the opportunities that the new NHS structure provides for integrated and joint working and the reduction of bureaucracy or duplication of roles. We also welcome the potential for a more citizen centred approach to health services, bringing

the patient, citizen and community views into the system in a more formal way. Our detailed comments are as follows.

**1. Do you agree that the functions of CHCs should be revised and strengthened along the suggested lines?**

We agree that, in line with the Minister's vision, CHCs should be the 'voice of the community'. We also believe the CHCs have an important role to play in scrutiny, just as Local Health Boards (LHB's) are the clear vehicle for service delivery. Both, however, are responsible for service design and service planning and this is where it should be made explicitly clear where roles and responsibilities for doing this lie. This means an open, transparent decision making process and mechanisms that ensure the views collected by CHCs have are given equal weighting to those of the LHB when planning and designing services.

As the Minister herself acknowledged, there is some confusion over the role of the Stakeholder Reference Group (SRG) and CHCs. One or the other must be the voice of the citizen and indeed the voice of the community as duplication will lead to confusion for the public and the possibility of poorly co-ordinated and excessive consultation. This can in turn lead to disengagement from the very people whose views you are trying to gather.

It will also be important to establish a mutually-beneficial working relationship between CHCs and the regulators (principally HIW and CSSIW), so that information is shared, and people are not 'over-consulted'.

With regards to the complaints and advocacy service, we feel the restructuring provides an opportunity to examine the potential for closer joint working between health and social services in this area, either through a joint advocacy and complaints service or an easier route for patients with issues that cover both service areas. Patient pathways may exist in some aspects of healthcare, but the principle of a continuous, integrated journey should apply in all aspects of a service, including complaints and advocacy. This will help ensure patients do not get caught between two systems and promote clarity and consistency not confusion.

**2. Do you agree with the proposals for the structure of CHCs?**

We agree that the number of CHCs should match the number of LHBs and that Area Associations would be a good vehicle for providing a link to the local community. However, we have several caveats in relation to Area Associations, set out in answer to the next question, which should be considered.

**3. What are the issues to be overcome so that the new CHCs can successfully build and develop their Area Associations?**

If the Area Associations are to reflect local views, they will need to overcome any issues of engagement and recruitment faced by the previous CHCs. To be truly representative, membership should be wide ranging across age, gender, disability and ethnic background. They also need to maintain a continuous dialogue with the community, not simply at times of service or policy changes. In order to do this, the Area Association need to be innovative and use a wide range of engagement techniques, be open and visible to the community and provide feedback to those who engage with them. They also need to be wide reaching and link in with current

organisations, networks and forums that represent specific groups within the community.

We remain to be convinced that the Area Associations will be able to develop this role in a sufficiently representative and efficient way, and this aspect of the proposed changes requires considerable further thought.

There are three principal problems:

*1. Disjointed consultation, leading to confusion and duplication*

It is clearly vital that Wales' public services take a 'joined up' approach to public consultation - this is a corollary of the Making the Connections initiative. If local government, the NHS and all the other public agencies operating in a locality set up their own engagement infrastructures and carry out their own, uncoordinated engagement activities, citizens will become confused, cynical and disengaged. It is vital, therefore, that any NHS-specific structure is as integrated as possible with other public service structures locally, such as a common citizen panel. At present, this dimension does not seem to have received sufficient attention in the consultation document, and we would urge the Minister to explore this issue much more thoroughly before making decisions on Area Associations – or, indeed, on any other aspects of NHS/public engagement.

*2. Clarity of roles and accountabilities between the Area Associations and their 'parent' CHC*

We are concerned that the proposed accountability arrangements between the Area Associations and their 'parent' CHC may lead to misunderstanding and tension

between the two tiers. When they are fully operational, the Area Associations will have the capacity – indeed, should actively strive - to be the ‘public face’ of the CHC for many aspects of NHS planning and consultation. They will become the ‘voice’ of their locality, sometimes engaging in controversial health planning and other matters. As they grow in stature, it will be vital to ensure that the CHC has sufficient popular legitimacy to hold the Associations to account, and to reconcile any differences of opinion between their various Area Associations. The link proposed – the Chair of the Area Association being an associate member of the CHC – could prove problematic as they may find it difficult to remain neutral or compromise when making decisions that are intended to benefit all and not just the area they represent.

### *3. Resources*

The Minister’s ambition in respect to public engagement is commendably ambitious. However, it is clear that Area Associations will require significant resources if they are properly to engage with local communities ranging in size up to 300,000 people. This cannot be achieved without professional expertise and staff resources. It is important not to raise public expectations in this regard, if such resources are unlikely to be made available. It would be very helpful in the next round of this process if it were made clear broadly what level of resources the Area Associations – and CHCs as a whole – may expect. This policy is unlikely to be cost neutral.

### **4. Do you agree with the proposed number of new CHC members?**

We believe the number of members should be closer to 16 than 24. Too many members will not allow for detailed discussions and limit the effectiveness of the CHC.

**5. Do you believe the proportions drawn from public appointment, local authorities and the third sector are right?**

We believe that for better joint working there should be a good cross sector of representation. This needs to reach as many people within the community as possible, including the more vulnerable sectors of society and those who have not previously engaged with the health service. However, it must be ensured that any local authority or third sector roles are not duplicated within the Stakeholder Reference Group.

**6. What are your views on a potential ballot to be held as part of the appointment of some CHC members?**

If a ballot is to be held, it must be made clear to those voting that the person they have chosen is accountable to the Minister and not to them, as a ballot may imply they have a role akin to a local councillor.

**7. Which common elements do you think should appear in a framework for all Area Associations and which elements should be left to local determination?**

We have no comment on the operating framework but welcome the production of guidance on engagement to support CHCs and Area Associations and introduce a consistent national approach to engagement for Wales that is flexible enough to adapt to local needs.

**8. Do you feel that the accountability arrangements are clearly set out?**

Transparency is key in accountability to the public and we welcome the commitment to the development of a standard and consistent approach to the collection and

dissemination of information. This will be a step toward improving the ways in which providers can use customer satisfaction data and provide an opportunity to develop ways of collecting data that are more suited to the customer. This means asking people how and why they want to share information and looking at other non-intrusive and less time consuming ways of collecting and sharing data and information. This could range from using the internet and new technologies, to sharing newsletters with local authorities.

These must be in a variety of formats to suit as many needs as possible, not just the majority, in order to reach those who have previously felt disengaged from the system. They should also use a common, non-technical reporting language that takes account of people's reading and understanding abilities and, where applicable, take account of language needs for those who do not have English or Welsh as their first or preferred language.

**9. Are you satisfied that the proposals would deliver the right level of accountability with respect to CHCs in Wales?**

We agree that principles of accountability should be in line with Citizen Centred governance principles. This needs to be supported by staff training as to what their role is and what these principles mean in practice.

**10. Do you agree that the Board of CHCs in Wales should be smaller than now, and is the new suggested size about right?**

We have no comment on this matter.

**11. Under these proposals, would the right links be in place between CHCs and the National Advisory Board?**

We believe that aside from the annual reporting, there must be a continuous dialogue between the Board of Community Health Councils and the National Advisory Board. Public and patient views need to continuously feed into service planning and mechanisms should be in place to support this.

In summary, we are delighted at the priority being accorded to patient and public engagement in the NHS, and believe that CHCs are potentially a very useful mechanism for delivering it. It is important, however, that we do not create confusion and complexity where it is not needed. *Externally to the NHS*, public engagement should be regarded from the perspective of Wales' public services as a whole, and not solely from that of the NHS. After all, most citizens have interests in a wide range of public services (not just the NHS), and will soon tire of being asked to participate in a bewildering set of engagement approaches, timescales and initiatives which seem to them to have little impact. *Internally to the NHS*, we must ensure that there is absolute clarity of roles and responsibilities as between CHCs, LHBs (and their SRGs), and the regulators. The test will be whether patients and citizens understand these distinctions – and the Welsh Assembly Government might wish to undertake some evaluation of this a year after the new arrangements come into place.

The sheer complexity of the way that we organise health and the public services demonstrates that a need to be clear about structure, we also need to be clear on what our vision is for change and improvements that will to better serve the people of Wales. Should you have any comments or queries regarding this response, please contact Rebecca Thomas, Senior Policy Advocate, on 029 2078 7107 or e-mail [rebecca.thomas@consumerfocus-wales.org.uk](mailto:rebecca.thomas@consumerfocus-wales.org.uk)

Yours sincerely

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