Llywodraeth Cymru
Welsh Government

Number: WG 46403

Welsh Government

Consultation – summary of response

Establishment of the Citizen Voice Body for Health and Social Care, Wales

This consultation covered the following main areas:

- Draft Code of Practice on Access to Premises
- Draft Statutory Guidance on Representations
- Draft Guidance on Service Change in the National Health Service

July 2023

 Digital ISBN

Overview

This document provides a summary of the responses received by the Welsh Government to our consultation:

WG 46403 – Establishment of the Citizen Voice Body for Health and Social Care, Wales

The consultation was published on 13 December 2022 and closed on 6 March 2023. This exercise received 46 substantive responses from a range of stakeholder and interested parties.

This document also deals with the outcome of a further, specific consultation specifically on the Code of practice on access to the premises with the Citizen Voice Body once in receipt of its full powers, which took place from 19 May to 16 June 2023.

Action Required

This document is for information only.

Further information and related documents

Large print, Braille and alternative language versions of this document are available on request.

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: Citizen Voice Body - guidance on access, representations and NHS service change | GOV.WALES

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Section 1

1.1 Introduction

Ministers have made clear their ambition for Wales to be a place where the voice of the citizen plays a determining part in the future development of health and social care. Since April 2023, the Citizen Voice Body for health and social care has been in place, to independently represent the interests of the public in relation to health and social care. Amongst its roles is to actively seek and listen to the views of service users, carers and wider public and to make representations to NHS bodies and local authorities about the provision of health or social services, helping ensure people's experiences drive continuous improvement in local, regional and national plans and policy.

Welsh Ministers are clear that it is of paramount importance for the Citizen Voice Body to have access to those who might wish to share views, and also for there to be mechanisms that give assurance that proper weight and regard is given to the representations which result, including in relation to health care service changes. Therefore, to support this and also to clearly set out the relevant expectations, the Welsh Government developed and put out to consultation a Code of Practice on Access to premises, statutory guidance on representations, and revised guidance on service change in the NHS**.**

1.2 The context and rationale

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of A Healthier Wales. This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. To realise this ambition, the Health and Social Care (Quality and Engagement) (Wales) Act 2020 ('the 2020 Act') replaced Community Health Councils (which previously represented the patient voice in the health service only) with a new national body - the Citizen Voice Body ('CVB'), known operationally as Llais - that exercises functions across health and social care.

The aims of the new body are to:

• strengthen the citizen voice in Wales in matters related to both health and social services, ensuring that citizens have an effective mechanism for ensuring that their views are heard;

• ensure that individuals are supported with advice and assistance when making a complaint in relation to their care; and

• use the service user experience to drive forward improvement. This new organisation has been established as a national body but is structured in such a way as to enable it to perform its functions at a national, regional and local level.

The 2020 Act places duties on the new body, NHS bodies and local authorities to make arrangements to co-operate, with a view to supporting each other in the exercise of their relevant functions. In relation to the CVB, these are its functions in

seeking the views of the public in respect of health services and social services, and taking steps to promote public awareness of the CVB. In relation to local authorities and NHS bodies, these are functions in making arrangements to bring the activities of the CVB to the attention of people who are receiving, or may receive, health services or social services, which local authorities and NHS bodies are subject to a duty to do.

To further support this, Welsh Ministers are under a duty to publish a code of practice about requests from the CVB to enter health and social care premises to seek the views of individuals, and where access to those premises is agreed, engagement with individuals at those premises for that purpose. Similarly, they are under a duty to publish statutory guidance to which NHS bodies and local authorities must have regard when dealing with representations made to them by the CVB. This is complemented by updated guidance for NHS bodies on taking forward service change, revised to take account of the changing role of the CVB.

The principal consultation presented drafts of these three documents for public consultation, further to the Welsh Government's intention to issue the statutory guidance on representations on or by 1 April 2023, and to revise and issue the guidance on service change to a similar timescale. The accompanying Code of Practice on Access to Premises has been finalised ready for issue on or by 1 July 2023, following a further, specific consultation with the Citizen Voice Body once in receipt of its full powers, taking place after 1 April 2023. Further details on these three documents can be found below.

Code of Practice on Access to Premises

Section 19(1) of the 2020 Act requires the Welsh Ministers to prepare and publish a code of practice about requests made by the CVB for access to premises for the purpose of seeking the views of individuals in respect of health services or social services and, where access to those premises has been agreed, engagement with individuals at those premises for that purpose.

The draft version of the Code which was consulted on was developed by Welsh Ministers having had regard to input from stakeholders, including representatives of the Board of Community Health Councils and service providers. Its objective was to ensure that the collective voice of individuals can inform the design and delivery of services to better fit their needs, and its purpose was to provide a framework for access to premises and engagement across the variety of settings where health and social services are provided. 'Premises' means any premises at which health services or social services are being provided. 'Health services' are services provided under or by virtue of the NHS (Wales) Act 2006 for or in connection with the prevention, diagnosis or treatment of illness, or the promotion and protection of public health. 'Social services' means services provided (whether in Wales or elsewhere) in the exercise of a local authority's social services functions. Accordingly, 'premises' could include where those health services and/or social services are commissioned from a third-party provider or provided in people's own homes / private dwellings.

The code set out:

- a process for making requests,
- factors local authorities and NHS bodies must take into account when considering whether to grant access, and this may also apply to commissioned providers,
- factors which the CVB should take into account when seeking to visit people in their own homes, and
- factors to consider when undertaking visits generally.

The Citizen Voice Body must always have regard to the code and NHS bodies and local authorities in Wales must have regard to the code (so far as the code is relevant) in exercising any function that relates to the provision of health or social services, such as when commissioning a third party to provide such services. As the Citizen Voice Body may make requests for access to any premises at which health services or social services are being provided, bodies that provide health and social care services on behalf of NHS bodies and local authorities may also receive requests for access and should take account of the Code in considering these. The code also considers circumstances in which the CVB may seek to visit people in their private dwellings; in this case it set out specific factors for the CVB to have regard to. Finally, the document set out potential consequences of failure to have regard to the code.

In all decisions made with reference to the code, the interests and wishes of persons who are receiving NHS services or social services, and who might be affected by the decision, should be treated as paramount.

Statutory Guidance on Representations

Section 15 of the 2020 Act enables the Citizen Voice Body to make representations to NHS bodies and local authorities in Wales about anything it considers relevant to the provision of health or social services. This enables it to make known any views it has sought from the public and represent those views, or make representations on other matters which have come to its attention, to the bodies responsible for providing and arranging health and social services. The overall purpose of these representations is to support the process of co-development of health and social care services by amplifying and reinforcing the voice of the citizen alongside that of professionals when making decisions about the development, improvement, change or cessation of health and social care services.

NHS bodies and local authorities must have regard to representations from the CVB in exercising any function to which the representations relate. Generally speaking, this means that, when exercising any function to which the representations relate, they must take the representations into account and be able to demonstrate how they have done so.

This will entail, for example, all representations being conscientiously taken into account by the responsible officers and, where they are relevant to decisions made by relevant decisionmakers, used to inform advice to those decisionmakers.

Section 15(4) of the 2020 Act requires Welsh Ministers to issue statutory guidance in relation to representations made under Section 15 of the Act. Under section 15(5), NHS bodies and local authorities must have regard to this guidance.

The Welsh Ministers intend that this statutory guidance will help ensure that NHS bodies and local authorities have proportionate, operational procedures in place for considering and responding to representations. The draft guidance set out the expectation that bodies will:

- have a clear system in place for dealing with representations, that is proportionate to the issues raised;
- keep the Citizen Voice Body appraised of progress in dealing with the representations; and
- ensure that the Citizen Voice Body is advised of the outcome of its representations.

The draft guidance also considered representations to NHS bodies and local authorities in relation to health services and social services commissioned by them from third parties, the place of representations within the overall culture of cooperation between the CVB and NHS bodies and local authorities, and representations spanning health and social care services. Finally, it also considered the potential consequences of a failure to have regard to the statutory guidance.

Guidance on service change in the National Health Service

Section 183 of the National Health Services (Wales) Act 2006 requires LHBs, with regard to services they provide or procure, to involve and consult citizens in:

- Planning to provide services for which they are responsible;
- Developing and considering proposals for changes in the way those services are provided; and,
- Making decisions that affect how those services operate.

Section 242 of the National Health Service Act 2006 extends this requirement to NHS Trusts.

The draft document aimed to provide guidance to the NHS in Wales on making changes to health services under these provisions. It was intended to replace the previous guidance and was updated to reflect the establishment of the Citizen Voice Body for Health and Social Care, the organisation that replaced the network of Community Health Councils in April 2023.

Linked to this, representations may be made by the Citizen Voice body to NHS bodies about a range of matters relating to the provision of health services, including those relating to changes in NHS services. More information on this, including NHS bodies' duties to have regard to these representations, is included in the Statutory Guidance on Representations issued under section 15(4) of the Health and Social Services (Quality and Engagement) (Wales) Act 2020.

The draft guidance set out general principles in managing service changes in the NHS, noting the importance of NHS organisations engaging with the Citizen Voice Body and working in partnership with its communities, developing proposals in a genuinely co-productive way. If proposals are developed and planned through co-production, they are more likely to be supported and more likely to deliver improvements in care and respond to the needs for the patients and communities that the NHS is there to serve.

The guidance also dealt with continuous engagement, stressing the importance of a strong public information and engagement approach, based on transparency, evidence, and positive leadership, and also the role of the Citizen Voice Body as a key stakeholder. It set out considerations where more than one NHS organisation needs to work together to engage, plan and deliver regional or national changes to services.

The guidance considered substantial changes, noting that the level of engagement and consultation should be proportionate to the type of change being considered or proposed, and also the relationship of clinical services strategies and Integrated Medium Term Plans to planned change. It also considered special arrangements, where an NHS organisation believes that a decision has to be taken on an issue immediately in the interests of the health service or because of a risk to the safety or welfare of patients or staff. Finally, the guidance considered situations where there is disagreement about service change proposals and potential responses.

1.3 The consultation, audience and engagement

As well as being freely accessible to all via the Welsh Government website, a Written Statement was issued when the consultation was published, and notification of the consultation was provided via email by Welsh Government on 16 December 2022 to a wide range of organisations across health and social care and the third sector, and statutory commissioners.

Respondents were invited to submit their views online or via email.

An Easy Read summary and consultation response form was also created.

As section 19 of the 2020 Act required consultation with the Citizen Voice Body on the code of practice, a further, specific consultation with the Citizen Voice Body once in receipt of its full powers took place after 1 April 2023 (19 May to 16 June 2023). This document also covers key points arising from this consultation.

1.4 Consultation response

In total the Welsh Government received 46[1] substantive responses to the consultation. Not all consultees responded to all questions. Responses have been allocated to inside Wales/outside Wales based on identifiable organisational information or clear evidence within the response itself. Any other responses (mostly individual responses) have been recorded as ‘not known’. 33 responses came from

[1] In total 48 responses were received. One organisation submitted a consultation response, with the initial response being withdrawn. One consultation response form was returned blank. Both the blank response and the first duplicate response have been excluded from this analysis.

individuals and organisations appearing to be based inside Wales or with UK-wide activities (referred to afterwards in this summary as ‘from inside Wales’); no responses have been identified as coming from organisations or individuals outside Wales. In 13 cases it is unclear whether the respondent was based in Wales.

14 respondents expressed a preference for their names and addresses not to be published. No respondents have been identified within the document.

In terms of which sector responses came from, just under a third of respondents chose not to specify the nature of their connection with the topics under consultation. Where it was not possible to identify (from the ‘organisation’ field in the response, from the use of a recognisable organisational email address, or from clear evidence within the response itself) that a respondent was responding on behalf of an organisation, these responses have been listed as individual responses.

- 1 response was received from a social care provider. The respondent was from inside Wales. The response asked for their organisation’s name and address not to be published.

- 15 responses were received from public bodies, of which 1 was from a local authority, 7 were from NHS bodies or NHS teams, 5 from regulatory bodies, and 2 from statutory commissioners. All of these were from inside Wales or from organisations outside Wales which operated on a pan-UK basis. 2 of these responses asked for their organisation’s names and addresses not to be published.

- 4 responses were received from representative bodies, of which 2 were from representative bodies for public sector organisations, and 2 from representative bodies for providers. All of these were from inside Wales. None of these responses asked for their organisation’s names and addresses not to be published.

- 10 responses were received from third / voluntary sector organisations (including Community Health Councils), all of which were from inside Wales or operated on pan-UK basis. None of these responses asked for their organisation’s names and addresses not to be published.

- 1 response was received from an individual whose relationship to social care or health care could be provisionally identified as a service user, from inside Wales. The response asked for the individual’s personal name and address not to be published.

- 15 responses were received from individuals where their relationship to the topics under consultation was not clearly identified. Two of these appeared to come from inside Wales; in 13 cases it was unclear whether these came from inside or outside Wales. 8 of the responses asked for names and addresses not to be published, all where the origin of the response was unclear.

Section 2

2.1 Summary of responses received and Welsh Government response

Consultation responses have been analysed by Welsh Government officials and are presented as a summary under each question.

Question 01: In the draft Code of Practice on Access, we have sought to support the use of visiting to secure people's views whilst also taking account of the issues posed by the different contexts of health and social care. Do you think this balance is broadly achieved? Is there anything in the Code which you consider should be changed to help improve it?

Agree	Tend to agree	Tend to disagree	Disagree	Neither agree or disagree	No response
15	6	0	3	20	2
33%	**13%**	**0%**	**7%**	**43%**	**4%**

Summary: The majority of respondents answered this question. 44% of those who did respond agreed or tended to agree that the Code had achieved a successful balance, and 44% neither agreed nor disagreed. A range of points were made in relation to areas where the Code could be improved, for example strengthening references to rights-based approaches especially in relation to children and young people, and engagement/interaction with existing advocacy provision for children and young people, clarity of application where settings provided a mixture of NHS and non-NHS services or provided off-site services, accessing commissioned services in England, more detail on expectations about matters such as timeliness, listing of circumstances in which/grounds under which a visit could be refused, clarity of expectations on individual practitioners, matters concerning unannounced/on the day visits, stronger references to engagement through the medium of Welsh, etc. Some comments dealt with matters largely outside the remit of the code, for example defining the remit of the CVB and other organisations (beyond matters concerned with access) or the detail of how views are captured. Points raised in consultation with Llais included the reciprocal sharing of information, the importance of equality of access with other services, access for complaints advocacy, and reviewing the Code after a year of operation.

Welsh Government response: Reflecting on the broadly positive response, steps have been taken to strengthen the code. For example, references to rights-based approaches have been included as well as references to the Welsh language. Additional material has been included on mixed-provision settings and the expectation on commissioned services and facilitating visits, recognizing that the Code covers services provided whether in Wales or elsewhere. The text has been amended to give five working days as an example of what would be considered a prompt response in a straightforward case, and examples of issues which particularly might lead to a refusal have been given. The code has also been clarified

to set out that expectations around facilitating access etc fall on providers rather than individuals, and that the threshold for access for Llais should be comparable with that for other services. The Code has also been amended to clarify that on the day visits are possible, although this does not alter the need for access to be requested. References have also been inserted to reciprocity around information sharing, to access for complaints, and to the intentions around reviewing the Code.

Question 02: Specifically, in the Code we have sought to draw a distinction between sensitive premises (such as those in which people live, or to which there is controlled access) and other premises to which public access is largely open, and to treat these differently. Is this a helpful distinction? Are there any ways in which you would change it? Are there any other types of premises which you would consider 'sensitive' for these purposes?

Agree	Tend to agree	Tend to disagree	Disagree	Neither agree or disagree	No response
11	10	1	1	17	6
24%	**22%**	**2%**	**2%**	**37%**	**13%**

Summary: The majority of respondents answered this question. 46% of those who did respond agreed or tended to agree that the sensitive/other premises distinction was helpful. 36% of respondents neither agreed nor disagreed. A respondent asked for more examples to be given, and a few respondents suggested additional premises for consideration as ‘sensitive’, for example long-stay mental health wards and in-patient wards and certain Wales Ambulance Service Trust facilities. There was some discussion as to the sensitivity test in relation to larger residential social care settings. Related to this question, one respondent noted the importance of respect for private spaces as a key principle of engagement. Points raised in consultation on the Code with Llais included the position of in-patient wards and controlled-access premises.

Welsh Government response: Responding to the feedback provided, examples or more and less sensitive settings have been given and some suggested additional sensitive settings have been added, without intending to provide an exhaustive list. Upon review of the draft Code, the Welsh Government notes that the provision regarding large residential social care settings includes three criteria, of which ‘open [public] access’ is one, alongside size of setting and availability of public spaces. Other suggestions were made for clarity which have now been actioned. Responding to a related comment, text has also been added to underline that respect for private spaces is one of the key principles.

Question 03: The code considers circumstances in which the CVB may seek to visit

people in their private dwellings, and in their private spaces within premises such as care homes. Do you consider that the Code handles this issue correctly? Are there any improvements you would suggest?

Agree	Tend to agree	Tend to disagree	Disagree	Neither agree or disagree	No response
8	11	2	1	17	7
18%	**24%**	**4%**	**2%**	**37%**	**15%**

Summary: The majority of respondents answered this question. 42% of those who did respond agreed, or tended to agree, that the draft Code handled the issue of requests for access to people's private spaces correctly. 36% of respondents neither agreed nor disagreed. One respondent commented commending the approach set out. A range of points were made concerning the question of access to private dwellings/spaces, including in relation to consent and lack of capacity, trauma-informed approaches, appropriate training for CVB visitors, data and privacy. Certain matters were also raised which were more appropriate to the CVB's visiting procedures rather than the Code, for example in relation to the detail of arrangements to visit a person in their home or required training.

Welsh Government response: Reflecting on the comments made in relation to access to private homes/spaces, a range of additions have been made to the draft Code. For example, a link to the Mental Capacity Act (MCA) Code of Practice and references to the MCA has been added, and a reference to the trauma-informed approaches guidance has also been included. Both are pertinent to questions about consent and capacity. The Code also now notes that CVB and providers will need to satisfy themselves they are complying with relevant legislation in relation to capacity and data protection and makes reference to appropriate training for visitors.

Question 04: In the draft statutory guidance on representations, we have taken the approach of setting out the characteristics which procedures around representations should have, rather than stipulating the procedures themselves. Do you agree with this approach? Is there anything which could be changed in the statutory guidance to strengthen it? Is there any detail which could be omitted to make the guidance more effective or easier to use?

Agree	Tend to agree	Tend to disagree	Disagree	Neither agree or disagree	No response
10	11	1	1	13	10
22%	**24%**	**2%**	**2%**	**28%**	**22%**

Summary: The majority of respondents answered this question**.** 46% of respondents agreed or tended to agree with the approach of setting out characteristics rather than stipulating processes, and 29% neither agreed nor disagreed. Some respondents

suggested stipulating processes, but others welcomed the discretion afforded by a characteristics- or principles-led approach. A range of changes were suggested to the draft guidance. For example, a number of respondents asked for the suite of documentation to be cross-referenced (especially the service change and statutory representations guidance, but connections between the statutory representations guidance and the Code of Practice on Access were also mentioned). A number of respondents referenced publishing the representations and/or responses. Points were also made in relation to the handling of representations which had relevance to commissioned providers, and to the handling of representations spanning more than one NHS body. There were also numerous suggestions for inclusion which may have had general merit but could not be appropriately included in what is statutory guidance for local authorities and health bodies on handling of representations from the CVB, rather than guidance for the CVB itself or general guidance on engagement. These included suggestions about complaints handling, guidance for the CVB on its processes, and setting out wider expectations around citizen engagement for local authorities and local health bodies.

Welsh Government response: The statutory guidance was developed on the basis that stipulating processes for local authorities and NHS bodies would be unhelpful and potentially duplicative. Instead, it was considered that it would be better to set out the characteristics that the processes/procedures should have, so that these could be applied to extant processes within the bodies affected. We note that this was generally supported in the consultation exercise itself. Only a minority of stakeholders suggested a prescriptive approach of specifying procedures. As such, the final guidance focuses on the characteristics such procedures should have. The revised guidance also includes some additional material to secure that, where representations are made to a local authority or a health body about a third-party provider, they are shared appropriately with the provider. Responding to consultation feedback an additional paragraph has been inserted concerning representations which span more than one NHS body, indicating that such bodies should collaborate to respond jointly where this appropriate. This mirrors content already drafted in relation to representations spanning health and social care. Additional references have been inserted to publication and accessibility of information, and text has also been inserted in relation to children and young people, to the Welsh language, and to safeguarding. Finally, whilst not a subject for the guidance to enter into in detail on, other forms of citizen engagement, or partners who might be involved in such engagement, have been acknowledged and references inserted into the final guidance.

Question 05: In the guidance on service change in the NHS, is there anything which could be changed to strengthen the guidance, or any helpful detail which is missing? Is there any detail which could be omitted to make the guidance more effective or easier to use?

Summary: Respondents made a number of suggestions. These included a call for additional guidance on different ‘scales’ of change (e.g. substantial, moderate,

minor) and on the appropriate consultation/engagement pertaining to each of those, calls for additional detail on expectations around frequency of engagement and monitoring of the associated involvement, a request for clarity on the position and potential options where there are disagreements between the CVB and an NHS body, cross-referencing of the documents in the consultation package (this guidance together with the statutory guidance on representations and the code of practice on access), strengthening the references to joint working with local government, and clarifying the position on consultation and engagement where services cross borders. There were also suggestions that a template document might be produced.

Welsh Government response: To address these comments, a number of changes have been made to the final guidance as issued. These include additional guidance on different 'scales' of change and the appropriate consultation/engagement, changes to section 7 of the guidance on disagreements, additional references to working in partnership with local authorities and text acknowledging the potential cross-sectoral impact of NHS service change, and finally a reference to the use of commissioning to place appropriate requirements in relation to consultation and engagement on service change where services cross borders. The suggestion that a template document might be produced will be subject to further consideration of the benefits and disbenefits and may be incorporated within a one-year review of the operation of the guidance.

Question 06: Do you think that there should be a legal requirement for NHS bodies to comply with the guidance on service change or should it be best practice guidance? Please use the text box to explain your reasoning.

Summary: Of those respondents who expressed a view (a majority of those responding), equal percentages (26% each) were in favour of the guidance being binding and of it being good practice, whilst 13% discussed the question but did not indicate a preference. 35% of respondents did not answer the question. Those in favour of giving the guidance legal force were largely from the third sector, members of the public, or with affiliations not readily identifiable, whilst the responses in favour of leaving the guidance as discretionary were mainly from NHS bodies. Key points made related to the balance between leaving some discretion for NHS bodies and the desirability of some prescription/mandating.

Welsh Government response: Having had regard to the even balance of views, the option to direct NHS bodies to have regard to the guidance is being held over for further consideration in light of the experience of the first year of Llais in operation. Ministers already intend that the service change guidance is reviewed after one year, and considering the appropriateness of using the direction power would form a natural part of that exercise.

Question 07: Would any of the documents benefit from examples? If so, please explain, and/or use the text box to share any examples of which you are aware, and which you are content to be considered for inclusion in the final versions.

Summary: 22 respondents responded to this question. No worked examples were provided, however some suggestions for exemplification were made (such as in relation to the form of representations, different scales of NHS service change, the organisational complaints process/CVB/ombudsman interface, or coordination between the CVB and other parties such as inspectorates or statutory Commissioners). Other references were made elsewhere to giving examples of how the Code of practice on access could be put into action in different settings. Some thought that examples would be helpful in the main guidance documents whereas one respondent thought these were more appropriate for operational guidance (which would sit below the documents which were consulted on). There were also suggestions that examples would best be generated from experience of operating under the new requirements set out in the documents. One respondent suggested that examples would be unhelpful and another suggested that the coverage in the guidance was sufficient.

Welsh Government response: On balance, the Welsh Government has concluded that the best examples would be generated by experience of operating the new systems set out in the documents. As Welsh Ministers have separately indicated their intention to review and, if necessary, revise the documents after the first year of operation, the matter of examples will be further considered then. A number of respondents raised the matter of setting out the different scales of NHS service change and this has been dealt with within the revised service change guidance.

Question 08: What in your view would be the likely impacts upon individuals and groups with protected characteristics of the ways of working set out in these documents? Your views on how positive effects could be increased, or negative effects could be mitigated, would also be welcome.

Summary: 28 respondents answered this question. Points raised included suggestions that more emphasis was placed on engagement with individuals and groups with protected characteristics (including through specific groups or representative organisations for those with protected characteristics), and note was made of the importance of the use of the Social Model of Disability. The Code (through facilitating access to individuals in their own homes or social care settings) was seen as having a potential positive effect removing some of the barriers some individuals may face in terms of transport, access and understanding, and also providing valuable information about their experiences and views on service models that go beyond the remit of the usual inspection and contract compliance visits, potentially informing service design and also patterns of commissioning. It was suggested that these positive effects could be increased by having CVB staff/members/volunteers who are skilled in various communication methods, for example British Sign Language, Makaton, minority languages, and respondents noted the need for consideration of how to communicate/engage with those who are unable to communicate verbally and to make appropriate provision for those with Dementia. One respondent commented on the need for the CVB to have a different approach to engaging people and noted the challenge of engagement in a context

where people from minority ethnic groups were already underrepresented in health settings. Some respondents noted that efforts to involve citizens should not rely on online mediums only or general community events and that those digitally excluded should have equity of involvement opportunities. Reference was also made to use of accessible formats. Another respondent commented favourably on the handling of these issues in the Code and also referenced the use of Easy Read documentation. One respondent felt that the general effect of the proposals as drafted on people with protected characteristics was likely to be positive. Another comment, referencing older people, noted that if complexity of need is more fully considered – such as providing frequently used health care services closer to home - this in turn will also meet the less complex needs of the population. The same respondent also referenced the potential to allow increased opportunities for older people to be engaged in decisions on health care that matter to them. Appropriate training was seen as important to achieve positive effects for people with protected characteristics and a reference was made to the CVB utilizing a Framework for engagement with older people. Suggestions were made about adding additional references to relevant laws in the service change guidance. A respondent commented upon the importance of publicizing the new body, and reference was also made to recognizing the role of the CVB in relation to children and young people.

Welsh Government response: The Welsh Government welcomes the comments provided, including the recognition of the potential positive contribution of the suite of documents (code practice, guidance on representations and service change guidance) for those with protected characteristics. In relation to the specific suggestions about improvements to the documents, references to further legislation (such as the Equality Act 2010 and Welsh Language Measure 2011) have been reflected within the service change guidance. Additional references to children and young people have been inserted into the Code of practice and further references to accessibility of documentation have been inserted into both the service change guidance and the Code of practice.

Question 09: What in your view are the likely other impacts of the ways of working set out in these documents? You may wish to consider, for example, benefits, and disbenefits; costs (direct and indirect), and savings; other practical matters. Your views on how positive effects could be increased, or negative effects could be mitigated, would also be welcome.

Summary: 27 respondents answered this question. Positive comments were received on the impacts in general, and on the flexibility built into the guidance (e.g. in relation to service change) which would allow consultations (and therefore costs) to be proportionate to the nature of the change proposed. It was also noted that the proposal to visit care establishments could secure greater involvement and interaction for a wider range of people, with a possibility that people's voices could be heard more consistently at a strategic level. One respondent considered that there was an emphasis on collaboration throughout the code and the autonomy for providers to make considered decisions about access to settings. One respondent

commented from a local authority perspective, that some additional responsibility for interaction with CVB will be necessary to ensure an effective working relationship which might come with some additional costs, but could potentially provide longer term efficiencies if the respondent's authority was able to effectively streamline the way the body engaged with people about care and social services across children's and adult services and aligned its engagement to that of CVB. Other responses commented on the scope for collaboration and partnership, referring to the opportunities to explore a range of views and feedback from peers and individuals alike, whilst evaluating potential improvements and how to implement these, and to the past experience of CHCs in this area; another respondent commented on the scope of individual cases to encourage change. One respondent suggested that service change under the new proposals is more likely to reflect the wider interests and needs of people across Wales who use services, including individuals who live outside the geography of individual provider health boards. Some respondents commented on a potential loss of the statutory requirement for NHS bodies in England to engage and consult with CHCs in Wales on service changes and how this might be mitigated. The importance of service-users in rural areas being provided with equal opportunity to share views was also raised. One respondent referenced the importance of bodies receiving representations appreciating that these would reflect on patient safety, clinical audit and quality improvement as well as the more obvious service user-facing functions. The importance of appropriately resourcing engagement was also referenced. One respondent referenced linking-in with inspectorates in Wales and the opportunities for joint working to enhance the role of each organization, which they considered would be highly beneficial.

Welsh Government response: The Welsh Government welcomes the comments provided, including the recognition of the potential positive contribution of the suite of documents (code practice, guidance on representations and service change guidance) in relation to enhancing citizen voice, collaboration and partnership, and improved decision-making.

Question 10: We would like to know your views on the effects that our proposals would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English.

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated? (Please specify if your response is directly in relation to the Code of Practice on Access to Premises / Statutory Guidance on Representations / Guidance on Service Change in the National Health Service)

Summary: 22 respondents answered this question. In relation to the Statutory Guidance on Representations, some respondents commented that seeking the views of Welsh speaking service users could have a positive impact on the provision of services in Welsh, by ensuring that NHS and social care bodies receive feedback from the Welsh-speaking public and that due regard is given to this when changing or improving services. This could also include the sufficiency of Welsh-medium services. One consultee referenced some evidence that service users have been

reluctant to request a service in Welsh if it was not offered in the first place and also evidence that receiving services in Welsh for those who prefer it has had a positive impact on their experience and mental health/wellbeing. Reference was made by another respondent to the CVB's leadership role in ensuring the actions within the Mwy na Geiriau/More Than Just Words action plan are implemented across health and social care organisations and scope to role-model the active offer of the Welsh language. Another respondent commented that they did not identify any significant impacts upon the Welsh language whilst another commented that this was already considered in the approach set out. One respondent suggested making specific reference to the Welsh Language Act, and another to the Welsh Language Standards whilst a third suggested setting out expectations for various parties in relation to facilitating engagement through the medium of Welsh. One respondent stressed the importance of recognition that when a bilingual person has a diagnosis of dementia, it is often proficiency in a second language that is lost first. Some respondents also referenced previous explicit expectations that NHS bodies in England would consult with the Community Health Council in relation to changes to health bodies, which in turn created leverage to ensure that the Welsh Language was reflected in engagement and consultation processes.

Welsh Government response: The Welsh Government welcomes the comments provided, including the recognition of the potential positive contribution of the suite of documents (code practice, guidance on representations and service change guidance) to the Welsh language and opportunities to use it. In terms of specific improvements suggested to the documents, specific references to the Welsh Language Act and to the Welsh Language Standards have been made in the service change guidance and to the Welsh Language Standards in the statutory guidance on representations. The code of practice sets out that provision should be made to support individuals to express their views through the medium of Welsh. The service change guidance also contains an expectation that NHS organisations dealing with Wales-England or UK-wide services should update any contracts for services they commission with a clause for providers to engage and consultant with them (and their citizens) on any proposed changes that could have an impact on their patients. Such engagement and consultation should include Llais and other organisations that could be impacted by the change. In engaging and consulting, the provider should have materials available in the Welsh language too.

Question 11: Please also explain how you believe the proposals could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and

no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language. (Please

specify if your response is directly in relation to the Code of Practice on Access to Premises / Statutory Guidance on Representations / Guidance on Service Change in the National Health Service)

Summary: 21 respondents answered this question. In relation to the Code of Practice on Access, one respondent suggested including a reference to ensuring the staff of the CVB can communicate in Welsh could ensure a positive impact on the use of Welsh, to strengthen any commitment to ensuring patients are able to voice any concerns in their preferred language. Reference was also made to making training available to volunteers/staff to encourage/enable them to learn Welsh. Another respondent commented that they did not identify any significant impacts upon the Welsh language, whilst a further respondent noted that the provisions consulted upon would help to enhance the inclusion of Welsh-language speakers within a whole-system approach. In particular they considered that the provision of equal access to share views with the CVB in the language of choice would improve the quality of service-user experience and health and wellbeing outcomes, including for Welsh-language speakers. One respondent also observed that access to premises could help the CVB to identify further activities within the spirit of Mwy na Geiriau/More Than Just Words that providers could introduce to increase the positive effects of the Welsh language in care settings.

Welsh Government response: The Welsh Government welcomes the comments provided, including the recognition of the potential positive effects of the suite of documents (code practice, guidance on representations and service change guidance) on opportunities for people to use the Welsh language and opportunities to use it. Reflecting upon the comments made, the code of practice sets out that provision should be made to support individuals to express their views through the medium of Welsh.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

Summary: 24 respondents raised a range of issues under this question. These included management of complaints, criteria for the appointment of board members of the Citizen Voice Body, the independence of the Citizen Voice Body chair, the composition, role, local organization and knowledge of the CVB, the accessibility and contents of the consultation, the duty to ‘have regard’ and the creation (through the documents) of new duties, facilities for the CVB to communicate in languages other than English or Welsh and to produce information about itself in a variety of accessible formats, communication of the CVB purpose and expectations on services, privacy of visible information, recruitment, training and support of volunteers, mechanisms for raising concerns about the actions of the CVB itself, the engagement of the CVB with the third sector and with nationally-commissioned services, development of and bilingual consultation on the CVB annual plan, protected correspondence in relation to those in the secure estate, and the role of the digital inclusion agenda in service transformation. Respondents also raised

working collaboratively with the CVB to achieve improvements to the health and social care system and spoke positively of the potential future contribution of the CVB to sharing feedback from the public with NHS organisations. A role was also suggested for the CVB to support and advise in relation to the undertaking of population needs assessments.

Welsh Government response: The Welsh Government notes the range of issues raised under this question. Where pertinent to the topics which were subject to consultation, these have been addressed under the relevant question(s) above.

Annex A – List of respondents

ID	Respondent
1	Anonymous
2	Michael Parry
3	Cwm Taf University Health Board
4	Anonymous
5	Thomas Brooks
6	Rhondda Cynon Taf County Borough Council
7	Anonymous
8	Anonymous
9	Anonymous
10	Anonymous
11	Thomas Byron Barnett
12	Anonymous
13	Anonymous
14	Gordon Hughes
15	Anonymous
16	Older People’s Commission
17	Cymru Older People’s Alliance
18	Nursing and Midwifery Council
19	Community Pharmacy Wales
20	Liz Liddall
21	Helen Twidle
22	Anonymous
23	Anonymous
24	Dorothy Edwards
25	Care Inspectorate Wales
26	GMC Wales
27	Welsh NHS Confederation
28	Julie Thomas

29 Fair Treatment for Women of Wales

30 RNIB

31 South Glamorgan Community Health Council

32 Royal College of Nursing

33 Alzheimer’s Society Cymru

34 Anonymous

35 Anonymous

36 Grace Krause

37 Mark Thornton

38 Lisa Miller

39 Care Forum Wales

40 Powys Teaching Health Board

41 No name supplied

42 Childrens Commissioner for Wales

43 Board of Community Health Councils

44 Welsh Local Government Association

45 Welsh Ambulance Services NHS Trust

46 Healthcare Inspectorate Wales