Review of Community Health Councils Consultation Response Form

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Consultation questions (please insert your responses in the box below each question)

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<th>Do you agree with the Welsh Government’s proposed actions in response to the recommendations? If not, what alternatives would you propose?</th>
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| Aneurin Bevan Community Health Council welcomes the recommendations within the consultation document but offers specific comments for consideration in relation to the following recommendations;

**Recommendation 6 – The Complaints Advocacy function within Community Health Councils should be further strengthened and developed**

We welcome the opportunity to develop this service and expand the delivery of the service to support early resolution of patient concerns. We would however welcome the release of the remaining funding allocated to CHCs to support ‘Putting Things Right’ to enable us to develop our staff and service to focus our efforts on the front end of patient concerns and avoid where appropriate the necessity for complaints.

**Recommendation 7 – The Board of CHCs should resolve the position regarding visiting Nursing Homes, and Community Health Councils start such visits as a matter of urgency.**

We recommend that this issue be resolved to enable CHCs to independently inspect the patient environment as well as undertake patient/resident satisfaction surveys. Restricting CHCs to only monitoring the NHS provision within a care home restricts our ability to assess the holistic care within the care home environment. The delivery of NHS services must be placed in the context of the environment and support that patient/residents receive if we are to truly represent the interests of some of the most vulnerable people in society and monitor the standards and quality of the services they receive.
**Recommendation 8** – The agency arrangement for financial, HR and other support, and the division of administrative responsibilities for Community Health Councils, should be reviewed

We would urge Welsh Government to develop a service level agreement with agreed standards of service delivery as a matter of urgency.

**Recommendation 9** – Community Health Councils should make much greater use of electronic communications technology.

Whilst we recognise the need to develop our engagement with social media and electronic communications technology, this will need appropriate funding to support and sustain IT hardware and software.

**Recommendation 10** – Appoint the Chair and non-executive members of the Board of Community Health Councils

Whilst we agree with this recommendation, concern was raised about ensuring an appropriate recruitment and appointment process. Clarity is needed on the role and functions of these posts.

**Recommendation 14** – Minimise the bureaucratic burdens of separate Local Committees

We would welcome a change to the legislation that would enable CHC to determine the structures that best fit the geography, demography and NHS provision in each locality. The landscape of the NHS and Local Government is changing, and it is reasonable for CHCs to be enabled to keep pace with these changes, but there are benefits from maintaining locality networks and encouraging local inclusion and dialogue. We would urge the Welsh Government to enable the Board and CHCs to establish structures in each CHC that will support the role, functions and local nuance of geography and demography to support the efficient and effective delivery of our activities.

**Recommendation 16** – Consider changing Community Health Councils’ names

The decision to change the names of CHC in 2010 to mirror the Health Boards in geographic areas of responsibility have caused significant confusion with patients and the public and concerns have been raised that we are not independent of the NHS.

It is essential for public confidence in our ability to act independently of the NHS, that our title reflects our independent status and also reflects our role and function. This recommendation was agreed by majority vote, however concerns were raised about the cost of yet another name change to very small operational budgets. We recognise the need for a change in name to reflect our role and function, but would urge Welsh Government to consider the costs involved and ensure that a name change is appropriately funded.

**Recommendation 17** – Re-design: Towards ‘World Class’

We welcome the opportunity to further explore redesign towards a ’World Class’
Class’ organisation, and in doing so, utilise the lessons learnt from England to ensure that CHCs are enabled to improve and develop their role in scrutinising and monitoring the NHS in Wales for the benefit of patients.