Dyddiad*:* **Dydd Mercher 26 Tachwedd 2003**

Leoliad: **Ystafell Bwyllgora, Cynulliad Cenedlaethol Cymru**

Teitl: **Rheoliadau Cyngor Iechyd Cymuned- papur i'w nodi.**

Pwrpas

Yn ei gyfarfod ar 16 Gorffennaf 2003 penderfynodd y Pwyllgor roi ystyriaeth bellach i'r Rheoliadau Cyngor Iechyd Cymuned drafft.

Crynodeb / Argymhellion

Mae'r rheoliadau drafft yn gosod y trefniadau ar gyfer Cynghorau Iechyd Cymuned (CIC) yng Nghymru. Maent yn ychwanegu rhai swyddogaethau, megis gwella hawliau ymweld a darparu gwasanaeth eirioli cwynion annibynnol. Maent hefyd yn gosod y trefniadau ar gyfer bod yn aelod o'r CIC a'r darpariaethau ar gyfer sefydlu Bwrdd Cynghorau Iechyd Cymunedol Cymru Gyfan.

Gofynnir i'r Pwyllgor nodi canlyniad yr ymgynghoriad 12-wythnos, a ddaeth i ben ar 10fed Hydref 2003, a welir yn Atodiad 1, ac i roi sylwadau ar y rheoliadau drafft.

Bydd cyfres derfynol o reoliadau ar gael i'r pwyllgor ei hystyried yn ei gyfarfod fis Ionawr, os bydd y pwyllgor yn teimlo y byddai'n hoffi cael golwg bellach arnynt. Y bwriad yw i'r rheoliadau ddod i rym ar 1 Ebrill 2004.

Cefndir

Derbyniodd Deddf Iechyd (Cymru) 2003 Gydsyniad Brenhinol ar 8 Ebrill 2003. Mae'r Ddeddf yn diwygio Deddf Gwasanaeth Iechyd Gwladol 1977 ac yn rhoi i'r Cynulliad bwerau ychwanegol i lunio Rheoliadau yn ymwneud â'r Cynghorau Iechyd Cymuned yng Nghymru. Gofynnwyd am y pwerau hyn gan fod ar y Cynulliad eisiau gallu:

- Newid enw CIC (nid oes unrhyw benderfyniad wedi ei lunio ar hyn eto a hyd yn oed os penderfynir gwneud hyn, bydd yn ofynnol newid enw trwy Orchymyn yn hytrach na thrwy Reoliadau)
- Newid nifer a ffiniau'r Cynghorau Iechyd Cymuned yng Nghymru (nid oes unrhyw fwriad defnyddio'r pwer hwn yn y dyfodol agos, a byddai hyn eto yn dod yn weithredol trwy Orchymyn)
- Newid cyfran yr aelodau sy'n cynrychioli awdurdodau lleol a'r rheini sy'n cynrychiolio'r sector gwirfoddol er mwyn i aelodaeth y Cynghorau Iechyd Cymuned gynrychioli'r boblogaeth leol yn well ac i wneud y broses benodi yn fwy agored a thryloyw.
- Ei gwneud yn ddyletswydd ar Gynghorau Iechyd Cymuned ddarparu gwasanaethau eirioli cwynion annibynnol.
- Rhoi'r pwer i Gynghorau Iechyd Cymuned fynd i mewn i unrhyw adeilad lle darperir gofal gan y GIG, gan gynnwys safleoedd darparu gofal sylfaenol a chartrefi nyrsio (lle caiff gofal a ariennir gan y GIG ei darparu) a
- Creu corff statudol newydd ar gyfer Cymru gyfan, yng ngoleuni diddymiad Cymdeithas Cynghorau Iechyd Cymuned Lloegr a Chymru.

Ar 21 Gorffennaf, cyhoeddwyd cyfres newydd o reoliadau drafft ar Gynghorau Iechyd Cymuned ar gyfer ymgynghoriad 12 wythnos. Roedd y rhai hyn yn gosod swyddogaethau'r Cynghorau Iechyd Cymuned a materion yn ymwneud ag aelodaeth. Mae llawer o gynnwys y Rheoliadau newydd yn debyg i reoliadau Cynghorau Iechyd Cymuned 1996 sef y rhai presennol gyda darpariaethau sy'n ymwneud â'r pedwar pwynt bwled uchod h.y. aelodaeth, eirioli cwynion, pwerau mynediad a'r corff newydd ar gyfer Cymru gyfan, wedi'u hychwanegu.

Ystyriaeth

Derbyniwyd 55 ymateb i'r ymgynghoriad a thrafodir y rhain yn yr adroddiad ar yr ymgynghoriad. Caiff rhai newidiadau eu gwneud i'r rheoliadau drafft er mwyn cymryd y sylwadau a dderbyniwyd i ystyriaeth. Mae'r rhai hyn yn cynnwys :

- Mân bwyntiau drafftio, diffiniadau a chamgymeriadau teipograffyddol.
- Ailystyried geiriad rheoliad 6 ar gyrff gwirfoddol lle mae'n nodi y bydd y Cynulliad yn penderfynu pa rai a wahoddir i gymryd rhan yn y gwaith o benodi aelodau.
- Ailystyried y dyddiadau pan ddylid cyflwyno adroddiadau blynyddol (Rheoliadau 16 a 28)
- Ail eirio rheoliad 18 er mwyn adlewyrchu'r angen am broses ymgynghori statudol ac ystyried y sylwadau a dderbyniwyd y dylid gwneud cymhariaeth â Rheoliadau Pwyllgorau Craffu a Throsolwg sydd yn weithredol yn Lloegr.
- Diwygio Rheoliad 20 er mwyn gofyn i'r Cynghorau Iechyd Cymuned gydweithredu gyda chyrff arolygu statudol.
- Ystyriaeth bellach a oes angen crybwyll y nifer uchaf o ymweliadau dirybudd yn Rheoliad 20(3) ac a oes angen ei ail eirio er mwyn adlewyrchu pryderon am y defnydd o ymweliadau dirybudd.

Goblygiadau Ariannol

Cafodd swm rheolaidd ychwanegol o £550 mil ei glustnodi yng Nghylch Cynllunio Cyllideb 2002 i gryfhau a datblygu Cynghorau Iechyd Cymuned. Nid oes unrhyw oblygiadau ariannol pellach i'r Cynulliad yn sgil y ddeddfwriaeth hon.

Themâu Trawsbynciol

Gofal cymdeithasol - Mwy o hawliau i Gynghorau Iechyd Cymuned ymweld ag unrhyw safle lle darperir gofal gan y GIG. Bydd hyn yn effeithio ar y rheini sy'n darparu gwasanaethau o dan Ddeddf Safonau Gofal 2000. Mae swyddogion yn cydweithio â'r sector cartrefi gofal i sefydlu protocol ar gyfer y berthynas waith rhwng ei aelodau, Cynghorau Iechyd Cymuned ac Arolygiaeth Safonau Gofal Cymru.

Llywodraeth Leol - bydd newid cyfran aelodaeth CIC yn gostwng nifer yr aelodau sy'n cynrychioli awdurdod lleol. Ymgynghorwyd â Chynghorau Bwrdeistref Sirol a Chymdeithas Llywodraeth Leol Cymru ar y newidiadau hyn. Mae swyddogion yn cydweithio gyda nhw hefyd er mwyn cyflwyno'r newidiadau'n ddidrafferth ac i gadw at yr arferion gorau wrth benodi pobl yn y dyfodol.

Nid oes themâu trawsbynciol eraill. Nid oes angen cyfeirio unrhyw fater i Bwyllgorau eraill.

Camau i'w Cymryd gan y Pwyllgor Pwnc

Gofynnir i'r Pwyllgor nodi'r papur hwn a chanlyniad yr ymgynghoriad yn Atodiad 1.

Jane Hutt
Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol

Swyddogion Cyswllt:
David Boyland, Yr Is-adran Perfformiad, Ansawdd a Rheoleiddio, Ffôn:029 2082 5537
Pat Vernon, Yr Is-adran Perfformiad, Ansawdd a Rheoleiddio, Ffôn: 029 2082 1427

Nid yw'r atodiod ar gael yng Nghymraeg

ANNEX 1

DRAFT COMMUNITY HEALTH COUNCIL REGULATIONS 2003

CONSULTATION REPORT

PRESENTED TO THE HEALTH AND SOCIAL SERVICES COMMITTEE BY

MS JANE HUTT, MINISTER FOR HEALTH AND SOCIAL SERVICES

ON

26th NOVEMBER 2003

Background

The National Assembly for Wales decided some time ago to retain the 20 Community Health Councils (CHCs) in Wales and to strengthen their functions and standing as independent bodies. CHCs are to be abolished in England and replaced by a combination of Patients' Forums, Patient Advice and Liaison Services (PALS) based in trusts, and Independent Complaints Advocacy Services (ICAS).

In April 2003, the Health (Wales) Act was given Royal Assent. This amends the National Health Service Act 1977 gives the Assembly additional powers to make orders relating to the naming and boundaries of CHCs in Wales, and regulations relating to their functions and to the setting up of an all-Wales body for CHCs. These powers were sought because the Assembly wants CHCs to have a key role in the full and active involvement of patients and the public in decision-making at all levels of the NHS in Wales. The CHC provisions contained in the Health (Wales) Act will be commenced with effect from 13th October 2003.

A new set of regulations has been drafted, to replace the Community Health Council Regulations 1996. These set out provisions for CHC membership, proceedings, finance and performance of functions, as well as the arrangements for a new all-Wales body for CHCs. CHCs are to be given the responsibility of providing an independent complaints advocacy service across the whole of Wales, and a new power to enter and inspect premises wherever NHS funded care is provided.

The draft regulations have been subject to a 12-week consultation period, from 21st July to 10th October 2003. Over 160 stakeholders and interested parties, including all Assembly Members, were consulted and 55 replies were received.

List of consultees

Academy of the Royal Colleges in Wales
Age Concern Cymru
Assembly Members
Association of Welsh Community Health Councils
Association of Public Health Observatories
Audit Commission
Breast Test Wales
British Medical Association (Wales)
Care Forum Wales*
Centre For Health Leadership Wales
Chair- All Wales Committee For Health Care Professionals
Chief Executive of Health Professions Wales
Chief Nursing Officer for Wales
Chief Scientific Officer, National Assembly for Wales
Children's Commissioner for Wales
Commission For Health Improvement
Commission For Racial Equality
Community Health Councils- Chairs and Chief Officers
Community Practitioners Health Visitors Association (CPHVA) Wales
Confederation of British Industries
County Borough Councils in Wales
Department Of Health
District Audit Service
Environment Agency
Equal Opportunities Commission
Food Standards Agency
Health and Safety Executive
Health Professions Wales
Health Solutions Wales
Help the Aged Cymru
Home Office
Information Officer Disability Wales
Institute of Healthcare Management (Wales)
Institute of Welsh Affairs
Joint Committee for the Ethnic Minorities in Wales
Local Government Data Unit
Local Health Boards
NHS Trusts
Nurse Executives Wales
Nursing and Midwifery Council
Public Health Laboratory Service/ Communicable Disease Surveillance Centre
Registered Nursing Home Association
Royal College of Midwives Welsh Board

Scottish Executive
Specialised Health Services Commission for Wales
Trade Unions (AEEU, GMB, MSF, TGWU, UCATT, UNISON)
University of Glamorgan
University of Wales, Aberystwyth
University of Wales, Bangor
University of Wales, College of Medicine, Caerleon
University of Wales, College of Medicine, Cardiff
University of Wales, Swansea
UWIC, Cardiff
Voluntary Sector Assembly Liaison Council for Voluntary Action
Wales Cancer Registry
Wales Council for Voluntary Action
Wales Office of Research and Development
Wellcome Trust
Welsh Assembly Government Policy Leads
Welsh Clinical Psychology Advisory Committee
Welsh Collaboration for Health and Environment
Welsh Combined Centres for Public Health
Welsh Dental Committee
Welsh Food Alliance
Welsh General Practitioners Committee
Welsh Institute for Health and Social Care
Welsh Local Government Association
Welsh Medical Committee
Welsh National Blood Service
Welsh Nursing and Midwifery Committee
Welsh Ophthalmic Committee
Welsh Pharmaceutical Committee
Welsh Scientific Advisory Committee
Working group of NHS officers and Assembly officials set up to consider development of consultation guidance to replace WHC(91)47 **.

* meeting held with Care Forum Wales on 6th October 2003

** meeting of the Working Group held on 4th September 2003

List of written respondents

1. Age Concern Cymru

2. Association of Welsh Community Health Councils
3. Audit Commission
4. Blaenau Gwent Local Health Board
5. British Medical Association Cymru Wales
6. Bro Morgannwg NHS Trust
7. Caerphilly Local Health Board
8. Cardiff and Vale NHS Trust
9. Cardiff Community Health Council
10. Care Forum Wales
11. Ceredigion Community Health Council
12. Ceredigion County Council
13. Clwyd Community Health Council
14. Conwy Community Health Council
15. Conwy County Borough Council
16. Conwy and Denbighshire NHS Trust
17. Conwy Local Health Board
18. Denbighshire County Council
19. Denbighshire Local Health Board
20. Environment Agency
21. Flintshire County Council
22. Gwent Community Health Council
23. Health Professions Wales (replied but no comments made)
24. Joint Committee for the Ethnic Minorities in Wales
25. Medical Protection Society
26. Merthyr and Cynon Valley Community Health Council
27. Montgomery Community Health Council
28. Neath and Port Talbot Community Health Council
29. Neath Port Talbot Local Health Board
30. North West Wales NHS Trust
31. NSPCC Cymru/Wales
32. Pembrokeshire Community Health Council
33. Pembrokeshire and Derwen NHS Trust
34. Mr Gwyn Phillips
35. Pontypridd and Rhondda NHS Trust
36. Pontypridd Rhondda Community Health Council
37. Mr David Smith
38. Mrs Hilda Smith
39. Swansea Community Health Council
40. Swansea Local Health Board
41. Swansea NHS Trust
42. The Triangle Project
43. TUC Wales
44. Tutton, Rev. Ian, Member, Cardiff Community Health Council

45. UNISON
46. University of Glamorgan, School of Care Sciences
47. Vale of Glamorgan Community Health Council
48. Vale of Glamorgan Local Health Board
49. Velindre NHS Trust
50. Wales Council for Voluntary Action
51. Welsh Ambulance Services NHS Trust
52. Welsh Local Government Association
53. Welsh Nursing and Midwifery Committee
54. Wrexham Local Health Board
55. Ynys Mon Local Health Board

Summary of responses and comment from the Welsh Assembly Government

The consultation document invited general comments on the draft regulation and also asked ten specific questions. The summaries below appear in the same order as the draft regulations and deal with general comments and responses to the specific questions together.

Part I – General provisions and definitions (Regulation 1)

Some comments were received about certain existing definitions and suggestions made for new ones, for example, should "chairman" and "primary care services" be defined?. There was also a query about the definition of a "relevant Trust". One correspondent made some detailed drafting points.

Welsh Assembly Government comment:

The Assembly legal team will consider these suggestions for possible inclusion in the final draft.

Part II – Membership (Regulations 2-10)

1. Membership proportions

The regulations allow for a change in membership proportions, reducing those members drawn from the local authority and voluntary sectors to one quarter each, with the remaining half to be appointed by the Assembly. Most respondents thought that this would result in more places for members of the local community and thought there were clear advantages to this proposal. A small number of respondents opposed the changes on the grounds that they might reduce local democratic accountability and place too much power in the hands of the Assembly. Some correspondents felt that Regulation 6(1) which states that the Assembly shall determine the voluntary organisations to be invited to make appointments was wrong and placed unnecessary restrictions on the sector.

Welsh Assembly Government comment:

Regulation 7 sets out the principles that should apply to all appointments, including those made by the Assembly. We are committed to fair and open competition and ensuring that candidates with the right skills and experience are appointed. Officials will reconsider the wording of Regulation 6 to ensure that it is fair and equitable.

2. Attracting CHC members and improving the recruitment process

There were some suggestions around improvements to the recruitment process through targeting of publicity to harder to reach groups. Some respondents suggested that a recruitment pack and good practice guidance should be made available to local authorities and the voluntary sector so that all candidates could be familiar with the work of the CHC and know the level of commitment required. It was also the view of a number of respondents that a detailed person specification should be developed to ensure that candidates have the skills required to perform as a CHC member. CHCs themselves felt that they should be able to have more input into recommending candidates for interview, e.g. existing co-opted members and people on public reference groups. It was also felt by several respondents that individuals involved in voluntary organisations and local authorities should be able to apply to be individual members through the Assembly appointments procedure.

There were some useful comments on how the Assembly could raise the profile of CHCs through a national publicity campaign in order to create more opportunities for people in harder to reach groups. Others felt more people would be attracted to CHC membership if they could take time off work to allow them to be on CHCs, or if childminding support was offered. There was also comment about the involvement of children and young people and suggestions on how CHCs could make themselves more accessible. It was suggested that good practice guidelines could be developed for involving children and young people.

Welsh Assembly Government comment:

Officials are already looking at how better to target advertising and publicity, though a pilot being conducted in Denbighshire. Lessons learned from that pilot will inform the wider recruitment process and the useful comments received on how to create more opportunities for harder to reach groups will be given careful consideration. We are also working on a national publicity campaign to raise the profile of CHCs more generally. We will be working with the local authority and voluntary sectors on the development of good practice guidance and person specifications. We accept that any individual may apply for an Assembly appointment, irrespective of whether they hold a position with a local authority or a voluntary organisation, so long as they is no conflict of interest, or none of the disqualification criteria set out at Regulation 9 applies.

Approaches to the relevant Government department have been made to have CHCs added to the list of bodies whose members are entitled to time off work to carry out their duties. Unfortunately, the request was refused on the basis that other non-statutory means could first be used to widen CHC membership.

This is now being addressed through the publicity strategy in development. The Welsh Assembly Government will be happy to work with CHCs and children's organisations to develop guidelines for involving children and young people in the work of CHCs and officials will take this forward.

3. Proposed timescale for introduction of the changes in membership

Most respondents felt that the proposed timescale of 2006 was realistic and achievable, although there were some concerns about the loss of expertise and that the appointments process needed to be carefully handled in order to avoid this. A small number of respondents felt that 2006 was not quick enough when contrasted with some of the past changes in health and local government. One correspondent wished to extend the timeframe to 2008.

Welsh Assembly Government comment:

It is felt that the proposed timescale of 2006 is about right and there are no plans to alter this.

4. Eligibility criteria

There was a suggestion from more than one respondent that members should live within the CHC area to which they are appointed and that all appointments should be subject to Criminal Records Bureau checks. Some CHCs felt that it should be possible for members to serve more than a maximum of eight years if the member was performing well, and that CHCs should be able to make recommendations about the reappointment of individuals under these circumstances. One respondent felt that there should be more flexibility to renew co-opted members' annual terms of office. Another felt that the bar on being a member of both a CHC and a LHB was unduly restrictive.

Welsh Assembly Government comment:

It is agreed that CHC members ought to be subject to CRB checks and we will consider how this is to be done and whether this should also apply to co-opted members and members of CHC committees who are not full members of the CHC. It is not felt necessary to specify in regulations that members should live within the CHC district. They should be able to demonstrate an affinity and interest in the area at the time they are appointed. The suggested maximum of eight years is thought to be about right if there is to be a healthy turnover of members, in order to encourage new people to apply. There is nothing to prevent former members becoming co-opted members after the eight years is up. The regulations already allow CHCs to reappoint co-opted members after a year if it is felt this is necessary for the performance of the CHC's duties. The disqualification criteria are meant to ensure that there can be no conflict of interest in the membership and that CHCs retain their independence.

5. Training and development of CHC members

One respondent said that consideration should be given to training and development of CHC members

being conducted alongside that of Local Health Board members.

Welsh Assembly Government comment:

We will give consideration to this suggestion.

6. Direct elections

There were reservations expressed about the suggestion of having direct election arrangements for CHCs. It was felt by some that this might act as a bar to under-represented groups, would not be a guarantee of better expertise and experience, and that it might "politicise" the CHC membership, although it was recognised that it would give CHC members more legitimacy. There were further concerns that creating other elected bodies would confuse democratic accountability, and that elections would be costly and time consuming and for this reason impractical.

Welsh Assembly Government comment:

We are still considering the options around elections and will take account of the views expressed.

Part III – Proceedings (Regulations 11-16)

A small number of respondents felt that the regulations did not address the various CHC structures around Wales, e.g. federations, area committees, etc. It was felt that the regulations should cover issues such as disclosure of self-interest. On reports, it was suggested that CHCs should be required to submit annual reports by 1st September each year, and that the CHC Board should then submit its report to the Assembly on 1st October. This would give the CHC Board time to include CHC reports and activities into its report. It was also suggested that a model format for reports could be provided. Also, there was a request that model standing orders could be provided to CHCs

Welsh Assembly Government comment:

It is important that the regulations set out the statutory basis for CHCs. There is no need for them to go into detail about the various administrative structures which exist as these may be changed at any time. Officials will consider the proposal for the dates of annual reports and whether the regulations should be amended to cover this point. The format of annual reports and standing orders are not matters for the regulations and will be followed up separately by officials in separate guidance. Disclosure of self-interest should also be covered in guidance.

Part IV – Performance of Functions (Regulations 17-22)

1. *Consultation of CHCs by NHS bodies*

Many felt that the arrangements as set out were adequate and that the intention to involve CHCs at all levels of discussion was welcomed. However, a significant number of respondents felt that the dropping of the term "substantial" and the replacement of it with a more general requirement to consult created a very wide agenda, which could cause problems, not least in the ability of CHCs to respond. Respondents also observed that position of Health Commission Wales (HCW) as part of the Assembly also required resolution. It was felt by these respondents that the wording of Regulation 18 needed to be revised to ensure that the statutory right of CHCs to be consulted on substantial changes, and the mechanism to be followed in the event of disagreement was clearly set out. Otherwise, it was argued, there would be no guarantee that current good practice would be continued. Some respondents felt that the regulations should be strengthened to ensure that changes to primary care services were covered. It was suggested that a comparison be made between the proposed CHC regulations and the Overview and Scrutiny Committees Regulations that apply in England to ensure that, where appropriate, intentions that are common to both are expressed in a consistent way.

Welsh Assembly Government comment:

We accept the comments received and agree that the wording of Regulation 18 needs to be revised to make clear the mechanism to be followed in the case where substantial change is proposed. We are also working on revised guidance to the NHS on consultation to replace the current out of date guidance. We will give consideration to comments received that a comparison be made with the Overview and Scrutiny Committees Regulations.

Consultations conducted by HCW do not fall within the arrangements set out in the Regulations because the Assembly can only make regulations covering bodies mentioned in the enabling power (i.e. Schedule 7A (2)(f) of the NHS Act 1977, as inserted by the Health (Wales) Act 2003). However, the revised guidance will cover the mechanism to be followed for HCW-led consultations, and will almost certainly mirror the good practice we would expect from any NHS organisation. Similarly the regulations cannot stipulate that primary care contractors should consult CHCs, but we would expect LHBs to consult on changes in that sector, if they are agreed as being substantial.

2. *Information to be furnished by relevant health bodies*

One respondent queried why there was no stipulation in the regulations for NHS bodies to respond to a CHC’s request for information within any timescale. The respondent also requested the inclusion of a section requiring NHS bodies to respond to CHC reports with an explanation of action it intends to take or otherwise, again within a stipulated time frame. Both of these issues are set out in the Patients’ Forums Regulations.

Welsh Assembly Government comment:

It is not felt necessary to stipulate such detail in the regulations. The best way to foster good working relationships is for CHCs and local NHS bodies to agree on working protocols to suit local arrangements.

3. *Enhanced rights of entry and inspection*

Generally, the enhanced rights of entry were welcomed. There was some concern that CHCs might not have sufficient resources to carry out more visits, for example to primary care premises. Some respondents said that the regulations should set out what should happen if a NHS body failed to comply with a request for entry. Other respondents stressed the need for clear protocols for visiting arrangements, and the need for CHCs to work co-operatively with Local Health Boards and the statutory inspectorate bodies. This was felt to be particularly relevant for those premises covered by the Care Standards Act 2000, where there is already heavy regulation of the sector. Most respondents felt that the reason for CHC visits needed to be clearly understood by all those to be visited. One respondent felt that CHC visits were of limited value.

There were mixed views on the subject of unannounced visits. Some felt that they would be helpful and allow CHCs to see premises "as they really are"; others felt that they could disrupt service delivery and would not fit in with true partnership working. It was felt that CHCs should seek to target visits in order to provide evidenced information that can be used to improve health care. There was not much support for having a maximum number of unannounced visits specified in the regulations.

The point was made by more than one respondent that CHC members should be subject to CRB checks if they are to visit premises and that this should be reflected in the regulations. This point was also raised in connection with general membership issues, above. Other respondents raised issues about data protection and patient confidentiality, privacy and dignity; also child protection issues were felt to be relevant if the CHC was to visit an area where children were receiving treatment.

Welsh Assembly Government comment:

We agree that the regulations should be amended to require co-operation between CHCs and the statutory regulatory bodies. Protocols negotiated between CHCs and local NHS bodies will be important in ensuring that this new function is successfully carried out. The Welsh Assembly Government will do all it can to facilitate the development of these protocols, but essentially, it is for CHCs and the NHS locally to reach agreement.

We believe that it is important for CHCs to be able to carry out unannounced visits, but this power should be used sparingly. For example, if, through various complaints received, a CHC observes a worrying trend on which they would like to gather independent evidence, then it should be able to do so. We accept that disruption to service delivery must be kept to a minimum

and CHCs should not be looking to use unannounced visits except in the most exceptional circumstances. Visits should normally conducted in a spirit of partnership and co-operation, not confrontation. We agree that there is probably no need to refer to a maximum number of visits and will look at amending the regulations accordingly. CRB checks are covered in comments above. Other issues relating to patient confidentiality, privacy and dignity etc, can be covered in guidance to CHCs.

4. *Independent complaints advocacy*

There was general support for the complaints advocacy function and for the need to learn from complaints. Respondents stressed the need for consistency and standards in the handling of complaints by CHCs. Others commented that CHCs should be involved in informing Trust and LHB policies through the proactive use of complaints information and that this could be achieved by CHC staff being engaged in clinical governance meetings, public and patient involvement meetings and complaints sub-committees. One respondent would welcome the sharing of aggregate information on complaints in order to identify national trends, system failures, etc.

Welsh Assembly Government comment:

The complaints advocacy service has now been established and is working to a set of agreed standards. The service has also adopted the recently published national standards for children's advocacy. The Welsh Assembly Government will do all it can to foster the sharing of complaints information and supports the idea of CHCs being engaged in the appropriate NHS committees to ensure the proactive use of complaints information.

Part V – The Board of Community Health Councils in Wales (Regulations 23-28)

There was general support for the CHC Board. One respondent felt that CHC members with specific responsibilities for Board work should receive financial compensation. Most respondents felt that the CHC Board had a clear role in awareness-raising, setting standards, developing a training agenda and monitoring the quality of CHC services, with the aim of achieving consistency across Wales. Some respondents queried the accountability of the CHC Board. One respondent opposed the setting up of the CHC Board on principle.

Welsh Assembly Government comment:

The arrangements for the CHC Board have been developed in close co-operation with the CHCs. Work is now underway on systems to measure and develop performance, standard setting and training.

Part VI – Finance (Regulations 29-30)

One respondent commented that there is no provision for the accounts of CHCs or the CHC Board.

Welsh Assembly Government comment:

Regulations 29 and 30 set out that the Assembly shall make funding available to CHCs and that CHCs shall keep accounts. As CHCs are not corporate bodies, funding is made via a ring-fenced allocation to Powys Local Health Board, which has overall responsibility for accounting for the funding. The NHS Business Services Centre provides finance services to CHCs including monthly reports of expenditure, which are also presented to the Assembly. All CHCs keep records of their own budget accounts and expenditure.

Part VII – Revocations (Regulation 31)

No comments received.

Schedule

Some minor drafting points were raised which will be addressed.

Change of name

Although this is not a matter for the regulations, consultees were asked their views. There was general support for keeping the name Community Health Council and support for a publicity campaign to ensure that the public and NHS is made better aware of CHCs and what they do. Some also commented on the need for a corporate identity. A few respondents said that the name has sometimes been confused with community councils, a layer of local government and that it does not really reflect the CHCs' responsibilities.

Welsh Assembly Government comment:

This matter has already been debated at length by CHCs and it was felt that the actions and visibility of the CHC is more important than its name. Whilst CHCs do need to have a better profile, many people are familiar with them. It was felt that this should be built upon rather than thrown away. A publicity strategy is being developed, together with a new corporate identity. The Welsh Assembly Government will now work with CHCs to develop their profile both with the public and the NHS.

Boundaries

Again, this is not a matter for the regulations, but views were sought on whether CHC boundaries should be made exactly co-terminous with those of local authorities and LHBs. There was general support for achieving this over time as it was felt to be advantageous when dealing with questions around

continuing care, hospital discharge, etc. However, some respondents said that CHCs relate to patient flows associated with local NHS Trusts and general practices and that there should be flexibility enough to recognise this. Some respondents felt that geographical size was a factor and that areas such as Gwynedd and Powys would be too large to be covered effectively by a single CHC. One respondent thought that CHCs could be reorganised on a regional basis.

Welsh Assembly Government comment:

We will wait to see how CHCs settle into their strengthened functions before making any decisions on co-terminosity. The comments will be borne in mind for the future.