Abertawe Bro Morgannwg Community Health Council
Response to Welsh Government Consultation Document
Patients’ Voice for Wales
Proposals following the Review of Community Health Councils

General comments

Abertawe Bro Morgannwg Community Health Council (ABMCHC or ‘the CHC’) welcomes the decision by the Minister to carry out a review of CHCs which was undertaken by WIHSC.

The CHC wishes to comment on the report by the Welsh Institute for Health and Social Care (WIHSC) even though it forms no part of the consultation document.

The feeling of the CHC is that the report relied too heavily on subjective comments from individuals which could have resulted in flawed recommendations. Fortunately this appears not to be the case but more evidence based recommendations would have served better.

Having said that, the CHC broadly agrees with the recommendations of the report which makes a strong case for upgrading the way Community Health Councils function.

ABMCHC supports the view that there should be one Community Health Council for each Health Board geographic area; and the general conclusion that in future there needs to be a better central governance and control of their administration.

The CHC looks forward to the conclusion of this consultation in order that early progress can be made with the implementation of the recommendations.

Specific comments

**RECOMMENDATION 1. The Role of the Community Health Council Board should be re-affirmed and endorsed by the Community Health Councils (CHC).**

The CHC fully concurs that the effectiveness of CHCs can by improved by the Board being more strategic in its approach, acting across Wales. However, the CHC does have concerns about the consequential effect on the independence of CHCs. It would have liked the review by WIHSC to have made a stronger case to support the arguments for central strategic direction working together with local implementation.

The CHC agrees with the WG’s view that the Board must be more strategic in its approach, acting across Wales. It also agrees that the Board should have the ability to direct individual CHCs to take appropriate action as part of its existing function of advising, assisting and monitoring the conduct of CHC.
RECOMMENDATION 2. Clarify the role of CHCs

The CHC fully supports the view that the Board of Community Health Councils in Wales (BCHCW), working with members and through dialogue with partners, should agree a clear statement of purpose to ensure Community Health Councils meet their statutory role and represent users of the NHS.

ABMCHC will participate fully with BCHCW in the production of a paper setting out the roles, responsibilities and functions of Community Health Councils and their links with other organisations by the end of April 2013.

ABMCHC hopes that WG will achieve its aim to review the paper by the end of May 2013 and work with the Board so that it can be adopted by July 2013.

RECOMMENDATION 3. The CHC Board should adopt a more transparent and outcome-focused approach to the performance management of individual CHCs, using SMART metrics and an effective process to ensure that performance is acceptable.

ABMCHC welcomes the WG’s response which is in three parts.

Taking performance management first the CHC fully accepts that this must be addressed. However, the CHC wishes to stress that CHCs should not gather data for the sake of it. The performance indicators must be achievable and sensible.

The CHC makes the point that performance of CHCs depends to a very large degree on its volunteer members and specifically the number of members available to them. Under the Regulations ABMCHC has 36 full members whilst Aneurin Bevan (AB) has 60 purely because of the number of local authorities (and hence Local committees) within the CHCs’ catchment areas.

The populations of the two health board areas are broadly similar (504,000 for ABM and 560,000 for AB); as are the numbers of acute hospitals, and secondary and primary care establishments. It is therefore not surprising that AB’s capacity to deliver is far greater than ABM’s. This imbalance in numbers must be resolved. (It is worth noting that Cardiff and Vale and to a lesser degree Cwm Taf CHCs have similar issues.)

ABMCHC will participate fully with BCHCW in the development of clear, relevant, timely and useful performance indicators that concentrate on outcomes rather than process. However, unless the numbers are balanced there will always exist the potential for disparity.

Secondly, in respect of member appraisals the CHC reminds WG that CHC members are volunteers and any appraisal process should recognise this. In ABM CHC annual ‘conversations with a purpose’ are conducted with approximately 50 per
cent of the membership and the outcomes used to influence member development and the annual work programme.

In addition each member’s time commitment is monitored. Any failure to commit a sessional input amounting to 3 or 4 days per month is followed up.

ABM CHC will work with BCHCW and fellow CHCs to consider how effective appraisals of members should be undertaken.

**Thirdly, the CHC believes that accountability to local communities** is more than just interaction and again it will work with BCHCW and the family of CHCs in Wales to give further consideration to effective engagement with the local communities.

Finally the CHC hopes that WG will achieve its aim to respond by the end of May 2013 to proposals submitted by the Board of CHCs in respect of this recommendation.

**RECOMMENDATION 4. The CHC Board should be more proactive in identifying and sharing good practice between CHCs, and in facilitating learning amongst staff and Members**

Sharing of information on good and bad practice and the dissemination of lessons learned has to be paramount. ABMCHC will participate fully in this process and contribute to any reporting mechanism devised by BCHCW.

The CHC asks the Board and WG to ensure that any reporting mechanism reflects positive outcomes in respect of raising awareness and formal training for staff AND members.

**RECOMMENDATION 5. The CHC Board should ensure that CHCs use their business planning processes to identify and prioritise themes and issues to be explored proactively, on both a local and national basis, so that a higher proportion of their total workload is determined in such a fashion**

The CHC agrees that BCHCW and CHCs should prepare and publish a collective annual plan that sets out priorities. ABMCHC would expect to see functions such as scrutiny becoming more focused and common place.

**RECOMMENDATION 6  The Complaints Advocacy function within CHCs should be further strengthened and developed**

The CHC will participate fully with BCHCW in the development of a specification and action plan to ensure that the advocacy service operates thoroughly and consistently throughout Wales.
RECOMMENDATION 7. The Board of CHCs should resolve the position regarding visiting Nursing Homes, and CHCs start such visits as a matter of urgency.

Whilst supporting the WG’s stance the CHC will not commence visiting until the legal situation is fully resolved and confirmation received that WG will indemnify members.

RECOMMENDATION 8. The agency arrangement for financial, HR and other support, and the division of administrative responsibilities for CHC, should be reviewed

ABMCHC agrees with the WG’s response.

RECOMMENDATION 9. CHCs should make much greater use of electronic communications technology

ABMCHC agrees with the WG’s response and it strongly urges the WG to task the BCHCW with achieving standardisation and economies of scale through a single information technology and facilities management provider.

RECOMMENDATION 10. Appoint the Chair and non-executive members of the Board of CHCs

ABMCHC concurs with WG that the appointment of a Chairman and two non-executive members of the Board would strengthen the role and remit of the Board and give it a stronger voice. However, the point of contention is whether the three posts should be salaried.

The CHC cannot support the Chair and two non-executives being salaried whilst all other members are volunteers and receive only expenses because this would be totally divisive.

Whether the role extends to that of a Patient’s Commissioner should be considered in conjunction with recommendation 16.

RECOMMENDATION 11. Improve the diversity of CHC Membership

The CHC believes that diversity is the responsibility not only of individual CHCs and the Board but also Welsh Government. As regulations currently stand 50% of the appointments are made under the public appointments process. Consequently WG should support the Board by making the appointments process simpler, more innovative and less bureaucratic.
ABMCHC believes that the legislative cap on the number of members serves to inhibit diversity (and performance - see comments under Recommendation 3 above).

If member numbers were to be increased this would have the effect of broadening the market and make the role more attractive because the workload would be distributed over a larger number. This could allow those members who are in full time employment to have reasonable time off work to attend to CHC business.

The CHC would like to see legislation introduced that permits people in full time employment to have a set number of ‘civic duty’ hours in order to perform their duties.

The CHC welcomes WG making a provision to make it easier to dismiss members in straightforward situations.

The CHC recognises that local authority members can be a valuable source for information and networking and it would not be averse to maintaining the status quo.

The CHC agrees that a maximum eight year term of appointment strikes the right balance between having experienced members and encouraging fresh blood.

ABMCHC will participate fully with BCHCW in the production of a plan suggesting ways of increasing the diversity of members and making membership of a Council more attractive to a wider age range.

**RECOMMENDATION 12. The CHC Board should review the overall balance of CHC activity**

This is linked to recommendation 5.

**RECOMMENDATION 13. Establish Powys as a unified CHC**

ABMCHC agrees fully with the WG’s response.

**RECOMMENDATION 14 Minimise the bureaucratic burdens of separate Local Committees**

ABMCHC does not agree with the WG’s response because Committees based on local authority areas work well in the ABM area. The expense of meeting every quarter is minimal in comparison with the value in terms of knowledge brought by locality members.
The CHC will, however, participate fully in discussions between BCHCW and fellow CHCs on the matter.

**RECOMMENDATION 15  Review CHC financial allocations and budgetary management arrangements**

ABMCHC agrees fully with the WG’s response. However, the CHC urges that the review of the distribution of financial resources to Community Health Councils is classed as an urgent action in order that the work can be completed before the start of the 2013/14 financial year.

**RECOMMENDATION 16. Consider changing CHCs’ names**

ABMCHC agrees that the term ‘Council’ can be misleading and the alignment of the name with that of the LHB is confusing.

The CHC believes that any progress with the concept of a ‘Patients Commissioner’ would reflect upon the CHC’s name. The title ‘Commissioner’ would bring to the CHC a degree of standing and would most likely facilitate a CHC’s credibility in the public’s perception.

ABMCHC looks forward to joining with BCHCW and fellow CHCs to prepare recommendations on the raising of the profile, and naming, of CHCs before April 2013.

**RE-DESIGN: TOWARDS ‘WORLD CLASS’ RECOMMENDATION 17. Undertake an inclusive process of deliberation to define what would constitute ‘world-class’ in this context (our ‘aspiration’), and then to bring forward specific organisational recommendations to help bring it about.**

ABMCHC agrees with the WG’s response and will participate with BCHCW in considering whether radical changes should be made to the structure of Community Health Councils as suggested by the Welsh Institute for Health and Social Care.

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